

Disease Planning Guide – Seasonal Influenza

Routine Mass-Vaccination

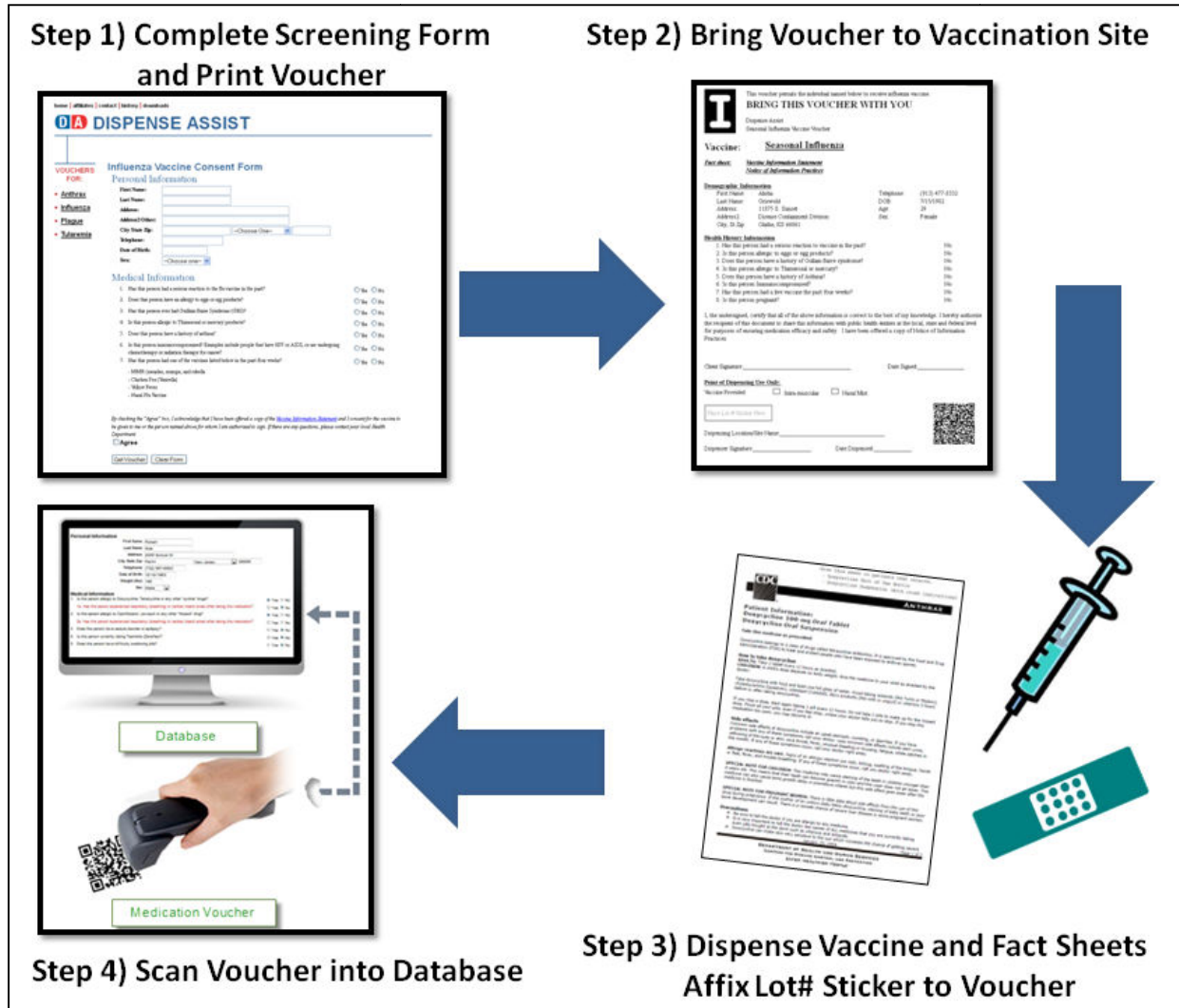
I. Disease-specific guidance:

The following guide should be used with the Dispense Assist screening tool when dispensing seasonal influenza vaccine.


Important Items to Note:

- Clients with Dispense Assist vouchers have been screened for serious reactions related to inactivated injectable vaccine which include:
 - Anaphylaxis after ingesting eggs
 - Anaphylaxis after having a previous seasonal influenza vaccine
 - History of Guillain-Barre syndrome within six weeks of a previous influenza vaccine
- Clinical staff should screen responses to the additional questions according to local standing orders in determining the proper vaccine to administer.
- Offer HIPAA / privacy documents and ensure that printed voucher is signed by the recipient or authorizing individual
- Place vaccine label on the client's voucher if part of local clinic practices

II. Process:



III. Sample Voucher:



This voucher permits the individual named below to receive influenza vaccine.

BRING THIS VOUCHER WITH YOU

Dispense Assist
Seasonal Influenza Vaccine Voucher

Vaccine: Seasonal Influenza

Fact sheet: Vaccine Information Statement
 Notice of Information Practices

Demographic Information

First Name:	Alisha	Telephone:	(913) 477-8332
Last Name:	Griswold	DOB:	7/15/1982
Address:	11875 S. Sunset	Age:	29
Address2:	Disease Containment Division	Sex:	Female
City, St Zip:	Olathe, KS 66061		

Health History Information

1. Has this person had a serious reaction to vaccine in the past? No
2. Is this person allergic to eggs or egg products? No
3. Does this person have a history of Gullain-Barre syndrome? No
4. Is this person allergic to Thimerosal or mercury? No
5. Does this person have a history of Asthma? No
6. Is this person Immunocompromised? No
7. Has this person had a live vaccine the past four weeks? No
8. Is this person pregnant? No


I, the undersigned, certify that all of the above information is correct to the best of my knowledge. I hereby authorize the recipient of this document to share this information with public health entities at the local, state and federal level for purposes of ensuring medication efficacy and safety. I have been offered a copy of Notice of Information Practices.

Client Signature: _____ Date Signed: _____

Point of Dispensing Use Only:

Vaccine Provided: Intra-muscular Nasal Mist

Place Lot # Sticker Here



Dispensing Location/Site Name: _____

Dispenser Signature: _____ Date Dispensed: _____

Bold icon in upper left corner indicates whether or not client is able to receive inactivated influenza vaccine.

(Further screening is needed to determine whether or not client is able to receive active influenza vaccine.)

Vaccinators should provide clients with the fact sheets listed here.

Answers will reflect responses to follow-up questions to prevent false contraindicators.

Clients indicate that they have been offered a copy of the Notice of Information Practices by signing and dating the voucher.

QR code contains all demographic data and health history information listed above.

Dispensers will organize vouchers according to Lot # for recording purposes.

IV. Seasonal Influenza Screening Algorithm

