

Yolo County Avian Flu Drill, June 10, 2004 FAQs FOR MEDICAL SCREENING

PATIENT CONTRAINDICATIONS	YES, give vaccine	NO, do not give vaccine
Currently ill with fever, chills or muscle aches		Refer to Physician Evaluator; vaccinate if no other contraindications after medical evaluation
Flu-like symptoms or cough, shortness of breath		Refer to Physician Evaluator; vaccinate if no other contraindications after medical evaluation
Reaction to any vaccine requiring medical care	Dependent on the severity of previous reactions	NO - If hospitalization was required
Severe allergic reaction to eggs		NO
History of Guillain-Barre Syndrome	NO - unless mortality rate for current pandemic is high (refer to Physician Evaluator)	
Pregnant or planning to become pregnant in next 4 weeks	NO - unless mortality rate for current pandemic is high (refer to Physician Evaluator)	
Immunocompromised, including HIV/AIDS	NO – but dependent on level of immunosuppression and if mortality rate for current pandemic is high (refer to Physician Evaluator)	
Chemotherapy	NO – but dependent on level of immunosuppression and if mortality rate for current pandemic is high (refer to Physician Evaluator)	
Transplant patient	NO – but dependent on level of immunosuppression and if mortality rate for current pandemic is high (refer to Physician Evaluator)	
Lymphoma	NO – but dependent on level of immunosuppression and if mortality rate for current pandemic is high (refer to Physician Evaluator)	
Leukemia	NO - but dependent on level of immunosuppression and if mortality rate for current pandemic is high (refer to Physician Evaluator)	
Cancer	Maybe - Dependent on level of immunosuppression and if mortality rate for current pandemic is high (If on chemotherapy, refer to Physician Evaluator)	

PATIENT CONTRAINDICATIONS	YES, give vaccine	NO, do not give vaccine
Platelet disorder	YES	
Thrombocytopenia	YES	
Chronic lung disease or severe breathing problems	YES	
Severe Asthma	YES	
Uncontrolled or fever-induced seizures, or neurological disease	YES	
Medications	YES	
Heart disease	YES	
Stroke	YES	
Seizure/epilepsy	YES	
Asthma/Emphysema	YES	
Stomach Ulcers/acid reflux	YES	
Spleen Removal	YES	
Sickle cell disease	YES	
Gallbladder	YES	
Hepatitis	YES	
Kidney Disease/dialysis	YES	
Diabetes	YES	
High Blood Pressure	YES	
High Cholesterol	YES	
Pneumonitis	YES	
Pancreatitis	YES	
Malaise	YES	
Chronic lung disease	YES	
Encephalitis	YES	
Febrile reactions and/or seizures	YES	
Congestive heart failure	YES	
Symptoms of menopause	YES	
Taking birth control pills	YES	
Breastfeeding	YES	

OK to vaccinate all household members, as there is no concern for shedding given this is an injectable live vaccine (like measles)