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

TÊN CỦA QUÝ VỊ _____

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. Điều đó chỉ có nghĩa là chúng tôi cần đặt thêm câu hỏi cho quý vị. 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?	☐	☐	☐
2. Quý vị có bị dị ứng với thuốc, thực phẩm, thành phần trong vắc-xin, hoặc latex hay không?	☐	☐	☐
3. Quý vị đã từng có phản ứng nghiêm trọng sau khi chủng ngừa hay không?	☐	☐	☐
4. Quý vị có vấn đề sức khỏe lâu dài về 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?	☐	☐	☐
5. Quý vị có bị ung thư, bệnh bạch cầu, HIV/AIDS hoặc bất kỳ vấn đề nào khác về hệ miễn dịch không?	☐	☐	☐
6. Quý vị có cha mẹ, anh chị em có vấn đề về hệ miễn dịch hay không?	☐	☐	☐
7. Trong vòng 6 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?	☐	☐	☐
8. Quý vị đã từng bị động kinh hay có vấn đề về não hoặc hệ thần kinh khác chưa?	☐	☐	☐
9. Quý vị đã từngđược chẩn đoán mắc bệnh tim (viêm cơ tim hoặc viêm màng ngoài tim) hoặc quý vị có bị Hội chứng viêm đa hệ thống (MIS-A hoặc MIS-C) sau khi nhiễm vi-rút COVID-19 không?	☐	☐	☐
10. 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?	☐	☐	☐
11. Quý vị có đang mang thai không?	☐	☐	☐
12. Quý vị có dùng vắc-xin trong 4 tuần vừa qua không?	☐	☐	☐
13. Quý vị đã bao giờ cảm thấy chóng mặt hoặc ngất xỉu trước, trong hoặc sau khi tiêm chưa?	☐	☐	☐
14. Quý vị có lo lắng về việc tiêm hôm nay không?	☐	☐	☐

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 của 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

Read the information below for help interpreting answers to the screening checklist. To learn even more, consult the references in ***Note*** *below.*

NOTE: For additional details, see CDC's "Adult Immunization Schedule" (www.cdc.gov/vaccines/schedules/hcp/imz/adult.html) and *General Best Practice Guidelines for Immunization* sections on "Contraindications and Precautions" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) and "Altered Immunocompetence" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html). For more details on COVID-19 vaccines, see "Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations" at www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

1. **Are you sick today?** *[all vaccines]*

   There is no evidence that acute illness reduces vaccine efficacy or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved. Mild illnesses with or without fever (e.g., otitis media, "colds," diarrhea) and antibiotic use are not contraindications to routine vaccination.

2. **Do you have allergies to medications, food, a vaccine ingredient, or latex?** *[all vaccines]*

   Gelatin: If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin. **Latex:** An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine's packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states). **COVID-19 vaccine:** History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a COVID-19 vaccine component is a contraindication to use of the same vaccine type. People may receive the alternative COVID-19 vaccine type (either mRNA or protein subunit) if they have a contraindication or an allergy-related precaution to one COVID-19 vaccine type. Allergy-related precautions include history of 1) diagnosed non-severe allergy to a COVID-19 vaccine component; 2) non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one COVID-19 vaccine type (see **Note**). ***Not contraindications:*** **Eggs:** ACIP and CDC do not consider egg allergy of any severity to be a contraindication or precaution to any egg-based influenza vaccine. **Injection site reaction** (e.g., soreness, redness, delayed-type local-reaction) to a prior dose or vaccine component is not a contraindication to a subsequent dose or vaccine containing that component.

3. **Have you ever had a serious reaction after receiving a vaccine?** *[all vaccines]*
   - Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of the vaccine or vaccine component. (See question 2.)
   - Usually, one defers vaccination when a precaution is present unless the benefit outweighs the risk (e.g., during an outbreak).

4. **Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?** *[MMR, VAR, LAIV]*

   LAIV is not recommended for people with anatomic or functional asplenia, a cochlear implant, or cerebrospinal fluid (CSF) leak. Underlying health conditions that increase the risk of influenza complications such as heart, lung, kidney, or metabolic disease (e.g., diabetes) and asthma are precautions for LAIV. **MMR:** A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR. **VAR:** Aspirin use is a precaution to VAR due to the association of aspirin use, wild type varicella infection, and Reye syndrome in children and adolescents.

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

   Live virus vaccines are usually contraindicated in immunocompromised people, with exceptions. For example, MMR vaccine is recommended and VAR may be considered for adults with CD4+ T-cell counts of greater than or equal to 200 cells/mcL. See **Note**.

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

   MMR or VAR should not be administered to a patient with congenital or hereditary immunodeficiency in a first-degree relative (e.g., parent, sibling) unless the patient's immune competence has been verified clinically or by a laboratory.

7. **In the past 6 months, have you taken medicines that affect your immune system, such as 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 should be postponed until chemotherapy or long-term high-dose steroid therapy concludes. See **Note**. Some immune mediator and modulator drugs (especially anti-tumor necrosis factor [TNF] agents) may be immunosuppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A list of such drugs appears in CDCs Yellow Book at wwwwnc.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers.

8. **Have you had a seizure or a brain or other nervous system problem?** *[influenza, Td/Tdap]*

   Tdap: Tdap is contraindicated in people with a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to using Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, vaccinate as usual. **A history of Guillain-Barré syndrome (GBS):** 1) **Td/Tdap**: GBS within 6 weeks of a tetanus toxoid-containing vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td; 2) **all influenza vaccines**: GBS within 6 weeks of an influenza vaccine is a precaution; influenza vaccination should generally be avoided unless the benefits outweigh the risks (e.g., for those at high risk for influenza complications).

9. **Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or MIS-C) after an infection with the virus that causes COVID-19?**

   Precautions to COVID-19 vaccination include a history of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine or a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A). Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine is a precaution: the patient should generally not receive additional COVID-19 vaccine. A person with a history of myocarditis or pericarditis unrelated to vaccination may receive a COVID-19 vaccine once the condition has completely resolved. A person with a history of MIS-C or MIS-A may be vaccinated if the condition has fully resolved and it has been at least 90 days since diagnosis. Refer to CDC COVID-19 vaccine guidance for additional considerations for myocarditis, pericarditis, and MIS (see **Note**).

10. **In the past year, have you received immune (gamma) globulin, blood/blood products or an antiviral drug?** *[MMR, VAR, LAIV]*

    See **Note** (schedule) for antiviral drug information (VAR, LAIV). See "Timing and Spacing of Immunobiologics" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#antibody) for intervals between MMR, VAR and certain blood/blood products, or immune globulin.

11. **Are you pregnant?** *[HPV, HepB, IPV, LAIV, MenB, MMR, VAR]*

    Live virus vaccines (e.g., LAIV, MMR, VAR) are contraindicated in pregnancy due to the theoretical risk of virus transmission to the fetus. People who could become pregnant and receive a live virus vaccine should be instructed to avoid pregnancy for 1 month after vaccination. **IPV and MenB** should not be given except to those with an elevated risk of exposure during pregnancy. **HepB:** Heplisav-B and PreHevbrio are not recommended during pregnancy, use Engerix-B or Recombivax-HB. **HPV** is not recommended during pregnancy.

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

    People given live virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine (wait 30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

13. **Have you ever felt dizzy or faint before, during, or after a shot?**

    Fainting (syncope) or dizziness is not a contraindication or precaution to vaccination; it may be an anxiety-related response to any injection. CDC recommends vaccine providers consider observing all patients for 15 minutes after vaccination. See Immunize.org's resource on vaccination and syncope at www.immunize.org/catg.d/p4260.pdf.

14. **Are you anxious about getting a shot today?**

    Anxiety can lead to vaccine avoidance. Simple steps can help a patient's anxiety about vaccination. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/handouts.

VACCINE ABBREVIATIONS

HepB = Hepatitis B vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
ccIIV = Cell culture inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
LAIV = Live attenuated influenza vaccine
MenB = Meningococcal B vaccine
MMR = Measles, mumps, and rubella vaccine
RIV = Recombinant influenza vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine