**Clinical Screening Questions for Pfizer BioNTech Covid-19 mRNA Vaccine BNT162b2 and Covid-19 Vaccine Astra Zeneca.** 

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| **Please ask the individual presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects.** | | | | |
| **Have you had any vaccination in the last 7 days?** | **No** |  | **Yes** |  |
| **Are you currently unwell with fever?** | **No** |  | **Yes** |  |
| **\*Have you ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug1 or other vaccine?**    See later for link to ingredients list.  **If yes, to have further clinical evaluation** | **No** |  | **Yes** |  |
| **\*Have you ever had an unexplained anaphylaxis reaction?**    **If yes, to have further clinical evaluation** | **No** |  | **Yes** |  |
| **Cautions – to have clinical evaluation prior to vaccination in accordance with**[**Immunisation against Infectious Diseases (the Green Book)**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948757/Greenbook_chapter_14a_v4.pdf) | | | | |
| **Are you, or could you be pregnant?** | **No** |  | **Yes** |  |
| **# Are you or have you been in a trial of a potential coronavirus vaccine?** | **No** |  | **Yes** |  |
| **Are you taking anticoagulant medication, or do you have a bleeding disorder** | **No** |  | **Yes** |  |
| **\*\*Do you currently have any symptoms of Covid -19 infection?** | **No** |  | **Yes** |  |

**If any of the boxes in red are ticked, then a further clinical review must take place.**

**If you or the person presenting for vaccination are uncertain as to the response made for any of the questions or the counselling, they should receive, they should be referred or brought to the attention of the clinical supervisor/lead clinician as required for further advice.**

**See later for specific advice on management of the cautions listed above.**

**Notes for Lead Clinician / HCP operating under a PGD.**

The Health Care Professional carrying out the clinical assessment should be aware of the MHRA Conditions of authorisation, the vaccine’s contraindications together with the advice from JCVI.

**Anaphylaxis**

Appropriate medical treatment and supervision should always be readily available in case of an anaphylactic reaction following the administration of the vaccine.

For the **Pfizer BioNTech Covid-19 mRNA Vaccine BNT162b2** close observation for at least 15 minutes is recommended following vaccination. A second dose of the vaccine should not be given to those who have experienced anaphylaxis to the first dose of the COVID-19 mRNA Vaccine BNT162b2.  

This requirement is not specified for the **Covid-19 Vaccine Astra Zeneca** however recipients should be observed for any immediate adverse reactions post-immunisation, with supporting information and subsequent appointment provided if required.  

If the recipient of a vaccine is the driver of a vehicle and is vaccinated in the vehicle, they should be asked not to drive for 15 minutes to reduce the chance of vasovagal attack whilst driving.  This caution is not required for other drivers, who for example walk back to their car following vaccination. 

**\*Contraindications**

Hypersensitivity to any of the ingredients is a contraindication for both vaccines.

This would include an allergy to any of the following ingredients for the Pfizer BioNTech Covid-19 vaccine: <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/information-for-healthcare-professionals-on-pfizerbiontech-covid-19-vaccine#pharmaceutical-particulars>

or here for the Covid-19 Vaccine AZ: <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca#pharmaceutical-particulars>

**1Drug Allergies**

The Pfizer BioNTech COVID-19 Vaccine contains polyethylene glycol (PEG), a known allergen commonly found in medicines and also in household goods and cosmetics. [Public Health England’s Immunisation Against Infectious Disease (the Green Book)](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) advises that a known allergy to PEG is extremely rare but would contraindicate receipt of this vaccine. Patients with undiagnosed PEG allergy may have a history of unexplained anaphylaxis or of anaphylaxis to multiple classes of drugs. **Those with a PEG allergy can still receive the AZ vaccine.**

**Pregnancy**

The JCVI confirms that although the available data do not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy.

However, the JCVI now advises that if a pregnant woman meets the definition of being clinically extremely vulnerable, then she should discuss the options of COVID-19 vaccination with her obstetrician and/or doctor. This is because their underlying condition may put them at very high risk of experiencing serious complications of COVID-19. Further information is available here: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948338/jcvi-advice-on-priority-groups-for-covid-19-vaccination-30-dec-2020.pdf>

**#Coronavirus Trials**

Any individual who has been involved in a coronavirus trial should be advised to contact the trial organisers to seek guidance on whether or when vaccination should take place.

**Anticoagulants and Bleeding Disorders**

Taking anticoagulants or a bleeding disorder is not a contraindication to intramuscular injections, but the recipient needs to be aware that they may have increased bruising and be advised to apply pressure. Those with bleeding disorders may wish to time vaccination to occur shortly after appropriate therapies. Please also refer to the relevant chapter in the Green Book – Chapter 14a. <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

**\*\*COVID-19 Infection**

Vaccination of individuals who may be infected or asymptomatic or incubating COVID-19 infection is unlikely to have a detrimental effect on the illness. Vaccination should be deferred in those with confirmed infection to avoid confusing the differential diagnosis. As clinical deterioration can occur up to two weeks after infection, ideally vaccination should be deferred until **clinical recovery** and at least four weeks after onset of symptoms or four weeks from the first PCR positive specimen in those who are asymptomatic.  **Having prolonged COVID-19 symptoms is not a contraindication to receiving COVID-19 vaccine but if the individual is seriously debilitated, still under active investigation, or has evidence of recent deterioration, deferral of vaccination may be considered to avoid incorrect attribution of any change in the person’s underlying condition to the vaccine.**