

October 2011 — Which Flu Shot is Better to Give: Intramuscular, Intranasal, or Intradermal?

1) An adjuvant commonly used in vaccine formulations is:

- a. Ammonium salt
- b. Sodium Chloride
- c. Aluminum salt
- d. Magnesium salt

2) Antigenic \_\_\_\_\_ only occurs in subtype \_\_\_\_\_ and was responsible for the Spanish Flu of 1918 and the Swine Flu of 2009.

- a. Shift; A
- b. Drift; A
- c. Shift; B
- d. Drift; B

3) One type of exterior proteins of an influenza virus is \_\_\_\_\_, which consists of three subtypes.

- a. Neuraminidase
- b. Hemoglobin
- c. Neuromuscular
- d. Hemagglutinin

4) True or False: The new intradermal influenza vaccine requires injection into the papillary layer of the epidermis, which is located next to the stratum spinosum.

- a. True
- b. False

5) Which of the following side effects are commonly associated with intradermal administration of the influenza vaccine?

- a. Itching
- b. Redness
- c. Headache
- d. Swelling
- e. A, B, D
- f. B, C, D

6) Which of the following are considered at risk for developing a severe case of an influenza infection?

- a. Alaskan natives
- b. Elderly
- c. Young children
- d. Patients with serious health conditions
- e. None of the above
- f. All of the above

7) Before administering the flu shot, the caregiver should be aware if the patient is allergic to which type of food?

- a. Soy
- b. Egg
- c. Gluten
- d. Peanuts

8) Which of the following formulations contains a live-attenuated, inactivated virus (LAIV)?

- a. Flumist
- b. Fluzone® Intradermal
- c. Fluzone® High Dose
- d. Afluria®

9) True or False: The Fluzone® High Dose formulation is only indicated for patients 65 years of age or older.

- a. True
- b. False

10) Children should avoid use of which medication four weeks post-vaccination with Flumist?

- a. APAP
- b. Ibuprofen
- c. ASA
- d. Claritin

**This activity is a FREE service to members of the Kentucky Pharmacists Association. The fee for non-members is \$30. The fee for duplicate certificates is \$5. Please send a self addressed, stamped envelope to KPERF, 1228 US 127 South, Frankfort, KY 40601.**

**Expiration Date: September 20, 2014**

**Successful Completion: Score of 80% will result in 2.0 contact hour or 0.20 CEUs.  
Participants who score less than 80% will be notified and permitted one re-examination.**

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TECHNICIANS ANSWER SHEET. Not ACPE approved for Technicians.**

Name \_\_\_\_\_ KY Cert. # \_\_\_\_\_

Address \_\_\_\_\_

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

- |            |            |                |            |             |
|------------|------------|----------------|------------|-------------|
| 1. A B C D | 3. A B C D | 5. A B C D E F | 7. A B C D | 9. A B      |
| 2. A B C D | 4. A B     | 6. A B C D E F | 8. A B C D | 10. A B C D |

Met my educational needs	___Yes	___No	Figures and tables were useful	___Yes	___No
Achieve the stated objectives	___Yes	___No	Posttest was appropriate	___Yes	___No
Was well written	___Yes	___No	Commercial bias was present	___Yes	___No
Is relevant to my practice	___Yes	___No			

I hereby certify that I completed this self-study program independently and without assistance from any other party.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Universal Activity # 0143-0000-11-010-H04-P  
PHARMACISTS ANSWER SHEET**

Name \_\_\_\_\_ KY Lic. # \_\_\_\_\_

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Information presented in the activity:

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Unmet Objectives: \_\_\_\_\_

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