



Influenza Vaccination

General Information

•**The Disease:** Influenza (flu) is caused by viruses. The fever, chills, headache, dry cough and muscle aches of flu may last from several days to more than a week, but complete recovery is usual. Certain groups of people, however, are much more likely to suffer major complications if they get the flu. People over age 65, residents of nursing homes and other chronic care facilities, people with diabetes, heart disease, lung disease, chronic severe anemia including sickle cell disease, cancer, chronic immunosuppressive disorders and pregnant women who will be in the second or third trimester during the influenza season are among those at higher risk for complications. Health care personnel who have contact with high risk patients should be vaccinated to protect themselves and their patients.

•**The Immunization:** One injection will protect most people from influenza caused by the different types of virus contained in the vaccine. The vaccine contains the types of influenza virus predicted to be present during the coming influenza season. Yearly immunization is necessary because new strains of virus develop quite often and immunity wanes. Although definitive studies have not been conducted, the Center for Disease Control and Prevention considers the influenza vaccine safe in any stage of pregnancy. The composition of the vaccine is changed yearly to make certain the annual vaccine represents the strains that are most likely to be encountered during the upcoming season. Immunization against influenza viruses focuses on types A and B because type A influenza is most commonly responsible for epidemics and type B influenza also causes significant illness.

•Optimal time to receive vaccine is mid-October through mid-November; however, the vaccine is administered anytime during influenza season.

•Immunity lasts for one influenza season only.

•Possible side effects are slight fever, fatigue, muscle ache, and tenderness and redness at the injection site. Current vaccines are more highly purified than older preparations and less likely to be associated with fevers and local reactions.

•This vaccine should not be administered to individuals with a history of hypersensitivity (allergy) to chicken egg, Guillain-Barre syndrome, or acute febrile illnesses. The vaccine is derived from virus grown in embryonated hens eggs, and is contraindicated in individuals who are allergic to eggs.

•The virus in the vaccine has been killed by formalin and is not infectious. The influenza vaccine does not cause influenza or viremia.

•Women who will be in the second or third trimester of pregnancy during the influenza season should be vaccinated, preferably after the first trimester.

•This vaccine may be administered simultaneously with pneumococcal, MMR, and polio vaccines.

Influenza Immunization Informed Consent

Name: _____

S.S.# : _____

<u>Potential contraindications</u>	<u>YES</u>	<u>NO</u>
Are you currently ill and have a fever?		
Have you ever had a bad reaction to the flu vaccine?		
Have you ever had Guillain-Barre Syndrome (GBS)?		
Are you severely allergic to eggs?		
Are you allergic to the preservative thimerosal?		
Are you allergic to latex?		

Side Effects: Side effects are infrequent. The few people that do notice side effects will usually experience very mild symptoms for 1-2 days, including a slight fever, tiredness, muscle ache and tenderness and redness at the injection site. A severe allergic reaction is possible, although rare, so we ask you to remain 10 minutes after your immunization for observation. If you are taking Warfarin (Coumadin), Theophylline, or Dilantin the vaccine may affect your blood level.

Gullain-Barre Syndrome is a rare illness first associated with influenza immunization during the use of the "Swine Flu" vaccine in 1976. Approximately one person per 100,000 who received the Swine Flu vaccine later developed Gullain-Barre Syndrome. Gullain-Barre Syndrome has not been associated with the recent flu vaccines, but individuals with a past history of GBS should discuss immunization with their health care provider.

Consent:

I have received the information sheet about Influenza and the Influenza Vaccine. I have read the above statement about the Influenza Vaccine and have had the opportunity to ask questions. I understand the possible benefits and risks of the vaccination. I request the Influenza Vaccine to be given at this time.

Signature: _____

Office use only

Date: _____

Lot #: 89969 Expiration Date: June 30, 2009

Injection: _____

Site: _____ Deltoid

Administered by: _____