

**Immunization Screening Questions for
TIV Seasonal Influenza (Fluviral®, Vaxigrip®, Agriflu® and Fluzone®)
and
Pneumococcal (Pneumovax 23®) Vaccines
2014-2015**

*****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 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?

Allergy to eggs, egg products, or chicken proteins?

Yes:

Recommendation from NACI 2014 **(Updated for 2014)**

Section IV.3.1 Administration of influenza vaccine to egg allergic persons

After careful review, NACI has concluded that egg-allergic individuals may be vaccinated against influenza using TIV without prior influenza vaccine skin test and with the full dose, irrespective of a past severe reaction to egg and without any particular consideration including immunization setting.iii Based on expert opinion, informed by the understanding that QIV manufacturing processes are similar to those of TIV and by information regarding the egg albumin content of the current vaccines, similar recommendations have been made for QIV. Waiting period post immunization would be as per usual – please see the Canadian Immunization Guide. However, as with all vaccine administration, immunizers should have the necessary equipment to be prepared to respond to a vaccine emergency at all times.

Documented allergy to a component of the vaccine(s)? (refer to Quick Reference Guide)

Yes:

- **Formaldehyde:** Withhold Fluviral®, Vaxigrip® Agriflu® and Fluzone ®, if known or suspected severe allergy to formaldehyde.
- **Gelatin:** Withhold Fluzone ®, if known or suspected severe allergy to gelatin
- **Thimerosal:** Withhold Fluviral®, Vaxigrip® and Fluzone ® if known or suspected severe allergy to thimerosal. Agriflu vaccine is thimerosal-free.

- **Neomycin:** Withhold Vaxigrip® and 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.
***Aminoglycoside antibiotics** include: amikacin, gentamicin, kanamycin, neomycin, paromomycin, streptomycin, and tobramycin.
- **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.

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:

If they are:

- **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.
- **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. 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. The risk of GBS associated with influenza vaccination must be balanced against the risk of GBS associated with influenza infection itself. **“Avoiding subsequent influenza vaccination of persons known to have had GBS within 6 weeks of a previous influenza vaccination appears prudent at this time”** (NACI, 2014, p.30).
- **Oculorespiratory Syndrome (ORS)**
ORS is defined 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. Persons who have a recurrence of ORS upon revaccination do not necessarily experience further episodes with future vaccinations. Data on clinically significant adverse events do not support the preference of one vaccine product over another when revaccinating those who have previously experienced ORS. (NACI 2014 p 27) 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, 2014 pg 29)

6. Are you pregnant or possibly pregnant?

Yes:

NACI recommends the inclusion of all pregnant women, at any stage of pregnancy, among high priority recipients of influenza vaccine due to

- the risk of influenza-associated morbidity in pregnant women
- evidence of adverse neonatal outcomes associated with maternal respiratory hospitalization or influenza during pregnancy
- evidence that vaccination of pregnant women protects their newborns from influenza and influenza-related hospitalization ,
- and evidence that infants born during influenza season to vaccinated women are less likely to be premature, small for gestational age, and low birth weight
- Active studies of influenza vaccination during pregnancy have not shown evidence of harm to the mother or fetus associated with influenza immunization (NACI 2014 p.34)

LAIV, which is a live attenuated vaccine, should not be administered to pregnant women, but it can be administered to breastfeeding women. (NACI 2014 p. 48)

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