

إسم المريض: _____ تاريخ الميلاد: _____ / _____ / _____ (الشهر) (اليوم) (السنة)

إستبيان تقييمي

للتحصين ضد العدوى للبالغين

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 أننا سنقوم بتوجيه أسئلة إضافية. إذا كان أحد الاسئلة غير واضح، الرجاء أن تطلب من مزود الرعاية الصحية شرحه لك.

لا أعرف	لا	نعم	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. هل أنت مريض اليوم؟
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. هل لديك حساسية للأدوية. لأي طعام. لأي مكون من مكونات اللقاح أو لمادة اللاتكس؟
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. هل أصبت بحساسية خطيرة في أي وقت من الأوقات بعد تعاطيك لللقاح؟
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. هل لديك مشكلة صحية مزمنة مع أمراض القلب. أمراض الرئة. الربو. أمراض الكلى. أمراض أيضية (مثل السكري). الأنيميا (فقر الدم). أو أي اضطراب آخر 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 أو مشكلة في الجهاز العصبي 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 إسمه immune (gamma) globulin أو دواء مضاد للفيروسات؟
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. للنساء: هل أنتِ حامل أو هل هناك احتمال بأنك ستحبلين خلال الشهر القادم؟
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. هل حصلت على أي لقاح خلال الأسابيع الأربعة الماضية؟

تم إكمال هذه الإستمارة من قِبَل: _____ التاريخ: _____

تم مراجعة هذه الإستمارة من قِبَل: _____ التاريخ: _____

هل قمت بإحضار سجل التحصينات الخاص بك؟ نعم لا

من المهم أن يكون لديك سجّل شخصي باللقاحات التي قمت بأخذها. إذا لم يكن لديك سجل شخصي. فأطلب من مزود الرعاية الصحية الخاص بك أن يزودك به. إحتفظ هذا السجل في مكان آمن وأحضره معك في كل مرة تحتاج إلى رعاية طبية. تأكد من أن مزود الرعاية الصحية الخاص بك 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? [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 reports they have an allergy to egg, ask if they can eat lightly cooked eggs (e.g., scrambled eggs). If they can, trivalent influenza vaccine (TIV) may be administered. If after eating eggs or egg-containing foods, they have a reaction consisting of only hives, TIV may be given and the person should be observed for at least 30 minutes. If a person experiences a serious systemic or anaphylactic reaction (e.g., hives and either swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs, do not administer TIV or live attenuated influenza vaccine (LAIV). It is possible that they may be eligible to be given TIV, but only after they have seen a physician with expertise in the management of allergic conditions. 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.

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, 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 (3, 4, 5).

6. Do you take 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, 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 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/DTPaP 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 (TM/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with TIV 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) 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, 3, 4, 5, 7, 8)

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:

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/excipient-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).