



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 _____	_____ %
<b>Total</b>	<b>100 %</b>

**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.**