PANDEMIC (H1N1) 2009 INFLUENZA VACCINE INFORMATION

IMPORTANT

- ☑ Please read all the information on BOTH sides of this form
- Complete the green highlighted sections ONLY

The vaccinator will tear off and provide you with a record of vaccination.

You should keep the vaccine record in a safe place – it is your personal vaccination record.

People with a known severe allergy to eggs should not be given this vaccine

PANDEMIC (H1N1) 2009 INFLUENZA VACCINE

The pandemic (H1N1) 2009 influenza is a new type of influenza virus. In most cases it is a mild illness but for some people this influenza can cause serious health complications or death. This vaccination program will protect people from infection, minimise the amount of influenza virus circulating in the community and help protect against future waves of the virus.

The Panvax® H1N1 vaccine you are getting is made using the same processes that CSL has been using to produce seasonal influenza vaccines for Australia over the last 40 years.

The vaccine comes in a multi-dose vial (or a pre-filled syringe for young children) rather than individual pre-filled syringes which are used in seasonal influenza vaccinations. While the vaccine comes in a multi-dose vial, a new needle and syringe is used for every person. A second dose of vaccine may be required for children less than ten years of age, but will not be required for adults or for children ten years and older.

To keep the vaccine safe and sterile the multi-dose vials contain a very small amount of a preservative called thiomersal. Thiomersal is commonly used in multi-dose vials and has a very long safety record.

Clinical trials have shown that the vaccine is safe in those who participated.

Ongoing assessment of the vaccine will continue to monitor its safety.

Side effects of vaccinations

Most vaccines cause minor adverse events such as low grade fever, tiredness, muscle aches and headaches, or pain and redness at the injection site. In most people, these will only last a short time. Very rarely, anaphylaxis (a severe allergic reaction that may result in unconsciousness and death if not treated quickly) can occur.

There have been reports overseas, but not in Australia, of a possible very rare association (1-2 cases per 1 million people vaccinated) between influenza vaccinations and a condition called Guillain-Barré syndrome (GBS), a nervous system disorder which may cause paralysis. The association with this vaccine is not proven.

Contraindications

People who have experienced the following should not receive the Panvax® H1N1 vaccine:

- anaphylaxis following a previous dose of any influenza vaccine
- · anaphylaxis following any vaccine component
- severe allergy to eggs.

Panvax® H1N1 vaccine is provided to you by the Australian Government

For further information about the Panvax® H1N1 vaccine, please contact the Pandemic Hotline on 180 2007

Care after vaccination

- For redness or swelling at the injection site, apply a cold compress
- To lower temperature or relieve discomfort, paracetamol can be taken
- If fever persists, consult you doctor
- · Drink extra fluids and rest
- If any reaction occurs that you consider serious or unexpected, seek medical advice
- Contact your doctor if you have had a reaction following any dose of the vaccine or require further medical advice.

Possible side effects of vaccination

Common:

About 1 in 10 people may have pain and redness at the injection site, drowsiness or tiredness, muscle aches; low grade fever *Very Rare:*

Severe allergic reaction (anaphylaxis)

PANDEMIC (H1N1) 2009 INFLUENZA VACCINE CONSENT FORM

I consent to the personal details below being provided to the Australian Government Department of Health and Ageing and to relevant State and Territory Health Departments for administrative and evaluation purposes.

CLIENT'S DETAILS (please use a black or blue pen to complete the following details)				
Surname:	Given Names:			
Date of birth:	Sex:	Female M	/lale	
Aboriginal Aboriginal & Torres Strait Islander (TS	I) TSI	Not Aboriginal	or TSI	Not stated/Unknown
Address:				
Suburb:	State:		Postcode:	
Daytime Telephone No.: Alternate Contact No.:				
Medicare No (voluntary): Individual Reference No.: [appears left of name on Medicare Card]				
It is contrary to National Privacy Principle 7 for private sector bodies to use the Medica This checklist helps your doctor/nurse decide about vaccinat Please tell your doctor/nurse if the person about to be vaccin	de about vaccinating you or your child. Vaccinator Che			
	'es No	Y	'es No	Indication for vaccine
Has an anaphylactic hypersensitivity to egg				Health care worker
Has any severe allergies (to anything)				Yes No
Has had a severe reaction following any vaccine				Medical risk factor
Feels unwell or has a fever today	_			Yes No
Has a past history of Guillain-Barré syndrome	_			Other
Has a bleeding disorder				Specify
Is pregnant				
Is less than six months of age				
Has had a Panvax® H1N1 vaccine in the past 21 days				
			,d	eclare that I:
 have read and understood the Panvax® H1N1 vaccine information (including possible side effects of the vaccination) provided overleaf and have been given a fact sheet/brochure to take home; had the opportunity to discuss medical concerns with the vaccinator or other health care provider; and responded to the questions above to the best of my ability and the answers to them are true and accurate. I understand that having the vaccine is my choice and I agree to have / I agree that my child has Panvax® H1N1 vaccine.				
Tunderstand that having the vaccine is my choice and ragree	e to nave / r agree	inat my cimu nas	S FallvaxW HT	ivi vaccine.
Client (or Parent/Guardian) Signature				
Vaccinator Comments (Office use only) VACCINATION DETAILS				
Date of vaccination:	Signature of V	accinator:		
Batch no.: (Place batch sticker (or write batch #) here)	Stamp/Name ((including Pra & Telephone (ctice #		
Please retain this information for your own records				
PANVAX® H1N1 VACCINE				
Surname: Given names:			Date	of birth:/
Vaccinator's signature/stamp:			Plac	e batch sticker (or
Date of vaccination://20				e batch #) here: