Registro de rechazo de la vacuna

Soy el padre/la madre/el tutor del menor mencionado en la parte inferior de este formulario. Mi proveedor de atención médica ha recomendado que a mi hijo lo vacunen contra las enfermedades que se indican a continuación. Se me ha entregado una copia de la Vaccine Information Statement, VIS (Declaración de información sobre la vacuna) en la que se explican los beneficios y riesgos para mi hijo de recibir cada una de las vacunas recomendadas. He revisado y consideré cuidadosamente toda la información que se me ha proporcionado. Sin embargo, en este momento, elijo rechazar las vacunas para mi hijo que se muestran en la tabla a continuación. He leído y reconozco lo siguiente:

- Comprendo que las enfermedades que se pueden prevenir con vacunas pueden infectar a los niños estadounidenses no vacunados y pueden llevar a la hospitalización e incluso a la muerte.
- Comprendo que las infecciones que se pueden prevenir con vacunas y que ya no son frecuentes en los EE. UU. aún ocurren en todo el mundo. Un niño no vacunado puede infectarse mientras viaja o a través del contacto directo o indirecto con un viajero.
- Comprendo que mi hijo no vacunado podría contagiar con alguna enfermedad a otro niño que puede ser demasiado pequeño como para recibir una vacuna o a una persona cuya afección médica, como cáncer o problemas del sistema inmunitario, evita que puedan vacunarse. Este contagio podría causar complicaciones de salud e incluso la muerte de la otra persona.
- Comprendo que, si demasiados padres evitaran que sus hijos recibieran las vacunas, estas enfermedades regresarían a nuestra comunidad con fuerza.
- Comprendo que es posible que mi hijo no vacunado no esté protegido por la inmunidad "de rebaño" o "comunitaria" (es decir, protección que resulta de que la mayoría de las personas de una población se vacunen contra una enfermedad).
- Comprendo que algunas enfermedades que se pueden prevenir con vacunas, como el sarampión y la tos ferina, son extremadamente infecciosas y se sabe que infectan a personas no vacunadas que viven en lugares con la mayoría de personas vacunadas.
- Comprendo que, si mi hijo no es vacunado y se infecta, podría desarrollar complicaciones graves. Estas pueden incluir neumonía, hospitalización, daño cerebral, parálisis, convulsiones, sordera y muerte.
- Comprendo que mi hijo puede ser excluido de su centro de cuidado infantil, escuela, eventos deportivos u otras actividades organizadas durante brotes de enfermedades. Esta exclusión significa que mi hijo y yo podríamos perder muchos días de escuela o trabajo.
- Comprendo que la American Academy of Pediatrics (Academia Estadounidense de Pediatría), la American Academy of Family Physicians (Academia Estadounidense de Médicos de Familia) y los Centers for Disease Control and Prevention (Centros para el Control y la Prevención de Enfermedades) recomiendan prevenir enfermedades mediante la vacunación.

Vacuna/Enfermedad	**VIS aplicada (✔)**	**Vacuna recomendada por médico o enfermero** (Dr./Iniciales del enfermero)	**Rechazo esta vacuna para mi hijo** (Iniciales de padre/madre/tutor)
COVID-19			
Difteria, tétanos, tos ferina (DTaP)			
Haemophilus influenzae tipo b (Hib)			
Hepatitis A (HepA)			
Hepatitis B (HepB)			
Virus del papiloma humano (VPH)			
Influenza			
Sarampión, paperas, rubéola (MMR)			
Meningocócica ACWY (MCV4)			
Meningocócica B (MenB)			
Conjugado neumocócico (PCV)			
Vacuna antipoliomielítica inactivada			
Anticuerpo preventivo contra el VRS (RSV-mAb)			
Rotavirus (RV)			
Tétanos, difteria (Td)			
Tétanos, difteria, tos ferina (Tdap)			
Varicela (Var)			

Después de hablar con mi proveedor de atención médica que me recomendó estas vacunas, reconozco que he rechazado que mi hijo reciba vacunas contra una o más enfermedades enumeradas anteriormente. He colocado mis iniciales en la tabla anterior para indicar las vacunas que he rechazado. Comprendo que puedo cambiar mi decisión en el futuro y vacunar a mi hijo.

Nombre del menor _____ Fecha de nacimiento _____

Firma del padre/madre/tutor _____ Fecha _____

Firma del médico/enfermero _____ Fecha _____

Continúa en la página siguiente ▶

Additional Information for Healthcare Professionals about Immunize.org's "Record of Vaccine Declination"

Unfortunately, some parents will refuse to have their child receive some vaccines. For healthcare providers who want to assure that these parents fully understand the consequences, Immunize.org has produced a form titled "Record of Vaccine Declination." This form facilitates and documents the discussion that a healthcare professional can have with parents about the risks of not having their child vaccinated before the child leaves the medical setting.

Your use of the "Record of Vaccine Declination" demonstrates the importance you place on timely and complete vaccination, focuses the parents' attention on the unnecessary risk for which they are accepting responsibility, and may encourage a vaccine-hesitant parent to accept your recommendations.

Your recommendation can make a difference. Vaccine recommendations from the child's healthcare provider can strongly influence a parent's final vaccination decision.[1] Most parents trust their children's doctor for vaccine-safety information (76% endorsed "a lot of trust"), according to researchers from the University of Michigan.[2] Similarly, analyses of the 2009 HealthStyles Survey found that the vast majority of parents (81.7%) name their child's doctor or nurse as the most important source that helped them make decisions about vaccinating their child.[3] Gust and colleagues found that the advice of their children's healthcare provider was the main factor in changing the minds of parents who had been reluctant to vaccinate their children or who had delayed their children's vaccinations.[4] Guidance on how to conduct a discussion with parents about their child's need for vaccinations is available from the American Academy of Family Physicians[5] and also CDC (see www.cdc.gov/vaccines/hcp/conversations/conv-materials.html#understand).

The consequences of not vaccinating are well documented. The following are just a few examples of the impact of vaccine refusal:

- ***Association between vaccine refusal and vaccine-preventable diseases in the United States: A review of measles and pertussis.*** Phadke VK, Bednaraczyk RA, Salmon DA, Omer SB. JAMA 2016; 315(11): 1149–58. https://pubmed.ncbi.nlm.nih.gov/26978210/
- ***An outbreak of measles in an undervaccinated community.*** Gahr P, DeVries AS, Wallace G, et al. Pediatrics. July 2014; 134(1):2220–8. https://pubmed.ncbi.nlm.nih.gov/24913790/
- ***Nonmedical vaccine exemptions and pertussis California.*** Atwell JE, Van Otterloow J, Sipprich J, et al. Pediatrics 2013; 132(4):624–30. https://pubmed.ncbi.nlm.nih.gov/24082000/

To ensure that your parents and patients are fully informed about vaccination risks and benefits, follow these steps:

- Give the appropriate Vaccine Information Statement (VIS) to the parent or legal representative before each vaccine is given. This is required by federal law.
- When parents refuse a recommended vaccine, document that you provided the VIS(s), and have the parent sign the "Record of Vaccine Declination."
- Revisit the vaccination discussion at each subsequent visit. Flag the charts of fully or partially unvaccinated children as a reminder to revisit the vaccination discussion. Flagging also alerts the team about missed vaccinations when evaluating an ill child, especially one who has a fever without a clear source.

What do others say about documentation of vaccine declination?

American Academy of Pediatrics (AAP): "Despite [our] best efforts to discuss the effectiveness of immunizations and the low risk of significant side effects from immunization, some families will still refuse to have their children immunized. In those cases, it is important to document the refusal of one or more recommended immunizations and attempts to counsel the family in the patient's medical record… To support this, the AAP has updated a *Refusal of Recommended Immunization* form."[6] AAP also has published information and resources that describe how to code for and document discussions.[7]

National Association of County and City Health Officials (NACCHO): NACCHO encourages various steps be taken to limit non-medical exemptions to school immunization requirements. "For individuals requesting [non-medical] exemptions, (1) require documentation from a medical provider regarding the refusal to vaccinate and consultation pertaining to risks; (2) require consultation and signature by the local health department for non-medical exemptions; or (3) implement mandatory education sessions and require acknowledgement of risk or notarized documentation of non-medical exemptions for parents, guardians, or student 18 years and older about the importance of immunization and the impact of refusing immunizations."[8]

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