

# Перечень контрольных вопросов для определения противопоказаний к применению вакцин для детей и подростков

ФАМИЛИЯ И ИМЯ ПАЦИЕНТА \_\_\_\_\_

ДАТА РОЖДЕНИЯ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
месяц / день / год

**Вниманию родителей и опекунов!** Приведенные ниже вопросы помогут нам определить, какую прививку можно сделать вашему ребенку на сегодняшний день. Если вы ответите «да» на какой-либо из вопросов, это не обязательно означает, что вашему ребенку не следует делать прививку. Это всего лишь означает, что нам необходимо будет задать вам дополнительные вопросы. Если вопрос будет вам непонятен, пожалуйста, попросите вашего врача или медсестру разъяснить его.

	Да	Нет	Не знаю
1. Болен ли ваш ребенок в настоящее время?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. У вашего ребенка имеется аллергия на лекарственные препараты, пищу, какой-либо компонент вакцины или латекс?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Отмечалась ли у вашего ребенка серьезная реакция на введение вакцины в прошлом?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Были ли у вашего ребенка проблемы с легкими, сердцем, почками, страдал ли он нарушением обмена веществ (например, диабетом), астмой или заболеваниями крови? Проходит ли он длительный курс терапии аспирином?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Если ребенку от 2 до 4 лет и ему необходимо сделать прививку, сообщал ли вам врач или медсестра в течение последних 12 месяцев о том, что у вашего ребенка наблюдается свистящее дыхание или астма?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Если ваш ребенок грудного возраста, сообщали ли вам когда-либо, что у него была кишечная непроходимость?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Страдает ли ребенок, его брат (сестра) или кто-либо из родителей приступами эпилепсии; страдает ли ребенок расстройствами головного мозга либо другими расстройствами нервной системы?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ваш ребенок болен раком, лейкемией, ВИЧ/СПИДом или каким-либо другим заболеванием иммунной системы?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. В течение последних 3 месяцев ваш ребенок принимал лекарства, ослабляющие иммунную систему, такие как преднизон, другие стероиды или противоопухолевые препараты; препараты для лечения ревматоидного артрита, болезни Крона или псориаза; или проходил курс лучевой терапии?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. В течение прошлого года вашему ребенку переливали кровь или вводили препараты крови или препарат, называемый иммуноглобулин (гаммаглобулин), либо противовирусный препарат?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Девушка-подросток беременна? Существует ли вероятность, что она может забеременеть в течение следующего месяца?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Вашему ребенку делали прививки в течение последних 4 недель?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ФОРМУ ЗАПОЛНИЛ(-А) \_\_\_\_\_ ДАТА \_\_\_\_\_

ФОРМУ ПРОВЕРИЛ(-А) \_\_\_\_\_ ДАТА \_\_\_\_\_

**Вы принесли с собой свою карту прививок? Да  Нет**

Очень важно вести карту прививок вашего ребенка. Если у вас ее нет, попросите врача или медсестру вашего ребенка выдать вам такую карту и вписать в нее все прививки, сделанные вашему ребенку. Храните ее в надежном месте и берите с собой каждый раз, когда вы обращаетесь за медицинской помощью для вашего ребенка. Этот важный документ потребуется вашему ребенку в будущем, чтобы поступить в детский сад или школу, устроиться на работу или отправиться в международную поездку.

"Screening Checklist for Contraindications to Vaccines for Children and Teens"

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# 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.<sup>1,2</sup> 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.<sup>3</sup>

## 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.<sup>1</sup> History of encephalopathy within 7 days following DTP/DtTaP 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? [MMR, MMRV, LAIV]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. 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/DtTaP. 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

**NOTE: Live attenuated influenza vaccine (LAIV4; FluMist) is not recommended by CDC's Advisory Committee on Immunization Practices for use in the U.S. for the 2017–18 influenza season.**

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.

## 8. Does the child or a family member 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, or for children 6–7 years with CD4+ T-lymphocyte counts of greater than or equal to 200 cell/μL. Varicella vaccine may be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage of greater than or equal to 200 cells/μL. Varicella and MMR vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory. 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.<sup>1,6,7,8</sup>

## 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.<sup>1</sup> 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.<sup>1</sup> 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.<sup>1,2</sup>

## 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.<sup>1,2</sup> 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.<sup>7,10</sup> 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.

## REFERENCES

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9. Tomblin M, Einsele H, et al. Guidelines for preventing infectious complications among hematopoietic stem cell transplant recipients: a global perspective. *Biol Blood Marrow Transplant* 15:1143–1238; 2009 at [www.cdc.gov/vaccines/pubs/hemato-cell-transplts.htm](http://www.cdc.gov/vaccines/pubs/hemato-cell-transplts.htm).
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