

# COVID-19 Vaccine Screening Questions

January 28, 2021

1. Are you feeling ill or have a fever today?

**If Yes:** Defer immunization until client is feeling well

2. Have you had a previous COVID-19 infection? If yes, when?

**If Yes:**

For everyone:

Immunization of persons with a known current SARS-CoV-2 infection **should be deferred** until the person has recovered from the acute illness and criteria have been met for them to discontinue isolation.

⇒ This recommendation applies to persons who develop SARS-CoV-2 infection before receiving any vaccine doses, as well as those who develop SARS-CoV-2 infection after their first dose but before receipt of their second dose.

For Health Care Providers and General Public under the age of 80:

Immunization with COVID-19 vaccine may be delayed for 90 days following a PCR-confirmed SARS-CoV-2 infection IF the infection occurred before the first COVID-19 vaccine dose, as reinfections reported to date have been rare within the first three months following infection.

⇒ However, if this is challenging from a feasibility perspective, these individuals may be immunized before the 90 days.

⇒ If a client develops SARS-COV-2 infection between receiving doses 1 and 2 of their COVID-19 vaccine series, the 90 day deferral does not apply and their second dose should be provided as long as the healthcare worker has recovered from the acute illness and criteria have been met for them to discontinue isolation.

Residents of long-term care and private care homes, and residents 80 and older:

These clients should be immunized regardless of when they have contracted COVID-19, either before the first vaccine or between the first and second doses, as long as they have recovered and there are no other contraindications.

3. Are you pregnant, could you be pregnant or are you planning on becoming pregnant before receiving both doses of the COVID-19 vaccine?

**If Yes:** COVID-19 vaccine is generally not recommended to individuals who are pregnant until after completion of pregnancy

⇒ However, a complete series of COVID-19 vaccine may be offered, in consultation with the individual's physician, to pregnant individuals in the eligible group if a risk assessment deems that the benefits outweigh the potential risks for the individual and the fetus, and if informed consent includes discussion about the absence of evidence on the use of COVID-19 vaccine in this population.

# COVID-19 Vaccine Screening Questions

January 28, 2021

- ⇒ If the client has not discussed the vaccination with their Health Care Provider, please see further guidance provided in the *COVID-19 VACCINE PRECAUTIONS, RECOMMENDATIONS AND SCRIPTS* document for more information and direction.
- ⇒ Ensure the use of the **Benefit/Risk information for Pregnant Women** sheet.

**NOTE:** it is prudent to delay pregnancy by 28 days or more after receiving a complete 2 dose vaccine series of an mRNA COVID-19 vaccine.

## 4. Are you breastfeeding?

**If Yes:** Any COVID-19 vaccine is generally not recommended for individuals who are breastfeeding.

- ⇒ However, a complete series of COVID-19 vaccine may be offered, in consultation with an individual's physician, to individuals in the eligible group who are breastfeeding if a risk assessment deems that the benefits outweigh the potential risks for the individual and the infant, and if informed consent includes discussion about the absence of evidence on the use of COVID-19 vaccine in this population.
- ⇒ If the client has not discussed the vaccination with their Health Care Provider, please see further guidance provided in the *COVID-19 VACCINE PRECAUTIONS, RECOMMENDATIONS AND SCRIPTS* document for more information and direction.
- ⇒ Ensure the use of the **Benefit/Risk Information for Breastfeeding Women** information sheet.

## 5. Are you allergic to any component of the COVID-19 vaccine, including polyethylene glycol (PEG)

PEG can be found in various products such as cosmetics, skin care products, laxatives, cough syrups, bowel preparation products for colonoscopy and some foods and drinks.

**If Yes:** Defer immunization and refer client to Regional Immunization Coordinator.

## 6. A. Do you have any problems with your immune system?

B. Are you taking any medications or treatments that can affect your immune system such as high dose steroids, chemotherapy?

**If Yes:** Defer immunization UNLESS the client is at high risk of exposure to COVID-19 AND of developing severe disease AND they have discussed the COVID-19 vaccine with and received approval from their Health Care Provider\*. ALL TRANSPLANT CLIENTS must consult their specialists prior to immunizing.

# COVID-19 Vaccine Screening Questions

January 28, 2021

It is preferred that all other clients with immune suppression discuss the vaccine with their healthcare provider\* prior to presenting.

## ONCOLOGY CLIENTS

- a) Cancer survivors should be vaccinated against COVID-19 if there are no contraindications to receiving vaccine. Vaccinate as any other client who does not have a precaution or contraindication and a benefit/risk form does not need to be completed.
- b) It is preferred that all other clients with cancer discuss the vaccine with their healthcare provider\* prior to presenting.

\*If the client has not discussed the vaccination with their Health Care Provider, please see further guidance provided in the COVID-19 VACCINE PRECAUTIONS, RECOMMENDATIONS AND SCRIPTS document for more information and direction.

⇒ Ensure the use of the **Benefit/Risk Immune Suppressed Individuals** information sheet.

Common Auto Immune Conditions* <sup>1</sup>		
*This is not an exhaustive list		
Addison's	Guillain-Barre syndrome	Optic Neuritis
Alopecia areata	Hashimoto's thyroiditis	Psoriasis
Amyloidosis	Hemolytic anemia	Psoriatic arthritis
Ankylosing spondylitis	Henoch-Schonlein purpura	Raynaud's syndrome
Celiac disease	Juvenile arthritis	Restless legs syndrome
Crohn's disease	Kawasaki disease	Rheumatoid arthritis
Diabetes (type 1)	Lupus	Sarcoidosis
Endometriosis	Meniere's disease	Scleroderma
Erythema nodosum	Multiple Sclerosis	Thrombocytopenic purpura
Fibromyalgia	Myasthenia gravis	Ulcerative Colitis
Graves' disease	Neutropenia	

<sup>1</sup>list obtained American Autoimmune Related Disease Ltd. <https://www.aarda.org/diseaselist/>

7. Do you have an autoimmune disease?

**If Yes:** Defer immunization UNLESS the client is at high risk of exposure to COVID-19 AND of developing severe disease AND they have discussed the COVID-19 vaccine with and received approval from their Health Care Provider\*.

⇒ Ensure the use of the **Benefit/Risk Information for Individuals with an Autoimmune Condition** information sheet.

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January 28, 2021

8. Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days?

**If Yes:** Defer as an interval of 14 days from another vaccine is needed before receiving COVID-19 vaccine.

**NOTE:** it is recommended that a 28 day wait occurs following the 2 dose COVID-19 vaccine series prior to receiving any other vaccines.

9. Do you have a bleeding disorder or are you taking any medication that could affect blood clotting?

**If Yes:** apply direct pressure (without rubbing) to the injection site for 5 minutes or longer following immunization.

10. Have you ever felt faint or fainted after a past vaccination or medical procedure?

**If Yes:** consider having the client lie down for the immunization.

11. If this is your second dose, did you have any side effects after the first dose?

**If Yes:** if the reaction was serious or was an allergic reaction, vaccination should be deferred until the case is reviewed by the Medical Health Officer. Please complete and submit an Adverse Events Following Immunization form.

\*NOTE: If the client has not discussed the vaccination with their Health Care Provider, please see further guidance provided in the [COVID-19 VACCINE PRECAUTIONS, RECOMMENDATIONS AND SCRIPTS](#) document for more information and direction.