قائمة تدقيق الفرز
لموانع استعمال
اللقاحات في الأشخاص البالغين

المريض: سوف تساعدا الأسئلة التالية على تحديد اللقاحات التي يمكن إعطاؤها لك اليوم. إذا أجيت بـ "نعم" على أي سؤال، فإن هذا لا يعني بالضرورة أنه لا يجب عليك أن تحصل على اللقاح. وأنما يعني فقط ووجب طرح مزيد من الأسئلة. إذا كان هناك سؤال غير واضح، فاطلب من فضلك من مقدم الرعاية الصحية شرحة.

<table>
<thead>
<tr>
<th>لا يعرف</th>
<th>نعم</th>
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<tbody>
<tr>
<td>1. هل أنت مريض اليوم؟</td>
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<tr>
<td>2. هل تعاني من حساسية تجاه أدوية، أو طعام، أو مكان في لقاح، أو اللاتكس؟</td>
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<td>3. هل سبق أن عانيت من تفاعل خطير بعد تلقى لقاح؟</td>
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<td>4. هل تعاني من مشكلة صحية طويلة الأمد في القلب، أو الرئة، أو الكلية، أو مرض استقلاي (مثل السكري)، أو الرئة، أو اضطرابات في الدم، أو عدم وجود الطحال، أو نقص مكون تكميلي، أو زراعة فوقية أذن، أو تسبب سائل شوكي؟ هل تفيد علاج طويل الأمد بالأسر؟</td>
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<td>5. هل أنت مصاب بالسرطان، أو سرطان الدم، أو فيروس نقص المناعة البشرية/الإيدز، أو أي مشكلة أخرى في جهاز المناعة؟</td>
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<td>6. هل لديك والد، أو أخ، أو أخت تعانون من مشكلة في جهاز المناعة؟</td>
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<td>7. في الـ 3 شهور الماضية، هل أخذت أدوية تؤثر على جهاز المناعة، مثل بردينزون، أو سيتروودات أخرى، أو عقاقير مضادة للسرطان؛ أو عقاقير لعلاج التهاب المفاصل الروماتوئدي، أو مرض كرون، أو الصدفية؛ أو هل حصلت على العلاج بالإشعاع؟</td>
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<td>8. هل عانيت من نوبة تشنج أو مشكلة في المخ، أو مشكلة أخرى في الجهاز العصبي؟</td>
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<td>9. خلال العام الماضي، هل تلقفت نقل دم، أو نقل منتجات دم، أو هل تم إعطاؤك جيلوبولين مناعي (جاما) أو فئcakes للفيروسات؟</td>
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<td>10. للنساء: هل أنت حامل، أو هل توجد هناك احتمالية أن تصبحي حاملًا خلال الشهر القادم؟</td>
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<tr>
<td>11. هل تلقفت أي لقاحات في فترة الـ 4 أسابيع الماضية؟</td>
<td></td>
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</tbody>
</table>

تم إكمال النموذج بواسطة ______________________________ 
تم مراجعة النموذج بواسطة ______________________________

هل أجريت مكع بطاقة بسجل التحصينات؟
من الأمثلة أن يكون لديك سجل شخصي لللقاحات التي تحصل عليها. إن لم يكن لديك سجل شخصي، اطلب من مقدم الرعاية الصحية أن يعطيك واحدًا. احتفظ بهذا السجل في مكان آمن واحفظه في كل مرة تسعى فيها لطلب الرعاية الطبية. تأكد من أن مقدم الرعاية الصحية يسجل في كل اللقاحات التي تحصل عليها.
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

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/µL. Immunocompromised 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, 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 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 consideration. 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 made to continue Td 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
- IPV = Intramuscular poliovirus 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
- ZVL = Zoster vaccine live

**Immunization Action Coalition • Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org**