

Job Action Sheet: Screener

Updated 11/11/2009

Position Summary

Will screen members of the public (who have all registered) by ensuring they have proper identification, have filled out the screening questionnaire, received and read the Vaccine Information Statement (VIS), and signed the consent form. Will identify those who prefer the nasal spray flu vaccine and confirm they can receive it or refer them to the Medical Screener to make that determination. Will refer individuals who are ill or have technical questions to the Medical Screener and others to the Vaccination Area.

Supervised by

Screener Leader

Qualifications

Able to communicate clearly verbally and read written documents. After receiving basic training, will be able to match written or verbal criteria/guidelines with eligibility requirements and answer simple questions.

Responsibilities

Prior to assigned clinic

1. Review this Job Action Sheet and the following references prior to your first shift.
 - a. [Overview of Mass Vaccination Clinic](#)
 - b. [Registration Form](#)
 - c. Vaccine Information Statements ([H1N1 Inactivated](#), [H1N1 Live/attenuated](#))
2. Other useful background information:
 - a. Clinic Layout ([The Ranch](#), [Lincoln Middle School](#), [Thompson Valley High School](#))
 - b. Reference screening questionnaires for [Inactivated](#) and [Live/attenuated](#) vaccines (vaccine recipients will fill out the registration form screening questions, not these questionnaires, but they provide good background information on second pages).
3. If unfamiliar with the Incident Command System, we recommend you take the on-line FEMA training course ICS 100.a (<http://training.fema.gov/emiweb/is/is100a.asp>).
4. If you have to cancel or change your shift, contact Jen Ramsey at 530-2738. If you have questions about this Job Action Sheet, contact Bruce Cooper, MD, bcooper@healthdistrict.org.
5. Arrive at the clinic site on time. The first hour will include check-in and briefing by your supervisor.

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During clinic

1. Receive on-site briefing from supervisor.
2. Greet persons/families and ask to see their registration form(s) and ID(s).
3. Make sure that each child/adolescent < age 18 is accompanied by a parent/guardian or has his/her registration/consent form signed by their parent/guardian.
4. Check IDs to determine if the individual resides, goes to school or is a health care worker in Larimer County.
5. Review registration form for completeness and determine suitability for preferred vaccine.
 - a. **Assure that Questions #1-4 are marked "NO"**. If any are marked "YES", the person cannot be vaccinated at the clinic.
 - b. Determine who has requested which type of vaccine – **the shot or the nasal spray vaccine** (also call FluMist, "live, attenuated influenza vaccine" or LAIV) By noting the answer to the first part of Question #14.
 - i. If marked "NO," write "Shot" at the top right side of their form with your initials.
 - ii. If marked "YES", you or the Medical Screener must confirm that the individual may receive this form of the vaccine.
 1. Refer the following persons to the Medical Screener to determine suitability for FluMist:
 - a. Persons who received **another vaccine in the past 30 days** (answered "YES" to second part of Question #14)
 - b. Parents/guardians of **2 to 4 year old children** (issue: wheezing illnesses)
 - c. Persons with technical **questions** about the FluMist vaccine
 - d. Anyone you are **uncertain** about regarding the criteria in (iii)(1) below.
 - iii. For others who have indicated they prefer the nasal spray flu vaccine, determine if they can receive this form of the vaccine.
 1. If the person to be vaccinated meets ALL of the following eligibility criteria, write "LAIV" on the top right side of the registration form. Place your initials below it.

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- a. Is **between the ages of 5 and 49 years**.
 - b. If female, **not pregnant** (Question #6 is “NO”).
 - c. Has **no chronic medical conditions** (answered “NO” to questions #9-#13 and if a child/adolescent, “NO” to #16).
 - d. Has received **no other vaccines in the past 30 days** (answered “NO” to second part of Question #14).
2. If any one of these criteria are not met, in the answer area of the first part of Question #14, mark a line through the “YES” and write “NO” in the margin. Write “Shot” at the top right side of their form and place your initials below it.
- c. Assure that children’s forms have Question #15, **“Has this child already received a first dose of H1N1 (swine) flu vaccine?”** answered.
 - i. If this is marked “NO,” and the child is less than 10 years old, inform parents/guardians that their child is expected to need a second dose of H1N1 vaccine for full protection.
 - ii. If this is marked “YES,” ensure it has been at least 28 days since the first dose. If not, inform them it is too early to receive the second dose.
 - d. Identify those who are ill today:
 - i. Note the answer to Question # 17, **“Are you feeling ill today?”** If yes, refer them to the Medical Screener who will determine if they should be vaccinated today.
 - ii. If they are coughing or sneezing hand them a surgical mask to put on.
6. Note if the person to be vaccinated has any allergies (see “Allergies:” just below Phone # near top of form). If yes, refer them to the Medical screener.
7. Give potential recipient the correct Vaccine Information Statement (VIS) – a “LIVE, ATTENUATED” VIS for FluMist nasal vaccine or an “INACTIVATED” VIS for “the shot”.
8. Point out the list of normal or expected reactions to the vaccine in Section #6 of the VIS with the person to be vaccinated.
9. Ask if they have read the entire VIS and if they have any questions after reading it. Answer any simple questions. Refer clients with technical questions to the Medical Screener.

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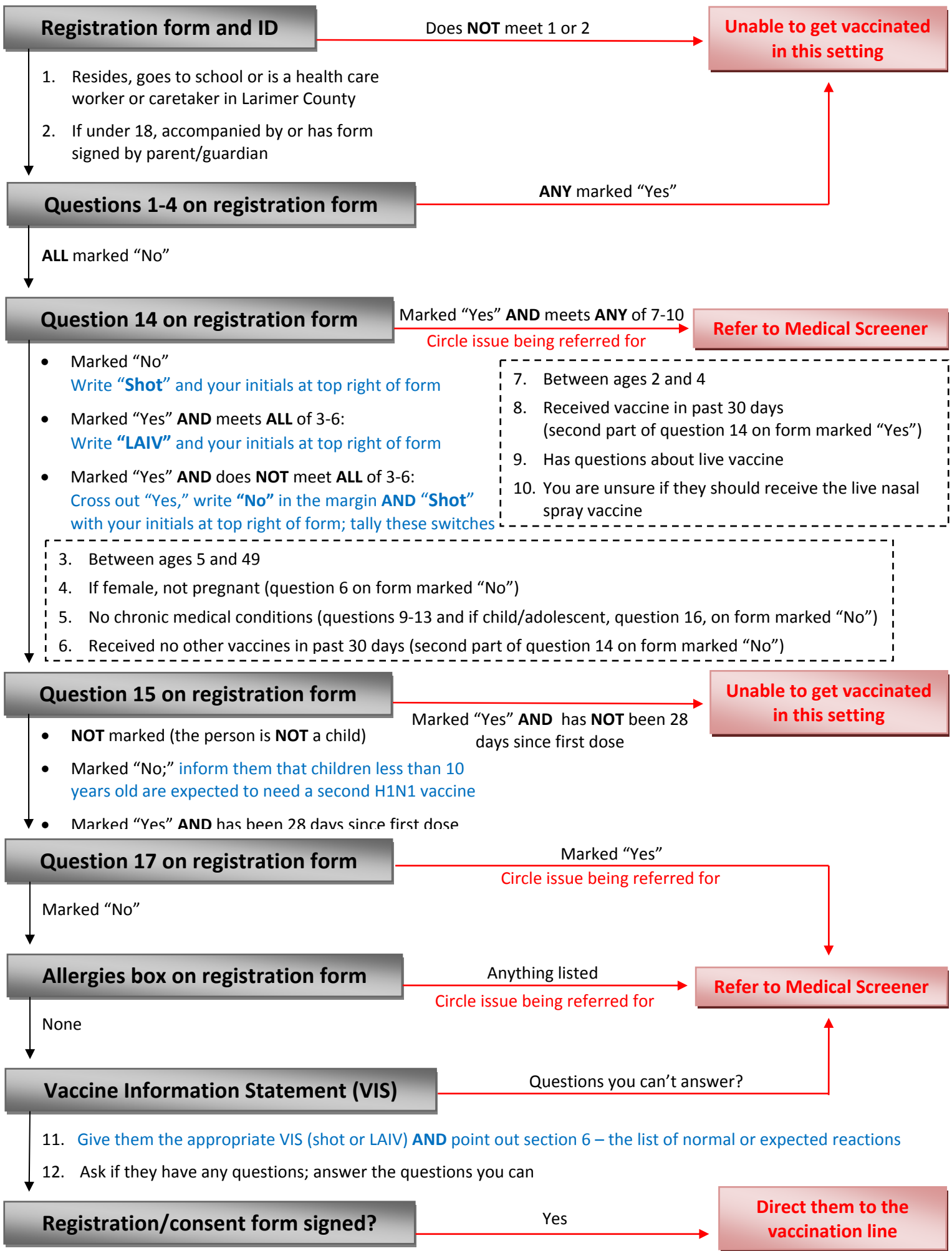
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10. If no questions, has consent been signed? Assure signed consent by parent/guardian for any person less than 18 years of age.
11. Give the registration form to the client or parent/guardian and direct them to the appropriate line in the vaccination area. Families with young children (less than 10 years) go to "Family" lines, adults without children and families with older children/adolescents go to "Individual" lines.
12. Report any security/safety issues immediately to your supervisor or security staff. Document incidents appropriately.
13. Inform your supervisor if you need additional forms or other supplies.
14. Your supervisor will provide rest periods and relief for you and other staff.

After clinic

Check out at the staffing check-in/check-out area before leaving the clinic.

1. Ask for **registration form and ID**. Ensure they reside, go to school or are a health care worker or caretaker in Larimer County. Move to step 2.
2. Ensure that anyone **under age 18** is accompanied by a parent/guardian **OR** has their registration/consent form signed by their parent/guardian. Move to step 3. **If not, inform them they need parent/guardian permission to receive a vaccination in this setting.**
3. **All questions 1-4** should be marked **"NO."** Move to step 4. **If a "YES" is marked, inform them they are unable to get a vaccination in this setting and should talk with their doctor.**
4. Look at **question 14** – Does this person want the nasal spray flu vaccine?
 - a. If this is marked **"NO,"** write **"Shot"** and your initials at the top right side of their form. Move to step 5.
 - b. If this is marked **"YES,"** either you will ensure they are able to receive it **OR** you will refer them to a Medical Screener.
 - i. Ensure that **ALL** the following criteria are met. If so, write **"LAIV"** and your initials at the top right side of their form. If not, **cross out "YES,"** write **"NO"** in the margin **AND "Shot"** with your initials at the top right side of their form. Tally these switches. Move to step 5.
 1. The person is between the ages of 5 and 49,
 2. If the person is female, she is not pregnant (question 6 is marked **"NO"**)
 3. The person has no chronic medical conditions (questions 9-13 and if a child/adolescent, question 16, are marked **"NO"**), **AND**
 4. The person has received no other vaccines in the past 30 days (second part of question 14 is marked **"NO"**)
 - ii. **Refer to a Medical Screener if AND circle the issue the person is being referred for:**
 1. **The second part of question 14 (Has this person received any other vaccines in the last 30 days?) is marked "YES,"**
 2. **The person is between the ages of 2 and 4,**
 3. **The person has any questions about the live vaccine, OR**
 4. **You are unsure if they are able to receive the live nasal spray vaccine.**
5. Look at **question 15** – Has this child already received a first dose of H1N1 (swine) flu vaccine?
 - a. If this is **NOT** marked at all (i.e. the person is **NOT** a child), move to step 6.
 - b. If this is marked **"NO,"** **inform them that children less than 10 years old are expected to need a second H1N1 vaccine.** Move to step 6.
 - c. If this is marked **"YES,"** check the date of the first dose listed or ask the parent/guardian if they brought the child's influenza vaccination record with them to ensure it has been about a month (28 days) since the first dose. Move to step 6. **If it has been less than 28 days, tell them it is too early to get the second dose.**
6. Look at **question 17** – Are you feeling ill today?
 - a. If this is marked **"NO,"** move to step 7.
 - b. **If this is marked "YES," refer them to a Medical Screener AND circle the issue the person is being referred for.** Hand them a surgical mask AND give them a squirt of hand sanitizer if they are coughing or sneezing.
7. Check the **"Allergies"** box. **If the person has anything listed, refer them to a Medical Screener AND circle the issue the person is being referred for.** Move to step 8.
8. **Give them the appropriate VIS AND point out section 6 – the list of normal or expected reactions to the vaccine/possible side effects.** Ask if they have any questions. Answer the questions you can **OR refer them to a Medical Screener.** Move to step 9.
9. Ensure their **form is signed**. For anyone less than 18 years of age, ensure their parent/guardian has signed it. Move to step 10.
10. Give them their form and ID back. Direct them to the line for vaccination.





You MUST bring this form to the clinic. Location: _____ Date _____ Time _____

Larimer County Health Dept. - H1N1 Influenza Vaccine Consent Form

First Name:	Last Name:	Age:	Date of Birth:
E-mail:		Phone #:	
Medicaid #: (if on Medicaid)		Allergies:	

Check The Box That Applies:

- 1. Has this person ever had an allergic reaction to eggs? NO YES
 - 2. Has this person ever had an allergic reaction to Thimerosal? NO YES
 - 3. Has this person ever had an allergic reaction to a flu shot? NO YES
 - 4. Does this person have a history of Guillain-Barré Syndrome? NO YES
 - 5. Does this person live with or care for a child under 6 months of age? NO YES
 - 6. Is this person pregnant? Not Applicable NO YES
 - 7. Is this person a health care worker? NO YES
 - 8. Is this person an emergency medical services (EMS) worker? NO YES
 - 9. Does this person have heart disease or stroke (except high blood pressure)? NO YES
 - 10. Does this person have a chronic health condition such as asthma, diabetes, or kidney disease? NO YES
 - 11. Does this person have a neuromuscular or neurological condition such as multiple sclerosis, seizure disorder, epilepsy, cerebral palsy, etc ? NO YES
 - 12. Does this person have a condition that weakens the immune system, such as cancer or HIV? NO YES
 - 13. Does this person have a blood disorder such as sickle cell anemia? NO YES
 - 14. Does this person want the nasal spray flu vaccine? (For healthy people age 2- 49 years of age. Note that nasal spray vaccine may be restricted or unavailable). NO YES
- If yes, has this person received any other vaccines in the last 30 days? NO YES
Date vaccine was received: _____

FOR CHILDREN ONLY:

- 15. Has this child already received a first dose of H1N1 (swine) flu vaccine? NO YES
Date: _____ Shot Nasal Spray
- 16. Is this child on long term aspirin therapy? NO YES

TO BE COMPLETED THE DAY OF THE CLINIC:

- 17. Are you feeling ill today? NO YES

I have read or had explained to me the information on the vaccine information statement form about influenza and influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me or to the person named above for whom I am authorized to make this request.

I have reviewed and agree to the LCDHE consent for the purposes of treatment, payment and health care operations.

Signature:	Date:
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DO NOT WRITE BELOW THIS LINE

Manufacturer/Lot #:	Site: RT LT RA LA Nasal	Dose: 0.25cc I.M. 0.50cc I.M. 0.1cc/nostril	Date: ____/____/____ Vaccinator Signature:
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Instructions for “Larimer Fights the Flu” clinics

- Adults and children getting shots - please wear a short sleeve shirt as your bottom clothing layer or a shirt with sleeves that can be easily rolled up above the shoulder. Infants and toddlers should wear something that gives easy access to their upper thigh.
- Please eat something before you come to the clinic. People who haven't eaten all day are more likely to feel faint when they get a shot.
- The document you printed out when you registered and/or that was e-mailed to you is your “ticket” to the vaccination clinic and consent form.
- You must bring your printed pre-registration ticket with you to be admitted to the clinic. If you were unable to print your pre-registration form you must have your registration confirmation ID number (on the top of the form to the right of the “zebra-stripe” code.) Adults should bring driver's license or photo ID with proof of residence in Larimer County. Health care workers in Larimer county, please bring work ID.
- Please arrive during the 15-minute appointment period specified on your pre-registration ticket. **DO NOT COME EARLY.** If you come at another time we may not be able to admit you into the clinic.
- Children under 18 must have a **parent or guardian** sign the consent in order to be vaccinated. Other adults or relatives may not give consent for a child under 18.
- Children/adolescents under 18 must be accompanied by a responsible adult.
- If you or your child has received any other immunizations in the past 30 days please bring your/ your child's immunization record to the clinic.
- If you are ill with flu like symptoms please stay home. These clinics are for H1N1 vaccinations only. There will be no medical care available for people with flu like illness.

Note that these flu vaccines are made by several different companies, and approved for several different age ranges. There is a chance that the vaccination clinic may not have the type of vaccine preferred or required for you or your child at your appointment date and time.

We'll do our best to give you your preferred option, but it's possible that the right vaccine type for each situation may not be available for every appointment slot. We have no control over which vaccines we receive, nor which vaccines the people seen earlier in the day will need.

Please accept our sincere apologies if we are unable to vaccinate you.

2009 H1N1 INFLUENZA VACCINE

INACTIVATED (the “flu shot”)

WHAT YOU NEED TO KNOW

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

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (also called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu is a new flu virus. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.
- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want to be protected against seasonal flu.*

Inactivated vaccine (vaccine that has killed virus in it) is injected into the muscle, like the annual flu shot. **This sheet describes the inactivated vaccine.**

A **live, intranasal** vaccine (the nasal spray vaccine) is also available. It is described in a separate sheet.

Some inactivated 2009 H1N1 vaccine contains a preservative called thimerosal to keep it free from germs. Some people have suggested that thimerosal might be related to autism. In 2004 a group of experts at the Institute of Medicine reviewed many studies looking into this theory, and found no association between thimerosal and autism. Additional studies since then reached the same conclusion.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency medical personnel
- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 years of age with certain chronic medical conditions or a weakened immune system

As more vaccine becomes available, these groups should also be vaccinated:

- Healthy 25 through 64 year olds
- Adults 65 years and older

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 flu vaccine if you have a **severe (life-threatening) allergy to eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

Also tell them if you have ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain Barré Syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Pregnant or breastfeeding women can get inactivated 2009 H1N1 flu vaccine.

Inactivated 2009 H1N1 vaccine may be given at the same time as other vaccines, including seasonal influenza vaccine.

6 What are the risks from 2009 H1N1 influenza vaccine?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The virus in inactivated 2009 H1N1 vaccine has been killed, so you cannot get influenza from the vaccine.

The risks from inactivated 2009 H1N1 vaccine are similar to those from seasonal inactivated flu vaccine:

Mild problems:

- soreness, redness, tenderness, or swelling where the shot was given
- fainting (mainly adolescents)
- headache, muscle aches
- fever
- nausea

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, an earlier type of swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS.

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 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at: www.hrsa.gov/countermeasurescomp/default.htm.

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/h1n1flu or www.cdc.gov/flu
- Visit the web at www.flu.gov



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



2009 H1N1 INFLUENZA VACCINE

LIVE, ATTENUATED
(the nasal spray vaccine)

WHAT YOU NEED TO KNOW

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

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (sometimes called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu virus is a new virus strain. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.

- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want protection from seasonal flu.*

Live, attenuated intranasal vaccine (or LAIV) is sprayed into the nose. **This sheet describes the live, attenuated intranasal vaccine.**

An **inactivated** vaccine is also available, which is given as a shot. It is described in a separate sheet.

The 2009 H1N1 LAIV does not contain thimerosal or other preservatives. It is licensed for people from 2 through 49 years of age.

The vaccine virus is attenuated (weakened) so it will not cause illness.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

LAIV is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see number 5 below). Groups recommended to receive 2009 H1N1 LAIV first are healthy people who:

- are from 2 through 24 years of age,
- are from 25 through 49 years of age and
 - live with or care for infants younger than 6 months of age, or
 - are health care or emergency medical personnel.

As more vaccine becomes available, other healthy 25 through 49 year olds should also be vaccinated.

Note: While certain groups should not get LAIV – for example pregnant women, people with long-term health problems, and children from 6 months to 2 years of age – it is important that they be vaccinated. They should get the flu shot.

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 LAIV if you have a **severe (life-threatening) allergy** to **eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

2009 H1N1 LAIV should not be given to the following groups.

- children younger than 2 and adults 50 years and older
- pregnant women,
- anyone with a weakened immune system,
- anyone with a long-term health problem such as
 - heart disease - kidney or liver disease
 - lung disease - metabolic disease such as diabetes
 - asthma - anemia and other blood disorders
- children younger than 5 years with asthma or one or more episodes of wheezing during the past year,
- anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit),
- children or adolescents on long-term aspirin treatment.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Tell your doctor if you ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain-Barré syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

2009 H1N1 LAIV may be given at the same time as most other vaccines. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month. H1N1 LAIV and seasonal LAIV should not be given together.

6 What are the risks from 2009 H1N1 LAIV?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The risks from 2009 H1N1 LAIV are expected to be similar to those from seasonal LAIV:

Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- In 1976, an earlier type of inactivated swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). LAIV has not been linked to GBS.

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 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at:

www.hrsa.gov/countermeasurescomp/default.htm.

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/h1n1flu or www.cdc.gov/flu
 - Visit the web at www.flu.gov



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CENTERS FOR DISEASE CONTROL AND PREVENTION

