

Screening Checklist for Contraindications

to Inactivated Injectable Influenza Vaccination

PATIENT NAME _____

DATE OF BIRTH _____ / _____ / _____
month / day / year

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 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 _____

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination (IIV or RIV)

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 sources listed at the bottom of this page.

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 illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

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

All vaccines, including influenza vaccines, contain various components that might cause allergic and anaphylactic reactions. Not all such reactions are related to egg proteins. However, the possibility of a reaction to influenza vaccines in egg-allergic people might be of concern to both the person and vaccine providers.

An egg-free recombinant vaccine (RIV) is available for people age 18 years and older. ACIP does not state a preference for the use of RIV for egg-allergic people although some providers may choose to administer RIV to their severely egg-allergic patients.

Reviews of studies of IIV and LAIV indicate that severe allergic reactions to egg-based influenza vaccines in persons with egg allergy are unlikely. For the 2017–18 influenza season, ACIP recommends that persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine. Any licensed age-appropriate influenza vaccine (IIV or RIV) may be used. Providers should consider observing all patients for 15 minutes after vaccination to decrease the risk for injury should they experience syncope.

Persons who report having had reactions to egg involving symptoms other than hives, such as angioedema, respiratory distress, lightheadedness, or recurrent vomiting; or who required epinephrine or another emergency medical intervention, may also receive any age-appropriate influenza vaccine (IIV or RIV). The vaccine should be administered in a medical setting (e.g., a health department or physician office). Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

Some inactivated influenza vaccines contain thimerosal as a preservative. Most people who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines. Check the package insert at www.immunize.org/packageinserts 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.

Some vaccines also contain latex in the prefilled syringe cap

which may cause allergic reactions in latex-sensitive people. Check the package inserts at www.immunize.org/packageinserts for information on which vaccines are affected, or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf.

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) and 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*, Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. at www.cdc.gov/vaccines/pubs/pinkbook/index.html.
2. CDC. *Best practices guidance of the Advisory Committee on Immunization Practices Committee (ACIP)* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf
3. CDC. *Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2017–18 Influenza Season* at www.cdc.gov/mmwr/volumes/66/rr/pdfs/rr6602.pdf