Immunization Screening Questions for
Seasonal Influenza (Fluviral, Agriflu) and Pneumococcal (Pneumovax 23) Vaccines
2011-2012

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 screening. →
No: Ask person to read the fact sheet(s) and/or review it with them.

Do you have any further questions?

Health History:

1. Are you feeling well today?
Persons who are not acutely ill with a fever can receive the vaccine even if they have symptoms of upper respiratory infections. Anyone who has a high fever or acute serious illness should not receive the vaccine.

2. Do you have any allergies?
Watch for:
○ Allergy to eggs, egg products, or chicken proteins? (NEW RECOMMENDATION – NACI 2011))
Yes:
Probe for evidence of anaphylactic reaction to eggs. The Canadian Society of Allergy and Clinical Immunology (CSACI) defines egg allergy as immediate symptoms within 1-2 hours after exposure, such as urticaria and angioedema, respiratory, gastrointestinal or cardiovascular symptoms plus confirmatory allergy tests (skin test or egg specific IgE).

CSACI considers an egg-allergic individual to be at lower risk for severe allergic reactions if they have mild gastrointestinal or mild local skin reaction, can tolerate ingestion of small amounts of egg, or have a positive skin/specific IgE test to egg when exposure is unknown.

An egg-allergic individual is considered to be at higher risk for severe allergic reactions if they have had a previous respiratory or cardiovascular reaction or generalized hives when exposed to egg, or have poorly controlled asthma.

Lower risk for severe allergic reaction: vaccinate for influenza using a single full vaccine dose. Individuals should be observed for 30 minutes following administration for symptom development.

Higher risk for severe allergic reactions: Refer to health care provider for consideration of two-step graded protocol as defined in the 2011 NACI statement p. 22. Individuals at higher risk for severe allergic reactions will not be immunized at public clinics and should be referred to their primary health care provider.

Referral to a specialist with expertise in allergies may be necessary in occasional circumstances where there is strong concern about proceeding with the recommendations above and the individual is at risk of complications from influenza.

The vaccine provider should discuss the risks of potential reactions, including the potential risk for an anaphylactic reaction after the observation period. All egg-allergic individuals receiving the influenza vaccine should be observed post-vaccination for a recommended 30 minute time period, which may be extended (e.g., to 60 minutes) as a precautionary measure for higher risk individuals. Appropriate emergency treatment and resuscitative equipment should be immediately available to manage potential severe reactions or anaphylaxis.

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Yes:

- **Formaldehyde**: Withhold Fluviral™, Agriflu™, if known or suspected severe allergy to formaldehyde.
- **Thimerosal**: Withhold Fluviral™, if known or suspected severe allergy to thimerosal. Agriflu vaccine is thimerosal-free.
- **Neomycin**: Withhold Agriflu™ if known or suspected allergy to neomycin*. Allergy to penicillin is not a contraindication to this vaccine. Individuals with allergies to aminoglycoside* antibiotics, including neomycin and kanamycin, should not receive the Agriflu influenza vaccine.
- **Kanamycin**: Withhold Agriflu if known or suspected allergy to kanamycin*. Individuals with allergies to aminoglycoside* antibiotics, including neomycin and kanamycin, should not receive the Agriflu influenza vaccine.
- **Phenol**: Withhold Pneumovax 23® if known or suspected allergy to phenol.
- **Latex Allergy**: Since the rubber stopper used for the influenza vaccines and Pneumovax 23 do not contain latex, latex allergy is not a contraindication to receipt of these vaccines.

* Aminoglycoside antibiotics include: amikacin, gentamicin, kanamycin, neomycin, paromomycin, streptomycin, and tobramycin.

Check product monographs/product leaflet for other allergies of concern.

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?**

**Yes**: 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.

4. Are you taking any medications?

**Yes**:

- **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.

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

**Yes**: Probe for any evidence of an immediate allergic or anaphylactic type of reaction (trouble breathing, hives, swelling of lips or mouth etc). Withhold vaccine if known or suspected allergy to influenza or pneumococcal vaccines, or other vaccines with similar components. Consult with identified medical specialist as needed.

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Guillain-Barré Syndrome (GBS)
Studies suggest that the absolute risk of GBS in the period following vaccination is about one excess case per 1 million people vaccinated above the background GBS rate (NACI, 2011, p.19.
It is not known whether receiving the influenza vaccination is causally associated with an increased risk of recurrent GBS in persons with a previous history of GBS due to any cause.
“Avoiding subsequent influenza vaccination of persons known to have had GBS within 8 weeks of a previous influenza vaccination appears prudent at this time” (NACI, 2011, p.20).

Oculorespiratory Syndrome (ORS)
ORS was defined in 2000-01 as the onset of bilateral red eyes and/or respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness or sore throat) and/or facial swelling that occurred within 24 hours of influenza immunization. A recurrence may occur with subsequent influenza vaccine, but episodes are usually milder and those who experience ORS upon revaccination do not necessarily experience further episodes with future immunizations. Data does not support the preference of one vaccine product over another for revaccinating those who previously experienced ORS (NACI, 2011, p.18). Individuals who have experienced the oculorespiratory syndrome(ORS), including those with severe presentation ( bilateral red eyes, cough, sore throat, hoarseness, facial swelling) but without lower respiratory tract symptoms, may safely be immunized with influenza vaccine. Persons who experienced ORS with lower respiratory tract symptoms should have an expert review of the risks and benefits of the vaccine. (NACI, 2011 pg 19)

6. Are you pregnant or possibly pregnant?
Yes:
For influenza vaccine: Pregnant women are considered at high risk for influenza related complications (NACI 2011). Influenza vaccine is recommended for pregnant women and breastfeeding women, especially those who have co-morbidities. Influenza vaccine is safe for pregnant women at all stages of pregnancy and breastfeeding (NACI, 2011)

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
If eligible for pneumococcal vaccine – Have you received this vaccine (aka the pneumonia vaccine) before?
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.

No: Ensure pneumococcal database at clinic has been checked, and client does not recall any recent vaccines in the past 2 months. If they have received recent immunizations, call the local public health office to check MIMS directly. Also consider that there may also be a delay in MIMS recording of immunization records submitted from physician claims.
Yes: If previously immunized, and they don’t have a high risk condition – do NOT immunize. If they have a high risk condition, refer to their primary care provider for further recommendations