Version 2. November 2024

Immunisation Consent Form Winter Vaccinations Programme for people receiving COVID-19 and Influenza Vaccines

QIV VACCINE - INFLUVAC TETRA OR QUADRIVALENT INFLUENZA VACCINE (SPLIT VIRION, INACTIVATED) AND THE LATEST COMIRNATY® ANTIGENICALLY UPDATED VACCINE AVAILABLE FOR PEOPLE AGED 18 YEARS AND OLDER

Please note this form cannot be used for patients under 18 years of age or for a COVID-19 primary vaccination course or for Live Attenuated Influenza Vaccine (LAIV).

COMPLETE THE FORM IN BLOCK CAPITALS USING A PEN.

Please complete the details in Parts 1-3 of this consent form and return it to your vaccinator.

Part 1: Personal Details

Complete this part with details for the person being vaccinated (PLEASE USE BLOCK CAPITALS)

First Name: Middle Name:

Surname (Family Name):

Otherwise Known As:

Date of Birth: D D M M Y Y Y Y

Mother's Surname at Birth:

Sex at Birth: Female ☐ Male ☐

Is this person a:

Care Worker ☐ Frontline Healthcare Worker ☐ Long term Residential Care – Resident ☐ Other ☐

Email:

Personal Public Service Number (PPSN):

Mobile Phone Number:

Daytime Phone Number:

Address:

County:

Eircode:

Ethnic or Cultural Background:

A. White

A.1 ☐ Irish
A.2 ☐ Irish Traveller
A.3 ☐ Roma
A.4 ☐ Any other White background

B. Black or Black Irish

B.1 ☐ African
B.2 ☐ Any other Black background

C. Asian or Asian Irish

C.1 ☐ Chinese
C.2 ☐ Indian/Pakistani/Bangladeshi
C.3 ☐ Any other Asian background

D. Other, including mixed background

D.1 ☐ Arab
D.2 ☐ Mixed, write in description
Description

D.3 ☐ Other, write in description
Description

E. Prefer not to say ☐

Country of Birth:

Part 2: Medical Details for the person being vaccinated

If you tick yes to any of the Medical Details the Immunisation Team may need to contact you to discuss further. Please note we may send you an appointment confirmation and/or reminders by SMS and/or email.

Please answer the following questions about COVID-19 and flu vaccination with a yes or a no answer

1. Does this person have a bleeding disorder or are they on anticoagulation therapy? Yes ☐ No ☐

   If yes, they can still get a vaccine if they have a bleeding disorder or take anticoagulation medicines, but they should tell their vaccinator about their condition. Individuals with a bleeding disorder or receiving anticoagulant therapy may develop haematomas in intramuscular (IM) injection sites. Prior to vaccination, inform the recipient about this risk. For those with thrombocytopenia (platelet count <50x10^3), consult the supervising consultant. Proceed if fits clinical criteria. If no, they are eligible go to next question.

2. Is this person suffering from an acute febrile illness? Yes ☐ No ☐

   If yes, they cannot get this vaccine today, defer vaccination until recovery. If no, go to next question.

Please answer the following questions <u>about the person being offered a COVID-19 vaccination</u> with a yes or a no answer

3. Has this person ever had anaphylaxis (severe allergic reaction) that needed medical treatment

   3(i). after having a previous dose of the Moderna (Spikevax®) or any Pfizer/BioNTech (Comirnaty®) COVID-19 Vaccines Yes ☐ No ☐

   3(ii). to any of the vaccine ingredients, including polyethylene glycol known as PEG? Yes ☐ No ☐

   If yes, they cannot get any Comirnaty® COVID-19 vaccine, but they may be able to have a different vaccine. They need to talk to their vaccination team and their GP. They may need specialist advice. If no, go to next question.

4. Have they ever had anaphylaxis (severe allergic reaction) to Trometamol (an ingredient in contrast dye used in MRI radiological studies.)? Yes ☐ No ☐

   If yes, they cannot get any Comirnaty® COVID-19 vaccine, but they may be able to have an alternative vaccine. Talk to the vaccinator. If no, go to next question.

5. Have they ever had a serious allergic reaction (anaphylaxis)

   5(i). after taking multiple different medications, with no reason known for the reaction. This may mean they are allergic to polyethylene glycol (PEG) OR Yes ☐ No ☐

   5(ii). after having a vaccine or a medicine that contains (PEG), OR Yes ☐ No ☐

   5(iii). for unexplained reasons. This may mean they are allergic to polyethylene glycol (PEG)? Yes ☐ No ☐

   If yes, they cannot get this vaccine, they may need specialist advice. Talk to the vaccination team. If no, go to next question.

6. Have they ever had Mastocytosis (rare condition caused by an excess number of mast cells gathering in the body's tissues) Yes ☐ No ☐

   If yes, they can still get the vaccine, BUT they should be observed for 30 minutes after they are vaccinated. If yes, go to next question. If no, go to next question

7. Have they had Myocarditis (inflammation of the heart muscle) or Pericarditis (inflammation of the lining around the heart) after having a previous dose of COVID-19 vaccine? Yes ☐ No ☐

   If yes, they need to answer question 7(i) If no, go to next question.

   7(i). since they had myocarditis or pericarditis after a previous dose of COVID-19 vaccine a specialist doctor must approve that they get this vaccine. Has their COVID-19 vaccination been approved by a specialist doctor? Yes ☐ No ☐

   If yes, go to next question. If no, they cannot get this vaccine. They should talk to their specialist doctor to check if they are suitable for this or another type of COVID-19 vaccine.

8. Have they had the MPOX or smallpox vaccine (Imvanex or Jynneos) in the last 4 weeks? Yes ☐ No ☐

   If yes, they cannot get this vaccine today. They need to wait 4 weeks after getting these vaccines before getting a COVID-19 vaccine. If no, go to next question.

9. Have they had COVID-19 infection or a COVID-19 vaccine in the last 3 months? Yes ☐ No ☐

   If yes, they should delay getting the vaccine until it has been at least 3 months, since a COVID-19 infection or their last COVID-19 vaccine. If no, go to next question.

10. Are they pregnant? Yes ☐ No ☐

    If yes, complete questions 10(i), 10(ii), 10(iii) depending on their situation. If no, go to next question.

10(i). have they had a booster dose already in this pregnancy? Yes ☐ No ☐

If yes, they don't need a booster dose unless they have been diagnosed with a weak immune system. If they have been diagnosed with a weak immune system speak to their vaccinator. Complete 10(ii) and 10(iii) if vaccinator approves a second dose. If no, go to question 10(ii).

10(ii). have they had COVID-19 infection or a COVID-19 vaccine in the last 6 months? Yes ☐ No ☐

If yes, they should wait at least 6 months from their last COVID-19 infection or COVID-19 vaccine dose to get a booster dose. If no, go to question 10(iii).

10(iii). have they had a COVID-19 vaccine in the last 12 months? Yes ☐ No ☐

If yes, their vaccinator will talk to them about the best timing for their booster dose. If no, they are eligible for vaccination today but ideally the vaccine should be given between 20 and 34 weeks of pregnancy. They should talk to their vaccinator.

Please answer the following questions <u>about the person being offered an influenza vaccination</u> with a yes or a no answer

11. Has this person ever had anaphylaxis (severe allergic reaction) following a previous dose of influenza vaccine or any of its constituents? Yes ☐ No ☐

If yes, ineligible for vaccination as anaphylaxis following a previous dose of influenza vaccine or any of its constituents is a contraindication to vaccination. If no, go to next question.

11(i). has this person ever required admission to ICU for a previous severe anaphylaxis to egg? Yes ☐ No ☐

If yes, those requiring non-live influenza vaccine who have had a previous ICU admission for a severe anaphylaxis to egg need to be referred for specialist assessment with regard to vaccine administration in hospital. If yes, go to Question 11(ii). If no, go to next question.

11(ii). has this person had a specialist assessment regarding their severe egg allergy in the past requiring ICU admission and are now recommended the QIV vaccine? Yes ☐ No ☐

If yes, go to next question. If no, they cannot be vaccinated today.

12. Is this person on combination checkpoint inhibitors such as ipilimumab or nivolumab? Yes ☐ No ☐

If yes, they may not be able to have the vaccine. They may not be able to receive any influenza vaccines, because of a potential association with immune related adverse reactions. This should be discussed with their treating specialist. If no, go to next question.

13. Does this person have severe neutropenia (low levels of a type of white blood cell) i.e. absolute neutrophil count <0.5 × 109/L.? This does not apply to those with primary autoimmune neutropenia. Yes ☐ No ☐

If yes, they should not receive any vaccines, to avoid an acute vaccine related febrile episode. Ineligible for vaccination. If no, go to next question.

14. Is this the first time this person is receiving the influenza vaccine this season (September to April)? Yes ☐ No ☐

If no, please answer question 15(ii).

15. Very few people need a second dose of influenza vaccine. Does the person receiving the vaccine fit any of the following criteria: Yes ☐ No ☐

15(i). post haematopoeitic stem cell transplant or post solid organ transplant

15(ii). cancer patients who received the first influenza vaccine while on chemotherapy in this influenza season or who completed their treatment in the same influenza season (September to April).

If yes, they can receive a second influenza vaccine this season but only if it is at least four weeks since their last influenza vaccine.

COVID-19 and influenza vaccination may proceed if no issues for further investigation, deferral or contraindications are noted in the above questions.

This person is eligible to receive COVID-19 vaccine	☐
This person is eligible to receive Influenza vaccine	☐

Notes/Comments:

Part 3: Immunisation Consent

One of these options is appropriate when establishing consent (please tick as appropriate)

1. The individual has consented to vaccination with:
   - COVID-19 booster vaccination ☐
   - Seasonal Influenza Vaccination ☐

   and has been provided with written information, OR
2. The individual does not consent to have a COVID-19 booster vaccination OR a Seasonal Influenza vaccination and should not be vaccinated, OR ☐
3. The individual cannot consent, and they are being vaccinated with a:
   - COVID-19 booster vaccination ☐
   - Seasonal Influenza Vaccination ☐

according to their benefit and will and preference, AND the above is recorded in their healthcare record and includes information about any consultation that has taken place to help determine their will and preference.

Name (Please print) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature: ______________________ Date: D D M M Y Y Y Y

Thank you for completing the consent form. Please return it to your vaccinator.

Privacy Notice: The HSE do not use consent as a lawful basis for processing personal data. In the interest of transparency, to explain how we collect and use personal information the HSE provides details within the HSE Privacy Notice for Patients and Service Users which is accessible via the HSE Privacy Statement. The processing of your data will be lawful and fair. It will only be processed for specific purposes including, to manage the vaccinations, to report and monitor vaccination programmes, to validate clients and provide health care. Data sharing between HSE departments may also occur.

FOR OFFICE USE ONLY

QIV Vaccine – Influvac Tetra or Quadrivalent Influenza Vaccine (split virion, inactivated)

Prescriber's signature and MCRN/PIN	Vaccinator's signature and MCRN/PIN	Batch No.	Expiry Date	Vaccination Site		Date Given
			M M Y Y Y Y	right deltoid	left deltoid	D D M M Y Y Y Y

COVID-19 Vaccine – the latest Comirnaty® antigenically updated vaccine available

Prescriber's signature and MCRN/PIN	Vaccinator's signature and MCRN/PIN	Batch No.	Expiry Date	Vaccination Site		Date Given
			M M Y Y Y Y	right deltoid	left deltoid	D D M M Y Y Y Y

Completed by: ______________________ **MCRN/PIN:** ______________ D D M M Y Y Y Y

If vaccine not administered please state why? DNA or Absent ☐ Refused on the Day ☐

Vaccine Contraindicated ☐ Deferred ☐ Other ______________________