Перечень контрольных вопросов для определения противопоказаний к применению вакцин для взрослых

Вниманию пациентов! Приведенные ниже вопросы позволят нам определить, какие вакцины вам можно вводить в настоящее время. Если вы отвечаете «да» на какой-либо вопрос, это совсем не означает, что вам не следует делать прививку. Это всего лишь означает, что вам необходимо задать вам дополнительные вопросы. Если какой-либо вопрос вам непонятен, пожалуйста, попросите своего поставщика медицинских услуг разъяснить его вам.

<table>
<thead>
<tr>
<th>№</th>
<th>Вопрос</th>
<th>Да</th>
<th>Нет</th>
<th>Не знаю</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Болен ли вы в настоящее время?</td>
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<td>2.</td>
<td>Страдаете ли вы аллергией на лекарственные препараты, пищу, какой-либо компонент вакцины или латекс?</td>
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<td>3.</td>
<td>Возникает ли у вас когда-либо тяжелая реакция после введения вакцины?</td>
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<td>4.</td>
<td>Страдаете ли вы длительное время какими-либо заболеваниями сердца, легких, почек, обмена веществ (например, диабетом), астмой, анемией или другими заболеваниями крови?</td>
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<td>5.</td>
<td>Больны ли вы раком, лейкемией, ВИЧ/СПИДом или каким-либо другим заболеванием иммунной системы?</td>
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<td>6.</td>
<td>В течение последних 3 месяцев вы принимали лекарства, ослабляющие иммунную систему, такие как кортизон, преднизон, другие стероиды или противоопухолевые препараты или проходили курс лучевой терапии?</td>
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<td>7.</td>
<td>Страдаете ли вы приступами эпилепсии или расстройствами мозга либо другими расстройствами нервной системы?</td>
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<td>8.</td>
<td>В течение прошлого года вам переливали кровь или вводили препараты крови или препарат, называемый иммуноглобулин (гаммаглобулин), либо антивирусный препарат?</td>
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<td>9.</td>
<td>Вопрос касается женщин: беременны ли вы? Существует ли вероятность, что вы забеременеете в течение ближайшего месяца?</td>
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<td>10.</td>
<td>Делали ли вам какие-либо прививки за последние 4 недели?</td>
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</tbody>
</table>

Форму заполнил (а): ___________________________ Дата: __________
Форму проанализировал (а): ___________________________ Дата: __________

Принесли ли вы с собой свою карточку учета прививок?    да □  нет □

Очень важно, чтобы у вас была личная карточка учета прививок. Если у вас ее нет, попросите своего поставщика медицинских услуг выдать вам такую карточку. Храните карточку в надежном месте и приносите ее всякий раз, когда вы обращаетесь за медицинской помощью. Убедитесь, что ваш поставщик медицинских услуг регистрирует в карточке все сделанные вам прививки.
Information for Health 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 listed at the bottom of this page.

1. Are you sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or 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]

If a person has anaphylaxis after eating gelatin, do not administer MMR 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 2.

An egg-free recombinant influenza vaccine (RIV) may be used in people age 18 through 49 years with egg allergy of any severity who have no other contraindications. People who do not meet the age criteria for RIV 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 3). 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, RIV (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. 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 (1). 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 disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? [LAIV]

People with any of these health conditions should not be given the intranasal live attenuated influenza vaccine (LAIV). Instead, they should be vaccinated with the injectable influenza vaccine.

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

Live virus vaccines (e.g., LAIV, measles-mumps-rubella [MMR], varicella [VAR], zoster [ZOS]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/µL. Immunosuppressed people should not receive LAIV. For details, consult the ACIP recommendations (4, 5, 6).

6. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments? [LAIV, MMR, VAR, ZOS]

Live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) 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, 6). To find specific vaccination schedules for stem cell transplant (bone marrow transpl-ant) patients, see reference 7. LAIV can be given only to healthy non-pregnant people younger than age 50 years.

7. 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/DtA/tP given before age 7 years. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. 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 Tdap 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 high risk for severe influenza complications.

8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [LAIV, MMR, VAR]

Certain live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines. (1)

9. For women: Are you pregnant or is there a chance you could become pregnant during the next month? [MMR, LAIV, VAR, ZOS]

Live virus vaccines (e.g., MMR, VAR, ZOS, 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 practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent and immediate protection is needed (e.g., travel to endemic areas). 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. (1, 4, 5, 6, 8, 9)

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

If the person to be vaccinated was given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZOS, 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 any spacing interval if they are not administered simultaneously.

References:
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).
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).