

Screening Checklist for Contraindications to Injectable Influenza Vaccination

Patient name: _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

For patients (both children and adults) to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination 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 healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: _____ Date: _____
Form reviewed by: _____ Date: _____

Technical content reviewed by the Centers for Disease Control and Prevention
IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p4066.pdf • Item #P4066 (9/14)

This checklist covers precautions and contraindications to vaccination with IIV.

Patients complete the checklist on page 1. Page 2 provides screening information for healthcare providers.

Questions about the Screening Checklist for Contraindications to Influenza Vaccination

Did you answer a certain question on the screening checklist? If so, read the information and consult the sources listed at the bottom of this page.

1. Is the person to be vaccinated sick today?

Inactivated influenza vaccine efficacy is reduced in people with an acute illness until their symptoms without fever do not withhold.

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

Inactivated influenza vaccine contains egg protein. Only a limited number of people have an immediate allergic reaction to egg protein. (RIV) may be given to people with an egg allergy of any severity if RIV is not available. Anaphylactic reaction to influenza vaccine should have IIV the recognition.

People with an egg allergy (e.g., scrambled eggs, mayonnaise, custard, cake) might have an allergic reaction either inactivated

influenza vaccine (IIV) or, if age-eligible, RIV (not LAIV). If IIV is to be administered, CDC further recommends the vaccine recipient be observed for at least 30 minutes after receipt of the vaccine for signs of a reaction.

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 inactivated influenza vaccine should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination against influenza.

Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. 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.

4. 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 (see source 3) but 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.

Sources:

1. CDC. Epidemiology & Prevention of Vaccine-Preventable Diseases. VL Atkinson et al., editors, 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 Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15 Influenza Season" at www.cdc.gov/mmwr/pdf/wk/mm6332.pdf, pages 691–7.

For a ready-to-copy 8½ x 11" version of this 2-page piece, visit www.immunize.org/catg.d/p4066.pdf