Screening Checklist for Contraindications to 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?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to an ingredient of the vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Has the person to be vaccinated ever had Guillain Barré syndrome?	☐	☐	☐
5. Has the person to be vaccinated ever felt dizzy or faint before, during, or after a shot?	☐	☐	☐
6. Is the person to be vaccinated anxious about getting a shot today?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Injectable Influenza Vaccination (IIV4 or RIV4)

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 "Note" below.

NOTE: For supporting documentation on the answers given below, go to the ACIP vaccine recommendation found at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html. For supporting documentation on updates to the 2023-2024 season recommendations, in advance of publication of the full ACIP statement in *MMWR*, see the June 29 CDC policy statement at: www.cdc.gov/flu/spotlights/2022-2023/flu-vaccination-recommendations-adopted.htm.

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 an ingredient of the vaccine?**

   All vaccines, including influenza vaccines, contain various components that might cause allergic reactions, including anaphylaxis.

   Most influenza vaccines today continue to be produced using an egg-based manufacturing process and therefore contain a small amount of egg proteins, such as ovalbumin. In the past, additional precautions have been recommended for people with egg allergy. In June 2023, based upon a systematic review of current vaccine safety data, ACIP and CDC recommended that people with any type of egg allergy may receive any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. Additional safety measures are no longer recommended for influenza vaccination beyond those recommended for receipt of any vaccine.

   Inactivated influenza vaccines provided in multidose vials 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/fda for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.

   For the 2023–2024 influenza season, no vaccine or packaging contains latex.

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 influenza vaccine should be asked to describe their symptoms. Immediate — presumably allergic — reactions are usually a contraindication to further vaccination against influenza. Do not give any egg-based IIV to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of any influenza vaccine (i.e., egg-based inactivated influenza vaccine [IIV], cell culture-based IIV [ccIIV], recombinant influenza vaccine [RIV], or live attenuated influenza vaccine [LAIV]). For ccIIV4, history of a severe allergic reaction (e.g., anaphylaxis) to any ccIIV or any component of ccIIV4 is a contraindication to future use of ccIIV4. For RIV4, history of a severe allergic reaction (e.g., anaphylaxis) to any RIV or any component of RIV4 is a contraindication to future use of RIV4.

   Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These local reactions are not a contraindication to future vaccination. These people can receive injectable vaccine without further evaluation.

   A history of a severe allergic reaction to a previous dose of any egg-based IIV, LAIV, or RIV is a precaution to use of ccIIV4. A history of a severe allergic reaction to a previous dose of any egg-based IIV, ccIIV, or LAIV is a precaution to use of RIV4. Use of ccIIV4 and RIV4 in such instances should occur in an inpatient or outpatient medical setting under supervision of a provider who can recognize and manage a severe allergic reaction; providers can also consider consulting with an allergist to help identify the vaccine component responsible for the reaction.

4. **Has the person to be vaccinated ever had Guillain-Barré syndrome?**

   People who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination should not be vaccinated. As an alternative, clinicians might consider using influenza antiviral chemoprophylaxis for these people. However, the benefits of influenza vaccination might outweigh the possible risks for certain people who have a history of GBS within 6 weeks after receipt of influenza vaccine and who are at higher risk for severe complications from influenza.

5. **Has the person to be vaccinated ever felt dizzy or faint before, during, or after a shot?**

   Fainting (syncope) or dizziness (presyncope) is not a contraindication or precaution to vaccination. However, for some people these can be a response to vaccination anxiety. People in adolescent and young adult age groups are more likely to experience syncope. CDC recommends that vaccine providers consider observing all patients for 15 minutes after vaccination. This is especially important for people with a pattern of injection-related syncope. For more information about vaccination-related syncope, see www.immunize.org/catg.d/p4260.pdf.

6. **Is the person to be vaccinated anxious about getting a shot today?**

   Anxiety can lead to vaccine hesitancy or avoidance. Simple steps can help a patient's anxiety about vaccination. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/handouts.