

Pediatric/Adolescent Screening and Immunization Documentation Form

2010-2011 Seasonal Influenza Vaccination Program

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Name (Please Print):	SSN:
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Circle answers to questions 1-15:

1	Has your child ever received a seasonal flu vaccine?	No	Yes
2	Did your child (ages 6mo-8 yrs only) receive at least one dose of the 2009 A H1N1 vaccine?	No	Yes
3	Does your child currently have a respiratory illness or a fever?	No	Yes
4	Has your child ever had a serious reaction to a flu vaccine in the past?	No	Yes
5	Does your child have a history of Guillain-Barre Syndrome (GBS)?	No	Yes
6	Does your child have an allergy to any of the following: eggs, egg protein, MSG, gentamicin, neomycin, polymyxin, gelatin, arginine, thimerosal, formaldehyde, latex or other vaccine components?	No	Yes
7	Is your child younger than 2 years of age? (If marked Yes skip questions 8-16)	No	Yes
8	Does your child have a history of asthma, reactive airway disease or wheezing?	No	Yes
9	Does your child have heart disease, lung disease, kidney disease, metabolic disease (e.g., diabetes), a blood disorder or any other chronic health conditions?	No	Yes
10	Is your child taking aspirin or receiving aspirin-containing therapy?	No	Yes
11	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?	No	Yes
12	Is your child taking any prescription medicines to prevent or treat influenza? Have they taken any antivirals in the last 48 hours?	No	Yes
13	Does your child live with or expect to have close contact with severely immunocompromised individuals who must be in a protective environment (such as transplant recipients)?	No	Yes
14	Is the adolescent to be vaccinated pregnant?	No	Yes
15	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?	No	Yes
16	Please list all medications your child is currently taking <i>(for medication reconciliation)</i> :		

"I have read or have had explained to me the information in the 2010-2011 Influenza Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine."

Signature: _____ Date: _____

Below to be completed by healthcare provider

Give injectable flu vaccine today Give intranasal flu vaccine today Do not administer flu vaccine today	Vaccine Information Statement provided (check box) Inactivated Influenza Vaccine (TIV) Live, Attenuated Influenza Vaccine (LAIV)		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Interviewer's Signature</td> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Interviewer's Signature	Date
Interviewer's Signature	Date		

Vaccine Administered

Live Intranasal Influenza (FluMist, MedImmune) Lot # _____ Dose: 0.2 ml Route: Intranasal	Inactivated Influenza - 6 mo and older (Fluzone, Sanofi-Pasteur) Inactivated Influenza - 9 yrs and older (Afluria, CSL) Lot # _____ Dose (6-35mo): 0.25mL Route: IM (6-12mo)Thigh L / R <div style="text-align: right; margin-left: 150px;">IM (>12mo) Deltoid L / R</div> Dose (≥36mo): 0.5mL Route: IM Deltoid L / R		
Comment:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Administered by:</td> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Administered by:	Date
Administered by:	Date		

Information for Health Professionals about the Pediatric/Adolescent Screening Form Questions

1.	<p>Has your child ever received a seasonal flu vaccine? Children aged 6 months through 8 years who received only 1 dose in their first year of vaccination during the 2009-2010 season or whose parents are unsure of their previous status are recommended to receive 2 doses (separated by 4 weeks) during this influenza season.</p>
2.	<p>Did your child (ages 6mo-8 yrs only) receive at least one dose of the 2009 A H1N1 vaccine? Children ages 6 months through 8 years who did not receive at least one dose of the 2009 A H1N1 live or inactivated influenza vaccine should receive 2 doses of seasonal influenza vaccine.</p>
3.	<p>Does your child currently have a respiratory illness or a fever? If nasal congestion is present that might impede delivery of the live attenuated intranasal vaccine to nasopharyngeal mucosa, use of injectable or deferral of administration should be considered until resolution of illness. Children who have had a wheezing episode within the past 12 months should not be given the live attenuated influenza vaccine. Instead, these children should be given the inactivated injectable influenza vaccine. 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, all vaccines should be delayed until the illness has improved.</p>
4.	<p>Has your child ever had a serious reaction to a flu vaccine in the past? 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. Fever, malaise, myalgia, and other systemic symptoms most often affect persons who are first-time vaccinees. These mild-to-moderate local reactions are not a contra-indication to future vaccination.</p>
5.	<p>Does your child have a history of Guillain-Barre Syndrome (GBS)? ACIP recommends NOT vaccinating persons known to have experienced Guillain-Barre Syndrome (GBS), within 6 weeks after a previous influenza vaccination and who are not at high risk for severe influenza complications.</p>
6.	<p>Does your child have an allergy to any of the following: eggs, egg protein, MSG, gentamicin, neomycin, polymyxin, gelatin, arginine, thimerosal, formaldehyde, latex or other vaccine components? Allergic reactions to any vaccine component can occur. Although currently all influenza vaccines contain only a limited quantity of egg protein, this protein can induce immediate allergic reactions among persons who have severe egg allergy. If a person can eat eggs, they can receive influenza vaccine. However, persons who have experienced an anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a physician for appropriate evaluation to help determine if vaccine should be administered. 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, latex – single dose syringe only), and Afluria (egg, neomycin and polymyxin B, thimerosal- multi-dose vial only) Check the package insert for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.</p>
7.	<p>Is your child younger than 2 years of age? (If marked Yes skip questions 8-16) Patients who are younger than 2 years of age should be vaccinated with the appropriate age specific injectable influenza vaccine. The live vaccine is not licensed for persons younger than 2 years old.</p>
8.	<p>Does your child have a history of asthma, reactive airway disease, or wheezing? The live vaccine is not recommended for any child with a diagnosis of asthma or children 2 through 4 years with a history of re-current wheezing or reactive airway disease. Instead, they should be given the inactivated injectable influenza vaccine.</p>
9.	<p>Does your child have heart disease, lung disease, kidney disease, metabolic disease (e.g., diabetes), a blood disorder or any other chronic health conditions? Persons with any of these health conditions should not be given the live vaccine. Instead, they should be vaccinated with the injectable influenza vaccine.</p>

10.	<p>Is your child taking aspirin or aspirin-containing products? Because of the theoretical risk of Reye's syndrome, children and teens on aspirin therapy should not be given the live vaccine. Instead they should be vaccinated with the injectable influenza vaccine.</p>
11.	<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? Live virus vaccines are usually contraindicated in immunocompromised people. Live virus vaccines should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. Instead, children should be vaccinated with the injectable influenza vaccine.</p>
12.	<p>Is your child taking any prescription medicines to prevent or treat influenza? Have they taken any antivirals in the last 48 hours? Receipt of certain influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir) could reduce live vaccine efficacy. Therefore, providers may want to defer vaccination with the live vaccine in persons who took these antivirals within the previous 48 hours and to advise avoiding use of these antivirals for 14 days after vaccination, if feasible</p>
13.	<p>Does your child live with or expect to have close contact with severely immunocompromised individuals who must be in a protective environment (such as transplant recipients)? Use of inactivated influenza vaccine is preferred for vaccinating household members, healthcare workers, and others who have close contact with severely immunocompromised persons. The rationale for not using the live vaccine among healthcare workers caring for such patients is the theoretical risk that a live, attenuated vaccine virus could be transmitted to the severely immunocompromised person.</p>
14.	<p>Is the adolescent to be vaccinated pregnant? It is recommended that pregnant women and breastfeeding mothers receive the inactivated flu vaccine. Pregnant women are at increased risk for serious medical complications from influenza. The live intranasal vaccine is NOT licensed for use in pregnant women. Instead, they should be vaccinated with the injectable influenza vaccine.</p>
15.	<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? If the person to be vaccinated was given a live virus vaccine (e.g. FluMist, MMR, varicella) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.</p>
16.	<p>Please list all medications your child is currently taking (for medication reconciliation):</p>