成人疫苗
禁忌症筛查清单

患者姓名 _____

出生日期 ____ / ____ / ____
年 月 日

对于患者：下面的问题将帮助我们确定您今天可以接种什么疫苗。如果您对任何问题的回答为“是”，这并不一定意味着您不应接种疫苗。这只是意味着我们需要问您更多问题。如果一个问题意义不明，请要求您的医务人员为您解释。

	是	否	不知道
1. 您今天生病了吗?	☐	☐	☐
2. 您是否对药物、食物、疫苗的某种组分或乳胶过敏?	☐	☐	☐
3. 您在接种疫苗后是否曾出现过严重反应?	☐	☐	☐
4. 您是否患有以下疾病：心、肺、肾或代谢性疾病（如糖尿病）、哮喘、血液病、无脾、人工耳蜗或脊髓液渗漏等长期健康问题？ 您是否正在长期服用阿司匹林?	☐	☐	☐
5. 您有癌症、白血病、HIV/AIDS 或任何其他疫系统问题吗?	☐	☐	☐
6. 您的父母、兄弟或姊妹有免疫系统的问题吗?	☐	☐	☐
7. 在过去6个月中，您是否服用过影响免疫系统的药物，如强的松、其他类固醇或抗癌药物；是否服用过治疗类风湿性关节炎、克罗恩病或牛皮癣的药物；是否接受过放射治疗?	☐	☐	☐
8. 您是否有过癫痫发作或脑部或其他神经系统问题?	☐	☐	☐
9. 您是否曾被诊断患有心脏疾病（心肌炎或心包炎），或您在感染导致新冠肺炎的病毒后是否曾患有多系统炎症综合征（MIS-A 或 MIS-C）?	☐	☐	☐
10. 在过去一年中，您是否接受过免疫（γ）球蛋白、血液/血液制品或服用过抗病毒药物?	☐	☐	☐
11. 您是否怀孕?	☐	☐	☐
12. 在过去 4 周内，您是否接种过任何疫苗?	☐	☐	☐
13. 在接种注射之前、期间或之后，您是否曾感到头晕或晕厥?	☐	☐	☐
14. 您是否对今天打针感到焦虑?	☐	☐	☐

表格填写者 _____ 日期 _____

表格审核者 _____ 日期 _____

您随身携带了您的免疫接种记录卡吗? 是 ☐ 否 ☐

保留一份您疫苗接种的个人记录是非常重要的。如果您没有个人记录，请让您的医务人员为您提供。请将此记录放在一个安全的地方。每次您就医时，将其带来。确保医务人员在上面记录您的所有疫苗接种情况。

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).

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**).

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.

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).

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.

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