

1.4 PRE-VACCINATION CHECKLIST

The pre-vaccination checklist that follows (Table 1.4.1) can be photocopied and given to parents or the person to be vaccinated, just prior to vaccination. The pre-vaccination checklist can also be photocopied and displayed in the clinic for easy reference to help the immunisation provider assess a person's suitability for vaccination.

Table 1.4.1: Pre-vaccination checklist for a person to be vaccinated or that person's parent/caregiver

The following information is needed to assess whether a person/child can be vaccinated, and which vaccines they may require. Please tell the immunisation provider if any of the following apply:

The person to be vaccinated:

- is unwell today;
- has a disease which lowers immunity (eg. leukaemia, cancer, HIV/AIDS) or is having treatment which lowers immunity (eg. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy);
- lives with someone who has a disease which lowers immunity, or lives with someone who is having treatment which lowers immunity;
- has had a severe reaction following any vaccine;
- has *any* severe allergies (to anything);
- has had a live vaccine within the last month (this includes measles-mumps-rubella vaccine, oral poliomyelitis vaccine, varicella (chickenpox) vaccine, yellow fever vaccine);
- has had an injection of immunoglobulin, or a whole blood transfusion within the last 3 months;
- is pregnant;
- is living with someone who is not vaccinated;
- identifies as an Aboriginal or Torres Strait Islander person.

Note: If you have any questions about this information or any other matter relating to vaccination, please ask the immunisation provider before the vaccine is given.

Before any vaccination takes place, the immunisation provider will ask you:

- Did you understand the information provided to you about immunisation?
- Do you need more information to decide whether to proceed?
- Did you bring your/your child's vaccination record card with you?

It is important for you to receive a personal record of you or your child's injections. If you don't have a record card, ask your immunisation provider to give you one. Bring this record with you every time you bring your child for his/her injections. Make sure your immunisation provider records all vaccinations on it. Your child may need this card to enter day-care, kindergarten or school.

Table 1.4.2: Pre-vaccination assessment of conditions that may preclude vaccination

Immunisation providers can use this chart as a quick guide to assess the patient before vaccination. Please refer to the appropriate section about the specific vaccines within the Handbook for more detailed information.

NB. Only vaccines recommended on the Australian Standard Vaccination Schedule are included. For information on other specific vaccines (such as those used for travel), please refer to relevant vaccine chapters.

Assessment	Defer vaccine until condition resolved (or discuss with the appropriate health professional)	Seek further advice (a)
Conditions		
Acute febrile illness (current T \geq 38.5°C)	All vaccines	NA
Diarrhoea and vomiting	OPV	
Immunosuppressive illness		MMR, R, VZV, OPV
Allergies to vaccine components (b)		
Streptomycin	NA	IPV (IPOL); DTPa-IPV-Hib (Pediace)l
Neomycin	NA	OPV, IPV (IPOL), MMR, Influenza (Fluvax, Vaxigrip, Fluvirin), VZV, DTPa-IPV (Infanrix IPV, Quadracel), DTPa-hepB-IPV (Infanrix Penta), DTPa-IPV-Hib (Pediace)l, DTPa-IPV/Hib (Poliace)l, DTPa-hepB-IPV-Hib (Infanrix Hexa)
Polymyxin	NA	IPV (IPOL), Influenza (Fluvirin, Fluvax), DTPa-IPV (Infanrix IPV, Quadracel), DTPa-hepB-IPV (Infanrix Penta), DTPa-IPV-Hib (Pediace)l, DTPa-IPV/Hib (Poliace)l, DTPa-hepB-IPV-Hib (Infanrix Hexa)
Gentamicin	NA	Influenza (Fluvax, Fluarix)
Yeast protein	NA	All monovalent and combination hepatitis B vaccines
Egg protein	NA	All influenza vaccines
Gelatin	NA	MMR (M-M-R II only), R, VZV (Varivax Refrigerated only)
Thiomersal	NA	Hepatitis B (Engerix B only); Influenza (Fluarix, Influxvac), dT (ADT), CDT
Phenoxyethanol	NA	DTPa (Tripacel, Infanrix); DTPa-hepB (Infanrix HepB), DTPa-IPV (Infanrix IPV, Quadracel), DTPa-hepB-IPV (Infanrix Penta), DTPa-IPV-Hib (Pediace)l, DTPa-IPV/Hib (Poliace)l, DTPa-hepB-IPV-Hib (Infanrix Hexa), dTpa (Boostrix), 23vPPV (Pneumovax)
Drugs		
Immunosuppressants	MMR, R, VZV, OPV	NA
Live virus vaccine (other than OPV) in last 4 weeks	MMR, R, VZV	NA
Whole blood transfusion in last 3 months	MMR, R	NA
IM immunoglobulin in last 3 months	MMR, R, VZV	NA
IV immunoglobulin in last 9 months	MMR, R, VZV	NA

Other

Previous severe local and/or systemic adverse event	NA	All vaccines
Pregnancy	MMR, R, VZV, OPV	NA

Note:

- (a) Seek further advice from a medical practitioner, paediatrician or public health physician with expertise in vaccination; contact the immunisation section within your State or Territory Health authority or your local Public Health Unit.
- (b) Omit only if a patient has an anaphylactic sensitivity to a vaccine component.

Abbreviations

DTPa	diphtheria-tetanus-acellular pertussis vaccine
hepB	hepatitis B vaccine
Hib	<i>Haemophilus influenzae</i> type b vaccine
IM	intramuscular
IPV	inactivated poliomyelitis vaccine
IV	intravenous
7vPCV	7-valent pneumococcal conjugate vaccine
23vPPV	23-valent pneumococcal polysaccharide vaccine
MMR	measles-mumps-rubella vaccine
OPV	oral poliomyelitis vaccine
R	rubella vaccine (monovalent)
VZV	varicella-zoster vaccine
NA	not applicable