

# 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 помогут нам определить, какие прививки вам можно сделать на сегодняшний день. Если вы ответите «да» на какой-либо из вопросов, это не обязательно 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 вашего врача или медсестру разъяснить его.

	Да	Нет	Не знаю
1. Больны ли вы в настоящее время?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. У вас есть аллергия на лекарственные препараты, пищу, какой-либо компонент вакцины или латекс?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Отмечалась ли у вас когда-либо серьезная реакция на введение вакцин в прошлом?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Есть ли у вас хронические заболевания сердца, легких, почек, метаболические заболевания (напр., диабет), астма, заболевания крови, кохлеарный имплантат, отсутствие селезенки, наблюдается ли недостаточность компонентов системы комплемента, истечение спинномозговой жидкости? Проходите ли вы длительный курс терапии аспирином?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Есть ли у вас злокачественные новообразования, лейкомия, ВИЧ/СПИД или другие заболевания иммунной системы?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. У кого-либо из ваших родителей, братьев или сестер имеются заболевания иммунной системы?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. В течение последних 3 месяцев вы принимали лекарства, ослабляющие иммунную систему, такие как преднизон, другие стероиды или противоопухолевые препараты; препараты для лечения ревматоидного артрита, болезни Крона или псориаза; проходили курс лучевой терапии?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Страдаете ли вы от эпилептических припадков, заболеваний головного мозга либо других расстройств нервной системы?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. В течение прошлого года вам переливали кровь, вводили препараты крови, иммуноглобулин (гамма-глобулин) либо противовирусные препараты?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Вопрос для женщин. Вы беременны? Существует ли вероятность, что вы можете забеременеть в течение следующего месяца?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Вам делали прививки в течение последних 4 недель?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Форму заполнил(-а) \_\_\_\_\_ Дата \_\_\_\_\_

Форму проверил(-а) \_\_\_\_\_ Дата \_\_\_\_\_

**Вы принесли с собой свою карту прививок?** Да  Нет

Очень важно вести карту сделанных вам прививок. Если у вас ее нет, попросите работника здравоохранения выдать вам такую карту. Храните ее в надежном месте и берите с собой каждый раз, когда обращаетесь за медицинской помощью. Следите за тем, чтобы работник здравоохранения внес в нее 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 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](http://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](http://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](http://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](http://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/ $\mu$ L. Immunosuppressed people should not receive LAIV.<sup>7</sup>

## 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](http://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	