

# 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](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 that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

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

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

### Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

## 2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

## 3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



## 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

**Minor problems** following a flu shot include:

- 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 or 2 days.

**More serious problems** following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- 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. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

**Problems that could happen after any injected vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

## 5 What if there is a serious reaction?

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does 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.

Persons 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). There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your healthcare provider. He or she 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)

Vaccine Information Statement  
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only



## Guidance on Wearing Surgical Masks When Unvaccinated Against Seasonal Influenza

MaineHealth's infection prevention policy requires employees who are not vaccinated against influenza to wear a surgical mask whenever they are within six feet of a patient. This includes times of direct contact, as well as while passing through potential contact areas.

### Proper surgical mask use

- Perform hand hygiene before placing and after removing mask.
- Place the mask over your mouth and nose.
- Adjust the metal strip snugly over your nose bridge.
- Never hang around neck or place on top of head.
- Remove and discard after every patient.

### Surgical mask required during any patient interaction

- Direct care
- Transporting
- Interviewing

### Surgical masks are not required in staff-only areas, such as:

- Break rooms
- Back of nurse's station
- If you're greater than 6 feet from patients
- Cafeteria
- Outside of the facility
- Employee entrances
- Public hallways where exposures are unlikely or the risk is no more likely than in the community
- Work areas that preclude patient contact such as bench areas within the lab, dark rooms, equipment processing areas, and kitchen or supply warehouses.
- Non-clinical or office settings

### Help prevent the spread of disease

- Stay home if you're sick.
- Use proper cough and sneeze etiquette.
- Clean your hands often

### Change masks

- After each patient encounter
- When visibly soiled, damp/humid, torn or otherwise compromised.
- When contaminated or potentially contaminated with blood, body fluids, secretions or excretions from splashes or sprays.
- As directed by evidence-based practices: entry into OR suites with open sterile supplies or scrubbed persons, performing spinal canal punctures, inserting central line catheters, changing central line dressings, etc.

### References

CDC 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings  
AORN 2009 Perioperative Standards and Recommended Practices  
SHEA/IDSA/APIC/HICPAC 2009 Workgroup on Infection Prevention Precautions in Healthcare Workers.

**Influenza Vaccine Declination 2016-2017**

Name (please print): \_\_\_\_\_ DOB: \_\_\_\_\_ SSN (if non-employee) \_\_\_\_\_

MaineHealth Employer: \_\_\_\_\_ Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

**I understand that I am at risk of acquiring influenza infection and that I can spread influenza to my patients, other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection, even death, particularly in persons at high risk for influenza complications.**

- Influenza Vaccine is recommended for me and all other healthcare workers to prevent influenza disease and its complications.
- If I contract influenza, I may have the virus for 24-48 hours before symptoms appear; I understand I may be putting my patients' health at risk.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- Influenza disease cannot be transmitted by the influenza vaccine.
- I have received education about influenza vaccination including potential adverse reactions.
- I have been given the opportunity to be vaccinated with influenza vaccine at no charge.

**I choose to decline the Annual Influenza Vaccination offered by my employer for the following reasons. Check all that apply:**

- Medical reason - please specify:
  - Severe allergy to eggs <sup>1</sup>
  - History Guillain-Barre Syndrome <sup>1</sup>
  - Severe allergy to a vaccine component <sup>1</sup>
  - Fever or feeling ill today <sup>6</sup>
  - Other medical reason <sup>6</sup>
- Fear of needles <sup>2</sup>
- Religious objections <sup>4</sup>
- Fear of side effects <sup>3</sup>
- Personal belief against influenza vaccine <sup>5</sup>
- Belief the vaccine is not effective <sup>3</sup>
- Belief I am not likely to get the flu <sup>3</sup>
- Already had flu <sup>3</sup>
- I stay home when sick <sup>3</sup>
- Never had flu, don't need vaccine <sup>3</sup>
- Belief vaccine will cause me to transmit flu virus to others <sup>3</sup>
- Other reason <sup>5</sup> (specify): \_\_\_\_\_

**I understand that even though I decline to be vaccinated, I can change my mind at any time and accept vaccination in the future.**

**I also understand that in declining the influenza vaccine, once influenza has been declared present in our healthcare institution/community, I must wear a surgical mask when within six feet of a patient in patient care areas.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return form to Employee Health (Fax 662-6392)**

**Documentation of Influenza Vaccine Received Elsewhere**

Print Name (please print): \_\_\_\_\_ DOB: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

**ONLY FDA approved vaccines for the 2016-2017 season are acceptable. These are listed at the site below:**

<http://www.cdc.gov/flu/protect/vaccine/vaccines.htm> update

**Verification required for influenza vaccination received elsewhere:**

**Name of vaccine provided:**

**Date provided:**

**Providers name and signature or official stamp:**

**Provider's contact number:**

**\*\*Alternatively, a copy of the provider's influenza vaccine administration form containing the above information is acceptable.**

**This information must be forwarded to Employee Health Services in order to meet the influenza policy requirement.**

**EMPLOYEE HEALTH FAX: # (207) 662-6392**