

**Consent Screening Questions for  
Seasonal Influenza  
And  
Pneumococcal Vaccines  
2016-2017**

\*\*\*\*\*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?**

If they indicate:

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

Recommendation from NACI 2016 p.3

- The vaccine may be given in any settings where vaccines are routinely administered (see section V for details). However, immunizers administering vaccine should be prepared for and have the necessary equipment to respond to a vaccine emergency at all times.

- 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?**

This will help us identify if they are part of a high priority group & other potential concerns.

**Bleeding disorders?**

**If Yes: Immunize**

**Note:**

- Individuals receiving low doses of acetylsalicylic acid therapy and long-term anticoagulation with either coumadin or heparin are not considered to be at higher risk of bleeding complications and may be safely immunized through the intramuscular or subcutaneous route without discontinuation of their anticoagulation therapy. If their levels of anticoagulation are not stable, they should be checked by their physician prior to immunization.
- Persons with a bleeding disorder should consult with their health care provider prior to immunization. When immunizations are to be given by the intramuscular route or when

there is a concern that injection may stimulate bleeding, the immunization should be given following anti-haemophilia therapy or correction of the bleeding disorder when possible. Immunization should be carried out using a fine-gauge needle of appropriate length. After the injection, firm pressure should be applied, without rubbing, to the injection site for at least 5 minutes.

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

**Even if they are taking type of medications listed below: Immunize (as per NACI)**

- **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.
- **Anticoagulants:** See question #3 for medications related to blood clotting.
- **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.

#### **Question 5. Have you ever had a serious reaction following an immunization? (influenza or other)**

##### **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 it was within 6 weeks of a previous influenza vaccine- Do NOT Immunize** (NACI, 2016)
- **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, 2016 p.15)

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

**If Yes: IMMUNIZE** (NACI 2016 p. 17)

**For pneumococcal vaccine:** According to the Canadian Immunization Guide, neither pregnancy nor breast-feeding is a contraindication to either the polysaccharide or the conjugate pneumococcal vaccine. The benefits versus the risks of administering PNEUMO 23® in pregnancy should carefully be evaluated. Breast feeding is not a contraindication to pneumococcal polysaccharide vaccines

#### **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 of any age at highest risk of invasive infection. Clients who may be eligible for re-immunization should be referred to their primary care provider. Re-immunization of healthy adults < 2 years after the initial dose is associated with increased local and systemic reactions.