

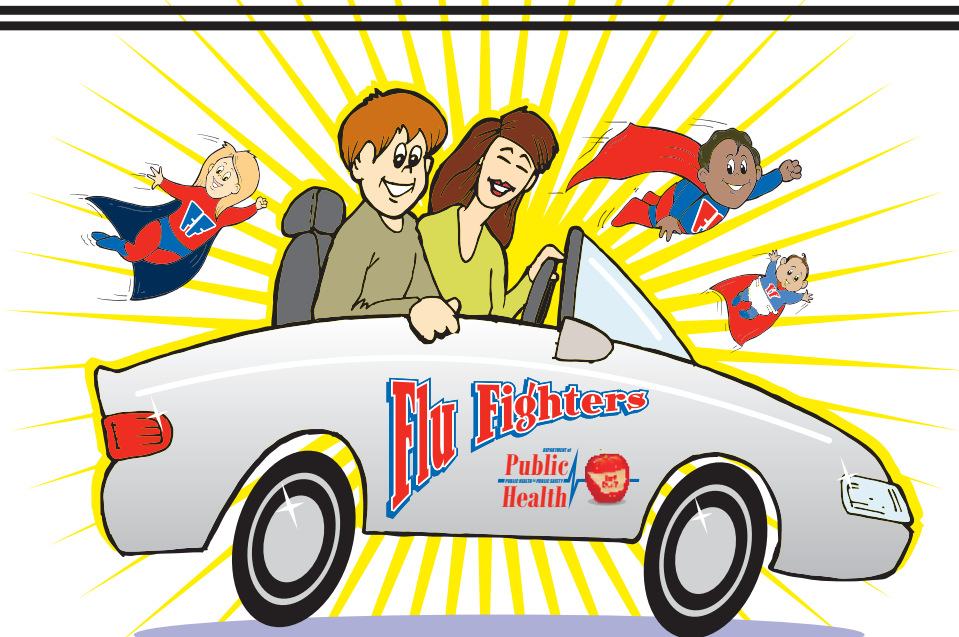
For additional information about the flu and flu clinics, please call Kern County Department of Public Health at (661) 868-0502 or log on to www.co.kern.ca.us/health.

Please complete the screen form below and bring it with you on Friday, Oct. 30 to CSUB or Bakersfield College. This form will need to be completed prior to receiving a flu shot.

Scroll down for vaccination information, screening forms, and drive through clinic location maps for CSUB and Bakersfield College.

**Be a Flu Fighter! Get your seasonal flu shot...
right in your car!**

Drive Through Seasonal
Flu Shot Clinic



**Friday, Oct. 30, 10:00am - 4:00pm
on the BC and CSUB Campuses**

Immunizations will be given while supplies last up to 4pm. Due to safety, no walk-up or bicycle traffic allowed.



CSU Bakersfield



COUNTY OF KERN
EMERGENCY MEDICAL SERVICES
DEPARTMENT



www.BakersfieldFire.us
e-mail: fire@bakersfieldfire.us



For more information, maps and forms visit us on-line at www.co.kern.ca.us/health
or call Public Health at 1-877-81VIRUS

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2009-10

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people, such as infants, elderly, and those with certain health conditions, can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly. **Influenza vaccine can prevent influenza.**

2 Inactivated influenza vaccine

There are two types of seasonal influenza vaccine:

1. **Inactivated** (killed) vaccine, or the “flu shot” is given by injection into the muscle. 2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

These “seasonal” influenza vaccines are formulated to prevent annual flu. They do not protect against pandemic H1N1 influenza.

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza-related illness. But even when there is not a close match, the vaccine provides some protection. Influenza vaccine will *not* prevent “influenza-like” illnesses caused by other viruses.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts up to a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Some people have suggested that thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine reviewed many studies looking into this theory and concluded that there is no evidence of such a relationship. Thimerosal-free influenza vaccine is available.

3 Who should get inactivated influenza vaccine?

*Anyone who wants to **reduce the likelihood of becoming ill with influenza or spreading influenza to others.***

*All children **6 months and older** and all **older adults:***

- All children from 6 months through 18 years of age.
- Anyone 50 years of age or older.

*Anyone who is **at risk of complications from influenza, or more likely to require medical care:***

- Women who will be **pregnant** during influenza season.
- Anyone with **long-term health problems** with:
 - heart disease
 - kidney disease
 - liver disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- Anyone with a **weakened immune system** due to:
 - HIV/AIDS or other diseases affecting the immune system
 - long-term treatment with drugs such as steroids
 - cancer treatment with x-rays or drugs
- Anyone with certain **muscle or nerve disorders** (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone 6 months through 18 years of age on **long-term aspirin treatment** (they could develop Reye Syndrome if they got influenza).
- **Residents of nursing homes** and other **chronic-care facilities.**

Anyone who lives with or cares for people at high risk for influenza-related complications:

- **Health care providers.**
- **Household contacts and caregivers of children** from birth up to 5 years of age.
- **Household contacts and caregivers** of
 - people 50 years and older, or
 - anyone with medical conditions that put them at higher risk for severe complications from influenza.

Health care providers may also recommend a yearly influenza vaccination for:

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

4 When should I get influenza vaccine?

You can get the vaccine as soon as it is available, usually in the fall, and for as long as illness is occurring in your community. Influenza can occur any time from November through May, but it most often peaks in January or February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Most people need one dose of influenza vaccine each year.

Children younger than 9 years of age getting influenza vaccine for the first time – or who got influenza vaccine for the first time last season but got only one dose – should get 2 doses, at least 4 weeks apart, to be protected.

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

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

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
 - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
 - A severe allergy to any vaccine component is also a reason to not get the vaccine.
 - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

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 influenza 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
- hoarseness; sore, red or itchy eyes; cough
- 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 usually within a few minutes to a few hours after the shot.
- In 1976, a type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe 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** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For more information about the National Vaccine Injury Compensation Program, call **1-800-338-2382**, or visit their website at www.hrsa.gov/vaccinecompensation.

9 How can I learn more?

- Ask your provider. 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 **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/flu



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Influenza
Vaccine

OCTOBER 30, 2009 POD DRILL

TIME IN

TIME OUT

NO
SHOT

YES
SHOT

Refer

Site: BC/CSUB/Other _____

Kern County Department of Public Health SCREENING TOOL

Name (Print): _____

Date of Birth: ____/____/____ Age: ____ Gender: Male / Female

| For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Is the person receiving vaccination three (3) years old or above? | | |
| 2. Are you sick today? | | |
| 3. Do you have an allergy to eggs, gelatin, thimerisol, neomycin, latex or polymyxin B? For example, swelling, hives or asthma attacks requiring immediate medical attention. | | |
| 4. Have you ever had a serious reaction to influenza vaccine in the past? | | |
| 5. Do you have a history Guillain-Barre syndrome? | | |
| 6. Are you pregnant? | | |
| 7. Do you have any of the following high risk medical conditions? <ul style="list-style-type: none"> • Chronic lung disease (including asthma) • Heart disease (excluding high blood pressure) • Kidney disease • Liver disease • Diabetes • Blood disorders • Brain, spinal cord or muscle illnesses that cause swallowing or lung problems • Problems with immune protection system caused by medications and/or HIV | | |
| 8. Do you live in a household with an infant less than 6 months old? | | |

STAFF USE ONLY

| Influenza Vaccine | Date Given | Dose in Series | Dosage | Route | Site | Vaccine Manufacturer and Lot # | VIS Publication Date | Administered by (Name & Title) |
|--------------------|------------|----------------|--------|-------|------|--------------------------------|----------------------|--------------------------------|
| Fluvirin (Syringe) | 10/30/09 | 1 | 0.5mL | IM | LA | Novartis 960365P | 08/11/09 | |
| Fluzone (Vial) | 10/30/09 | 1 | 0.5mL | IM | LA | Sanofi Pasteur _____ | 08/11/09 | |
| | | | | | RA | | | |

I have read or had explained to me the "Influenza Vaccine Information Statement, 2009-2010." I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that it be given to me or to the person for whom I am authorized to make this request.

Signature

Vacuna
de
Influenza

30 DE OCTUBRE, 2009
POD DRILL

Time In

Time Out

No
Shot

Yes
Shot

Refer

Cite: BC/CSUB/Otero _____

Departamento de Salud del Condado de Kern
FORMULARIO PARA DETERMINAR LA ELEGIBILIDAD

Nombre de Paciente (en letra de molde claro): _____

Fecha de Nacimiento: ___/___/___ Edad: _____ Genero: Hombre/ Mujer

| Para pacientes adultos como también padres de niños que serán vacunados: Las siguientes preguntas nos ayudaran a determinar si hay cualquier razón por la cual no deberían usted o su hijo revivir la vacuna contra la gripe hoy. Si responde "si" a cualquiera de las preguntas, no quiere decir que usted (o su hijo) no deben recibir la vacuna. Solo quiere decir que necesitamos hacerle mas preguntas. | Si | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 1. ¿La persona recibiendo la vacuna tiene tres (3) o mas años de edad? | | |
| 2. ¿Está usted enfermo hoy (tiene fiebre de 101 grados o mas)? | | |
| 3. ¿Es usted alérgicos al huevo, gelatina, thimersol, noemycin, latex or polymyxin B? Por ejemplo, hinchazón, salpullido, o ataques de asma requiriendo atención medica inmediata? | | |
| 4. ¿Ha tenido usted una reacción grave a la vacuna contra la gripe en el pasado? | | |
| 5. ¿Ha tenido alguna vez el síndrome de Guillain -Barfé (una enfermedad paralítica seria también llamada GBS)? | | |
| 6. ¿Está usted embarazada? | | |
| 7. ¿Tiene usted alguna de las siguientes condiciones de alto riesgo médico? • La enfermedad pulmonar crónica (incluyendo asma) • Las enfermedades del corazón (con exclusión de la presión arterial alta) • Enfermedad renal • Enfermedad del hígado • Diabetes • Desorden de la sangre • El cerebro, la médula espinal o enfermedades musculares que causan problemas al tragar o pulmón • Problemas con el sistema de protección inmunológica causada por medicamentos y / o el VIH | | |
| 8. ¿Usted vive en un hogar con un niño menor de 6 meses de edad? | | |

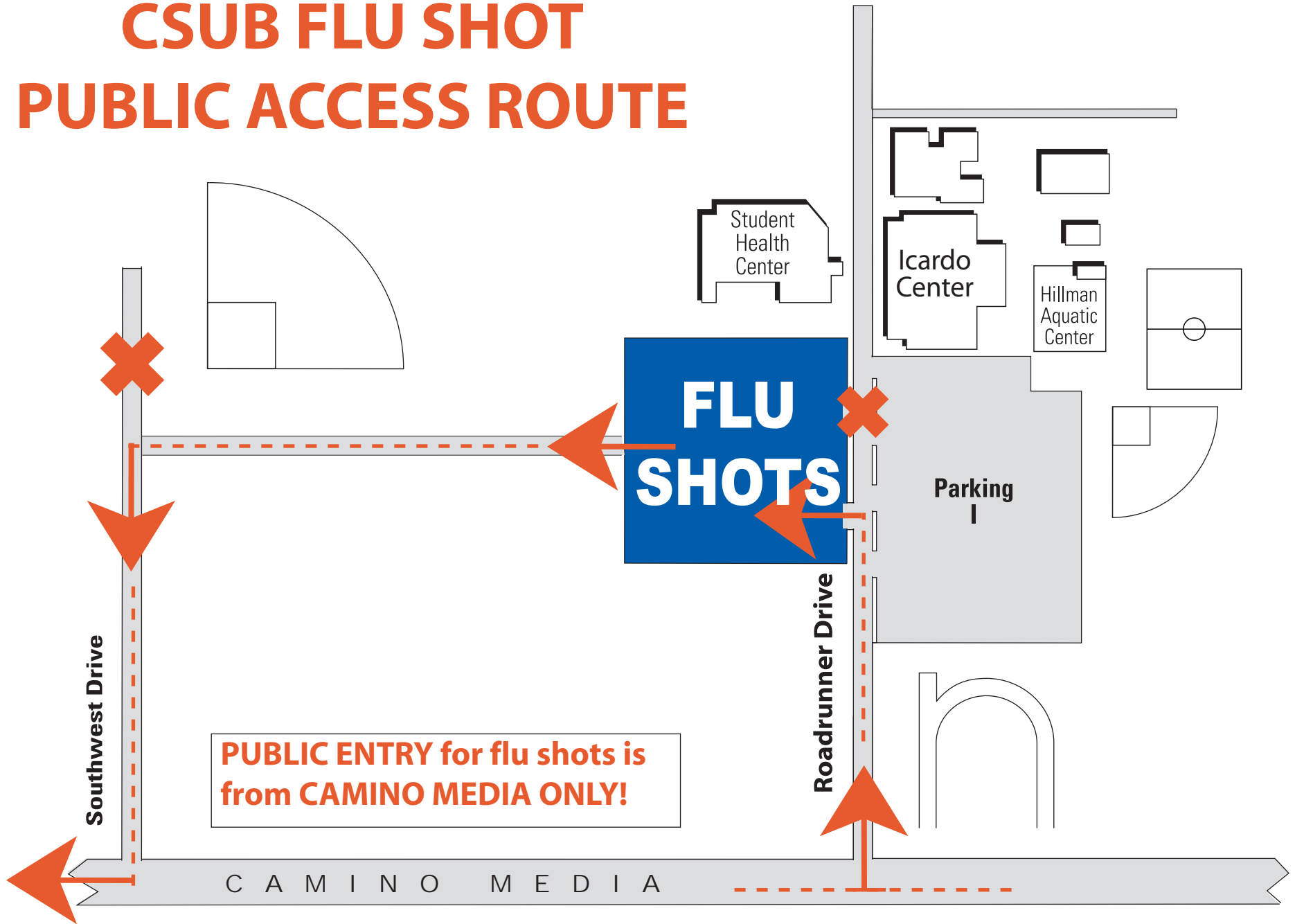
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He leído o me han explicado la "Hoja de Información Sobre la Vacuna Contra la Influenza, 2009-2010." He tenido la oportunidad de hacer preguntas las cuales fueron contestadas a mi satisfacción. Entiendo los beneficios y riesgos de la vacuna contra la influenza y solicito que se me administre o se le administre a la persona por quien estoy autorizando(a) para efectuar esta solicitud.

Firma de autorizacion

CSUB FLU SHOT PUBLIC ACCESS ROUTE



CSU Bakersfield

9001 Stockdale Highway, Bakersfield, CA 93311

Bakersfield College

2009 Drive-thru Flu Shot Clinic

