

Information about person to receive vaccine (please print clearly)

Last Name: _____ First Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ (mm/dd/yyyy)

Please Answer the Following Questions.

- | | Yes | No | Don't Know |
|---|-------|-------|------------|
| 1.) Is the person to be vaccinated sick today? | _____ | _____ | _____ |
| 2.) Does the person to be vaccinated have an allergy to eggs or to a component in the vaccine? | _____ | _____ | _____ |
| 3.) Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? | _____ | _____ | _____ |
| 4.) Has the person to be vaccinated ever had Guillain-Barré syndrome? | _____ | _____ | _____ |

I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines cited and ask that the vaccines listed below be given to me or the person named above (for whom I am authorized to make this request.)

Signature (Parent or guardian if a minor) _____ Date: _____

Please provide a phone number where you can be reached on the date of the clinic: _____

FOR CLINIC USE ONLY:

Clinic Name: _____ City _____ Provider Number _____

Today's vaccination is the patient's: 1st dose or 2nd dose

Which priority group does this patient fall in to? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Healthy child 5 years through 18 years of age |
| <input type="checkbox"/> Contact of infant < 6 months of age | <input type="checkbox"/> Youth 19 years through 24 years of age |
| <input type="checkbox"/> Child 6 months to 4 years of age | <input type="checkbox"/> Adults 25 though 64 years of age with a high risk condition |
| <input type="checkbox"/> Child 5 years to 18 years of age with a high risk condition | |
| <input type="checkbox"/> Healthcare/Emergency Medical Service Worker | |

Once the other priority groups are covered and permission is given from state or federal agencies immunizations may be given to:

- All adults 25 to 64 years of age
 Adults 65+ years old

	TYPE	DATE/TIME	VACCINE MANUFACTURER	VACCINE LOT NUMBER	EXPIRATION DATE	ROUTE	SITE	SIGNATURE OF PERSON ADMINISTERING VACCINATION
H1N1 INFLUENZA VACCINE	LAIV		Medimmune			NAS		
	TIV		Sanofi Pasteur			IM	L R	
			Novartis				DELTOID	
			GlaxoSmithKline				THIGH	
			CSL					

White Copy: Return to SD Department of Health unless doses administered are entered by your office into SDIIS.
 South Dakota Department of Health - Attn: Immunization Program - 615 E. Fourth St. - Pierre, SD 57501 or Fax: (605)773-5509
 (Please do this daily. Doses Administered are reported to the CDC on a weekly basis and we need your information.)

Yellow Copy: Clinic Copy

Patient name: _____ Date of birth: ____/____/____
 (mo.) (day) (yr.)

Screening Questionnaire for Intranasal Influenza Vaccination

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child intranasal influenza vaccine (FluMist) today. If you answer "yes" to any question, it does not necessarily mean you (or your child) 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.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider ever told you that he or she had wheezing or asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the person to be vaccinated pregnant or could she become pregnant within the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in a protective isolation (such as in a hospital room with reverse air flow)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: _____ Date: _____
 Form reviewed by: _____ Date: _____

Information for Health Professionals about the Screening Questionnaire for Intranasal Influenza Vaccination

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

1. Is the person to be vaccinated sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. Persons with an acute febrile illness usually 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 eggs or to a component of the influenza vaccine?

History of anaphylactic reaction—such as hives, wheezing, or difficulty breathing, or circulatory collapse or shock (not fainting)—after eating eggs or receiving any component of the intranasal live attenuated influenza vaccine (LAIV, tradename FluMist) is usually a contraindication for further doses. Check the package insert (at www.immunize.org/packageinserts) for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf.

3. Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past?

Patients reporting a serious reaction to a previous dose of LAIV should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination with LAIV.

4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?

LAIV is not licensed for use in persons younger than age 2 years or older than age 49 years.

5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?

Persons with any of these health conditions should not be given the LAIV. Instead, they should be vaccinated with the inactivated injectable influenza vaccine.

6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider ever told you that he or she had wheezing or asthma?

LAIV is not recommended for a child this age if their parent or guardian answers yes to this question or if the child has a history of asthma or recurrent wheezing. Instead, they should be given the inactivated injectable influenza vaccine.

7. Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs?

Persons with weakened immune systems should not be given the LAIV. Instead, they should be given the inactivated injectable influenza vaccine.

8. Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?

Because of the theoretical risk of Reye's syndrome, children and teens on aspirin therapy should not be given LAIV. Instead they should be vaccinated with the inactivated injectable influenza vaccine.

9. Is the person to be vaccinated pregnant or could she become pregnant within the next month?

Pregnant women or women planning to become pregnant within a month should not be given LAIV. All pregnant women should, however, be vaccinated with the inactivated injectable influenza vaccine.

10. Has the person to be vaccinated ever had Guillain-Barré syndrome?

It is prudent to avoid vaccinating persons who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barre syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these persons. Although data are limited, the established benefits of influenza vaccination for the majority of persons who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

11. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in a protective isolation (such as in a hospital room with reverse air flow)?

Inactivated injectable influenza vaccine is preferred for persons who have close contact with severely immunosuppressed persons during periods in which the immunosuppressed person requires care in protective isolation (e.g., an isolation room of a bone marrow transplant unit). Either the inactivated injectable influenza vaccine or LAIV may be used in persons who have close contact with persons having lesser degrees of immunosuppression.

12. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?

Persons who were given an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks should wait 28 days before receiving LAIV. Separate the seasonal LAIV and H1N1 LAIV vaccines by at least 4 weeks because of concerns about competition between the 2 vaccine viruses. There is no reason to defer giving LAIV if persons were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (e.g., IG).

Sources:

1. CDC. *Epidemiology & Prevention of Vaccine-Preventable Diseases*, WL Atkinson et al., editors, at www.cdc.gov/vaccines/pubs/pinkbook.
2. CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" at www.cdc.gov/vaccines/pubs/ACIP-list.htm.
3. CDC. "Prevention and Control of Influenza—Recommendations of ACIP" at www.cdc.gov/flu/professionals/vaccination.