



San Diego Nursing Service-Education Consortium

2017-2018 Influenza Vaccination Consent

All students/faculty with clinical assignments must comply with the CDC’s recommendations for seasonal flu immunization by the deadlines announced by the clinical agencies. The following information is taken from the following website: <https://www.cdc.gov/flu/professionals/acip/index.htm>.

For the 2017–18 season, quadrivalent and trivalent influenza vaccines will be available. Inactivated influenza vaccines (IIVs) will be available in trivalent (IIV3) and quadrivalent (IIV4) formulations. Recombinant influenza vaccine (RIV) will be available in trivalent (RIV3) and quadrivalent (RIV4) formulations. Live attenuated influenza vaccine (LAIV4) is not recommended for use during the 2017–18 season due to concerns about its effectiveness against (H1N1)pdm09 viruses during the 2013–14 and 2015–16 seasons. Recommendations for different vaccine types and specific populations are discussed. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended product is available. Updates to the recommendations described in this report reflect discussions during public meetings of ACIP held on October 20, 2016; February 22, 2017; and June 21, 2017. New and updated information in this report includes the following:

- Vaccine viruses included in the 2017–18 U.S. trivalent influenza vaccines will be an A/Michigan/45/2015 (H1N1)pdm09–like virus, an A/Hong Kong/4801/2014 (H3N2)-like virus, and a B/Brisbane/60/2008–like virus (Victoria lineage). Quadrivalent influenza vaccines will contain these three viruses and an additional influenza B vaccine virus, a B/Phuket/3073/2013–like virus (Yamagata lineage).
- Information on recent licensures and labelling changes is discussed, including licensure of Afluria Quadrivalent (IIV4; Seqirus, Parkville, Victoria, Australia); Flublok Quadrivalent (RIV4; Protein Sciences, Meriden, Connecticut); and expansion of the age indication for FluLaval Quadrivalent (IIV4; ID Biomedical Corporation of Quebec, Quebec City, Quebec, Canada), previously licensed for ≥3 years, to ≥6 months.
- Pregnant women may receive any licensed, recommended, age-appropriate influenza vaccine.
- Afluria (IIV3; Seqirus, Parkville, Victoria, Australia) may be used for persons aged ≥5 years, consistent with Food and Drug Administration–approved labeling.
- FluMist Quadrivalent (LAIV4; MedImmune, Gaithersburg, Maryland) should not be used during the 2017–18 season due to concerns about its effectiveness against influenza A(H1N1)pdm09 viruses in the United States during the 2013–14 and 2015–16 influenza seasons.

Please answer the following questions. It is recommended you wait at least 30 minutes after the injection, due to the possibility of an allergic reaction.

	Yes	No
1. Is this the first “Flu” vaccination you have ever received?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had an allergic or serious reaction to the following; Flu vaccine, chicken eggs, or chicken products, Thimerosal, or have you had Guillain-Barre Syndrome (GBS)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you ill today?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you take blood thinners such as Aspirin, Clopidogrel (Plavix), Dipyridamole (Aggrenox), or Coumadin (Warfarin) on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you under 18 years of age? If yes, parental consent is required.	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you pregnant? If yes, you must provide written permission from your physician.	<input type="checkbox"/>	<input type="checkbox"/>

Please check your appropriate age group:

Age: 6-18 19-49 50-59 60-64 Over 65

Please check your appropriate category: Student Faculty

ID #: _____ Telephone: _____

I have read the CDC 2017-2018 Influenza vaccine information statement. By signing below I understand and consent to receive the vaccine.

Name: _____ Signature: _____ Date: _____

(Print)

Manufacturer: _____ Lot #: _____ Exp Date: _____

Route: IM Site: R Deltoid L Deltoid FluMist _____
Influenza Vaccine 2017-2018 Staff Signature _____ Date _____