

Seasonal Influenza Vaccination Information and Consent Form

Surname: **First Name:**..... **Date of birth.:**

Company:

Health Insurance Provider (full name):

What is Influenza?

Influenza is a seasonal viral infection. Transmission typically occurs via respiratory aerosols or droplets (coughing, sneezing) but can also occur by direct contact (e.g. handshake) and by touching contaminated objects.

The most common symptoms are the sudden onset of high fever, shivering, headache and muscle pain, sore throat and dry cough. Less severe and non-symptomatic infections are possible. Recovery can take days and even weeks. Elderly people and those with certain pre-existing conditions have a higher risk of complications (particularly pneumonia) and an increased risk of death.

Who should get vaccinated? How often do you need to get vaccinated?

The Ständige Impfkommision (STIKO or Standing Committee on Vaccination) at the Robert-Koch-Institute recommends the vaccination for certain risk groups while the Sozialministerium Baden-Württemberg (Ministry of Social Affairs) recommends it for all people.

Since the influenza virus continuously changes, a vaccination should be taken every year with an updated vaccine, preferably in October or November.

Protection by Vaccination

As a rule, protection can be expected two weeks after the vaccination. The effectiveness of influenza vaccination may vary in every season depending on factors, such as the age of the vaccinated person, earlier influenza infections or vaccinations, and the virus types prevailing. According to studies, effectiveness of vaccination in terms of prevented consultations of doctors due to influenza ranged between 59 and 67%. The mean effectiveness for older adults amounted between 41 and 63%.

Due to the often reduced immune response of older persons, the Permanent Vaccination Commission (STIKO) recommends a high-dose vaccine for all persons aged 60 and older. This vaccine is quadrivalent compared to the standard vaccine and was introduced in the season of 2021/22. As of the season of 2023/24, it must be applied to all persons aged 60 and older.

Who should not get vaccinated?

Persons with a known hypersensitivity/allergy to components of the vaccine should not be vaccinated. If there is a history of severe side effects due to prior influenza vaccinations, a medical workup needs to be performed before any further influenza vaccinations are given.

Persons with febrile infections and acute illnesses should only be vaccinated after recovery.

Possible side effects of an influenza vaccination

Local reactions (pain, redness and swelling) of the injection site and cold-like symptoms (fever, tiredness, headache, muscle- and joint pain) may occur and can last a few days..

Very rarely allergic reactions of the skin and/or the respiratory system occur. In isolated cases severe allergic reactions (anaphylaxis) can occur. Very rarely vasculitis (inflammation of blood vessels) or a temporary thrombocytopenia (low levels of blood platelets which are part of the blood clotting system) can occur. There is a disputed correlation between taking the vaccine and the extremely rare occurrence of the Guillan-Barré-syndrome (rapid onset muscle weakness).

1. Is this your first influenza vaccination? yes no

2. Did you ever experience allergic reactions, high fever or other unusual reactions due to prior vaccinations (not only influenza vaccinations)?

yes no

If yes, please state details

.....

3. Do you have any known allergies yes no

If yes, please state details

.....

4. Do you take regular medication that influence blood clotting (anticoagulants), e.g. ASA/Aspirin, Marcumar, Warfarin, other "blood thinners"? Or do you have a blood clotting disorder?

yes no

If yes, please state details

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5. Are you pregnant / possibly pregnant? yes no

6. Are you currently in good health? yes no

I,, Date of birth

carefully have read all of the information in the "seasonal influenza vaccination information and consent form" and had the opportunity to ask the vaccinating doctor further questions and get additional information.

I have no further questions

I consent to being vaccinated against influenza

I took note of the Privacy Policy Relating to Flue (Influenza) Vaccination

For publicly insured persons only („gesetzlich krankenversichert“):

I consent to the disclosure of my information (Surname, Name, date of birth, vaccination) to my health insurance company by KIT for the purpose for the reimbursement of vaccination expenses.

Place and Date:

Signature of person consenting

Signature of physician

Dokumentation:

Impfstoff	Chargen-Nummer	Datum	re Delt i.m.	li Delt i.m.
Flucelvax Tetra ® 2024/2025				
Efluelda ® 2024/2025				