



## INFLUENZA VACCINE ADVERSE REACTIONS

Because influenza vaccine contains only non-infectious purified viral proteins, it cannot cause influenza. An occasional case of respiratory disease following immunization represents coincidental illnesses unrelated to influenza immunization.

**Mild Problems:** Soreness, redness, or swelling where the shot was given. Hoarseness; sore, red or itchy eyes; cough, fever, aches, headache, itching, and fatigue. 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 inactivated 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.

The safety of vaccines is always being monitored. For more information, visit:

[www.cdc.gov/vaccinesafety/Vaccine\\_Monitoring/Index.html](http://www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html) and [www.cdc.gov/vaccinesafety/Activities/Activities\\_Index.html](http://www.cdc.gov/vaccinesafety/Activities/Activities_Index.html)

## FLUMIST VACCINE ADVERSE REACTIONS

**What Side Effects Might Occur?**

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. Live influenza vaccine viruses rarely spread from person to person. Even if they do, they are not likely to cause illness. FluMist is made from weakened virus and does not cause influenza. The vaccine can cause mild symptoms in people who get it, such as: runny nose, nasal congestion, sore throat or cough. Fever, wheezing, headache and muscle aches. Chills, tiredness/weakness, abdominal pain or occasional vomiting or diarrhea. 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 vaccination.

**Children under 9 years of age getting in influenza vaccine for the first time should get 2 doses of vaccine at least 1 month apart.**

The safety of vaccines is always being monitored. For more information, visit:

[www.cdc.gov/vaccinesafety/Vaccine\\_Monitoring/Index.html](http://www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html) and [www.cdc.gov/vaccinesafety/Activities/Activities\\_Index.html](http://www.cdc.gov/vaccinesafety/Activities/Activities_Index.html).

### Group Membership Cards:

#### Federal Employee Program Card (FEP) – Basic

- ID # 104/111 is “Self Only” – nurse should only vaccinate subscriber at no charge. All dependents will have to pay \$30.
- ID # 105/112 is “Self & Family” – nurse can vaccinate subscriber and dependents (4 yrs & older) at no charge.
- ID # 106/113 is “Self Plus One” – nurse can vaccinate subscriber and one dependent (4 yrs & older) at no charge.
- Document the Identification Number (✓) on the card in the **Subscriber Number (ID Number) field** on the consent form.
- The Subscriber Number needs to be documented on the consents for **all** covered family members.
- No Group Number needs to be documented on the consent form.



#### State of North Carolina Card

- “Employee Only” – nurse should only vaccinate subscriber at no charge. All dependents will have to pay \$30.
- “Employee/Child” – nurse can vaccinate subscriber and one dependent (4 yrs & older) at no charge. All other dependents will have to pay \$30.
- “Employee/Family” – nurse can vaccinate subscriber and all dependents (4 yrs & older) at no charge.
- Document the Identification Number (✓) on the card in the **Subscriber Number (ID Number) field** of the consent form.
- The ID Number needs to be documented on the consents for **all** covered family members.
- No Group Number needs to be documented on the consent form.



#### Blue Options Card

- This card lists subscriber and all dependents who are covered. Dependents not listed will have to pay \$30.
- Document the Subscriber Number on the card (✓) in the **Subscriber Number (ID Number) field** of the consent form.
- Document the Group Number on the card (✓) in the **Group Number field** of the consent form.
- Document the member identifier (01, 02, etc.) in the Member Identifier field of the consent form.
- The Subscriber & Group Numbers need to be documented on the consents for **all** covered family members.



#### Blue Medicare Supplement Card

- If this card is presented, please ask for primary Medicare card instead.

