

# 兒童與青少年免 疫接種禁忌症的 篩選核對表

患者姓名 \_\_\_\_\_

出生日期 \_\_\_\_/\_\_\_\_/\_\_\_\_  
月 日 年

致家長/監護人：以下問題可以幫助我們確定您的孩子今天可能會注射哪種疫苗。如果您對任何問題的回答為「是」，並不表示您的孩子不應該接受疫苗注射，而只是表示還需要詢問其他的問題。如果您對某個問題不太清楚，請要求您的醫護人員說明。

	是	否	不知道
1. 孩子今天有生病嗎？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 孩子是否對藥物食物、任何疫苗成份、或乳膠過敏？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 孩子在過去是否曾對某種疫苗產生過嚴重反應？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 孩子是否曾有肺病、心臟病、腎臟病、代謝性疾病（例如糖尿病）、氣喘或是血液異常？他/她是否長期服用阿司匹林？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 如果要接受疫苗的孩子是在兩歲至四歲之間，在過去十二個月內是否曾有醫護人員告訴您孩子有喘鳴或氣喘？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 如果您的孩子是嬰兒，您曾經被告知他或她有腸套疊嗎？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 孩子或是孩子的兄弟姊妹、父母是否有癲癇；孩子是否有腦部或其他神經系統問題？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 孩子是否有癌症、白血病、HIV/愛滋病或是其他免疫系統問題？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 在過去三個月內孩子是否曾服用減弱免疫力的藥物如強的松、其他類固醇，或是抗癌藥物；治療風濕性關節炎、克隆氏症或牛皮癬的藥物；或是接受放射線治療？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. 在過去一年內孩子是否曾經接受過輸血或血液產品，或使用過稱為免疫(gamma)球蛋白的藥物或抗病毒藥物？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 孩子/青少年是否懷孕或是有可能在下個月懷孕？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. 孩子在過去4週內是否注射過疫苗？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

填表人 \_\_\_\_\_ 日期 \_\_\_\_\_

表格審核人 \_\_\_\_\_ 日期 \_\_\_\_\_

您是否攜帶您的免疫注射紀錄卡？ 是  否

具有子女免疫注射的個人紀錄是很重要的。如果您沒有這份紀錄，請向孩子的醫護人員索取一份孩子的疫苗紀錄。請將這份紀錄存放在安全的地方，每次去看孩子的醫生時隨身攜帶。您的子女終生都需要這份紀錄才能進入托兒所或上學、就業或是國際旅遊。

# 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, pre-filled syringe plungers, pre-filled 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/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

**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.**

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 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/ $\mu$ L. 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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4. Table of Vaccine Components: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
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6. CDC. Measles, mumps, and rubella – vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
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