



The Vaccine People 559-635-7707

TYPHOID IMMUNIZATION/CONSENT

Typhoid

Typhoid fever is an acute, life-threatening febrile illness caused by the bacterium *Salmonella enterica* Typhi, and contracted by the ingestion of contaminated food and water. Typhoid's chief symptom is a persistent, high fever, headaches, malaise, loss of appetite, swollen mid-abdomen and a slower heart rate. Humans are the only known reservoir for typhoid and they can be contagious for up to 3 months after infection. Some people can become carriers while not being sick themselves and spread the disease. An estimated 16 million cases of typhoid fever and 600,000 related deaths occur worldwide each year.

Vaccine

Typhim Vi: is a single dose, injectable, polysaccharide, inactivated vaccine that provides up to two years of protection.

Vivotif (Ty21a): is a live-attenuated-bacteria vaccine administered orally every other day as the primary series. There are 4 capsules which provide up to 5 years of protection. The capsules must be refrigerated.

Indications

Typhoid vaccination is recommended for travelers to areas where there is a recognized risk of exposure to S. Typhi. Risk is greatest for travelers to highly endemic areas in almost all developing countries. Vaccination is particularly recommended for those who will be traveling in smaller cities, villages and rural areas or those visiting relatives or friends who may be less likely to eat safe foods.

Risks and Possible Side Effects

Injectable vaccine: A sore arm is probably the most serious side effect, which should not last longer than 48 hours. Occasionally flu like symptoms have been reported.

Oral vaccine: Side effects are rare; the most common is mild nausea, abdominal pain and cramps.

In very rare cases, both vaccines can cause vomiting, diarrhea, cervical pain, headaches, fever and rash.

If you have any of the above, please notify the staff. If you have any questions, please ask now or check with your physician before receiving the vaccine.

Vaccination is generally not recommended for the following people:

1. Those with acute febrile illness, history of anaphylactic reaction to a previous dose or a component of the vaccine.
2. Pregnant women (No data on the use of typhoid vaccines among pregnant women; consider only if risks of disease and probable benefits of vaccine outweigh theoretical risks to fetus. (Consult OB.)
3. Children **under 2 years for injectable and under 6 years for Live Oral.**
4. The oral vaccine is not recommended for those with a compromised immune system.
5. The oral vaccine is not recommended for those on antibiotics or sulfonamides. Oral typhoid should be avoided for 24 hours prior to or after completion of antibiotics or sulfonamides.

If you experience any significant reactions, see your physician.

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For Clinic Use

Date of Vaccination: _____ Manufacturer & Lot #: _____ Site: Injectable: IM Right Left

Administered By: _____ Clinic Site: _____ Payment: _____

I have read the above information about Typhoid, and I have had a chance to ask questions. I understand the benefits and risks of Typhoid vaccination and request that the vaccine is given to me. I understand Passport Health is not a Medicare provider and does no insurance billing or filling of forms. I am responsible for all fees.

Information-Person to Receive Vaccine

Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Daytime Phone #: _____