

Tick-Borne Encephalitis (TBE) Date:

Triage questionnaire on the TBE vaccination administered by pharmacists

File number (from online tool)

Information on the vaccination against tick-borne encephalitis (TBE)

The vaccination against tick-borne encephalitis (TBE) is recommended for individuals from 16 years at risk of exposure living or temporarily staying in a TBE risk area (all cantons except Geneva and Ticino).

To obtain a protection rate which exceeds 95% three vaccine doses are needed initially, followed by a booster every ten years.

A Customer's personal details

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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had fever in the past 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vaccination after tick bite:

The Infovac experts officially recommend getting vaccinated (initial vaccination or booster doses) after a tick bite. The aim is to vaccinate the individual as speedily as possible for their own protection. Please observe the following information and inform your customers:

- the vaccination does not provide any protection against infection from previous tick bites (no post-exposure prophylaxis),
- the TBE vaccine cannot cause a TBE infection. The incubation time for a TBE infection is 7 to 14 days.
- The vaccination in case of an infection after a tick bite has no confirmed positive or negative influence on the course of the disease.

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 egg?★

→ 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:

Are you currently undergoing regular medical check-ups?

Have you ever fainted during a vaccination or venipuncture to draw a blood sample,
or have you become nauseous?

Medical prescription

YES **NO**

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)

Existing underlying diseases

Please see the cantonal regulations; information provided voluntarily

YES **NO**

Do you have an underlying disease or a chronic disease?

If yes, which one?

High blood pressure

Thyroid dysfunction

Cardiovascular disease

Gastrointestinal disease

Lung disease

Inflammatory disease

(e.g. asthma, COPD)

Central nervous system disease

Metabolic disease (e.g. diabetes, high cholesterol)

Other diseases, namely:



About the TBE vaccination

YES

NO

Have you been previously vaccinated against TBE?

Basic vaccination

Start of basic vaccination in the cold season → normal vaccination scheme

Start of basic vaccination in the warm season → accelerated vaccination scheme

Normal vaccination scheme

- 1st vaccine dose
- 2nd vaccine dose, 1–3 months (Encepur® and FSME-Immun CC®) after the 1st vaccination
- 3rd vaccine dose, depending on the vaccine, at least 5–12 months (FSME-Immun CC®) or 9–12 months (Encepur®) after the 2nd vaccination

Comment:

The vaccines can be interchanged at any time. The relevant intervals between vaccinations must be observed at all times.

Accelerated vaccination scheme (according to manufacturers' specifications)

Encepur®

- 1st vaccine dose
- 2nd vaccine dose, Day 7 after 1st dose
- 3rd vaccine dose, Day 21 after 1st dose
- 4th vaccine dose, 12–18 months after 3rd vaccine dose (first booster vaccination)

Subsequently, regular booster vaccinations every ten years

FSME-Immun CC® / Encepur®*

- 1st vaccine dose
- 2nd vaccine dose, 14 days after 1st dose
- 3rd vaccine dose, 5–12 / 9–12* months after 2nd dose

Subsequently, regular booster vaccinations every ten years

Booster vaccination

- Booster vaccinations every ten years after complete basic vaccination

Comment: The vaccines can be interchanged at any time.

Additional information about the TBE vaccination

YES

NO

Information provided voluntarily

Was the last TBE 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:

D Information about adverse effects and customer consent

- Reactions at the injection site (pain, redness, itching) occur frequently and usually disappear within two days.
- Reactions affecting the whole body (fever, aching muscles, feeling unwell, headache) occur in about 5% of people who receive the vaccination and rarely last for more than two days.
- Severe side effects (hives, swelling, asthma, shock, neurological symptoms, etc.) occur extremely rarely.

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: Vaccine label

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.