

## PRE-VACCINATION CHECKLIST & CONSENT FORM – for Shingles Vaccination

A trained pharmacist vaccinator must conduct the pre-vaccination consultation, consent process and vaccine administration.

Date: \_\_\_\_\_

Customer Name:		Customer Address:	
Phone Number:			
DOB:	Age:	NHI Number (if known):	
GP Name:		GP Address:	
GP Phone Number:			

CONSULTATION QUESTIONS	RECORD YES / NO	WHEN TO REFER
Are you under 50 years of age? (Zostavax only licensed in 50 years or over)		If YES, do not give
Have you had a shingles or zoster vaccination before?		If YES, do not give
Have you had another vaccination recently? If yes, note which one and the approximate date:  (Check Immunisation Handbook for details)		If YES check for interactions and any required wait times
Have you ever had a severe reaction to any vaccine?*		If YES, refer to GP*
Are you seriously allergic to anything including neomycin or gelatin?		If YES, refer to GP
Are you unwell today? (NB. OK to vaccinate if person is mildly unwell but temperature <38°C)		If YES, refer to GP
Are you taking anticoagulants (e.g. warfarin) or do you have bleeding problems?		If YES, refer to GP
Do you have any medical conditions that may affect your immunity? This includes problems with your bone marrow or blood, leukaemia, lymphoma and HIV/AIDS. (Zostavax is a live vaccine – DO NOT GIVE in immune-deficiencies – if in doubt refer to GP)		If YES, refer to GP
Are you having medicines that affect the immune system? (DO NOT GIVE with immunosuppressives, e.g. prednisone ≥20mg/day, transplant drugs, chemotherapy. Consider immune mediators and modulators, e.g. anti-TNF agents; check product information for unusual medicines. These drugs may be given in hospitals or at doctor's practice)		If YES, refer to GP
Do you have active untreated tuberculosis		If YES, refer to GP
Are you taking antivirals, e.g., acyclovir, famciclovir? (Avoid 24 hours before vaccination or for 14 days after vaccination)		If YES, refer to GP
Are you or could you be pregnant? (women in early 50s)		If YES, refer to GP
Have you had any recent health problems? (Refer developing/undiagnosed neurological conditions)		If YES, refer to GP

\*severe reaction includes anaphylaxis, or severe swelling or severe pain

If all questions are answered NO, please complete the rest of the form (over page) for provision of information and patient consent.

## VACCINATION INFORMATION CHECKLIST AND CONSENT

Information Checklist for Customer	Comments	Completed <input type="checkbox"/>
<p>Explain how the vaccination works, how often it is required (single dose). Zostavax boosts the patient's immune system to help protect from Shingles. If the patient has had chickenpox the virus that causes Shingles is being carried by them. The risk of contracting Shingles increases over the age of 50. Approximately 1 in 3 people will develop shingles during their lifetime. 1 in 4 people who get Shingles will experience complications. The vaccine effect lasts for approximately 6 years and is about 50% effective in preventing shingles, and two-thirds of the patients are less likely to get pain after shingles (post-herpetic neuralgia).</p> <p><b>If the patient has had shingles before most people do not get it again – vaccine less useful</b></p>	<p>Check if given shingles or zoster vaccination before <b>Check if had shingles before</b></p>	
<p>Explain how shingles vaccine is given and that the customer has to wait in the pharmacy for 20 minutes after vaccination</p>	<p>Administer by <b>subcutaneous</b> injection.</p>	
<p>Explain what effects may be expected after the vaccination (e.g. pain, redness or swelling at injection site, usually mild, fever, headache, pain in extremities). Possible rare risk of infecting others with chickenpox if a blister-like rash appears.</p>	<p>Ask if any localized reactions have previously been experienced with vaccinations. Check if the person lives with someone who is immunosuppressed.</p>	
<p>Explain what should be done if localized adverse events occur i.e. cold compresses on injection site for swelling, paracetamol* if pain/fever When and how to seek medical advice if you feel unwell after the vaccination Give verbal advice and handout.</p>	<p>Fainting can occur during or after a vaccination. Sit down during and after the vaccination. After you leave, if unusual and rapidly extensive swelling occurs, seek medical help or phone Emergency services (111)</p>	
<p>Confirm the customer understands that the vaccine is not government funded and the customer will have to pay for the vaccination.</p>	<p>Pharmacies could display a sign about availability and cost of the vaccination.</p>	
<p>Customer consent to shingles (zoster) vaccination (verbal)</p>	<p>Pharmacist signature</p> <p>_____</p>	
<p>Customer consent signature :</p> <p>_____</p>	<p>Customer Name (printed):</p> <p>_____</p>	
<p>Customer consent to notify GP of vaccination and any related Adverse Event.</p>	<p>Customer Signature:</p> <p>_____</p>	

<b>Name of Pharmacist Vaccinator:</b>			
<b>Zostavax reconstituted &lt; 30 mins before dosing</b> <input type="checkbox"/> Draw up 0.65mL, check visually <input type="checkbox"/>	Change needle for administration to 25-26G 16mm for SC injection	<b>Batch number:</b> <b>Expiry:</b>	
<b>Vaccine Administration Date:</b>	<b>TIME ADMINISTERED:</b>  <b>20 MINUTE WAIT COMPLETE AT:</b>		
<b>Administered by:</b>	<b>Left Arm / Right Arm</b>		
<b>Pharmacy Name:</b>		<b>Pharmacy Phone Number:</b>	

## NOTIFICATION OF SHINGLES VACCINATION

Dear Doctor,

For your records, please note that:

Name: \_\_\_\_\_

NHI Number: \_\_\_\_\_

DOB: \_\_\_\_\_

was vaccinated with Zostavax herpes zoster vaccination to prevent shingles

Batch number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Date of vaccination: \_\_\_\_\_

Administered: Deltoid Left Arm / Deltoid Right Arm

Pharmacy: \_\_\_\_\_

Pharmacist: \_\_\_\_\_

Date of notification: \_\_\_\_\_

## Information for adults after a shingles (Herpes Zoster) vaccination

You need to wait at the pharmacy for 20 minutes after the vaccine is given. This is to make sure treatment is quickly available if a rare, severe allergic reaction occurs. We suggest you sit down during and after the vaccination as some people can faint.

Common reactions are the body's normal response to immunisation. Most reactions are mild, do not interfere with activities, and usually go after a day or so. If these symptoms continue and/or get worse, talk to your healthcare professional.

Common Problems	What to do
Pain, redness, itch and/or swelling at the site of injection (usually mild)	A cold damp cloth can be held on the injection site
Headache, sore extremities	If you feel uncomfortable consider taking paracetamol as per directions on the pack
Less common problems <sup>1</sup>	What to do
Body aches	If you feel uncomfortable consider taking paracetamol as per directions on the pack
Very rare problems <sup>1</sup>	What to do
A blister like rash	This rash might cause chicken pox in other people who have not had chicken pox before so cover blisters, e.g. with a sticking plaster
Severe allergic reaction. Symptoms could include difficulty breathing, wheezing, fast heart beat, hives, swelling of the throat, red skin.	Call a doctor or get the person to a doctor right away

Getting shingles is more likely to cause severe problems than getting the vaccine.

This vaccine can be used in adults over 50 years of age to protect against shingles. Protection lasts six years or more.

Your vaccination was given by injection under the skin in the deltoid region of the arm.

The vaccine reduces the risk of getting shingles by about half, and reduces the risk of pain after shingles (post-herpetic neuralgia) by about two-thirds.

Taking an antiviral medicine, e.g. aciclovir tablets or famciclovir tablets in the next two weeks may stop this vaccine working correctly. These tablets may be used for cold sores, shingles, Bell's Palsy and other viral conditions. Tell your doctor or pharmacist you have had the shingles vaccination if you need treatment in the next two weeks.

**Ask your Health Professional if you have any questions about your vaccinations.**