Influenza Vaccine

Influenza facts

Influenza, commonly known as the “flu”, is a serious respiratory illness caused by a virus. It spreads through coughing and sneezing or through direct contact with surfaces contaminated by the virus. While some symptoms may be cold-like, the flu can be more serious, causing fever, chills, cough, sore throat, headache and body aches. Complications are more common in young children, the elderly and those who have chronic medical conditions.

The influenza vaccine

The vaccine contains only parts of flu virus and *cannot give you the flu.*

The contents of the vaccine are determined by the World Health Organization (WHO) and include the strains that are expected to circulate across the world. You need to receive the vaccine every year to be protected against the flu. The 2026/2027 trivalent influenza vaccines can protect against 3 different flu viruses: two influenza A viruses and one influenza B virus.

Vaccine effectiveness varies from year to year depending on different factors, including how well the vaccine matches the actual strains that are circulating in the community, and the age and health of the person being vaccinated. Protection is achieved two weeks after the immunization and may last six months or longer.

The flu vaccine is publicly funded for everyone 6 months of age and older who lives, works or attends school in Ontario. The flu vaccine is safe and recommended during pregnancy and breastfeeding.

What are the side effects of the influenza vaccine?

Most people have no reaction to the vaccine. The most common side effects for the injection vaccine can last 1-3 days and may include:

- Soreness, redness and swelling at the injection site;
- Tiredness/weakness;
- Low grade fever, headache and muscle aches.

Severe reactions including allergic (anaphylactic) reactions are very rare and typically occur within a few minutes to a few hours after receiving the vaccine. Oculorespiratory Syndrome (ORS) may occur in extremely rare cases.

What are the contraindications to getting the influenza vaccine?

You should not get the influenza vaccine if you are:

- Someone who has had a serious allergic reaction (anaphylaxis) to any of the components of that specific flu vaccine with the exception of egg.
    - Egg-allergic individuals may be vaccinated against influenza using any age-appropriate product, without prior influenza vaccine skin test.
    - Individuals who have had an allergic reaction to thimerosal may receive an age-appropriate **pre-filled syringed format** of Fluzone®, Flucelvax®, Fluzone® High-Dose or Fluad® (unless contraindicated).
- Someone who has had a serious allergic reaction (anaphylaxis) to a previous dose of the flu vaccine.
- Seriously ill, until you are feeling better.
- Someone who has developed Guillain-Barré Syndrome (GBS) within 6 weeks of a previous influenza vaccination.
    - The potential risk of GBS recurrence associated with influenza vaccination must be balanced against the risk of GBS associated with influenza infection itself and the benefits of influenza vaccination.

You may be referred to a physician if you have:

- Had a non-anaphylactic allergy or suspected hypersensitivity to a vaccine or its components.
- Developed Guillain-Barré Syndrome (GBS) within 6 weeks of a previous influenza vaccination.
- A history of severe Oculo-Respiratory Syndrome involving difficulty breathing or wheezing following receipt of seasonal flu vaccine.

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Influenza Screening Questions & Consent Form

You must remain in the clinic area 15 minutes after the vaccination is given.

Last name: _____ First name: _____

Date of birth: _____yyyy / mm / dd_____ Age: _____

Complete address: number_____ street_____ city_____ province_____ postal code

Telephone number: (____)_____

Answer the questions about your medical history. If you answer "yes", briefly describe.

1. Are you feeling sick? Any fever?	☐ No ☐ Yes: _____
2. Have you ever had the influenza vaccine before?	☐ No ☐ Yes
3. Have you ever had a reaction to a vaccine before?	☐ No ☐ Yes: _____
4. Do you have any allergies to foods or medications?	☐ No ☐ Yes: _____
5. Do you have an allergy to a component of the influenza vaccine being administered? (e.g. thimerosal, formaldehyde, polysorbate 80, Polyethylene Glycol (PEG), Kanamycin[1], Neomycin[1] etc)?	☐ No ☐ Yes: _____
6. Do you have a bleeding disorder, or are you receiving longer-term anticoagulation?	☐ No ☐ Yes: _____
7. If yes to question 6, is it well managed?	☐ No ☐ Yes ☐ NA
8. Have you ever felt faint or fainted after receiving a vaccine or medical procedure, or do you have a fear of injections/needles	☐ No ☐ Yes: _____

[1] Aminoglycosides related to Neomycin: Amikacin, Apramycin, Arbekacin, Framycetin, Gentamicin, Kanamycin, Netilmicin, Paromomycin, Rhodostreptomycin, Spectinomycin, Streptomycin, Tobramycin.

I have read the information about the influenza vaccine on the back of this consent form. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefits and risks associated with this vaccine. I give consent to _____ to administer the influenza vaccine.

Signature: _____ Date: _____

Are you consenting on behalf of someone else? ☐ No ☐ Yes

If yes, Legal Guardian full name: _____

Relationship: _____

Legal Guardian phone number: (____)_____

For Clinic Use Only

I have used two client identifiers and the client has no contraindications to receiving the influenza vaccine based on the review of all screening questions.

Initials & Designation: _____

Vaccine:

Age	**Vaccine**	**Dosage and Route**	**Site**	**Lot Number and Expiry**
≥ 6 months of age	☐ Fluviral® (IIV3-SD, egg-based)	☐ 0.5 mL Intramuscular	☐ Left Deltoid ☐ Right Deltoid ☐ Left Thigh ☐ Right Thigh	_____ Lot Number _____ Expiry
	☐ Fluzone® (IIV3-SD, egg-based)			
	Flucelvax® (IIV3-CC, cell culture-based)			
≥ 65 years of age	☐ Fluad® (IIV3-Adj, egg-based)			
	☐ Fluzone® High-Dose (IIV3-HD, egg-based)			
Date & Time of Administration: YYYY/MM/DD HH:MM				
Signature & Designation:				

Clinical notes (date and time):

_____

_____

_____

Signature & Designation: _____

For Data Entry Use Only

☐ **Data Entry in Panorama Complete** **Signature:** _____ **Date:** _____