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, (LAIV, 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.

	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 an ingredient 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, or metabolic disease (such as diabetes)?	☐	☐	☐
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 a) an open channel between the cerebrospinal fluid (CSF) and the mouth, throat, nose or ear or any other cranial CSF leak, or b) a cochlear implant, or c) an immunocompromising condition due to any cause (such as medication, congenital or acquired immunodeficiency, HIV infection, or a missing or non-functioning spleen)?	☐	☐	☐
8. Is the person to be vaccinated currently taking influenza antiviral medications, or have they taken any within the past 3 weeks?	☐	☐	☐
9. Is the person to be vaccinated a child or teen age 6 months through 17 years who is receiving aspirin therapy or salicylate-containing medicine?	☐	☐	☐
10. Is the person to be vaccinated pregnant?	☐	☐	☐
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 (such as 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 _____

Information for Healthcare 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 "Note" below. In this document, the inactivated influenza vaccine (IIV) includes cell culture-based vaccine (ccIIV), unless otherwise noted.

NOTE: For supporting documentation on the answers given below, refer to current influenza vaccine recommendations from CDC (www.immunize.org/official-guidance/cdc/rec-schedules/) or major healthcare professional organizations (www.immunize.org/official-guidance/hpo/vax-recs/vaccine/).

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 a moderate or severe acute illness, with or without fever, generally should defer vaccination until the illness has improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics. However, if nasal congestion might limit contact of the vaccine with nasal mucosa, delay LAIV (FluMist; AstraZeneca) or use injectable influenza vaccine.

2. **Does the person to be vaccinated have an allergy to an ingredient of the influenza vaccine?**

   A history of an anaphylactic reaction such as wheezing, difficulty breathing, circulatory collapse or shock, or a reaction that required epinephrine or another emergency medical intervention after a previous dose of LAIV generally means no further doses of LAIV should be given. **Eggs:** CDC and medical experts do not consider egg allergy of any severity to be a contraindication or precaution to egg-based influenza vaccines: people with any type of egg allergy may receive any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. **Other ingredients:** For a complete list of vaccine ingredients, including excipients and culture media used in the production of the vaccine, check the LAIV package insert at www.immunize.org/official-guidance/fda/pkg-inserts.

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

   Patients reporting a serious reaction to a previous dose of any egg-based IIV, ccIIV, recombinant influenza vaccine (RIV), or 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 only licensed and recommended for use in people age 2 through 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, or metabolic disease (such as diabetes)?**

   The safety of LAIV in people with any of these health conditions has not been established. These conditions, including asthma (but not including isolated essential hypertension), should be considered precautions to 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 healthcare 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 IIV appropriate for their age.

7. **Does the person to be vaccinated have a) an open channel between the cerebrospinal fluid (CSF) and the mouth, throat, nose or ear or any other cranial CSF leak, or b) a cochlear implant, or c) an immunocompromising condition due to any cause (such as medication, congenital or acquired immunodeficiency, HIV infection, or a missing or non-functioning spleen)?**

   People with these conditions should not be given LAIV. Instead, they should be given an injectable influenza vaccine appropriate for their age.

8. **Is the person to be vaccinated currently taking influenza antiviral medication, or have they taken any within the past 3 weeks?**

   Receipt of certain influenza antivirals could reduce LAIV vaccine effectiveness; therefore, providers should defer vaccination with LAIV in people who took zanamivir or oseltamivir within 48 hours, peramivir within 5 days, or baloxavir within 17 days. Patients should also be advised to avoid use of these antivirals for 14 days after vaccination, if feasible. Any injectable influenza vaccine may be administered without regard to antiviral use.

9. **Is the person to be vaccinated a child or teen age 6 months through 17 years who is receiving aspirin therapy or salicylate-containing therapy?**

   Because of the theoretical risk of Reye's syndrome, children age 6 months through 17 years on aspirin therapy should not be given LAIV. Instead they should be vaccinated with any IIV or RIV.

10. **Is the person to be vaccinated pregnant?**

    Pregnant people should not be given LAIV. All pregnant people should, however, be vaccinated with IIV or RIV. Pregnancy testing is not necessary before administering LAIV.

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

    People who are not at high risk for severe influenza complications and who are known to have developed GBS within 6 weeks after receiving a previous influenza vaccination should generally not be vaccinated. As an alternative, clinicians might consider using influenza antiviral chemoprophylaxis for these people. However, the benefits of influenza vaccination might outweigh the possible risks for certain people who have a history of GBS within 6 weeks after receipt of influenza vaccine and who are at higher risk for severe complications from influenza.

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 (such as an isolation room of a bone marrow transplant unit)?**

    An 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). Any influenza vaccine 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 previously given an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) should wait at least 28 days before receiving LAIV. LAIV can be given on the same days as other live vaccines. There is no reason to defer giving LAIV if people were vaccinated with an inactivated vaccine (including a COVID-19 vaccine), or if they have recently received blood or other antibody-containing blood products (e.g., immunoglobulin).