Перечень контрольных вопросов для определения противопоказаний к применению вакцин для взрослых

ФАМИЛИЯ И ИМЯ ПАЦИЕНТА _____

ДАТА РОЖДЕНИЯ ____/____/____
месяц / день / год

Вниманию пациентов! Приведенные ниже вопросы позволят нам определить, какие вакцины вам можно вводить в настоящее время. Если вы отвечаете «да» на какой-либо вопрос, это совсем не означает, что вам не следует делать прививку. Это всего лишь означает, что нам необходимо будет задать вам дополнительные вопросы. Если вопрос будет вам непонятен, пожалуйста, попросите поставщика медицинских услуг разъяснить его.

	Да	Нет	Не знаю
1. Больны ли вы в настоящее время?	☐	☐	☐
2. Страдаете ли вы аллергией на лекарственные препараты, пищу, какой-либо компонент вакцины или латекс?	☐	☐	☐
3. Возникала ли у вас когда-либо тяжелая реакция после введения вакцины?	☐	☐	☐
4. Страдаете ли вы длительное время какими-либо заболеваниями сердца, легких, почек, обмена веществ (например, диабетом), астмой, анемией или другими заболеваниями крови?	☐	☐	☐
5. Больны ли вы раком, лейкемией, ВИЧ/СПИДом или каким-либо другим заболеванием иммунной системы?	☐	☐	☐
6. В течение трех последних месяцев вы принимали лекарства, ослабляющие иммунную систему, такие как преднизон, другие стероиды или противоопухолевые препараты; препараты для лечения ревматоидного артрита, болезни Крона или псориаза или проходили курс лучевой терапии?	☐	☐	☐
7. Страдаете ли вы приступами эпилепсии или расстройствами мозга либо другими расстройствами нервной системы?	☐	☐	☐
8. В течение прошлого года вам переливали кровь или вводили препараты крови или препарат, называемый иммуноглобулин (гаммаглобулин), либо антивирусный препарат?	☐	☐	☐
9. Вопрос касается женщин: беременны ли вы? Существует ли вероятность, что вы забеременеете в течение ближайшего месяца?	☐	☐	☐
10. Делали ли вам какие-либо прививки за последние 4 недели?	☐	☐	☐

ФОРМУ ЗАПОЛНИЛ (А) _____ ДАТА _____

ФОРМУ ПРОАНАЛИЗИРОВАЛ (А) _____ ДАТА _____

Вы принесли с собой свою карту прививок? **да** ☐ **нет** ☐

Очень важно, чтобы у вас была личная карточка учета прививок. Если у вас ее нет, попросите своего поставщика медицинских услуг выдать вам такую карточку. Храните карточку в надежном месте и приносите ее всякий раз, когда вы обращаетесь за медицинской помощью. Убедитесь, что ваш поставщик медицинских услуг регистрирует в карточке все сделанные вам прививки.

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 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.[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? *[LAIV]*

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, ZOS]*

Live virus vaccines (e.g., LAIV, measles-mumps-rubella [MMR], varicella [VAR], zoster [ZOS]) 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, ZOS]*

Live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) 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 antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. The use of live vaccines should be avoided in persons taking these drugs (*MMWR* 2011;60 [RR-2]:23). 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.

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.

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 given before age 7 years. 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-containing 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, ZOS]*

Certain live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) 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, IIV, MMR, LAIV, VAR, ZOS]*

Live virus vaccines (e.g., MMR, VAR, ZOS, 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 practice careful contraception 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, ZOS]*

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZOS, 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.

REFERENCES

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9. CDC. Updated recommendations for use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) in pregnant women: Recommendations of the ACIP. *MMWR* 2012; 62 (7):131–4.