

Vaccination Decision Support Guide

| Rationale and guidance behind the vaccination pre-screening questionnaire | | | | | |
|---|--------------|------------|--------|--|--|
| Stating YES or UNSURE may not prevent vaccination but warrants further discussion and potentially | further cl | inical adv | ice. | | |
| 1. Identifies as an Aboriginal or Torres Strait Islander person | YES | NO | UNSURE | | |
| Some Aboriginal and Torres Strait Islander people are at increased risk of some vaccine-preventable diseases, such as influenza, pneumococcal disease and hepatitis A. Refer to the <u>National Immunisation Program</u> for specific recommendations. | | | | | |
| 2. Is the child/person unwell today? | YES | NO | UNSURE | | |
| If child/person have a fever above 38.5°C delay vaccination until not febrile to avoid an adverse event in an already unwell person, or to avoid attributing symptoms to vaccination. | | | | | |
| 3. Do they have a disease which lowers immunity (e.g. leukaemia, cancer, HIV) or is having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, DMARDs, radiotherapy, chemotherapy)? | YES | NO | UNSURE | | |
| Vaccine safety and effectiveness may be suboptimal in people who are immunocompromised. Live attenuated vaccines may be contraindicated. If necessary, seek expert advice before vaccination. | | | | | |
| 4. Is an infant of a mother who was receiving highly immunosuppressive therapy (e.g. bDMARDs) during pregnancy? | YES | NO | UNSURE | | |
| Vaccine safety and effectiveness may be suboptimal in people who are immunocompromised. Live attenuated vaccines may be contraindicated. If necessary, seek expert advice before vaccination. | | | | | |
| 5. Has had a severe reaction following any vaccine? | YES | NO | UNSURE | | |
| Do not vaccinate. Seek further medical advice to confirm causality and assist with other vaccination. Anaphylaxis to a previous dose of vaccine is a contraindication to receiving the same vaccine. | | | | | |
| 6. Has any severe allergies? | YES | NO | UNSURE | | |
| Anaphylaxis to a vaccine component is generally a contraindication to receiving the vaccine. Consider seeking specialist advice, the person may still be able to receive vaccine depending on allergy. | | | | | |
| 7. Has had any vaccine in the past month? | YES | NO | UNSURE | | |
| The immune response to a live attenuated viral parenteral vaccine may interfere with the response to a subsequent live viral vaccine given within 4 weeks. Delay live, attenuated viral parenteral vaccines by 4 weeks. | | | | | |
| 8. Has had an injection of immunoglobulin, or received any blood products or a whole-blood transfusion within the past year? | YES | NO | UNSURE | | |
| Antibodies in blood products may interfere with the immune response to MMR, MMRV and varicella vaccines. Recommended interval depends on the immunoglobulin or blood product received. Check which product the person received and the interval since administration. | | | | | |
| 9. Is pregnant? | YES | NO | UNSURE | | |
| Influenza and pertussis vaccines are recommended for all pregnant women. Defer live vaccines until af | ter delivery | 1. | | | |
| 10. Has a history of Guillain-Barre syndrome? | YES | NO | UNSURE | | |
| In people with a history of GBS, the condition may recur after receiving influenza vaccine. Assess the risks and benefits of influenza vaccine against the potential risk of GBS recurrence. Seek expert advice if needed. | | | | | |
| 11. Was a preterm infant? | YES | NO | UNSURE | | |
| Preterm infants may be at increased risk of vaccine-preventable diseases and may not mount an optimal immune response to certain vaccines (e.g. hepatitis B). Infants born <28 weeks gestation and/or with chronic lung disease need extra pneumococcal vaccinations and annual influenza. Infants born <32 weeks gestation and/or <2000g birth weight may need an extra dose of hepatitis B vaccine. | | | | | |





| 12. Has a severe or chronic illness? | YES | NO | UNSURE |
|---|----------------|-------------|-------------|
| People with severe or chronic illness may be at increased risk of vaccine-preventable diseases (e.g. in They may not mount an optimal immune response to certain vaccines. Vaccine safety and effectivent who are immunocompromised. These people should receive recommended pneumococcal and influe significant immunocompromise, they should not receive live vaccines. | ess may be s | suboptima | l in people |
| 13. Has a bleeding disorder? | YES | NO | UNSURE |
| Intramuscular injection may lead to haematomas in people with haemostasis disorders. Consider the alternative to the intramuscular route. Seek specialist advice as required. | subcutaneo | ous route d | is an |
| 14. Does not have a functioning spleen? | YES | NO | UNSURE |
| People with an absent dysfunctional spleen are at increased risk of severe bacterial infections, especial disease. See <u>Vaccination for people who are immunocompromised</u> . Check the person's vaccination st meningococcal, influenza and Hib vaccinations. | | | |
| 15. Is planning a pregnancy or anticipating parenthood? | YES | NO | UNSURE |
| Vaccinating before pregnancy may prevent maternal illness that could affect the infant and may connewborn. There is insufficient evidence to ensure the safety of live vaccines during pregnancy. Ensure their household members have received recommended vaccines for their age group. Advise women radays of receiving live viral vaccines. | e women pla | nning pre | gnancy and |
| 16. Is a parent, grandparent or carer of an infant ≤6 months of age? | YES | NO | UNSURE |
| People in close contact with newborns are the most likely sources of vaccine-preventable diseases, escapely the Ensure parents, grandparents and carers of infants up to 6 months of age have been offered all vaccing group, including dTpa. | | | |
| 17. Lives with someone who has a disease that lowers immunity (e.g. leukaemia, cancer, HIV) or lives with someone having treatment that lower immunity (e.g. oral steroid medicines such as cortisone and prednisone, DMARDs, radiotherapy, chemotherapy)? | YES | NO | UNSURE |
| Household members are the most likely sources of vaccine-preventable diseases among people who who are immunocompromised are often unable to be vaccinated, especially with live viral vaccines. It (especially MMR, varicella and influenza vaccines) have been offered to household members of peop | Ensure all red | commend | ed vaccines |
| 18. Is planning travel? | YES | NO | UNSURE |
| Travellers may be at increased risk of certain vaccine-preventable diseases. See <u>Vaccination for inter</u> | national trav | vellers. | |
| 19. Has an occupation or lifestyle factor (s) for which vaccination may be needed? | YES | NO | UNSURE |
| Workers in certain occupations (e.g. health care workers and people working in early childhood educ certain lifestyle factors (e.g. people who inject drugs) may be at increased risk of certain vaccine-prefor people at occupational risk and Vaccination for other groups. | | | |

Disclaimer

This document captures the pre-screening guidance and responses to conditions or circumstances identified through the pre-screening questions directly extracted from the <u>Australian Immunisation Handbook</u> (the Handbook) and was accurate at the time of printing. Vaccination providers are encouraged to review the online Handbook to ensure they are accessing the latest vaccination advice.

This information has been collated to provide an easy reference and generic guidance to the rationale for the pre-screening questionnaire but is not designed for use in isolation. For further guidance, follow your practice's operational processes and seek additional guidance and information as required.

While the Australian Government helped fund this document, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.

