Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg
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# Consent Screening Questions for Seasonal Quadravalent Inactivated (QIV) Influenza and Pneumococcal Vaccines 2018-2019

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

**Ensure the client or legal guardian has had an opportunity to review the vaccine fact sheets provided.**

| | Immunize | Precaution or DO NOT Immunize |
|---|---|---|
| 1. **Are you feeling well today?** | No concerns | **Do NOT immunize**: Severe acute illness with or without fever *(NACI 2018-19 pg.20)* |
| 2. **Do you have any allergies?** | Allergy to eggs, egg products, or chicken proteins-<br><br>*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 2018/19 pg 7):* | **Documented severe allergy to a component of the vaccine(s)**<br><br>• Withhold the vaccine product that contains that component if there is a known or suspected severe allergy.<br>• Use an alternate product that does not contain that component, if available |
| 3. **Do you have any health conditions that require regular visits to the doctor?** | None | **Precautions**<br>• **Bleeding disorders:** 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)* |

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| 4. **Are you taking any medications?** | None | **Precautions:**<br>• **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.<br>• **Warfarin and theophylline**: Although influenza vaccination can inhibit the clearance of warfarin & theophylline, clinical studies have not shown any adverse effects from these drugs in people receiving influenza vaccine. *(NACI 2018/19 pg20)* |
| 5. **Have you ever had a serious reaction following an immunization?** | **Oculorespiratory Syndrome (ORS)**<br>▪ ORS **without** lower respiratory tract symptoms | **Do NOT immunize**<br>• Previous **allergic or anaphylactic type of reaction** following influenza or pneumococcal vaccines**-** Consult with identified medical specialist as needed.<br>• **Guillain-Barré Syndrome (GBS)**<br>▪ If client developed GBS within 6 weeks of a previous influenza vaccine- *(NACI 2018/19 pg.20)*<br>• **Oculorespiratory Syndrome (ORS)**<br>▪ ORS **with** lower respiratory tract symptoms- Should have an expert review. *(NACI 2018/19 pg19)* |
| 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 2018/19 pg22)*<br><br>**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)* | |

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**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 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 additional 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 *(Canadian Immunization Guide- evergreen version).* Clients who may be eligible for re-immunization should be referred to their primary care provider to determine if they should be re-immunized.