قامَة تَدقيق الفَرز
لَمَوانع اسْتعمال
اللقاَحات للأَطفال والمَراهقين

للوقاَئن وأَسيئات: استخدمَا الأسئلة التالية على جُهُد اللقَاحات التي يُمكن إعطاؤها لطفلك اليوم. إذا أجبت بـ "نعم" على أي سؤال، فإن هذا لا يعني بالضرورة أن طفلك يجب أن يحصل على اللقاح. وإذا كنت فقط وَجَب طرح مَرَد من الأسئلة. إذا كان هناك سؤال غير واضح.

أشمل المرض

تاريخ الميلاد: 

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<td>هل الطفل مريض اليوم؟</td>
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<td>هل لدى الطفل حساسيات تُؤثر على جهاز اللقاح؟</td>
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<td>هل سبق للطفل أن عانى من تفاعل خطير مع لقاح؟</td>
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<td>هل طفح بشرى السِمن من مشاركة صحية في الرئة أو القلب أو الكلى أو عانى من مرض أيضي (كالسكري) أو آثري أو اضطراب دم؟ هل بحَصَل على علاج طويل للدى بالأسِين؟</td>
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<td>5</td>
<td>هل أن الطفل قد تُصاب بحَمْ 돌아 عن واحين 4 أَعوام وأُخرى. فهل أخبر أقدام مقدم رعاية صحية أن الطفل عانى من أزي أو ربو في آخر 12 شهر؟</td>
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<td>هل أن طفلك صغير. فهل سبق في أي وقت إبلاغك أنه أصيب بانفُثال؟</td>
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<td>هل لطِفال صغير في ولد عانى من نوبة صرع، هل عانى الطفل من مشاكل في المخ أو مشاكل أخرى في الجهاز العصبي؟</td>
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<td>هل لدى الطفل أو أي من أفراد الأسرة سرطان أو ابيضاض دم، أو فيروس العَوَر الكلوي البشري/الإيدز أو أي مشاكل أخرى في جهاز اللقاح؟</td>
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<td>هل لدى الطفل أو أي من أفراد الأسرة سرطان أو ابيضاض دم، أو فيروس العَوَر الكلوي البشري/الإيدز أو أي مشاكل أخرى في جهاز اللقاح؟</td>
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<td>10</td>
<td>هل حصل الطفل على نقل دم أو منتجات دم أو أَمّاتداء جلوبولين مناعي (جاما) أو عقار مضاد للفيروسات؟</td>
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<td>11</td>
<td>هل الطفلة/المراهقة حامل أو هل توجد فرصة أن تلد خلال الشهر القادم؟</td>
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<td>12</td>
<td>هل حصل الطفل على لقاحات في آخر 4 أسابيع؟</td>
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تم إكمال النموذج بواسطة

تم مراجعة النموذج بواسطة

هل أحبنت معالج ببطاقة سجل التحصين؟ نعم لا

من الهموم أن تكون بطاقات للفحوصات طفلك. إذا لم يكن لديك واحد، فطلب من مقدم الرعاية الصحية للطفل أن يطلب واحداً بكم. فطلقات طفلك، اطلب من مكان أم وأحجزه معك في كل مرة تطلبال رعاية طبية لطفلك. سيحتاج طفلك هذا السِّبَد لدخول الأقسام أو المدرسة، أو للتوفيق، أو للسفر الدولي.

"Screening Checklist for Contraindications to Vaccines for Children and Teens"
Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p4060-20.pdf • Item #P4060-20 Arabic (9/17)
Information for Healthcare Professionals about the Screening Checklist for Contraindications (Children and Teens)

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 listed at the end.

1. Is the child 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 (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, foods, 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, prefillable syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior dose of vaccine 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 reference 3; for an extensive list of vaccine components, see reference 4. People with egg allergy of any severity can receive any recommended vaccine, including those containing egg, whether as an ingredient 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 dose of vaccine 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 reference 3; for an extensive list of vaccine components, see reference 4. People with egg allergy of any severity can receive any recommended vaccine, including those containing egg, whether as an ingredient or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps).

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/TdAP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTP (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 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? [MMR, MMRV, LAIV]
   A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. The safety of live, attenuated influenza vaccine (LAIV) in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These include children and teens aged 5 years and older who have been considered for the use of LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV.

5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? [LAIV]
   Children ages 2 through 4 years who have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IIV.

6. If your child is a baby, have you ever been told that he or she has had intussusception? [Rotavirus]
   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, IV, LAIV, MMRV, VAR]
   DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/TdAP. 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, for children with a family history of seizures, vaccinating at a younger age is justified. However, situations may arise when the benefit outweighs the risk (e.g., during a community seizure outbreak). For children with stable neurologic disorders (including seizures) unrelated to vaccination, for children with a family history of seizures, vaccinating at a younger age is justified. However, situations may arise when the benefit outweighs the risk (e.g., during a community seizure outbreak).

8. Does the child or a family member have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, MMRV, RV, VAR]
   Live virus vaccines (e.g., MMR, MMRV, varicella, and 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, or for children 6–7 years old with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Varicella vaccine may be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage of greater than or equal to 200 cells/μL. Varicella and MMR vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory. Immunocompromised 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 ACIP recommendations.1,2,3

9. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn’s disease, or psoriasis; or had radiation treatments? [LAIV, MMR, MMRV, VAR]
   Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) should be postponed until after chemotherapy or long-term high-dose steroid treatment has ended. For details and length of time to postpone, consult the ACIP statement.1 Several immunodepressive and immunomodulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. The use of live vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 9. LAIV, when recommended, can be given only to healthy non-pregnant people ages 2 through 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? [LAIV, MMR, MMRV, VAR]
   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.

11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? [HPV, IPV, LAIV, 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.7,8 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.7,8 On theoretical grounds, inactivated influenza vaccine and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

12. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]
   Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) 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
6. CDC. Mumps, measles, and rubella – vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. MMWR 1998; 47 (RR-8).
10. CDC. Notice to readers: Revised ACIP recommendation for avoidance after receiving a rubella-containing vaccine. MMWR 2001;50 (49).

NOTE: Live attenuated influenza vaccine (LAIV4; FluMist) is not recommended by CDC’s Advisory Committee on Immunization Practices for use in the U.S. for the 2017–18 influenza season.