قامَة تدقيق الفرز لموانع
استعمال اللقاحات
للأطفال والكبار

الوالدين/الأوصاء: ستست民众 الأسئلة التالية على تحديد اللقاحات التي يمكن إعطاؤها لطفلك اليوم. إذا أجابت - "نعم" على أي
سؤال، فإن هذا يعني أن الطفلك يجب لا يحصل على اللقاح. وابنها يجب فقطواجه مزيد من الأسئلة. إذا كان
هناك سؤال غير واضح، فاطلب من فضلك من مقدم الرعاية الصحية شرحته.

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العثور على إجابة بإجابة "لا" على أي سؤال فعلياً: أنت لا مُتَصَظَف للحقنة. إذا كنت نقص من مقدم الرعاية الصحية للطفل أن يعطيك واحدًا به كل لقاحات طفلك، احتفظ في مكان آمن وأحضره معك في كل مرة تطلب رعاية طبية لطفلك. ستحتاج طفلك هذا المستند لدخول الحضانة أو المدرسة، أو للتوظيف، أو للسفر الدولي.

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المصدر: www.immunize.org

"Screening Checklist for Contraindications to Vaccines for Children and Teens"
Item P4060-20 Arabic (12/15/2023)
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.

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

2. Do 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., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at www.fda.gov/vaccines/blood-biology/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 alternative 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 after a dose of one COVID-19 vaccine type (see Note). 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 corresponding vaccines (see question 2).
   • Usually, one defers vaccination when a precaution is present; however, the benefit outweighs the risk (e.g., during an outbreak).
   • A history of encephalopathy within 7 days of DTP/DTaP 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, no 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 congenital heart, 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 pericarditis or thrombocytopenic purpura is a precaution to MMR and MMRV. VAR: 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, MMR, RIV]
   For patients with stable neurologic disorders (including seizures) unrelated to vaccination, or with a family history of seizures, vaccine 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/Td/Tdap. A history ofidiopathic intracranial hypertension (pseudotumor cerebri) is a precaution to IIV. If the decision is made to vaccinate, give Tdap instead of Td: i) all influenza vaccines; II) within 6 weeks of an influenza vaccine; or III) within 6 weeks of a dose of any COVID-19 vaccine. Tdap is the only vaccine that does not provide additional COVID-19 vaccine. A child with a history of myocardiopathy or pericardiitis 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 been fully resolved and it has been at least 90 days since diagnosis. Refer to CDC COVID-19 vaccine guidance for additional considerations for myocardiopathy, pericardiitis, and MIS (see Note).

8. Has the child ever been diagnosed with a heart condition (myocarditis or pericardiitis) 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 myocardiopathy or pericardiitis within 3 weeks after a dose of any COVID-19 vaccine or a history of Multisystem Inflammatory Syndrome (MIS-C). Myocardiopathy or pericardiitis within 3 weeks after a dose of any COVID-19 vaccine is a precaution. Lymphocytic choriomeningitis virus (LCMV) and novel coronavirus (SARS-CoV-2), the virus that causes COVID-19, can cause systemic inflammation that can be similar to MIS-C. A child with a history of myocardiopathy or pericardiitis 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 been fully resolved and it has been at least 90 days since diagnosis. Refer to CDC COVID-19 vaccine guidance for additional considerations for myocardiopathy, pericardiitis, 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 only 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 for Immunocompromised People" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompromise.html).

10. In the past 6 months, has the child taken medications that affect the immune system such as prednisolone, other steroids, or anticoagulant drugs (e.g., anti-coagulant therapy) that may be immunosuppressive? Avoid live virus vaccines in people taking immunosuppressive drugs. A list of these is in CDC’s Yellow Book at wwwnc.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]
   MMR, 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 andSpacing ofImmunobiologics” (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: Hepatitis-B and PreHevirobi 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 (syncope) 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/c clinical/topic/addressing-anxiety/