

FLU VACCINATION

L.A. HARBOR COLLEGE STUDENT HEALTH CENTER

Influenza (flu) vaccine information and Consent Form:

- Vaccines for the 2010-2011 influenza season are approved by FDA for the prevention of influenza in children, adolescents, and adults, including the elderly.
- There are several vaccines approved by FDA available in both nasal spray and injectable (“shot”) forms.
- Because the influenza viruses that cause people to get sick can change, each year's vaccine may be different from the previous year. Therefore, it is important to get the influenza vaccine every year.
- The vaccines approved by FDA to protect against influenza have a long and successful track record of safety and effectiveness in the United States.
- Influenza or “the flu” is a contagious respiratory illness caused by influenza viruses. It is a serious threat to public health and can cause mild to severe illness, and at times can lead to death.
- The Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that everyone 6 months of age and older receive the influenza vaccine every year.
- The 2010-2011 seasonal influenza vaccine includes three strains; an A (H1N1) that is the same strain that is the cause of the pandemic that began in 2009, an A (H3N2) that is different than last year’s seasonal vaccine and a B strain that is the same as last year’s formulation.
- This year, two different vaccines are not needed, only one. During last year’s influenza season, two different vaccines were needed; one to prevent seasonal influenza and another to prevent influenza that is the cause of the 2009 (H1N1) pandemic.
- Each year there are two flu seasons due to the occurrence of influenza at different times in the Northern and Southern Hemispheres. Some influenza vaccine manufacturers produce vaccines for use in both the Northern Hemisphere and the Southern Hemisphere.
- In Australia and New Zealand, use of the 2010 Southern Hemisphere formulation of one influenza vaccine, manufactured by CSL Limited, has been associated with an increased incidence of fever and febrile seizure among young children, mainly among those less than 5 years of age. Therefore, the Warnings and Precautions section of the Prescribing Information for Afluria, the U.S. licensed Northern Hemisphere formulation made by CSL Limited, has been changed to include a statement to inform healthcare providers about the occurrence of these events.
- The available data suggest that the increased rates of fever and febrile seizure in those children mainly less than 5 years of age, are only associated with the Southern Hemisphere formulation of CSL’s vaccine. The available data regarding the safety of other influenza vaccines for children used in the Southern Hemisphere do not suggest an increased rate of fever or febrile seizure.

Recommendations of the U.S. Food and Drug Administration (FDA)

LOS ANGELES HARBOR COLLEGE (FLU VACCINES)

Student Health Center 310-233-4520
Information, Questionnaire, and Consent Form

You are about to receive an immunization to protect you against the "flu." This vaccine **WILL NOT CAUSE THE FLU.** Vaccination of persons against the "flu" prior to the annual "flu" season is currently the most effective measure for reducing the impact of influenza. Typical "flu" symptoms include high fever, severe muscle aches, sore throat, and cough. More severe illness can result if primary influenza pneumonia or secondary bacterial pneumonia occurs.

Please circle the correct response to the following questions:

- | | | | |
|-----|--|-----|----|
| 1. | I am allergic to eggs. | YES | NO |
| 2. | I have a chronic disease such as heart disease, hypertension, asthma, HIV/AIDS, diabetes, cancer, chronic bronchitis, COPD. (Circle which disease) | YES | NO |
| 3. | I have a disease other than those names in question 2.
Name of Disease: _____ | YES | NO |
| 4. | I am an immunosuppressed person.
If yes, Why? _____ | YES | NO |
| 5. | I have had a recent immunization. Name _____ Date _____ | YES | NO |
| 6. | I have had Guillain Barre Syndrome. | YES | NO |
| 7. | I have had a bad reaction to a "flu" shot in the past. | YES | NO |
| 8. | I currently have a temperature over 100, or do not feel well. | YES | NO |
| 9. | I understand that the "flu shot" CANNOT GIVE ME THE FLU. | YES | NO |
| 10. | (Women only) I am pregnant. | YES | NO |
| 11. | (Women only) I am nursing my baby. | YES | NO |

I have received information concerning the influenza (flu) vaccine from the Student Health Center. I understand the information and have no contraindications to receiving the shot. I understand that I must stay on campus for 20 minutes after the injection in case there is an allergic reaction.

Print Name	Birth date/Age	Today's	Date
------------	----------------	---------	------

Street Address	Apt. #	City	State	Zip
----------------	--------	------	-------	-----

Signature	Phone Number
-----------	--------------

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Date Vaccine Administered _____

Vaccine Manufacturer GlaxoSmithKline

Vaccine Lot Number AFLLA575BA (FLULAVAL)

Expiration Date: 2011 MAY

Site of Injection L/R DELTOID Route: IM

Record any reaction observed in the first 20 minutes after vaccination administration: _____

Provider Signature: _____