

Health Screening Questionnaire for H1N1 (Swine Flu) Vaccine



Patient Name: _____ **Date of Birth:** _____

The following questions will help determine which vaccines may be given to the patient today. If you answer “yes” to any question, the patient may still get the vaccine, but additional questions must be asked first. Ask your health care provider to explain any unclear questions. Please answer the following questions about the patient (the person to be vaccinated).

Health Screening Questions	Mark Yes or No
1. I currently have a fever or respiratory illness or other type of infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have sensitivities or allergies to foods (gelatin, eggs/egg protein), medications (gentamycin, Neosporin®, polymyxin B, vaccine components), or have had a serious reaction to influenza vaccine in the past.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I have one of the following conditions or chronic illnesses: <ul style="list-style-type: none"> ▪ Diabetes, heart problems, kidney problems ▪ Lung problems, including asthma ▪ History of recurrent or active wheezing, under the age of five years ▪ Conditions that make it difficult to keep the airway clear (spinal cord injuries, paralysis, seizure disorders, neuromuscular disorders, cognitive disorders) ▪ History of Guillian-Barré Syndrome; conditions that affect the immune system (HIV infection, cancer, chemotherapy, leukemia, chronic steroid treatment, asplenia, organ transplant) ▪ Contact with others that have severely weakened immune systems being cared for in a protective environment (e.g. people with hematopoietic stem cell transplants) ▪ Condition requiring long-term aspirin therapy and am between the ages 6 months and 18 years 	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I am pregnant, breastfeeding, or lactating.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. I have received antiviral medication for influenza in the last two days or may receive antiviral medication for influenza in the next two weeks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. I have received the seasonal influenza vaccine this year. Mark which type and fill in date received: <input type="checkbox"/> Spray <input type="checkbox"/> Shot Date received: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes
7. I have received the H1N1 (swine flu) vaccine this year. Mark which type and fill in date received: <input type="checkbox"/> Spray <input type="checkbox"/> Shot Date received: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes

Vaccine/Manufacturer	Route and Dose	Site	Lot Number	Date VIS Given	VIS Date
<input type="checkbox"/> H1N1 MedImmune	<input type="checkbox"/> 0.2 mL-1.0 mL/nostril	<input type="checkbox"/> NAS			10/1/09
<input type="checkbox"/> H1N1 Novartis	<input type="checkbox"/> 0.25 mL PF	<input type="checkbox"/> RD			
<input type="checkbox"/> H1N1 Sanofi	<input type="checkbox"/> 0.5 mL PF	<input type="checkbox"/> LD			
<input type="checkbox"/> H1N1 CSL	<input type="checkbox"/> 0.5 mL	<input type="checkbox"/> RVL			
<input type="checkbox"/> H1N1 GSK		<input type="checkbox"/> LVL			

Administered by: _____ Date: _____

Influenza A (H1N1) 2009 Monovalent Vaccine Quick Reference Guide for Health Care Providers

Selection of Inactivated or Live Virus Vaccine

Influenza A (H1N1) Monovalent Inactivated Vaccine	Influenza A (H1N1) Monovalent Live Virus Vaccine
<ul style="list-style-type: none"> Adults 50 years and older Children younger than two years Pregnant women People with chronic health conditions (cardiac disease, pulmonary disease, kidney disease, diabetes, diseases causing immunosuppression, children receiving long-term aspirin therapy, Guillain-Barré Syndrome, conditions making it difficult to keep airway clear) Children under five years old with recurrent wheezing People in contact with or caring for persons with severely weakened immune systems People who have received antivirals within the last 48 hours or may get antivirals in the next 2 weeks Any person over six months of age 	<ul style="list-style-type: none"> Healthy persons between 2-49 years old Healthy post-partum, lactating or breastfeeding women Health care workers who are not contacts of severely immunosuppressed persons

Influenza A (H1N1) 2009 Monovalent Vaccine Formulations

Manufacturer	Formulations	Thimerosal amount	Age group	No. of doses	Route
CSL	0.5 mL single-dose, prefilled syringe	Preservative Free	18 years and older	1	IM
	0.5 mL multi-dose vial	24.5 mcg/dose+	18 years and older	1	IM
Novartis	0.5 mL single-dose, prefilled syringe	≤ 1 mcg/dose	4 years and older	1 or 2*	IM
	0.5 mL multi-dose vial	25 mcg/dose+	4 years and older	1 or 2*	IM
Sanofi Pasteur	0.25 mL, single-dose, prefilled syringe	Preservative Free	6-35 months of age	2	IM
	0.5 mL single-dose, prefilled syringe	Preservative Free	36 months and older	1 or 2*	IM
	0.5 mL single-dose vial	Preservative Free	36 months and older	1 or 2+	IM
	0.5 mL multi-dose vial	25 mcg/dose+	36 months and older	1 or 2+	IM
GlaxoSmithKline	FDA approval pending				
MedImmune	0.2 mL single dose intranasal sprayer	Preservative Free	2-49 years of age	1 or 2**	Intranasal§

* Age-Specific Dosage Regimens for Inactivated Vaccine Formulations:

- Children 6-35 months of age – 0.25 mL, 2 doses, minimum 28 day interval
- Children 36 months-9 years of age – 0.5 mL, 2 doses, minimum 28 day interval
- Children 10-17 years – 0.5 mL, 1 dose
- Adults – 0.5 mL, 1 dose

** Age-Specific Dosage Regimens for Live Virus Vaccine Formulations:

- Children 2-9 years of age – 0.2 mL, 2 doses, minimum 28 day interval
- Children 10-17 years of age – 0.2 mL, 1 dose
- Adults – 0.2 mL, 1 dose

§ **Do not give** seasonal LAIV and H1N1 LAIV at the same time. May give other live virus vaccines and inactive vaccines concurrently or at any time before or after inactivated and live virus influenza vaccines

+ **H1N1 Influenza Vaccine Thimerosal Notification Guide:** State law (RCW 70.95M.115) limits the mercury (thimerosal) content in vaccines given to pregnant women and children younger than three years of age to 1.0 mcg per 0.5mL dose. The Secretary of Health temporarily suspended this thimerosal limit for H1N1 vaccines in multi-dose vials presentations (which are the only presentations exceeding the state limit). The law requires providers to notify pregnant women, lactating women, and the parent or guardian of a child younger than **18 years of age** that the vaccine they will receive has a higher thimerosal content than described in law.

