

2018 PRE-VACCINATION INFLUENZA VACCINATION CHECKLIST



A trained Pharmacist Vaccinator must conduct the pre-vaccination consultation, consent process and vaccine administration.

Customer Name:		Customer Address:	
Phone Number:			
DOB:	Age:	NHI Number (if known):	
GP Name:		GP Address:	
GP Phone Number:		Date:	
Has the customer presented with a Vaccination Voucher? Yes/ No If Yes please provide the following details: Name of Company whose logo is on the voucher: _____ Name of the company the customer works for: _____		Ethnicity <input type="checkbox"/> NZ European <input type="checkbox"/> Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please state) _____	

This Pre-Vaccination Influenza Vaccination Checklist is the document that must be used.

From the 1st March 2018 Influenza Vaccines were funded in Pharmacy (for those who have a contract) for those people 65 years and older, and pregnant women (any trimester).

Eligibility criteria for FREE influenza vaccination for 2018:

- Pregnant women (any trimester)
- People aged 65 years or older
- People aged under 65 years with any of the medical conditions listed on the opposite page
- Children aged 4 years or under who have been hospitalised for respiratory illness or have a history of significant respiratory illness
- People under 18 years of age living in the:
 - Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board), or
 - Kaikoura and Hurunui areas (within the Canterbury District Health Board) or
 - who have been displaced from their homes in Edgcumbe and the surrounding region
- The following conditions are excluded from funding:
 - Asthma not requiring regular preventative therapy,
 - Hypertension and/or dyslipidaemia without evidence of end-organ disease

CONSULTATION CHECKLIST	✓ REVIEWED	WHEN TO REFER
Are you younger than 13 years of age?		If YES, refer to GP
Are you 65 years of age or older? If aged 65 years or older, the person is eligible for a funded vaccination from you.		If YES provide a funded vaccination
Are you pregnant? If Yes, the woman is eligible for a funded vaccination from you.		If YES provide a funded vaccination
Are you younger than 65 years and have a chronic illness? However, if you have advised that they are eligible for a funded vaccine from the GP and the person is still willing to pay, you may still vaccinate.		If YES to age criteria and health condition, can vaccinate BUT customer needs to pay for it, OR refer to GP for funded vaccine
Are you allergic to eggs or egg products? If Influvac Tetra is administered then allergy to eggs or egg products is no longer a concern		If yes, Influvac Tetra can be used
Are you allergic to chicken proteins?		If YES, refer to GP
Are you allergic to any vaccine components?		If YES, refer to GP
Are you currently taking Warfarin or Pradaxa?		If YES, you can vaccinate
Are you unwell today? (NB. OK to vaccinate if person is mildly unwell but afebrile, i.e. temperature <38 degrees C)		If YES, ask them to come back when feeling better
Have you ever had a severe reaction to any vaccine?		If YES, refer to GP
Are you taking Immunosuppressant medicines?		If YES, refer to GP
Have you had a severe allergic reaction from any cause? (excluding insect bites, food allergies and bee stings)		If YES, refer to GP
Do you have any neurological conditions? (potential risk of recurrence of Guillain-Barre syndrome, neuritis, encephalomyelitis and other)		If YES, refer to GP
Influenza vaccination may be contraindicated or need to be delayed for people receiving some new cancer treatments. The immune-stimulant actions of atezolizumab (Tecentriq®), ipilimumab (Yervoy®), nivolumab (Opdivo®) and pembrolizumab (Keytruda®) on the immune system increase a person's risk of developing autoimmune conditions. It is not known whether receipt of an influenza vaccine whilst receiving these treatments or for up to six months after treatment increases a theoretical risk of triggering the occurrence of these side effects		If they have undergone cancer treatment in the last 12 months Please contact the person's oncologist or 0800 IMMUNE (0800 466 863) for current advice about influenza vaccination for these people BEFORE administering the vaccine. OR refer to GP

If none of the answers above prevent you from vaccinating, please continue to the next part of the checklist (over page) for provision of information and patient consent.

Influenza Vaccination Information Checklist

Information Checklist for Customer	Comments	Completed ✓
Explain how the vaccination works, and how often it is required.	Check when last vaccination given (only need one Influenza vaccine each year).	
Explain how the vaccine is given and that the customer must wait in the Pharmacy for 20 minutes after vaccination.		
What effects may be expected after the vaccination, such as slight swelling around injection site, malaise, headache.		
<p>What should be done if localised adverse events occur, i.e.:</p> <ul style="list-style-type: none"> • Cold compresses on injection site if swelling occurs • Paracetamol if painful / feverish • When and how to seek medical advice if you feel unwell after the vaccination <p>This is also covered in the "Influenza Vaccination for Adults" leaflet, which should be given to the person in addition to verbal advice.</p>	<p>If unusual and rapidly extensive swelling occurs, seek Medical help or phone the Emergency Services (111).</p> <p>The leaflet can also be downloaded from Pulse under the Professional Practice section and in the Vaccination Service folder.</p>	
If the customer is NOT eligible for a FREE Influenza vaccine, the customer will need to pay for their vaccine - ensure the customer understands this.	Suggest Pharmacies display a sign about the availability and cost of the unfunded Influenza vaccination.	
Customer consents to Influenza vaccination (verbal)	<p>Pharmacist's Signature:</p> <p>_____</p>	
Customer consents to the vaccine and the notification of their GP of the vaccination and any related adverse event and consents to have the vaccination information loaded onto the ImmuniseNow web portal	<p>Customer's Signature:</p> <p>_____</p> <p>Date: _____</p>	

Name of Pharmacist Vaccinator:	
<p>Influenza Vaccine Given-</p> <p><input type="checkbox"/> Influvac Tetra®</p> <p><input type="checkbox"/> Other (Please list)</p> <p>_____</p>	<p>Batch number:</p> <p>Expiry:</p>
Vaccine Administration Date:	<p>TIME ADMINISTERED: _____</p> <p>20 MINUTE WAIT COMPLETE AT: _____</p>
Administered:	Left Arm / Right Arm (circle which arm the vaccine was administered)
Pharmacy Name:	
Pharmacy Phone Number:	

NOTIFICATION OF COMPLETED INFLUENZA VACCINATION



Dear Doctor /LMC

For your records, please note that:

Name:	
NHI Number:	
Date of Birth:	

was vaccinated with the Influenza vaccine:

Influvac Tetra other: (Please list) _____

Administered: Deltoid Left Arm / Deltoid Right Arm

NIR details entered by Pharmacy: YES / NO

Pharmacy Name:	
Pharmacy Address:	
Pharmacy Telephone Number:	
Pharmacist Name:	
Date of Notification:	

Eligible medical conditions for funded influenza vaccination

Funded influenza vaccine is available each year for people who meet the following criteria set by PHARMAC:*

- people 65 years of age or older; or
 - people under 65 years of age who:
 - have any of the following cardiovascular diseases:
 - ischaemic heart disease, or
 - congestive heart failure, or
 - rheumatic heart disease, or
 - congenital heart disease, or
 - cerebrovascular disease; or
 - have either of the following chronic respiratory diseases:
 - asthma, if on a regular preventative therapy, or
 - other chronic respiratory disease with impaired lung function;^a or
 - have diabetes; or
 - have chronic renal disease; or
 - have any cancer, please refer to the vaccine precaution below[#], excluding basal and squamous skin cancers if not invasive; or
 - have any of the following other conditions:
 - autoimmune disease,^b or
 - immune suppression or immune deficiency, or
 - HIV, or
 - transplant recipient, or
 - neuromuscular or CNS disease/disorder,^c or
 - haemoglobinopathy,^d or
 - children on long term aspirin, or
 - a cochlear implant, or
 - error of metabolism at risk of major metabolic decompensation, or
 - pre- or post-splenectomy, or
 - Down syndrome, or
 - pregnant women (any trimester); or
 - children aged 4 years or under who have been hospitalised for respiratory illness or have a history of significant respiratory illness;
 - people under 18 years of age living in the:
 - Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board), or
 - Kaikoura and Hurunui areas (within the Canterbury District Health Board) or
 - who have been displaced from their homes in Edgecumbe and the surrounding region
- Unless meeting the criteria set out above, the following conditions are excluded from funding:
- asthma not requiring regular preventative therapy,
 - hypertension and/or dyslipidaemia without evidence of end-organ disease

*Eligibility criteria as at March 2018.²²

3 things to remember after your

FLU

Immunisation

Influenza.
Don't get it.
Don't give it.

- 1** Wait at the clinic or surgery for 20 minutes after the vaccine is given. This is to make sure treatment is quickly available if you have a rare, severe allergic reaction.
- 2** You still might get affected by colds this winter. The influenza vaccine only protects against influenza, not against the common cold or other viruses and diseases in circulation.
- 3** It takes up to two weeks for your body to start developing protection against influenza. If you're exposed to an influenza virus before or soon after this immunisation, you can still get influenza.

What to do if you feel unwell after immunisation

Some people can get reactions that are the body's normal response to immunisation and usually resolve after a day or so.

Common reactions	What to do
Pain and/or redness at the site of injection	A cold damp cloth can be held on the injection site
Less common reactions	What to do
Feeling unwell or tired	Rest and drink plenty of fluids
A fever or aching muscles [^]	If you feel pain or are very uncomfortable, consider taking pain relief such as ibuprofen or paracetamol*

[^]These events may not be related to the vaccine and could be signs of an unrelated illness. Seek medical advice if you are concerned. *When taking pain relief follow the manufacturer's instructions or seek advice from your healthcare professional.

If you have any concerns, talk to your family doctor or nurse, or call Healthline 0800 611 116.

FOR MORE INFORMATION:
FIGHTFLU.CO.NZ
0800 466 863



The influenza vaccine is a prescription medicine. Talk to your healthcare professional about the benefits and possible risks. TAPS PP9132. IMAC1703.