

## **ADVANCED EDUCATION AND LITERACY International Education**

### **H1N1 Flu Vaccine: Frequently Asked Questions for International Students in Manitoba**

- Is the vaccine available to all non-Canadians (international students, exchange students) attending Manitoba schools?

YES. FURTHERMORE IT IS FREE TO THOSE RECEIVING IT, REGARDLESS OF THEIR HEALTH COVERAGE STATUS. THE RECIPIENTS WILL RECEIVE THEIR SHOTS IN PRIORITY SEQUENCE.

THE SEASONAL FLU SHOT IS FREE TO INTERNATIONAL STUDENTS WHO MEET THE ELIGIBILITY CRITERIA. INTERNATIONAL STUDENTS THAT DO NOT MEET THE ELIGIBILITY CRITERIA MUST PAY THE APPROPRIATE FEE. THE FLU SHOT AND H1N1 VACCINE CAN BE PROVIDED AT THE SAME CLINIC. CHECK WITH HEALTH CARE PROVIDERS FOR AVAILABILITY OF FLU SHOT AND PAYMENT OPTIONS.

- Are Homestay parents responsible for ensuring that their homestay students get the vaccination?

IN ORDER TO RECEIVE ANY VACCINE, INTERNATIONAL STUDENTS UNDER THE AGE OF 18 SHOULD PROVIDE PROOF OF WRITTEN CONSENT FROM THEIR LEGAL GUARDIAN. A COPY OF THE MANITOBA HEALTH WRITTEN CONSENT FORM CAN BE FOUND AT [http://www.gov.mb.ca/health/publichealth/sri/docs/consent\\_form.pdf](http://www.gov.mb.ca/health/publichealth/sri/docs/consent_form.pdf). HOMESTAY FAMILIES (CUSTODIANS) CANNOT SIGN A WAIVER ON BEHALF OF AN INTERNATIONAL STUDENT AND CANNOT COMPEL THEM TO RECEIVE A VACCINE.

- Is a waiver required if the international student does not wish to have the vaccine even if their parent/guardian wishes him/her to be received?

HOMESTAY FAMILIES SHOULD RESPECT THE WISHES OF LEGAL GUARDIANS/PARENTS IN ALL MATTERS CONCERNING THE HEALTH OF THEIR CHILD, BUT CANNOT BE EXPECTED TO COMPEL AN INTERNATIONAL STUDENT TO RECEIVE A VACCINE. IN SUCH MATTERS, IT IS ADVISABLE THAT THE INTERNATIONAL OFFICE OF THE SCHOOL DIVISION LIAISE WITH THE STUDENT AND HIS/HER LEGAL GUARDIANS/PARENTS TO RESOLVE THE MATTER.

- Are consent forms (who provides) available/required for international students to receive the vaccine – forms that need to be sent to biological parents/guardians of international students? Is the Manitoba health insurance numbers required?

IT IS RECOMMENDED THAT LEGAL GUARDIANS/PARENTS SIGN CONSENT FORMS TO PROVIDE THE CUSTODIAN PERMISSION TO HAVE THEIR CHILD VACCINATED. THE CUSTODIAN CAN ASSIST THE CHILD WITH ANY RELEVANT MANITOBA HEALTH CONSENT FORM AND PROVIDE CORRESPONDENT PROOF OF CONSENT FROM THE LEGAL GUARDIANS/PARENTS. A MANITOBA HEALTH INSURANCE NUMBER IS NOT REQUIRED IN ORDER TO RECEIVE THE VACCINE.

- What steps are in place should an adverse reaction from the inoculation occur?

RELEVANT INFORMATION REGARDING ADVERSE REACTIONS IS FOUND IN THE VACCINE FACT SHEETS AVAILABLE TO THOSE RECEIVING THE VACCINE. CONCERNS ABOUT POSSIBLE SIDE EFFECTS CAN ALSO BE DIRECTED TO THEIR PRIMARY CARE PROVIDER OR HEALTH LINKS-INFO SANTÉ AT 788-8200 or 1-888-315-9257.

- Flu clinics do not accept money (cash) for payment of the vaccine (as stated in many insurance providers (AON) do not cover this under the student's plan. Are schools/homestay families responsible for payment and will flu clinics providing inoculations to non-Manitobans under homestay situations?

**ALL STUDENTS WHO GO TO FLU CLINICS ARE ELIGIBLE FOR THE VACCINE FREE OF CHARGE.**

- Request from biological parents/guardians regarding what is in the vaccine and is it the same vaccine administered around the world – is this info available to parents/ guardians?

**THE VACCINE USED IN MANITOBA MAY VARY FROM VACCINES USED ELSEWHERE AROUND THE WORLD. MANITOBA CURRENTLY USES TWO VACCINES: A VACCINE WITH ADJUVANT CALLED AREPANRIX AND A VACCINE WITHOUT ADJUVANT (FOR PREGNANT WOMEN AND THOSE WHO CANNOT RECEIVE THE VACCINE WITH ADJUVANT) CALLED PANVAX. THE CLINIC PROVIDES FACT SHEETS WITH INFORMATION ABOUT THE VACCINES AT THE CLINIC. THESE FACT SHEETS CAN ALSO BE FOUND ONLINE AT:**

**<http://www.gov.mb.ca/health/publichealth/sri/docs/arepanrix.pdf>**

**<http://www.gov.mb.ca/health/publichealth/sri/docs/panvax.pdf>**

**MANITOBA IS ANTICIPATING RECEIVING A SECOND VACCINE WITHOUT ADJUVANT SHORTLY. ONCE RECEIVED, FACT SHEETS WILL BE MADE AVAILABLE ON THE MANITOBA [HEALTH WEBSITE](#) AND AT THE CLINICS.**

**PLEASE NOTE THAT ALL MANITOBA HEALTH FORMS AND FACT SHEETS MAY CHANGE AS NEW INFORMATION IS AVAILABLE, SO IT IS IMPORTANT TO DOWNLOAD FORMS AND FACT SHEETS AS CLOSE TO THEIR TIME OF USE AS POSSIBLE.**

# Pandemic H1N1 Influenza, Seasonal Influenza & Pneumococcal Vaccine Surveillance/Consent Form



REGION: \_\_\_\_\_ CLINIC LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

**CLIENT INFORMATION:**

PHIN (9#'s) \_\_\_\_\_  
 MHSC (6#'s) \_\_\_\_\_  
 Other \_\_\_\_\_  
 Date of Birth M  F   
 \_\_\_/\_\_\_/\_\_\_  
 yyyy/mm/dd

Surname \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_  
 Home Address (Apt/Street/Box#) \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**HEALTH HISTORY/ INFORMATION**

**Completed By:**  CLIENT  PARENT  LEGAL DECISION-MAKER  HEALTH CARE PROVIDER FOR CLIENT

1. Are you well today?  Yes  No If yes go to question 3.
2. Do you currently have a high fever?  Yes  No
3. Are you on any medication that affects blood clotting? Have you had recent bleeding or bruising?  Yes  No
4. Have you had a previous lab-confirmed diagnosis of pH1N1?  Yes  No
5. Have you ever had a severe allergic reaction to any vaccine, including seasonal influenza vaccine?  Yes  No
6. Do you have hypersensitivity to eggs? (ex. hives, swelling of mouth and/or throat, breathing difficulty)  Yes  No
7. Have you had a previous severe allergic reaction to the following other elements of the vaccine?  Yes  No  
 α-tocopherol (Vitamin E)  Squalene (shark oil derivative - ie. possible fish substance)  Polysorbate 80 (commonly in ice cream and cosmetics)  Thimerosal (organic mercury)  Formaldehyde
8. Do you have any other allergies?  Yes  No
9. Have you experienced Guillan-Barré Syndrome within eight weeks of receiving any vaccine, including seasonal influenza vaccine?  Yes  No
10. Could you be pregnant or are you considering becoming pregnant within one month?  Yes  No
11. Is there anything else the nurse should know before deciding if you should get the vaccine?  Yes  No

*If YES to any of the above, please tell nurse.*

**REASONS FOR PH1N1 IMMUNIZATION:** (See *Interim Guidelines for using the Pandemic H1N1 (pH1N1) Vaccine*)

\*\*\* Please check ALL that apply \*\*\*

- Chronic condition (as listed on the Pandemic H1N1 Influenza Vaccine Fact Sheet)
- Pregnant
- Aboriginal ancestry (First Nations, Métis, Inuit)
- Disadvantaged individuals (eg. homeless, refugee, recent immigrant, poverty)
- Health care worker/medical first responder
- Household contacts and care providers of infants <6 months
- Household contacts and care providers of persons who are immuno-compromised
- Critical infrastructure worker (See *Interim Guidelines for using the Pandemic H1N1 (pH1N1) Vaccine*)
- Person who works directly with poultry or swine
- None of the above

**Notice:** Information about your immunization will be recorded in the Manitoba Immunization Monitoring System (MIMS) and used for surveillance by Manitoba Health and Healthy Living to produce immunization records, monitor vaccine uptake, how well vaccines are working and may also be used for research. All information recorded in MIMS will be protected in accordance with the Protection of Privacy provisions of *The Personal Health Information Act*.

**Written Consent by Parent or Legal Decision Maker for Immunization:**

I have read and understand the information provided (*Pandemic H1N1 Vaccine Fact Sheet/Seasonal Influenza/Pneumococcal Polysaccharide Vaccine*) and I have had the opportunity to ask questions about the vaccine(s) which were answered to my satisfaction. **YES, I do consent to the above named person receiving the**  pH1N1 Vaccine  Seasonal Influenza Vaccine  Pneumococcal Vaccine

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# Pandemic H1N1 Influenza, Seasonal Influenza & Pneumococcal Vaccine Surveillance/Consent Form



## Verbal Consent by Client for Immunization:

The above client has been provided with a copy of the *Pandemic H1N1 Vaccine Fact Sheet/Seasonal Influenza/Pneumococcal Polysaccharide Vaccine* and provided with the opportunity to ask questions about the vaccine which were answered and consents to receiving the  **pH1N1 Vaccine**  **Seasonal Influenza Vaccine**  **Pneumococcal Vaccine**.

Health Care Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR IMMUNIZATION PROVIDER USE ONLY

Informed consent provided by:  Client  Parent/legal decision-maker

## Immunization Interventions: Initial and date completed intervention(s)

- |                                                                             |                                                                                                                                                                                                                                                                                                                             |                                                                                                      |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fact sheet provided & reviewed                     | <input type="checkbox"/> Information provided to report vaccine side effect*                                                                                                                                                                                                                                                | <input type="checkbox"/> Information about the vaccine expected benefits and material risks provided |
| <input type="checkbox"/> Health history completed & reviewed                | <ul style="list-style-type: none"> <li>• Reportable side effects pursuant to section 57(2) of the Public Health Act</li> </ul>                                                                                                                                                                                              |                                                                                                      |
| <input type="checkbox"/> Concerns & questions addressed                     |                                                                                                                                                                                                                                                                                                                             |                                                                                                      |
| <input type="checkbox"/> Sufficient assessment to proceed with immunization | <input type="checkbox"/> Vaccination not given due to: <ul style="list-style-type: none"> <li><input type="checkbox"/> Contraindication</li> <li><input type="checkbox"/> Possible Contraindication</li> <li><input type="checkbox"/> Vaccination delayed</li> <li><input type="checkbox"/> Reason/Comment _____</li> </ul> |                                                                                                      |

Nurse's Initials \_\_\_\_\_ Date: \_\_\_\_\_

## Pandemic H1N1 Vaccine:

Site:	Dose #1 pH1N1:	Dose #2 pH1N1:
Left (L) <input type="checkbox"/> Right (R) <input type="checkbox"/>	<input type="checkbox"/> Adjuvanted	<input type="checkbox"/> Adjuvanted
<b>Route (IM):</b>	<input type="checkbox"/> Unadjuvanted	<input type="checkbox"/> Unadjuvanted
Vastus Lateralis (VL) <input type="checkbox"/> Deltoid (D) <input type="checkbox"/>	Lot # Antigen: _____	Lot # Antigen: _____
	Expiry date: _____	Expiry date: _____
<b>Dose:</b> <input type="checkbox"/> 0.5 ml <input type="checkbox"/> 0.25 ml	Lot # Adjuvant: _____	Lot # Adjuvant: _____
	Expiry date: _____	Expiry date: _____
<b>Manufacturer:</b> _____	Lot # Shoe box (Antigen+Adjuvant): _____	Lot # Shoe box (Antigen+Adjuvant): _____
<b>Provider signature</b> _____	_____	MIMS Data Entry Date _____
		Initials _____

## Seasonal Influenza Vaccine and/or Pneumococcal Vaccine:

Vaccine	Dose	Lot #	Manufacturer	Expiry date	Site				Provider Signature	MIMS Data Entry: Date & Initials
					L	R	VL	D		
Pneumo.										
Seasonal Influenza										

## Reason for Seasonal Influenza and/or Pneumococcal Vaccine:

- |                                             |                                            |
|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Health care worker | <input type="checkbox"/> Household contact |
| <input type="checkbox"/> High risk          | <input type="checkbox"/> No risk           |