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:

Step 1) Complete Screening Form and Print Voucher

Step 2) Bring Voucher to Vaccination Site

Step 3) Dispense Vaccine and Fact Sheets Affix Lot# Sticker to Voucher

Step 4) Scan Voucher into Database
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
- **Last Name:** Griswold
- **Address:** 11875 S. Sunset
- **City, St, Zip:** Olathe, KS 66061
- **Telephone:** (913) 477-8332
- **DOB:** 7/15/1982
- **Age:** 29
- **Sex:** Female

**Health History Information**

1. Has this person had a serious reaction to vaccine in the past? **No**
2. Is this person allergic to egg or egg products? **No**
3. Does this person have a history of Guillain-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 Immuno-compromised? **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. Clients indicate that they have been offered a copy of the Notice of Information Practices by signing and dating the voucher.

**Point of Dispensing Use Only:**

- **Vaccine Provided:** ☐ Intra-muscular ☐ Nasal Mist
- **Place Lot # Sticker Here**
- **Dispensing Location/ Site Name:**

**Dispenser Signature:** _______________ **Date Dispensed:** _______________

**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

**Evaluate for Age**
- Is this person greater to or equal to six months of age?

**Automated Evaluation for Serious Reactions**
- Has this person had a serious reaction to the flu vaccine in the past?
- Does this person have an allergy to eggs or egg products?
- Has this person had a history of Guillain-Barre Syndrome within six weeks after having an influenza vaccine?

If "Yes" to any

**Dispense Assist will inform patient that they cannot receive a flu vaccine.**

**Manual Evaluation for Serious Reactions**

Dispense Assist will provide patients with vouchers stating they can receive flu vaccine.

Dispense Assist does not determine which type of vaccine to provide.

Nurse Evaluates for the following:
- Is this person allergic to Thimerosal or mercury products?
- Does this person have a history of asthma?
- Is this person immunocompromised? Examples include people that have HIV or AIDS, or are undergoing chemotherapy or radiation therapy for cancer?
- Has this person had one of the vaccines listed below in the past four weeks? (MMR, Varicella, Yellow Fever, Nasal Flu)

**Nurse provides vaccination depending on the following:**
- Patient’s answers to the questions.
- Vaccine types available.
- Local Standing Orders.