

U.S. Department of Energy

OAK RIDGE OPERATIONS OFFICE

ANNOUNCEMENT

OR 3900

December 13, 2000

SUBJECT: INFLUENZA VACCINE

The remaining 340 doses of influenza vaccine ordered for the 2000-2001 Influenza Vaccination Program arrived today. Beginning at 8:30 a.m. on Thursday, December 14, 2000, employees in the Federal Building (FB) will be scheduled by offices to receive the vaccine. Please contact your supervisor for the time your group is scheduled. Only one injection per person per year is advised.

Employees located at the Office of Scientific & Technical Information (OSTI), Y-12 Area Office, X-10 Site Office, East Tennessee Technology Park, and 55 Jefferson should not come to the FB for vaccinations. Iris Housley, RN, will administer the vaccine at these locations.

All employees are requested to read, complete, and bring the attached Group Immunization Patient Informed Consent Form before receiving their injection. Please bring the completed portion when you come to receive the vaccine. Employees under 18 years of age must bring a written permission from a parent or guardian before receiving the vaccine.

Individuals who are allergic to eggs, chicken, chicken feathers, chicken dander, or any component of the vaccine **should not** receive the vaccine except from their private physician. Individuals who have acute respiratory disease, asthma, active infection, or are pregnant **should not** receive the vaccine.

Nurse Housley's office hours are 7:45 a.m. - 12 noon and 1:00 - 4:15 p.m. at the FB, Room 1207, except Monday and Friday afternoon when she is at OSTI from 1:30 - 4:15 p.m. Make-up injections will be given as long as vaccine is available.

If you have questions about the Influenza Vaccination Program, please call Iris Housley, RN, at 576-0682 or Dana Hatmaker at 576-5973.


Patricia Howse-Smith, Director
Human Resources

Attachment

DISTRIBUTION: TO ALL ORO, YAO & OSTI EMPLOYEES

No: 15

FLUZONE
GROUP IMMUNIZATION
PATIENT INFORMED CONSENT FORM

Influenza Virus Fluzone Vaccine, Trivalent, Types A & B, Aventis Pasteur

2000-2001 Season: A/New Caledonia/20/99 (H₁N₁), A/Panama/2007/99 (H₃N₂) (an A/Moscow/10/99-like strain) and B/Yamanashi/166/98, (a B/Beijing/184/93 - like strain).

THE FLU - Influenza (flu) is a respiratory infection caused by viruses. When people get the flu, they may have fever, chills, headache, dry cough, or muscle aches. Illness may last several days, a week, or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people. Influenza can cause severe malaise lasting several days.

It is not possible to estimate the risk of an individual getting the flu this year, but for the elderly and for people with diabetes, heart, lung, or kidney diseases, the flu may be especially serious. The vaccine is recommended for persons 50 years of age and older and those who do not wish to have the flu.

THE VACCINE - An injection of the flu vaccine will not give you the flu, because the vaccine is made from an inactivated, split virus. The vaccine is made from viruses selected by the Office of Biologics, Food and Drug Administration, and the Public Health Service.

RISKS AND POSSIBLE SIDE REACTIONS - Side effects of flu vaccine are generally mild in adults and occur at low frequency. These reactions consist of tenderness at the injection site, fever, chills, headaches, or muscular aches. These symptoms may last up to 48 hours and occur 6-12 hours after vaccination.

A small number of persons who received the 1976 Swine Flu Vaccine suffered a paralysis called Guillain-Barre Syndrome (GBS). GBS is typically characterized by a paralysis that begins in the hands or feet and then moves up the arms or legs or both. GBS is usually self-limiting, and most persons with GBS recover without permanent weakness. In approximately 5 percent of the cases a permanent or even fatal form of paralysis may occur. In 1976 GBS appeared with excess frequency among persons who had received the 1976 Swine Flu Vaccine. For the 10 weeks following vaccination, the risk of GBS was found to be approximately 10 cases for every 1 million persons vaccinated. This represents a 5 to 6 times higher risk than in unvaccinated persons. Younger persons (under 25 years of age) had a lower risk than others and also had a lower case fatality rate.

Data on the occurrence of GBS have been collected during 3 flu seasons since the surveillance began in 1978. This data suggests that, in contrast to the 1976 situation, the risk of GBS in recipients of flu vaccine was not significantly higher than that in nonvaccines. Nonetheless, persons who receive flu vaccines should be aware of this possible risk as compared with the risk of flu and its complications.

SPECIAL PRECAUTIONS - Children under 6 months of age and pregnant women should consult with their personal physicians before receiving this vaccine. The safety and efficiency of the vaccine between 6 months and 4 years has not been established.

Persons who are allergic to eggs, chickens, chicken feathers, chicken dander, or to any component of the vaccine should not receive this vaccine until they have consulted their personal physicians. Delay vaccination in persons with active neurological disorder but vaccinate when disease is stable.

Persons with fever should not receive this vaccine. Persons who have received another type of vaccine within the past 14 days should see their personal physicians before receiving this vaccine.

If you have a reaction, see your personal physician immediately. If you have any questions, please ask.

———— DO NOT CUT OR TEAR ————

**CONSENT 2000-2001
INFLUENZA FLUZONE VIRUS VACCINE
Aventis Pasteur
Lot UO444AB, Expiration Date: 06/30/2001**

I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of the flu vaccination as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign. 2000-2001 A/New Caledonia/20/99 (H₁N₁), A/Panama/2007/99 (H₃N₂) (an A/Moscow/10/99-like strain) and B/Yamanashi/166/98, (a B/Beijing/184/93 - like strain).

INFORMATION CONCERNING PERSON TO RECEIVE INFLUENZA VACCINE

NAME (Please Print) _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SIGNATURE OF PERSON TO RECEIVE VACCINE (OR PARENT/GUARDIAN) _____ DATE _____

.5cc Influenza Vaccine Administered

By: _____ RN Signature _____ Time: _____ Site: _____