

Kontrolna lista prije cijepljenja

Što trebate reći liječniku ili sestri prije imunizacije

Ova kontrolna lista pomaže vašem liječniku ili medicinskoj sestri odlučiti koja je vrsta cijepljenja najbolja za vas i vaše dijete.

Molimo recite liječniku ili medicinskoj sestri ako osoba koja treba primiti cjepivo:

- ne osjeća se danas dobro
- ima bolest koja smanjuje imunitet (poput leukemije, raka, HIV/AIDS, SCID) ili je na liječenju koje smanjuje imunitet (na primjer, oralni steroidni lijekovi poput kortizona i prednisona, radioterapija, kemoterapija)
- malo dijete čija je majka primala visoko imunosupresivnu terapiju (np. antireumatske lijekove koji biološki mijenjaju bolest (bDMARDs)) tijekom trudnoće
- ima bilo kakve jake alergijske reakcije (na bilo što)
- primila je cjepivo u zadnjih mjesec dana
- primila je injekciju imunoglobulina ili je primila bilo kakve krvne proizvode ili transfuziju krvi u zadnjih mjesec dana
- trudna je
- planira trudnoću ili očekuje dijete
- roditelj je, baka ili djed ili skrbnik novorođenčeta
- imala je Guillian-Barré sindrom
- prerano je rođena beba prije 32 tjedna trudnoće ili je težila manje od 2000 g kada je rođena
- beba je koja je imala intususcepciju ili urođenu abnormalnost koja joj može dati predispoziciju za intususcepciju
- ima kroničnu bolest
- ima poremećaje krvarenja
- ima nefunkcionalnu slezenu
- živi s nekim tko boluje od bolesti koja smanjuje imunitet (poput leukemije, raka, HIV/AIDS), ili živi s nekim čije liječenje smanjuje imunitet (na primjer, oralni steroidi poput kortizona i prednisona, radioterapija, kemoterapija)
- identificira se kao Aboridžin i/ili pripadnik otočja Torresovog tjesnaca
- planira putovati
- ima zanimanje ili način života za koje je možda cijepljenje potrebno.

Prije bilo kakvog cijepljenja, vaš liječnik ili medicinska sestra će vas upitati:

- Razumijete li informacije pružene o cijepljenju?
- Trebate li više informacija kako biste odlučili hoćete li pristupiti cijepljenju?
- Jeste li donijeli evidenciju o svom/djetetovom dosadašnjem cijepljenju?

Važno je dobiti osobnu evidenciju o svom ili djetetovom dotadašnjem cijepljenju. Ako nemate takav karton, zamolite liječnika ili medicinsku sestru da vam daju takve podatke. Ovu evidenciju ponesite liječniku ili medicinskoj sestri da upiše novo stanje svaki put kada cjepivo primite vi ili vaše dijete. Vašem djetetu će ta evidencija biti potrebna prilikom upisa u dječji vrtić, predškolsku ustanovu ili u školu.

Za daljnje informacije obratite se svom liječniku ili općini.

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www.health.vic.gov.au/immunisation

Usporedba učinka bolesti i nuspojava od cjepiva

Bolest	Posljedice ove bolesti	Nuspojave cijepljenja
Difterija – bakterije se prenose kapljično; uzrokuju ozbiljne smetnje u grli i disanju.	Otprilike 1 od 7 pacijenata umre. Bakterije ispuštaju toksin, koji može izazvati paralizu živaca i zatajenje srca.	Otprilike 1 u 10 slučajeva ima otok, crvenilo ili bol na mjestu uboda, ili vrućicu (DTPa/dTpa cjevivo). Booster-doza DTPa može povremeno biti povezana s velikim nateknućem ekstremiteta, ali to se u cijelosti smiri u narednih nekoliko dana. Ozbiljne nuspojave su vrlo rijetke.
Hepatitis A – virus koji se prenosi kontaktom ili gutanjem vode/hrane zagađene fekalnim materijalom osobe zaražene hepatitisom A.	Najmanje 7 u 10 odraslih bolesnika dobije žuticu (žutilo kože i očiju), vrućicu, gubitak apetita, mučninu, povraćanje, bol jetre i umor.	U nekih 1 u 5 slučajeva javlja se otok, crvenilo ili bol na mjestu uboda. Ozbiljne nuspojave su vrlo rijetke.
Hepatitis B – virus koji se uglavnom prenosi krvlju, spolnim kontaktom ili s majke na novorođenče; uzrokuje akutnu ili kroničnu infekciju jetre ('kliconoša').	Otprilike 1 u 4 kronične kliconoše dobiju cirozu jetre ili rak.	Otprilike u 1 od 20 slučajeva nastupi lokalno nateknuće, crvenilo ili bol na mjestu injekcije te vrućica u 2 od 100 slučajeva. Anafilaksa se javlja u oko 1 u milijun slučajeva. Ozbiljne nuspojave su vrlo rijetke.
Hib – bakterije se prenose kapljično; uzrokuje meningitis (upalu tkiva oko mozga), epiglotitis (začepljenje dišnih puteva), sepsu (infekciju krvotoka) i septički artritis (infekciju u zglobovima).	Otprilike 1 u 20 bolesnika umire od meningitisa a 1 u 4 preživjela ima trajno oštećenje mozga ili živaca. Epiglotitis nastaje naglo i gotovo uvijek je smrtonosan bez liječenja.	Otprilike u 1 od 20 slučajeva nastupi lokalno nateknuće, crvenilo ili bol na mjestu uboda. Vrućica se javlja u 1 od 50 slučajeva. Ozbiljne nuspojave su vrlo rijetke.
Humani papiloma virus (HPV) – virus koji se uglavnom prenosi spolnim kontaktom; do 80% stanovništva se zarazi HPV-om u nekom momentu u životu. Neki tipovi HPV-a su vezani za nastanak raka.	Nekih 7 u 10 slučajeva raka vrata maternice u svijetu povezuje se s HPV-16 te 1 u 6 s HPV-18.	Otprilike u 8 od 10 slučajeva javlja se bol a u 2 u 10 slučajeva otok i crvenilo na mjestu uboda. Glavobolja, vrućica, bolovi u mišićima i umor mogu se pojaviti u 3 od 10 osoba. Ozbiljne nuspojave su vrlo rijetke.
Gripa – virus koji se prenosi kapljično; uzrokuje vrućicu, bolove u mišićima i zglobovima i upalu pluća. Otprilike 1 u 5 do 10 osoba dobije gripu svake godine.	Procjenjuje se da nekih 3,000 ljudi u dobi iznad 50 godina umire u Australiji svake godine. Uzrokuje povećanu hospitalizaciju u djece ispod 5 godina i osoba starije dobi. Ostale visoko-rizične skupine uključuju trudnice, pretila osobe, dijabetičare i druge s određenim kroničnim bolestima.	Otprilike u 1 od 10 slučajeva javlja se crvenilo ili bol na mjestu uboda. Vrućica se javlja u 1 od 10 djece u dobi od 6 mjeseci do 3 godine. Guillain-Barré sindrom javlja se u oko 1 od 1 milijun slučajeva. Ozbiljne pojave su vrlo rijetke.
Ospice – jako zarazan virus koji se prenosi kapljično; uzrokuje vrućicu, kašalj i osip.	Otprilike 1 u 15 djece koje ima ospice dobije upalu pluća, a 1 u 1,000 dobije encefalitis (upalu mozga). Na svakih 10 djece koja dobiju encefalitis od ospica, 1 umre a mnogi ostaju s trajnim oštećenjem mozga. Nekih 1 u 100,000 ima za posljedicu SSPE (degeneraciju mozga), koja je uvijek smrtonosna.	U 1 od 10 slučajeva javlja se otok, crvenilo ili bol na mjestu uboda, ili vrućica. U 1 od 20 slučajeva nastupi osip, koji nije zarazan. Niska razina trombocita (koja uzrokuje modrice i krvarenje) nastupi nakon 1. doze MMR cjeviva po stopi od 1 u 20,000 do 30,000. Ozbiljne nuspojave su rijetke.
Meningokokna infekcija – bakterije se prenose kapljično; uzrokuje sepsu (infekciju krvotoka) i meningitis (infekciju moždanih ovojnica).	Otprilike 1 u 10 pacijenata umire. Od onih koji prežive, 1 do 2 u 10 ima trajne dugoročne probleme, kao što su gubitak udova i oštećenje mozga.	Otprilike u 1 od 10 slučajeva na mjestu uboda nastane otok, crvenilo ili se javi bol, vrućica, razdražljivost, gubitak apetita ili glavobolja (konjugirano cjevivo). Otprilike u 1 u 2 slučaja nastupi lokalna reakcija (polisaharid cjevivo). Ozbiljne nuspojave su vrlo rijetke.
Mums (zaušnjaci) – virus koji se prenosi pljuvačkom; uzrokuje nateknuće vrata i pljuvačnih žlijezda i vrućicu.	Otprilike 1 u 5,000 djece dobije encefalitis (upalu mozga). Oko 1 u 5 muškaraca (adolescenata/odraslih) dobije upalu testisa. Povremeno zaušnjaci uzrokuju neplodnost ili trajnu gluhoću.	Otprilike u 1 od 100 slučajeva može se pojaviti naticanje pljuvačnih žlijezda. Ozbiljne nuspojave su vrlo rijetke.
Pertusis (hripavac) – bakterije se prenose kapljično; uzrokuju 'hripavac' a kašalj može potrajati i do 3 mjeseca.	Otprilike 1 u 125 malih beba u dobi do 6 mjeseci koje imaju hripavac umre od upale pluća ili oštećenja mozga.	Otprilike u 1 u 10 slučajeva ima otok, crvenilo ili bol na mjestu uboda, ili vrućicu (DTPa/dTpa cjevivo). Booster doze DTPa mogu povremeno biti povezane s velikim nateknućem ekstremiteta, ali to se u cijelosti smiri u roku od nekoliko dana. Ozbiljne nuspojave su rijetka pojava.
Pneumokona infekcija – bakterije se prenose kapljično; uzrokuje sepsu (infekciju krvotoka) i meningitis (infekciju moždanih ovojnica) a povremeno i druge infekcije.	Oko 3 u 10 oboljelih od meningitisa umre. Jedna trećina svih slučajeva upale pluća i gotovo polovica upala pluća u odraslih koja završi odlaskom u bolnicu uzrokovana je pneumokoknom infekcijom.	Otprilike u 1 od 5 slučajeva javi se otok, crvenilo ili bol na mjestu uboda ili vrućica (konjugirano cjevivo). U otprilike 1 od 2 slučajeva javlja se otok, crvenilo i bol na mjestu uboda (polisaharidnog cjeviva). Ozbiljne nuspojave su vrlo rijetke.
Polio (dječja paraliza) – virus se prenosi stolicom i pljuvačkom; uzrokuje vrućicu, glavobolju i povraćanje, a može dovesti do paralize.	Iako mnoge infekcije ne uzrokuju simptome, gotovo 3 u 10 pacijenata s paraličkim poliom umre, a mnogi pacijenti koji prežive ostaju trajno paralizirani.	Crvenilo, bol i oticanje na mjestu uboda su česta pojava. Otprilike u 1 od 10 slučajeva javlja se vrućica, plač i smanjenje apetita. Ozbiljne nuspojave su vrlo rijetke.
Rotavirus – virus koji se prenosi fekalno-oralnim putem; uzrokuje gastroenteritis, koji može biti vrlo ozbiljan.	Bolest može varirati od blagog do teškog dehidrirajućeg proljeva i vrućice, koje može završiti smrću. Od djece u dobi do 5 godina, prije uvođenja cjeviva, oko 10,000 bi završilo u bolnici, 115,000 je trebalo posjete liječnika i 22,000 je završilo na hitnoj svake godine u Australiji.	U 3 od 100 može nastupiti proljev ili povraćanje u tjednu nakon primitka cjeviva. Otprilike 1 u 17,000 beba može dobiti intususcepciju (začepljenje crijeva) u prvih nekoliko tjedana nakon 1. ili 2. doze cjeviva. Ozbiljne nuspojave su vrlo rijetke.
Rubeola – virus koji se prenosi kapljično; uzrokuje vrućicu, osip i nateknuće žlijezda, ali uzrokuje teške malformacije kod beba izraženih trudnica.	Pacijenti obično dobiju osip, bolno oteknuće žlijezda i bolove u zglobovima. Otprilike u 1 u 3,000 pacijenata dođe do opadanja broja trombocita (što uzrokuje modrice i krvarenje); 1 u 6,000 dobije encefalitis (upalu mozga). U gotovo 9 u 10 beba inficiranih u prvom tromjesečju trudnoće dolazi do velikih urođenih abnormalnosti (uključujući gluhoću, sljepilo ili srčane mane).	Otprilike u 1 od 10 slučajeva pojavi se otok, crvenilo ili bol na mjestu uboda. Otprilike u 1 od 20 slučajeva pojavi se nateknuće žlijezda, ukočeni vrat, bolovi u zglobovima ili osip, što nije zarazno. Niska razina trombocita (što uzrokuje modrice i krvarenje) javlja se nakon 1 doze MMR cjeviva po stopi od oko 1 u 20,000 do 30,000. Ozbiljne nuspojave su vrlo rijetke.
Tetanus – uzrokuje ga toksin bakterija u zemlji; uzrokuje bolne grčeve mišića, konvulzije i ukočenost čeljusti.	Otprilike 2 un 100 pacijenata umre. Rizik je najveći kod najmlađih i najstarijih.	Otprilike u 1 od 10 slučajeva nastupi otok, crvenilo ili bol na mjestu uboda, ili vrućica (DTPa/dTpa cjevivo). Booster-doze DTPa mogu povremeno uzrokovati znatan otok uda, ali to se u potpunosti smiri unutar nekoliko dana. Ozbiljne nuspojave su vrlo rijetke.
Varičela (vodene kozice) – vrlo zarazan virus; uzrokuje manje povećanje temperature i vezikularni osip (točkica ispunjenih tekućinom). Reaktiviranje virusa kasnije u životu uzrokuje herpes zoster (herpes).	Otprilike 1 u 100,000 pacijenata dobije encefalitis (upalu mozga). Zaraza tijekom trudnoće može dovesti do urođenih malformacija kod bebe. Infekcija kod majke u vrijeme poroda dovodi do jake infekcije kod novorođenčeta u gotovo trećini slučajeva.	Otprilike u 5 slučajeva ima reakciju ili vrućicu. Otprilike 3 do 5 u 100 slučajeva može imati blagi osip tipa vodenih kozica. Ozbiljne nuspojave su vrlo rijetke.

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.

Material adapted from The Australian Immunisation Handbook 10th Edition 2013 (updated June 2015).

www.health.vic.gov.au/immunisation

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.