https://depts.washington.edu/uwmmktg/wp-content/uploads/2012/06/UWMedicineLogoBlack.jpg

September 2018

**Dear Provider,**

The goal of UW Medicine is to vaccinate 100% of our employees against influenza. We will begin providing free influenza immunizations to all current employees and staff on Monday, October 1st, 2018. However, some employees choose to be immunized elsewhere. For those employees, vaccination documentation is required to be compliant with our Employee Influenza Prevention Program.

Influenza vaccination is not appropriate for a small number of employees, for example, persons with specific medical conditions, or a history of severe reaction to a previous dose of influenza vaccine or vaccine components. ACIP recommendations for the 2018-2019 influenza vaccine can be viewed at: [www.cdc.gov/flu/professionals/acip/index.htm](http://www.cdc.gov/flu/professionals/acip/index.htm) . For your convenience, the contraindications and precautions to flu vaccination are provided on the back of this form.

Without disclosing any protected health/medical information, please complete the following, indicating if your patient received influenza vaccine or is exempted from vaccination, and return the form to your patient, who should return the completed form to the appropriate Employee Health Clinic. Or the form can be faxed from your location.

**Patient Name (print) DOB \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □ Received influenza immunization (date of vaccination) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | □ IM Quad | □ IM Trivalent | □ IM high-dose Trivalent |  | □ Intra-Nasal Quad |
|  |  |  |  |  |  |
| □ Exempted from influenza vaccination : | | | | | |
|  | □ Temporary medical condition exempts this patient from influenza vaccination this year | | | | |
|  | □ Chronic medical condition, as described by CDC vaccine exemption guidelines, history of severe vaccine reaction; exempted from influenza vaccination indefinitely | | | | |
|  | | | | | |

Provider signature Print name

WA State Medical Provider Number (Accepted providers – circle one: MD DO PA RN ARNP PharmD)

Medical Facility or Pharmacy:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee or Provider Instructions : Return this form to your Employee Health Clinic / Office** | | | |
| **Required information : Employee ID Number or SSN** | | | |
| **Harborview Medical Center** | **UW Medical Center** | **Northwest Hospital Medical Center** | **UW Neighborhood Clinics** |
| 1 East Clinic, Rm 21 | BB 306 |  |  |
| Campus Mail : 359855 | Campus Mail : 356122 |  | Campus Mail : 359410 |
| Fax : 206-744-4886 | Fax : 206-598-4469 | Fax : 206-668-5911 | Fax : 206-520-5599 |

Modified from: <https://www.cdc.gov/mmwr/volumes/66/rr/rr6602a1.htm>

|  |  |  |
| --- | --- | --- |
| Contraindications and Precautions to the Use of Influenza Vaccines, 2018-2019 | | |
| **Vaccine** | **Contraindications (pertaining to adults)** | **Precautions** |
| IIV3, IIV4 | * History of severe allergic reaction to any component of the vaccine, including egg protein, or after previous dose of any influenza vaccine. | For all vaccine formulations :   * Moderate to severe illness with or without fever. * History of Guillain-Barre Syndrome within 6 weeks of receipt of flu vaccine. |
| RIV3, RIV4 | * History of severe allergic reaction to any component of the vaccine. |
| High-dose (>64y) | * History of severe allergic reaction to any component of the vaccine. |
| LAIV4 | * History of severe allergic reaction to any component of the vaccine† or after a previous dose of any influenza vaccine * Adults age >49 years * Close contacts and caregivers of severely immunosuppressed persons who require a protected environment * Pregnancy * Receipt of influenza antiviral medication within the previous 48 hours | For Intra-Nasal vaccine :   * Moderate-to-severe acute illness with or without fever * History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine * Asthma in persons aged ≥5 years * Other underlying medical conditions that might predispose to complications after wild-type influenza infection |

***Additional information: Pregnant / postpartum women***

* Women who are or will be pregnant during flu season should receive IIV.
* Postpartum women can receive either IIV or LAIV.
* Pregnant and postpartum women do not need to avoid contact with persons recently vaccinated with LAIV.

***Additional information: Persons with history of egg allergy***

* Persons reporting reactions to egg protein involving symptoms such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or other emergency medical intervention should not receive IIV. RIV3 may safely be administered, if aged 18-49 years and no other contraindications exist.
* Persons reporting egg allergy who have experienced only hives after egg exposure should not be considered exempt from receiving influenza vaccine. Because little data is available for the use of LAIV in this case, IIV or RIV is recommended.