SURVEY
Managing patients with adverse events following immunizations or contraindications to vaccination

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:**

4. **Were immunizations administered in your practice?** YES NO

   If yes, specify the number of patients immunized: ≤ 24___ 25-99___ 100-249___ ≥250___

5. **Did you encounter patients with “challenging” AEFI or vaccine contraindications?** YES NO

   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?** YES NO

   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.

03/2013