

# Diphtheria / Tetanus / Pertussis / Polio

Date: .....

File number (from on-line tool)

## Triage questionnaire on the dTpa-IPV vaccination administered by pharmacists

### Information on the vaccination against diphtheria, tetanus, pertussis (whooping cough), and/or polio (dT, dTpa oder dTpa-IPV)

Target group: Adults aged 16 years and above, as a catch-up or booster vaccination.

Recommended as a dTpa booster vaccination for all adults at the age of 25–29 years. Also recommended for persons who are in regular contact with infants <6 months at work or in the family. Thereafter as dT booster vaccinations every 20 years until the age of 65 years or every 10 years from the age of 65 years.

The basic vaccination against poliomyelitis requires 3–5 doses depending on the age at vaccination. Polio booster vaccination (-IPV) is recommended every 10 years for travellers in areas at risk (see WHO list).

Vaccination: Vaccines against diphtheria, tetanus, whooping cough, and polio provide effective protection (over 95% against diphtheria, tetanus, and polio; 85% against whooping cough).

### A Customer's personal details

Last name: ..... First name: .....

Date of birth: ..... Customer number: .....

Address: .....

Postcode: ..... Town: .....

Telephone number (optional): ..... E-mail (optional): .....

### B Medical history → please see the cantonal regulations

#### Temporary exclusion criteria

If "yes" → Postpone vaccination

YES NO

Do you feel unwell?

Have you had fever in the past 48 hours?

#### Exclusion criteria

If "yes" for at least one question with "★" → particular vaccination risk  
(medical assessment recommended; **ZH**: Referral to the doctor)

YES NO

Are you allergic:

→ To any medication?

→ To an ingredient of the vaccine?★

Have you ever experienced serious side effects during or after a vaccination?★

Are you pregnant?★

Are you immunocompromised or do you have an immune disorder?★

Are you at increased risk of bleeding (e.g. a hereditary condition)?★

Are you on regular medication?

Do you regularly take:

→ An anticoagulant (except aspirin)?★

→ Cortisone (≥20mg/d, or prednisone, or equivalent)?★

→ Medication that weakens your immune defense?★

→ Other medication, namely: .....

	<b>YES</b>	<b>NO</b>
Are you currently undergoing regular medical check-ups?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever fainted during a vaccination or venipuncture to draw a blood sample, or have you become nauseous?	<input type="checkbox"/>	<input type="checkbox"/>

	<b>YES</b>	<b>NO</b>
<b>Medical prescription</b>		
Prescription available for the vaccination? (e.g. in the case of a particular vaccination risk or for cantons that only authorise the vaccination on prescription)	<input type="checkbox"/>	<input type="checkbox"/>

	<b>YES</b>	<b>NO</b>
<b>Existing underlying diseases</b>		
Please see the cantonal regulations; information provided voluntarily		
Do you have an underlying disease or a chronic disease? If yes, which one?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Lung disease (e.g. asthma, COPD) <input type="checkbox"/> Metabolic disease (e.g. diabetes, high cholesterol) <input type="checkbox"/> Other diseases, namely: .....	<input type="checkbox"/> Thyroid dysfunction <input type="checkbox"/> Gastrointestinal disease <input type="checkbox"/> Inflammatory disease <input type="checkbox"/> Central nervous system disease	

	<b>YES</b>	<b>NO</b>
<b>C About the dTpa-IPV vaccination</b>		
Was the basic immunization (dTpa-IPV) completely administered?	<input type="checkbox"/>	<input type="checkbox"/>
If yes		
... and if a booster vaccination dTpa (with pertussis) has not yet been administered		
<input type="checkbox"/> usually a single booster vaccination dTpa (with pertussis) at the age of 25–29 years. Also recommended for all persons from 16 years with frequent contact with babies at work or in the family.		
... and if a booster vaccination dTpa (with pertussis) has already been administered		
<input type="checkbox"/> dT-booster vaccination every 20 years until the age of 65 years (usually at 45 and 65 years)		
<input type="checkbox"/> from 65 years: dT booster vaccination every 10 years		
If no		
<input type="checkbox"/> dT(pa) catch-up vaccinations according to the vaccination plan If not vaccinated: 3 vaccine doses at intervals of 0, 2 and 8 months, the first dose with pertussis (dTpa), the two following doses without pertussis (dT). After that, booster vaccinations.		
<b>Vaccination following injury</b>		
<input type="checkbox"/> dT(pa) vaccination following injury according to the vaccination plan		
<b>Polio:</b> Was the basic immunization against polio completely administered?	<input type="checkbox"/>	<input type="checkbox"/>
If yes		
<input type="checkbox"/> booster vaccination (in case of exposure risk, as dT(pa)-IPV according to vaccination plan)		
If no		
<input type="checkbox"/> catch-up vaccination, possibly combined with dT(pa)		

**Additional information about the dTpa-IPV vaccination**  
**Information provided voluntarily**

**YES**      **NO**

Was the last dTpa-IPV vaccination administered

- At the pharmacy?
- At the family physician's?
- At the hospital
- Other?

Were you specifically motivated to vaccinate by the vaccination service in the pharmacy?

    

Do you have a family physician?

    

Comments:

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## D Information about adverse effects and customer consent

- In the first days after the vaccination, local reactions (redness, swelling, pain at the injection site) or general symptoms (fatigue, headache and, in extremely rare cases, fever) may occur. These reactions are generally harmless and temporary.
- More severe reactions (e.g. circulatory shock) are extremely rare.
- Extensive swelling at the injection site may occur 48–72 hours after the vaccination against diphtheria and tetanus if more than the recommended doses of the vaccine were administered or in individuals who react strongly to the vaccine. This reaction is caused by intense stimulation of the immune system and, although it is unpleasant, it is not dangerous and disappears within a few days.

**If symptoms occur that you are concerned about, contact us or a doctor immediately.**

- I acknowledge the above information and confirm that I have been informed about the price of the injection. I was able to discuss any questions I had beforehand with the pharmacist providing my vaccine injection. I have no further questions. With my signature, I agree to this vaccination being administered.
- I agree to my data being processed anonymously for statistical purposes.

**With my signature, I confirm that all the data recorded in the questionnaire is correct and complete.**

Place/Date: ..... Customer's signature: .....

## E Details of the vaccination process

- Vaccination administered**
  - Entered into electronic vaccination file, including the batch number of the vaccine
  - Entered onto vaccination card, including the batch number of the vaccine

Name of vaccine: ..... Batch number of vaccine:

Comments on the vaccination: .....

- Vaccination not administered because**
  - Customer feeling unwell
  - Underlying disease/Basic medication
  - Particular vaccination risk (see Point B)
  - Vaccination not indicated for customer (target group)
  - Customer withdrew
- Vaccination postponed
- Referred to doctor

Approximate time required to complete the questionnaire: ..... minutes

Place/Date: ..... Signature of the responsible pharmacist: .....

### Undesirable effect after vaccination (immediate-onset reaction or following feedback from customer)

- Local reaction
- Systemic reaction:
  - Required contact with emergency care service
  - Vaccination incident reported (pharmacovigilance, EIViS)

Description (including follow-up): .....  
.....

Date of feedback: .....

This document must be kept for at least ten years or in accordance with cantonal regulations.