



Mild adverse events following immunization (AEFI) cause little worry to patients and are easily addressed by clinicians. When more “challenging” AEFI such as large injection site reactions or neurological or allergic symptoms occur, paediatricians may be uncertain about how to proceed with further immunizations. Similarly, patients with potential vaccine contraindications pose management challenges. This national survey aims to identify current referral patterns of these two categories of patients, and paediatricians’ willingness to refer to a special immunization clinic, if one were available.

Your contribution is greatly appreciated.

DEMOGRAPHY:

1. Which of the following best describes your practice?

General paediatrician___, specify: Primary care___ Consulting___ Both___
Paediatric subspecialist___, specify:_____ Other, specify:_____

2. How many years have you been in practice? _____ years

3. Where is your main practice located? Province/Territory _____
Specify the distance between your practice and the nearest paediatric tertiary care centre? ~ _____ km

IN THE PAST 12 MONTHS:

YES NO

4. Were immunizations administered in your practice? _____
If yes, specify the number of patients immunized: ≤ 24___ 25-99___ 100-249___ ≥250___

5. Did you encounter patients with “challenging” AEFIs or vaccine contraindications? _____
If yes, specify the number of patients encountered: 1-4___ 5-9___ 10-24___ ≥25___

6. Did you receive questions/referrals about “challenging” AEFI or contraindications? _____
If yes, specify the number of questions/referrals received: 1-4___ 5-9___ 10-24___ ≥25___

If you answered “No” to questions 4 to 6, proceed to questions 10 and 11.

7. If you received questions or referrals, specify the percentage for each group:

General practitioner/Family physician	_____ %
Paediatrician	_____ %
Nurses practicing independently	_____ %
Medical Officer of Health	_____ %
Public health nurse manager/director	_____ %
Other public health nurses	_____ %
Pharmacist	_____ %
Other, specify _____	_____ %
Total	100 %

8. Did you refer patients with “challenging” AEFI regarding their next immunization? Yes ___ No ___
If yes, to whom (check all that apply)? General paediatrician___ Allergist___ Infectious disease specialist___
Medical Officer of Health/Public health officials___ Other, specify:_____

9. How satisfied are you with the local resources for managing individuals with “challenging” AEFI and contraindications?
Very satisfied___ Somewhat satisfied___ Somewhat dissatisfied___ Very dissatisfied___

10. If a special immunization clinic (SIC) existed for patients with prior AEFI or contraindications, how likely would you be to refer your patients to that clinic?
Very likely___ Somewhat likely___ Somewhat unlikely___ Very unlikely___
If very unlikely, specify reason(s): _____

11. What travel distance would you consider acceptable for patients to be assessed at a SIC?
≤49 km___ 50-149 km___ 150-299 km___ ≥300 km___

12. In the past 12 months, how many patients with “challenging” AEFI would you have referred to a SIC, if one were available? None___ 1-4___ 5-9___ 10-24___ ≥25___

Please return this survey with your monthly reporting form. Thank you for your participation.