

아동 및 십대 아이의 백신 접종 금기 사항에 대한 선별검사 점검표

환자 이름 _____

생년월일 _____년 / _____월 / _____일

부모/보호자: 다음 질문들은 현재 귀 자녀에게 어떤 백신이 필요한지 결정하는 데 도움이 됩니다. 어떤 질문에 대해 “예” 라고 답변한다 해도 그것이 귀 자녀가 백신 접종을 받지 말아야 한다는 것을 의미하지는 않습니다. 이는 단지 추가 질문들에 답변해야 한다는 의미입니다. 질문이 명확하지 않은 경우, 담당 의료인에게 이에 대해 설명해 달라고 요구하십시오.

	예	아니요	알 수 없음
1. 오늘 아이가 아프니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 아이가 약물, 음식, 백신 구성요소 또는 라텍스에 대해 알레르기 반응을 보입니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 아이가 과거에 백신에 대해 심각한 반응을 보였습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 아이에게 폐, 심장, 신장, 대사 질환(예: 당뇨병), 천식, 혈액 질환, 비장 제거, 보체 성분 결핍증, 인공 와우 이식, 또는 척수액 누출 등의 장기적인 건강 문제가 있습니까? 아이가 장기 아스피린 치료를 받고 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 아이가 2 ~ 4세에 백신 접종을 받아야 하는 경우, 지난 12개월 이내에 아이에게 천명이나 천식이 있다는 말을 담당 의료인이 한 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 귀하 자녀가 아기인 경우, 중적증이 있다고 말하는 것을 들은 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 아이, 형제자매 또는 부모에게 발작이 있었습니까? 아이에게 뇌 또는 기타 신경계 문제가 있었습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 아이에게 암, 백혈병, HIV/AIDS 또는 기타 면역계 문제가 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 아이의 부모, 형제 또는 자매에게 면역체계 문제가 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. 지난 3개월 이내에, 아이가 프레드니손, 기타 스테로이드 또는 항암 약물, 류마티스성 관절염, 크론병 또는 건선 치료 약물과 같이 면역계에 영향을 미치는 약물을 복용하거나 방사선 치료를 받은 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 작년에, 아이가 혈액 또는 혈액 제품을 주입 받거나, 면역(감마) 글로블린이나 항바이러스약을 투여 받은 적이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. 아이/십대 아이가 임신 중이거나, 다음 달 중에 임신할 가능성이 있습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. 아이가 지난 4주 이내에 백신 접종을 받았습니까?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

양식 작성자 _____ 날짜 _____

양식 검토자 _____ 날짜 _____

백신 접종 기록 카드를 지참하십니까? 예 아니요

귀 자녀의 백신 접종에 대한 개인 기록을 보유하는 것이 중요합니다. 이것이 없다면, 아이의 담당 의료인에게 귀 자녀의 모든 백신 접종 내역이 적힌 기록을 제공해 달라고 요청하십시오. 안전한 장소에 이를 보관하고, 귀 자녀의 진료를 받을 때마다 이를 지참하십시오. 귀 자녀가 주간 보호 시설이나 학교에 들어가거나, 취업을 하거나, 해외 여행을 떠나려면 이 서류가 필요할 것입니다.

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

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

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. 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; for an extensive list of vaccine components, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/excipient-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.

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/DaP 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).

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.

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.

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.

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/DaP. 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;

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.

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/ μ 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).

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.

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. 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.

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, LAIV, VAR) 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.

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.

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	MMRV = MMR+VAR vaccine
HPV = Human papillomavirus vaccine	RIV = Recombinant influenza vaccine
IIV = Inactivated influenza vaccine	RV = Rotavirus vaccine
cclIV = cell culture inactivated influenza vaccine	Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
IPV = Inactivated poliovirus vaccine	VAR = Varicella vaccine
MMR = Measles, mumps, and rubella vaccine	