

成人疫苗接種 禁忌症 篩查清單

患者姓名 _____

出生日期 ____/____/____
月 日 年

適用於患者：下列問題將協助我們判定您今天可接種哪種疫苗。若有任何一題您回答「是」，並不一定代表您不應接種疫苗，只是代表還必須詢問額外的問題。若有問題不清楚，請要求醫護人員解釋。

	是	否	不知道
1. 您今天生病嗎？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 您對藥物、食物、疫苗成份或乳膠會過敏嗎？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 您是否曾在接種疫苗後產生嚴重反應？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 您是否有心臟、肺臟、腎臟方面的長期健康問題，或代謝疾病（例如糖尿病）、氣喘、血液異常、無脾臟、補體缺乏、裝有人工耳蝸，或是脊髓液滲漏？ 您正在接受長期阿斯匹靈療法嗎？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 您是否罹患癌症、白血病、人類免疫不全病毒 (HIV)／愛滋病 (AIDS) 或有任何其他免疫系統問題？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 您的雙親或兄弟姊妹是否有免疫系統問題？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 過去 3 個月內，您是否曾使用過會影響免疫系統的藥物，例如強體松、其他類固醇或抗癌藥物；治療類風濕性關節炎、克隆氏症或乾癬的藥物；或者您曾經接受過放射治療？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 您是否曾經有癲癇或是大腦或其他神經系統的問題？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 過去一年期間，您曾經接受過輸血或血液製品輸注，或是曾經接受過免疫 (丙型) 球蛋白或抗病毒藥物嗎？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. 適用於女性：您目前是否懷孕，或有可能在下個月內懷孕？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 過去 4 週內，您曾經接種過任何疫苗嗎？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

表格填寫者 _____

日期 _____

表格審查者 _____

日期 _____

您有沒有攜帶免疫接種記錄卡？

是 否

保留疫苗接種的個人記錄對您很重要。若您沒有個人記錄，請要求醫護人員提供給您。請將此記錄保存在安全的地方，每次就醫時隨身攜帶。請務必讓醫護人員在這張卡上記錄您接種的所有疫苗。

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 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. Are you 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 (e.g., upper respiratory infections, 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 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.

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. 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. 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. 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, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long term aspirin therapy? [MMR, VAR, LAIV]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. LAIV is not recommended for people with anatomic or functional asplenia, complement component deficiency, a cochlear implant, or CSF leak. Underlying health conditions of the heart, lung, kidney, or metabolic disease (e.g., diabetes) and asthma are considered precautions for the use of LAIV. Aspirin use is a precaution to VAR.

5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, VAR]

Live virus vaccines (e.g., LAIV, MMR, VAR) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and VAR vaccine may 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.

6. Do you have a parent, brother, or sister with an immune system problem? [MMR, VAR]

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

7. 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]

Live virus vaccines (e.g., LAIV, MMR, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, see references in **Notes** above. Some immune mediator and immune modulator drugs (especially the anti-tumor necrosis factor agents adalimumab, infliximab, etanercept, golimumab, and certolizumab pegol) 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 virus vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see references in **Notes** above.

8. 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, vaccination should generally be avoided unless the benefits outweigh the risks (for those at higher risk for complications from influenza).

9. 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, LAIV, VAR]

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

10. For women: Are you pregnant or is there a chance you could become pregnant during the next month? [HPV, IPV, MenB, MMR, LAIV, VAR]

Live virus vaccines (e.g., MMR, VAR, 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, 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.

11. Have you received any vaccinations in the past 4 weeks? [LAIV, MMR, VAR, yellow fever]

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, 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.

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
RIV = Recombinant influenza vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine