

# Influenza

Date: .....

File number (from on-line tool)

## Triage questionnaire on the influenza vaccination administered by pharmacists

### Information about the influenza vaccination

The seasonal influenza vaccination is recommended for persons from 16 years; in particular for (please tick the appropriate box):

- Individuals aged 65 years and older
- Individuals who, for professional or personal reasons, are in regular contact with people at high risk of developing flu-related complications or with infants younger than six months
- Healthcare workers, staff in nurseries, old people's homes and care homes, etc.
- All individuals wishing to reduce their risk of contracting influenza
- Individuals with certain chronic diseases (see vaccination plan)

### 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?  YES  NO
- Have you had fever in the past 48 hours?  YES  NO

#### 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?★  YES  NO
- To any medication?  YES  NO
- To an ingredient of the vaccine?★  YES  NO
- Have you ever experienced serious side effects during or after a vaccination?★  YES  NO
- Are you pregnant?★  YES  NO
- Are you immunocompromised or do you have an immune disorder?★  YES  NO
- Are you at increased risk of bleeding (e.g. a hereditary condition)?★  YES  NO
- Are you on regular medication?  YES  NO
- Do you regularly take:
- An anticoagulant (except aspirin)?★  YES  NO
- Cortisone (≥20mg/d, or prednisone, or equivalent)?★  YES  NO
- Medication that weakens your immune defense?★  YES  NO
- Other medication, namely: .....  YES  NO

	<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>Medical prescription</b>	<b>YES</b>	<b>NO</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>Existing underlying diseases</b>	<b>YES</b>	<b>NO</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	



**Additional information about the influenza vaccination**  
 Information provided voluntarily

**YES**      **NO**

Is this the first time you have had an influenza vaccination?      

**Was the last influenza 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's 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) 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) occur extremely rarely. There is no clear evidence of a link between paralysis (Guillain-Barré syndrome, GBS) and the influenza vaccination; this may occur in one case per one million vaccinated individuals.

**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
- Entry onto vaccination card/into vaccination file not desired

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

How much do you charge for an influenza vaccination?

≤30 CHF     31–40 CHF     41–50 CHF     >50 CHF

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, ELVIS)

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

Date of feedback: .....

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