

What is Influenza?

Influenza (flu) is a highly contagious virus. It is easily spread by droplets when an infected individual coughs or sneezes. It can also be spread by touching surfaces contaminated by people with flu.

Symptoms of flu appear a few days after infection and may take up to a week to resolve. They often include:

- Fever and chills
- Cough and/or sore throat
- Muscle aches, joint pain and headaches
- Fatigue (feeling very tired)

Many Australians die each year due to the flu or complications from it such as pneumonia or worsening of other medical conditions.

How is flu treated?

The symptoms of flu are usually managed by bed rest and taking simple analgesia for muscle aches and pains. Prevention through annual vaccination is the best protection.

What is the vaccine?

Flu vaccines are injections containing killed parts of the flu virus. An annual vaccination is recommended each autumn as the influenza viruses change frequently and therefore a new vaccine is developed every year.

The flu vaccine does not contain any live virus therefore you cannot get the flu from receiving the vaccine.

Who should get vaccinated?

Annual influenza vaccination is recommended for any person 6 months and over who wishes to reduce the likelihood of becoming ill with influenza. It is also strongly recommended for groups at higher risk of disease. This includes:

- Children aged 6 months and over and less than 5 years.
- Aboriginal and Torres Strait Islander people aged 15 years and over
- Pregnant women (any stage of pregnancy)
- People with chronic conditions like heart disease, respiratory conditions, diabetes, cancer, poor immunity and renal disease
- Adults aged 65 years and over

It is also highly recommended that family members and carers of people in these risk groups get vaccinated.

People aged 65 and over should receive the new vaccine that is specifically designed to produce a higher immune response in this age group.

Who shouldn't have the flu vaccine?

The flu vaccine is suitable for everyone except for babies that are less than 6 months of age. Fortunately vaccination during pregnancy also protects babies after birth due to the transfer of antibodies via the placenta.

People who have experienced anaphylaxis due to a component of the vaccine or following a previous flu vaccination cannot have the flu vaccine either.

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<p>What are the side effects?</p> <p>The side effects following vaccination are usually mild. They may include:</p> <ul style="list-style-type: none">• Pain, redness or swelling at the injection site• Low grade fever• Headache• Feeling tired or aching• Very rarely people have a severe allergic reaction after the injection.	<p>You can manage side effects by:</p> <ul style="list-style-type: none">• Placing a cold wet cloth on the sore injection site• Wearing light clothing• Taking paracetamol• Drinking extra fluids
<p>If you are concerned about any side effects following vaccination you should seek medical advice. Please report any adverse event following flu vaccination to your doctor or call your local Public Health Unit on 1300 066 055.</p>	

Seasonal Influenza Vaccine Consent Form 2018- Community Program (Adult)

I consent to the personal details below being used by NSW Health for administration and evaluation purposes.

Client's Details (Please use black or blue ink to complete the following details)

Surname: **Given Name:**

Date of Birth: **Sex:** Male Female **MEDICARE NUMBER:** _ _ _ _ _

Indigenous status: No Yes, Aboriginal Yes, Torres Strait Islander Yes, Both Aboriginal and Torres Strait Islander

Address

Suburb: **State:** **Postcode:**

Daytime Phone Number: **Alternate Contact Number:**

Vaccination Checklist

This helps your nurse decide about vaccinating you. Please answer the following questions:

	Yes	No
Have you received a seasonal influenza vaccine in the past?		
Have you received a seasonal influenza vaccine this year?		
Have you had anaphylaxis or a severe reaction following any vaccination in the past?		
Do you feel unwell today or have a fever?		
Do you have a bleeding disorder?		
Do you have a severe allergy to anything?		
Do you have a past history of Guillain-Barré syndrome?		
Have you ever had anaphylaxis or a severe allergy to eggs?		

I, (Print name) declare that I have:

- Read and understood the influenza vaccine factsheet provided to me (including possible side effects of the vaccination)
- Had the opportunity to discuss medical concerns with my immuniser provider
- Responded to the questions above to the best of my ability and the answers to them are true and accurate

I understand that having the influenza vaccine is my choice and I consent to be vaccinated.

Signed Date
(Client signature)

Vaccination details (Office use only)

Date of vaccination Time of vaccination.....

Batch Number (place sticker or write batch number here) Expiry Date

Name of vaccinator Signature of vaccinator Site: L / R Deltoid (please circle)

-----**Tear off vaccination record here**-----

Please retain this information and provide it to your General Practitioner (GP) for entry into your medical record

INFLUENZA VACCINE

Surname Given name Date of Birth

Vaccinators signature/stamp Batch number Date of vaccination