## EAST JEFFERSON GENERAL HOSPITAL INFLUENZA (FLU) VACCINE, 2017 – 2018

THE FLU – Influenza (flu) is a respiratory infection caused by viruses. When people get flu, they may have fever, chills, headache, dry cough and/or muscle aches. Illness may last several days or a week or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people.

THE VACCINE – An injection of flu vaccine will not give you the flu, because the vaccine is made from killed viruses. The vaccine is made from viruses selected by the Office of Biologics, Food and Drug Administration, and the US Public Health Services. The purpose of receiving the influenza vaccine is to prevent you from becoming ill with influenza, to reduce the severity of influenza if you contract it, and to reduce the chance of transmitting influenza to close contacts.

**POSSIBLE RISKS/SIDE EFFECTS** – Side effects of influenza vaccine are generally mild in adults and occur at low frequency. These reactions consist of tenderness at the injection site, fever, chills, headache and/or muscular aches. These symptoms can last up to 48 hours. Allergic reactions may also occur.

A small number of persons who received the 1976 swine flu suffered a paralysis called Guillan-Barre Syndrome (GBS). GBS is typically characterized by a paralysis that begins in the hands or feet and then moves up the arms or leg or both. GBS is usually self-limiting, and most persons with GBS recover without permanent weakness. In approximately 5% of the cases a permanent or even fatal form of paralysis may occur. In 1976 GBS appeared with excess frequency among persons who had received the 1976 swine flu vaccine.

Although the 1976 swine flu influenza vaccine was associated with an increased frequency of Guillan-Barre Syndrome (GBS), evidence for a casual relationship of GBS with subsequent vaccines prepared from other virus strains is less clear. However, it is difficult to obtain strong evidence for a possible small increase in risk for a rare condition like GBS. Subsequent data suggest a slight increase in risk of GBS, within 2 weeks after vaccination. This increase may be a result of vaccination, but could be due to other factors. Individuals receiving influenza vaccine, especially those with a history of GBS, who may be at an increased risk for recurrence, should be aware of this increased risk of GBS. This risk should be considered in comparison to the risk of influenza and its complications in deciding whether to receive vaccine. Other neurological disorders have also been reported in association with the administration of influenza vaccine.

- CONVINCE	YES	NO
SPECIAL PRECAUTIONS FOR PERSON TO BE VACCINATED	+ 220	
1. Have you ever had a severe allergic reaction to eggs?		
2. Have you had a severe reaction to an influenza vaccination or other vaccination in the past?  (facial swelling, difficulty breathing)		
3. Do you have an allergy to THIMERSOL or any other preservatives in the vaccine?		
4. Have you ever developed Guillain-Barre syndrome within 6 weeks following influenza vaccination?		
5. Have you had a fever of 101° F or higher in the past 48 hours?		
6. Are you currently taking any corticosteroid?		L

If your answer is YES to any of the above questions, or if you are uncertain, you should consult your physician before receiving the vaccine.

	YE	SNO	0
Are you 65 years of age or older?			

## INFLUENZA VACCINE INFORMED CONSENT

I have read the information on the front entitled Influenza (Flu) Vaccine and have had an opportunity to ask questions. I understand the benefits and risks of the flu vaccination as described.

None of the special precautions listed apply to the person being vaccinated.

I request that the vaccine be given to me or to the person named below for whom I am authorized to sign as guardian or witness.

If the person vaccinated has a reaction, he/she should see their physician immediately.

## INFORMATION CONCERNING THE PERSON TO RECEIVE THE INFLUENZA VACCINE

Print Name	Date of Birth	Social Security Number	
Address	City	State	Zip
XSIGNATURE OF PERSON TO F			Date
Clayton Mazo Name of Physician	rue M.D.		
	IINISTRATION OF VACOus Vaccine 2017-2018 Formula		, R Deltoid.
A1/1	Expires:		
Signature of Nurse:		Date:	