

Hepatitis B

Date:

File number (from online tool)

Triage questionnaire on the hepatitis B vaccination administered by pharmacists

Information about the hepatitis B vaccination

Target group: For individuals from 16 years with an increased risk of exposure and/or transmission (e.g. health care professionals and anyone in contact with at-risk individuals) and for individuals with increased risk of complications (individuals with liver disease).

Catch-up vaccinations for adults (aged 16 years and above), no age limit, unless there is no risk of exposure (3 doses at 0, 1 and 6 months).

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:

	YES	NO
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"/>

	YES	NO
Medical prescription		
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"/>

	YES	NO
Existing underlying diseases		
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"/> Thyroid dysfunction <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Gastrointestinal disease <input type="checkbox"/> Lung disease (e.g. asthma, COPD) <input type="checkbox"/> Inflammatory disease <input type="checkbox"/> Metabolic disease (e.g. diabetes, high cholesterol) <input type="checkbox"/> Central nervous system disease <input type="checkbox"/> Other diseases, namely:		

C About the hepatitis B vaccination	YES	NO
Have you been previously vaccinated against hepatitis B? (Vaccination scheme from 16 years of age: 3 doses at 0, 1 and 6 months)	<input type="checkbox"/>	<input type="checkbox"/>

Which dose is to be administered today?

1st dose
 2nd dose (at least one month after the first vaccination)
 3rd dose (at least six months after the first vaccination)

Additional information about the hepatitis B vaccination
 Information provided voluntarily

Was the last hepatitis B 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? YES NO

Do you have a family physician? YES NO

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. These reactions disappear again after 1–3 days. A severe allergic reaction to an ingredient of the vaccination is extremely rare (1–2 cases/million vaccine doses).

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

The patient has been informed of the recommendation for individuals who may come into contact with someone else's blood (e.g. health care professionals) that a hepatitis B antibody titre test should be performed by a doctor 4 weeks after application of the third dose.

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):

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Date of feedback:

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