

### COVID-19 and Flu check list

The following questions will help us determine if there is any reason why COVID-19 and Flu vaccine cannot be given today. If you answer "yes" to any question, it does not necessarily mean the vaccine cannot be given. It just means additional questions may be asked. If a question is not clear, please ask the healthcare worker to explain it. This list is not exhaustive.

1. Are you unwell today?
2. Do you have any new symptoms of COVID-19? Have you tested positive for COVID-19 in the last four weeks (adults) or twelve weeks (if under 18 and not at risk)?
3. Are you waiting for results from a COVID-19 test?
4. Are you being investigated or do you have a serious disability or have you had a deterioration following prolonged COVID-19 symptoms?
5. Please could I ask your age? (Note for staff. Check age appropriate vaccine and check consent for < 16 years)
6. Do you have any allergies? Did you have any allergic reaction following a COVID-19 or flu vaccine previously?
7. Have you ever had an anaphylactic reaction that is unexplained, or anaphylaxis to several different medicines? Have you had an anaphylactic reaction to a flu or COVID-19 vaccine? Have you ever had an anaphylactic reaction to egg that required intensive care treatment (flu)?
8. Have you received a flu vaccine since 1<sup>st</sup> September 2022?
9. Have you received a flu vaccine in the last 7 days? (Novavax should be separated from administration of a flu vaccine by an interval of at least 7 days)
10. Have you received a shingles vaccine in the last 7 days?
11. Have you had a COVID-19 vaccine previously? (If yes check interval)
12. Do you have a condition or receive treatment that affects your immune system? Was your immune system severely weakened at the time you had any previous COVID-19 vaccines?
13. Are you pregnant? Could you be pregnant? Are you breastfeeding?
14. Do you have a bleeding disorder or are you taking any blood thinners? (**Note:** If individual has immune thrombocytopenic purpura (ITP) follow up bloods to check platelets 2-5 days post immunisation are advised)
15. Have you had low platelets after receiving heparin with blood clots (HITT or HIT type 2)?
16. Did you have a serious blood clot (thrombosis) in veins or arteries with low platelets (thrombocytopenia) after a dose of COVID-19 vaccine?
17. Have you had myocarditis or pericarditis after a dose of Pfizer (Comirnaty) or Moderna (Spikevax) COVID-19 vaccine?
18. Have you ever had capillary leak syndrome?
19. Have you had Guillain-Barre Syndrome after a dose of COVID-19 vaccine? (If yes check which COVID-19 vaccine is required)
20. (**Children and young people only**) Have you developed Paediatric Multisystem Inflammatory Syndrome (PIMS-TS or PIMS) after COVID-19 infection? If yes, was this in the last 3 months?

## Rhestr wirio COVID-19 a Ffliw

Bydd y cwestiynau canlynol yn ein helpu i benderfynu a oes unrhyw reswm pam na ellir rhoi brechlyn COVID-19 a Ffliw heddiw. Os byddwch yn ateb "ydw/oes" i unrhyw gwestiwn, nid yw o reidrwydd yn golygu na ellir rhoi'r brechlyn. Mae dim ond yn golygu y gellir gofyn cwestiynau ychwanegol. Os nad yw cwestiwn yn glir, gofynnwch i'r gweithiwr gofal iechyd ei esbonio. Nid yw'r rhestr hon yn cynnwys popeth.

1. A ydych yn sâl heddiw?
2. A oes gennych unrhyw symptomau newydd COVID-19? A ydych wedi profi'n positif am COVID-19 yn ystod y pedair wythnos diwethaf (oedolion) neu ddeuddeg wythnos (os ydynt o dan 18 oed a ddim yn wynebu risg)?
3. A ydych yn aros am ganlyniadau prawf COVID-19?
4. A ydych yn cael ymchwiliad neu a oes gennych anableded difrifol neu a ydych wedi dirywio yn dilyn symptomau COVID-19 estynedig?
5. A allaf ofyn beth yw eich oedran? (Nodyn i'r staff. Gwiriwch y brechlyn sy'n briodol i oedran a gwirio caniatâd ar gyfer < 16 oed)
6. A oes gennych unrhyw alergeddau? A gawsoch unrhyw adwaith alergaidd yn dilyn brechlyn COVID-19 neu ffliw yn flaenorol?
7. A ydych erioed wedi cael adwaith anaffylactig heb ei esbonio, neu anaffylactis yn gysylltiedig â sawl meddyginiaeth wahanol? A ydych erioed wedi cael adwaith anaffylactig i frechlyn y ffliw neu frechlyn COVID-19? A ydych erioed wedi cael adwaith anaffylactig i wyau a oedd angen triniaeth gofal dwys (ffliw)?
8. A ydych wedi cael brechlyn ffliw ers 1 Medi 2022?
9. A ydych wedi cael brechlyn ffliw yn y 7 diwrnod diwethaf? (Dylai Novavax gael ei wahanu oddi wrth weinyddu brechlyn ffliw gyda bwllch o 7 diwrnod o leiaf)
10. A ydych wedi cael brechlyn yr eryr yn y 7 diwrnod diwethaf?
11. A ydych wedi cael brechlyn COVID-19 yn flaenorol? (Os do gwiriwch hyd y bwllch ers cael y brechlyn)
12. A oes gennych gyflwr neu a ydych yn derbyn triniaeth sy'n effeithio ar eich system imiwnedd? A oedd eich system imiwnedd wedi'i gwanhau'n ddifrifol ar yr adeg y cawsoch unrhyw frechlynnau COVID-19 blaenorol?
13. A ydych yn feichiog? A allech chi fod yn feichiog? A ydych yn bwydo ar y fron?
14. A oes gennych anhwylder gwaedu neu a ydych yn cymryd unrhyw beth i deneuo'r gwaed? (Noder: Os oes gan yr unigolyn bwrpura thrombositopenig (ITP), cynghorir profion gwaed dilynol i wirio platennau 2-5 diwrnod ar ôl imiwneiddio)
15. A ydych wedi cael platennau isel ar ôl derbyn heparin gyda chlotiau gwaed (HITT neu HIT math 2)?
16. A gawsoch glot gwaed difrifol (thrombosis) mewn gwythiennau neu rydweliâu gyda phlatennau isel (thrombositopenia) ar ôl eich dos cyntaf o'r brechlyn COVID-19?
17. A ydych wedi cael myocarditis neu bericarditis ar ôl dos o frechlyn COVID-19 Pfizer (Comirnaty) neu Moderna (Spikevax)?
18. A ydych wedi cael syndrom capilari yn gollwng?
19. A ydych wedi cael Syndrom Guillain-Barre ar ôl dos o frechlyn COVID-19? (Os ydynt, gwiriwch pa frechlyn COVID-19 sydd ei angen)
20. **(Plant a phobl ifanc yn unig)** A ydych wedi datblygu Syndrom Lidiol Aml-system Pediatrig (PIMS-TS neu PIMS) ar ôl haint COVID-19? Os do, a oedd hyn yn ystod y 3 mis diwethaf?