Loogu talagalay waalidinta/masuulada: Su’aalaha waxa ahaa qababaa? Haddii aad "haa" kaga jawaabto su’aal kamid ah su’aalaha, taa macnaheedu maaha in cunugaaga aan la talaaleynin. Waxay kiiyaa ka dhigan tahay inay tahay in su’aalo dheeri ah lagu waydiyii. Haddii aadan su’aasha fahmiin, fadlan weydiisoo bixiyaaga daryeelka caafimaadka inuu ku ku sharaxo.

1. Cunuga maanta ma bukaa? haa    maya
2. Cunuga miyuu xasaasiyad ku qabaa daawo, cunto, qayb talaalka kamid ah, ama cinjirka? haa    maya
3. Miyuu cunugu hadda kahor faclelin halis ah ku yeeshay talaal? haa    maya
4. Miyuu cunugu qabaa dhibaato caafimaad oo wakhti dheer socoota oo ku saabsan wadnaha, sambabada (oo uu ku jiro cudurka neerf), kelayaha, beerra, nidaamka neerfaha, ama cudurada dhiig-shiidka (tusaale, sokerowga), cudurada dhiig, beeryar-l’aanta, ku talaalada aalada cawiso dadka maqalka dhibayo, ama daadashada dareeraha lal dhabartaa? Miyuu qaadanayaa daawada asbiriin ama salicylate ee caadiga ah? haa    maya
5. Loogu talagalay cunugta da’oodu u dhiisay 2 ila 4 sano jiti: Miyuu bixiye daryeel caafimaad ku shiig in cunugu qabab xiiqleyn amma neef 12-kii bilood ee la soo dhaafay? haa    maya
6. Loogu talagalay dhalanka: Miyaa weligaa laague in cunuga uu qabo isku laabashada mindhicirka? haa    maya
7. Miyuu cunugu, walaalka/walaasha cunuga ama waalidka ku dhacay qalal hadda kahor? haa    maya
8. Miyaa cunugu hadda lagu helay cudur ku dhaca wadnaha (cudurka barariba murogga wadnaha ama cudurka barariba xuubka kore ee wadnaha) ama miyuu ku dhacay Caabuqa ku dhaca Nidaamyo Badan oo jira kamid ah (Multisystem Inflammatory Syndrome, MIS-C) ka dib markii uu ku dhacay fayraska sababa COVID-19? haa    maya
9. Miyuu cunuga qabaa ciladaha nidaamka difaaca jirka sida kansarka, cudurka dhiig yarida, HIV/AIDS? haa    maya
10. 6-dii bilood ee la soo dhaafay, miyuu cunuga qaataay dawooyin saameeya nidaamka difaaca jirka sida prednisone, isteereydhya kale, ama daawooyinka khagorta kansarka; dawooyinka lagu daweyey tufka, cudurka crohn, ama cudurka maqaarka (psoriasis); ama miyuu cunuga daweyeyey shucaac? haa    maya
11. Miyay waalidka ama walaalaha cunuga qabaan dhibaato la xiriirta nidaamka difaaca jirka? haa    maya
12. Sanadkii la soo dhaafay, cunugtu miyuu la siyay borotinka dhibaato jirka (gamma), dhiig/waxyaabo uu dhiig ku jira, ama daawo kahortaga fayraska? haa    maya
13. Miyay cunugta/dhalinta uur leedahay? haa    maya
14. Miyaa cunuga la talaalay 4-tii toddobaad ee la soo dhaafay? haa    maya
15. Miyuu cunuga hadda kahor dareemay dawakhaad ama miyuu ku jira, inta lagu gudajiray, ama ka dib talaalka? haa    maya
16. Miyuu cunuga ka walaalsan yahay in la talaalo maanta? haa    maya

Meyay la timid kaarkaga diiwaanka tallaalka? haa    maya
dhada
maga-
ranayo

Waa muhiim inaad haysato diiwaanka tallaalada cunugaaga oo qaas kuu ah. Haddii aadan haysan mid, weydiisoo bixiyaaga daryeelka caafimaad ee cunugga inuu ku siilo mid ay ku jiraan dhammaan talaalada cunugaaga. Ku kaydi goob sugan oo la imow mar kasta oo aad cunugaaga usoo qaadeysyo daryeel caafimaad. Cunugaagu wuxuu u baahan doonaa dukuumiintigan si uu u galo goobta xanaanada maalinta ama dugsi, shaqo, ama safar caalam ah.

Somali translation provided by Fargo Cass Public Health

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

“Screening Checklist for Contraindications to Vaccines for Children and Teens” Item #P4060-som Somali (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.

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 or resolved without fever (e.g., otitis media, "cold," and diarrhea) and antibiotic use are 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 gelatin-containing vaccine. Latex: An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine’s packaging (e.g., vial 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-biologics/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 (e.g., either mRNA or protein subunit) if they have a contraindication or a 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 section above). 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 vaccine (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/DTaP is a contraindication for further doses of any pertussis-containing vaccine. 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.

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 asplenia, or no spleen, a cochlear implant, or a spinal fluid leak. Regular aspirin use is a precaution to VAR due to the association with Reye syndrome in children and adolescents.

5. For children age 2 through 4 years: Has a healthcare provider told you that the child had whooping cough in the past 12 months? [LAIV]
   - Children ages 2 through 4 years who had a whooping 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, HAV, LAIV, MMR, 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—i.e., 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 DTP/DTaP.

8. 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 immunocompromised. 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: Afted Immunocompetence” at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html.

9. Has the child’s parent or sibling had 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.

10. In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer 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 mediator 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 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, VAR]
   - LAIV is not recommended for children with cerebrospinal fluid leak, anatomic or functional asplenia, or no spleen, a cochlear implant, or a spinal fluid leak. Regular aspirin use is a precaution to VAR due to the association with Reye syndrome in children and adolescents.

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 Vaccination Protocols” at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#antibody for intervals between MMR and 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) are not recommended in pregnancy due to the theoretical risk of virus transmission to the fetus. People who 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. HebP: Hepatitis-B and PreHebViro 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 (ever)]
   - 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 fainted 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/clinical/topic/addressing-anxiety/