

Flu vaccination // vaccination sheet (trivalent vaccination)

Flucelvax 2025 / 2026

Personal Information: (Please fill out legibly in block letters)

Surname: _____ First name: _____

Birthday: _____

Cigna insured yes/ no

Please be informed that people that are not Cigna insured are advised to see their own Physician.

Questions:

Yes

No

Did you have any health problems during / after previous vaccinations (no matter which ones). problems or complications, especially allergic reactions (rashes, shortness of breath, swelling of face or tongue)? If yes, which? _____

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Do you have any known allergies, especially to vaccine components such as **chicken protein, formaldehyde, neomycin, Octoxinol-9?**

If yes, which? _____

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Do you currently have health problems or do you suffer from acute or chronic illnesses?

If yes, which? _____

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Are you currently undergoing hyposensitization?

(There should be 1 to 2 weeks between vaccination and hyposensitization injection)

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Do you suffer from a blood clotting disorder? Take anticoagulants medication? If yes, which? _____

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Do you have an immune system disease? Take or have have taken medication that suppresses the immune system in the last 3 months, e.g. cortisone? If yes, which? _____

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Women Only: Are You Pregnant?

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Consent form:

I have taken note of the contents of the leaflet (vaccination against influenza), I have been informed and was able to clarify further questions with the vaccinating doctor.

I have no further questions and would like to be vaccinated against influenza.

Date, signature (in the case of minors, the legal guardian)

Due to the very rare allergic reactions, it is recommended to stay at the vaccination site or under medical supervision for 15-20 minutes after vaccination.

vaccination documentation— is filled out by the doctor

Injection in upper arm

date

batch no.

vaccinator

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Signature of the vaccinator:

Flu vaccination // Information 2025/2026

Flucelvax 2025 / 2026 – trivalent vaccine

Influenza infections are widespread across the globe. The illness can appear sporadically, be limited to specific regions, or spread as a seasonal epidemic. During the 2018 flu season, over 1,600 people in Germany were confirmed to have died from influenza, with likely many more unreported cases. Older adults and individuals with weakened immune systems are especially at risk. True influenza should not be confused with a simple cold, even if the term "flu" is often used casually.

Since pandemics like swine flu, avian flu, and especially COVID-19, the seriousness of viral infections has become more widely recognized. Even though no pandemic influenza strain is currently circulating, **annual vaccination** remains the most effective protection against severe illness.

The Flucelvax trivalent vaccine protects against the three influenza virus strains recommended by the WHO for the 2025/2026 season:

- A/Victoria/4897/2022 (H1N1)pdm09
- A/Croatia/10136RV/2023 (H3N2)
- B/Austria/1359417/2021 (B/Michigan/01/2021, wild type) – (B/Victoria lineage)

Influenza viruses are mainly transmitted through droplets (e.g., coughing, sneezing) or direct contact such as shaking hands. Symptoms typically appear 2–3 days after exposure and begin suddenly with high fever, severe fatigue, dry cough, and intense head, muscle, and joint pain. Unlike the common cold, a runny nose is rare. While most people recover within days or weeks, complications like pneumonia can occur and are potentially fatal in vulnerable groups.

The vaccine is the most effective way to prevent infection and its complications. It is an inactivated (non-live) vaccine, meaning it contains components of the virus that cannot cause illness but trigger the body's immune system to produce protective antibodies. As influenza viruses mutate regularly, the vaccine is updated each year based on **WHO recommendations**, making annual revaccination necessary.

The vaccine is administered as a **single intramuscular injection** (twice in unvaccinated children), ideally between October and November. Later vaccination is still effective. Protection begins approximately **2–3 weeks after the injection** and **lasts around 6 to 12 months**.

The Standing Vaccination Committee (STIKO) recommends annual vaccination for the following groups of people:

- all persons over 60 years,
- People of all ages with an increased health risk as a result of an underlying condition, including chronic diseases of the respiratory organs, heart or circulatory diseases, liver or kidney diseases, diabetes mellitus or other metabolic diseases, chronic underlying neurological diseases such as multiple sclerosis with flare-ups triggered by infections, congenital or acquired immunodeficiency or HIV infection,
- residents of old people's or nursing homes,
- all healthy pregnant women from the 2nd trimester and pregnant women with a chronic underlying disease from the 1st trimester,
- People with an increased occupational risk, e.g. medical staff or people in facilities with extensive public traffic,
- People who can act as a possible source of infection for risk people they care for.
- In order to avoid double infection with avian influenza, persons with direct contact with poultry and wild birds should also receive an influenza vaccination.

Many federal states have state vaccination recommendations that go beyond the STIKO and generally recommend the flu vaccination for all adults (and sometimes also children). An allergy to **chicken protein is a contraindication because the vaccine is produced in chicken embryos. This can lead to allergic reactions in people with a chicken protein allergy**. Vaccination should be postponed in the case of acute illnesses requiring treatment or fever. In case of pregnancy in the first 3 months or allergies to additives in vaccine (including sodium chloride, potassium chloride, formaldehyde) the benefits and risks must be weighed. Unusual physical exertion should be avoided for up to 3 days after vaccination. However, sport is possible (possibly with reduced training of the affected muscles).

Possible side effects of vaccination against influenza Local and general reactions

- **Very common (>10%):** Injection site pain, muscle pain, headache, general malaise
- **Common (1-10%):** Fever, chills, nausea, diarrhea, joint pain, redness or hardening at the injection site, fatigue, dizziness
- **Uncommon (0.1-1%):** Itching, hot flushes, hematoma at the injection site
- **Rare (0.01-0.1%):** Allergic reactions (including anaphylaxis), angioedema, flu-like illness, general discomfort