** Contraindications to Vaccines for**

**Adults Screening Checklist**

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*Patient Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date of Birth*: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Student ID#*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Note*: $15 payment will be billed to your student account.*

For patients: The following questions will help us determine if there is any reason, we should not give you inactivated injectable influenza vaccination today. If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated, only that additional questions must be asked. If a question is not clear, please ask your health care provider to explain it.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Put an “X” in the box that accurately answers each question.* | | **YES** | **NO** | **N/A** |
| 1. | Is this your first flu shot? |  |  |  |
| 2. | Are you currently sick or feverish today (not including minor illnesses)? |  |  |  |
| 3. | Do you have allergies to a vaccine component (thimerosal, eggs, or egg products or latex? |  |  |  |
| 4. | Have you ever had an allergic or serious reaction after receiving a vaccination?  If YES, please explain: |  |  |  |
| 5. | Are you pregnant? |  |  |  |
| 6. | Have you ever had Guillain-Barré syndrome? |  |  |  |

I have been given a copy and have read, or have had explained to me, information about the disease(s) and vaccine(s) noted above. I have had a chance to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) noted below be given to me. The health history information given above is accurate to the best of my knowledge.

Vaccines given will be documented in the Wisconsin Immunization Registry (WIR). To view your immunizations, go to www.dhfswir.org under Public Immunization Record Access and follow the instructions.

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Patient’s Signature Date

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| FOR OFFICE USE ONLY | | | | | | |
| Vaccine | Route | Site | Dose | Manufacturer | Lot # | Exp. Date |
| Influenza (Flulaval®) Quadrivalent | IM | **RA Deltoid**  LA Deltoid | 0.5 ml | Glaxo Smith Kline |  |  |

Vaccine Administered By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entered into WIR By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information for Health Professionals about the Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination:**

*Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. To find out more, consult the references listed at the bottom of this page.*

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| --- |
| **Are you sick or feverish today (not including minor illnesses)?** |
| There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics. |
| **Do you have allergies to a vaccine component (thimerosal, eggs, or egg products), or latex?** |
| Allergic reactions to any vaccine component can occur. The majority of reactions probably are caused by residual egg protein. Although most current influenza vaccines contain only a very small quantity of egg protein, this protein can induce immediate allergic reactions among people who have severe egg allergy.   Some inactivated influenza vaccines contain thimerosal as a preservative. Most people who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines. Check the package insert at https://www.vaccineshoppe.com/image.cfm?pi=fluQIV&image\_type=product\_pdf for a list of the vaccine components (i.e. excipients and culture media) used in the production of the vaccine or go to https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf for more information.  Some vaccines also contain latex in the prefilled syringe cap which may cause allergic reactions in latex sensitive people. Check the package inserts at https://www.vaccineshoppe.com/image.cfm?pi=fluQIV&image\_type=product\_pdf for information on which vaccines are affected or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf. |
| **Have you ever had a serious reaction after receiving a vaccination?** |
| Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinators. These mild-to-moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is most likely a coincidental event and not related to the vaccine; these people can receive injectable vaccine without further evaluation.  **Are you pregnant?**  Pregnant and postpartum women have been observed to be at higher risk for severe illness and complications from influenza, particularly during the second and third trimesters. ACIP and the American College of Obstetricians and Gynecologists recommend that all women who are pregnant or who might be pregnant or postpartum during the influenza season receive influenza vaccine. Any licensed, recommended, and age appropriate IIV or RIV4 may be used. LAIV4 should not be used during pregnancy. Influenza vaccine can be administered at any time during pregnancy, before and during the influenza season. |
| **Have you ever had Guillain-Barré Syndrome?** |
| A history of Guillain-Barré syndrome (GBS) within 6 weeks of a previous dose of any type of influenza vaccine is considered a precaution to vaccination. Persons who are not at higher risk for severe influenza and who are known to have experienced GBS within 6 weeks of a previous influenza vaccination generally should not be vaccinated. As an alternative to vaccination, providers might consider using influenza antiviral chemoprophylaxis for these persons (*73*). However, the benefits of influenza vaccination might outweigh the possible risks for certain persons who have a history of GBS within 6 weeks after receipt of influenza vaccine and who also are at higher risk for severe complications from influenza.  As of the date listed below, I have received and read the Influenza Vaccine Information Statement version dated 08/07/2015 available at https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf.I have carefully reviewed this form and have had the opportunity to ask questions to my satisfaction prior to consent. I recognize that services may be rendered in an area with limited privacy. If I desire greater privacy, I will let my nurse know. I agree to remain at the event for at least 15 minutes after vaccination if required. I hereby consent and request that the inactivated influenza vaccine be given to me. I understand that I will receive 0.5mL of vaccine. |

**References**

1. CDC. General recommendations on immunization: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html

2. Table of Vaccine Components: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf)

3. CDC. “Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), United States, 2020-2021 Influenza Season” at www.immunize.org