

Nom du patient : \_\_\_\_\_ Date de naissance : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(jour) (mois) (année)

# Questionnaire de dépistage des contre-indications à l'immunisation des adultes

**Pour les patients :** les questions ci-dessous nous aideront à déterminer quels vaccins vous pouvez recevoir aujourd'hui. Si vous répondez « Oui » à l'une des questions, cela ne signifie pas forcément que vous n'aurez pas à être vacciné. Cela indique simplement qu'il faudra approfondir la question. Si une question n'est pas claire, demandez à votre personnel médical de vous l'expliquer.

	Oui	Non	Je ne sais pas
1. Êtes-vous malade aujourd'hui ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Présentez-vous des allergies à certains médicaments, aliments, vaccins ou au latex ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Avez-vous déjà eu une réaction grave suite à un vaccin ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Avez-vous un problème connu de longue date comme une maladie cardiaque ou pulmonaire, une maladie rénale, métabolique (comme le diabète), faites-vous de l'asthme ou souffrez-vous d'un trouble sanguin ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Avez-vous le cancer, la leucémie, le VIH/SIDA ou un autre problème immunitaire ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Au cours des 3 derniers mois, avez-vous pris des médicaments affaiblissant votre système immunitaire, comme de la cortisone, de la prednisone, d'autres stéroïdes ou des médicaments anticancéreux, ou avez-vous reçu des traitements de radiothérapie ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Avez-vous déjà souffert de convulsions, de problèmes cérébraux ou nerveux ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Durant cette dernière année, avez-vous reçu une transfusion sanguine ou tout autre produit sanguin, avez-vous pris un médicament appelé gammaglobuline ou des médicaments antiviraux ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pour les femmes : êtes-vous enceinte ou pourriez-vous l'être dans le mois à venir ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Avez-vous été vacciné au cours des quatre dernières semaines ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Formulaire rempli par : \_\_\_\_\_ Date : \_\_\_\_\_

Formulaire revu par : \_\_\_\_\_ Date : \_\_\_\_\_

**Avez-vous apporté votre carnet de santé ?**      oui     non

Il est important que vous gardiez un registre de vos vaccinations. Si vous n'avez pas de registre personnel, demandez à votre personnel médical de vous en fournir un. Gardez ce registre dans un endroit sûr et apportez-le à chaque visites. Assurez-vous que votre personnel médical y inscrit toutes vos vaccinations.

## Information for Health Professionals about the Screening Checklist for Contraindications To Vaccines for Adults

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

### 1. Are you sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

### 2. Do you have allergies to medications, food, a vaccine component, or latex? [all vaccines]

If a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions are not contraindications. For a table of vaccines supplied in vials or syringes that contain latex, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf). For an extensive list of vaccine components, see reference 2.

An egg-free recombinant influenza vaccine (RIV) may be used in people age 18 through 49 years with egg allergy of any severity who have no other contraindications. People who do not meet the age criteria for RIV who have experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a specialist for appropriate evaluation to help determine if vaccine should be administered. Protocols have been published for safely administering influenza vaccine to people with egg allergies (see reference 3). People who report a reaction of only hives after eating eggs or egg-containing foods, can receive either inactivated influenza vaccine (IIV) or, if age-eligible, RIV (not LAIV). If IIV is to be administered, CDC recommends 1) the vaccine be administered by a healthcare provider familiar with the potential manifestations of egg allergy and 2) the vaccine recipient be observed for at least 30 minutes.

### 3. Have you ever had a serious reaction after receiving a vaccination? [all vaccines]

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

### 4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? [LAIV]

People with any of these health conditions should not be given the intranasal live attenuated influenza vaccine (LAIV). Instead, they should be vaccinated with the injectable influenza vaccine.

### 5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, VAR, ZOS]

Live virus vaccines (e.g., LAIV, measles-mumps-rubella [MMR], varicella [VAR], zoster [ZOS]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ $\mu$ L. Immunosuppressed people should not receive LAIV. For details, consult the ACIP recommendations (4, 5, 6).

### 6. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments? [LAIV, MMR, VAR, ZOS]

Live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1, 6). To find specific vaccination schedules for stem cell transplant (bone marrow trans-

plant) patients, see reference 7. LAIV can be given only to healthy non-pregnant people younger than age 50 years.

### 7. Have you had a seizure or a brain or other nervous system problem? [influenza, Td/Tdap]

Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with IIV if at high risk for severe influenza complications.

### 8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [LAIV, MMR, VAR]

Certain live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines. (1)

### 9. For women: Are you pregnant or is there a chance you could become pregnant during the next month? [MMR, LAIV, VAR, ZOS]

Live virus vaccines (e.g., MMR, VAR, ZOS, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent and immediate protection is needed (e.g., travel to endemic areas). Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester. (1, 4, 5, 6, 8, 9)

### 10. Have you received any vaccinations in the past 4 weeks? [LAIV, MMR, VAR, yellow fever]

If the person to be vaccinated was given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZOS, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

#### References:

1. CDC. General recommendations on immunization, at [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm).
2. Table of Vaccine Components: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/xcipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/xcipient-table-2.pdf).
3. CDC. Prevention and control of Influenza with Vaccines: Recommendations of the ACIP—2013–2014 at [www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm](http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm).
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
6. CDC. Prevention and control of influenza—recommendations of ACIP, at [www.cdc.gov/flu/professionals/vaccination](http://www.cdc.gov/flu/professionals/vaccination).
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), [www.cdc.gov/vaccines/pubs/downloads/b\\_hstc-recs.pdf](http://www.cdc.gov/vaccines/pubs/downloads/b_hstc-recs.pdf).
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).