Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

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 Live, attenuated flu vaccine — LAIV, Nasal Spray

A dose of flu vaccine is recommended every flu season. Children younger than 9 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

The live, attenuated influenza vaccine (called LAIV) may be given to healthy, non-pregnant people 2 through 49 years of age. It may safely be given at the same time as other vaccines.

LAIV is sprayed into the nose. LAIV does not contain thimerosal or other preservatives. It is made from weakened flu virus and does not cause flu.

There are many flu viruses, and they are always changing. Each year LAIV is made to protect against 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

Some people should not get LAIV because of age, health conditions, or other reasons. Most of these people should get an injected flu vaccine instead. Your healthcare provider can help you decide.

Tell the provider if you or the person being vaccinated:
- have any allergies, including an allergy to eggs, or have ever had an allergic reaction to an influenza vaccine,
- have ever had Guillain-Barré Syndrome (also called GBS),
- have any long-term heart, breathing, kidney, liver, or nervous system problems,
- have asthma or breathing problems, or are a child who has had wheezing episodes,
- are pregnant,
- are a child or adolescent who is receiving aspirin or aspirin-containing products,
- have a weakened immune system,
- will be visiting or taking care of someone, within the next 7 days, who requires a protected environment (for example, following a bone marrow transplant).
Sometimes LAIV should be delayed. Tell the provider if you or the person being vaccinated:
• are not feeling well. The vaccine could be delayed until you feel better.
• have gotten any other vaccines in the past 4 weeks. Live vaccines given too close together might not work as well.
• have taken influenza antiviral medication in the past 48 hours.
• have a very stuffy nose.

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 LAIV do not have any problems with it. Reactions to LAIV may resemble a very mild case of flu.

Problems that have been reported following LAIV:

Children and adolescents 2-17 years of age:
• runny nose/nasal congestion
• cough
• fever
• headache and muscle aches
• wheezing
• abdominal pain, vomiting, or diarrhea

Adults 18-49 years of age:
• runny nose/nasal congestion
• sore throat
• cough
• chills
• tiredness/weakness
• headache

Problems that could happen after any vaccine:
• 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 small 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/
2015-2016 INTRANASAL (LIVE) INFLUENZA VACCINE CONSENT FORM

Information about person to be vaccinated (please print) for office use only

Last Name:____________________________________
First Name:______________________________ Age:______ Sex: ____M ____F
Date of Birth:____________________
Address______________________________________
City____________________________________ Zip ____________
Phone Number___________________
Parent's name____________________________________

The South Dakota Immunization Information System (SDIIS) is an automated system to document vaccinations given in South Dakota. SDIIS will give parents access to their child's immunization record from any participating South Dakota provider. SDIIS also allows providers to send reminder notices regarding needed immunizations. Health care providers, health care facilities, federal or state agencies, welfare agencies, school or family day care facilities may have access to this information in accordance with applicable HIPAA Privacy Act standards and requirements *. Immunization records remain confidential, and any person who fails to protect the information is guilty of a Class 1 misdemeanor. If you choose NOT to have you/your child's immunization record shared with other providers you must sign here_________________________________________________________________

** Please answer the following questions for the person (age 2-18) who will be vaccinated

Yes No Don’t Know

1) Is the person sick today?_____________________________________________
2) Does the person have an allergy to eggs or to a component of influenza vaccine?____________________
3) Has the person ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past?____________
4) Is the person younger than age 2 years or older than age 18 years?________________________
5) Does the person have a long-term health problem; heart disease, lung disease (including asthma), kidney disease, neurologic, liver disease, metabolic disease(e.g. diabetes), anemia or other blood disorder?__________________
6) If the person is a child 2 years through 4 years, in the past 12 months has a healthcare provider told you the child had wheezing or asthma?_____________________________________________________________________________
7) Does the person have cancer, leukemia, HIV/AIDS, or any another immune system problem; or, in the past 3 months, have they taken medications that weaken the immune system, such as prednisone, other steroids drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis or anticancer drugs; or have they had radiation treatments?________________________
8) Is the person receiving influenza antiviral medications?________________________
9) Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?________________________
10) Is the person pregnant or could she become pregnant within the next month?________________________
11) Has the person ever had Guillain-Barre syndrome?________________________
12) Does the person live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?________________________
13) Has the person received any other vaccinations in the past 4 weeks?________________________

I have been provided a copy of and have read or have had explained to me the information about influenza and the vaccine listed below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request. Parent Signature and Date

Signature:____________________________________ Date:____________________

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Vaccine, Manufacturer, CPT Code</th>
<th>Vaccine Lot number</th>
<th>Route</th>
<th>Date of VIS Publication</th>
<th>Signature of person administering vaccine</th>
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<td>Flu Mist/MedImmune CPT 90672</td>
<td></td>
<td>Intranasal</td>
<td>08/07/15</td>
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