

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.



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





FEDERAL OCCUPATIONAL HEALTH

Improving the health, safety, and productivity of our Federal employees.



Client Screening Questionnaire and Acknowledgement Form for Inactivated Injectable Influenza Vaccination

Client's Name: _____ Date of Birth: _____

Screening Questionnaire for Inactivated Injectable Influenza Vaccination

Adult patients wanting to be vaccinated: The following questions will help us determine if there is any reason we should not give you inactivated injectable influenza vaccine today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

		YES	NO	DON'T KNOW
1.	Are you sick today?			
2.	Do you have an allergy to eggs or to any component of the vaccine?			
3.	Have you ever had a serious reaction to influenza vaccine in the past?			
4.	Have you ever had Guillain-Barre Syndrome?			

Client's Signature: _____ Date: _____

Nurse's Signature: _____ Date: _____

CLIENT ACKNOWLEDGEMENT FORM FOR 2016-2017 INFLUENZA VACCINATION

The CDC recommends yearly flu vaccination as the first and most important step in protecting against influenza. Everyone age 6 months and older should be vaccinated. By getting vaccinated, you're not only protecting yourself but helping your family, friends and co-workers. This season the influenza vaccine will protect against the H1N1 virus. Since seasonal influenza activity usually lasts from October to May, immunization should continue from August to April. The information you provide to complete this form indicates you understand the benefits and the risks of the influenza vaccine, as indicated in the Vaccine Information Statement (VIS) and you are requesting to be vaccinated.

NOTE: There is **no** recommendation for pregnant women or people with pre-existing medical conditions to seek special permission or secure written consent from their doctor for influenza vaccination if they get vaccinated at a worksite clinic, pharmacy, or other location outside of their physician's office. For more information, visit: [Misconceptions about Seasonal Flu and Flu Vaccines](#).

Part 1: EMPLOYEE INFORMATION (To be completed by the client)

Name: _____
Last First MI

Last 4 of SS #: XXX-XX- _____ Date of Birth: _____

Work Address: _____
Street City State Zip

Agency: _____ Work Phone: _____

Work E-mail Address: _____

Allergies (drug/food): _____

Medications: _____

Client's Signature: _____

PRIVACY ACT NOTICE

The information obtained in the completing of this form is used to assist Federal Occupational Health in carrying out its responsibilities under one or more interagency agreements with your employing agency. The collection and use of this information is consistent with the provisions of 5 USC 552a, 5 USC 7901, and Public Law 103-356.

The information will become part of your official Employee Medical File, and is to be used only for official purposes as explained and published annually in the Federal Register under OPM/GOVT-10 (the OPM system of records). Participation in the FOH Influenza campaign is **voluntary**.

PART 2: SEASONAL INFLUENZA VACCINE RECORD (To be completed by the FOH clinician)

<p>OHC: _____</p>	<p>Vaccine: QUADRIVALENT INFLUENZA VIRUS VACCINE: A/Christchurch/16/2010 NIB-74XP (H1N1) OR A/California/7/2009 NYMC X-179A (H1N1) A/Hong Kong/4801/2014 NYMC X-263B (H3N2) B/Phuket/3073/2013 B/Brisbane/60/2008</p>
<p>LOT: _____ EXP. DATE: _____ MANUFACTURER: _____ DOSE: <u>0.5 mL</u></p>	
<p>PUBLICATION DATE OF VIS: _____ DATE VIS GIVEN: _____</p>	
<p>CLINICIAN'S NAME: _____</p>	
<p>CLINICIAN'S TITLE: _____ SITE: <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Other: _____</p>	
<p>CLINICIAN'S SIGNATURE: _____ ROUTE: <input type="checkbox"/> IM</p>	
<p>DATE: _____</p>	
<p>IF VACCINE NOT GIVEN, PROVIDE REASON WHY: <input type="checkbox"/> Client Refusal <input type="checkbox"/> Contraindications <input type="checkbox"/> Other: _____</p>	