

# Danh Mục Kiểm Tra Sàng Lọc Chống Chỉ Định Chủng Ngừa Vắc-xin Cho Trẻ Nhỏ Và Thiếu Niên

TÊN BỆNH NHÂN \_\_\_\_\_

NGÀY SINH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
tháng ngày năm

**Dành cho phụ huynh/người giám hộ:** Các câu hỏi dưới đây sẽ giúp chúng tôi xác định xem hôm nay con của quý vị có thể chích loại vắc-xin nào. Nếu quý vị trả lời "có" cho tất cả các câu hỏi thì không nghĩa là con quý vị không nên chủng ngừa. Nó chỉ có nghĩa là cần hỏi thêm một số câu hỏi. Nếu có câu hỏi nào không rõ, vui lòng yêu cầu bác sĩ của quý vị giải thích.

	<b>có</b>	<b>không</b>	<b>không biết</b>
1. Hôm nay trẻ có bị bệnh không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Trẻ có bị dị ứng với thuốc, thực phẩm, thành phần trong vắc-xin, hoặc latex hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trước đây trẻ có từng bị dị ứng nghiêm trọng với một loại vắc-xin hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trẻ có vấn đề sức khỏe lâu dài với bệnh tim, phổi, thận hoặc chuyển hóa (ví dụ: bệnh tiểu đường), hen suyễn, rối loạn máu, không có lá lách, thiếu thành phần bổ sung, cấy ốc tai điện tử hoặc rò rỉ dịch tủy sống hay không? Trẻ có đang được điều trị dài ngày bằng aspirin không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Nếu trẻ được tiêm chủng đang ở độ tuổi từ 2 đến 4 tuổi, bác sĩ có từng nói với quý vị rằng trẻ bị thở khò khè hoặc hen suyễn trong 12 tháng vừa qua hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Nếu trẻ còn nhỏ, quý vị có từng được cho biết là bé bị lồng ruột hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trẻ, anh chị em, hoặc cha mẹ có từng bị co giật; trẻ có từng bị bệnh não hoặc bệnh về hệ thần kinh khác không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Trẻ có bị ung thư, bệnh bạch cầu, HIV/AIDS hoặc các bệnh về hệ miễn dịch không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Trẻ có cha mẹ, anh chị em có vấn đề về hệ miễn dịch hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Trong vòng 3 tháng qua, trẻ có từng uống các loại thuốc ảnh hưởng đến hệ miễn dịch như prednisone, các loại steroid khác, hoặc thuốc trị ung thư; thuốc trị viêm khớp dạng thấp, bệnh Crohn hoặc bệnh vẩy nến; hoặc từng phải xạ trị hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Trong năm vừa qua, trẻ có từng được truyền máu hoặc các sản phẩm máu, hoặc từng dùng globulin miễn dịch (gamma) hoặc thuốc chống virus hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Trẻ/thanh thiếu niên có đang mang thai hoặc có khả năng mang thai trong tháng tới không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Trẻ có được dùng vắc-xin trong 4 tuần vừa qua không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NGƯỜI ĐIỀN MẪU \_\_\_\_\_ NGÀY \_\_\_\_\_

NGƯỜI KIỂM TRA \_\_\_\_\_ NGÀY \_\_\_\_\_

**Quý vị có mang theo thẻ tiêm chủng của mình không?**      có       không

Việc lập sổ tiêm chủng cá nhân cho con quý vị là rất quan trọng. Nếu quý vị chưa có, hãy yêu cầu bác sĩ của trẻ cung cấp cho quý vị một sổ tiêm chủng, trong đó ghi rõ tất cả các mũi chích ngừa của trẻ. Hãy giữ sổ tiêm chủng ở chỗ an toàn và mang theo mỗi khi đưa trẻ đi khám. Con quý vị cần có loại giấy tờ này để đi nhà trẻ, đi học, xin việc làm hoặc đi du lịch quốc tế.

# Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

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 in **Notes** below.

**NOTE:** For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)

**NOTE:** For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)

## 1. Is the child sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2) Influenza vaccine (IIV, LAIV, or RIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

## 2. Does the child 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 [www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf](http://www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf); for an extensive list of vaccine components, see [www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf](http://www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf). People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for the patient's age and health status. With the exception of cclIV and RIV (which do not contain egg antigen), 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.

## 8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, MMRV, RV, VAR]

Live virus vaccines (e.g., MMR, MMRV, VAR, RV, LAIV) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, VAR should be considered for HIV-infected children age 12 months through 8 years with age-specific CD4+ T-lymphocyte percentage at 15% or greater, or for children age 9 years or older with CD4+ T-lymphocyte counts of greater than or equal to 200 cell/ $\mu$ L. VAR should be administered (if indicated) to persons with isolated humoral immunodeficiency. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including RV. Other forms of immunosuppression are a precaution, not a contraindication, to RV. For details, consult ACIP recommendations (see references in **Notes** above).

## 3. Has the child had a serious reaction to a vaccine in the past? [all vaccines]

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. 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).

## 9. Does the child have a parent, brother, or sister with an immune system problem? [MMR, MMRV, VAR]

MMR, VAR, and MMRV vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

## 4. Does the child have a long-term health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? [MMR, MMRV, LAIV, VAR]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. The safety of LAIV in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children with functional or anatomic asplenia, complement deficiency, cochlear implant, or CSF leak should not receive LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Children with CSF leak, anatomic or functional asplenia, or cochlear implant, or on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Aspirin use is a precaution to VAR.

## 10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? [LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) 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. Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at [wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers](http://wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers). The use of live vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see General Best Practice Guidelines for Immunization (referenced in **Notes** above). LAIV, when recommended, can be given only to healthy non-pregnant people ages 2 through 49 years.

## 5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? [LAIV]

Children ages 2 through 4 years who have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IIV.

## 11. In the past year, has the child received a transfusion of blood/blood products, or been given immune (gamma) globulin or an antiviral drug? [MMR, MMRV, LAIV, VAR]

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

## 6. If your child is a baby, have you ever been told that he or she has had intussusception? [Rotavirus]

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

## 12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? [HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]

Live virus vaccines (e.g., MMR, MMRV, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

## 7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? [DTaP, Td, Tdap, IIV, LAIV, MMRV]

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). 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;

## 13. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]

Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

### VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine

HPV = Human papillomavirus vaccine

IIV = Inactivated influenza vaccine

cclIV - cell culture inactivated influenza vaccine

IPV = Inactivated poliovirus vaccine

MMR = Measles, mumps, and rubella vaccine

MMRV = MMR+VAR vaccine

RIV = Recombinant influenza vaccine

RV = Rotavirus vaccine

Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine

VAR = Varicella vaccine