



Pertussis Vaccine Acceptance/Declination Form

Occupational exposure to Bordetella pertussis puts individuals at risk for pertussis symptoms which may include runny nose, fever, repeated violent coughing, high-pitched inspiratory whoop and vomiting. Complications may include secondary bacterial pneumonia, seizures, encephalopathy, and death. Pertussis toxin exposure puts individuals at risk for symptoms which may include conjunctival redness, emphysema or chronic bronchitis. The Institutional Biosafety Committee (IBC) has reviewed the use of B. pertussis and pertussis toxin and decided that individuals working with the organism or toxin must be offered the tetanus/diphtheria/pertussis vaccine (Tdap). In addition, the vaccination is offered every 5 years since pertussis immunity may begin to wane 5 to 10 years after vaccination. This vaccine may not provide full protection for all individuals.

Pertussis vaccination is recommended unless: 1) documentation of adult dose of Tdap vaccination within past 5 years or 2) medical evaluation identifies that vaccination is contraindicated. The pertussis vaccination (Tdap) may be obtained from the UCSD Center for Occupational & Environmental Medicine (COEM) at no cost to you. Contact the EHS Occupational Health Nurse for an authorization form if you are requesting vaccination (858-534-8225).

Please review the **Vaccine Information Statement**: <http://www.cdc.gov/vaccines/hcp/vis/current-vis.html>
(or see page 2-3), then choose one of the following options:

- I certify that I have been offered and will participate in the pertussis vaccine program. I understand that I must request an appointment for the vaccination by contacting UCSD Center for Occupational and Environmental Medicine (COEM).
- I understand that due to my occupational exposure to aerosol transmissible diseases and/or other biological agents or toxins, I may be at risk of acquiring infection with pertussis or pertussis intoxication. I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring pertussis, a serious disease, or pertussis intoxication. If in the future I continue to have occupational exposure to aerosol transmissible diseases and/or other biological agents or toxins and want to be vaccinated, I can receive the vaccination at no charge to me.

List most recent date of pertussis (Tdap) vaccination_____. Provide documentation to the EHS Occupational Health Nurse at Fax# 858-534-7561 or mail code 0091.

Employee Name (print)_____ Phone#: _____

UCSD Employee ID#: _____ Email address _____

Dept Name:_____ Dept Recharge Index#: _____
(required for tracking purposes only)

Principal Investigator you work for_____

Participant Status (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Visiting Scientist | <input type="checkbox"/> Affiliate |
| <input type="checkbox"/> UCSD Registered Volunteer | <input type="checkbox"/> Non-registered Volunteer |
| <input type="checkbox"/> UCSD-Paid Undergraduate Student | <input type="checkbox"/> Non-Paid Undergraduate Student |
| <input type="checkbox"/> UCSD-Paid Graduate Student | <input type="checkbox"/> Non-Paid Graduate Student |
| <input type="checkbox"/> Non-Senate Academic Staff | <input type="checkbox"/> Other (specify if UCSD-paid assignment or not): |

Signature of Employee

Date signed

RETURN FORM TO OCCUPATIONAL HEALTH NURSE, Fax #858-534-7561 or mail code 0091.

VACCINE INFORMATION STATEMENT

Tdap Vaccine (Tetanus, Diphtheria, and Pertussis)

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Tetanus, diphtheria and pertussis can be very serious diseases, even for adolescents and adults. Tdap vaccine can protect us from these diseases.

TETANUS (Lockjaw) causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 5 people who are infected.

DIPHtheria can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, the United States saw as many as 200,000 cases a year of diphtheria and pertussis, and hundreds of cases of tetanus. Since vaccination began, tetanus and diphtheria have dropped by about 99% and pertussis by about 80%.

2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for health care professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during *every* pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

A similar vaccine, called Td, protects from tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have not already gotten a dose. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor can give you more information.

Tdap may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- If you ever had a life-threatening allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine, OR if you have a severe allergy to any part of this vaccine, you should not get Tdap. Tell your doctor if you have any severe allergies.
- If you had a coma, or long or multiple seizures within 7 days after a childhood dose of DTP or DTaP, you should not get Tdap, unless a cause other than the vaccine was found. You can still get Td.
- Talk to your doctor if you:
 - have epilepsy or another nervous system problem,
 - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
 - ever had Guillain-Barré Syndrome (GBS),
 - aren't feeling well on the day the shot is scheduled.



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

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Brief **fainting spells** can follow a vaccination, leading to injuries from falling. Sitting or lying down for about 15 minutes can help prevent these. Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

Mild problems following Tdap

(Did not interfere with activities)

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

Moderate problems following Tdap

(Interfered with activities, but did not require medical attention)

- Pain where the shot was given (about 1 in 5 adolescents or 1 in 100 adults)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 3 in 20 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 3 in 100).

Severe problems following Tdap

(Unable to perform usual activities; required medical attention)

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

A **severe allergic reaction** could occur after any vaccine (estimated less than 1 in a million doses).

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** or visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim) Tdap Vaccine

05/09/2013

42 U.S.C. § 300aa-26

