2018-2019 Adult Influenza Vaccine Screening Questions

For patients to be vaccinated: The following questions will help us determine if there is any reason we should not give you the influenza vaccination today.

If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked.

If a question is not clear, please ask your healthcare provider to explain it.

<table>
<thead>
<tr>
<th>PATIENT NAME (please print)</th>
<th>Age</th>
<th>FMP/ Last 4 sponsors SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth: (MM/DD/YY)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mark answers by checking "YES" or "NO" for questions 1-4

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

1. Are you sick or do you have a fever today?

2. Do you have an allergy to a component of the vaccine?

3. Have you ever had a serious reaction to influenza vaccine in the past?

4. Have you ever had Guillain-Barré Syndrome (GBS)?

✓ I have read the above information and have truthfully answered all of the questions on this form.

✓ I have received a copy of the Vaccine Information Sheet (VIS) for each vaccine administered today.

✓ I have had the chance to ask questions and fully understand the benefits and risks of each vaccination.

✓ Questions answered "yes" *may* need further explanation.

Signature of Person to Receive Vaccine | Date |
---------------------------------------|------|

Signature/Stamp/Print name/Title of Vaccinator | Date |
**Influenza Vaccine Inactivated (IIV) or Recombinant (RIV)**

1. **Is the person to be vaccinated sick or do they have a fever today?**
   
   There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution, people with an acute febrile illness should not be vaccinated until their symptoms have improved.
   
   Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

2. **Does the person to be vaccinated have an allergy to component of the vaccine?**
   
   Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. A history of anaphylactic reaction to a previous dose of vaccine or vaccine component is a contraindication to further vaccination against influenza.
   
   Mild-to-moderate systemic reactions (e.g., fever, malaise, myalgia, and other systemic symptoms) are not contraindications to vaccination. Also, red eyes or mild upper facial swelling following vaccination with influenza vaccine are most likely a coincidental event and not related to the vaccine; these people can receive influenza vaccine without further evaluation.

3. **Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?**
   
   Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further vaccination against influenza.
   
   Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is most likely a coincidental event and not related to the vaccine; these people can receive injectable vaccine without further evaluation.

4. **Has the person to be vaccinated ever had Guillain-Barré syndrome?**
   
   It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination.
   
   This person should be referred to supervising licensed provider for further guidance.