

**2016-17 Seasonal Influenza Vaccine Consent for FluMist
(Quadrivalent Live Attenuated Intranasal Vaccine (Q-LAIV))**



(Please Print Clearly with BLACK INK) **CONFIDENTIAL WHEN COMPLETED**

Last Name:		First Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: year / month / day	Age:	
Address:			
City:		Postal Code:	
Phone:		Email (Optional):	
Name of School/Day Care:		Physician/Nurse Practitioner:	
1. Have you received the seasonal flu vaccine in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure			
2. Do you have a fever or are you currently feeling unwell? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, describe:			
3. Have you experienced an adverse reaction to previous influenza vaccinations? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, describe:			
4. Are you immunocompromised? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, discuss benefits and risks with your family physician/nurse practitioner			
5. Have you ever had Guillain Barré Syndrome (GBS) diagnosed 6 to 8 weeks after receiving the influenza vaccine? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, discuss benefits and risks with your family physician/nurse practitioner.			
6. Are you under 24 months or over 59 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes- If Yes, do not receive vaccine.			
7. Are you pregnant or breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, do not receive.			
8. Do you have severe asthma (currently requiring oral glucocorticosteroids or high-dose inhaled glucocorticosteroids or active wheezing in seven days prior to vaccination)? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, do not receive FluMist.			
9. Are you under 18 years old and receiving aspirin therapy or aspirin containing therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, do not receive FluMist.			
10. Are you in close contact with someone whose immune system is so weak they require care in a hospitalized protected environment (i.e. bone marrow transplant) ? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, do not receive FluMist.			
11. Are you allergic to the following: Eggs: <input type="checkbox"/> No <input type="checkbox"/> Yes Arginine: <input type="checkbox"/> No <input type="checkbox"/> Yes Gentamicin: <input type="checkbox"/> No <input type="checkbox"/> Yes Gelatin: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes - DO NOT IMMUNIZE			
By signing below, I confirm that I have read the information on the influenza vaccine and understand the benefits and possible risks of the vaccine. Any questions I had were answered to my satisfaction. I have been advised to wait 15 minutes following vaccination to be observed for potential adverse reactions. I am providing consent for myself (the above-named) to be vaccinated against influenza.			
Signature of client/parent/guardian:		Date: / /	
If signing for someone other than yourself, you must be the appropriate substitute decision maker/legal guardian.			
Name of person completing form if different from above:			
Relationship to above:			
Contact in case of emergency:		Phone:	
Notice of Collection: Personal information is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990, to maintain a record of your immunization and to provide statistics required by Peterborough Public Health and the Ministry of Health and Long-Term Care. Should you have questions about the collection and maintenance of this information, please contact Dr. Rosana Salvaterra at 705-743-1000, ext. 264.			
For Vaccinator's Use Only When Electronic Clinic Management Is Not Used			
Are you feeling ill today? fever? infection? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, describe			
Have you ever had a flu shot before? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, describe problems, if any			
Have you ever had an allergic reaction to a vaccine? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, describe			
Did you read the information provided to you? <input type="checkbox"/> No <input type="checkbox"/> Yes		Have you had GBS 6 weeks post immunization? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Vaccine: <input type="checkbox"/> Flumist® Quadrivalent (Q-LAIV) by AstraZeneca Canada® (2 years < 18 years)			
Lot #:	Expiry Date: / /	Date: / /	Time: hrs
Site: Spray 0.1 ml into each nostril		Total Dose: 0.2 ml	
Vaccinator Signature:		Designation:	
Panorama Client ID#			
Dose 1: <input type="checkbox"/> Consent Recorded _____ (initials) <input type="checkbox"/> imms recorded _____ (initials) <input type="checkbox"/> Invoiced _____ (initials)			
Notes:			

2016-17 Seasonal Influenza Vaccine Consent for FluMist (Quadrivalent Live Attenuated Intranasal Vaccine (Q-LAIV))

What is influenza? Influenza (commonly known as “the flu”) is a serious respiratory illness that is caused by a virus. People who get influenza may have a fever, chills, cough, runny eyes, stuffy nose, sore throat, headache, muscle aches, extreme weakness and fatigue. The elderly may not have a fever. Children can also have earaches, nausea, vomiting and diarrhea. People of any age can get influenza. Most people recover within a week to ten days and sometimes longer in the elderly and in people with chronic diseases. Most people who get influenza are ill for only a few days, however, the cough and fatigue can persist for several weeks making the return to full activity difficult. Some people can develop complications and may require hospitalization. Influenza spreads by respiratory droplets from infected persons, through coughing or sneezing. It is also spread through direct contact with surfaces contaminated by the influenza virus, such as toys, eating utensils and unwashed hands.

What is FluMist? FluMist is a quadrivalent live attenuated influenza vaccine (Q-LAIV) available as a single-dose pre-filled nasal spray that contains live, but weakened, influenza viruses. The viruses have been weakened so they cannot cause influenza. The vaccine protects against the same four strains of influenza as the injectable quadrivalent vaccines. FluMist is the only needleless influenza vaccine available in Canada. It is a nasal spray that is sprayed directly into the nostrils. Because it is given as a nasal spray through the nose, it allows your body to build protection in a way that is similar to a natural infection with the influenza virus.

This vaccine is publicly funded for those 2 years to under 18 years of age.

What are the side effects of FluMist? FluMist is a safe vaccine and most people have no reaction to it. Side effects that do occur are generally mild and may last 1 to 3 days. Common side effects in children include runny nose or nasal congestion, headache, decreased appetite, weakness or fever. Common side effects in adults include: runny nose, headaches, sore throat, or tiredness.

Can people who received FluMist shed influenza virus, or transmit influenza to other people? Both children and adults can shed vaccine viruses after FluMist administration and studies have shown that younger children are more likely to shed the virus from their nose after vaccination with FluMist than older children and adults. Children may shed for an average duration of 7.6 days, with peak shedding around 2-3 days after vaccination; shedding is infrequent after day 11 post vaccination. Few people shedding vaccine virus are able to transmit this virus to others and cause illness. Shedding generally occurs at levels too low to transmit the virus, although in rare instances shed vaccine viruses can be transmitted from vaccine recipients to vulnerable unvaccinated persons such as those who are severely immunocompromised or receiving care in hospital in a protected environment (e.g., post bone marrow transplant). Serious illness has not been reported among unvaccinated persons infected with vaccine virus through close contact with a vaccinated person. However, as an additional precaution people who have been vaccinated with FluMist should avoid contact with severely

immunocompromised patients receiving care in hospital in a protected environment (e.g., post bone marrow transplant recipients).

What are the contraindications to receiving FluMist?

FluMist should NOT be given to the following:

- Children younger than 2 years of age (due to increased risk of wheezing)
- People who have had a serious allergy (anaphylaxis) to a previous dose or to any ingredient in the vaccine
- People with severe asthma (on high dose inhaled or oral steroids or medically attended wheezing in the last 7 days prior to vaccination) or active wheezing
- People under 18 years who are on long-term aspirin or aspirin-containing therapy
- People taking a medication to treat influenza (influenza antiviral medication)
- Pregnant or breast feeding women
- Children and youth who are allergic to eggs (these individuals should receive the injectable vaccine)

Those in the following should discuss the benefits and risks of the vaccine with their family physician/nurse practitioner before getting the vaccine:

- People with weakened immune system due to disease or medical treatment
- People who have developed Guillain-Barré Syndrome within 6 weeks of receiving a previous influenza vaccine

The vaccine should be temporarily delayed in persons who:

- have a severe acute illness with or without fever (although it's fine to get the vaccine if the fever is accompanied by minor illnesses like colds).
- are congested to the point where the delivery of the vaccine is impeded. In these cases, the quadrivalent injectable can be received until the congestion lessens.

How many doses of the seasonal influenza vaccine are needed?

Because the influenza virus changes often, it is necessary to get an influenza immunization every year. Children previously immunized with seasonal flu vaccine and adults should receive one dose of the vaccine every year. Children less than 9 years of age receiving the vaccine for the first time require two doses of vaccine at least four weeks apart.

When should I seek medical attention after immunization with the seasonal influenza vaccine?

You should seek medical attention if you believe that you or someone in your care has had a reaction to a vaccine. Any reaction to a vaccine should be reported to your health care provider who will report these occurrences to Public Health.

Who should I talk to if I have any questions about seasonal influenza or any other vaccines?

- ✓ Call 1-877-844-1944 (TTY#1-800-387-5559)
- ✓ Visit website www.ontario.ca/flu
- ✓ If you have questions about the vaccine that are specific to your medical condition, discuss with your health care provider
- ✓ Call Peterborough Public Health at 705-743-1000