

Questionnaire de dépistage des contre-indications à la vaccination des adultes

NOM DU PATIENT _____

DATE DE NAISSANCE _____ / _____ / _____
jour mois année

Pour les patients : les questions ci-dessous nous aideront à déterminer quels vaccins vous pouvez recevoir aujourd'hui. Si vous répondez « oui » à l'une des questions, cela ne signifie pas forcément que vous ne devriez pas être vacciné(e). Cela indique simplement qu'il faudra approfondir la question. Si une question n'est pas claire, demandez des explications à votre prestataire de soins.

	oui	non	je ne sais pas
1. Êtes-vous malade aujourd'hui ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Présentez-vous des allergies à certains médicaments, aliments, composants vaccinaux ou au latex ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Avez-vous déjà eu une réaction grave suite à un vaccin ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Avez-vous un problème de santé à long terme au niveau du cœur, des poumons, des reins ou une maladie métabolique (p. ex., diabète), de l'asthme, une maladie sanguine, une absence de rate, une carence d'un constituant du complément, un implant cochléaire ou une fuite de liquide céphalo-rachidien ? Suivez-vous un traitement par l'aspirine à long terme ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Avez-vous un cancer, une leucémie, le VIH/Sida ou tout autre problème touchant le système immunitaire ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avez-vous un parent, un frère ou une sœur ayant un problème touchant le système immunitaire ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Au cours des 3 derniers mois, avez-vous pris des médicaments touchant le système immunitaire, comme de la prednisone, d'autres stéroïdes, ou des médicaments anticancéreux ; des médicaments pour traiter la polyarthrite rhumatoïde, la maladie de Crohn, ou le psoriasis ; ou avez-vous reçu des traitements par radiothérapie ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Avez-vous présenté des convulsions, des troubles cérébraux ou d'autres troubles du système nerveux ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Au cours de la dernière année, avez-vous reçu une transfusion de sang ou de produits sanguins, ou avez-vous reçu des immunoglobulines (gamma) ou un médicament antiviral ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pour les femmes : Êtes-vous enceinte ou existe-t-il une possibilité de grossesse dans le mois à venir ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Avez-vous été vacciné(e) au cours des 4 dernières semaines ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORMULAIRE REMPLI PAR _____ DATE _____

FORMULAIRE REVU PAR _____ DATE _____

Avez-vous apporté votre carnet de vaccination ? oui non

Il est important d'avoir un carnet personnel de vos vaccinations. Si vous n'avez pas de carnet personnel, demandez à votre prestataire de soins de vous en donner un. Gardez ce carnet en lieu sûr et apportez-le avec vous à chaque visite médicale. Assurez-vous que votre prestataire de soins note toutes vos vaccinations sur ce carnet.

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 in **Notes** below.

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

1. Are you sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (e.g., upper respiratory infections, 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 www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf.

People with egg allergy of any severity can receive any IIV, RIV, or LAIV that is otherwise appropriate for the patient's age and health status. With the exception of cclIV and RIV (which do not contain egg antigen), 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.

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. 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, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long term aspirin therapy? [MMR, VAR, LAIV]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. LAIV is not recommended for people with anatomic or functional asplenia, complement component deficiency, a cochlear implant, or CSF leak. Underlying health conditions of the heart, lung, kidney, or metabolic disease (e.g., diabetes) and asthma are considered precautions for the use of LAIV. Aspirin use is a precaution to VAR.

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

Live virus vaccines (e.g., LAIV, MMR, VAR) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and VAR vaccine may be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ μ L. Immunosuppressed people should not receive LAIV.

6. Do you have a parent, brother, or sister with an immune system problem? [MMR, VAR]

MMR or VAR vaccines should not be administered to persons who have a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory.

7. 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]

Live virus vaccines (e.g., LAIV, MMR, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, see references in **Notes** above. Some immune mediator and immune modulator drugs (especially the anti-tumor necrosis factor agents adalimumab, infliximab, etanercept, golimumab, and certolizumab pegol) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers. The use of live virus vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see references in **Notes** above.

8. 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, vaccination should generally be avoided unless the benefits outweigh the risks (for those at higher risk for complications from influenza).

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

Certain live virus vaccines (e.g., MMR, LAIV, VAR) may need to be deferred, depending on several variables. Consult General Best Practice Guidelines for Immunization (referenced in **Notes** above) for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

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

Live virus vaccines (e.g., MMR, VAR, 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, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

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

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever). Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
cclIV = Cell culture inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine

MMR = Measles, mumps, and rubella vaccine
RIV = Recombinant influenza vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine