

Questionnaire de dépistage des contre-indications à l'immunisation des adultes

NOM DU PATIENT : _____

DATE DE NAISSANCE : _____ / _____ / _____
jour mois année

Pour les patients : les questions ci-dessous nous aideront à déterminer quels vaccins vous pouvez recevoir aujourd'hui. Si vous répondez « Oui » à l'une des questions, cela ne signifie pas forcément que vous n'aurez pas à être vacciné. Cela indique simplement qu'il faudra approfondir la question. Si une question n'est pas claire, demandez à votre prestataire de soins de santé de vous l'expliquer.

| | oui | non | je ne sais pas |
|---|--------------------------|--------------------------|--------------------------|
| 1. Êtes-vous malade aujourd'hui ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Présentez-vous des allergies à certains médicaments, aliments, vaccins ou au latex ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Avez-vous déjà eu une réaction grave suite à un vaccin ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Avez-vous un problème connu de longue date comme une maladie cardiaque ou pulmonaire, une maladie rénale, métabolique (comme le diabète), faites-vous de l'asthme ou souffrez-vous d'un trouble sanguin ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Avez-vous le cancer, la leucémie, le VIH/SIDA ou un autre problème immunitaire ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Au cours des 3 derniers mois, avez-vous pris des médicaments affaiblissant votre système immunitaire, comme de la prednisone, d'autres stéroïdes, ou des médicaments anticancéreux ; des médicaments pour traiter l'arthrite rhumatoïde, la maladie de Crohn, ou le psoriasis ; ou avez-vous reçu des traitements de radiothérapie ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Avez-vous déjà souffert de convulsions, de problèmes cérébraux ou nerveux ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Durant cette dernière année, avez-vous reçu une transfusion sanguine ou tout autre produit sanguin, avez-vous pris un médicament appelé gammaglobuline ou des médicaments antiviraux ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pour les femmes : êtes-vous enceinte ou pourriez-vous l'être dans le mois à venir ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Avez-vous été vacciné au cours des quatre dernières semaines ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FORMULAIRE REMPLI PAR : _____ DATE : _____

FORMULAIRE REVU PAR : _____ DATE : _____

Avez-vous apporté votre carnet de vaccination ? oui non

Il est important que vous gardiez un registre de vos vaccinations. Si vous n'avez pas de registre personnel, demandez à votre prestataire de soins de santé de vous en fournir un. Gardez ce registre dans un endroit sûr et apportez-le à chaque visite. Assurez-vous que votre prestataire de soins de santé y inscrit toutes vos vaccinations.

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 IIV, RIV, or LAIV that is otherwise appropriate for the patient's age and health status. The safety of LAIV in egg allergic people has not been established. 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. 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, ZVL]

Live virus vaccines (e.g., LAIV, measles-mumps-rubella [MMR], varicella [VAR], zoster vaccine live [ZVL]) 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, ZVL]

Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) 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 anti-tumor necrosis factor agents adalimumab, infliximab, etanercept, golimumab, and certolizumab pegol) may be immunosuppressive. The use of live vaccines should be avoided

in persons taking these drugs (see www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html). 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.

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. 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-toxoid 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? [MMR, VAR]

Certain live virus vaccines (e.g., MMR, VAR) 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, ZVL]

Live virus vaccines (e.g., MMR, VAR, ZVL, 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 avoid pregnancy 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, ZVL]

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZVL, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever). 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/general-recs/index.html.
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/except-table-2.pdf.
4. CDC. Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, . . . Access links to current ACIP recommendations at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html
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.