

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 vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it 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 of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

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. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

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. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do 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. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- 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 www.cdc.gov/flu

Vaccine Information Statement (Interim)
**Inactivated Influenza
Vaccine**



Office use only

8/15/2019 | 42 U.S.C. § 300aa-26



Sioux Falls School District

Influenza Vaccine Consent Form

PATIENT INFORMATION: *(Please Print)*

SCHOOL: _____

Name: _____ Male Female Date of Birth: _____

If under 18: Mother: _____ Father: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

PLEASE CHECK ONE: (ALL CHILDREN WILL RECEIVE THE VACCINE REGARDLESS OF OPTION CHECKED.)

___ is enrolled in Medicaid ___ does not have health insurance ___ is American Indian or Native Alaskan
___ has health that does not pay for vaccines ___ has private health insurance that does cover vaccines

MEDICAL INFORMATION:

PLEASE CIRCLE

- | | | | |
|--------------------------------------------------------------|-----|----|--------------------|
| 1. Do you have a history of allergy to eggs or egg products? | YES | NO | |
| 2. Do you feel sick today or are you running a fever? | YES | NO | |
| 3. Have you ever had a serious reaction to the flu vaccine? | YES | NO | NEVER HAD FLU SHOT |
| 4. Have you ever had Guillain-Barré Syndrome? | YES | NO | |
| 5. Do you have an allergy to latex? | YES | NO | |

I understand the benefits and risks of the influenza vaccine and request that it be given to me or to the person named above for whom I am authorized to make this request. I have been provided a copy of the Influenza Vaccine Information Sheet (published 2015) and am aware of any possible side effects.

I also acknowledge that my private health information will only be shared with others in the interest of treatment, payment, or other necessary healthcare operations; and by signing below; I accept the privacy act policies of this facility.

According to SD law§ 34-22-12.5 we must inform you that record of this flu shot will be entered onto the State immunization registry and may be shared. If you do not wish for your child's records to be entered on the State immunization registry, please contact Health Services at 367-7926 to obtain an opt out form.

Signature of Parent or Guardian:

X _____ Date _____

For Office Use			
Date of Administration: _____			VIS Given: <input checked="" type="checkbox"/> VIS: _____
Site of Administration:	<input type="checkbox"/> R Deltoid <input type="checkbox"/> L Deltoid <input type="checkbox"/> R Thigh <input type="checkbox"/> L Thigh	Manufacturer <input type="checkbox"/> Sanofi <input type="checkbox"/> Novartis <input type="checkbox"/> Glaxo	Lot # _____
Dose: <input checked="" type="checkbox"/> 0.5 ml			Exp. Date: _____
Administered By: _____			