INFLUENZA VACCINE 2011-2012
What You Need to Know Before Getting the Vaccine

Why Get Vaccinated?
Influenza (or “flu”) is a viral infection of the nose, throat, bronchial tubes and lungs. Flu is most common in the United States from November to April. It can cause fever, chills, cough, muscle aches, sore throat, and headache. Although most people are ill only for a few days, some get much sicker and may need to be hospitalized. Influenza causes thousands of deaths each year, mostly among the elderly. Influenza vaccine can prevent influenza.

Influenza Vaccine
The viruses that cause influenza change often. Because of this, influenza vaccine is updated each year. A new shot is needed each year. All of the viruses in the vaccine are killed so you cannot get the flu from the vaccine. Influenza vaccine is effective only against illnesses caused by influenza viruses, and not against other causes of fevers and colds.

This year's vaccine contains virus strains:
- 2011-2012 Northern Hemisphere influenza season:
  - A/California/07/2009 NYMC X-181 (H1N1),
  - A/Victoria/210/2009 NYMC X-187 (H3N2) (an A/Perth/16/2009 - like virus), and
  - B/Brisbane/60/2008

Protection develops 1 to 2 weeks after the shot and last up to one year.

Who should get influenza vaccine?
Influenza vaccine is recommended for anyone who wants to reduce the likelihood of becoming ill with influenza or spreading influenza to others.

The following groups, or people in close contact with them, should get the vaccine:
- People living in dormitories, or under other crowded conditions, to prevent outbreak.
- All people 50 years of age or older. (Read next column.)
- People with long-term health problems with heart disease, lung disease, kidney disease, anemia or other blood disorders, metabolic disease such as diabetes, or asthma.
- Anyone whose immune system is weakened because of:
  - HIV/AIDS or other autoimmune disease.
  - treatment with drugs such as long-term steroids.
  - cancer treatment with radiation or chemo.
- Children and teens 6 months through 18 years on aspirin (who could develop Reye's Syndrome if they got influenza).
- Women who will be more than 3 months (14 weeks) pregnant during influenza season.
- Doctors, nurses, or anyone else coming in contact with persons at high risk of serious influenza illness.
- People wishing to reduce their chances of catching the flu.
- Persons who provide essential community services.
- Persons traveling with large tour groups or to the tropics any time of year, or to countries south of the equator between April and September.

What are the risks from influenza vaccine?
A vaccine, like any medicine, can cause serious problems, such as severe allergic reaction. The risk of a vaccine causing serious harm, or death, is extremely small. Almost all people who get influenza vaccine have no serious problems from it.

If the following mild or moderate problems occur, they usually start soon after vaccination, and usually last up to 1-2 days.
- soreness or swelling where the shot was given
- fever or aches

In 1976, swine flu vaccine was associated with a severe paralytic illness called Guillain-Barre Syndrome (GBS). Influenza vaccines since then have not been clearly linked to GBS. If there is a risk of GBS from current influenza vaccines it is estimated at 1 or 2 cases per million persons vaccinated - much less than the risk of severe influenza, which can be prevented by vaccination.

Giving other vaccines at the same time
Influenza can be given at the same times as other vaccines, including pneumococcal vaccine.

Tell your doctor or nurse if the person getting the vaccine:
- has a severe allergy to eggs
- ever had a serious allergic reaction or other problem after getting influenza vaccine.
- has had a neurological disorder
- was ever paralyzed by Guillain-Barre Syndrome (GBS).
- is pregnant or thinks she might be pregnant.
- now has an acute respiratory or other active infection.
- has an allergy to latex (vial stopper, needle cover and plunger contain latex).

Dosage
Only a single flu shot is needed each season for persons 9 years of age and older, but children less than 9 years of age may need a second shot after a month. Children less than 13 years of age should be given only split-virus vaccines in order to reduce the likelihood of side effects. Split-virus vaccines can also be used by adults.

What to do if there is a serious reaction
Life threatening reactions are rare and usually occur within a few minutes or hours.
- Call your doctor or get the person to a doctor right away for difficulty breathing, hoarseness, wheezing, hives, swelling of the lips or tongue, fast heart beat or dizziness.
- Write down what happened, the date and time it happened, and when the vaccine was given.
- Ask your doctor, nurse or health department to file a Vaccine Adverse Event Report form or call 1-800-822-7967.

If you want to learn more, ask your doctor or nurse. She/he can give you the vaccine package insert or suggest other sources of information.
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Please answer the following questions:

Explain if answer is yes:

1. Are you sick today? No □ Yes □
2. Do you have a fever? No □ Yes □
3. Are you allergic to eggs or egg products? No □ Yes □
4. Are you allergic to any medicine or thimerosal? No □ Yes □
5. Are you sensitive/allergic to latex? No □ Yes □
6. Have you ever had a vaccine reaction? No □ Yes □
7. Have you ever had Guillain-Barre Syndrome? No □ Yes □
8. Have you had a disorder in the last month that caused brain or nerve damage, such as stroke or convulsion? No □ Yes □
9. Is there any possibility of pregnancy? No □ Yes □

Information about person to receive vaccine (Please Print in black or blue ink):

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<tr>
<th>Name:</th>
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Signature of person to receive vaccine or person authorized to make the request. (Parent or guardian if under 18 years of age)

x ___________________________ Date ____________

For Office Use:

Date Vaccine Administered: ________________ Clinic: University Health Center, University of Maryland

Vaccine Manufacturer: Glaxo Smith Kline Vaccine lot number: AFLUA618BA exp 22Jun12 Injector Site: L R deltoid

Vaccine lot number: ______________________ exp 22Jun12

Vaccine lot number: ______________________ exp

Vaccine Administrator Signature: ______________________ RN

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