

# 성인의 백신 접종 금기 사항에 대한 선별검사 점검표

환자 이름 \_\_\_\_\_

생년월일 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  년           월           일

**환자인 경우:** 다음 질문들은 현재 귀하에게 어떤 백신이 필요한지 결정하는 데 도움이 됩니다. 어떤 질문에 대해 “예”라고 답변한다 해도 그것이 귀하가 백신 접종을 받지 말아야 한다는 것을 의미하지는 않습니다. 이는 단지 추가 질문에 답변해야 한다는 의미입니다. 질문이 명확하지 않은 경우, 담당 의료인에게 이에 대해 설명해 달라고 요구하십시오.

	예	아니요	알 수 없음
1. 오늘 아프십니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 약물, 음식, 백신 구성요소 또는 라텍스에 대해 알레르기 반응이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 예방접종을 받은 후 심각한 반응을 보인 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 심장, 신장, 대사 질환(예: 당뇨병), 천식, 혈액 질환, 비장 제거, 보체 성분 결핍증, 인공 와우 이식, 또는 척수액 누출 등의 장기적인 건강 문제가 있습니까? 장기 아스피린 치료를 받고 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 암, 백혈병, HIV/AIDS 또는 기타 면역계 문제가 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 부모, 형제 또는 자매에게 면역체계 문제가 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 지난 3개월 이내에, 프레드니손, 기타 스테로이드 또는 항암 약물, 류마티스성 관절염, 크론병 또는 건선 치료 약물과 같이 면역계에 영향을 미치는 약물을 복용하거나 방사선 치료를 받은 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 발작 또는 뇌나 기타 신경계 문제가 있었습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 작년에, 혈액 또는 혈액 제품을 주입 받았거나, 면역(감마) 글로불린이나 항바이러스약을 투여 받은 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. 여성인 경우: 임신 중이거나, 다음 달 중에 임신할 가능성이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 지난 4주 이내에 백신 접종을 받았습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

양식 작성자 \_\_\_\_\_ 날짜 \_\_\_\_\_

양식 검토자 \_\_\_\_\_ 날짜 \_\_\_\_\_

백신 접종 기록 카드를 지참하십니까?   예    아니요

귀하의 백신 접종에 대한 개인 기록을 보유하는 것이 중요합니다. 개인 기록이 없다면, 담당 의료인에게 해당 기록을 제공해 달라고 요청하십시오. 이 기록을 안전한 장소에 보관하고, 진료를 받을 때마다 이를 지참하십시오. 담당 의료인이 모든 백신 접종 내역을 기록하는지 확인하십시오.

# 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	