# 接种疫苗之前的检查表

## 你需要在接受免疫前告訴醫生或護士甚麼

**这份检查表帮助医生或护士为您或您的子女确定最合适的接种疫苗计划表。**

### 要接种疫苗的人如果有以下情况，请告诉医生或护士：

- 今天不舒服
- 患了使免疫力下降的疾病（例如：白血病、癌症、感染艾滋病病毒/艾滋病、严重联合免疫缺陷病），正在接受会降低免疫力的治疗（例如：口服可的松、强的松等类固醇药物，放射性治疗，化学治疗）
- 是一個嬰兒，而其母親在妊娠期間曾經接受免疫抑制療法（如疾病調節抗風濕藥物bDMARDs）
- （对任何东西）有任何严重过敏反应
- 在过去一个月的期间内，接种过任何疫苗
- 曾注射过免疫球蛋白，或接受过任何血液产品，或在过去一年的期间内接受过全血输血
- 正在怀孕
- 计划要怀孕或预期成为父母
- 是新生婴儿的父母、祖父母或照顾者
- 有格林-巴利综合症的病史
- 是孕期少于32周的早产婴儿，或者出生时体重少于2000克的婴儿
- 是有过肠套叠的婴儿，或者因先天性异常而有发生肠套叠倾向的婴儿
- 患慢性疾病
- 有出血性功能障碍
- 脾脏功能不正常
- 与因患病而免疫力下降的人同住（如患白血病、癌症、感染艾滋病病毒/艾滋病的人），或者与正在接受会降低免疫力的治疗的人同住（例如：口服可的松、强的松等类固醇药物，接受放射性治疗，化学治疗的人）
- 是原住民以及/或者托勒斯海峡岛民
- 计划进行旅行
- 因职业或生活方式等因素，而需要接种疫苗

### 接种任何疫苗之前，医生或护士会问您：

- 是否理解向您提供的有关接种疫苗的资料？
- 是否需要更多信息，以确定是否应接种疫苗？
- 是否携带了您/您子女的接种疫苗记录？

取得有关您或您子女的接种疫苗的个人记录是很重要的。如果您没有取得这些记录，请要求医生或护士给您一份。在您或您子女每次接种疫苗的时候，请携带这些记录让医生或护士填写。子女入托儿中心、入幼稚园、或入学都可能需要提供这些记录。

**有关详情，请联系您的医生或当地市政府。**

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www.health.vic.gov.au/immunisation

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VICTORIA State Government | Health and Human Services

# 疾病造成的影响与疫苗的副作用的比较

| 疾病 | 疾病造成的影响 | 疫苗的副作用 |
|---|---|---|
| **白喉** - 通过呼吸道飞沫传播的细菌；导致严重的喉咙和呼吸困难。 | 每7名患者中可多达1名会死亡。细菌释放的毒素可导致神經瘫痪和心力衰竭。 | 大约每10名会有1名在注射部位发生局部红肿或疼痛，或者发烧 （白喉/破伤风/百日咳疫苗）。白喉/破伤风/百日咳疫苗的加强剂偶尔会导致大范围肢体肿胀，但会在几天之内完全消肿。<br>发生严重不良的状况极为罕见。 |
| **甲型肝炎** - 通过接触或摄取受粪便污染的水/食物，或通过接触感染甲型肝炎者的排泄物而传播的病毒。 | 每10名患者中至少有7名会出现黄疸（皮肤和眼睛发黄），发烧，胃口变差，恶心，呕吐，肝部疼痛和疲劳。 | 大约每5名会有1名在注射部位发生局部红肿或疼痛。<br>发生严重不良的状况极为罕见。 |
| **乙型肝炎** - 主要通过血液、性行为传播，或由母亲传播给新生婴儿的病毒；导致急性肝感染或慢性感染（病毒携带者）。 | 大约每4名慢性病毒携带者会有1名发展成肝硬化或肝癌。 | 大约每20名会有1名在注射部位发生局部红肿或疼痛，每100名会有2名发烧。每一百万名会有1名发生严重过敏反应。<br>发生严重不良的状况极为罕见。 |
| **B型流行性感冒嗜血杆菌** - 通过呼吸道飞沫传播的细菌；导致脑膜炎（大脑周围组织的感染），会厌炎（呼吸道阻塞），败血病（血液感染）以及败血性关节炎（关节感染）。 | 大约每20名脑膜炎患者会有1名死亡，大约每4名存活者会有大约有1名发生永久性大脑或神經损害。会厌炎病情发展迅速，若得不到治疗，几乎都会致命。 | 大约每20名会有1名在注射部位发生局部红肿或疼痛。每50名会有1名发烧。<br>发生严重不良的状况极为罕见。 |
| **人类乳突病毒 (HPV)** - 主要由性行为传播的病毒；在整个人口中，多达80%的人在其一生中某个时候受人类乳突病毒感染。某些人类乳突病毒类型与发生癌症有关。 | 在全球范围内，大约每10名宫颈癌患者会有7名与人类乳突病毒16型（HPV-16）有关，大约每6名有1名与人类乳突病毒18型（HPV-18）有关。 | 大约每10名会有8名发生疼痛，每10名会有2名在注射部位发生局部红肿。每10名会有多达3名可发生头痛，发烧，肌肉疼痛和疲倦。<br>发生严重不良的状况极为罕见。 |
| **流行性感冒** - 通过呼吸道飞沫传播的病毒；导致发烧，肌肉和关节疼痛以及肺炎。每年大约每5到10个人，就有1个会患上流行性感冒。 | 据估计，澳大利亚每年有大约 3,000 名 50 岁以上的人死亡。导致更多的5岁以下儿童和老人需入院治疗。其他高危人群包括孕妇，过度肥胖者，糖尿病患者以及某些慢性疾病患者。 | 大约每10名会有1名在注射部位发生局部红肿或疼痛。6个月到3岁的儿童中，每10名会有1名发烧。每一百万名会有1名发生格林-巴利综合征。<br>发生严重不良的状况极为罕见。 |
| **麻疹** - 通过呼吸道飞沫传播，高度传染性的病毒；导致发烧，咳嗽和发疹。 | 大约每15名患麻疹的儿童会有1名发展成肺炎，大约每1,000名会有1名发展成脑炎（大脑发炎）。每10名发展成麻疹性脑炎的儿童会有1名死亡，而且许多会发生永久性大脑损害。大约每100,000 名会有1名发生亚急性硬化性全脑炎（大脑退行性病变），而这种疾病都会致命。 | 大约每10名会有1名在注射部位发生局部红肿，疼痛或发烧。大约每20名会有1名发生没有传染性的皮疹。大约每20,000 到 30,000名会有1名在接种第1剂麻疹/腮腺炎/风疹疫苗之后发生血小板数量下降（导致瘀肿或出血）。<br>发生严重不良的状况极为罕见。 |
| **脑膜炎球菌感染** - 通过呼吸道飞沫传染的细菌；导致败血症（血液感染）和脑膜炎（大脑周围组织的感染）。 | 每10名患者中会有1名死亡。而在存活者中，每10名中有1到2名会有永久性问题，诸如失去肢体和大脑损害。 | 大约每10名会有1名在注射部位发生局部红肿，疼痛，发烧，不适，胃口变差或头痛（联合疫苗）。大约每2名会有1名发生局部反应（多糖疫苗）。<br>发生严重不良的状况极为罕见。 |
| **腮腺炎** - 通过唾液传播的病毒；导致颈部和唾液腺体肿胀和发烧。 | 每5,000名儿童会有大约1名发展成脑炎（大脑发炎）。大约每5名男子（青少年/成人）会有大约1名发生睾丸发炎。腮腺炎偶尔会导致不育或永久性失聪。 | 大约每100名会有1名可发生唾液腺体肿胀。<br>发生严重不良的状况极为罕见。 |
| **百日咳** - 通过呼吸道飞沫传染的细菌；导致阵发性痉挛性咳嗽，咳嗽可持续多达3个月。 | 大约每125名患百日咳的6个月龄以下婴儿会有1名死于肺炎或大脑损害。 | 大约每10名会有1名在注射部位发生局部红肿或疼痛，或者发烧（白喉/破伤风/百日咳疫苗）。白喉/破伤风/百日咳疫苗的加强剂偶尔会导致大范围肢体肿胀，但会在几天之内完全消肿。<br>发生严重不良的状况极为罕见。 |
| **肺炎球菌感染** - 通过呼吸道飞沫传染的细菌；导致败血症（血液感染），脑膜炎（大脑周围组织的感染），以及偶尔发生其他类型的感染。 | 大约每10名脑膜炎患者会有3名死亡。在所有肺炎的病例中，三分之一到二分之一因肺炎住院治疗的成人，是受到肺炎球菌感染。 | 大约每5名会有1名在注射部位发生局部红肿或疼痛，或者发烧（联合疫苗）。每2名会有多达1名在注射部位发生局部红肿或疼痛（多糖疫苗）。<br>发生严重不良的状况极为罕见。 |
| **脊髓灰质炎** - 通过粪便和唾液传播的病毒；导致发烧，头疼和呕吐，病情发展可导致瘫痪。 | 虽然许多感染不会出现症状，但每10名患者会有多达3名因麻痹型脊髓灰质炎而死亡，许多存活的患者永久性瘫痪。 | 常会在注射部位发生局部红肿和疼痛。大约每10名会有多达1名发烧，哭闹和胃口变差。<br>发生严重不良的状况极为罕见。 |
| **轮状病毒** - 通过“粪便-口”途径传播的病毒；导致肠胃炎，可发展成极为严重的病情。 | 病情可从轻微腹泻发展到严重脱水性腹泻和发烧，从而可导致死亡。澳大利亚在推广接种疫苗之前，在5岁以下的儿童中，每年大约有10,000名需入院治疗，115,000名需看家庭医生，22,000名需到医院急诊部就诊。 | 每100名会有多达3名在接种疫苗之后的一周内发生腹泻或呕吐。大约每17,000名婴儿可有1名在接种第1和第2剂疫苗之后的最初几周发生肠套叠（肠梗阻）。<br>发生严重不良的状况极为罕见。 |
| **风疹** - 通过呼吸道飞沫传播的病毒；导致发烧，发疹和腺体肿胀，孕妇受感染甚至可导致胎儿严重畸形。 | 患者的典型症状有皮疹，腺体肿胀、肿胀的腺体和关节极为疼痛。大约每3,000名会有1名发生血小板数量下降（导致瘀肿或出血）；每6,000名会有1名发生脑炎（大脑发炎）。每10名婴儿会有多达9名在怀孕期的最初三个月期间受感染而发生严重的先天性异常（包括失聪、失明或心脏缺陷）。 | 大约每10名会有1名在注射部位发生局部红肿或疼痛。<br>大约每20名会有1名发生腺体肿胀，脖子僵硬，关节疼痛，或发疹，这些疹没有传染性。<br>大约每20,000 到 30,000名会有1名在接种第1剂麻疹/腮腺炎/风疹疫苗之后发生血小板数量下降（导致瘀肿或出血）。<br>发生严重不良的状况极为罕见。 |
| **破伤风** - 由土壤中细菌的毒素造成的感染；导致极为疼痛的肌肉痉挛，抽搐和牙关紧闭。 | 大约每100名患者会有2名死亡。年幼或年老者危险性更高。 | 大约每10名会有1名在注射部位发生局部红肿或疼痛。或者发烧 （白喉/破伤风/百日咳疫苗）。白喉/破伤风/百日咳疫苗的加强剂偶尔会导致大范围肢体肿胀，但会在几天之内完全消肿。<br>发生严重不良的状况极为罕见。 |
| **水痘** - 高度传染性的病毒；导致低烧和水泡疹（水泡）。患者成年后病毒活化导致带状疱疹。 | 大约每100,000名患者会有1名发生脑炎（大脑发炎）。在怀孕期受感染可导致婴儿先天性畸形。孕妇在靠近分娩期间受感染会导致多达三分之一的新生婴儿受严重感染。 | 大约每5名会有1名发生局部反应或发烧。<br>大约每100名会有3到5名发生轻微的水痘状皮疹。<br>发生严重不良的状况极为罕见。 |

# Pre-immunisation checklist

## What to tell your doctor or nurse before immunisation

**This checklist helps your doctor or nurse decide the best immunisation schedule for you or your child.**

### Please tell your doctor or nurse if the person about to be immunised:

- is unwell today
- has a disease which lowers immunity (such as leukaemia, cancer, HIV/AIDS, SCID) or is having treatment which lowers immunity (for example, oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- is an infant of a mother who was receiving highly immunosuppressive therapy (for example, biological disease modifying anti-rheumatic drugs (bDMARDs) during pregnancy
- has had a severe reaction following any vaccine
- has any severe allergies (to anything)
- has had any vaccine in the last month
- has had an injection of immunoglobulin, or received any blood products, or a whole blood transfusion in the past year
- is pregnant
- is planning a pregnancy or anticipating parenthood
- is a parent, grandparent or carer of a newborn
- has a past history of Guillian-Barré syndrome
- is a preterm baby born at less than 32 weeks gestation, or weighing less than 2000 g at birth
- is a baby who has had intussusception, or a congenital abnormality that may predispose to intussusception
- has a chronic illness
- has a bleeding disorder
- does not have a functioning spleen
- lives with someone who has a disease which lowers immunity (such as leukaemia, cancer, HIV/AIDS), or lives with someone who is having treatment which lowers immunity (for example, oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- identifies as an Aboriginal and/or Torres Strait Islander person
- is planning travel
- has an occupation or lifestyle factor/s for which vaccination may be needed.

### Before any immunisation takes place, your doctor or nurse will ask you:

- Do you understand the information provided to you about the immunisation/s?
- Do you need more information to decide whether to proceed?
- Did you bring your / your child's immunisation record with you?

It is important for you to receive a personal record of your or your child's immunisation/s. If you don't have a record, ask your doctor or nurse to give you one. Bring this record with you for your doctor or nurse to complete every time you or your child visit for immunisation. Your child may need this record to enter childcare, preschool or school.

### For further information contact your doctor or local council.

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www.health.vic.gov.au/immunisation

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# Comparison of the effects of diseases and the side effects of the vaccines

| Disease | Effects of the disease | Side effects of vaccination |
|---|---|---|
| **Diphtheria** – bacteria spread by respiratory droplets; causes severe throat and breathing difficulties. | Up to 1 in 7 patients dies. The bacteria release a toxin, which can produce nerve paralysis and heart failure. | About 1 in 10 has local swelling, redness or pain at the injection site, or fever (DTPa/dTpa vaccine). Booster doses of DTPa may occasionally be associated with extensive swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare. |
| **Hepatitis A** – virus spread by contact or ingestion of faecally contaminated water/ food or through contact with the faecal material of a person infected with hepatitis A. | At least 7 in 10 adult patients develop jaundice (yellowing of the skin and eyes), fever, decreased appetite, nausea, vomiting, liver pain and tiredness. | About 1 in 5 will have local swelling, redness or pain at the injection site. Serious adverse events are very rare. |
| **Hepatitis B** – virus spread mainly by blood, sexual contact or from mother to newborn baby; causes acute liver infection or chronic infection ('carrier'). | About 1 in 4 chronic carriers will develop cirrhosis or liver cancer. | About 1 in 20 will have local swelling, redness or pain at the injection site and 2 in 100 will have fever. Anaphylaxis occurs in about 1 in 1 million. Serious adverse events are very rare. |
| **Hib** – bacteria spread by respiratory droplets; causes meningitis (infection of the tissues surrounding the brain), epiglottitis (respiratory obstruction), septicaemia (infection of the blood stream) and septic arthritis (infection in the joints). | About 1 in 20 meningitis patients dies and about 1 in 4 survivors has permanent brain or nerve damage. Epiglottitis is rapidly and almost always fatal without treatment. | About 1 in 20 has local swelling, redness or pain at the injection site. About 1 in 50 has fever. Serious adverse events are very rare. |
| **Human papillomavirus (HPV)** – virus spread mainly via sexual contact; up to 80% of the population will be infected with HPV at some time in their lives. Some HPV types are associated with the development of cancer. | About 7 in 10 cervical cancers worldwide have been associated with HPV-16 and 1 in 6 with HPV-18. | About 8 in 10 will have pain and 2 in 10 will have local swelling and redness at the injection site. Headache, fever, muscle aches and tiredness may occur in up to 3 in 10 people. Serious adverse events are very rare. |
| **Influenza** – virus spread by respiratory droplets; causes fever, muscle and joint pains and pneumonia. About 1 in 5 to 1 in 10 people will get influenza every year. | There are an estimated 3,000 deaths in people older than 50 years of age each year in Australia. Causes increased hospitalisation in children under 5 years of age and the elderly. Other high-risk groups include pregnant women, people who are obese, diabetics and others with certain chronic medical conditions. | About 1 in 10 has local swelling, redness or pain at the injection site. Fever occurs in about 1 in 10 children aged 6 months to 3 years. Guillain-Barré syndrome occurs in about 1 in 1 million. Serious adverse events are very rare. |
| **Measles** – highly infectious virus spread by respiratory droplets; causes fever, cough and rash. | About 1 in 15 children with measles develops pneumonia and 1 in 1,000 develops encephalitis (brain inflammation). For every 10 children who develop measles encephalitis, 1 dies and many have permanent brain damage. About 1 in 100,000 develops SSPE (brain degeneration), which is always fatal. | About 1 in 10 has local swelling, redness or pain at the injection site, or fever. About 1 in 20 develops a rash, which is non-infectious. Low platelet count (causing bruising or bleeding) occurs after the 1st dose of MMR vaccine at a rate of about 1 in 20,000 to 30,000. Serious adverse events are very rare. |
| **Meningococcal infection** – bacteria spread by respiratory droplets; causes septicaemia (infection of the blood stream) and meningitis (infection of the tissues surrounding the brain). | About 1 in 10 patients dies. Of those that survive, 1 to 2 in 10 have permanent long term problems such as loss of limbs and brain damage. | About 1 in 10 has local swelling, redness or pain at the injection site, fever, irritability, loss of appetite or headaches (conjugate vaccine). About 1 in 2 has a local reaction (polysaccharide vaccine). Serious adverse events are very rare. |
| **Mumps** – virus spread by saliva; causes swollen neck and salivary glands and fever. | About 1 in 5,000 children develops encephalitis (brain inflammation). About 1 in 5 males (adolescent/adult) develop inflammation of the testes. Occasionally mumps causes infertility or permanent deafness. | About 1 in 100 may develop swelling of the salivary glands. Serious adverse events are very rare. |
| **Pertussis** – bacteria spread by respiratory droplets; causes 'whooping cough' with prolonged cough lasting up to 3 months. | About 1 in 125 babies under the age of 6 months with whooping cough dies from pneumonia or brain damage. | About 1 in 10 has local swelling, redness or pain at the injection site, or fever (DTPa/dTpa vaccine). Booster doses of DTPa may occasionally be associated with extensive swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare. |
| **Pneumococcal infection** – bacteria spread by respiratory droplets; causes septicaemia (infection of the blood stream), meningitis (infection of the tissues surrounding the brain) and occasionally other infections. | About 3 in 10 with meningitis die. One-third of all pneumonia cases and up to half of pneumonia hospitalisations in adults is caused by pneumococcal infection. | About 1 in 5 has local swelling, redness or pain at the injection site, or fever (conjugate vaccine). Up to 1 in 2 has local swelling, redness or pain at the injection site (polysaccharide vaccine). Serious adverse events are very rare. |
| **Polio** – virus spread in faeces and saliva; causes fever, headache and vomiting and may progress to paralysis. | While many infections cause no symptoms, up to 3 in 10 patients with paralytic polio die and many patients who survive are permanently paralysed. | Local redness, pain and swelling at the injection site are common. Up to 1 in 10 has fever, crying and decreased appetite. Serious adverse events are very rare. |
| **Rotavirus** – virus spread by faecal-oral route; causes gastroenteritis, which can be severe. | Illness may range from mild diarrhoea to severe dehydrating diarrhoea and fever, which can result in death. Of children under 5 years of age, before vaccine introduction, about 10,000 children were hospitalised, 115,000 needed GP visits and 22,000 required an emergency department visit each year in Australia. | Up to 3 in 100 may develop diarrhoea or vomiting in the week after receiving the vaccine. About 1 in 17,000 babies may develop intussusception (bowel blockage) in the first few weeks after the 1st or 2nd vaccine doses. Serious adverse events are very rare. |
| **Rubella** – virus spread by respiratory droplets; causes fever, rash and swollen glands, but causes severe malformations in babies of infected pregnant women. | Patients typically develop a rash, painful swollen glands and painful joints. About 1 in 3,000 develops low platelet count (causing bruising or bleeding); 1 in 6,000 develops encephalitis (brain inflammation). Up to 9 in 10 babies infected during the first trimester of pregnancy will have a major congenital abnormality (including deafness, blindness, or heart defects). | About 1 in 10 has local swelling, redness or pain at the injection site. About 1 in 20 has swollen glands, stiff neck, joint pains or a rash, which is non-infectious. Low platelet count (causing bruising or bleeding) occurs after the 1st dose of MMR vaccine at a rate of about 1 in 20,000 to 30,000. Serious adverse events are very rare. |
| **Tetanus** – caused by toxin of bacteria in soil; causes painful muscle spasms, convulsions and lockjaw. | About 2 in 100 patients die. The risk is greatest for the very young or old. | About 1 in 10 has local swelling, redness or pain at the injection site, or fever (DTPa/dTpa vaccine). Booster doses of DTPa may occasionally be associated with extensive swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare. |
| **Varicella (chickenpox)** – highly contagious virus; causes low-grade fever and vesicular rash (fluid-filled spots). Reactivation of virus later in life causes herpes zoster (shingles). | About 1 in 100,000 patients develops encephalitis (brain inflammation). Infection during pregnancy can result in congenital malformations in the baby. Infection in the mother around delivery time results in severe infection in the newborn baby in up to one-third of cases. | About 1 in 5 has a local reaction or fever. About 3 to 5 in 100 may develop a mild varicella-like rash. Serious adverse events are very rare. |