Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

PATIENT NAME _____

DATE OF BIRTH ____ / ____ / ____
month day year

For use with people age 2 through 49 years: The following questions will help us determine if there is any reason we should not give you or your child live attenuated intranasal influenza vaccine (FluMist) today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your health care provider to explain it.

	yes	no	don't know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?	☐	☐	☐
5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?	☐	☐	☐
6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a health care provider told you the child had wheezing or asthma?	☐	☐	☐
7. Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem; or, in the past 3 months, have they taken medications that affect the immune system, such as prednisone, other steroids, drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis or anticancer drugs; or have they had radiation treatments?	☐	☐	☐
8. Is the person to be vaccinated receiving influenza antiviral medications?	☐	☐	☐
9. Is the person to be vaccinated a child or teen age 2 through 17 years and receiving aspirin therapy or aspirin-containing therapy?	☐	☐	☐
10. Is the person to be vaccinated pregnant or could she become pregnant within the next month?	☐	☐	☐
11. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐
12. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?	☐	☐	☐
13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

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Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota ▪ 651-647-9009 ▪ www.immunize.org ▪ www.vaccineinformation.org

www.immunize.org/catg.d/p4067.pdf ▪ Item #P4067 (3/16)

Information for Health Care Professionals about the Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

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

1. Is the person to be vaccinated sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?

A history of anaphylactic or non-anaphylactic reaction – such as hives, wheezing, or difficulty breathing, or circulatory collapse or shock (not fainting) – after eating eggs or receiving any component of the intranasal live attenuated influenza vaccine (LAIV; tradename FluMist) usually means no further doses. An egg-free recombinant vaccine (RIV3) may be used in people age 18 years and older with egg allergy of any severity who have no other contraindications. People with egg allergies who are younger than age 18 years (do not meet the age criteria for RIV3) can usually be vaccinated with inactivated influenza vaccine (IIV); consult ACIP recommendations (see source 3). For a complete list of vaccine components (i.e., excipients and culture media) used in the production of the vaccine, check the package insert (at www. immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf.

3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?

Patients reporting a serious reaction to a previous dose of LAIV should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further vaccination with LAIV.

4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?

LAIV is not licensed or recommended for use in people younger than age 2 years or older than age 49 years.

5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?

The safety of LAIV in people with any of these health conditions has not been established. These conditions, including asthma in people age 5 years and older, should be considered precautions for the use of LAIV.

6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a health care provider told you that the child had wheezing or asthma?

LAIV is not recommended for a child this age if their parent or guardian answers yes to this question or if the child has a history of asthma or recurrent wheezing. Instead, the child should be given the inactivated injectable influenza vaccine (IIV).

7. Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem; or, in the past 3 months, have they taken medications that affect the immune system, such as prednisone, other steroids, or drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis, anticancer drugs; or have they had radiation treatments?

People with weakened immune systems should not be given LAIV. Instead, they should be given the inactivated injectable influenza vaccine (IIV).

8. Is the person to be vaccinated receiving influenza antiviral medications?

Receipt of certain influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir) could reduce LAIV vaccine efficacy; therefore, providers should defer vaccination with LAIV in people who took these antivirals within the previous 48 hours and to advise avoiding use of these antivirals for 14 days after vaccination, if feasible. Influenza antivirals may be used in people vaccinated with IIV.

9. Is the person to be vaccinated a child or teen age 2 through 17 years who is receiving aspirin therapy or aspirin-containing therapy?

Because of the theoretical risk of Reye's syndrome, children age 2 through 17 years on aspirin therapy should not be given LAIV. Instead they should be vaccinated with the inactivated injectable influenza vaccine (IIV).

10. Is the person to be vaccinated pregnant or could she become pregnant within the next month?

Pregnant women or women planning to become pregnant within a month should not be given LAIV. All pregnant women should, however, be vaccinated with the inactivated injectable influenza vaccine. Pregnancy testing is not necessary before administering LAIV.

11. Has the person to be vaccinated ever had Guillain-Barré syndrome?

It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

12. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?

Inactivated injectable influenza vaccine is preferred for people who anticipate close contact with a severely immunosuppressed person during periods in which the immunosuppressed person requires care in protective isolation (e.g., in a specialized patient-care area with a positive airflow relative to the corridor, high-efficiency particulate air filtration, and frequent air changes). Either the inactivated injectable influenza vaccine or LAIV may be used in people who have close contact with people having lesser degrees of immunosuppression.

13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?

People who were given an injectable live virus vaccine (e.g., MMR, MMRV, varicella, zoster, yellow fever) should wait at least 28 days before receiving LAIV. There is no reason to defer giving LAIV if people were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (e.g., IG).

SOURCES

1. CDC. *Epidemiology & Prevention of Vaccine-Preventable Diseases*, Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. at www.cdc.gov/vaccines/pubs/pinkbook/index.html.
2. CDC. *General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)* at www.cdc.gov/vaccines/hcp/acip-recs.
3. CDC. "Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), United States, 2015–16 Influenza Season" at www.cdc.gov/mmwr/pdf/wk/mm6430.pdf, pages 818–825.