Bản Thăm Dò Yếu Tố Rủi Ro về Thuốc Chủng Ngừa cho Người Lớn

TÊN BỆNH NHÂN _____

NGÀY SINH ____ / ____ / ____
tháng ngày năm

Dành cho bệnh nhân: Những câu hỏi sau sẽ giúp chúng tôi xác định xem hôm nay có thể chủng cho quý vị những thuốc chủng nào. Nếu quý vị trả lời "có" cho bất cứ câu hỏi nào, không nhất thiết có nghĩa là 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 quý vị có bệnh không?	☐	☐	☐
2. Quý vị có bị dị ứng với thuốc, thực phẩm, thành phần thuốc chủng, hoặc latex không?	☐	☐	☐
3. Quý vị có khi nào từng bị phản ứng nghiêm trọng sau khi chủng ngừa không?	☐	☐	☐
4. Quý vị có vấn đề sức khỏe kinh niên về bệnh tim, bệnh phổi, suyễn, bệnh thận, bệnh chuyển hóa (như tiểu đường), thiếu máu, hoặc bệnh khác về máu không?	☐	☐	☐
5. Quý vị có đang bị ung thư, hoại huyết, HIV/AIDS, hoặc bất cứ vấn đề nào khác về hệ miễn nhiễm không?	☐	☐	☐
6. Trong vòng 3 tháng qua, quý vị 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?	☐	☐	☐
7. Quý vị có bao giờ từng có vấn đề về giật kinh hay não hay thần kinh không?	☐	☐	☐
8. Trong năm vừa qua, quý vị có được truyền máu hay nhận các sản phẩm máu không, hoặc được cho dùng một loại thuốc gọi là immune (gamma) globulin hay thuốc chống virut không?	☐	☐	☐
9. Dành cho phụ nữ: Quý vị đang mang thai hoặc quý vị có thể tình cờ thụ thai trong tháng tới không?	☐	☐	☐
10. Quý vị 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** ☐

Điều quan trọng là quý vị nên có một hồ sơ ghi những lần chủng ngừa của mình. Nếu quý vị không có hồ sơ cá nhân, hãy yêu cầu chuyên viên chăm sóc sức khỏe lập hồ sơ cho quý vị. Giữ hồ sơ này ở nơi an toàn và mang theo hồ sơ mỗi lần quý vị nhận chăm sóc y khoa. Nhớ nhắc chuyên viên chăm sóc sức khỏe ghi vào hồ sơ tất cả những lần chủng ngừa của quý vị.

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Screening Checklist for Contraindications to Vaccines for Adults

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www.immunize.org/catg.d/p4065-05.pdf • Item #P4065-05 Vietnamese (4/18)

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

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. Are you sick today? *[all vaccines]*

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

2. Do you 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 2; for an extensive list of vaccine components, see reference 3.

People with egg allergy of any severity can receive any IIV or RIV that is otherwise appropriate for the patient's age. The safety of LAIV in egg allergic people has not been established. 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.[4]

3. Have you ever had a serious reaction after receiving a vaccination? *[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] 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. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? *[MMR, LAIV]*

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. The safety of intranasal live attenuated influenza vaccine (LAIV) in people with these conditions has not been established. These conditions, including asthma in adults, should be considered precautions for the use of LAIV.

5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? *[LAIV, MMR, VAR, ZVL]*

Live virus vaccines (e.g., LAIV, measles-mumps-rubella [MMR], varicella [VAR], zoster vaccine live [ZVL]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immunosuppressed people should not receive LAIV. For details, consult the ACIP recommendations.[4,5,6]

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

Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) 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.[1,5] Some immune mediator and immune modulator drugs (especially the anti-tumor necrosis factor agents adalimumab, infliximab, etanercept, golimumab, and certolizumab pegol) may be immunosuppressive. The use of live vaccines should be avoided in persons taking these drugs (see www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can be given only to healthy non-pregnant people ages 2 through 49 years.

7. Have you had a seizure or a brain or other nervous system problem? *[influenza, Td/Tdap]*

Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. 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-toxoid vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with IIV if at increased risk for severe influenza complications.

8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? *[LAIV, MMR, VAR, ZVL]*

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

9. For women: Are you pregnant or is there a chance you could become pregnant during the next month? *[HPV, IPV, MMR, LAIV, VAR, ZVL]*

Live virus vaccines (e.g., MMR, VAR, ZVL, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to avoid pregnancy for one month following receipt of the vaccine. On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of exposure is imminent and immediate protection is needed (e.g., travel to endemic areas). Inactivated influenza vaccine and Tdap are both recommended during pregnancy. Both vaccines may be given at any time during pregnancy but the preferred time for Tdap administration is at 27–36 weeks' gestation. HPV vaccine is not recommended during pregnancy.[1,4,5,6,8,9]

10. Have you received any vaccinations in the past 4 weeks? *[LAIV, MMR, VAR, yellow fever, ZVL]*

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZVL, yellow fever) should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

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