

CONFIDENTIAL Card unique number: 0000 0000 0000 0

Enhanced safety surveillance of seasonal influenza (flu) vaccine

Study of possible adverse events following immunisation – this surveillance is designed to capture all adverse events following immunisation. Please report if you get any symptoms following your “flu jab” (influenza vaccination).

1. About you – this information is kept confidential and won't leave your practice

About you* we need contact details, please supply a full address so we can link this to your medical record:

First name _____ Surname _____
 Address _____
 Postcode _____ Telephone: _____ Email _____@_____
 Signed _____ Date ___/___/2017

*This personal information is only being collected to link any side effects to your record

2. When you were vaccinated / When was the influenza vaccination given

What date were you vaccinated / was the vaccine given ___/___/2017

Where were you vaccinated: At your GP surgery: Yes No If no, say where: _____

3. If you were not the person vaccinated

Information about the person* Male Female Date of Birth ___/___/___

First name _____ Surname _____

4. Please report any side-effects/conditions in the 7 days after your flu vaccine

Please look at the list of possible vaccine side-effects on the next page – if the person vaccinated has experienced any adverse events – please tick the relevant box and indicate the severity

Please also mark if the symptoms/possible side effects are still persisting

Please return the card in the envelope provided to your GP – please return by post or in person.

Thank you for your help

5. If you had no side effects in the 7 days after vaccination tick and return

I /the person vaccinated has NOT had any side effects or other symptoms following vaccination:

Please return the card in the envelope provided to your GP – please return by post or in person.

Thank you for your help

Formal study name:

Post-authorisation passive enhanced safety surveillance of seasonal influenza vaccines:
 Pilot study in England

GSK study abbreviation:

EPI-FLU 046 VS UK

Collaborating Study Sponsors:

University of Surrey, Guildford UK
 GlaxoSmithKline Biologicals

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Possible side effect or Condition in the 7 days after influenza vaccination	Start date of the symptom	Please tick as appropriate
Conjunctivitis – Sticky eyes	__/__/17	<input type="checkbox"/>
Runny nose	__/__/17	<input type="checkbox"/>
Blocked nose	__/__/17	<input type="checkbox"/>
Epistaxis – Nose bleed	__/__/17	<input type="checkbox"/>
Common cold	__/__/17	<input type="checkbox"/>
Cough	__/__/17	<input type="checkbox"/>
Sore throat	__/__/17	<input type="checkbox"/>
Hoarse voice	__/__/17	<input type="checkbox"/>
Wheezing	__/__/17	<input type="checkbox"/>
Decreased appetite	__/__/17	<input type="checkbox"/>
Nausea – feeling sick	__/__/17	<input type="checkbox"/>
Vomiting – being sick	__/__/17	<input type="checkbox"/>
Diarrhoea	__/__/17	<input type="checkbox"/>
Fever (add temperature if measured)	__/__/17	<input type="checkbox"/>
Allergic reaction (rash)	__/__/17	<input type="checkbox"/>
Other allergic reactions	__/__/17	<input type="checkbox"/>
Facial oedema (swelling)	__/__/17	<input type="checkbox"/>
Local reaction to vaccine	__/__/17	<input type="checkbox"/>
Rash	__/__/17	<input type="checkbox"/>
Irritability	__/__/17	<input type="checkbox"/>
Drowsiness	__/__/17	<input type="checkbox"/>
Fatigue	__/__/17	<input type="checkbox"/>
Tremor / shaking	__/__/17	<input type="checkbox"/>
Seizure / fits	__/__/17	<input type="checkbox"/>
Headache	__/__/17	<input type="checkbox"/>
Muscle aches	__/__/17	<input type="checkbox"/>
Joint pain	__/__/17	<input type="checkbox"/>
Other		
1. _____	__/__/17	<input type="checkbox"/>
2. _____	__/__/17	<input type="checkbox"/>
3. _____	__/__/17	<input type="checkbox"/>
Add below if more		