

Influenza (Flu) Vaccine Consent

What is the flu?

The flu is a contagious respiratory illness caused by influenza viruses. People who get the flu may have a fever, chills, cough, runny eyes, stuffy nose, sore throat, headache, muscle aches, extreme weakness, and fatigue. The elderly may not have a fever. Children can also have earaches, nausea, vomiting and diarrhea. People of any age can get the flu. It usually lasts two to seven days.

How does flu spread?

Flu viruses are spread in respiratory droplets caused by coughing and sneezing. They usually spread from person to person, though sometimes, people become infected by touching something with the flu virus on it and then touching their mouth and nose. Healthy adults may be able to infect others beginning one day before symptoms develop and up to 5 - 10 days after becoming sick. That means you can pass on the flu to someone else before you know you are sick, as well as while you are sick.

Who should NOT get the flu vaccine?

People who should NOT get the flu vaccine include:

- infants under six months of age;
- anyone with a serious allergy to eggs or egg products causing an anaphylactic or allergic reaction (e.g. hives, swelling of the mouth and throat, difficulty breathing, and/or shock);
- anyone who has had a severe reaction to a previous dose of flu vaccine;
- anyone with a severe allergy to any component of the vaccine (thimerosal, formaldehyde, neomycin);
- anyone who is acutely ill with a fever should wait until they recover before getting the flu vaccine;
- anyone who has an active neurological disorder should postpone vaccination until their condition has stabilized;
- anyone who developed Guillain-Barre Syndrome (GBS) within eight weeks of a previous flu vaccination.

Who should get the flu vaccine?

Everyone over the age of six months should receive the vaccine to protect themselves and others.

High Priority

The following groups should receive the flu vaccine:

GROUP A:

Those at risk of flu complications

1. Healthy children aged 6-23 months
2. People 65 years of age or older
3. Adults and children with chronic cardiac, kidney, blood or pulmonary disorders, including asthma
4. Those who have any condition that can compromise immune systems, i.e. cancer, HIV, diabetes, metabolic diseases
5. People who are residents of nursing homes or other chronic care facilities
6. Children and adolescents (aged 6 months to 18 years) with conditions treated for long periods with acetylsalicylic acid (aspirin)
7. People in the above group embarking on travel to destinations where the flu is circulating
8. Those with conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration
9. Healthy pregnant women

GROUP B:

Those capable of transmitting the flu

1. Health care or other service providers who work in facilities and community settings, or have contact with residents of continuing care facilities
2. Those who provide home care for persons in the high-risk groups
3. Those who provide services in closed, or relatively closed settings to persons at high risk
4. Household contacts of people at high risk of flu complications (see above)
5. Those providing regular child care to children 0 to 23 months of age, in or out of the home.
6. People who provide essential community services
7. People in direct contact with poultry infected with avian influenza

Pregnant Women

Women with chronic illnesses such as those listed in Group A above, have a high risk of influenza complications and are recommended as a high-priority group for immunization at any stage of pregnancy. Healthy pregnant women should be immunized because rates of influenza associated hospitalization increase later on during pregnancy.

(please turn over - more information on reverse)

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Last Name: _____ First Name: _____

Birthdate: ____/____/____ Phone: (____) _____ OHCN: _____
yy mm dd area code Ontario Health Card Number

School or day care centre (if attending): _____

Allergy to: (Check the appropriate box and follow any instructions)

eggs or egg products No Yes ➤ do not receive the flu vaccine
 neomycin No Yes ➤ advise nurse
 thimerosal No Yes ➤ advise nurse

Gender: M F
 Age: _____

1. Have you/or the above-named had the flu vaccine before? No Yes Unsure
 ➤ If yes, within the last 30 days? No Yes
2. Are you in: Group A (see above): Those at high risk of flu complications ➤ No Yes
 Group B (see above): Those capable of transmitting flu to those at high risk ➤ No Yes

I have read, or had explained to me, the benefits, risks, and side effects of the flu vaccination and the consequences of not having the vaccination. I have had a chance to ask questions, which were answered to my satisfaction. I am providing consent for myself/the above-named to be vaccinated against the flu.

Name of client/parent/guardian (if different from above): _____

Signature: _____ self parent/guardian Date: _____

Contact in case of emergency: _____ Phone: (____) _____

This information is collected for the purpose of maintaining an immunization record for this person. Flu vaccine information for all children attending school or day care will be entered on the Health Unit's computerized database. For more information, contact the Freedom of Information Coordinator at the Peterborough County-City Health Unit at (705) 743-1000.

What are the risks from the flu vaccine?

Most people who get the vaccine have either no side effects or mild side effects such as soreness, redness or swelling at the injection site lasting up to two days. Occasionally, a few people may develop muscle aches, tiredness and fever for one to two days after receiving the flu vaccine. The side effects can be relieved with an analgesic such as acetaminophen. Life-threatening allergic reactions are very rare. If they do occur, it is within a few minutes to a few hours after the vaccine.

Guillain-Barre Syndrome (GBS) is an uncommon disease that causes muscle paralysis and has been associated with certain infectious diseases. It is not known whether infection with the flu itself is associated with GBS. Overall, the risk of illness and death associated with the flu is much greater than the small risk of GBS. In Canada, the background incidence of GBS from all causes was estimated at 20 cases per million. The estimated risk of GBS is approximately one additional case per one million persons vaccinated. People who have had GBS within six to eight weeks of a previous flu vaccination should NOT be vaccinated. Individuals who have experienced oculo-respiratory syndrome (ORS) symptoms may be safely reimmunized with flu vaccine.

Is the flu vaccine effective?

It takes about two weeks after the flu vaccine to develop antibodies against the flu. The effectiveness varies depending on the age and health status of the person and how well the vaccine strains match the flu strains that are circulating in the community.

How many doses of the flu vaccine will be given?

It is necessary to get the flu vaccine every fall because the vaccine changes in order to provide protection against the current circulating flu strains.

Children under nine years of age who have not received the flu vaccine before need two doses given a minimum of four weeks apart.

Can the flu vaccine cause the flu?

No, the vaccine does not contain a live virus so you cannot get the flu from the vaccine.

What can I expect when I receive the flu vaccine?

Those who are going to receive the vaccination are advised to wear clothing which allows easy access to the upper arm where the needle will be given. Children 6 to 12 months of age will receive the injection in the thigh. Anyone who has received the vaccine will be asked to wait for 20 minutes after the injection.

Does the flu vaccine contain mercury?

Some flu vaccines may contain small amounts of thimerosal, a preservative to prevent the growth of bacteria and fungi in the vaccine. The scientific evidence is that thimerosal has not been shown to damage the nervous system and the amount in the vaccine is well within the safe daily intake level for mercury.

When should I seek medical attention?

Call your doctor, or go to the nearest hospital if you have any of these symptoms after you receive the vaccine: high fever; skin rash; itchiness or hives; swelling of the lips, tongue or face; difficulty breathing; severe dizziness; fits or convulsions; and/or other serious reactions to the vaccine. Advise the health care provider that you had the flu vaccine.

Should I keep a record?

Let your doctor or health care provider know the date of your vaccination (or your child's) and record it on your own personal immunization record.

Who should I call if I have questions?

- ▶ The Peterborough County-City Health Unit
(705) 743-1000 TTY: (705) 743-4700
Toll-free 1-877-743-0101 www.pcchu.ca
- ▶ Your family doctor or health care provider
- ▶ Ontario Ministry of Health and Long-Term Care
Info Line 1-877-844-1944 TTY 1-800-387-5559
www.gettheflushot.ca & www.healthyonario.com
- ▶ Telehealth 1-866-797-0000 TTY: 1-866-797-0007

Let's Beat the Flu

For Vaccinator's Use Only

Recent meal/snack: No Yes Allergies to vaccine component: No Yes _____

On anticoagulants immune-modulators other medications of concern: _____

Previous influenza vaccination(s): No Yes ▶ If yes, previous reaction? No Yes

Vaccine: Vaxigrip Fluviral Thimerosal-free Fluviral _____ Lot#: _____
other

Route: IM Site: deltoid right left Dose: 0.5 mL
quad right left 0.25 mL (ages 6 - 35 months only)

Date: 200 / / Time: _____ hrs. Signature: _____ (Vaccinator) RPN
yyyy mm dd RN
Notes: RN(EC)

Please circle gender in appropriate age category								Please check one <input checked="" type="checkbox"/>				
6 mths to < 2		2 to < 5		5 to 18		19 to 64		65 or older		unknown	High Priority	General Population
M	F	M	F	M	F	M	F	M	F			

- Invoiced
- IRIS entry