

# Hepatitis A

Date: .....

File number (from online tool)

## Triage questionnaire on the hepatitis A vaccination administered by pharmacists

### Information about the hepatitis A vaccination

Target group: For individuals from 16 years with an increased risk of exposure and/or transmission (e.g. people in contact with at-risk individuals or people travelling to countries with a moderate/high level of endemicity) and for individuals with an increased risk of complications (individuals with liver disease).

### 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>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	

<b>C About the hepatitis A vaccination</b>	<b>YES</b>	<b>NO</b>
Have you been previously vaccinated against hepatitis A? (Vaccination scheme: 2 doses at an interval of 6 months)	<input type="checkbox"/>	<input type="checkbox"/>

Which dose is to be administered today?

1st dose

2nd dose (at least six months after the first vaccination)

**Additional information about the hepatitis A vaccination**  
Information provided voluntarily

Was the last hepatitis A 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?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you have a family physician?	<input type="checkbox"/>	<input type="checkbox"/>
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**Comments:**

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**D Information about adverse effects and customer consent**

Local reactions (redness, pain, swelling) are common at the injection site. Headaches, fatigue and fever occur less frequently. In addition, gastrointestinal symptoms such as diarrhoea, nausea, and vomiting may occur. Complications following the hepatitis A vaccination are extremely rare.

**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.