



Howden Medical Clinic

Urgent Care/Family Practice/Cosmetics

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INFLUENZA VACCINE

INFLUENZA is primarily a respiratory disease caused by Influenza A or B viruses that is an annual fall and winter epidemic in Canada. Usually healthy adults will suffer a high fever, sore throat, running nose and a cough. Occasionally this turns into pneumonia, but death is rare unless one has chronic lung disease or some other form of chronic illness. Influenza can often be prevented by a single dose of an influenza vaccine. This vaccine contains antigens to the three influenza A and B strains thought most likely to affect Canadians each coming year. From 1982-1997 the vaccine contained antigens that matched the predominant seasonal influenza strain for the season 80% of the time.

IMMUNIZATION RESPONSE varies with the match of the vaccine prevalent that season. A good match protects 70-90% of the healthy, but only with a good match. Protection against influenza begins two weeks post – vaccination and is gone by a year.

IMMUNIZATION IS RECOMMENDED for all employees, particularly those providing patientcare.

CONTRAINDICATIONS to vaccination include a prior vaccination for the current flu season, a current fever >38.5 degrees Celsius, an acute exacerbation of any neurological disorder or the onset of Guillain Barre syndrome within 8 weeks of a prior vaccination.

POSSIBLE ADVERSE REACTIONS include injection site soreness in 10-72% of vaccine recipients starting in 6-12 hours post vaccination and lasting 1-7 days. Normal activities can continue, and the discomfort is manageable by acetaminophen. Hives or other symptoms of anaphylaxis also rarely occur if a recipient is allergic to some component of the vaccine. Another possible reaction is the oculo-respiratory syndrome where within 24 hours there may be facial swelling, bilateral red eyes, cough, wheeze, chest tightness, hoarseness, sore throat or (often only) respiratory difficulty.

CONSENT

I have read the information above and understand the risks and benefits involved in receiving influenza vaccine. I have had the opportunity to ask questions. I understand that my regular physician will be advised of my immunization status.

I agree to receive a single dose of influenza vaccine.

Name _____ Signature _____
Date _____ Witness _____