

Tên bệnh nhân: _____ Ngày sinh: _____/_____/_____
 (tháng) (ngày) (năm)

Bản Câu Hỏi Thăm Dò để Chủng Ngừa cho Trẻ Em và Thiếu Niên



Đối với cha mẹ/giám hộ: Những câu hỏi sau sẽ giúp chúng tôi xác định xem hôm nay có thể chủng cho con quý vị những thuốc chủng nào. Nếu quý vị trả lời “có” cho bất cứ câu hỏi nào, không nhất thiết có nghĩa là con quý vị không nên chủng ngừa. Điều đó chỉ có nghĩa là phải hỏi thêm một số câu hỏi. Nếu một câu trả lời không rõ ràng, xin yêu cầu chuyên viên chăm sóc sức khỏe giải thích cho quý vị.

	Có	Không	Không Biết
1. Hôm nay trẻ có bệnh không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Trẻ có bị dị ứng với thuốc tây, thức ăn, hoặc bất cứ thuốc chủng nào không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trẻ có từng bị dị ứng nghiêm trọng với một thuốc chủng trong quá khứ không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trẻ có từng có vấn đề sức khỏe về bệnh suyễn, bệnh phổi, bệnh tim, bệnh thận, bệnh chuyển hóa (như là tiểu đường), hoặc bệnh máu bất thường không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Nếu trẻ sắp chủng ngừa đang trong độ tuổi từ 2 đến 4 tuổi, có chuyên viên chăm sóc sức khỏe nào từng cho quý vị biết là trẻ bị thở khò khè hoặc bị suyễn trong vòng 12 tháng qua không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Trẻ có từng bị giật kinh, bệnh não, hoặc có vấn đề nào khác về hệ thần kinh không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trẻ có đang bị ung thư, hoại huyết, AIDS, hoặc bất cứ vấn đề nào khác về hệ miễn nhiễm không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Trẻ có từng dùng cortisone, prednisone, các loại steroids khác, hay thuốc chống ung thư, hoặc từng trị liệu bằng phóng xạ trong vòng 3 tháng qua không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Trẻ có từng được truyền máu hay nhận các sản phẩm máu, hoặc được cho dùng thuốc gọi là (gamma) globulin miễn nhiễm hay thuốc chống virus trong năm vừa qua không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Trẻ/thiếu nữ đang có thai hoặc em có thể ngẫu nhiên mang thai trong tháng tới không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Trẻ có từng chủng ngừa trong vòng 4 tuần qua không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Người điền mẫu: _____ Ngày: _____

Người duyệt mẫu: _____ Ngày: _____

Quý vị có mang theo thẻ hồ sơ chủng ngừa của con quý vị không? có không

Lưu giữ hồ sơ chủng ngừa cá nhân của con quý vị là điều quan trọng. Nếu quý vị không có một hồ sơ cá nhân, hãy yêu cầu chuyên viên chăm sóc sức khỏe của con quý vị cung cấp cho quý vị một hồ sơ ghi tất cả những lần chủng ngừa của con quý vị. Giữ hồ sơ này ở nơi an toàn và mang theo người mỗi khi quý vị đưa con đi chăm sóc sức khỏe. Con quý vị sẽ cần giấy tờ quan trọng này suốt đời cho những việc như đi nhà trẻ hay đi học, đi làm, hoặc du lịch quốc tế.

Information for Health Professionals about the Screening Questionnaire for Child & Teen Immunization

Are you interested in knowing why we included a certain question on the Screening Questionnaire? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

1. Is the child sick today?

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, or any vaccine?

History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR, MMRV, or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive table of vaccine components, see reference 3.

3. Has the child had a serious reaction to a vaccine in the past?

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 Tdap) 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 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 asthma, lung disease, heart disease, kidney disease, metabolic disease (e.g., diabetes), or a blood disorder?

Children with any of the health conditions listed above should not be given the intranasal, live attenuated 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 wheezing or asthma in the past 12 months?

Children who have had a wheezing episode within the past 12 months should not be given the live attenuated influenza vaccine. Instead, these children should be given the inactivated influenza vaccine.

6. Has the child had a seizure, brain, or other nervous system problem?

DTaP and Tdap 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 seizure, vaccinate as usual but consider the use of acetaminophen or ibuprofen to minimize fever. 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; 2) Influenza vaccine (TIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with TIV if at high risk for severe influenza complications; 3) MCV4: avoid vaccinating persons unless in recommended risk groups.

7. Does the child have cancer, leukemia, AIDS, or any other immune system problem?

Live virus vaccines (e.g., MMR, MMRV, varicella, and the intranasal live, attenuated influenza vaccine [LAIV]) 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 or equal to 200 cells/μL. Immunosuppressed children should not receive LAIV. For details, consult the ACIP recommendations (4, 5, 6).

8. Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments in the past 3 months?

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 7. LAIV can only be given to healthy non-pregnant individuals age 2–49 years.

9. Has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug in the past year?

Certain live virus vaccines (e.g., LAIV, 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).

10. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?

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, 6). 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 (5, 8). 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 (9).

11. Has the child received vaccinations in the past 4 weeks?

If the child was given either live, attenuated influenza vaccine (FluMist®) or an injectable 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:

1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. AAP. *Red Book: Report of the Committee on Infectious Diseases* at www.aapredbook.org.
3. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
6. CDC. Prevention and Control of Influenza—Recommendations of ACIP at www.cdc.gov/flu/professionals/vaccination/.
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/vaccines/pubs/downloads/b_hstc-recs.pdf.
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).