11.0 Specialized and Annual Immunization Protocols (in alphabetic order)

- Influenza
  - Fluzonel® Quadrivalent Vaccine (IM injectable)
  - Fluzone® Quadrivalent Fact Sheets
  - Fluzone® Quadrivalent Consents
Influenza Immunization Protocol for Fluzone® Quadrivalent

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>Provide information and guidance for the Influenza Immunization Program in Nunavut.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
<td>To reduce morbidity and mortality secondary to Influenza infection.</td>
</tr>
<tr>
<td><strong>Indication</strong></td>
<td>Annual immunization against Influenza caused by the specific strains of the influenza virus contained in the vaccine.</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Use for anyone age 6 months and older.</td>
</tr>
<tr>
<td><strong>Product</strong></td>
<td>FluZone® Quadrivalent</td>
</tr>
<tr>
<td><strong>Vaccine Type</strong></td>
<td>Quadrivalent Inactivated – split virus (for more information see references)</td>
</tr>
<tr>
<td><strong>Vaccine components</strong></td>
<td>Egg protein, Thimerosal, Triton®X-100, Formaldehyde, sodium phosphate, sucrose, isotonic sodium chloride solution</td>
</tr>
<tr>
<td><strong>Formats available</strong></td>
<td>5 mL vials holding 10 x 0.5 mL doses</td>
</tr>
<tr>
<td><strong>Manufacturer</strong></td>
<td>Sanofi Pasteur</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td>Intramuscular (IM) in the anterolateral thigh (vastus lateralis) in infants &lt; 1 year of age and in the deltoid muscle for children ≥ 1 year of age with adequate muscle mass and adults.</td>
</tr>
<tr>
<td><strong>Dose Series</strong></td>
<td>Intramuscular (IM) 0.5 mL (usually given into the deltoid)</td>
</tr>
<tr>
<td><strong>Booster Dose</strong></td>
<td>Children 6 months to less than 9 years who have never had influenza vaccine should receive 2 doses, a minimum of 4 weeks apart.</td>
</tr>
<tr>
<td><strong>Vaccine interchangeability</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Contraindications</strong></td>
<td>Less than 6 months old. Anaphylactic reaction to a previous dose of influenza vaccine or to any of the vaccine components, i.e. thimerosal. An apparent allergic reaction to the vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization. Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours prior of influenza vaccine. Oculorespiratory syndrome (ORS) with lower respiratory tract symptoms following prior flu vaccination, do not vaccinate without expert review. Those who experienced ORS (bilateral red eyes, cough, sore throat, hoarseness, facial swelling) without lower respiratory symptoms may be safely re-immunized with influenza vaccine. Serious acute febrile illness. Those with mild non-serious febrile illness (e.g. mild upper respiratory tract infection) can be given influenza vaccine. Guillain-Barré syndrome (GBS) within 6 weeks of a previous influenza vaccine.</td>
</tr>
<tr>
<td><strong>Precautions and Additional Notes</strong></td>
<td>The National Advisory Committee on Immunization (NACI) has concluded that egg allergic individuals may be vaccinated against influenza using Quadrivalent Influenza Vaccine (QIV) without a prior influenza vaccine skin test and with the full dose in any setting where vaccines are routinely administered. Vaccine is given annually to anyone age 6 months and older.</td>
</tr>
<tr>
<td>Vaccine Supply and Distribution</td>
<td>Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Drug Formulary.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Storage</td>
<td>Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product following the cold chain protocol and inform RCDC and regional pharmacy.</td>
</tr>
<tr>
<td>Consent</td>
<td>Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.</td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in: Anaphylaxis: Initial Management in Non-Hospital Settings, in the Canadian Immunization Guide.</td>
</tr>
<tr>
<td>Reportable Adverse Events/Side Effects</td>
<td>Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual.</td>
</tr>
<tr>
<td>Vaccine Coverage and Reporting</td>
<td>Under development.</td>
</tr>
<tr>
<td>Documentation</td>
<td>All immunizations given should be documented on the chart, personal immunization record, and electronic record (where applicable).</td>
</tr>
<tr>
<td>Materials and Resources</td>
<td>All protocols and materials are available on the DH website (<a href="http://www.gov.nu.ca/health">www.gov.nu.ca/health</a>) Nunavut Communicable Disease and Surveillance Manual: Influenza Public Health Protocol Nunavut Immunization Manual Public Service Announcement: Preventing Influenza Public Service Announcement: Seasonal Influenza in your Community Fluzone Quadrivalent Fact Sheet Fluzone Quadrivalent Consent Form</td>
</tr>
</tbody>
</table>
Fact Sheet

Fluzone® Quadrivalent Influenza Vaccine (QIV)

What is Influenza (flu)?
Influenza (flu) is a contagious disease caused by the influenza virus. It spreads through coughing, sneezing or nasal fluids.

Symptoms include: fever, cough, loss of appetite, muscle aches, sore throat and feeling very tired.

People usually get the flu between November and May, but flu season most often peaks in January or February.

Who can receive the vaccine?
Anyone over 6 months of age should be vaccinated against the flu.

Children younger than 9 years old, getting the vaccine for the first time, should get 2 doses, at least 4 weeks apart, to be protected.

What are benefits of the vaccine?
It protects Nunavummiut from getting sick with Influenza.

It protects the community and those most at risk of complications from influenza.

Influenza can lead to hospitalization and even death, especially for those at highest risk.

Is Fluzone® QIV safe?
Yes. The most common side effects are pain and redness at the injection site. Occasionally it can cause fever, tiredness, headache or sore muscles. This is a normal reaction to the vaccine and indicates that your body is making antibodies to the disease. Many people have no side effects at all from the vaccine.

With all vaccines, there is a very rare chance of a severe allergic reaction called anaphylaxis. Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. It is recommended you stay in the clinic for 15 minutes after getting any vaccine. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the vaccine?
Tell your health care provider if you or your child has any of the following:

- Allergy to thimerosal, formaldehyde, Triton® X-100 or any ingredient of the vaccine.
- A previous serious reaction to any vaccine.
- Any condition that makes you bleed more.
- Guillain-Barre Syndrome (GBS – a severe paralytic illness) within 6 weeks of a previous flu vaccine.
- A serious illness with fever.

What is the risk of not getting the Influenza vaccine?
It is estimated that 4000 – 8000 Canadians die each year from Influenza. Many more become sick and need special care in the hospital. Protect yourself, your children and the community from this preventable disease.

Fluzone® Vaccine After Care

- To control fever and relieve soreness or muscle aches, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should NOT be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.
Fluzone® Quadrivalent Vaccine Fact Sheet - Inuktitut - (revised Sept2016)
**Fact Sheet**

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- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.
### Influenza-mik Kapukhirniq (QIV)

**Hunauyuq Influenza (flu)?**
Influenza (flu) hiamittaaqpiaktuq aanniarut aanniarutauvaktuq influenza-mit. Anniarut hiamitqitaatqutq talvuuna qallakhungnikktuk, takyungnikktuk, kakkiikkullu qingamin.

Naunairutiit ilaqaqtun imilaiqaiguvit, kidjakkuvit, qalakhuuruvit, niriumayungnaiqquvit, ullugiahuulikhitiklu timingat, igiaqliquhitiklu, unaguhukhulihtikutiku.

Inuit annilaqvaktun uuminga Tarium Hikutirvia Qiqialuarvia, kihimi flu-paktun Ubluqthuvia uvanillu Idjirurvia.

**Kitkun pittaqtun kapukhirnirnirnik?**

Inuit kituliqaak inuuniqtaatqun avatquhimmayunik 6 tatqiqhitiqqaqtunik kapuqhiriaqtaatqun fluulaiktikutikhamik.

Nutaqqat nukakhit nainik ukiuqaqtuntik, kapuqhiphutik hivulliqpaamik, kapuqhiqtaayukhut malruqihtuqhitik, taima 4nik havainimik avatqukaaqlugu, munagiayyarangat.

**Hunauvat ikayuutikhariyait kapuutikhamut havatqiqtuqmutik?**
Ikayuutigivagait Nunavunmiutat aannialaitkutikhamingnik Influenza-mit

Ikayuutigivaktait nunallaamiatut tahapkuullu aanniaqtaaqtut ayuqhautikaglutikuq karuvit naiunrik.

Influenza aanniiaryuaqtaatqutq ilaani aanniarvingmungaqtitivaktuq ilaullu aanniaqtaqtaatqunuut.

**Tamma Fluzone® QIV qayangnaiktauaglaqqa?**

Tamainnut kapuutinut, pitjutikhakalluualangittuq angiyumik timimut nakuunnugirutauyaaqtaatqunut aqitaqtuqmutik *anaphylaxis-mik*. Anaphylaxis naunaikpaktut kukuvalaktuk, amiklukhitut, pivittutik qanikmi, anirhaalikhitut ayuqhalikhutik. Imauttut ihuirutit pivaktut 15 minutes-ni kapukhiraangata.

**Kitkut uqaqtughauvat munaqhimingnut kapukhiktnnirnakat?**

Uquaqiyakahat munakhiit nutaqqaat hapkuninga pihiamakphat:

- Timimut nakuunnugiruqiqtuqmutik havatqiit thimerosal-nik, formaldehyde-nik, Triton® X-100-nik taimaituqqaqta kapuuingit havatqiit.
- Kinguagullu nakuuhiuritikgkpiakhimayaqtaatqut kapukhirnirnirnik.
- Hunamitliqaak aunnayualaqvautilqagit.
- Guillain-Barre Syndrome -qarumik (GBS – inmikkut ingutalimaiqta) taima sikini havainini kapukhirnirnirnirnir.
- Aanniarutiqqaq munakhit nutaqqaat kapuutikhaqarnirmun.

**Hunauva ayurnautigiyangit kapukhingitkumi fluulaiktikutikhamik kapuutikhanik?**

### Fluzone® Kapuqhirniq Nunaridjutikhaq

- Kidjagyurnaaittumik uluriahukpiqnaaittumiklu, ukununa havat_CLUSTER.twitch_tactuttitutqutit niaqquqhitit Acetaminophen (tylenol, tempra) unaluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, havatituktitluxlugit naunaikhimayainut munaqhit havatit puunganiitluunii.
- Aspirin (ASA) *tuniyakhungittuq* inungnut kimiutaatqaluk ukiuqangittutuq tikkimaaittugtuq 20-nik ukiuni aanniarutininkiarungnaahtinga uuminga Reye Syndrome, taima qillaminuaq hunngiutniaqtaq timarmon tuqutulikluunii.

<table>
<thead>
<tr>
<th>Fluzone® Kapuqhirniq Nunaridjutikhaq</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Kidjagyurnaaittumik uluriahukpiqnaaittumiklu, ukununa havatituktaatquttit niaqquqhitit Acetaminophen (tylenol, tempra) unaluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, havatituktitluxlugit naunaikhimayainut munaqhit havatit puunganiitluunii.</td>
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What are benefits of the vaccine?
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Is Fluzone® QIV safe?
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What is the risk of not getting the Influenza vaccine?
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<table>
<thead>
<tr>
<th>Fluzone® Vaccine After Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>- To control fever and relieve soreness or muscle aches, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.</td>
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</tr>
<tr>
<td>- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.</td>
</tr>
<tr>
<td>- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.</td>
</tr>
</tbody>
</table>
Feuille de renseignements
Vaccin antigrippal Fluzone® Quadrivalent (VAQ)

Qu’est-ce que la grippe?
La grippe est une maladie contagieuse causée par le virus de la grippe qui se propage par la toux, les éternuements ou les sécrétions nasales.

Les symptômes sont les suivants : fièvre, toux, perte d’appétit, douleurs musculaires, mal de gorge et fatigue.

La grippe circule en tout temps de novembre à mai, mais atteint habituellement des pics en janvier et février.

Qui peut se faire vacciner?
Toute personne de 6 mois et plus devrait se faire vacciner contre la grippe.

Les enfants de moins de 9 ans qui reçoivent le vaccin pour la première fois ont besoin de 2 doses, à au moins 4 semaines d’intervalle, afin d’être protégés.

Quels sont les avantages du vaccin?
Il protège les Nunavummiut contre la grippe.
Il protège la collectivité et les personnes à risque de complications en raison de la grippe.
La grippe peut entraîner l’hospitalisation et même la mort pour les personnes les plus à risque.

Le vaccin antigrippal Fluzone® Quadrivalent est-il sécuritaire?
Oui. Une certaine douleur et la présence d’une rougeur au site de l’injection sont les effets secondaires les plus fréquents. Certaines personnes peuvent ressentir de la fatigue, des maux de tête ou des douleurs musculaires.
Il s’agit d’une réaction normale au vaccin qui indique que votre corps développe des anticorps à la maladie.
Beaucoup de gens ne ressentent aucun effet secondaire.

Il est très rare qu’une grave réaction allergique appelée anaphylaxie se produise. Voici les principaux symptômes d’anaphylaxie : urticaire, éruption cutanée, enflure de la bouche, difficultés respiratoires. Ce type de réactions se produit habituellement dans les 15 minutes suivant la vaccination. Il est donc recommandé de rester à la clinique au moins 15 minutes après la vaccination.
L’anaphylaxie se traite et votre professionnel de la santé est formé pour la traiter.

Qui devrait consulter un professionnel de la santé avant de recevoir le vaccin antigrippal?
Veuillez informer votre professionnel de la santé si vous présentez ou votre enfant présente l’une des conditions suivantes :
- Allergie au thimérosal, au formaldéhyde, au Triton® X-100 ou tout ingrédient du vaccin.
- Une réaction sérieuse antérieure à tout vaccin.
- Toute condition qui vous fait saigner davantage.
- Syndrome de Guillain-Barré (SGB – une maladie paralytique grave) dans les six semaines suivant l’administration d’un vaccin antérieur contre la grippe.
- Une maladie grave accompagnée de fièvre.

Quel est le risque de ne pas recevoir le vaccin antigrippal?
On estime que de 4 000 à 8 000 Canadiens meurent chaque année de la grippe. Plusieurs personnes atteintes ont besoin de soins spéciaux à l’hôpital.
Protégez-vous, et protégez vos enfants et la collectivité contre cette maladie évitable.

Soins parfois requis après le vaccin antigrippal Fluzone® Quadrivalent

- Pour contrôler la fièvre et soulager un endolorissement ou des douleurs musculaires, vous pouvez prendre de l’acétaminophène (Tylénol, Tempra) ou de l’ibuprofène (Advil, Motrin). Dans le cas des enfants, veuillez donner la quantité recommandée par votre fournisseur de soins de santé ou sur la bouteille.
- Il ne faut PAS donner d’aspirine (ASA) à des personnes de moins de vingt ans en raison des risques de syndrome de Reye qui peut causer des lésions permanentes au cerveau et même la mort.
- Si vous éprouvez des effets secondaires graves comme l’enflure de la bouche ou des lèvres, de l’urticaire ou des convulsions, rendez-vous immédiatement à l’urgence ou au centre de santé de votre collectivité.
- Si vous avez des questions ou des préoccupations concernant une réaction au vaccin, veuillez en parler avec votre fournisseur de soins de santé.
**Seasonal Influenza Vaccine Consent Form**
*(FLUZONE® Quadrivalent (QIV) for IM injection)*

For the person receiving the vaccine, please answer:

<table>
<thead>
<tr>
<th></th>
<th>Are you sick today?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever experienced any of the following after an influenza vaccine (please ✓ all that apply):

<table>
<thead>
<tr>
<th></th>
<th>Wheezing or chest tightness</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Swelling of the mouth or throat</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Guillain-Barré Syndrome</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Difficulty breathing or swallowing ➫ Yes | No
Hospitalization ➫ Yes | No
Swelling of the mouth or throat ➫ Yes | No
Guillain-Barré Syndrome ➫ Yes | No
Other severe reaction ➫ Yes | No

(specify): _________________________________

Do you have bleeding problems?
Do you take blood thinners?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you allergic to (please ✓ all that apply):

<table>
<thead>
<tr>
<th></th>
<th>Thimerosal</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Formaldehyde</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Triton® X100</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If you ✓ Yes to any above, please discuss with nurse.

**CONSENT FOR FLUZONE® Quadrivalent:**
I have read or had the FLUZONE® Quadrivalent Fact Sheet explained to me. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I consent to FLUZONE® Quadrivalent being given to: ☐ My Child, ☐ My Ward or ☐ Myself

---

<table>
<thead>
<tr>
<th>Dose</th>
<th>Date</th>
<th>Time</th>
<th>Route</th>
<th>Vaccine</th>
<th>Lot Number</th>
<th>Signature &amp; Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>FLUZONE® QIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.5 mL</td>
<td>IM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>FLUZONE® QIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.5 mL</td>
<td>IM</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Children greater than 6 months and less than 9 years old, who have never been immunized against influenza, require 2 doses, 4 weeks apart. Otherwise only one dose is required.
**FLUZONE® Quadrivalent Consent Form – Inuktitut (revised August 2015)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Do you read Inuktitut?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>2.</strong> Guillain-Barré Syndrome</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>3.</strong> <em>Your child is allergic to egg,</em> as indicated by a doctor.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>4.</strong> <em>Your child is allergic to eggs,</em> as indicated by a doctor.</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

1. **¿Habla Inuktitut?** □ Sí □ No
2. **¿Guillain-Barré Syndrome?** □ Sí □ No
3. **¿Tu hijo/a sufre de alergia a los huevos,* como indicado por un/a médico/a.** □ Sí □ No
4. **¿Tu hijo/a sufre de alergia a los huevos,* como indicado por un/a médico/a.** □ Sí □ No

**ACVBP®** 4-af® **FLUZONE® Quadrivalent**

<table>
<thead>
<tr>
<th>Dosis</th>
<th>Vía</th>
<th>Volumen</th>
<th>Para qué</th>
<th>Notas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IM</td>
<td>0.5 mL</td>
<td>2012-2013</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>IM</td>
<td>0.5 mL</td>
<td>2012-2013</td>
<td></td>
</tr>
</tbody>
</table>
Seasonal Influenza Vaccine Consent Form  
(FLUZONE® Quadrivalent (QIV) for IM injection)

For the person receiving the vaccine, please answer:

1. Are you sick today?  
   - Yes  [ ]  
   - No  [ ]

2. Have you ever experienced any of the following after an influenza vaccine (please check all that apply):  
   - None  [ ]  
   - Wheezing or chest tightness  [Yes]  [No]  
   - Difficulty breathing or swallowing  [Yes]  [No]  
   - Swallowing of the mouth or throat  [Yes]  [No]  
   - Hospitalization  [Yes]  [No]  
   - Guillain-Barré Syndrome  [Yes]  [No]  
   - Other severe reaction  [Yes]  [No]  
   (specify): _________________________________

3. Do you have bleeding problems?  
   - Yes  [ ]  
   - No  [ ]

4. Do you take blood thinners?  
   - Yes  [ ]  
   - No  [ ]

Are you allergic to (please check all that apply):

- Thimerosal  [Yes]  [No]  
- Formaldehyde  [Yes]  [No]  
- Triton® X100  [Yes]  [No]

If you checked ‘Yes’ to any above, please discuss with nurse.

CONSENT FOR FLUZONE® Quadrivalent:

I have read or had the FLUZONE® Quadrivalent Fact Sheet explained to me. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I consent to FLUZONE® Quadrivalent being given to:  
- My Child  [ ]  
- My Ward  [ ]  
- Myself  [ ]

Print Name ______________________  Signature of Client or Parent/Legal Guardian ______________________ Date (dd/mm/yyyy) ______________________

Children greater than 6 months and less than 9 years old, who have never been immunized against influenza, require 2 doses, 4 weeks apart. Otherwise only one dose is required.

<table>
<thead>
<tr>
<th>Ages &gt; 6 months</th>
<th>Dose</th>
<th>Date</th>
<th>Time</th>
<th>Dose</th>
<th>Route</th>
<th>Vaccine</th>
<th>Lot Number</th>
<th>Signature &amp; Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>0.5mL</td>
<td>IM</td>
<td>FLUZONE® QIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>dd</td>
<td>mm</td>
<td>yyyy</td>
<td></td>
<td>0.5mL</td>
<td>FLUZONE® QIV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FLUZONE® Quadrivalent Consent Form – English (revised August 2015)
Hilaa Allanguqtiligaangat Kapuqhigiangat Angirutikhaq Titiraq (FLUZONE® Quadrivalent-mik (QIV) talvuuna IM-mik kapukhigiangat)

Tapkununga inungnun kapuqhignahuaqtun, kiulugit ukuat:

1. Anniaqtutin ublumi?
   - [ ] Hii
   - [ ] Imanaq

2. Imailivakpin inuurnirmi kapuqhigahuigagavit (naunaitkuhiqlugit kitut aulayut ilingnun):
   - [ ] Hii
   - [ ] Imanaq
   - Piqangituq

   Aunuqnit tuhanaaqtuq qatigat hukatiqtuq
   - [ ] Hii
   - [ ] Imanaq
   - Ayuqhaliqunun aniqhaagigat ihigiyaangatluuniit
   - [ ] Hii
   - [ ] Imanaq

   Puvipkahkhuni Qanit igiitluuniit
   - [ ] Hii
   - [ ] Imanaq
   - Aanniavmiingiitpakpin
   - [ ] Hii
   - [ ] Imanaq

   Guillain-Barré Aanirutigiqaqint
   - [ ] Hii
   - [ ] Imanaq
   - Allamik ayungnautiqaqpakpin
   - [ ] Hii
   - [ ] Imanaq

   (naunaiqlugit):

3. Auligaangavit ayungnautiqaqqin?
   - [ ] Hii
   - [ ] Imanaq

   Aukkut havaisuhaghunik atuinaaqturutin?
   - [ ] Hii
   - [ ] Imanaq

4. Inuuhit ayungnautiqaqtuq ukuninga (naunaitkuhiqlugit kitut aulayut ilingnun):
   - Thimerosal
   - [ ] Hii
   - [ ] Imanaq
   - Formaldehyden
   - [ ] Hii
   - [ ] Imanaq
   - Triton® X100
   - [ ] Hii
   - [ ] Imanaq

   Naunaiyaiguvit ukuninga ✓ Hii-mik titirakhimayut gullani, munarhit uqaggatigilugit.

ANGIRUTIKHAQ FLUZONE® Quadrivalent-mik:
Taiguqtaga piqaquptengaluuniit FLUZONE® Quadrivalentmik Kangiqhidjutikhangit ilutigipkakhimayut uvamnun. Apiqhuivaktunga taima apiqiyatka kiutavaktun ihuagiymingnik. Ilirhimaqita pidjutikhut ayungnautitlu kapuqhiqnikkut. Angirutigiyaga FLUZONE® Quadrivalentmik tuniyaanga: [ ] Nuttaramnun, [ ] Havagvimnn unaluuniit [ ] Uvamnun

Titrattiaqlugu Atin  Atiqtuivikhangit Kapuqhignahuaqtuq Angayuqaqluuniit/Munaqtiuyuqluuniit Ubluq (dd/mm/yyyy)

Ukuaquniq 6sinik tatqikhiutigilugut

<table>
<thead>
<tr>
<th>Kapuhiqtq</th>
<th>Ubluq</th>
<th>Ikaakniq</th>
<th>Kapuhiqtq</th>
<th>Taimaltumik</th>
<th>Kapuutikhaq</th>
<th>Nayuqvia Nampa</th>
<th>Atiqtuivikhaq Kinalu Kapuqtiulyuq</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>0.5 mL</td>
<td>IM</td>
<td></td>
<td></td>
<td>FLUZONE® QIV</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>0.5 mL</td>
<td>IM</td>
<td></td>
<td></td>
<td>FLUZONE® QIV</td>
<td></td>
</tr>
</tbody>
</table>

FLUZONE® Quadrivalent Consent Form – Inuinnaqtun (revised August 2015)
Seasonal Influenza Vaccine Consent Form
(FLUZONE® Quadrivalent (QIV) for IM injection)

For the person receiving the vaccine, please answer:

1. Are you sick today?  
   - Yes  
   - No

2. Have you ever experienced any of the following after an influenza vaccine (please ✓ all that apply):
   - None
   - Wheezing or chest tightness
     - Yes
     - No
   - Difficulty breathing or swallowing
     - Yes
     - No
   - Swelling of the mouth or throat
     - Yes
     - No
   - Hospitalization
     - Yes
     - No
   - Guillain-Barré Syndrome
     - Yes
     - No
   - Other severe reaction
     - Yes
     - No
   (specify): _______________________________

3. Do you have bleeding problems?  
   - Yes
   - No

4. Do you take blood thinners?  
   - Yes
   - No

Are you allergic to (please ✓ all that apply):
- Thimerosal  
  - Yes
  - No
- Formaldehyde  
  - Yes
  - No
- Triton® X100  
  - Yes
  - No

If you ✓ Yes to any above, please discuss with nurse.

CONSENT FOR FLUZONE® Quadrivalent:
I have read or had the FLUZONE® Quadrivalent Fact Sheet explained to me. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I consent to FLUZONE® Quadrivalent being given to: 
- My Child,
- My Ward or
- Myself

Print Name ______________________ Signature of Client or Parent/Legal Guardian ______________________ Date (dd/mm/yyyy) ______________________

Children greater than 6 months and less than 9 years old, who have never been immunized against influenza, require 2 doses, 4 weeks apart. Otherwise only one dose is required.

<table>
<thead>
<tr>
<th>Ages &gt; 6 months</th>
<th>Dose</th>
<th>Date</th>
<th>Time</th>
<th>Dose</th>
<th>Route</th>
<th>Vaccine</th>
<th>Lot Number</th>
<th>Signature &amp; Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.5 mL</td>
<td>IM</td>
<td>FLUZONE® QIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>0.5 mL</td>
<td>IM</td>
<td>FLUZONE® QIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FLUZONE® Quadrivalent Consent Form – English (revised August 2015)
Formulaire d’autorisation pour l’administration du vaccin contre la grippe saisonnière (Quadrivalent FLUZONE® (QIV) pour injection IM)

S’adresse à la personne recevant le vaccin, veuillez répondre aux questions suivantes :

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Oui</th>
<th>Non</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you sick today?</td>
<td>☐ Oui</td>
<td>☐ Non</td>
</tr>
<tr>
<td>2</td>
<td>Avez-vous déjà ressenti les effets suivants à la suite de l’administration d’un vaccin contre la grippe ? (veuillez √ toute case pertinente) :</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Respiration sifflante ou serrement de poitrine</td>
<td>☐ Oui</td>
<td>☐ Non</td>
</tr>
<tr>
<td></td>
<td>Enflure de la bouche ou de la gorge</td>
<td>☐ Oui</td>
<td>☐ Non</td>
</tr>
<tr>
<td></td>
<td>Syndrome de Guillain-Barré</td>
<td>☐ Oui</td>
<td>☐ Non</td>
</tr>
<tr>
<td></td>
<td>(veuillez préciser):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Souffrez-vous de saignements ?</td>
<td>☐ Oui</td>
<td>☐ Non</td>
</tr>
<tr>
<td>4</td>
<td>Êtes-vous allergique à ? (veuillez √ toute case pertinente) :</td>
<td>☐ Thimérosal</td>
<td>☐ Formaldéhyde</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONSENTEMENT POUR LE quadrivalent FLUZONE®:

J’ai lu ou quelqu’un m’a expliqué le contenu de la fiche d’information du quadrivalent FLUMIST®. J’ai eu l’occasion de poser des questions et les réponses se sont avérées satisfaisantes. Je comprends les avantages et les risques du vaccin. Je consens à ce que le quadrivalent FLUZONE® soit administré à :

☐ mon enfant, ☐ la personne sous ma tutelle ou ☐ moi-même.

Si vous avez √ Oui à l’une ou l’autre des cases ci-devant, veuillez discuter avec l’infirmier/ère.

Nom en lettres moulées   Signature du client, du parent ou tuteur   Date (jj/mm/aaaa)

Les enfants âgés entre 2 ans et de moins de 9 ans qui n’ont jamais été immunisés contre la grippe saisonnière doivent recevoir 2 doses à 4 semaines d’intervalle. Sinon, une seule dose est requise.

<table>
<thead>
<tr>
<th>Âge &gt; 6 mois</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose</td>
<td>Date</td>
<td>Heure</td>
<td>Dose</td>
<td>Route</td>
<td>Vaccin</td>
</tr>
<tr>
<td>1</td>
<td>jj/mm/aaaa</td>
<td>0.5 ml IM</td>
<td></td>
<td>FLUZONE® QIV</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>jj/mm/aaaa</td>
<td>0.5ml IM</td>
<td>FLUZONE® QIV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FLUZONE® Quadrivalent Consent Form – French (revised August 2015)