

Key Facts About Seasonal Flu Vaccine (Flu Shot)

What is Influenza (also called Flu)?

Influenza (flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to pneumonia or even death. Pregnant women, children under 5 years of age, the elderly, people with chronic illnesses, and immunosuppressed people are considered to be at risk for becoming severe influenza. The best way to prevent the flu is by getting a flu vaccine each year.

Effects and Side Effects of the Vaccination:

Flu vaccination can prevent influenza from developing symptoms or getting severe symptoms. It can also prevent the complications, hospitalization and deaths associated with the influenza virus. In particular, people at risk, as shown above, those who have family members with risk factors, and healthcare workers are considered to be more beneficial. In Japan, only injection type is approved and no nasal spray is approved.

Generally, side effects are mild. The injection site may become red, swollen and/or harden, feel hot, hurt, feel numb or vesiculate, but these symptoms normally disappear within 2-3 days. You may also experience fever, chills, headaches, lethargy, temporary loss of consciousness, dizziness, swollen lymph nodes, cough, vomiting or nausea, diarrhea, joint pain, muscular pain and/or muscle weakness. An oversensitivity to the vaccination may lead to rashes, hives, eczema, erythema and/or itchiness, as well as cellulitis, facial palsy and other forms of paralysis, peripheral neuropathy, faint, vasovagal reaction and/or uveitis. The following side effects are extremely rare but have been known to occur: (1) shock, anaphylaxis (urticaria, dyspnea, angioedema, etc.), (2) acute disseminated encephalomyelitis (fever, headache, convulsions, dyskinesia, disturbance of consciousness, etc. within two weeks from several days after inoculation), (3) encephalitis/encephalopathy, myelitis, optic neuritis, (4) Guillain-Barre syndrome (numbness of both hands and feet, walking disorder etc.), (5) convulsion (including febrile convulsions), (6) liver dysfunction, jaundice, (7) asthma attacks, (8) thrombocytopenic purpura, thrombocytopenia, (9) vasculitis (IgA vasculitis, eosinophilic polyangiitis granulomatosis, leukocytoclastic vasculitis etc.), (10) interstitial pneumonia, (11) skin mucosal ocular syndrome (Stevens-Johnson syndrome), acute generalized exanthematous pustulosis, (12) nephrotic syndrome. If you have suffered deterioration to your health (any sickness or injury that requires hospitalization), you or your family can receive relief services in accords with the Law for the Pharmaceuticals and Medical Devices Agency. (Phone: 0120-149-931 URL: <https://www.pmda.go.jp>)

Patients who cannot receive the influenza vaccination:

- 1 Patients with high fever (above 37.5°C)
- 2 Patients suffering from a serious acute illness
- 3 Patients who have ever had an anaphylactic reaction to the influenza vaccination.
- 4 Any other person determined by their doctor to be unable to receive the vaccination.

*Additionally, those who have chronic diseases need to follow their doctor's instruction.

Patients who must consult their doctor before receiving the influenza vaccination:

- 1 Patients with delayed development and receiving care from medical workers
- 2 Patients with a cold or getting other illnesses
- 3 Patients with heart diseases, kidney diseases, liver diseases, blood diseases, or other serious illnesses
- 4 Patients who have had a fever or allergic complications like rashes or hives these two days
- 5 Patients who have ever experienced seizures, or convulsions
- 6 Patients who have ever been diagnosed with, or have ever had relatives diagnosed with immunodeficiencies
- 7 Patients with interstitial pneumonia, bronchial asthma, or other types of respiratory illnesses
- 8 Patients who have ever experienced rashes on the skin or felt sick from medicine or food (especially chicken eggs or chicken meal)
- 9 Pregnant women and women who may be pregnant

Caution – Please Read

- 1 Severe side effects is easy to occur within 30 minutes after receiving the influenza vaccination. Stay near the Health Service Center for 30 minutes so that you can promptly contact a doctor when needed.
- 2 Keep the injection site clean and hygienic. You may take a shower or bath on the day of vaccination but avoid rubbing, scratching, or scrubbing the injection site.
- 3 Avoid extreme exercise or heavy drinking on the day of the vaccination.
- 4 If you experience serious side effects, such as continuous high fever or convulsions, please consult a doctor as soon as possible.

See the following website for more information

* Some information may not apply to the Japanese healthcare system. This information is provided only for the convenience of non-Japanese speakers. UTokyo Health Service Center follows the Japanese healthcare regulations and best medical knowledge available.

Division for Health Service Promotion, The University of Tokyo

Hongo Health Service Center

7-3-1 Hongo, Bunkyo-ku, Tokyo

Phone: 03-5841-2580

Ext: 22580

Komaba Health Service Center

3-8-1 Komaba, Meguro-ku, Tokyo

Phone: 03-5454-6180

Ext: 46180

Kashiwa Health Service Center

5-1-5 Kashiwanoha, Kashiwa-shi, Chiba

Phone: 04-7136-3040

Ext: 63040

2024 Influenza Vaccination Questionnaire

Please answer all items inside the bold frame.

		Body temperature		°C
Name		Female Male	Date of birth : (Year / Month / Day)	/ / (Age:)
Address				
Student	ID No. - Laboratory	Staff	Affiliation (Ext.)	
E-mail		phone	-	-
Guardian's agreement (if under 18)	I, () , agree that the above-mentioned person may receive the influenza vaccination. Signature: _____			

Questions	Answers		Doctor's use
	YES	NO	
Did you read the "Key Facts About Seasonal Flu Vaccine", and understand the efficacy and risks of the vaccine?	YES	NO	
Is this your 1st influenza vaccination of this season?	YES	NO	
Are you feeling unwell at all today? If yes, how? ()	NO	YES	
Are you currently going to a doctor for any sort of illness? If yes (Name of disease:)	NO	YES	
Are you receiving treatment (medication, etc)? If yes, (Name of medications:)	NO	YES	
Have you been ill within the past 1 month? (Name of illness:)	NO	YES	
Has anyone around you had influenza, measles, rubella, chickenpox, mumps or other infectious diseases within the past 1 month? (Name of a disease:)	NO	YES	
Have you received any vaccination within the past 1 month? (Name of vaccination:)	NO	YES	
Have you ever felt sick because of the influenza vaccination? (Symptoms:)	NO	YES	
Have you ever felt sick after receiving a vaccination other than the influenza vaccination? (Name of vaccination:) (Symptoms:)	NO	YES	
Have you ever been diagnosed with a serious illness such as congenital abnormality, heart, kidney, liver, blood, central nerve disease, malignant tumor, immune deficiency or any other diseases? (Name of a disease:) If yes, does your doctor agree to your flu vaccination?	NO	YES	
Have you ever developed convulsion? about _____times The last time was about _____(year/ month) If yes, did it come with fever?	NO	YES	
Have you ever been diagnosed with interstitial pneumonia, bronchial asthma, or other types of respiratory illnesses?	NO	YES	
Have you ever had a rash, hives, or other reaction to certain medicines or foods (eggs or chicken etc.)? (Details of medicine and food:) (Condition at that time:)	NO	YES	
Do you have any close relatives who felt ill due to a vaccination?	NO	YES	
Have you or any of your relatives been diagnosed with a congenital immunodeficiency?	NO	YES	
(Females only) Are you pregnant? If yes, does your doctor agree to your flu vaccination?	NO	YES / not sure	
If you have any questions that you want to tell the doctor about your health or today's vaccination, please write them here. ()	YES	NO	

Vaccine recipient:	
I have answered the questions above correctly and understanding the merits and risks about this vaccine, including the rare but severe adverse reactions. I still chose to receive the influenza vaccination. Influenza HA vaccination (quadrivalent vaccine) [manufactured in Japan]	
Signature: _____	

For doctor's use

医師記入欄
以上の問診等の診察の結果、今日の予防接種は (可能 ・ 見合わせる) 。
医師の署名又は記名押印 _____

ワクチンメーカー名、ロット番号	接種量	実施機関、医師名、接種年月日
メーカー名	0.5 mL (皮下)	実施機関: 東京大学 保健・健康推進本部
Lot No.		接種年月日: 20 年 月 日 医師名: