

Pre-vaccination screening tool

For health professionals

All vaccines: Questions	Rationale
Are you/your child feeling well today?	General screening for acute moderate/severe illness. Fever over 38°C - delay vaccination. Do not delay for runny nose or mild illness.
Have you/your child ever experienced a serious allergic reaction, such as anaphylaxis, to any substance (including food, medicines or vaccines)?	Screening for history of anaphylaxis to a vaccine or vaccine component, e.g., neomycin or gelatin.
Have you/your child ever had a serious reaction to any vaccine? Have you ever been told you/your child should not receive certain vaccines?	Screening for any other serious reaction e.g., HHE or Arthus reaction. Screening for possible medical contraindications.
What other vaccinations have you/your child received? - What vaccines did you receive? - When did you receive the vaccination? - Who gave you your last vaccination?	To ensure appropriate spacing between vaccines with same antigens and avoid repeating vaccines already administered. This information should be confirmed with AIR status query and/or review of information held in medical records. Live injected vaccines either need to be given on same day or with a minimum gap of 4 weeks between the live vaccine doses. FLUAD and Shingrix utilise novel adjuvants to gain a good immune response. Patients should be informed of the possibility of a stronger post-vaccination response where two or more of these are administered together.
Are you pregnant or trying to get pregnant?	Inactivated vaccines can usually be given during pregnancy and some are recommended (influenza, Tdap and COVID-19), however the risk and benefit of this must be discussed with the vaccinee. Live vaccines should not be given to pregnant women. Women should be advised to avoid getting pregnant for 4 weeks after the administration of a live vaccine.
Do you/your child have bleeding problems or blood disorders?	Screening for prolonged bleeding/haematoma risk post-vaccination. Consider administering via subcutaneous route if appropriate. Patients who are stable on blood thinning medications can usually receive vaccines via the intramuscular route. After vaccination, apply firm pressure to the site without rubbing for 10 minutes.
Do you/your child have any current or past medical conditions?	Some patients may be eligible for more vaccinations because of medical conditions or certain medications.
Do you/your child take any medications – including medications not prescribed by this practice, or medicines purchased over the counter?	Check practice management system for any medications that are listed and screen for medications/treatments that are not recorded in the practice management system. For live vaccines see over the page for more detail.
Do you/your child have a history of heart conditions called myocarditis or pericarditis?	If unrelated to vaccine, continue vaccination (for COVID-19 vaccines continue once cardiac inflammation has resolved). This is to reduce potential exacerbation of underlying condition. Defer further doses if individual develops myocarditis/pericarditis after any dose of COVID-19 vaccines. Seek specialist immunisation advice for future COVID-19 vaccinations, to consider risk of recurrent myocarditis/pericarditis against risk of severe COVID-19 disease.
Do you/your child have any immune system problems you know of?	The effectiveness of some vaccines may be compromised, and protection may be suboptimal. For live vaccines see over the page for more detail.
Do you/your child have an undiagnosed or evolving neurological condition? Relevant for vaccines containing pertussis antigens.	Specialist advice should be sought before vaccinating, as any post-vaccination response may confuse the clinical picture in an unstable illness. However, in general vaccination is recommended for children with unstable neurological conditions as they may be at high risk of severe pertussis complications.

See next page for additional questions for live vaccines.

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Live vaccines only: Additional questions	Rationale
Do you/your child have or have ever had cancer, leukaemia, lymphoma, a transplant, stem cell therapy, TB, or any condition that affects your immune system (including HIV/AIDS) or any blood disorders or live with someone who does?	Screening for diseases or medical conditions that could cause immune system compromise such as cancer, leukaemia, lymphoma, organ transplant, stem cell transplant, HIV/AIDS or any blood disorders. Live vaccines may be contraindicated, or a specialist opinion required. Refer to Chapter 4 of the Immunisation Handbook.
Do you/your child live with someone who has a condition or is receiving treatment that affects their immune system?	If the vaccinee lives with someone who is immunocompromised, additional precautions may be required - for example, covering any rash from varicella vaccine.
In the past 12 months have you/your child taken any medications that affect the immune system such as oral steroids for asthma, COPD, sarcoidosis, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, ulcerative colitis or psoriasis or similar conditions.	Screening for medications that could cause immune system compromise because vaccination with a live vaccine may be contraindicated, or a specialist opinion required. For further information refer to Chapter 4 of the Immunisation Handbook section 4.3.2, 4.3.5 and 4.3.6 For children you can also refer to: http://www.starship.org.nz/guidelines/immunosuppression-infection-and-immunisation-in-rheumatology/
Has the 6-week medical check been undertaken?	Check if maternal and baby's 6-week checks are completed. If not, provide information and encourage both events. This is not a reason for delaying immunisation if whānau happy and pēpē is well.
For infants under 12 months of age: did the mother take immunosuppressive therapy during pregnancy?	For infants aged under 12 months, please discuss immunosuppressive therapies taken during pregnancy with infant's mother or specialist or contact IMAC on 0800 IMMUNE (0800 466 863) before administration of rotavirus, BCG, MMR or VV vaccines.
Have you/your child received any blood products in last 12 months and when did you receive them? Are you/your child due to receive any blood products, for example immunoglobulin or a blood transfusion?	Administration of MMR and/or VV may need to be deferred due to receipt of a blood product. Refer to Table A6.1 in the Immunisation Handbook to identify the blood product received and the recommended interval before MMR and/or VV can be given. MMR and/or VV vaccines should be given at least 3 weeks before the administration of blood products. No set interval required between blood products and rotavirus vaccine administration.
Are you/your child taking any medication to prevent cold sores, herpes or shingles? Relevant for varicella vaccine only.	Antiviral medication can interfere with VV and needs to be stopped for 24 hours prior to VV vaccination and for 14 days after vaccination. Patients on long-term antiviral medication should discuss the possible risk of disease flare-up from stopping the antiviral medication and risks and benefits of VV vaccination with their health professional.

Potential screening outcomes:

- **There are no contraindications to vaccination.** Follow your usual informed consent process, ensure that you fully document this in the patient notes.
- **Vaccination is deferred.** Advise the patient of the outcome and why the vaccination has been deferred. Let them know when to come back for vaccination and make an appointment if possible.
- **Vaccination is contraindicated.** Advise the patient of the outcome and why they cannot receive the vaccine.
- **Specialist opinion is required.** Let the patient know, discuss how the advice from the specialist will be sought and approximately when you will tell them whether they can have the vaccination or not.

Call 0800 IMMUNE (0800 466 863) for clinical advice