

2015-2016 Informed Consent

FLUMIST QUADRIVALENT INTRANASAL FLU VACCINE

Flu

Influenza (flu) is a respiratory disease caused by influenza virus infection. The types or strains of influenza virus causing illness may change from year to year, or even within the same year. People who get flu may have fever, chills, headache, dry cough and muscle aches, and may be sick for several days to a week or more. Most people recover completely. However, for some people, flu may be especially severe, and pneumonia or other complications including death, may develop.

Intranasal Flu Vaccine

The intranasal live virus influenza vaccine is indicated for: healthy children, ages 2-8 years, and healthy adolescents and adults, ages 9-49. Most people will require one dose of the intranasal flu vaccine each year. Children 2-8 years old need two doses at least 1 month apart for the first year that they are vaccinated with influenza vaccine.

The 2015-2016 Quadrivalent vaccine provides protection against A/H1N1 influenza, A/H3N2 and two B strains of influenza viruses- B/Phuket and B/Brisbane.

Risks & Possible Side Effects

Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a fever, nasal congestion or sore throat. These effects usually last 24 to 48 hours. Most people who receive the vaccine either have no or only mild reactions. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Moreover, medical events completely unrelated to vaccine administration may occur coincidentally in the aftermath period following vaccination.

Unlike the 1976 swine influenza vaccine, flu vaccines used subsequently have not been clearly associated with an increased frequency of Guillain-Barre Syndrome, which is associated with paralysis.

Contraindications:

Intranasal live virus influenza vaccine is not indicated for:

- children under 2 years of age or people aged 50 or over;
- pregnant and nursing women;
- people with asthma or other reactive airway diseases;
- people with chronic underlying medical conditions that may be predisposed to severe flu infections;
- people with problems with immune suppression, including those with immune deficiency diseases, such as AIDS or cancer, and people who are being treated with drugs that cause immunosuppressions;
- people allergic to egg proteins, gentamicin, gelatin, or arginine.
- children and adolescents on aspirin or aspirin-containing therapy.
- people with life-threatening reaction to a previous dose of the flu vaccine or have had Guillain-Barre Syndrome.

If you have questions, please ask now or check with a physician or your health department before receiving the vaccine.

If you experience any significant reactions, see your physician.

Name of Physician, NP, PA: _____
Date of Service: _____

Dx: V04.81
 CPT Admin 90473 \$49.00
 CPT Intranasal: 90672 \$111.00

Billed Amount: \$160.00 (2 yrs & above)

Information - Person to Receive Vaccine			
Name (please print)	DOB		
Address	City	State	Zip
Signature (person receiving vaccine or Parent or Guardian)			