Martha's Vineyard

FLU CLINIC

Saturday, October 4th, 2014
9 am – 12 noon @ the High School

Please follow ALL DIRECTIONS below

CHILDREN ARE WELCOME: ***The vaccine is available to anyone over six months old.***

GETTING TO THE CLINIC:

IMPORTANT: Vehicles **must** register at one of two prescreening/staging areas, at **Waban Park in Oak Bluffs** or at the **West Tisbury School on Old County Road,** prior to going to the **High School** to get vaccinated. VEHICLES SHOULD NOT REPORT DIRECTLY TO THE HIGH SCHOOL: if you do, you will be directed to one of the staging areas for registration.

Walkers, bicycle riders and those arriving by VTA can go directly to the High School Cafeteria to check-in and get vaccinated.

GENERAL DIRECTIONS:

- *Please complete the Flu Form provided with this 3 page download and bring it with you to the clinic. You can print out additional copies from the website mvboh.org. Please complete one registration for each person being immunized.*
- *Medicare Part B and some other insurances cover the cost of these vaccines, so* ***remember to bring your insurance cards with you,*** *and fill in the insurance information on the Flu Form.*
- *If you* ***do not have insurance,*** *you will still be immunized free of charge.*
- *Influenza Vaccine Information sheets are attached for your information.*
- *Wear a short-sleeved shirt to the clinic.*

This Clinic is sponsored by: Aquinnah, Chilmark, Edgartown, Oak Bluffs, Tisbury and West Tisbury Boards of Health; Martha's Vineyard Community Hospital; Visiting Nurse Association of Cape Cod; Wampanoag Tribal Health Services; Martha's Vineyard Medical Reserve Corps; Salvation Army-MV. With Support from: Island Councils on Aging; Island Police Departments; Island Emergency Medical Services; Island Emergency Managers; Rotary Club of MV; MV Regional High School; Dukes County.

VISITING NURSE ASSOCIATION OF CAPE COD

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Flu Vaccine Immunization Record

PLEASE PRINT

PLEASE PRINT NAME AS IT APPEARS ON INSURANCE/MEDICARE CARD

	(Last)	(First)	(MI)	Birth date:	Sex:
Name:				/ /	Male Female
St address:				age:	Phone:
City:				State:	Zip:
Medicare number: _ _ _ _ _ _ _ _ _ _ _				**Medicare PART B: YES NO**	
MUST include the letter at the end and/or the beginning of the number					
Is Medicare primary insurance? YES NO					
All other Insurance information					
BC/BS, Harvard Pilgrim, Aetna, Tufts, Fallon, BMC, NHP, Health New England, Unicare, MassHealth					

Primary Insurance Information

Insurance Name: _____ Is subscriber employed? Yes or No

Policy/ID number: _____ Group number: _____

Subscriber DOB: ___/___/___ Subscriber Sex: F M

Subscriber Name: _____

Patient relationship to Subscriber: Please Circle Spouse Child Other Self

Check here if you do not have Insurance →→→

Are you allergic to eggs	NO	YES	Are you allergic to Thimerosal (mercury)	NO	YES
Are you ill today	NO	YES	Have you ever had Guillian Barre Syndrome	NO	YES
Are you on anticoagulants	NO	YES	Have you ever had the Flu Shot	NO	YES
Are you allergic to latex	NO	YES	Are you allergic to neomycin/Polymyxin	NO	YES

By signing below I am giving my permission for my Insurance to be billed and confirm that I have been given a copy and have read or have had explained to me the information on the flu vaccine information sheet (8/19/2014).

_____ _____

Signature of person to receive vaccine or that persons guardian **Date**

DO NOT WRITE BELOW THIS LINE

Injection site: RD LD Nasal Nurses name: _____ Date administered: _____

Vaccine Name: _____ Vaccine Manufacturer: _____ Lot # _____

Provider name: VNA of Cape Cod, Inc _____ MDPH Provider PIN #

Clinic/office address: 255 Independence Drive, Hyannis MA 02601 _____ name/location of clinic

State supplied? Y or N Perserv Free? Y or N

Your signature above authorizes the release of protected health information pertaining to treatment, payment and operations necessary to this billing process, physicians, medical facilities, contracting provider, and community agencies involved in your care, quality review activities (internal and external, including regulatory and accrediting organizations), and release of outcome information to the state and center for Medicare and Medicaid Services, and Joint commission on Accreditation of Health Care Organizations.

VACCINE INFORMATION STATEMENT

Influenza Vaccine

What You Need to Know

(Flu Vaccine, Inactivated or Recombinant)
2014-2015

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every winter, 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, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

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

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, nervous system disorders, or a weakened immune system. Flu vaccination is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

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

Flu vaccine is the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Inactivated and recombinant flu vaccines

You are getting an injectable flu vaccine, which is either an **"inactivated" or "recombinant"** vaccine. These vaccines do not contain any live influenza virus. They are given by injection with a needle, and often called the "flu shot."

A different, **live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccination is recommended every year. Some children 6 months through 8 years of age might need two doses during one year.

Flu viruses are always changing. Each year's flu vaccine is made to protect against 3 or 4 viruses that are likely to cause disease that year. Flu vaccine cannot prevent all cases of flu, but it is the best defense against the disease.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

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

3 Some people should not get this vaccine

Tell the person who gives 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, including (for example) an allergy to gelatin, antibiotics, or eggs, 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** (a severe paralyzing illness, 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 advised to wait until you feel better. You should come back when you are better.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

SEE PAGE 2

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Problems that could happen after any vaccine:

- Brief fainting spells can happen after any 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.
- Severe shoulder pain and reduced range of motion in the arm where a shot was given can happen, very rarely, after a vaccination.
- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

Mild problems following inactivated flu vaccine:

- 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.

Moderate problems following inactivated flu vaccine:

- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures 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.

Inactivated flu vaccine does not contain live flu virus, so you cannot **get the flu from this vaccine**.

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/**

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 behavior changes.

  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.
- Afterward, the reaction 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**, 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**. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- 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**

Vaccine Information Statement (Interim)

Inactivated Influenza Vaccine

08/19/2014

42 U.S.C. § 300aa-26

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