



# SEASONAL INFLUENZA VACCINE SCREENING FORM

## 2009–2010 Influenza Season

Patient's Name:	Date of Birth:	Age:		
<b>Screening Questions</b> – Please answer the following screening questions by circling the correct answer. Ask the nurse or doctor to explain if any questions are not clear.		<b>YES</b>	<b>NO</b>	<b>For Office Use Only</b> PF – Preservative Free LAIV – Live Attenuated Influenza Vaccine TIV – Trivalent Inactivated Influenza Vaccine
1. Is your child less than 6 months old today?  <i>If Yes, your child is not old enough to get the influenza vaccine. Answer Question #2 only.</i>		YES	NO	Y - Do not vaccinate Recall at 6 months
2. Are there any children in your home under 19 years of age?  <ul style="list-style-type: none"> <li>▪ Is your child between the ages of 6 months and 3 years old?</li> <li>▪ Is your child between the ages of 3 years to 19 years old? (if this child is possibly pregnant, see question 4)</li> </ul>		YES	NO	Y – Screen by age  <u>6 months ≤ 3 years</u> Fluzone 0.25 mL PF (Sanofi)  <u>≥ 3 years to 19 years</u> Fluzone 0.5 mL (Sanofi)
3. Does your child have any of the following conditions or chronic illnesses? <ul style="list-style-type: none"> <li>▪ Heart problems, lung problems (including asthma), diabetes, kidney problems</li> <li>▪ Conditions that require chronic aspirin therapy</li> <li>▪ Conditions that make it difficult to keep the airway clear (spinal cord injuries, paralysis, seizure disorders, neuromuscular disorders, cognitive disorders)</li> <li>▪ History of Guillian-Barré syndrome</li> <li>▪ Immunosuppression (HIV infection, cancer, chemotherapy, leukemia, chronic steroid treatment, asplenia, organ transplant)</li> </ul>		YES	NO	Y – Use TIV only  <u>6 months ≤ 3 years</u> Fluzone 0.25 mL PF (Sanofi)  <u>≥ 3 years to 19 years</u> Fluzone 0.5 mL (Sanofi)
4. Is the child/teen pregnant or possibly pregnant?		YES	NO	Y – Use TIV PF only
5. Is your child sick today?		YES	NO	Y – Perform Assessment
6. Does your child have an allergy to medications (neomycin, polymyxin B), foods (eggs, gelatin) or any vaccine or vaccine component?		YES	NO	Y – Perform Assessment
7. Has your child had a serious reaction to any vaccine?		YES	NO	Y – Perform Assessment
8. Is your child on any medication? List:		YES	NO	Y – Perform Assessment



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<b>AGE SPECIFIC QUESTIONS</b>			
<p><b>9. Children up to 9<sup>th</sup> birthday</b> - (If your child or teen is 9 years of age or older, skip this question and go to question 10).</p> <p>9a. Is this your child's first dose of flu vaccine? (If yes, screening is complete – give form to nurse)</p> <p><b>IF NO:</b></p> <p>9b. Did your child receive 2 doses flu vaccine last year? ( If no, go to question 9c) (if yes, screening is complete – give form to nurse)</p> <p>9c. Did your child receive one dose flu vaccine 2 years ago?</p>	YES	NO	<p>Y – <u>6 months to &lt; 9 years</u> 2 doses 4 week minimum interval</p>
<p>10. Is your child or teen 9 years of age or older?</p>	YES	NO	<p>Y – <u>9 years to 18 years</u> - 1 dose</p> <p style="text-align: center;">Fluzone 0.5 mL (Sanofi) OR Flumist (MedImmune)</p>

I have been given a copy of, and have read, or have had explained to me the information in the Vaccine Information Statement (VIS) for Influenza. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I request that the Influenza vaccine be given to my child and that I am authorized to make this request.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### QUICK REFERENCE GUIDE – INFLUENZA VACCINE

Vaccine	Trade name	Manufacturer	Presentation	Thimerosal	Age group	No. of doses	Route
TIV*	Fluzone®	Sanofi Pasteur	0.25-mL prefilled syringe	0 mcg	6-35 months	1 or 2†	IM
			0.5-mL prefilled syringe	0 mcg	Pregnant women	1	IM
			5.0-ml multidose vial	25 mcg	3 years and older	1 or 2†	IM
LAIV¶	FluMist™**	MedImmune	0.2-mL sprayer	0 mcg	3-18 years	1 or 2††	IN

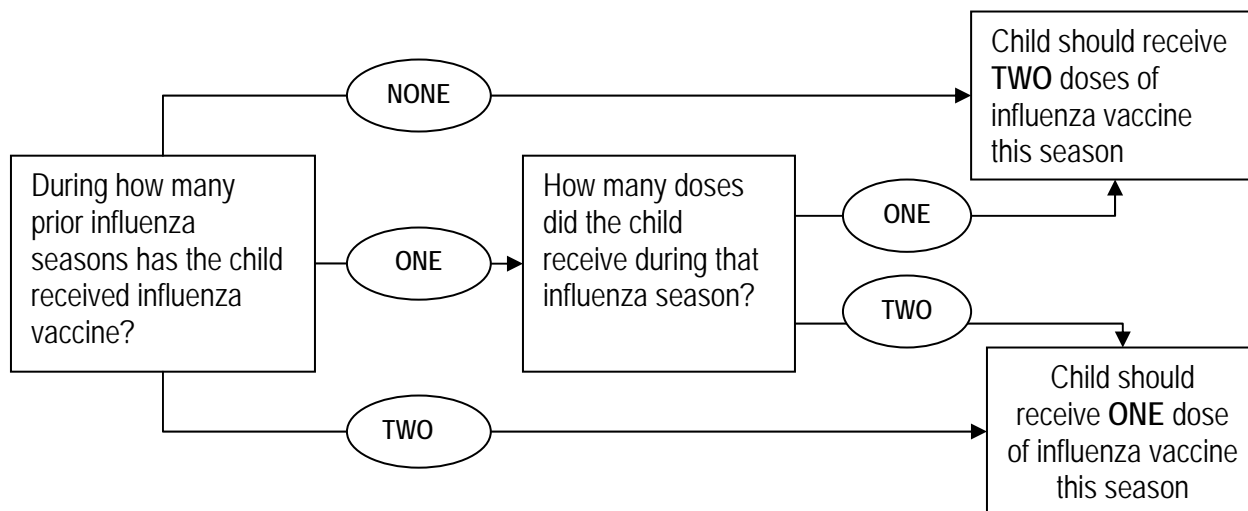
\*Trivalent inactivated vaccine (TIV). ¶ Live attenuated influenza vaccine (LAIV)

\*\* If healthy and non-pregnant

† Two doses administered at least 1 month apart are recommended for children aged 6 months–8 years who are receiving TIV for the first time and those who only received 1 dose in their first year of vaccination should receive 2 doses in the following year.

†† Two doses administered at least 4 weeks apart are recommended for children aged 3–8 years who are receiving LAIV for the first time, and those who received only 1 dose in their first year of vaccination should receive 2 doses in the following year.

### INFLUENZA VACCINE ALGORITHM



SELECTION OF TIV OR LAIV	
Trivalent Inactivated Influenza Vaccine (TIV)	Live Attenuated Influenza Vaccine (LAIV)
<ul style="list-style-type: none"> <li>▪ Children 6 months up to the age of 19</li> <li>▪ Children under 3 years of age** (Preservative Free)</li> <li>▪ Pregnant adolescents (Preservative Free)</li> <li>▪ Children with history of Guillain-Barré Syndrome</li> <li>▪ Children/adolescents on long-term aspirin therapy</li> <li>▪ Children with chronic medical conditions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Healthy children 3 years of age** up to the age of 19</li> <li>▪ Healthy adolescents who are breastfeeding</li> </ul>

\*\*The CDC recommends LAIV for children from 2 years and older - WA state Immunization Program has limited state-supplied LAIV to be used only for children from 3 years up to the age of 19