**Daim Ntawv Teev Kev Soj Ntsuam Seb Puas Muaj Kev Cov Nyom rau Cov Tshuaj Txhaj rau Cov Me Nyuam Yaus thib Cov Hluas**

**Rau cov niamb txiv/cov neeg saib xyuas:** Cov nqe lus nug nram gab no yuav pab peb txiav birem seb yuav muab tau cov tshuaj txhaj twg rau koj tus me nyuam hnuh no. Yog koj teb “yog” rau ib nqe lus nug twg, nws tsis tau txhais kiaj lias koj tus me nyuam yuav tsum tau tis bkbh bjxh tshuaj. Nws tsuais bksais tais yuav tsum tau nug ib co lus nug ntxiv xwb. Yog has tais ib nqe lus nug tsi meej pes tsawgw, thov has kom koj tus neeg muab kev pab kho moob txbhs bkhais qhov ntawd rau koj.

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<th>Yog</th>
<th>Tsis yog</th>
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1. Tus me nyuam puas muaj mob hnuh no?

2. Tus me nyuam puas muaj kev tis hauam tshuaj, khoom noj, tej yam hauv cov tshuaj txhaj, los sis ntxhiab roj hmb (latex)?

3. Tus me nyuam puas tau muaj kis hauam koj rau cov tshuaj bkhaj yav tas los?

4. Tus me nyuam puas muaj meem bog nws lub ntaws, lub plawv, lub raum los sis kab mob hauv qhov kev lub cev bais os thib zom khoom noj hau (metabolic disease)(piw bwxw li, mob ntxshav gab zib), ua tis taud pa, los sis ntxshav tis zoo! Nws puas noj tshuaj aspirin kho mus rnev?

5. Yog has tais tus me nyuam uas yuav bkhaj tshuaj rau ntawd muaj hnuh nyoog li ntaum 2 mus rau 4 xyoes, puas tau muaj ib tug kws muab kev pab kho mob qhia rau koj tais koj tus me nyuam hawb pob los yog ua pa nyuaj hauv 12 lub hls tas los?

6. Yog has tais koj tus me nyuam yog lb tug mos liab, puas tau qhia rau koj li hais tias nws muaj hnyuv nkaurm (intussusception)?

7. Tus me nyuam, ib tug nus muag, los sis leeq niamb leeq biv puas qaag dab peg; tus me nyuam puas muaj teeb meem hauv lub hlbw los yog lwbn cov teeb meem saum hlwb (nervous system)?

8. Tus me nyuam puas mob cancer, leukemia, HIV/AIDS, los yog lwbn cov teeb meem hauv lub cev thavg kab mob (immune system)?

9. Hauv 3 lub hls hauv los, tus me nyuam puas tau noj cov tshuaj uas ua rau kom nws lub cev thavg kab mob tis muaj zog, xws li cortisone, prednisone, lwbn cov steroids, los yog cov tshuaj thavg kab mob cancer, los sis mus siv hlauv taws xob tua kab mob (radiation treatments)?

10. Tsab no, puas tau ntxiv ntxshav rau tus me nyuam los yog muab ntxshav pab tus me nyuam, los yog bkhaj cov tshuaj pab tv thavg kab mob (immune (gamma) globulin) los yog tshuaj tua kab mob?

11. Tus me nyuam/tus hluas lub cev puas xeex tub los yog puas xav tais tais zuam nws lub cev yuav xeex tub lub hls tom ntej no?

12. Puas tau bkhaj tshuaj rau tus me nyuam 4 lub lim piam tas los?

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**Koj puas nqa koj tus me nyuam daim ntaww txhaj tshuaj nrog koj tuaj hnuh no?**

Nws yog ib qho taem ceeb uas yuav tau kwaws koj tus me nyuam cov rtaub ntaww bkhaj tshuaj cl. Yog has tais koj tis muaj ib daim, has kom koj tus me nyuam tus kws muab kev pab kho mob muab ib daim ntaww uas muaj tag nhrro cov tshuaj uas tau bkhaj koj tus me nyuam ntawd rau koj. Muab kwaws cl rau ib qho chaw zoo thib nqa nrog koj tebua zuas koj oj koj tus me nyuam mus kho mob. Koj tus me nyuam yuav tsum tau muaj daim ntaww no thaj lnikag tau rau hauv chaw zov me nyuam los sis mus kwam ntaww, mus ua hauv lwbn, los sis mus ngd bawv teb chaws.

Translation provided by Marshfield Clinic, Marshfield, WI

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Immunization Action Coalition • Saint Paul, Minnesota • (651) 647-9099 • www.immunize.org • www.vaccineinformation.org
1. **Is the child sick today?** [all vaccines]
   There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. **Does the child have allergies to medications, food, a vaccine component, or latex?** [all vaccines]
   If a person has anaphylaxis after eating gelatin, do not administer MMR, MRV, or varicella vaccine. Local reactions are not contraindications. For a table of vaccines supplied in vials or syringes that contain latex, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf. For an extensive list of vaccine components, see reference 3. An egg-free recombinant influenza vaccine (RV) may be used in people age 18 through 49 years with egg allergy of any severity who have no other contraindications. Children and teens younger than age 18 years who have experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a specialist for appropriate evaluation to help determine if vaccine should be administered. Protocols have been published for safely administering influenza vaccine to people with egg allergies (see reference 4). People who report a reaction of only hives after eating eggs or egg-containing foods, can receive either inactivated influenza vaccine (IIV) or, if age-eligible, RV (not LAIV). If IIV is to be administered, CDC recommends 1) the vaccine be administered by a healthcare provider familiar with the potential manifestations of egg allergy and 2) the vaccine recipient be observed for at least 30 minutes.

3. **Has the child had a serious reaction to a vaccine in the past?** [all vaccines]
   History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTaP (not Tdpa) include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 or more hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future 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. **Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?** [LAW]
   Children with any of the health conditions listed above should not be given the inactivated influenza vaccine (LAIV). These children should be vaccinated with the injectable influenza vaccine.

5. **If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had whooping or asthma in the past 12 months?** [LAW]
   Children who have had a whooping episode within the past 12 months should not be given the live attenuated influenza vaccine (LAIV). Instead, these children should be given the inactivated influenza vaccine.

6. **If your child is a baby, have you ever been told that he or she has had intussusception?** [Bootsvan]
   Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

7. **Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem?** [DTaP, Td, Tdap, IPV, LAV, MMR, MMRV] DTaP and Tdpa are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccine as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). 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-containing vaccine and decision is made to continue vaccination, give age-appropriate Tdap instead of Td if no history of prior Tdap, to improve pertussis protection; 2) Influenza vaccine (IIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

8. **Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?** [LAW, MMR, MMRV, RV, VAR]
   Live virus vaccines (e.g., MMR, MMRV, varicella, rotavirus, and the intranasal live attenuated influenza vaccine [LAI]) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than 200 cells/µl. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine. Other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. For details, consult the ACIP recommendations (5, 6, 7).

9. **In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?** [LAW, MMR, MMRV, VAR]
   Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 8. LAIV can be given only to healthy non-pregnant individuals age 2–49 years.

10. **In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?** [LAW, MMR, MMRV, VAR]
   Certain live virus vaccines (e.g., LAV, MMR, MMRV, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current Red Book for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines (1, 2).

11. **Is the child/teen pregnant or is there a chance she could become pregnant during the next month?** [LAW, MMR, MMRV, VAR]
   Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 7). Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine (6, 9). On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent (e.g., travel to endemic areas) and immediate protection is needed. Use of Td or Tdap is not contraindicated in pregnancy. At the provider’s discretion, either vaccine may be administered during the 2nd or 3rd trimester (10).

12. **Has the child received vaccinations in the past 4 weeks?** [LAW, MMR, MMRV, VAR, yellow fever]
   If the child was given either live, attenuated influenza vaccine (LAIV) or an inactivated live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.

References:
5. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, mumps, and congenital rubella syndrome and control of mumps. MMWR 1998; 47 (RR-8).
9. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a recombinant influenza vaccine. MMWR 2001; 50 (49).
10. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. MMWR 2008; 57 (RR-4).