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INFLUENZA (FLU) VACCINE



The influenza vaccine helps to protect against Influenza (Flu). When a person is vaccinated the immune system will produce its own protection against the disease. Flu is a disease that can spread rapidly and is caused by different types of virus strains that can change every year. Vaccine will protect you against 3 strains of Virus contained in the vaccine after about 2-3 weeks following the injection. The incubation period for Flu is few days so if you are exposed to Flu immediately before or after your vaccination you could still develop the illness and the greatest risk of catching flu is during the coldest months.

Recommendations for use of influenza vaccination (Screening checklist):

1. Groups at an increased risk for influenza-related complications are

- All patients above 50 years of age
- House hold contacts of high risk persons
- Healthcare providers
- Children 6-23 months of age

2. Other specific groups of high risk indicated for influenza vaccination are

- Chronic cardiovascular or pulmonary disease (including asthma)
- Chronic metabolic disease (including diabetes mellitus)
- Renal dysfunction
- Hemoglobinopathies
- Immunocompromising conditions/medications (condition that compromise immunity in disease related or drug related)
- Compromised respiratory function or increased aspiration risk
- Pregnancy
- Residence in a long term care facility
- Aspirin therapy in patients <18 years of age
- Persons with HIV infection
- Breast-feeding mothers
- Travelers to foreign countries during influenza epidemics
- Essential community services and persons who study or work in institutional settings.

3. Annual revaccination is recommended.

4. Contraindications prior to vaccination

Do not use Influenza Vaccine if

1. The person is allergic (hypersensitive) to the active substances, to any of the excipients of the vaccine to residues e.g. from eggs, such as ovalbumin, to chicken proteins, to neomycin, to formaldehyde or to octoxinol 9
2. The person has an illness with a high temperature or acute infection, the vaccination should be postponed until after you or your child has recovered.

Special Care

1. The person should inform the doctor before vaccination if you or your child has a poor immune response (immunodeficiency or taking medicines affecting the immune system). The doctor will decide if the person should receive the vaccine
2. If, for any reason, the person has to have a blood test within the days following the flu vaccination, the doctor should be informed. This is because false positive blood test results have been observed in a few patients who had recently been vaccinated.

Using other medicines

1. The person should inform the doctor or pharmacist if he/she is taking or has recently taken any other vaccines or any other medicines, including medicines obtained without a prescription
2. The immunological response may decrease in case of immunosuppressant treatment such as corticosteroids, cytotoxic drugs or radiotherapy

Pregnancy and breast feeding

1. The person should inform the doctor or pharmacist if she is pregnant or think she may be pregnant. Limited data about flu vaccination in pregnant women do not indicate that the vaccine would have harmful effects on the pregnancy or the baby. The use of this vaccine may be considered from the second trimester of pregnancy. For pregnant women with a risk of complications from the flu, administration of the vaccine is recommended, irrespective of their stage of pregnancy.

POSSIBLE SIDE EFFECTS

1. Headache, sweating, muscular pain, joint pain, fever, shivering, fatigue and local reactions like redness, swelling, pain, bruising. The side effects are during clinical trials and can be occurred 1 to 10users in 100.

(To be retained in IP file)

ACKNOWLEDGEMENT BY PATIENT

I declare that I have been explained the importance of Influenza Vaccine (Flu) and I have had the opportunity to ask questions which have been answered satisfactorily.

Indication for Vaccination

Patients Name & Signature: Date:

Interpreters Name & Signature: Date:
(If applicable)

Vaccine administered date:

Doctors signature: