

Date:	
	YYYY/MM/DD

**LIVE ATTENUATED INFLUENZA VACCINATION OF PEDIATRIC CLIENTS WITH CERTAIN IMMUNOCOMPROMISING CONDITIONS (SEE BELOW) MAY BE CONSIDERED WITH PHYSICIAN OR NURSE PRACTITIONER APPROVAL** (i.e., the primary care physician, medical specialist or nurse practitioner most familiar with the client's current medical status).

**CLIENT INFORMATION**

Name:		
	<i>Last</i>	<i>First</i>
DOB:		PHN:
	YYYY/MM/DD	

**To be completed by public health nurse. Check the appropriate box for your client:**

- Pediatric oncology treatment, including autologous HSCT (12 months after discontinuation of therapy).
  - Pediatric client (2-17 years of age) with HIV infection
- NACI recommends that pediatric clients with HIV infection who are not severely immunosuppressed (i.e., immunological categories 1 and 2) may be immunized with live attenuated influenza vaccine:

Immunologic category <sup>A</sup>	1-5 years		≥ 6 years	
	CD4+ T-lymphocyte counts (x10 <sup>6</sup> /L)	Percent (%) of total lymphocytes	CD4+ T-lymphocyte counts (x10 <sup>6</sup> /L)	Percent (%) of total lymphocytes
1	≥ 1,000	≥ 30	≥ 500	≥ 26
2	500-999	22-29	200-499	14-25

**Concern regarding current medical status:**

Public Health Nurse Name:	
Phone #:	Fax #:

**To be completed by physician or nurse practitioner and sent to public health nurse.**

I have verified on (YYYY/MM/DD) \_\_\_\_\_, this client has no medical contraindications to the receipt of live attenuated influenza vaccine. I understand that children under 9 years of age who have not previously received any seasonal influenza vaccine require 2 doses given 4 weeks apart.

Signature:		Clinic:	
Phone #:		Fax #:	

<sup>A</sup> Source: [The Centers for Disease Control and Prevention \(CDC\)](#). The immunologic category is based primarily on the CD4+ T-lymphocyte count; the CD4+ T-lymphocyte count takes precedence over the CD4 T-lymphocyte percentage, and the percentage is considered only if the count is not known.