

성인에 대한 백신 사용 금지 선별 체크리스트

환자 이름: _____

생년월일: ____/____/____
 월 일 년

환자에 대한 설명: 다음의 질문들은 저희가 오늘 귀하에게 접종할 백신을 결정하는 데 도움이 됩니다. 어떤 질문에 “예” 라고 답변하시더라도 이것이 반드시 백신을 접종할 수 없다는 것을 의미하지는 않습니다. 이것은 단지 추가 질문을 받아야 한다는 것을 의미합니다. 질문이 명확하지 않으면 의료제공자에게 설명해달라고 요청하십시오.

	예	아니오	모름
1. 오늘 몸이 아프십니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 약, 식품, 백신 성분 또는 라텍스에 대해 알레르기가 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 백신을 접종 받은 후에 심한 부작용을 일으킨 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 심장질환, 폐질환, 천식, 신장질환, 대사성 질환(당뇨병 등), 빈혈, 또는 다른 혈액장애와 같은 장기적인 건강 문제가 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 암, 백혈병, HIV/AIDS 또는 다른 면역계통질환이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 귀하가 지난 3개월 동안 프레드니손, 기타 스테로이드 제제, 또는 항암제와 같은 면역체계를 약화시키는 약, 그리고 류머티스성 관절염, 크론병 또는 마른버짐을 치료하기 위한 약을 복용했거나, 또는 방사선 치료를 받은 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 발작이나 뇌 또는 신경계통 문제가 있었던 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 지난 한 해 동안, 혈액 또는 혈액 제품을 수혈 받았거나, 면역(감마) 글로불린 또는 항바이러스제를 투여 받은 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 여성에 대한 질문: 현재 임신 중이거나, 또는 다음 한 달 동안 임신할 가능성이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. 지난 4주 동안 백신을 접종 받은 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

양식 작성자 _____ 날짜 _____

양식 검토자 _____ 날짜 _____

예방접종 기록카드를 가지고 오셨습니까? 예 아니오

백신 접종에 대한 개인 기록을 보관하는 것이 중요합니다. 만약 개인 기록이 없으시면 의료제공자에게 달라고 요청하십시오. 이 기록을 안전한 장소에 보관하고 치료를 받으러 갈 때마다 가지고 가십시오. 그리고 의료제공자가 모든 백신 접종을 기록하는지 확인하십시오.

Information for Healthcare 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 end.

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]

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, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose 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 2; for an extensive list of vaccine components, see reference 3.

People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV or RIV) that is otherwise appropriate for the patient's age. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office. Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.⁴

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? [MMR, LAIV]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. The safety of intranasal live attenuated influenza vaccine (LAIV) in people with these conditions has not been established. These conditions, including asthma in adults, should be considered precautions for the use of LAIV.

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/ μ L. 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 affect your immune system, such as cortisone, 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, 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.^{1,5} Some immune mediator and immune modulator 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 (MMWR 2011;60 [RR-2]:23). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can be given only to healthy non-pregnant people ages 2 through 49 years.

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

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/DTaP 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 increased 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, ZOS]

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? [HPV, IPV, 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 exposure is imminent and immediate protection is needed (e.g., travel to endemic areas). Inactivated influenza vaccine and Tdap are both recommended during pregnancy. Both vaccines may be given at any time during pregnancy but the preferred time for Tdap administration is at 27–36 weeks' gestation. HPV vaccine is not recommended during pregnancy.^{1,4,5,6,8,9}

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

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZOS, yellow fever) 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

1. CDC. General best practice guidelines for immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) at www.cdc.gov/vaccines/hcp/acip-recs/downloads/general-recs.pdf.
2. Latex in Vaccine Packaging: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf.
3. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
4. CDC. Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2017–18 Influenza Season at www.cdc.gov/mmwr/volumes/66/rr/pdfs/rr6602.pdf.
5. 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).
6. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
7. Tomblin M, Einsele H, et al. Guidelines for preventing infectious complications among hematopoietic stem cell transplant recipients: a global perspective. *Biol Blood Marrow Transplant* 15:1143–1238; 2009 at www.cdc.gov/vaccines/pubs/hemato-cell-transplants.htm.
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Updated recommendations for use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) in pregnant women: Recommendations of the ACIP. *MMWR* 2012; 62 (7):131–4.