

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 and older, pregnant people, 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.

In an average 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 vaccines

CDC recommends everyone 6 months 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 the influenza viruses believed to be 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 vaccination 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 until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

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.



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

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- 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 members 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. 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.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- 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.





Martha's Vineyard All-Island Seasonal Flu Clinic Vaccination Confirmation

INFLUENZA IMMUNIZATION

Name: _____ DOB: _____

Received the 2021-2022 Seasonal Influenza vaccine on October 23, 2021.

Provider

Date: October 23, 2021

FLU VACCINE ADMINISTRATION RECORD

Complete sections 1 and 2 below as well as the questionnaire on the back – *Please Print Clearly*

1. Individual to be vaccinated:

Name: _____ Telephone: _____
LAST NAME FIRST NAME MI

Date of Birth: _____ Age: _____ Gender: Female Male

Do you weigh less than 130 pounds? yes no

Town of Residence: _____

Mailing Address: _____
P.O. BOX OR RR TOWN STATE ZIP

I am not allergic to chicken eggs, chicken, chicken feathers or dander; I am not allergic to Thimerosal (a mercury-based preservative); I do not have a history of severe allergic reactions to vaccines.

Signature of person receiving the vaccine or that person's parent/legal guardian if under 18 Date: _____

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2020-2021 Influenza Vaccine Information Statement and understand the risks and benefits. I give consent for my child named on this form to get vaccinated with this vaccine and for clinic organizers to share this information with my child's primary care provider and school. Children under the age of 18 will not be vaccinated without this signed consent.

Child's Pediatrician/PCP: _____ Child's School: _____

Parent/Legal Guardian's Signature Date: _____

2. Complete this section if you are covered by Medicare Part B or other insurance and sign again below.

Medicare Number: _____ Part B? YES NO

Other Insurance: _____ Policy Number: _____

I give permission for this agency and/or the Massachusetts Department of Public Health to bill Medicare Part B or my other insurance carrier on my behalf for influenza vaccine.

Your Signature Date: _____

Please complete the Questionnaire on back →

Below this Line for Clinic Use Only

Vaccine	Type of Vaccine	Date given mo/da/yr	Dose	Route	Site* RA - LA RT - LT	Vaccine		Information Statement		Vaccine Admin. Initials
						Lot # Exp. Date	Mfr	Date on VIS	Date Given	
Influenza	Flu	10/23/2021	0.5ml	IM				8/6/21 – Eng. 8/7/15 – Port.	10/23/21	

Signature of Vaccine Administrator

* Site given: RA = Right Arm, LA = Left Arm, RT = Right Thigh, LT = Left Thigh.

Screening Questionnaire for Immunization

For Inactivated Influenza Vaccine

The following questions will help us determine if you can be vaccinated today. Please answer the best you can. If a question is not clear, please ask your nurse to explain it.

Yes No Don't Know

1. COVID-19 Screening questions.

IF YOU ANSWER YES TO ANY OF THESE COVID QUESTIONS YOU SHOULD NOT COME TO THE FLU CLINIC

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| ◆ Have you experienced any of the following symptoms in the past 48 hours: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ Within the past 14 days, have you been in close contact (6 feet or closer for at least 15 minutes) with a person who is known to have COVID-19 or with anyone who has any symptoms consistent with COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ Are you currently waiting on the results of a COVID-19 test? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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2. Are you moderately or severely ill today? Yes No Don't Know

Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

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3. Have you ever had an anaphylactic or allergic reaction to a previous dose of Influenza (flu) vaccine? Yes No Don't Know

An anaphylactic or allergic reaction would include symptoms such as hives, wheezing or difficulty breathing, circulatory collapse or shock (not fainting), or a temperature $\geq 103^{\circ}\text{F}$.

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3. Have you ever had an anaphylactic or allergic reaction to:
- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| ◆ Thimerosal (a preservative in some vaccines) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ Eggs or egg products? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ Gelatin? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ Latex? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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4. Have you ever had Guillain-Barre syndrome? Yes No Don't Know
An illness with sudden muscle weakness & some loss of senses in the fingers and toes.
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All-Island Seasonal Flu Immunization Clinic

Saturday, October 23, 2020

9 am – 12:00 pm

IMPORTANT INFORMATION: DUE TO THE PANDEMIC, ALL VACCINATIONS WILL BE ADMINISTERED OUTSIDE SO INDIVIDUALS ARE STRONGLY ENCOURAGED TO ARRIVE IN VEHICLES AND USE THE DRIVE-THROUGH.

***This is the only TOWN-SPONSORED seasonal flu clinic scheduled this year.
HIGH-DOSE VACCINE WILL NOT BE AVAILABLE AT THIS CLINIC***

Please complete the attached forms and bring them with you to the Flu Clinic

General Directions:

- ◆.....Fill out Parts 1 & 2 on the front of the vaccine administration form.
- ◆.....Medicare Part B and some other insurances cover the cost of these vaccines and will be billed for this service. Fill in your Medicare number and/or other insurance information on the form. ***Remember to bring your Medicare and/or insurance card with you to the Clinic.***
- ◆.....If you ***do not*** have Medicare Part B or other insurance you will still be immunized free of charge
- ◆.....Complete the screening questionnaire on the back of the vaccine administration form
- ◆.....For your information an influenza vaccine information sheet is attached
- ◆.....Only bring the vaccine administration form/screening questionnaire with you on the day of the clinic
- ◆.....Wear a short-sleeved shirt to the clinic.

This Clinic is sponsored by: Martha's Vineyard Boards of Health; Martha's Vineyard Hospital; Island Health Care ***With support from:*** Island Police Departments; Island Emergency Medical Services; Island Emergency Managers; Martha's Vineyard Public Schools; Dukes County; MV Agricultural Society