



إستبيان تقييمي للتحصين ضد العدوى في البالغين

للمرضى: الأسئلة التالية ستساعدنا في معرفة أي من أنواع اللقاح سيُسمح لك بأخذها اليوم. إذا كانت إجابتك "نعم" على أي من الأسئلة، هذا لا يعني أنه لا يجب عليك أخذ اللقاح. وإنما يعني فقط أنه من المحتمل أن نقوم بإعطائك المزيد من الأسئلة. إذا كان أحد الاسئلة غير واضح، الرجاء الطلب من الطبيب المسؤول شرحه لك.

نعم لا لا أعرف

| | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|
| 1. | هل أنت مريض اليوم؟ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | هل لديك حساسية للأدوية، لأي طعام، أو أي لقاح؟ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | هل أصبت بحساسية خطيرة في أي وقت من الأوقات بعد تعاطيك للقاح؟ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | هل لديك حالة صحية مزمنة مثل أمراض القلب، أمراض الرئة، الأزمة الصدرية، أمراض الكلى، أمراض أيبضية (مثل السكري)، الأنيميا (فقر الدم)، أو أية أمراض أخرى في الدم؟ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | هل لديك سرطان، لوكيميا (سرطان الدم)، إيدز، أو أي مشكلة أخرى في جهاز المناعة؟ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | هل تتعاطى الكورتيزون، بريدنيزون، أية مواد أخرى من الستيرويد، أو أدوية ضد السرطان، أو هل تمت معالجتك بالأشعة؟ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | هل عانيت من نوبة مرضية، مشكلة في الأعصاب أو في المخ؟ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | خلال السنة الماضية، هل اضطرت لإجراء نقل دم أو مواد من الدم، أو هل تم إعطائك دواء اسمه immune (gamma) globulin أو دواء مضاد للفيروسات؟ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | للنساء: هل أنت حامل أو هل هناك احتمال بأنك ستحبلين خلال الشهر القادم؟ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | هل تعاطيت أي لقاح خلال الأسابيع الأربعة الماضية؟ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

تم إكمال هذه الإستمارة من قِبل: _____ التاريخ: _____

تمت مراجعة هذه الإستمارة من قِبل: _____ التاريخ: _____

هل قمت بإحضار سجل بتواريخ المطاعيم واللقاحات الخاص بك؟ نعم لا
من المهم أن يكون لديك سجل شخصي باللقاحات التي قمت بأخذها. إذا لم يكن لديك سجل شخصي، فأطلب من طبيبك أن يزودك به. إحتفظ هذا السجل في مكان آمن وأحضره معك في كل مرة تحتاج إلى معالجة. تأكد من أن طبيبك يقوم بتدوين جميع اللقاحات التي قمت بأخذها عليه.

Information for Health Professionals about the Screening Questionnaire for Adults

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. Are you sick today?

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, 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 or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive list of vaccine components, see reference 2.

3. Have you ever had a serious reaction after receiving a vaccination?

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 measles 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?

Persons 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, AIDS, or any other immune system problem?

Live virus vaccines (e.g., MMR, varicella, zoster [shingles], and LAIV) 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 persons should not receive LAIV. For details, consult the ACIP recommendations (3, 4, 5).

6. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?

Live virus vaccines (e.g., MMR, varicella, zoster, 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, 5). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 6. LAIV can be given only to healthy non-pregnant persons younger than age 50 years.

7. Do you have a seizure, brain, or other nervous system problem?

Tdap is contraindicated in persons 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 persons with stable neurologic disorders (including seizures) unrelated to

vaccination, or for persons 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 (TIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with TIV if at high risk for severe influenza complications; 3) MCV4: avoid vaccinating persons unless in recommended risk groups.

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?

Certain live virus vaccines (e.g., LAIV, MMR, varicella) 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?

Live virus vaccines (e.g., MMR, varicella, zoster, 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, 3, 4, 5, 7, 8)

10. Have you received any vaccinations in the past 4 weeks?

If the person to be vaccinated was given either LAIV or an injectable live virus vaccine (e.g., MMR, varicella, zoster, 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:

1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf.
3. 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).
4. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
5. CDC. Prevention and control of influenza—recommendations of ACIP, at www.cdc.gov/flu/professionals/vaccination.
6. 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.
7. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
8. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).