

Danh Mục Kiểm Tra Sàng Lọc Chống Chỉ Định Chủng Ngừa Vắc-xin Cho Người Lớn

TÊN BỆNH NHÂN _____

NGÀY SINH ____/____/____
tháng ngày năm

Đối với bệnh nhân: Các câu hỏi sau đây sẽ giúp chúng tôi xác định xem hôm nay quý vị có thể tiêm loại vắc-xin nào. Nếu quý vị trả lời "có" cho bất kỳ câu hỏi nào thì không có nghĩa là quý vị không nên chủng ngừa. Nó chỉ có nghĩa là cần hỏi thêm một số câu hỏi. Nếu có câu hỏi nào không rõ, vui lòng yêu cầu bác sĩ của quý vị giải thích.

	có	không	không biết
1. Hôm nay quý vị có bị ốm không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quý vị có bị dị ứng với thuốc, thực phẩm, thành phần trong vắc-xin, hoặc latex hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quý vị đã từng có phản ứng nghiêm trọng sau khi chủng ngừa hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quý vị có vấn đề sức khỏe lâu dài với bệnh tim, phổi, thận hoặc chuyển hóa (ví dụ: bệnh tiểu đường), hen suyễn, rối loạn máu, không có lá lách, thiếu thành phần bổ sung, cấy ốc tai điện tử hoặc rò rỉ dịch tủy sống hay không? Quý vị đang điều trị bằng aspirin lâu dài hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Quý vị có bị ung thư, bệnh bạch cầu, HIV/AIDS hoặc bất kỳ vấn đề nào khác về hệ miễn dịch không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Quý vị có cha mẹ, anh chị em có vấn đề về hệ miễn dịch hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trong vòng 3 tháng qua, quý vị có từng uống các loại thuốc ảnh hưởng đến hệ miễn dịch, như prednisone, các loại steroid khác, hoặc thuốc trị ung thư; thuốc trị viêm khớp dạng thấp, bệnh Crohn hoặc bệnh vẩy nến; hoặc từng phải xạ trị hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Quý vị đã từng bị động kinh hay có vấn đề về não hoặc hệ thần kinh khác chưa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Trong năm vừa qua quý vị có từng được truyền máu hoặc các sản phẩm máu, hoặc từng dùng globulin miễn dịch (gamma) hoặc thuốc chống virus hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Đối với phụ nữ: Quý vị mang thai hay có cơ hội quý vị có thể mang thai trong tháng tới hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Quý vị có được dùng vắc-xin trong 4 tuần vừa qua không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NGƯỜI ĐIỀN MẪU _____ NGÀY _____

NGƯỜI KIỂM TRA _____ NGÀY _____

Quý vị có mang theo thẻ tiêm chủng của mình không? có không

Việc lập sổ tiêm chủng cá nhân cho quý vị là rất quan trọng. Nếu quý vị không có hồ sơ cá nhân, yêu cầu bác sĩ của quý vị cung cấp cho quý vị. Giữ sổ tiêm chủng ở chỗ an toàn và mang theo mỗi khi quý vị đi khám. Đảm bảo bác sĩ ghi chép tất cả các lần tiêm chủng vào hồ sơ.

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/excipient-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. 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.

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. These conditions, including asthma in adults, should be 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, ZVL]

Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and VAR vaccine should 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.⁷

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, 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, 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/2018/advising-travelers-with-specific-needs/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. LAIV can be given only to healthy non-pregnant people ages 2 through 49 years.

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, vaccinate with IIV if at increased risk for severe influenza complications.

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, VAR]

Certain live virus vaccines (e.g., MMR, 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, 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, IPV 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). IIV 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.

11. 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 (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	RIV = Recombinant influenza vaccine
HPV = Human papillomavirus vaccine	Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
IIV = Inactivated influenza vaccine	VAR = Varicella vaccine
IPV = Inactivated poliovirus vaccine	ZVL = Zoster vaccine live
MMR = Measles, mumps, and rubella vaccine	