September, 2018

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 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, 2018.

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.

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, 2018, 3:00 p.m. – City Hall Conference Room

October 5, 2018, 7:00 a.m. – Franklin Street Fire Station

October 15, 2018, 7:00 a.m. – Streets Department

October 17, 2018, 7:30 a.m. - Water 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 <u>walk-in vaccine</u> 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.



Flu Vaccination Questionnaire and Consent Form 2018- 2019

Name:	Birthdate:	Phone:					
ddress:	Employer:						
Dity:	State:	Zip:			_		
The following questions will help us determine which vac question, it does not mean you should not be vaccinated not clear, please ask the healthcare provider to explain it.	but that additional questions need to	u answer "yes" to any o be asked. If a question is	No	Yes	Don't Know		
1. Are you sick today?							
2. Do you have allergies to neomycin, eggs, yea	st, gelatin, a vaccine componei	nt or latex?					
3. Have you ever had a serious reaction after re-	ceiving a flu vaccine?						
4. Do you have a long-term health problem with l diabetes, anemia or other blood disorder?	heart disease, lung disease, as	thma, kidney disease,					
5. Do you have a medical problem which makes	which makes it hard to fight infection? (cancer, leukemia or AIDS)						
6. Do you take cortisone, prednisone, other sterc	oids or anti-cancer drugs or had	radiation treatments?					
7. Have you had a seizure or a brain or other ner Syndrome?	,						
8. Have you received blood or blood products, be drug in the past 12 months?	een given immune (gamma) glo	bulin or an antiviral					
9. Are you pregnant or is there a chance you cou NA For one month after receiving a live virus vaccine, avo A company of the company of t	oid getting pregnant.						
10. Have you received any vaccines in the past 4 A waiting period of 4 weeks is necessary after receiving		S):					
11. Do you take the following medications: Warfar Aminopyrine (Pyramidon)?	in (Coumadin), Theophylline, P	henytoin (Dilantin) or					
Employer Solutions staff comments on "yes" responses (refer to	HCP Resource for Adult Vaccine Question	nnaire and Consent):		1			
I have received and read the Flu Vaccine Information	ation Statement (VIS), had qu receive the Flu Vaccine toda		ny sati	isfactio	on		
Signature of vaccine recipient:		Date:					
Parent/Guardian or POA:		Reason: □mino	or □d	ementi	a		
Vaccine Manufacturer:	Administ	ered Intramuscularly i	n the				
Lot Number:	Right D	Right Deltoid Left Deltoid					
Expiration Date:	by:	Da	ıte:		_		

Rhinelander

Tomahawk

Merrill

Door County

Location:

Stevens Point

Weston

VACCINE INFORMATION STATEMENT

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 ("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.

Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

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

There is no live flu virus in flu shots. They cannot cause the flu.

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. 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

Tell the person who is giving 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, 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 (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 asked to come back

when you feel better.



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 a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- 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.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- 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. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a 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.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- 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 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 unusual behavior.

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.
- Reactions 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.

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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.

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How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- 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

Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

