**Seasonal Influenza Vaccine Consent Form 2021**

**Staff member details** (Please use black or blue ink to complete the following details)

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name |  |
| Date of Birth |  | Gender  |  |
| Stafflink Number |  | Contact Number |  |
| Ward/Department |  | Staff Category |  |
| Medicare Number - Position on card* Expiry date
 | **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_****\_\_****\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_** | Position Category  | Category A - High Risk 🞏Category A 🞏Category B 🞏 |

**Vaccination Checklist**

Please answer the following questions – if you have any concerns please discuss these with your vaccination provider

|  |  |  |
| --- | --- | --- |
|  | Yes | No  |
| 1. Have you received a seasonal influenza vaccine in the past?
 |  |  |
| 1. Have you received a seasonal influenza vaccine since 1 March this year?
 |  |  |
| 1. Have you received a COVID-19 vaccine? (bring details to your appointment)
 |  |  |
| 1. Have you had anaphylaxis following any vaccination in the past?
 |  |  |
| 1. Have you had a severe reaction following any vaccination in the past?
 |  |  |
| 1. Do you feel unwell today?
 |  |  |
| 1. Do you currently have a fever ≥38.5C?
 |  |  |
| 1. Do you have an allergy to eggs?
 |  |  |
| 1. Are you currently immune-compromised?
 |  |  |
| 1. Do you have a bleeding disorder?
 |  |  |
| 1. Do you have a severe allergy to anything?
 |  |  |
| 1. Do you have a past history of Guillain-Barré syndrome?
 |  |  |
| 1. Do you have an allergy to Neomycin or Kanamycin?
 |  |  |
| 1. Are you aged 65 years and over? (You should receive the Fluad Quad vaccine for people aged 65+)
 |  |  |

I, ………………………………………………………… (Print name) **consent** to have the influenza vaccination and declare that I have:

* Read and understood the influenza vaccine factsheet provided to me (including possible side effects of the vaccination)
* Had the opportunity to discuss medical concerns with my vaccination provider
* Responded to the questions above to the best of my ability and the answers to them are true and accurate

I consent to be vaccinated with the influenza vaccine.

Signed …………………………………………………………………… Date ……………………………….

I, ………………………………………………………………………………... (Print name) **decline** to be vaccinated with the influenza vaccine.

Under *PD2020\_017 Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases* workers in category A High Risk positions are required to receive the influenza vaccine by 1 June each year.

I understand that if this requirement applies to my position I may be:

* Required to wear a surgical mask during the influenza season while providing patient care; or
* Be deployed to a non – high risk clinical area for the duration of the influenza season.

Signed …………………………………………………………………………………… Date ……………………………….

**Vaccination details (Staff Health use only)**

Date of vaccination.............................. Time of vaccination.............................. Site L / R Deltoid (please circle)

Batch Number (place sticker or write batch number here)………………………………………………….. Expiry Date………………………..

Name of vaccinator……………………………………………Stafflink #................................... Signature of vaccinator…………………………………

**INFORMATION SHEET - INFLUENZA VACCINATION 2021**

**Background**

Annual influenza vaccination is highly recommended for all healthcare workers and is mandatory for NSW staff who work in Category A – High Risk positions. These include:

1. Antenatal, perinatal and post-natal areas including labour wards, recovery rooms and antenatal outreach programs
2. Neonatal intensive care units; special care units; any home visiting heath service provided to neonates
3. Paediatric intensive care units
4. Transplant and oncology wards
5. Intensive care units
6. Multipurpose Services
7. NSW Health Residential aged care facilities (except where there is a public health order in place)

Workers in these positions are required to receive the influenza vaccine by 1 June each year. Workers in these positions that are unable to be vaccinated or decline the vaccine must be managed in one of the following ways (refer to section 4.1 for exception) for the duration of the influenza season (1 June – 30 September):

* Re-deployment to a non-category A High Risk position; OR
* Wear a surgical mask while providing patient care.

Additional information is available from the [NSW Health webpage](https://www.health.nsw.gov.au/Infectious/Influenza/Pages/health-professionals.aspx#1).

If you receive the influenza vaccine outside of your NSW Health workplace please provide a copy of your evidence to the staff health unit so that it can be added to your staff health record.

**Influenza vaccine for people aged 65 years and over**

​Under the National Immunisation Program all people aged 65 years and over are recommended to receive an enhanced influenza vaccine. In 2021 Fluad® Quad is the enhanced vaccine offered. Fluad® Quad has been specifically designed to produce a higher immune response in people 65 years and over and is not licensed for use in younger individuals.

**Side effects of influenza vaccine**

***The flu vaccine does not contain any live virus therefore you cannot get the flu from receiving the vaccine.***

Like all medications, influenza vaccination can cause side effects. Local side effects may include pain, tenderness, redness, swelling, bruising and hardness at the injection site. Other symptoms may include feeling unwell, muscle aches, headache, chills or fever. These usually indicate that your immune system is responding to the vaccine.

Side effects usually resolve in a day or two, if they continue or you are concerned seek medical care.

**Contraindications**

The only absolute contraindications to influenza vaccine are anaphylaxis to a previous dose of influenza vaccine or anaphylaxis to any component of the influenza vaccine.

**Egg allergy**

People with a history of egg allergy (non-[anaphylaxis](https://immunisationhandbook.health.gov.au/technical-terms#anaphylaxis)) can receive an age-appropriate full dose of vaccine in any immunisation setting. People with a history of anaphylaxis to egg should receive the influenza vaccination in a medical facility with staff experienced in recognising and treating anaphylaxis. Advice in the digital edition of the Australian Immunisation Handbook should be followed.

**Previous reaction to any vaccine**

If you have previously had a severe reaction following an influenza vaccination you should discuss this with your immunisation provider before receiving the vaccine. You may still be able to be vaccinated however your individual circumstances need to be considered.

**Immunocompromised**

People aged ≥6 months who are immunocompromised are strongly recommended to receive annual influenza vaccine. Those who have had a haematopoietic stem cell transplant or solid organ transplant require 2 doses in their first year of vaccination. Refer to the [Immunisation Handbook](https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu), seek advice from the patient’s specialist or NSWISS 1800 679 477.

**Bleeding disorder**

Workers with bleeding disorders can usually still receive the influenza vaccination however individual circumstances need to be considered and discussed prior to receiving the vaccine. It may need to be administered in another setting or at another time. Ensure you advise your immunisation provider if you have a bleeding disorder before receiving the vaccine.