

## Reference Tool for Nurses Administering Influenza Vaccine

Ensure that each participant is asked the following questions after reading and signing the consent and prior to the influenza vaccination:

**1. Are you allergic to eggs or chicken proteins?**

The client should describe the allergy to differentiate between an allergy and a dislike of eggs. (see resource: "Influenza Vaccination of People with a History of Egg Allergy). If true allergy, refer to treating healthcare practitioner.

**2. Are you pregnant (where applicable) or breast feeding?**

As it is very dangerous for the fetus when the mother has a true bout of flu during pregnancy, the flu shot can be given. Pregnancy or breastfeeding **is not** a contraindication.

\*\*\* **For the FluLaval Limited DATA available**, however NACI supports influenza immunization at all stages of pregnancy. **Limited DATA available** for breast feeding.

\*\*\* **For the Fluzone High-Dose Limited DATA available**, however NACI supports influenza immunization at all stages of pregnancy. **Limited DATA available** for breast feeding.

\*\*\* **For the Fluzone Quadrivalent Limited DATA available**, however NACI supports influenza immunization at all stages of pregnancy. **Limited DATA available** for breast feeding.

\*\*\* **For the Afluria Tetra Limited DATA available**, however NACI supports influenza immunization at all stages of pregnancy. **Limited DATA available** for breast feeding

. \*\*\* **For FLUMIST QUADRIVALENT [influenza vaccine (live, attenuated)]** Studies in pregnant or lactating women have not been conducted with FLUMIST QUADRIVALENT, FLUMIST QUADRIVALENT should be given to pregnant women only if clearly needed. There are very **limited data** in lactating women. Therefore, as some viruses are excreted in human milk caution should be exercised if FLUMIST QUADRIVALENT is administered to nursing mothers.

**\*\*With the exception of QHC Occ Health Dept – if a client is in their FIRST trimester of pregnancy, they must have approval from their treating healthcare practitioner for W&A to proceed with administering. \*\***

**3. Have you ever had an allergic reaction to the influenza vaccine? i.e.**

- |                                             |                                               |
|---------------------------------------------|-----------------------------------------------|
| - Hives                                     | - Shock                                       |
| - Swelling of the face, mouth and/or throat | - Bilateral red eyes? (** refer to ORS below) |
| - Difficulty breathing                      | - Cough, sore throat, wheezing                |
| - Low blood pressure                        |                                               |

If the answer is "yes" to any of the above questions, do not proceed with the vaccine. Refer client to their treating healthcare practitioner.

**4. Do you have a fever, infection or asthma at this time?**

Vaccination of an individual with febrile symptoms, with a respiratory infection, or with a contagious or other disease, should be postponed until after recovery.

The presence of a trivial infection does not contraindicate vaccination. If in the recovery stage and the individual wants to proceed, and then administer the vaccine

**FluMist ONLY**- Should not be administered to individuals with severe asthma (e.g. currently requiring therapy with oral glucocorticosteroids or high dose inhaled glucocorticosteroids) or active wheezing (medically attended wheezing in the seven days prior to vaccination) because these individuals have not been adequately studied in clinical trials)

**5. Do you have a neurological illness that is unstable, under investigation, or changing?**

If yes, do not proceed with vaccination. Refer to their treating health care practitioner for vaccination.

If stable condition, proceed with vaccination.

**6. Did you ever develop Guillain-Barré Syndrome within six (6) weeks of receiving an influenza vaccination?**

**If you have any questions or need to clarify contact:**

FluLaval Tetra – Manufacturer: GlaxoSmithKline Inc.:	1-800-387-7374
Fluzone Quadrivalent – Manufacturer: Sanofi Pasteur Ltd:	1-888-621-1146
Fluzone High Dose – Manufacturer: Sanofi Pasteur Ltd:	1-888-621-1146
FluMist – Manufacturer: AstraZeneca Canada Inc.:	1-800-668-6000
Afluria Tetra – Manufacturer: Seqirus:	1-800-

<a href="http://www.gsk.ca">http://www.gsk.ca</a>
<a href="http://www.sanofipasteur.ca">http://www.sanofipasteur.ca</a>
<a href="http://www.sanofipasteur.ca">http://www.sanofipasteur.ca</a>
<a href="http://www.astrazeneca.ca">http://www.astrazeneca.ca</a>
<a href="http://www.seqirus.ca">http://www.seqirus.ca</a>

Guillain-Barré Syndrome occurred in adults with the 1976 swine influenza vaccine. If yes, do not proceed with the vaccination.

**7. Did you develop Oculo-Respiratory Syndrome (ORS – bilateral red eyes and/or respiratory symptoms) within 24 hours of receiving the influenza vaccine?**

All individuals who have experienced ORS symptoms in the past may be safely re-immunized with influenza vaccine **except** those who have experienced ORS with severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza vaccination. These individuals should seek expert medical advice before re-immunization.

**8. Do you have a known sensitivity to Formaldehyde, Ethanol, Thimerosal, Aluminum, Sodium Deoxycholate, Yeast, Gelatin hydrolysate (porcine Type A), sucrose, or arginine?**

There is a very trace amounts of these used in the manufacturing of some of these vaccines. Thimerosal is mercury based and is sometimes found in contact lens solutions. If the client does not know, then take this as a “no” and proceed.

Formaldehyde relates to: High-Dose Fluzone, Fluzone and FluLaval Tetra

Thimerosal relates to: FluLaval Tetra (multi dose vial, Fluzone Quadrivalent (multi dose vial) and Afluria Tetra (multi dose vial)

**9. Do you have a known sensitivity to Gentamycin?**

Antibiotic is used in FluMist. If the client has sensitivity to gentamycin do not proceed with vaccination and refer to their treating healthcare practitioner.

Antibiotic is used in Afluria Tetra. If the client has sensitivity to neomycin and polymixin B do not proceed with vaccination and refer to their treating healthcare practitioner.

Antibiotics **are not** used in FluLaval Tetra, High-Dose Fluzone or Fluzone Quadrivalent.

**10. Do you have multiple allergies?**

Assess what the allergies are and recommend seeing their treating healthcare practitioner for vaccination if appropriate. (i.e. allergy to Adrenalin)

**11. Are you taking beta blockers, i.e. heart medication?**

See beta blocker list - Not a contraindication to vaccination. People on beta blockers, especially high doses, may not respond to adrenalin as quickly (in case of allergic reaction). Caution with proceeding with administration of vaccination. If client has not had the influenza vaccination in the past, you may want refer back to their treating healthcare practitioner.

**12. Are you taking high doses of cortisone or prednisone?**

Usually indicates active infection. Do not proceed with immunization. Refer client to their treating healthcare practitioner.

**13. Are you taking an anticoagulant?**

Caution with intramuscular injection. Also, may inhibit clearance of warfarin following administration – Refer client to their treating health care practitioner.

**FluMist ONLY-** Aspirin- Those under the age of 18 years receiving aspirin therapy or aspirin-containing therapy should avoid vaccination with FLUMIST QUADRIVALENT. Do not use aspirin-containing therapy in children younger than 18 years of age for 4 weeks after vaccination with FLUMIST QUADRIVALENT unless medically indicated.

**14. Seek immediate medical attention if develop any health problems following the vaccination, such as:** hives, facial swelling, difficulty breathing or swallowing, high fever, seizures, or muscular weakness, arthritis or brain diseases (encephalitis) and **report to** Walsh & Associates Occupational Health and Safety Services OR Quinte Travel Health Clinic, clients treating health care practitioner and the local Public Health Unit.

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