INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW

2004-2005

1 Why get vaccinated?

Influenza ("flu") is a serious disease.

It is caused by a virus that spreads from infected persons to the nose or throat of others.

Influenza can cause:

· fever · sore throat · chills
· cough · headache · muscle aches

Anyone can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes an average of 36,000 deaths each year in the U.S., mostly among the elderly.

Influenza vaccine can prevent influenza.

2 Influenza vaccine

Two types of influenza vaccine are now available. Inactivated (killed) influenza vaccine, given as a shot, has been used in the United States for many years. A live, weakened vaccine was licensed in 2003. It is sprayed into the nostrils.

Influenza viruses change often. Therefore, influenza vaccine is updated every year.

Protection develops about 2 weeks after getting the shot and may last up to a year.

Some people who get flu vaccine may still get flu, but they will usually get a milder case than those who did not get the shot.

Flu vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

Some inactivated flu vaccine contains thimerosal, a form of mercury, as a preservative. Some contains only a trace of thimerosal. There is no scientific evidence that thimerosal in vaccines is harmful, and the known benefits of the vaccine outweigh any potential risk from thimerosal. If you have questions about thimerosal or reduced-thimerosal flu vaccine, ask your doctor.

3 Who should get inactivated influenza vaccine?

People 6 months of age and older at risk for getting a serious case of influenza or influenza complications, and people in close contact with them (including all household members) should get the vaccine.

An annual flu shot is recommended for:

- **All children** 6-23 months of age.
- **Household contacts and out-of-home caretakers** of infants from 0-23 months of age.
- People **50 years of age or older**.
- Residents of **long-term care facilities** housing persons with chronic medical conditions.
- People who have **long-term health problems** with:
  - heart disease
  - kidney disease
  - lung disease
  - metabolic disease, such as diabetes
  - asthma
  - anemia, and other blood disorders
- People with a **weakened immune system** due to:
  - HIV/AIDS or another disease that affects the immune system
  - long-term treatment with drugs such as steroids
  - cancer treatment with x-rays or drugs
- People 6 months to 18 years of age on **long-term aspirin treatment** (these people could develop Reye Syndrome if they got the flu).
- Women who will be **pregnant** during influenza season.
- Physicians, nurses, family members, or anyone else coming in **close contact with people at risk** of serious influenza.
- Anyone else who wants to **reduce their chance of catching influenza.**

An annual flu shot should be *considered* for:

- People who provide **essential community services.**
- People at high risk for flu complications who **travel** to the Southern hemisphere between April and September, or who travel to the tropics or in organized tourist groups at any time.
- People living in **dormitories** or under other crowded conditions, to prevent outbreaks.

4 When should I get influenza vaccine?

The best time to get a flu shot is in October or November.

Some people should get their flu shot in ***October*** or earlier. This includes:
- people **50 years of age and older**,
- younger people at **high risk** from flu and its complications (including **children 6 through 23 months of age**),
- **household contacts** of persons at high risk,
- **health care workers**, and
- **children under 9 years of age** getting the flu shot for the first time.

The flu season can peak anywhere from December through March, but most often it peaks in February. So getting the vaccine in December, or even later, can be beneficial in most years.

Most people need only one flu shot each year to prevent influenza. **Children under 9 years old getting flu vaccine for the first time** should get 2 doses. With the inactivated vaccine, these doses are given one month apart. Children in this age group who got one dose the previous year, even if it was the first time they got the vaccine, need only one dose this year.

5 Some people should talk with a doctor before getting influenza vaccine

Talk with a doctor before getting a flu shot if you:

1) ever had a serious allergic reaction to eggs or to a previous dose of influenza vaccine, or
2) have a history of Guillain-Barré Syndrome (GBS).

If you have a fever or are severely ill at the time the shot is scheduled, you should probably wait until you recover before getting influenza vaccine. Talk to your doctor or nurse about whether to reschedule the vaccination.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated flu vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:
•soreness, redness, or swelling where the shot was given
•fever
•aches
If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:
- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, swine flu vaccine was associated with a severe paralytic illness called Guillain-Barré Syndrome (GBS). Influenza vaccines since then have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it is estimated at 1 or 2 cases per million persons vaccinated . . . much less than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a moderate or severe reaction?

What should I look for?
- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?
- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.
  Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.
  VAERS does not provide medical advice.

8 How can I learn more?

- Ask your doctor or nurse. They 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 **1-800-232-2522** (English)
  - Call **1-800-232-0233** (Español)
  - Visit CDC's website at **www.cdc.gov/flu**

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