

Information on vaccinations at the Medical Centre

Vaccination: Doctors are obliged to provide adequate vaccination protection. The World Health Organization recommends that the vaccination status of patients should be checked at every visit to the doctor and that missing vaccinations should be carried out if necessary, i.e. regardless of the interval since the last vaccination. The Vaccination Committee of the Austrian Health Council and the Medical Centre comply fully with these recommendations.

What protection do vaccinations provide? A vaccination provides the organism with inactivated or live (attenuated) pathogens or components thereof so that in the event of a subsequent infection it can form antibodies to prevent or attenuate the development of the disease.

What adverse reactions do vaccinations produce? Vaccinations administered by injection can frequently or even very frequently cause pain, redness and swelling, or nodulation or hardening of the skin at the injection site. Chills, fever, swollen lymph nodes, headache, muscle or joint pain are also common to very common. Other frequent adverse reactions include paraesthesia, fatigue, nausea, vomiting, diarrhoea, stomach ache or loss of appetite. These adverse reactions normally disappear without trace in a few days. Even when all precautions are taken, injections can occasionally cause local infections and on very rare occasions damage the capillary blood vessels with bruising. Like other drugs, food or everyday items, vaccines can also produce allergic reactions in the form of rashes, shortness of breath or even life-threatening severe anaphylactic shock. Adverse reactions after vaccination should be reported to the vaccinating physician.

Are there contraindications to vaccination? Patients with acute infections should not be vaccinated until they have recovered. Banal infections, even with slight fever (up to 38°C), are not usually a contraindication. Persons with allergic reactions to components of the vaccine might be contraindicated. Persons with congenital or acquired immune defects or immune system disorders should consult their treating physician before vaccination. Inactivated vaccines may be administered, but it is advisable to monitor the outcome of the vaccination. Drug interactions can adversely affect the effect of live-virus vaccines (measles, mumps, German measles [MMR], chickenpox).

Post-vaccination monitoring? Subjects should be monitored for allergic reactions if possible for 15 to 20 minutes after the vaccination. Persons with known allergies to components of a vaccine should be treated accordingly (e.g. monitoring for two hours) with the necessary antidotes to hand. This applies particularly to persons who have already had an anaphylactic reaction and with a known contraindication to vaccines containing egg protein. Vaccines made with embryonated egg protein (e.g. influenza, yellow fever) are absolutely contraindicated in these cases. A relative contraindication exists for vaccines made with chicken fibroblast cell cultures (e.g. MMR).

Severe but very rare adverse reactions to specific vaccinations are listed overleaf. Information on the treatment of the infectious diseases being vaccinated against, on the utility of a vaccination in general and for the individual concerned, on the vaccine, start and duration of the protection and on the timetable, the need for booster shots, behaviour after the vaccination, contraindications, and possible adverse reactions and/or complications will be explained to you by the doctor. If you have any questions after the visit, please call +43 1 7007-22245.

Adverse reaction classification

very frequent (1/10)

rare (1/10000 to <1/10000)

frequent (1/100 to <1/10)

very rare (<1/10000) including isolated cases

occasional (1/1000 to <1/100)

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Cholera: very rare: exhaustion, sore throat, drowsiness, insomnia, fainting, taste impairment, paraesthesia (e.g. tingling, numbness)

Diphtheria, tetanus, polio, whooping cough (DTaP): very rare: vasovagal syncope, spasms, ascending neuroparalysis including respiratory paralysis (Guillain-Barré syndrome)

Tick-borne encephalitis: very rare: neck pain, paraesthesia (e.g. tingling, numbness), ascending neuroparalysis including respiratory paralysis (Guillain-Barré syndrome)

Hepatitis A: very rare: skin rash with or without itching

Hepatitis B: very rare: eczema, inflammation of the optical nerve, peripheral nerves, spinal cord or brain, multiple sclerosis, spasms, (ascending) neuroparalysis (Guillain-Barré syndrome, facial nerve paralysis), paraesthesia (e.g. tingling, numbness), alopecia, vasculitis, thrombocytopenia

Influenza: occasional: itching, streaming eyes; rare: multiple sclerosis

Japan B encephalitis: occasional: migraine, dizziness; rare: paraesthesia (e.g. tingling, numbness), neuritis, thrombocytopenia

Measles, mumps, German measles (MMR): occasional: bronchitis, conjunctivitis, otitis media, salivary gland enlargement, insomnia; very rare: inflammation of the peripheral nerves, spinal cord, brain or meninges, ascending neuroparalysis including respiratory paralysis (Guillain-Barré syndrome), swollen testicles, joint pain and inflammation

Meningococcal disease: occasional: dizziness

Pneumococcal disease: very rare: muscle and joint pain

Typhus: very rare: joint pain and inflammation

Rabies: rare: vision impairment, paraesthesia (e.g. tingling, numbness); very rare: dizziness, diseases of the nervous system (e.g. paralysis, Guillain-Barré syndrome)

Vienna International Airport _____

Name of vaccinated person _____

I have been informed orally in full by the vaccinating physician and instruct him/her to administer the necessary initial and follow-up vaccinations. I have no further questions regarding these vaccinations and agree to their administration.

Remarks

Signature of vaccinated person

Signature of physician

References: Federal Ministry of Health: www.bmgf.gv.at, access on 15 February 2011
MEDIS Medical Drug Information System, accessed on 15 February 2011