Bản Thăm Dò Yếu Tố Rủi Ro về Thuốc Chủng Ngừa cho Trẻ Em và Thiếu Niên

TÊN BỆNH NHÂN _____

NGÀY SINH ____ / ____ / ____
tháng ngày năm

Đối với cha mẹ/giám hộ: Những câu hỏi sau sẽ giúp chúng tôi xác định xem hôm nay có thể chủng cho con quý vị những thuốc chủng nào. Nếu quý vị trả lời "có" cho bất cứ câu hỏi nào, không nhất thiết có nghĩa là con quý vị không nên chủng ngừa. Điều đó chỉ có nghĩa là phải hỏi thêm một số câu hỏi. Nếu một câu trả lời không rõ ràng, xin yêu cầu chuyên viên chăm sóc sức khỏe giải thích cho quý vị.

	có	không	không biết
1. Hôm nay trẻ có bệnh không?	☐	☐	☐
2. Trẻ có bị dị ứng với thuốc, thực phẩm, thành phần thuốc chủng, hoặc latex không?	☐	☐	☐
3. Trẻ có từng bị dị ứng nghiêm trọng với một thuốc chủng trong quá khứ không?	☐	☐	☐
4. Trẻ có từng có vấn đề sức khỏe về bệnh phổi, bệnh tim, bệnh thận hoặc bệnh chuyển hóa (như là tiểu đường), bệnh suyễn, hoặc bệnh máu bất thường không? Trẻ có đang được trị liệu dài hạn bằng aspirin không?	☐	☐	☐
5. Nếu trẻ sắp chủng ngừa đang trong độ tuổi từ 2 đến 4 tuổi, có chuyên viên chăm sóc sức khỏe nào từng cho quý vị biết là trẻ bị thở khò khè hoặc bị suyễn trong vòng 12 tháng qua không?	☐	☐	☐
6. Nếu con quý vị là em bé, từ trước đến nay quý vị có khi nào nghe nói là em đã bị chứng lồng ruột không?	☐	☐	☐
7. Trẻ, anh chị em của trẻ, hoặc cha hay mẹ của trẻ có từng bị giật kinh; trẻ có từng bị bệnh não hoặc vấn đề nào khác về hệ thần kinh không?	☐	☐	☐
8. Trẻ có đang bị ung thư, hoại huyết, HIV/AIDS, hoặc bất cứ vấn đề nào khác về hệ miễn nhiễm không?	☐	☐	☐
9. Trong vòng 3 tháng qua, trẻ có từng dùng thuốc làm suy yếu hệ thống miễn nhiễm chẳng hạn như prednisone, các loại steroids khác, hay thuốc chống ung thư; thuốc để trị viêm khớp dạng thấp, bệnh Crohn's, hay bệnh vẩy nến; hoặc từng trị liệu bằng phóng xạ không?	☐	☐	☐
10. Trong năm vừa qua, trẻ có từng được truyền máu hay nhận các sản phẩm máu, hoặc được cho dùng thuốc gọi là (gamma) globulin miễn nhiễm hay thuốc chống virut không?	☐	☐	☐
11. Trẻ/thiếu nữ đang có thai hoặc em có thể ngẫu nhiên mang thai trong tháng tới không?	☐	☐	☐
12. Trẻ có từng chủng ngừa trong vòng 4 tuần qua không?	☐	☐	☐

NGƯỜI ĐIỀN MẪU _____ NGÀY _____

NGƯỜI DUYỆT MẪU _____ NGÀY _____

Quý vị có mang theo thẻ hồ sơ chủng ngừa không? **có** ☐ **không** ☐

Lưu giữ hồ sơ chủng ngừa cá nhân của con quý vị là điều quan trọng. Nếu quý vị không có một hồ sơ cá nhân, hãy yêu cầu chuyên viên chăm sóc sức khỏe của con quý vị cung cấp cho quý vị một hồ sơ ghi tất cả những lần chủng ngừa của con quý vị. Giữ hồ sơ này ở nơi an toàn và mang theo người mỗi khi quý vị đưa con đi chăm sóc sức khỏe. Con quý vị sẽ cần giấy tờ quan trọng này suốt đời cho những việc như đi nhà trẻ hay đi học, đi làm, hoặc du lịch quốc tế.

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Screening Checklist for Contraindications to Vaccines for Children and Teens

Saint Paul, Minnesota ▪ 651-647-9009 ▪ www.immunize.org ▪ www.vaccineinformation.org

www.immunize.org/catg.d/p4060-05.pdf ▪ Item #P4060-05 Vietnamese (10/16)

Information for Healthcare Professionals about the Screening Checklist for Contraindications (Children and Teens)

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed at the end.

1. Is the child sick today? *[all vaccines]*

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events.[1,2] However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, a vaccine component, or latex? *[all vaccines]*

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see reference 3; for an extensive list of vaccine components, see reference 4. People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV or RIV) that is otherwise appropriate for the patient's age. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office. Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.[5]

3. Has the child had a serious reaction to a vaccine in the past? *[all vaccines]*

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses.[1] History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTaP (not Tdap) include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 or more hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? *[LAIV]*

The safety of live, attenuated influenza vaccine (LAIV) in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV.

5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? *[LAIV]*

Children ages 2 through 4 years who have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IIV.

6. If your child is a baby, have you ever been told that he or she has had intussusception? *[Rotavirus]*

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? *[DTaP, Td, Tdap, IIV, LAIV, MMRV]*

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

NOTE: Live attenuated influenza vaccine (LAIV4; FluMist), is not recommended by CDC's Advisory Committee on Immunization Practices for use in the U.S. during the 2016–17 influenza season. Because LAIV4 is still a licensed vaccine that might be available and that some providers might elect to use, for informational purposes, reference is made to previous recommendations for its use.

8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? *[LAIV, MMR, MMRV, RV, VAR]*

Live virus vaccines (e.g., MMR, MMRV, varicella, rotavirus, and LAIV) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/µL. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine. Other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. For details, consult ACIP recommendations.[1,6,7,8]

9. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? *[LAIV, MMR, MMRV, VAR]*

Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement.[1] Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. The use of live vaccines should be avoided in persons taking these drugs.[1] To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 9. LAIV, when recommended, can be given only to healthy non-pregnant people ages 2 through 49 years.

10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? *[LAIV, MMR, MMRV, VAR]*

Certain live virus vaccines (e.g., LAIV, MMR, MMRV, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current Red Book for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.[1,2]

11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? *[HPV, IPV, LAIV, MMR, MMRV, VAR]*

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus.[1,2] Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine.[7,10] On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of exposure is imminent (e.g., travel to endemic areas) and immediate protection is needed. Inactivated influenza vaccine and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

12. Has the child received vaccinations in the past 4 weeks? *[LAIV, MMR, MMRV, VAR, yellow fever]*

Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.

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