

2022-2023 SEASONAL INFLUENZA PRE-VACCINATION CHECK SHEET

Quadrivalent influenza vaccine strain in the 2022-2023 season

A/ Victoria/ 1/ 2020 (H1N1) B/ phuket/ 3073/ 2013 (Yamagata lineage)
 A/ Darwin/ 9/ 2021 (H3N2) B/ Australia/ 1359417/ 2021 (Victoria lineage)

2 doses recommended (2-4 week interval)

1 or 2 doses

age of 6 months up to 3 years: 0.25ml

age of 13 years and older: 0.5ml

age of 3 years up to 13 years: 0.5ml

First shot Second flu shot for this season

Questionnaire (after reading the information overleaf, pls answer below)	Answer
1. Have you ever received an influenza vaccination before?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(1) Have you ever felt ill after receiving an influenza vaccination?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(2) Have you ever felt ill after receiving a vaccination other than influenza?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Do you understand the effect and possible reactions from today's vaccination?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Do you feel ill today?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you feel ill, please state your symptoms here:	
4. In the past month, have you experienced a fever or developed any illness?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name of illness:	
5. Do you have any chronic diseases such as heart, kidney, liver or blood disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name of illness:	
Have you been told by the doctor treating you for this illness that you can receive the vaccination today?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Do you currently have any other illnesses? Name of illness:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you receiving any treatment (such as steroids or other drugs)?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you been told by the doctor treating you for this illness that you can receive the vaccination today?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Have you been diagnosed with immunodeficiency?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Have you ever experienced seizures?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Have you ever developed skin rashes or hives, or become ill, due to drugs or food products (chicken, eggs)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
10. Have you received any vaccinations in the past month? Name of vaccination:	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Female only: Are you pregnant? () week gestation	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. Do you have any questions regarding today's vaccination?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Consent to receive INFLUENZA vaccine			
<input type="checkbox"/> I confirm I have received and understood information provided to me on Influenza vaccination.			
<input type="checkbox"/> I agree to be vaccinated with the influenza vaccine.			
Recipient name	Signature	Date	Age
by guardian, if applicable			

MEDICAL STAFF USE ONLY			
Route: <input type="checkbox"/> SC	Manufacturer: <input type="checkbox"/> KMB <input type="checkbox"/> others		
Dose: <input type="checkbox"/> 0.5ml <input type="checkbox"/> 0.25ml (I / I • I / II • II / II)	<input type="checkbox"/> Kita sato		
Site: Upper Arm <input type="checkbox"/> Right <input type="checkbox"/> Left	Batch Number:	Date:	
Thigh / Buttock <input type="checkbox"/> Right <input type="checkbox"/> Left	Signature of vac. Giver:		

Receiving the influenza vaccination

◇ What is influenza?

The influenza virus is spread through the air by coughing and sneezing and the disease is caught by inhaling the airborne virus. Influenza symptoms include high fever, general malaise, headache, aching joints and muscles, sore throat, sneezing, coughing, and stuffed or runny nose. In severe cases, complications such as bronchitis, pneumonia or encephalitis may occur, possibly becoming life-threatening among those having a chronic illness and the elderly.

◇ How you can protect yourself from influenza

Currently, the most effective means of protection is thought to be vaccination before the disease spreads. Vaccination can protect you against influenza and/or prevent the symptoms from becoming severe in case you do catch the disease. (It takes about two weeks after receiving the vaccination for your body to develop immunity, and the immunity lasts for about five months.)

Other means of prevention are gargling and washing your hands when returning from outside, avoiding crowded places, maintaining appropriate humidity indoors, wearing a mask when you go out, eating a balanced diet and drinking sufficient water, keeping regular hours and getting sufficient rest and sleep.

◇ Side effects of the influenza vaccination

- (1) Redness, swelling and/or pain may occur at the injection site, but these symptoms usually subside within 2-3 days.
- (2) You may run a low-grade fever and/or feel chills, headache or general malaise, but these symptoms usually subside within 2-3 days.
- (3) There have been reports of fever, headache, convulsions, impaired mobility and impaired consciousness occurring between several days and two weeks after vaccination. In extremely rare cases, symptoms such as shock, hives or respiratory difficulty may occur. Consult your physician immediately if these symptoms appear.

◇ Relief System for Health Damage from Vaccination

Vaccination is very important to prevent infection, however, there are rare cases to cause health damage. If a person has an adverse reaction and needs treatment or cannot perform daily activities due to health damage caused by routine vaccination, he/she can be compensated by the government according to the Immunization Act.

◇ Cautions when receiving the influenza vaccination

(1) Cautions before receiving the vaccination

Please read this notice carefully before receiving the vaccination. If you have any concerns or are not clear about any of the information, consult your physician and be sure you clearly understand all the information before receiving the vaccination.

Enter all the required information on the Influenza Pre-vaccination Check Sheet and take it with you when you go to the medical facility to receive the vaccination.

(2) The following persons should not receive the influenza vaccination.

- ① Persons who are clearly running a fever ($\geq 37.5^{\circ}\text{C}$).
- ② Persons who are clearly suffering from an acute and/or serious medical condition.
- ③ Persons who have experienced anaphylactic shock following vaccination.
- ④ Persons who have had influenza vaccination in the past and had allergic symptoms such as fever and generalized rash within 2 days.
- ⑤ Other persons whom the physician determines should not receive the vaccination.

(3) The following persons should consult their regular physician when receiving the vaccination

- ① Persons who are being treated for heart, kidney, liver, blood, and other chronic illnesses.
- ② Persons who have suffered a seizure/convulsion in the past.
- ③ Persons who have been diagnosed with immunodeficiency or have close relatives with congenital immunodeficiency.
- ④ Persons who are being treated for respiratory illnesses such as interstitial pneumonia and bronchial asthma.
- ⑤ Persons who are allergic to any of the ingredients contained in the influenza vaccine and/or to chicken eggs, poultry (chicken) or other substances derived from poultry.

(4) Cautions after receiving the vaccination

- ① Some acute reactions may occur within 30 minutes of vaccination. Be sure you will be able to contact the physician immediately during that period, such as by waiting at the medical institution where you received the vaccination.
- ② Most adverse reactions occur within 24 hours of vaccination, so pay attention to your physical condition during that period. If you think you are showing symptoms of an adverse reaction, consult your physician.
- ③ It is safe to take a bath, but take care not to rub the injection site.
- ④ It is safe to carry out normal daily activities, but avoid strenuous exercise and overindulgence in alcohol.

◇ About inoculation interval with the COVID-19 vaccine

You can receive both the COVID-19 vaccine and the influenza vaccine at the same time.

Inquiries

Minato Public Health Center, Public Health and Disease Prevention Section

Phone: 6400-0081 FAX: 3455-4460

Please read the reverse side carefully