

## Key Facts About Seasonal Influenza 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. Symptoms can range from mild to severe, and in some cases, it may lead to complications such as pneumonia or even death. Certain groups are at higher risk of developing severe illness from influenza, including: Pregnant women, Children under 5 years of age, Older adults, Individuals with chronic medical conditions, People with weakened immune systems.

### Effects and Side Effects of the Vaccination:

The influenza (flu) vaccine helps prevent the onset of symptoms and reduces the risk of severe illness caused by the influenza virus. It also lowers the likelihood of complications, hospitalization, and death. Individuals at higher risk, as noted above, are especially encouraged to receive the vaccine. Family members of high-risk individuals and healthcare workers may also benefit significantly from vaccination.

In general, 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 serious health issue requiring 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 UIRI: <https://www.nmda.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 developmental delays and receiving care from medical workers
- 2 Patients with a cold or other acute illnesses
- 3 Patients with heart diseases, kidney diseases, liver diseases, blood diseases, or other serious illnesses
- 4 Patients who have had a fever, allergic complications like rashes, or hives-within two days prior to a vaccination
- 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 ill after taking medicine or food (especially chicken eggs or chicken products)
- 9 Pregnant women and women who may be pregnant

### Caution – Please Read

- 1 Most of severe side effects occur within 30 minutes after receiving the vaccination. Please remain near the Health Service Center for 30 minutes so that you can promptly contact a doctor if necessary.
- 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 area.
- 3 Avoid strenuous exercise or heavy drinking on the day of the vaccination.
- 4 If you experience serious side effects, such as persistent high fever or convulsions, please seek medical attention immediately.

See the following website for more information

-> [https://www.mhlw.go.jp/bunya/kenkou/kekaku-kansenshou01/qa\\_eng.html](https://www.mhlw.go.jp/bunya/kenkou/kekaku-kansenshou01/qa_eng.html)

In Japan, the nasal spray vaccine is approved for individuals aged 2 to 18. In UTokyo Health Service Center, only the injectable form is administered.

Division for Health Service Promotion, The University of Tokyo

Hongo Health Service Center	7-3-1 Hongo, Bunkyo-ku, Tokyo
Komaba Health Service Center	3-8-1 Komaba, Meguro-ku, Tokyo
Kashiwa Health Service Center	5-1-5 Kashiwanoha, Kashiwa-shi, Chiba

Phone: 03-5841-2580	Ext: 22580
Phone: 03-5454-6180	Ext: 46180
Phone: 04-7136-3040	Ext: 63040

# 2025 Influenza Vaccination Questionnaire

Please answer all items inside the bold frame with a pen.

Pencils or erasable pens are not allowed.

		Body temperature		°C	
Name			Date of birth :		/ /
	Female Male		( Year / Month / Day )		(Age: )
Address			UT account (10 digit)		
Student	ID No.	Laboratory	Staff	Affiliation	
	-	(Ext. )		(Ext. )	
E-mail				phone	- -
Guardian's agreement (if under 18)		I, ( ), give my consent for the individual named above to receive the influenza vaccination. Signature: _____			

Questions	Answers		Doctor's use
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, please specify. ( )	NO	YES	
Are you currently going to a doctor for any sort of illness? If yes, please specify. ( )	NO	YES	
Are you receiving any treatment (medication, etc)? If yes, please specify. ( )	NO	YES	
Have you been ill within the past 1 month? If yes, please specify. ( )	NO	YES	
Has anyone around you had influenza, measles, rubella, chickenpox, mumps or other infectious diseases within the past 1 month? If yes, please specify. ( )	NO	YES	
Have you received any vaccination within the past 1 month? If yes, please specify. ( )	NO	YES	
Have you ever felt unwell after receiving a influenza vaccine? If yes, please specify. ( )	NO	YES	
Have you ever felt unwell after receiving a vaccination other than the influenza vaccination? If yes, please specify the name of vaccination and 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? If yes, please specify. ( )	NO	YES	
If yes, have your doctor approved your influenza vaccination?	YES	NO	
Have you ever developed convulsion? If yes, about( ) times and ( ) years old at the time of the last episode.	NO	YES	
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? If yes, please specify. ( )	NO	YES	
Have you ever had a rash, hives, or other allergic reaction to certain medicines or foods (eggs or chicken etc.)? If yes, please specify. (Cause: ) (Symptoms: )	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, have your doctor approved your influenza vaccination?	NO YES	YES / not sure NO	
If you have any questions or concerns about your health or today's vaccination, please write them here. ( )			

Vaccine recipient:	
I confirm that I have answered the above questions accurately. I understand the benefits and risks of this vaccine, including the possibility of rare but serious	
Influenza HA vaccination [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: