

Recommended 2012-2013 Pediatric and Adolescent Influenza Vaccine Screening Questions

Live, Attenuated Influenza Vaccine (LAIV)

Trivalent Inactivated Influenza Vaccine (TIV)

1.	<p>Has your child ever received a seasonal influenza vaccine?</p> <p>Children who meet the below criteria should receive 2 doses of seasonal influenza separated by at least 4 weeks, any combination of influenza vaccine may be used to complete the series:</p> <ul style="list-style-type: none"> ▪ Children 6 mo - 8 yrs who are receiving seasonal influenza vaccine for the first time ▪ Children 6 mo - 8 yrs whose vaccination status is unknown ▪ Children 6 mo - 8 yrs who have NOT received two or more doses of seasonal influenza vaccine since July 2010 <p>Children who meet the below criteria should receive 1 dose of seasonal influenza vaccine</p> <ul style="list-style-type: none"> ▪ Children 6 mo – 8 yrs who have received two or more doses of seasonal influenza vaccine since July 2010. ▪ Children and adolescents 9 – 18 years of age
2.	<p>Does your child currently feel sick or have a fever?</p> <p>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, the vaccination may be delayed until the illness has improved. If nasal congestion is present that might impede delivery of LAIV to nasopharyngeal mucosa, use TIV. Do not withhold vaccination if a person is taking antibiotics.</p>
3.	<p>Has your child ever had a serious reaction to a flu vaccine in the past?</p> <p>Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. A history of anaphylactic reaction to a previous dose of vaccine or vaccine component is a contraindication to further vaccination against influenza. Mild-to-moderate systemic reactions (e.g., fever, malaise, myalgia, and other systemic symptoms) are not contraindications to vaccination.</p>
4.	<p>Does your child have a history of Guillain-Barré Syndrome (GBS)?</p> <p>Unless the child is at high risk for severe influenza complications, it is recommended by ACIP to exempt children known to have experienced GBS, within 6 weeks after receiving a previous influenza vaccination. The child should be referred to the physician for further guidance.</p>
5.	<p>Does your child have an allergy to any of the following: eggs, egg protein, MSG, gentamicin, neomycin, polymyxin, gelatin, arginine, thimerosal, formaldehyde, or other vaccine components?</p> <p>Allergic reactions to any vaccine component can occur. The following lists most of the components in each vaccine; see the package insert for full list: FluMist (egg, MSG, gentamicin, gelatin, arginine), Fluzone (egg, formaldehyde, gelatin, thimerosal (multi-dose vials only)), and Afluria (egg, neomycin and polymyxin B, thimerosal (multi-dose vial only)). Although all influenza vaccines contain only a limited quantity of egg protein, this protein can induce immediate allergic reactions among persons who have a severe egg allergy. All individuals with a potential egg allergy should be evaluated per the 2011-2012 or most current ACIP influenza vaccination egg allergy evaluation algorithm.</p>
6.	<p>Is your child younger than 2 years of age?</p> <p>Children who are younger than 2 years of age should be vaccinated with the appropriate age specific TIV, LAIV is NOT licensed for children less than 2 years of age. The age indication per the Afluria package insert is ≥5 years; however, the ACIP recommends Afluria NOT be used in younger than 9 years because of increased reports of febrile reactions. If Afluria is the only product available the provider should discuss the risks/benefits with the parents before administering vaccine. Afluria may be used in children ≥ 9 years.</p>
7.	<p>Does your child have a history of asthma, reactive airway disease, or wheezing?</p> <p>The LAIV is NOT recommended for any child with a diagnosis of asthma <u>or</u> children <u>2 through 4 years</u> with an episode of wheezing or reactive airway disease within the last 12 months. Instead, they should be vaccinated with TIV.</p>
8.	<p>Does your child have heart disease, lung disease, kidney disease, liver disease, neurological or neuromuscular disease, metabolic disorders (e.g., diabetes), a blood disorder or any other chronic health conditions?</p> <p>Children with any of these health conditions should NOT be vaccinated with LAIV. Instead, they should be vaccinated with TIV because they are at high risk from influenza complications.</p>

9.	<p>Does your child have a weakened immune system because of HIV or another disease that affects the immune system; take long-term high-dose steroid treatments, or cancer treatment with radiation or drugs?</p> <p>Children with weakened immune systems should NOT be given LAIV. Instead, they should be vaccinated with TIV because they are at high risk for influenza complications.</p>
10.	<p>Is your child taking aspirin or aspirin-containing products?</p> <p>Because of the theoretical risk of Reye's syndrome, children and teens on aspirin therapy should NOT be administered LAIV. Instead they should be vaccinated with TIV.</p>
11.	<p>Is your child taking any prescription medicines to prevent or treat influenza? Have they taken any antivirals in the last 48 hours?</p> <p>Administration of TIV to children receiving influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir) is acceptable but receipt of certain influenza antivirals could reduce LAIV efficacy. Therefore, providers may want to defer vaccination with LAIV until 48 hours or more after receipt of last dose of antivirals. Patients should avoid using antivirals for 14 days after vaccination, if feasible.</p>
12.	<p>Does your child live with or expect to have close contact with severely immunocompromised individuals who must be in a protective environment (those in isolation)?</p> <p>Children who have close contact with severely immunocompromised persons during those periods in which the person requires care in a protective environment (typically defined as a specialized patient-care area with a positive airflow relative to the corridor, high-efficiency particulate air filtration, and frequent air changes), should be vaccinated with TIV. Children who have close contact with persons with lesser degrees of immunosuppression (e.g., persons with chronic immunocompromising conditions such as HIV infection, corticosteroid or chemotherapeutic medication use, or who are cared for in other hospital areas such as neonatal intensive care units) can receive TIV or LAIV.</p>
13.	<p>Is the adolescent to be vaccinated pregnant?</p> <p>The American College of Obstetricians and Gynecologists recommended that all women who will be pregnant during the influenza season receive TIV. Pregnant women may be vaccinated at any point in gestation. LAIV is NOT licensed for use in pregnant women, but postpartum and breastfeeding women may receive LAIV or TIV.</p>
14.	<p>Has your child received any vaccines within the last 30 days or are they going to receive any additional vaccines within the next 4 weeks?</p> <p>If the child received a live virus vaccine (e.g., Varicella, MMR, MMRV, Yellow Fever) in the past 4 weeks, they should be vaccinated with TIV or wait 28 days before receiving LAIV. There is no reason to defer vaccination if the child was vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products.</p>