

# All-Island Seasonal Flu Immunization Clinic

Friday, November 11<sup>th</sup> 2011

8 am – 12 noon

**IMPORTANT INFORMATION:** There will be two vehicle staging areas for the seasonal flu clinic, Waban Park in Oak Bluffs and the Ag Hall in West Tisbury. On the day of the clinic anyone driving to the clinic must register at one of the staging areas prior to being directed to the high school for your vaccine. **VEHICLES SHOULD NOT REPORT DIRECTLY TO THE HIGH SCHOOL.** Vehicles reporting directly to the high school will be turned away and advised to go to one of the staging areas to register. Walkers, bicycle riders and those arriving by VTA should go directly to the high school Performing Arts Center to check-in.

***This is the only TOWN-SPONSORED seasonal flu clinic scheduled this year.***

**This clinic is open to adults and high school students only. Children who have not yet reached the 9<sup>th</sup> grade will not be vaccinated.**

**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:*** Aquinnah, Chilmark, Edgartown, Oak Bluffs, Tisbury & West Tisbury Boards of Health; Martha's Vineyard Community Hospital; Vineyard Nursing Association; Wampanoag Tribal Health Services; Martha's Vineyard Medical Reserve Corps ***With support from:*** Island Councils on Aging; Island Police Departments; Island Emergency Medical Services; Island Emergency Managers; Rotary Club of Martha's Vineyard; Martha's Vineyard Regional High School; Dukes County

# VACCINE ADMINISTRATION RECORD

## 1. Complete the highlighted areas below – Please Print Clearly

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
                     LAST NAME                      FIRST NAME                      MI

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Female      ☐ Male

Town of Residence: \_\_\_\_\_

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

Island Physician or Clinic: \_\_\_\_\_

*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 2011-2012 Inactivated 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. Children under the age of 18 will not be vaccinated without this signed consent.

\_\_\_\_\_  
*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		0.5ml	IM				7/26/11		
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## 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. Are you moderately or severely ill today? <i>Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had an anaphylactic or allergic reaction to a previous dose of Influenza (flu) vaccine? <i>An anaphylactic or allergic reaction would include symptoms such as hives, wheezing or difficulty breathing, circulatory collapse or shock (not fainting), or a temperature <math>\geq 103^{\circ}\text{F}</math>.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
4. Have you ever had Guillain-Barre syndrome? An illness with sudden muscle weakness & some loss of senses in the fingers and toes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# INACTIVATED INFLUENZA VACCINE

## WHAT YOU NEED TO KNOW 2011-12

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)  
Hojas de Información Sobre Vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

**Influenza (“flu”) is a contagious disease.**

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

### 2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, the “flu shot,” is given by injection with a needle.
2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

A “high-dose” inactivated influenza vaccine is available for people 65 years of age and older. Ask your doctor for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts about a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your doctor for more information.

### 3 Who should get inactivated influenza vaccine and when?

#### WHO

All people **6 months of age and older** should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

#### WHEN

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

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

### 4 Some people should not get inactivated influenza vaccine or should wait

- Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.
- Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.
- Tell your doctor if you ever had Guillain-Barre

Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

## 5 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

### Mild problems:

- 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 1-2 days.

### Moderate problems:

Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures 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.

### Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

One brand of inactivated flu vaccine, called Afluria, **should not be given** to children 8 years of age or younger, except in special circumstances. A related vaccine was associated with fevers and fever-related seizures in young children in Australia. Your doctor can give you more information.

The safety of vaccines is always being monitored. For more information, visit:

[www.cdc.gov/vaccinesafety/Vaccine\\_Monitoring/Index.html](http://www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html) and  
[www.cdc.gov/vaccinesafety/Activities/Activities\\_Index.html](http://www.cdc.gov/vaccinesafety/Activities/Activities_Index.html)

## 6 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## 7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People 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](http://www.hrsa.gov/vaccinecompensation).

## 8 How can I learn more?

- Ask your doctor. They 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](http://www.cdc.gov/flu)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement (Interim)  
Inactivated Influenza Vaccine (7/26/11) 42 U.S.C. §300aa-26