

September, 2019

TO: All Departments
FROM: City Personnel
RE: Flu Vaccinations

The City will once again be offering free flu vaccinations for all employees as well as spouses of employees who are covered under the City-sponsored health plan.

We will have on-site vaccination clinics (schedule attached); if employees (or eligible spouse) are unable to attend the scheduled clinics, they can go directly to Employer Solutions (located at 5412 Hwy 10 East) to receive the vaccination. Employees opting to do this must have a "walk-in vaccine request form" which they can obtain at the Personnel Office. I would suggest those choosing this option call ahead to check availability of vaccine and staff to administer the vaccine. The number is 715-346-5243; Employer Solutions normal business hours are 8:00 a.m. to 3:45 p.m. The "walk-in" option will not be available until October 1, 2019.

Attached you will find the questionnaire/consent form that must be completed prior to being vaccinated. Please post in your department for employees who don't have access to e-mail. This information will also be posted on the employee website.

Please contact me with any questions or concerns.

Attachments

FLU VACCINATIONS TENTATIVE SCHEDULE*

The City is offering free flu vaccinations for its employees as well as spouses covered by the **City-sponsored** health plan on the following dates:

October 1, 2019	3:00 p.m. – City Hall Conference Room
October 7, 2019	7:30 a.m. – Water Department
October 10, 2019	7:00 a.m. – Franklin Street Fire Station 1
October 14, 2019	7:00 a.m. – Streets Department

Please plan to attend the clinic that will best fit your work schedule.

Vaccine Administration Record and the Vaccination History Questionnaire must be completed by each participant in advance of receiving the vaccination.

If you are unable to attend one of the above, contact Personnel for a [walk-in vaccine request form](#) and report to MMG Occupational Medicine (located at 5412 Hwy 10 East) between 8:00 a.m. and 3:45 p.m. on a walk-in basis. You **MUST** have the vaccine request form to get the flu shot. It is suggested that you call ahead (346-5243) to check on availability of vaccine and staff to administer.

*These dates are tentative, based upon vaccine availability. In the event of a change, City Departments will be notified.

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

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 vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it 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 of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do 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. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare 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 www.cdc.gov/flu

Vaccine Information Statement (Interim)
**Inactivated Influenza
Vaccine**



Office use only

8/15/2019 | 42 U.S.C. § 300aa-26

EMPLOYER
MINISTRY MEDICAL GROUP & AFFINITY MEDICAL GROUP
SOLUTIONS

**Flu Vaccination Questionnaire and Consent Form
 2019- 2020**

Name: _____ Birthdate: _____ Phone: _____

Address: _____ Employer: _____

City: _____ State: _____ Zip: _____

<i>The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not mean you should not be vaccinated but that additional questions need to be asked. If a question is not clear, please ask the healthcare provider to explain it.</i>	No	Yes	Don't Know
1. Are you sick today?			
2. Do you have allergies to neomycin, eggs, yeast, gelatin, a vaccine component or latex?			
3. Have you ever had a serious reaction after receiving a flu vaccine?			
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, diabetes, anemia or other blood disorder?			
5. Do you have a medical problem which makes it hard to fight infection? (<i>cancer, leukemia or AIDS</i>)			
6. Do you take cortisone, prednisone, other steroids or anti-cancer drugs or had radiation treatments?			
7. Have you had a seizure or a brain or other nervous system problem such as Guillain-Barre Syndrome?			
8. Have you received blood or blood products, been given immune (gamma) globulin or an antiviral drug in the past 12 months?			
9. Are you pregnant or is there a chance you could become pregnant in the next month? <input type="checkbox"/> NA <i>For one month after receiving a live virus vaccine, avoid getting pregnant.</i>			
10. Have you received any vaccines in the past 4 weeks? If yes, which one(s): <i>A waiting period of 4 weeks is necessary after receiving a live virus vaccine</i>			
11. Do you take the following medications: Warfarin (Coumadin), Theophylline, Phenytoin (Dilantin) or Aminopyrine (Pyramidon)?			
<i>Employer Solutions staff comments on "yes" responses (refer to HCP Resource for Adult Vaccine Questionnaire and Consent):</i>			

I have received and read the Flu Vaccine Information Statement (VIS), had questions answered to my satisfaction and consent to receive the Flu Vaccine today:

Signature of vaccine recipient: _____

Date: _____

Parent/Guardian or POA: _____

Reason: minor dementia

Vaccine Manufacturer:	Administered Intramuscularly in the Right Deltoid Left Deltoid by: _____ Date: _____
Lot Number:	
Expiration Date:	

Location: _____