

# បញ្ជីឆែកមើលមុនការចាក់ថ្នាំបង្ការរោគ

អ្វីដែលត្រូវនិយាយប្រាប់វេជ្ជបណ្ឌិត ឬគិលានុបដ្ឋាករបស់លោកអ្នក មុនការចាក់ថ្នាំបង្ការរោគ

**បញ្ជីឆែកមើលនេះជួយវេជ្ជបណ្ឌិត ឬគិលានុបដ្ឋាករបស់លោកអ្នកសំរេចជ្រើសរើសយកគំរោងចាក់ថ្នាំបង្ការរោគណាដែលល្អជាងគេ សម្រាប់លោកអ្នក និងកូនរបស់លោកអ្នក។**

## សូមប្រាប់វេជ្ជបណ្ឌិត ឬគិលានុបដ្ឋាករបស់លោកអ្នក ប្រសិនបើជនណាម្នាក់ប្រុងប្រៀបនឹងទទួលការចាក់ថ្នាំបង្ការរោគ:

- មិនស្រួលខ្លួននៅថ្ងៃនេះ
- មានជម្ងឺដែលធ្វើឱ្យប្រព័ន្ធការពាររោគមានភាពទន់ខ្សោយ (ដូចជា រោគមហារីកឈាម ជម្ងឺមហារីក ហេដ្ឋអាយវី (HIV)/អេដស៍ (AIDS) (SCID) ឬទទួលការព្យាបាលដែលធ្វើឱ្យប្រព័ន្ធការពាររោគមានភាពទន់ខ្សោយ (ឧទាហរណ៍ ថ្នាំលេបស្ទេរ៉ូអ៊ីដ (steroid) មានដូចជា ថ្នាំខ្វែរតិសូន (cortisone) និងប្រិដនីសូន (prednisone) ការព្យាបាលប្រើវិទ្យុសកម្ម ការព្យាបាលប្រើវិទ្យុសកម្មគីមី)
- ជាទារកនៃម្តាយដែលបានទទួលការព្យាបាល immunosuppressive កម្រិតខ្ពស់ (ឧទាហរណ៍ ថ្នាំកែប្រែជីវិតវិសាលប្រឆាំងនឹងការរលាកសន្លាក់ (bDMARDs) ក្នុងអំឡុងពេលមានផ្ទៃពោះ)
- មានការទាស់យ៉ាងខ្លាំងណាមួយ (ទៅនឹងអ្វីមួយ)
- ទទួលការចាក់ថ្នាំណាមួយ ក្នុងខែកន្លងទៅ
- បានទទួលការចាក់ថ្នាំ immunoglobulin ឬទទួលផលិតផលឈាមណាមួយ ឬការចាក់បញ្ចូលឈាមទាំងស្រុងក្នុងក្នុងកន្លងទៅ
- មានផ្ទៃពោះ
- កំពុងរៀបគ្រោងមានផ្ទៃពោះ ឬសង្ឃឹមទុកថានឹងក្លាយជាមាតាបិតា
- ជាមាតា ឬបិតា ជីដូនជីតា ឬអ្នកមើលថែទារកទើបកើតមក
- មានប្រវត្តិអតីតកាលកើតមានសហរោគសញ្ញា Guillian-Barré
- ជាទារកកើតមុនពេលកំណត់យ៉ាងតិចណាស់៣ខែក្នុងផ្ទៃ ឬមានទម្ងន់តិចជាង២០០០ក្រាមនៅពេលកើតមក
- ជាទារកធ្លាប់មានពោះរៀនស្រព្វល្អនូវលក្ខណៈ ឬមានលក្ខណៈខុសប្លែកធម្មតាពីកំណើត ដែលអាចបើកឱកាសឱ្យកើតពោះរៀនស្រព្វល្អនូវលក្ខណៈ
- មានរោគរ៉ាំរ៉ៃ
- មានរោគចេញឈាម
- មានសរីរាង្គផ្ទាល់ដែលពុំធ្វើចលនា
- រស់នៅជាមួយនរណាម្នាក់ដែលមានជម្ងឺធ្វើឱ្យប្រព័ន្ធការពាររោគមានភាពទន់ខ្សោយ (ដូចជា រោគមហារីកឈាម ជម្ងឺមហារីក ហេដ្ឋអាយវី ? អេដស៍ (HIV/AIDS) ឬរស់នៅជាមួយនរណាម្នាក់ដែលកំពុងព្យាបាល ដែលធ្វើឱ្យប្រព័ន្ធការពាររោគមានភាពទន់ខ្សោយ (ឧទាហរណ៍ ថ្នាំលេបស្ទេរ៉ូអ៊ីដ (steroid) មានដូចជា ថ្នាំខ្វែរតិសូន (cortisone) និងប្រិដនីសូន (prednisone) ការព្យាបាលប្រើវិទ្យុសកម្ម ការព្យាបាលប្រើវិទ្យុសកម្មគីមី)
- សម្គាល់ដឹងថាជាជនអាហ្វ្រិកានី និង/ឬជនរស់នៅតាមកោះ Torres Strait
- មានគម្រោងធ្វើដំណើរ
- មានអាជីព ឬកត្តានៃរបៀបរស់នៅដែលអាចត្រូវការការចាក់ថ្នាំបង្ការរោគ។

## មុនការចាក់ថ្នាំបង្ការរោគណាមួយត្រូវបានធ្វើឡើង វេជ្ជបណ្ឌិត ឬគិលានុបដ្ឋាករបស់លោកអ្នកនឹងសួរលោកអ្នក:

- តើលោកអ្នកយល់ព័ត៌មានដែលផ្តល់ជូនលោកអ្នកអំពីការចាក់ថ្នាំបង្ការរោគឬទេ?
- តើលោកអ្នកត្រូវការព័ត៌មានច្រើនថែមទៀតដើម្បីសំរេចថាតើគួរបន្តដំណើរការឬទេ?
- តើលោកអ្នកមានយកកំណត់ត្រាចាក់ថ្នាំបង្ការរោគរបស់លោកអ្នក / កូនរបស់លោកអ្នកមកជាមួយឬទេ?

នេះគឺជាការសំខាន់ដែលលោកអ្នកទទួលបានកំណត់ត្រានៃការចាក់ថ្នាំបង្ការរោគរបស់លោកអ្នក ឬកូនរបស់លោកអ្នក។ ប្រសិនបើលោកអ្នកមិនបានទទួលកំណត់ត្រាណាមួយទេ សូមស្នើសុំមួយច្បាប់ពីវេជ្ជបណ្ឌិត ឬគិលានុបដ្ឋាករបស់លោកអ្នក។ សូមយកកំណត់ត្រានេះមកជាមួយលោកអ្នកដើម្បីឱ្យវេជ្ជបណ្ឌិត ឬគិលានុបដ្ឋាករបស់លោកអ្នកបំពេញនូវរឿងរាល់ដែលលោកអ្នក ឬកូនរបស់លោកអ្នកចាក់ថ្នាំបង្ការរោគ។ កូនរបស់លោកអ្នកប្រហែលជាត្រូវការកំណត់ត្រានេះដើម្បីចូលទៅកន្លែងមើលថែកុមារ មធ្យមសាលា ឬសាលារៀន។

## ដើម្បីទទួលយកព័ត៌មានបន្ថែម សូមទាក់ទងជាមួយវេជ្ជបណ្ឌិតរបស់លោកអ្នក ឬសាលាសង្កាត់ក្នុងតំបន់។

សម្ភារៈយកលំនាំតាមតួសៀវភៅប្រើប្រាស់ ស្តីអំពីការចាក់ថ្នាំបង្ការរោគអូស្ត្រាលី ការពោះពុម្ពផ្សាយលើកទី១០ ឆ្នាំ២០១៣។ (ធ្វើទាន់បច្ចុប្បន្នភាព ខែមិថុនា ឆ្នាំ២០១៥)  
[www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)

ដើម្បីទទួលបានឯកសារនេះជាទ្រង់ទ្រាយដែលអាចប្រើប្រាស់បាន សូមផ្ញើអ៊ីមែល: [immunisation@dhs.vic.gov.au](mailto:immunisation@dhs.vic.gov.au)  
អនុញ្ញាត និងបោះពុម្ពផ្សាយដោយរដ្ឋាភិបាលរដ្ឋវិចត្រីយ៉ា 1 Treasury Place, Melbourne

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# 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](http://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
<b>Diphtheria</b> – 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.
<b>Hepatitis A</b> – 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.
<b>Hepatitis B</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.
<b>Hib</b> – 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.
<b>Human papillomavirus (HPV)</b> – 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.
<b>Influenza</b> – 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.
<b>Measles</b> – 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.
<b>Meningococcal infection</b> – 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.
<b>Mumps</b> – 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.
<b>Pertussis</b> – 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.
<b>Pneumococcal infection</b> – 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.
<b>Polio</b> – 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.
<b>Rotavirus</b> – 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.
<b>Rubella</b> – 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.
<b>Tetanus</b> – 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.
<b>Varicella (chickenpox)</b> – 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.