

Annex E to D FHP Advisory 6636-81
(Adapted from the Public Health Agency of Canada)

Screening checklist for contraindications and considerations for vaccination with COVID-19 vaccines

1. The following questions will help us determine which vaccines you may be given today. If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

2. Before any vaccination takes place, your immunizer will ask you:

- ✓ **Does any of the listed questions applies to you? (i.e. did you respond “yes”)**
- ✓ Did you understand the information provided to you about vaccination?
- ✓ Do you need more information to decide whether to proceed?

1	Are you ill today?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2	Have you had a COVID-19 infection?	No <input type="checkbox"/> Yes <input type="checkbox"/>
3	Do you have allergies (including to polyethylene glycol [PEG], tromethamine/trometamol/Tris) or polysorbate 80 or had allergic reactions from an unknown cause?	No <input type="checkbox"/> Yes <input type="checkbox"/>
4	Have you ever had a reaction, fainted, or become light-headed after receiving a vaccine or have you had an allergic reaction to another (non-COVID-19) vaccine or other medication given by injection or intravenously in the past?	No <input type="checkbox"/> Yes <input type="checkbox"/>
5	Do you have a chronic medical condition or health problem? For example, cancer, a bleeding disorder (or are you taking any medications that could affect blood clotting), problems with your spleen or thymus, leukemia, HIV/AIDS, rheumatoid arthritis or an autoimmune disease?	No <input type="checkbox"/> Yes <input type="checkbox"/>
6	Do you currently or do you anticipate receiving monoclonal antibodies or convalescent plasma?	No <input type="checkbox"/> Yes <input type="checkbox"/>
7	Do you have an immune system disease problem or in the past 3 months, have you taken any of the following medications: cortisone, prednisone or other steroids; anti-tumour necrosis factor (TNF) drugs such as Humira; anticancer drugs; or have you had radiation treatments?	No <input type="checkbox"/> Yes <input type="checkbox"/>
8	Have you had brain or other nervous system problems such as a seizure?	No <input type="checkbox"/> Yes <input type="checkbox"/>
9	For women: Are you pregnant or breastfeeding or is there a chance you could become pregnant during the next month?	No <input type="checkbox"/> Yes <input type="checkbox"/>
10	Have you received any vaccinations in the past 14 days or do you intend to receive vaccines (including Tuberculosis Skin Testing) in the next 4 weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>
11	If this is your second dose, did you have any side effects after the first dose?	No <input type="checkbox"/> Yes <input type="checkbox"/>

1. Are you sick today?

Vaccination of individuals who have an acute illness is not known to reduce vaccine efficacy or increase vaccine adverse events. However, vaccination should be deferred in symptomatic individuals with confirmed or suspected SARS-CoV-2 infection, or those with respiratory symptoms, in order to avoid attributing any complications resulting from SARS-CoV-2 infection to vaccine-related adverse events and to minimize the risk of COVID-19 transmission at an immunization clinic/venue. If any persons are identified with symptoms on arrival at the venue, they should be instructed to follow current local public health measures.

2. Have you had a COVID-19 infection?

There is currently minimal evidence to inform on differences in vaccine efficacy or safety between those with and those without prior evidence of SARS-CoV-2 infection at the time of vaccination. Serologic testing is not needed before or after receipt of a COVID-19 vaccine to assess susceptibility to SARS-CoV-2 or immune response to the vaccine. As past COVID-19 likely confers protection against future infection, consider delaying vaccination of those with laboratory-confirmed past COVID-19 infection when vaccines are in short supply.

3. Do you have allergies (including to polyethylene glycol) [PEG], tromethamine/trometamol(Tris), polysorbate 80 or had allergic reactions from an unknown cause?

Polyethylene glycol (PEG), tromethamine (trometamol or Tris) and polysorbate 80 are potential allergens included in the vaccine or its container. PEG (found in Moderna and Pfizer/BioNTech vaccines) can rarely cause allergic reactions and is found in products such as medications, bowel preparation products for colonoscopy, laxatives, cough syrups, cosmetics, skin creams, medical products used on the skin and during operations, toothpaste, contact lenses and contact lens solution. PEG also can be found in foods or drinks, but is not known to cause allergic reactions from foods or drinks. Tromethamine (found in Moderna vaccine) is a component found in contrast media, oral and parenteral medications. Polysorbate 80 (found in AstraZeneca and Janssen vaccines) is found in medical preparations (e.g., vitamin oils, tablets, and anticancer agents), and cosmetics. A known severe allergy (e.g., anaphylaxis) to these allergens is a contraindication to COVID-19 vaccination.

Vaccination may be considered in individuals with mild to moderate immediate allergic reactions (defined as limited in the scope of symptoms and involvement of organ systems or even localized to the site of administration) after a previous dose of authorized COVID-19 vaccines or any of its components. Assessment by a primary immunizer (PI) may be warranted prior to re-immunization. Most instances of anaphylaxis to a vaccine begin within 30 minutes after administration of the vaccine. Therefore, if vaccination is chosen, an extended period of observation post-vaccination of at least 30 minutes should be provided for the aforementioned individuals.

4. Have you ever had a reaction, fainted, or become light-headed after receiving a vaccine? Have you had an allergic reaction to another (non-COVID-19) vaccine or other medication given by injection or intravenously in the past?

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History of anaphylactic reaction (see question 3) to a previous dose of vaccine or a vaccine component is a contraindication for subsequent doses. Under normal circumstances, vaccines might be deferred when a precaution is present, however; situations may arise when the benefit outweighs the risk. A local reaction is not a precaution.

Extra caution should be taken to avoid fall related injuries with patients who have a history of fainting or light-headedness with previous immunizations or blood draws. Immunize lying down on a mat in the First Aid Area or in a reclining chair (if available) to prevent fainting and injury.

Individuals with past allergic reactions not related to COVID-19 vaccines or its components or other injectable vaccines or therapies (e.g., allergic to foods, oral drugs (without PEG, tromethamine or polysorbate 80), insect venom, pets or environmental allergens) can receive COVID-19 vaccines without any special precautions. Individuals should be observed for a minimum of 15 minutes following vaccination.

5. Do you have a chronic medical condition or health problem? For example, cancer, a bleeding disorder (or are you taking any medications that could affect blood clotting), problems with your spleen or thymus, leukemia, HIV/AIDS, rheumatoid arthritis or an autoimmune disease?

Individuals receiving anticoagulant therapy or those with a bleeding disorder that would deprecate intramuscular injection should not be given the vaccine unless the potential benefit clearly outweighs the risk of administration. However, members receiving long-term anticoagulation with either warfarin or heparin are not considered to be at higher risk of bleeding complications following immunization and may be safely immunized without discontinuation of anticoagulation therapy. Vaccinators should take additional measures to reduce the risk of bleeding such as stabilisation of bleeding disorders prior to immunization, consider the use of a small gauge needle and applying pressure for 5-10 minutes after the immunization.

Currently, there is limited evidence that having an autoimmune condition is an independent risk factor for severe COVID-19, though evidence is evolving. The spectrum of autoimmune conditions is diverse. The relative degree of autoimmunity in individuals with autoimmune conditions is variable depending on the underlying condition, the severity and progression of disease and use of medications that impact immune function. Therefore, the balance of benefits and risks must be made on a case-by-case basis. Clinicians should consult the relevant specialty organisation (e.g. Canadian Society of Transplantation; Society of Obstetricians and Gynaecology of Canada; etc) for specific guidance. In general, specialist advice is permissive that immunosuppressed and pregnant or breastfeeding individuals may receive vaccine following individual consideration of values, preferences and risk tolerance.

6. Do you currently or do you anticipate receiving monoclonal antibodies or convalescent plasma?

COVID-19 vaccines should not be given simultaneously with monoclonal antibodies or convalescent plasma. To date, there is insufficient evidence on the receipt of both a COVID-19 vaccine and anti-SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention. Therefore, timing of administration and potential interference between these two products are currently unknown. Administration of these products close together may result in decreased effectiveness of a COVID-19 vaccine and/or anti-SARS-CoV-2 monoclonal antibodies because the monoclonal antibodies have high affinity for the spike protein expressed by the vaccines, which could prevent the production of antibodies stimulated by the vaccine.

7. Do you have an immune system disease problem or in the past 3 months, have you taken any of the following medications: cortisone, prednisone or other steroids; anti-tumour necrosis factor (TNF) drugs such as Humira; anticancer drugs; or have you had radiation treatments?

COVID-19 vaccines may be offered to individuals who are immunosuppressed due to disease or treatment in the authorized age group in this population, if a risk assessment deems that the benefits outweigh the potential risks for the individual, and if informed consent includes discussion about the absence of evidence on the use of COVID-19 vaccines in this population and the possibility that individuals who are immunosuppressed may have a diminished immune response to any of the authorized COVID-19 vaccines.

8. Have you had brain or other nervous system problems such as a seizure?

For people with stable neurologic disorders (including seizures) unrelated to vaccination, vaccinate as usual.

9. For women: Are you pregnant or breastfeeding or is there a chance you could become pregnant during the next month?

A complete vaccine series with a COVID-19 vaccine may be offered to pregnant individuals in the authorized age 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 vaccines in this population.

A complete vaccine series with a COVID-19 vaccine may be offered to individuals in the authorized age 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 vaccines in this population.

There is currently no evidence to guide the time interval between the completion of the COVID-19 vaccine series and conception. In the face of scientific uncertainty, it may be prudent to delay pregnancy by 28 days or more after the administration of the complete two-dose vaccine series of a COVID-19 vaccine. A COVID-19 vaccine may be administered anytime after pregnancy.

10. Have you received any vaccinations in the past 14 days or do you intend to receive vaccines (including Tuberculosis Skin Testing) in the next 4 weeks?

In the absence of evidence, it would be prudent to wait for a period of at least 28 days after each vaccine dose of an mRNA or viral vector COVID-19 vaccine before the administration of another vaccine (except in the case where another vaccine is required for post-exposure prophylaxis) due to the elicitation of an inflammatory cytokine response. It would be prudent to wait for a period of at least 14 days after the administration of another vaccine before administering a COVID-19 vaccine to prevent erroneous attribution of an adverse event to a particular vaccine.

There is a theoretical risk that mRNA or viral vector vaccines may temporarily affect cell-mediated immunity, resulting in false-negative TST or IGRA test results. If tuberculin skin testing or an IGRA test is required, it should be administered and read before immunization or delayed for at least 4 weeks after vaccination. Vaccination with COVID-19 vaccines may take place at any time after all steps of tuberculin skin testing have been completed.

In cases where an opportunity to perform the TST or IGRA test might be missed, the testing should not be delayed since these are theoretical considerations. However, re-testing (at least 4 weeks post immunization) of individuals with negative results for whom there is high suspicion of TB infection may be prudent in order to avoid missing cases due to potentially false-negative results.

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

Local and systemic adverse events are common and does not prevent receiving the second dose, unless they were serious or anaphylactic in nature. A known severe allergic reaction (e.g., anaphylaxis) to a past dose of COVID-19 vaccine is a contraindication to another dose of either COVID-19 vaccines. PI assessment, with referral as appropriate, is recommended for individuals with less severe allergic reactions that occurred within 4 hours following a previous dose of COVID-19 vaccine. If the vaccine is given, the individual should be observed for 30 minutes after vaccination.

Sources:

- A. Public Health Agency of Canada, [Canadian Immunization Guide: Part 1 - Key Immunization Information](#), 2016.
- B. Public Health Agency of Canada, SAMPLE mRNA COVID-19 Vaccines Information Sheet - Pfizer-BioNTech or Moderna COVID-19 Vaccines, February 2021.
- C. Public Health Agency of Canada, [Canadian Immunization Guide: Recommendations on the use of COVID-19 vaccines](#), March 2021