****

 **Screening Tool for use of FluMist®** **Vaccine**

 **January 2014**

|  |  |
| --- | --- |
| **Age** | **Vaccine** |
| 24 months to 17 years | FluMist®  |
| 18 years to 59 years (healthy people)  | FluMist®  |

* Do you have an allergy to eggs?
* Do you have severe asthma (on high dose inhaled or oral steroids) or medically attended wheezing in the past 7 days?
* Are you immunocompromised due to disease or treatment?
* Are you pregnant or could become pregnant in the next month?
* Are you currently/ have you received aspirin containing therapy in the last 4 weeks (if under 18 years)?
* Do you have a history of Guillain-Barre syndrome( GBS) within 6 weeks of a previous dose of influenza vaccine without another cause being identified?
* Do you have history of severe oculo-respiratory syndrome ( ORS) after a previous receipt of influenza vaccine?
* Are you in contact with someone who is severely immunocompromised?
* Are you currently/ have you received antiviral medication in the past 2 weeks?
* Have you received a tuberculin skin test in the last 4 weeks? If so Flumist may affect the results of the TST.

**If NO to all above questions, use FluMist.**

**I If YES to any of the above questions use Fluviral or Agriflu.**

Refer to Trivalent Influenza Quick Reference Guide

|  |  |
| --- | --- |
| **Age** | **Vaccine** |
| 6 months to 23 months | Fluviral® or Agriflu® |
| 18 years to 59 years (with chronic health condition) \*  | Fluviral® or Agriflu® |
| 60+ years of age  | Fluviral® or Agriflu® |
|  |