

2009 Princeton Reg. Health Dept. H1N1 Intranasal Influenza Vaccine Consent Form

SECTION 1: INFORMATION ABOUT PERSON RECEIVING VACCINE (PLEASE PRINT)

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH ____ / ____ / ____ month / day / year
MAILING ADDRESS			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY	STATE		ZIP

SECTION 2: SCREENING FOR INTRANASAL VACCINE ELIGIBILITY*

Please complete the questionnaire found on the reverse side of this consent form.

SECTION 3: CONSENT FOR VACCINATION

<p>I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.</p> <p>I GIVE CONSENT to the Princeton Regional Health Department/healthcare provider and associated staff to administer this vaccine to me or, if the name appearing above is a minor, to this individual as his/her parent/legal guardian. <i>(If this consent form is not signed, dated, and returned, then the person named above will not be vaccinated)</i></p> <p>Signature of Vaccinee/Parent/Legal Guardian: _____</p> <p>Vaccinee/Parent/Legal Guardian (Print): _____</p> <p>Date: _____</p> <p>Witness to Signature: _____</p>
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Note: Your signature acknowledges receipt of the Princeton Regional Health HIPAA Privacy Notice

<i>FOR ADMINISTRATIVE USE ONLY</i>					
Vaccine	Date Intranasal Dose Administered	Staff Initial	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number
2009 H1N1					
2009 H1N1					

Updated October 6, 2009

Patient name: _____ Date of birth: ____/____/____
 (mo.) (day) (yr.)

Screening Questionnaire for Intranasal Influenza Vaccination

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child intranasal influenza vaccine (FluMist) 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 eggs or to a component of the influenza vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider ever told you that he or she had wheezing or asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the person to be vaccinated pregnant or could she become pregnant within the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in a protective isolation (such as in a hospital room with reverse air flow)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: _____ Date: _____
 Form reviewed by: _____ Date: _____

Information for Health Professionals about the Screening Questionnaire for Intranasal Influenza Vaccination

Are you interested in knowing why we included a certain question on the Screening Questionnaire? 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. Persons with an acute febrile 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 eggs or to a component of the influenza vaccine?

History of anaphylactic reaction—such as hives, wheezing, or difficulty breathing, or circulatory collapse or shock (not fainting)—after eating eggs or receiving any component of the intranasal live attenuated influenza vaccine (LAIV, tradename FluMist) is usually a contraindication for further doses. 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.

3. Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past?

Patients reporting a serious reaction to a previous dose of LAIV should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination with LAIV.

4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?

LAIV is not licensed for use in persons younger than age 2 years or older than age 49 years.

5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?

Persons with any of these health conditions should not be given the LAIV. Instead, they should be vaccinated with the inactivated injectable influenza vaccine.

6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider ever told you that he or she had wheezing or asthma?

LAIV is not recommended for a child this age if their parent or guardian answers yes to this question or if the child has a history of asthma or recurrent wheezing. Instead, they should be given the inactivated injectable influenza vaccine.

7. Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs?

Persons with weakened immune systems should not be given the LAIV. Instead, they should be given the inactivated injectable influenza vaccine.

8. Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?

Because of the theoretical risk of Reye's syndrome, children and teens on aspirin therapy should not be given LAIV. Instead they should be vaccinated with the inactivated injectable influenza vaccine.

9. Is the person to be vaccinated pregnant or could she become pregnant within the next month?

Pregnant women or women planning to become pregnant within a month should not be given LAIV. All pregnant women should, however, be vaccinated with the inactivated injectable influenza vaccine.

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

It is prudent to avoid vaccinating persons who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barre syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these persons. Although data are limited, the established benefits of influenza vaccination for the majority of persons who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

11. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in a protective isolation (such as in a hospital room with reverse air flow)?

Inactivated injectable influenza vaccine is preferred for persons who have close contact with severely immunosuppressed persons during periods in which the immunosuppressed person requires care in protective isolation (e.g., an isolation room of a bone marrow transplant unit). Either the inactivated injectable influenza vaccine or LAIV may be used in persons who have close contact with persons having lesser degrees of immunosuppression.

12. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?

Persons who were given an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks should wait 28 days before receiving LAIV. Separate the seasonal LAIV and H1N1 LAIV vaccines by at least 4 weeks because of concerns about competition between the 2 vaccine viruses. There is no reason to defer giving LAIV if persons were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (e.g., IG).

Sources:

1. CDC. *Epidemiology & Prevention of Vaccine-Preventable Diseases*, WL Atkinson et al., editors, at www.cdc.gov/vaccines/pubs/pinkbook.
2. CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" at www.cdc.gov/vaccines/pubs/ACIP-list.htm.
3. CDC. "Prevention and Control of Influenza—Recommendations of ACIP" at www.cdc.gov/flu/professionals/vaccination.

Nombre del paciente: _____ Fecha de nacimiento: ____/____/____
 (mes) (día) (año)

Cuestionario de selección para la vacuna intranasal contra la influenza

Para pacientes adultos y para los padres de niños a los que se van a vacunar: Las siguientes preguntas nos ayudarán a determinar si hay algún motivo por el cual no deberíamos aplicar hoy la vacuna intranasal contra la influenza (o gripe) (FluMist®) a usted o a su hijo. Si contesta "sí" a alguna de las preguntas, eso no siempre quiere decir que usted (o su hijo) no se debe vacunar. Simplemente quiere decir que hay que hacerles más preguntas.

Si alguna pregunta no está clara, pida a su profesional de la salud que se la explique.

Sí **No** **No sabe**

1. La persona que se va a vacunar, ¿está enferma el día de hoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. La persona que se va a vacunar, ¿tiene alergia a los huevos o a algún componente de la vacuna contra la influenza?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. La persona que se va a vacunar, ¿tuvo en el pasado alguna reacción seria a la vacuna intranasal contra la influenza (FluMist®)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. La persona que se va a vacunar, ¿tiene menos de 2 años o más de 49 años?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. La persona que se va a vacunar, ¿tiene algún problema de salud a largo plazo de enfermedad del corazón, enfermedad de los pulmones, asma, enfermedad de los riñones, alguna enfermedad metabólica (por ejemplo, diabetes), anemia o alguna otra enfermedad de la sangre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. La persona que se va a vacunar, ¿es un niño de 2 a 4 años con antecedentes de sibilancias recurrentes o asma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. La persona que se va a vacunar, ¿tiene el sistema inmunológico débil debido al VIH/SIDA o a otra enfermedad que afecta el sistema inmunológico, tratamiento a largo plazo con medicamentos como esteroides, o tratamiento contra el cáncer con rayos X o medicamentos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. La persona que se va a vacunar, ¿recibe terapia con aspirinas o terapia que contenga aspirina?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. La persona que se va a vacunar, ¿está embarazada o podría quedar embarazada en el próximo mes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. La persona que se va a vacunar, ¿ha tenido alguna vez el síndrome de Guillain-Barré?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. La persona que se va a vacunar, ¿vive, o espera tener contacto cercano, con una persona que tiene el sistema inmunológico gravemente afectado y que tiene que estar en un ambiente protegido (como una habitación de hospital con flujo de aire invertido)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. La persona que se va a vacunar, ¿ha recibido alguna otra vacuna en las últimas 4 semanas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Formulario llenado por: _____ Fecha: _____

Formulario revisado por: _____ Fecha: _____