

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only





IMMUNIZATION CONSENT FORM

Before your child can receive the Influenza injection, you must read this information sheet, and answer the questions. Katy Trail Community Health will keep this questionnaire and any other information collected in a confidential manner. There are risks associated with all vaccines, please review the Vaccine Information Sheet attached. Like any vaccine, it does not protect 100% of individuals vaccinated.

Vaccines are offered either through our Vaccines for Children (VFC) program if child is eligible at no cost or through the primary insurance carrier. Return completed form and a copy of the insurance card to the school nurse prior to the administration date of: _____.

1) Please check which applies to your child:

_____ he/she has no insurance _____ he/she has insurance, but it does not cover these vaccinations
_____ he/she is enrolled in Medicaid _____ he/she is an Alaskan native or Native American
_____ he/she has third party insurance and it covers this vaccination. Should it not cover, I will be responsible for payment.

2) Katy Trail Community Health will offer the following immunizations at your child's school for the 2017-2018 school year.

Influenza Vaccine

3) CHILD'S INFORMATION:

Child's

Name: _____ SS# _____ DOB: _____

Gender (Circle one please): Male Female

Street Address: _____ City: _____ Zip: _____

Phone: _____

Primary Care Provider: _____

Primary Guardian:

Name: _____ Relationship to Patient: _____

Street Address: _____ City _____ Zip: _____

Phone: _____

Insurance:

Name of Insurance company: _____ Policy #: _____ Group #: _____

Subscriber's Name: _____ Subscribers Birth Date: _____

Subscriber's SSN: _____ Subscriber's Address: _____

Subscriber's Phone Number: _____ Subscriber's Relationship to Patient: _____

4) PLEASE CIRCLE 'YES' OR 'NO'

- Yes No This child is allergic to medicines, foods, or vaccinations.
If yes please describe _____
- Yes No This child has had a serious reaction to a vaccine in the past.
If yes please describe _____
- Yes No This child or one of his/her immediate family member has seizures, brain-nerve problem, bleeding disorder or on aspirin or blood thinners.
- Yes No This child has chronic lung, or asthma, or has had a history of asthma or wheezing in the past year.
- Yes No This child is pregnant or could potentially be pregnant.
- Yes No This child is currently breastfeeding.
- Yes No This child has heart or kidney disease, diabetes, or other chronic illness.
- Yes No This child has cancer, leukemia, AIDS or other immune system problem:
- Yes No This child has taken cortisone, prednisone, other steroids or anticancer drugs or had X-ray treatments in the last six weeks.
- Yes No This child had a transfusion of blood or blood products or has been given immune (gamma) globulin in the last six weeks.
- Yes No This child has received vaccinations in the last four weeks.
If yes, which vaccinations _____
- Yes No This child has a current fever or respiratory illness.
- Yes No This child has an allergy to eggs
- Yes No This child has or has previously been diagnosed with Guillain-Barre Syndrome

5) READ AND SIGN BELOW:

I have been given a copy of and have read or had explained to me, the information in the "Vaccine Information Statement(s)" for the disease(s) and vaccine(s) to be administered to this child. I have had a chance to ask questions that were answered to my satisfaction. If I have a question, I should call Kalea at 660-826-4774 ext. 890. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) currently due for which I have signed below be given to me or to the person named above for whom I am authorized pursuant to Section 431.058, RSMo to make this request.

Parent/Guardian signature:

Date: _____

Administration Information:

Child's Name _____ **DOB:** _____

Vaccine	Date VIS given	Date Given	Site	Dose	Adm. Initials
Influenza					

Nurse _____

Initials _____

School site: _____