INJECTABLE INFLUENZA SCREENING AND IMMUNIZATION DOCUMENTATION PEDIATRIC AND ADULT

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 104-191, Health Insurance Portability and Accountability Act of 1996; 10 U.S.C., Chapter 55, Medical and Dental Care; 10 U.S.C. 1097a, TRICARE Prime: Automatic Enrollments; Payment Options; 10 U.S.C. 1097b, TRICARE Prime and TRICARE Program: Financial Management; 10 U.S.C. 1079, Contracts for Medical Care for Spouses and Children: Plans; 10 U.S.C. 1079a, TRICARE Program: Treatment of Refunds and Other Amounts Collected Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); 10 U.S.C. 1086, Contracts for Health Benefits for Certain Members, Former Members, and Their Dependents; 10 U.S.C. 1095, Health Care Services Incurred on behalf of Covered Beneficiaries: Collection From Third-party Payers; 42 U.S.C. 290dd, Substance Abuse Among Government and Other Employees; 42 U.S.C. 290dd-2, Confidentiality Of Records; 42 U.S.C. Ch. 117, Sections 11131-11152, Reporting of Information; 45 CFR 164, Security and Privacy; Department of Defense (DoD) Instruction 6015.23, Foreign Military Personnel Care and Uniform Business Offices in Military Treatment Facilities (MTFS); DoD Manual (DoDM) 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs;" and E.O. 9397 (SSN), as amended.

PURPOSE: The DHA Form 116 will be used to update the flu screening for the upcoming flu season.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. § 552a(b)(3) as follows: to contractors and others performing or working for the Federal Government when necessary to accomplish an agency function related to this System of Records; For a complete listing of the Routine Uses for this system, refer to the below hyperlinked SORN. Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Rules, as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

APPLICABLE SORN: EDHA 07, Military Health Information System (June 15, 2020; 85 FR 36190)
https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/DHA/EDHA-07.pdf

DISCLOSURE: Voluntary. If you choose not to provide the requested information, there may be an administrative delay; however, care will not be denied and no penalties will be imposed.

The following questions will help us determine if we should give you the influenza vaccination today. If you answer "yes" to any questions, we will ask additional questions to determine which vaccine, if any, you will receive. Please speak to your healthcare provider if you have any questions.

1. NAME *(Last, First, Middle Initial)*:	2. DoD ID NUMBER:	3. DATE OF BIRTH *(YYYYMMDD)*:	4. AGE:

5. CATEGORY: ☐ Service Member ☐ Beneficiary ☐ GS Civilian ☐ Contractor ☐ Other

PART I – COMPLETED BY PATIENT	**YES**	**NO**
(1) Are you sick today?	☐	☐
(2) Have you had a serious reaction following an influenza vaccine in the past?	☐	☐
(3) Have you ever experienced numbness or weakness of your legs or elsewhere (Guillain-Barré syndrome) within 6 weeks of receiving an influenza vaccine?	☐	☐
(4) Have you ever had, or been treated for, a severe allergic reaction (e.g., anaphylaxis) to any vaccine, or do you have a severe allergy to any of the following: Neomycin, Polymyxin-B, thimerosal, formaldehyde, latex, or other vaccine component?	☐	☐
(5) Have you received an influenza vaccine within the past 30 days?	☐	☐
(6) Are you a recipient of a solid organ transplant?	☐	☐
(7) Have you ever passed out (vasovagal syncope) during or after a previous immunization or blood draw?	☐	☐
(8) If your child is between 6 months and 8 years of age, has your child received at least two (2) previous doses of influenza vaccine? ☐ **NOT APPLICABLE**	☐	☐

6. FORM COMPLETED BY:
a. NAME *(Print)*: b. DATE *(YYYYMMDD)*:

PART II – COMPLETED BY SCREENER

7. ASSESSMENT:
☐ Give inactivated flu vaccine today
☐ Do not administer flu vaccine today
☐ Refer to experienced provider for further evaluation

8. Vaccine Information Statement provided: ☐ Yes

9. SCREENER INFORMATION:
a. NAME *(Print)*: b. DATE:

PART III – COMPLETED BY VACCINATOR

10. VACCINE ADMINISTERED:

☐ Afluria (IIV3) Seqirus	6-35mo (0.25mL), ≥ 36 mo (0.5 mL)
☐ Flulaval (IIV3) GSK	≥ 6 mos
☐ Fluzone - HD (IIV3-HD) Sanofi Pasteur	≥ 65 yrs, 18-64 yrs with solid organ transplant
☐ Other:	

11. LOT #:
12. EXPIRATION DATE *(YYYYMMDD)*:
13. DOSE: ☐ 0.25 mL ☐ 0.5 mL
14. SITE:
☐ Deltoid ☐ Thigh
☐ Left ☐ Right

15. COMMENTS:

16. ADMINISTERED BY *(Print)*: 17. DATE *(YYYYMMDD)*:

MHS Genesis / ASIMS / MEDPROS / MRRS Entry

18. NAME: 19. DATE *(YYYYMMDD)*:

Part 1 Screening Information for Healthcare Professionals

(1) Are you sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with a moderate or severe illness should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever or taking antibiotics do not preclude use of influenza vaccine.

(2) Have you ever had a serious reaction following an influenza vaccine in the past?

Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further vaccination. Moderate-to-severe non-allergic reactions including significant local reactions following vaccination should be evaluated by an experienced provider prior to revaccination. Flu-like symptoms (e.g., fever, malaise, myalgia, other systemic symptoms), vaccination site reactions, and syncope have been reported with the influenza vaccine. These mild-to-moderate reactions are not a contraindication to future vaccination. Each IIV, whether egg based, or cell culture based has specific recommendations for persons with a history of severe allergic reaction to any component of the vaccine. Refer to updated manufacturer's inserts and current CDC and ACIP guidelines for the individual vaccine (see question 4).

(3) Have you ever experienced numbness or weakness of your legs or elsewhere (Guillain-Barré syndrome) within 6 weeks of receiving the influenza vaccine?

A history of Guillain-Barré syndrome (GBS) within 6 weeks of Influenza vaccination is a precaution to vaccination. Individuals with history of GBS following vaccination may be considered for influenza vaccination as the likelihood of a GBS recurrence following vaccination is extremely low. The decision to vaccinate should be based on careful consideration of the potential risks and benefits. Although data are limited, the benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination. Because of the association of GBS with influenza disease, it may be prudent to vaccinate with the injectable vaccine rather than the nasal (live) vaccine.

(4) Have you ever had, or been treated for, a severe allergic reaction (flushing, hives, wheezing, and/or low blood pressure) to any vaccine or do you have a severe allergy to any of the following: Neomycin, Polymyxin-B, thimerosal, formaldehyde, latex, or other vaccine components?

All vaccines, including influenza vaccines, contain components that might cause allergic/ anaphylactic reactions (flushing, hives, wheezing, and/or low blood pressure). In the past, egg allergy was considered a contraindication to influenza vaccination. This is not the case today. Any influenza vaccine (egg-based or non-egg based) that is otherwise appropriate for the recipient's age and health status can be used. Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

A previous severe allergic reaction to flu vaccine itself is a contraindication to future receipt of that vaccine until evaluated by an experienced Allergist to determine the causal component. Once the allergic component has been identified, any flu vaccine that does not containing that component (check the package insert) may be safely administered.

Influenza vaccines provided in multi-dose vials contains thimerosal as a preservative. Most people who have reacted to thimerosal (e.g., contact lens solution sensitivity) do not have reactions to thimerosal used in vaccines.

(5) Have you received an influenza vaccine within the past 30 days?

Multiple formulations of Northern hemisphere influenza vaccine and one vaccine for Southern hemisphere influenza are available in the United States. Personnel traveling to, or residing in, either the Northern or Southern Hemisphere during that hemisphere's influenza season should be vaccinated with the appropriate formulation. Northern and Southern Hemisphere Influenza vaccines, if both are received, should be separated by at least 30 days.

(6) Are you a recipient of a solid organ transplant?

High-dose inactivated (HD-IIV3) and adjuvanted inactivated influenza (aIIV3) vaccines are acceptable options for vaccinating solid organ transplant recipients ages 18 - 64 years old who are on immunosuppressive medication regimens, without a preference over the age-appropriate.

(7) Have you ever passed out (vasovagal syncope) during or after a previous immunization or blood draw?

Providers should be aware of the potential for syncope associated with vaccination. Appropriate measures should be taken to prevent syncope, and to readily respond to the patient who feels faint. Observe all patients for 15 minutes after vaccination for signs and symptoms that precede syncope, such as weakness, dizziness, sweating, and pallor. For patients prone to syncope, make sure they are either seated or lying down at the time of vaccination. If a patient become pre-syncopal, have them lie flat or sit with head between knees for several minutes; loosed any tight clothing and maintain an open airway; apply cool, damp cloths to the patient's face and neck. Observe the patient until symptoms completely resolve.

(8) If child is between 6 months and 8 years of age, has child received at least 2 doses of flu vaccine?

Evidence from several studies indicates that children aged 6 months through 8 years require 2 doses of influenza vaccine (administered a minimum of 4 weeks apart) during their first season of vaccination for optimal protection. Children aged 6 months through 8 years who have previously received ≥ 2 total doses of trivalent or quadrivalent influenza vaccine before July 1 of this flu season require only 1 dose. The two previous doses need not have been given during the same season or consecutive seasons. Children in this age group who have not previously received a total of ≥ 2 doses of trivalent or quadrivalent influenza vaccine before July 1 of this season require 2 doses for this season. The interval between the 2 doses should be at least 4 weeks.