아동 및 십대 아이의 백신 접종 금기 사항에 대한 선별검사 점검표

부모/보호자: 다음 질문들은 현재 귀 자녀에게 어떤 백신이 필요할지 결정하는 데 도움이 됩니다. 어떤 질문에 대해 "예"라고 답변하는 경우, 그것이 귀 자녀가 백신 접종을 받지 않아야 한다는 것을 의미하는 않습니다. 이는 단지 추가 추가 질문이 필요함을 의미합니다. 질문이 명확하지 않은 경우, 담당 의료인에게 그에 대해 설명해 달라고 요구하시는 것.

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<td>아이가 코로나-19를 유발하는 바이러스 감염 후 심장, 신경계, 심장, 간, 신경계 질환(예: 당뇨병), 혈액 질환, 비장 제거, 인공 의약품, 또는 척수액 누출 등의 장기적 건강 문제가 있나요?</td>
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<td>9.</td>
<td>아이에게 약, 백혈병, HIV/AIDS 등의 면역계 문제가 있나요?</td>
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<td>10.</td>
<td>지난 6개월 이내에, 아이가 프레드니손, 기타 스테로이드 또는 항암 약물, 류마티스성 관절염, 크론병 또는 간질 치료 약물과 같이 면역계에 영향을 미치는 약물들을 복용하거나 방사선 치료를 받은 적이 있나요?</td>
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<td>11.</td>
<td>아이의 부모 또는 형제자매에게 면역계 문제가 있나요?</td>
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<td>12.</td>
<td>작년에, 아이가 면역(감마) 글로불린, 혈액 또는 혈액 제품이나 향바이러스약을 투여 받은 적이 있나요?</td>
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<td>13.</td>
<td>아이/십대가 임신 중인가요?</td>
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<td>14.</td>
<td>아이가 지난 4주 이내에 백신 접종을 받았나요?</td>
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<td>15.</td>
<td>아이가 주사 전, 주사 중 또는 주사 후에 어지러움을 느끼거나 실신한 적이 있나요?</td>
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<td>16.</td>
<td>아이가 오늘 주사를 맞는 것에 대해 불안해 합니까?</td>
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양식 작성자 ______________________  날짜 __________
양식 검토자 ______________________  날짜 __________

백신 접종 기록 카드를 지참하셨습니까?  예 ☐  아니요 ☐

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

FOR PROFESSIONALS www.immunize.org  /  FOR THE PUBLIC www.vaccineinformation.org

*Screening Checklist for Contraindications to Vaccines for Children and Teens*
Item #P4060-09 Korean (12/15/2023)
Scan for PDF
Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

Read the information below for help interpreting answers to the screening checklist.

To learn even more, consult the references in Note below.

NOTE: For additional details, see CDC’s "Child and Adolescent Immunization Schedules" (www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html) and General Best Practice Guidelines for Immunization sections on "Contraindications and Precautions" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) and "Altered Immunocompetence" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html). For more details on COVID-19 vaccines, see "Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations" at www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

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

There is no evidence that acute illness reduces vaccine effectiveness or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved (without fever, e.g., otitis media, "colds," and diarrhea) and antibiotic use is not contraindications to routine vaccination.

2. Does the child have allergies to medicine, food, a vaccine component, or latex? [all vaccines]

**Gelatin:** If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin. **Latex:** An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine’s packaging (e.g., vaginal stoppers, prefillable syringe plungers, prefillable syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at www.fda.gov/vaccines/blood-products/vaccines-vaccines-licensed-use-united-states). **COVID-19 vaccine:** History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a COVID-19 vaccine component is a contraindication to use of the same vaccine type. People may receive the alternate COVID-19 vaccine type (either mRNA or protein subunit) if they have a contraindication or an allergy-related precaution to one COVID-19 vaccine type. Allergy-related precautions include history of 1) diagnosed non-severe allergy to a COVID-19 vaccine component; 2) non-severe, immediate (onset less than 4 hours) allergic reaction to a prior dose or vaccine component. **Not contraindications: Eggs:** ACIP and CDC do not consider egg allergy of any severity to be a contraindication or precaution to any egg-based influenza vaccine. **Injection site reaction** (e.g., soreness, redness, delayed-type local-reaction) to a prior dose or vaccine component is not a contraindication to a subsequent dose or vaccine containing that component.

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

- Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of the same vaccine type (see question 2).
- Usually, one defers vaccination when a precaution is present, unless the benefit outweighs the risk (e.g., during an outbreak).
- A history of encephalopathy within 7 days of DTP/DTP is a contraindication for further doses of any pertussis-containing vaccine.
- Other “serious reactions” that this child experienced following vaccination might constitute contraindications or precautions to future doses. See the appendix on vaccine contraindications and precautions in the Note section above.

4. Does the child have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g., diabetes, a blood disorder, or metal spleen, a cochlear implant, or a spinal fluid leak? Are they taking regular aspirin or salicylate medication? [MMR, MMRV, LAIV, VAR]

LAIV is not recommended for children with cerebrospinal fluid leak, anatomic or functional cardiac anomalies, cochlear implant, a child age 2 through 4 years with a history of asthma or wheezing, or current aspirin or salicylate-containing medication use. Precautions to LAIV include any underlying health condition that increases the risk of influenza complications (see package insert or CDC schedule for details). **MMR & MMRV:** A history of thrombocytopenia or thrombotic thrombocytopenic purpura is a contraindication to MMR and MMRV. Aspirin use is a precaution to VAR due to the association of aspirin use, chickenpox, and Reye syndrome in children and adolescents.

5. For children age 2 through 4 years: 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 had a wheezing episode within the past 12 months should not get LAIV. Give IV or RIV instead.

6. For babies: Have you ever been told the child 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 a brain or other nervous system problem? [DTaP, Td, Tdap, IV, LAIV, MMRV, RIV]

For patients with stable neurologic disorders (including seizures) unrelated to vaccination, or with a family history of seizures, vaccinate as usual (exception: children with a first degree relative (e.g., parent or sibling) or personal history of seizures generally should receive separate MMR and VAR, not MMRV). **Pertussis-containing vaccines:** DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTaP/DTaP. An unstable progressive neurologic problem is a precaution to using DTaP or Td. A history of Tourette syndrome (GTS) b) Td/Tdap. GBS within 6 weeks of a tetanus-toxoid vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td; b) all influenza vaccines: GBS within 6 weeks of an influenza vaccine is a precaution; influenza vaccine should generally be avoided unless the benefits outweigh the risks (e.g., for those at higher risk for influenza complications).

8. Has the child ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19?

Precautions to COVID-19 vaccination include a history of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine or a history of Multisystem Inflammatory Syndrome (MIS-C). Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine contraindicates to the same vaccine type. A child with a history of myocarditis or pericarditis unrelated to vaccination may receive a COVID-19 vaccine once the condition has completely resolved. A child with a history of MIS-C may be vaccinated if the condition has fully resolved and it has been at least 90 days since diagnosis. Refer to CDC COVID-19 vaccine guidance for additional considerations for myocarditis, pericarditis, and MIS (see Note).

9. Does the child have an immune-system problem, such as cancer, leukemia, HIV/AIDS? [LAIV, MMR, MMRV, Rotavirus, VAR]

Live virus vaccines are usually contraindicated in immunocompromised people with exceptions. For example, MMR is recommended for asymptomatic HIV-infected patients who are not severely immunosuppressed. VAR should be administered if indicated to people with isolated humoral immunodeficiency. **LAIV** is contraindicated in immunosuppressed people; give IV or RIV instead. Infants with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus vaccine, but other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. **See “General Best Practice Guidelines: Altered Immunocompetence” at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html.**

10. In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticonvulsant drugs? Drugs to treat rheumatoid arthritis, Crohn’s disease, or psoriasis; or had radiation treatments? [LAIV, MMR, MMRV, VAR]

Live virus vaccines should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. See Note above. Some immune modulator and modulator drugs [especially anti-necrosis factor (TNF) agents] may be immunosuppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A list of these is in CDC’s Yellow Book at www.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers.

11. Does the child’s parent or sibling have an immune system problem? [MMR, MMRV, VAR]

MMRV, and VAR vaccines should not be given to a patient with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the patient’s immune competence has been verified clinically or by a laboratory.

12. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug? [MMR, MMRV, LAIV, VAR]

See Note (schedule) for antiviral drug information (VAR, LAIV). See “Timing and Spacing of Immunobiologics” (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#antibody) for intervals between MMR, VAR, and certain blood/blood products, immune globulin.

13. Is the child/teen pregnant? [HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]

Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) are contraindicated in pregnancy due to the theoretical risk of virus transmission to the fetus. People who could become pregnant and receive a live virus vaccine should be instructed to avoid pregnancy for 1 month after vaccination. IPV and MenB should not be given except to those with an elevated risk of exposure during pregnancy. **HPV:** Hespeliv-B and PreHeBrovi are not recommended during pregnancy. use Engerix-B or Recombivax HB. **HPV** is not recommended during pregnancy.

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

Children given live virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine (wait 30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

15. Has the child ever felt dizzy or faint before, during or after a shot? Fainting (syncpe) or dizziness is not a contraindication or precaution to vaccination; it may be an anxiety-related response to any injection. CDC recommends vaccine providers consider observing all patients for 15 minutes after vaccination. See Immunize.org’s resource on vaccination and syncope at www.immunize.org/catg.d/p4260.pdf.

16. Is the child anxious about getting a shot today?

Anxiety can lead to vaccine avoidance. Simple steps can ease a patient’s anxiety about vaccination. Visit Immunize.org’s “Addressing Vaccination Anxiety” clinical resources at www.immunize.org/cdc/clinical/topic/addressing-anxiety/