# 성인의 백신 접종 금기 사항에 대한 선별검사 점검표

환자 이름 _____

생년월일 ____/____/____
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**환자인 경우:** 다음 질문들은 현재 귀하에게 어떤 백신이 필요한지 결정하는 데 도움이 됩니다. 어떤 질문에 대해 "예"라고 답변한다 해도 그것이 귀하가 백신 접종을 받지 말아야 한다는 것을 의미하지는 않습니다. 이는 단지 추가 추가 질문이 필요함을 의미입니다. 질문이 명확하지 않은 경우, 담당 의료인에게 그에 대해 설명해 달라고 요청하십시오.

| | 예 | 아니요 | 알 수 없음 |
|---|---|---|---|
| **1.** 오늘 아프십니까? | ☐ | ☐ | ☐ |
| **2.** 약물, 음식, 백신 성분 또는 라텍스에 대해 알레르기 반응이 있습니까? | ☐ | ☐ | ☐ |
| **3.** 백신 접종을 받은 후 심각한 반응을 보인 적이 있습니까? | ☐ | ☐ | ☐ |
| **4.** 심장, 폐, 신장, 대사 질환(예: 당뇨병), 천식, 혈액 질환, 비장 제거, 인공 와우 이식, 또는 척수액 누출 등의 장기적인 건강 문제가 있습니까? 장기 아스피린 치료를 받고 있습니까? | ☐ | ☐ | ☐ |
| **5.** 암, 백혈병, HIV/AIDS 또는 기타 면역계 문제가 있습니까? | ☐ | ☐ | ☐ |
| **6.** 부모, 형제 또는 자매에게 면역계 문제가 있습니까? | ☐ | ☐ | ☐ |
| **7.** 지난 6개월 이내에, 프레드니손, 기타 스테로이드 또는 항암 약물, 류마티스성 관절염, 크론병 또는 건선 치료 약물과 같이 면역계에 영향을 미치는 약물을 복용하거나 방사선 치료를 받은 적이 있습니까? | ☐ | ☐ | ☐ |
| **8.** 발작 또는 뇌나 기타 신경계 문제가 있었습니까? | ☐ | ☐ | ☐ |
| **9.** 코로나-19를 유발하는 바이러스 감염 후 심장 질환(심근염 또는 심낭염) 진단을 받은 적이 있거나 다기관 염증 증후군(MIS-A 또는 MIS-C)을 앓은 적이 있습니까? | ☐ | ☐ | ☐ |
| **10.** 작년에, 면역(감마) 글로불린, 혈액 또는 혈액 제품이나 항바이러스약을 투여 받은 적이 있습니까? | ☐ | ☐ | ☐ |
| **11.** 임신 중이십니까? | ☐ | ☐ | ☐ |
| **12.** 지난 4주 이내에 백신 접종을 받았습니까? | ☐ | ☐ | ☐ |
| **13.** 주사 전, 주사 중 또는 주사 후에 어지러움을 느끼거나 실신한 적이 있습니까? | ☐ | ☐ | ☐ |
| **14.** 오늘 주사를 맞는 것이 불안하십니까? | ☐ | ☐ | ☐ |

양식 작성자 _____ 날짜 _____

양식 검토자 _____ 날짜 _____

**백신 접종 기록 카드를 지참하셨습니까?** **예** ☐ **아니요** ☐

백신 접종에 대한 개인 기록을 보유하는 것이 중요합니다. 개인 기록이 없다면, 담당 의료인에게 해당 기록을 제공해 달라고 요청하십시오. 이 기록을 안전한 장소에 보관하고, 진료를 받을 때마다 이를 지참하십시오. 담당 의료인이 모든 백신 접종 내역을 기록하는지 확인하십시오.

# Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

*Read the following information for help interpreting responses to the screening checklist. Additional information is available in the numbered references below.*


REFERENCES:

1. CDC's "Adult Immunization Schedule" (www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html)
2. *General Best Practices for Immunization* section on "Contraindications and Precautions" (www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html)
3. *General Best Practices for Immunization* section on "Altered Immunocompetence" (www.cdc.gov/vaccines/hcp/imz-best-practices/altered-immunocompetence.html)
4. "Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations" (www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)


**1. Are you sick today?** *(all vaccines)*

There is no evidence that acute illness reduces vaccine efficacy or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved. Mild illnesses with or without fever (e.g., otitis media, "colds," diarrhea) and antibiotic use are neither contraindications nor precautions to routine vaccination.

**2. Do you have allergies to medications, food, a vaccine ingredient, or latex?** *(all vaccines)*

**Gelatin:** If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin.

**Latex:** A history of 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-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 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 **Reference 4**).

***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, including latex, is not a contraindication to a subsequent dose or vaccine containing that component.

**3. Have you ever had a serious reaction after receiving a vaccine?** *(all vaccines)*

Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of the vaccine or vaccine component (see response to question 2.) When a precaution is present, vaccination is usually deferred unless the benefit outweighs the risk (e.g., during an outbreak).

**4. Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?** *(MMR, VAR, LAIV)*

**LAIV** is not recommended for people with anatomic or functional asplenia, a cochlear implant, or cerebrospinal fluid (CSF) leak. Underlying health conditions that increase the risk of influenza complications such as heart, lung, kidney, or metabolic disease (e.g., diabetes) and asthma are precautions for LAIV. **MMR:** A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR. **VAR:** Aspirin use is a precaution to VAR due to the association of aspirin use, wild type varicella infection, and Reye syndrome in children and adolescents.

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

Live virus vaccines are usually contraindicated in immunocompromised people, with exceptions. For example, MMR vaccine is recommended and VAR may be considered for adults with CD4+ T-cell counts of greater than or equal to 200 cells/mcL. See **Reference 3**.

**6. Do you have a parent, brother, or sister with an immune system problem?** *(MMR, VAR)*

MMR or VAR should not be administered to a patient with congenital or hereditary immunodeficiency in a first-degree relative (e.g., parent, sibling) unless the patient's immune competence has been verified clinically or by a laboratory.

**7. In the past 6 months, have you taken medicines that affect your immune system, such as 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 should be postponed until chemotherapy or long-term high-dose steroid therapy concludes (see **Reference 3**). Some immune mediator and modulator drugs (especially anti-tumor necrosis factor [TNF] agents) may be immunosuppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A partial list of such drugs appears in Table 2.2.4 in CDC's Yellow Book at www.cdc.gov/yellow-book/hcp/travelers-with additional-considerations/immunocompromised-travelers.html.

**8. Have you had a seizure or a brain or other nervous system problem?** *(Td/Tdap, influenza)*

**Tdap:** Tdap is contraindicated in people with a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to using Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, vaccinate as usual.

**A history of Guillain-Barré syndrome (GBS):** 1) **Td/Tdap:** GBS within 6 weeks of a tetanus toxoid-containing vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td; 2) **all influenza vaccines:** GBS within 6 weeks of an influenza vaccine is a precaution; influenza vaccination should generally be avoided unless the benefits outweigh the risks (e.g., for those at high risk for influenza complications).

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**9. Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or 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 or MIS-A). A person who develops myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine should generally not receive additional COVID-19 vaccine. A person with a history of myocarditis or pericarditis unrelated to vaccination may receive a COVID-19 vaccine once the condition has completely resolved. A person with a history of MIS-C or MIS-A 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 **Reference 4**).

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**10. In the past year, have you received immune (gamma) globulin, blood/blood products or an antiviral drug?** *(MMR, VAR, LAIV)*

See **Reference 1** for antiviral drug information (VAR, LAIV). See Table 3-6 in CDC's "Timing and Spacing of Immunobiologics" (www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html) for intervals between MMR, VAR and certain blood/blood products, or immune globulin.

**11. Are you pregnant?** *(HPV, IPV, LAIV, MenB, MMR, VAR)*

**Some live virus vaccines** listed above (e.g., LAIV, MMR, 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. The non-live vaccines listed, **IPV** and **MenB**, should not be given except to those with an elevated risk of exposure during pregnancy. **HPV** is not recommended during pregnancy.

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**12. Have you received any vaccinations in the past 4 weeks?** *(COVID-19, LAIV, MMR, mpox [Jynneos], VAR, yellow fever)*

People given live intranasal and injectable virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine. However, other non-live vaccines may be given at the same time or at any spacing interval. There are additional considerations related to simultaneous administration of Jynneos (mpox) and COVID-19 vaccine (see www.cdc.gov/covid/hcp/vaccine-considerations/implementation.html).

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**13. Have you 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 or needlestick. 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.

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**14. Are you anxious about getting a shot today?** *(LAIV, MMR, MMRV, VAR, yellow fever)*

Anxiety can lead to vaccine avoidance. Simple steps can help a patient's anxiety about vaccination. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/clinical/topic/addressing-anxiety.

#### VACCINE ABBREVIATIONS

HepB = Hepatitis B vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
ccIIV = Cell culture inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
LAIV = Live attenuated influenza vaccine
MenB = Meningococcal B vaccine
MMR = Measles, mumps, and rubella vaccine
RIV = Recombinant influenza vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine