

## Consent Screening Questions for Seasonal Quadrivalent Inactivated (QIV) Influenza and Pneumococcal Vaccines 2017-2018

\*\*\*\*\*Refer to separate screening tool for live attenuated influenza vaccine (LAIV) i.e. FluMist®\*\*\*\*\*

**Did you have an opportunity to review the information provided to you about the vaccine(s) you will be receiving? (Print resources, opportunity to ask questions, information on reporting adverse events)**

- **Yes:** Proceed with health history. →
- **No:** Ask person to read the fact sheet(s) and/or review it with them.

### **Health History:**

#### **Question 1: Are you feeling well today?**

Anyone who has a high fever or acute serious illness- **Do NOT Immunize**

#### **Question 2: Do you have any allergies?**

- Allergy to eggs, egg products, or chicken proteins- **Immunize**

*NACI has concluded that egg allergic individuals without other contraindications may be vaccinated against influenza (with any product) without a prior influenza vaccine skin test and with the full dose. The vaccine may be given in any settings where vaccines are routinely administered. (NACI 2017/18 pg 7):*

- Documented severe allergy to a component of the vaccine(s)?- **Do NOT Immunize**
  - Withhold the vaccine product that contains that component if there is a known or suspected severe allergy.
  - Use an alternate product that does not contain that component, if available

#### **Question 3: Do you have any health conditions that require regular visits to the doctor?**

#### **Bleeding disorders?**

#### **Precautions**

- Persons with a bleeding disorder should consult with their health care provider prior to immunization. Control of bleeding disorders should be optimized prior to immunization. Vaccine providers should ensure that there are no symptoms or signs compatible with an undiagnosed bleeding disorder (e.g. unexplained bruising). If such indicators are present before immunization, a diagnosis should be established before commencing immunization. When administering a parenteral vaccine, consider use of a small gauge needle and apply pressure for 5-10 minutes after the immunization. (*Canadian Immunization Guide- evergreen version*)

#### Question 4. Are you taking any medications?

##### **Precautions:**

- **Immunosuppressants:** The vaccine may be less effective in individuals receiving medications which cause immunosuppression, or who are immunosuppressed from a medical condition. Individuals on chemotherapy may wish to seek advice from their physician on the best timing to receive the influenza/pneumococcal vaccines.
- **Warfarin and theophylline:** Although influenza vaccination can inhibit the clearance of warfarin & theophylline, studies have not shown any adverse effects from these drugs in people receiving influenza vaccine. (*NACI 2017/18 pg22*)

#### Question 5: Have you ever had a serious reaction following an immunization?

##### **If Yes:**

- Previous **allergic or anaphylactic type of reaction following influenza or pneumococcal vaccines- Do NOT immunize**  
Consult with identified medical specialist as needed.
- **Guillain-Barré Syndrome (GBS)**
  - If client developed GBS within 6 weeks of a previous influenza vaccine-  
**Do NOT Immunize** (*NACI 2017/18 pg.22*)
- **Oculorespiratory Syndrome (ORS)**
  - oculorespiratory syndrome (ORS) without lower respiratory tract symptoms –  
**IMMUNIZE**
  - ORS with lower respiratory tract symptoms- **Do NOT Immunize**  
Should have an expert review. (*NACI 2017/18 pg22*)

#### Question 6: Are you pregnant or possibly pregnant?

- NACI recommends the inclusion of all pregnant women, at any stage of pregnancy, among the specifically recommended recipients of inactivated influenza vaccine. (*NACI 2017/18 pg23*)

**For pneumococcal vaccine:** If indicated, pregnant women can be vaccinated with Pneu-P-23 vaccine, as there is no evidence to suggest a risk to the fetus or to the pregnancy from immunization with pneumococcal vaccines. Women who are breastfeeding can be vaccinated with pneumococcal vaccines. (*Canadian Immunization Guide- evergreen version*)

### 7. Pneumococcal Vaccine

#### **Check for eligibility-**

- Ensure pneumococcal database or Panorama (if available) at clinic has been checked, and client does not recall any recent vaccines in the past 2 months.
- If they have received a recent immunization, and there is only access to the pneumococcal database, call the local public health office to check Panorama directly. Also consider that there may also be a delay in recording of immunization records submitted from physician claims into Panorama.
- If previously immunized– do NOT immunize. If they have a high risk condition, refer to their primary care provider for further recommendations for further immunizations.
- Routine re-immunization with pneumococcal polysaccharide vaccine is **not** recommended. However, re-immunization should be considered for those at highest risk of invasive infection. If a booster dose of Pneu-P-23 vaccine is recommended, it should be administered at least 5 years after any previous dose of Pneu-P-23 vaccine. Clients who may be eligible for re-immunization should be referred to their primary care provider to determine if they should be re-immunized. . (*Canadian Immunization Guide- evergreen version*)