Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

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 healthcare provider to explain it.

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 intranasal influenza vaccine (FluMist) 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, kidney disease, neurologic or neuromuscular 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 healthcare 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 weaken the immune system, such as corticosteroids, prednisone, other steroids, or anticancer drugs; or have they had radiation treatments?
8. Is the person to be vaccinated receiving aspirin therapy or aspirin-containing therapy?
9. Is the child or teen to be vaccinated 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: __________________________

This checklist covers precautions and contraindications to vaccination with LAIV.

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

For a ready-to-copy 8½ x 11" version of this 2-page piece, visit www.immunize.org/catg/d/p4067.pdf

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