



## 2021 DRIVE THROUGH FREE FLU VACCINE CLINIC AND FOOD DRIVE

The DeKalb County Health Department, supported by DeKalb County Homeland Security, the Curiosity Shop in Garrett and the Dayspring Community Church, is hosting a Drive Through, Free Flu Vaccine Clinic and Food Drive on **Wednesday September 29th, 10 am – 2 pm at the Dayspring Community Church at 2305 Indiana Ave, Auburn.** **The drive through vaccine will be for adults ONLY, 18 years of age and older.** (Please see information below regarding additional free flu vaccine clinics in DeKalb County.) A quadrivalent vaccine will be administered. Vaccinations will be given until 2 pm or the supply is gone. Participants will drive through a series of stations, receive their vaccination in the arm (remember to wear short sleeves) and drive away. We ask that all who come through wear masks. For those interested, free will donations of dried foods, canned goods or cash will be collected for the St. Joseph Soup Kitchen in Garrett.

For those who are unfamiliar with the POD (Point of Distribution) site being used for this clinic, it is a similar layout to what was used during our COVID vaccine clinics. Versions of it are often utilized during emergency situations to distribute medications, supplies, etc. Our goal is to have as many people as possible come through our POD for their flu shot. Familiarity with the set up will only make our county more prepared for an actual emergency.

The Health Department and Homeland Security will work together during the clinic to roll out all of our preparedness equipment. The drive through clinic will allow us to make sure everything is in good working order. Our staff and volunteers will have an opportunity to practice preparedness for the day. Feel free to contact the Health Department at 260-925-2220 if you have any questions. Hope to see you there!

The Health Department is also hosting additional free flu ONLY vaccine clinics during the following dates and times. Vaccine will be administered at the DeKalb County Health Department to anyone 6 months of age and older. **APPOINTMENTS ARE REQUIRED.** No walk-ins will be accepted. Call to schedule at 260-925-2220. We ask that anyone over the age of 5 wear a face mask and that everyone maintain social distancing.

From 9:30 am – 11:30 am and 1:30 pm – 3:45 pm on:  
Monday October 11<sup>th</sup>  
Thursday October 14<sup>th</sup>

From 1:30 pm – 6:00 pm on:  
Wednesday October 13<sup>th</sup>  
Wednesday October 20<sup>th</sup>

From 9:30 am – 11:30 am on:  
Friday October 15<sup>th</sup>

**INFLUENZA VACCINE ADMINISTRATION FOR DEKALB COUNTY HEALTH DEPARTMENT 2021 – 2022**

Would you please share with us where you heard about this vaccine clinic? \_\_\_\_\_

**NOTE: HEALTH DEPARTMENT REGULATIONS REQUIRE THAT THIS FORM BE FILLED OUT COMPLETELY TO RECEIVE VACCINATIONS**

**ADULTS ONLY – PLEASE FILL OUT THE SECTION BELOW:**

LAST NAME (PLEASE PRINT)	LEGAL FIRST	BIRTH DATE	AGE	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
_____							
RACE	HISPANIC HERITAGE	YES or NO					
_____							
PATIENT'S ADDRESS	CITY	STATE	ZIP	HOME PHONE			
_____							
Have you received an influenza vaccine in the past? ____ Ever had an allergic reaction? ____ Allergic to eggs? ____							

I agree to allow information about all vaccinations given to me or to the person for whom I am authorized to consent to be recorded on the CHIRP Registry Program and may be released to school and/or medical care providers to avoid the administration of unnecessary vaccinations and to ascertain immunization status. Furthermore, I have been offered a copy of the Seasonal Influenza Vaccine Information Sheet. I believe that I understand the benefits and risks of the vaccine and I request that the seasonal influenza vaccine be given to me. By signing, I hereby release the DeKalb County Health Department from any and all liability pertaining to the administration of the seasonal influenza vaccine.

**Signature of person to receive vaccine or person authorized to make request:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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**CHILDREN ONLY – MUST HAVE THIS SECTION FILLED OUT:**

LAST NAME (PLEASE PRINT)	LEGAL FIRST	MIDDLE	BIRTH DATE	AGE	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
_____								
PATIENT'S DOCTOR	MEDICAID NUMBER	PATIENT MED. NUM.	RACE	HISPANIC HERITAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
_____								
PATIENT'S ADDRESS	CITY	STATE	ZIP	HOME PHONE				
_____								
MOTHER'S LAST NAME	MOTHER'S MAIDEN NAME	MOTHER'S FIRST	MOTHER'S MIDDLE	WORK PHONE				
_____								
FATHER'S LAST NAME	FIRST NAME	MIDDLE	HOME PHONE	WORK PHONE				
_____								
Has child received an influenza vaccine in the past? ____ Ever had an allergic reaction? ____ Allergic to eggs? ____								

I agree to allow information about all vaccinations given to me or to the person for whom I am authorized to consent to be recorded on the CHIRP Registry Program and may be released to school and/or medical care providers to avoid the administration of unnecessary vaccinations and to ascertain immunization status. Furthermore, I have been offered a copy of the Seasonal Influenza Vaccine Information Sheet. I believe that I understand the benefits and risks of the vaccine and I request that the seasonal influenza vaccine be given to my child or the person for whom I am authorized to consent. By signing, I hereby release the DeKalb County Health Department from any and all liability pertaining to the administration of the seasonal influenza vaccine.

You must mark one in regards to insurance status: **SIGNATURE of person to receive vaccine or person authorized to make request:**  
 \_\_\_\_ Private insurance that covers vaccine \_\_\_\_\_  
 \_\_\_\_ Enrolled in Hoosier wise (Medicaid) \_\_\_\_\_  
 \_\_\_\_ No health insurance \_\_\_\_\_  
 \_\_\_\_ Insurance that does not pay for vaccine \_\_\_\_\_  
**Date:** \_\_\_\_\_

\*\*\*\*\*THE SECTION BELOW IS TO BE FILLED OUT BY VACCINE ADMINISTRATOR\*\*\*\*\*

Presentation Afluria Quadrivalent Influenza Vaccine Preservative Free Manufacturer Seqirus Date of Vac \_\_\_\_\_  
 Lot # P100347549 Exp. Date 05/31/22 Site of Adm \_\_\_\_\_ Vaccinator \_\_\_\_\_  
 Presentation Afluria Quadrivalent Influenza Vaccine Preservative Free Manufacturer Seqirus Date of Vac \_\_\_\_\_  
 Lot # P100347549 Exp. Date 05/31/22 Site of Adm \_\_\_\_\_ Vaccinator \_\_\_\_\_

# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

**Influenza vaccine can prevent influenza (flu).**

**Flu** is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

**Influenza vaccine does not cause flu.**

Influenza vaccine may be given at the same time as other vaccines.

## 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

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## 4. Risks of a vaccine reaction

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- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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## 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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## 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call 1-800-338-2382 to learn about the program and about filing a claim.

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## 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu).

