

Newsletter for Parents/Guardians

Dear Parents/Guardians:

This influenza (flu) season we would like to help protect our student body by providing flu vaccines during school hours. The **Treutlen County Health Department** will be offering flu shots. If your child has health insurance, we will bill your insurance provider. The following vaccine will be available:

- ❖ **Inactivated Influenza Vaccine (IIV)**: an influenza vaccine that is given as a shot. Inactivated influenza vaccine will be quadrivalent (QIV).

For more information on the vaccine type above, please see the Vaccine Information Statement (VIS) attached.

Influenza Vaccination Clinic Date and Location:

<u>October 10, 2018</u>	<u>Treutlen County Schools</u>
Date	School Name

If you would like to have your child vaccinated during the above school based flu clinic please:

1. Review the Vaccination Information Statement (VIS).
2. Sign, date, and return the attached Consent Form to **Treutlen County Schools** before **September 21, 2018**

Note: If the consent form is not signed, dated and returned, your child(ren) will not be immunized.

Children up to 8 years of age may need a second dose approximately one month after the first dose. We will provide the second dose during Visit 2.

We thank you in advance for helping to keep our students safe and healthy. If you have any questions about the influenza vaccine, please feel free to contact the school nurse or your health care provider.

Please note that participation and receipt of influenza vaccine through this program is completely voluntary. The health care provider for your child can answer your questions about the influenza virus and will be able to vaccinate your child against seasonal influenza. For additional information please visit the CDC influenza websites at <http://www.cdc.gov/flu/> and <http://www.cdc.gov/flu/parents>.

Influenza (Flu) Vaccine (Inactivated or Recombinant): *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?

Influenza (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



4 Risks of a vaccine reaction

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

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

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 unusual behavior.

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 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should 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 does 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. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only





**2018-19 School Based Influenza
Vaccine Consent Form
Trentlen County Health Department**

Aegis # _____
Clerk initials: _____

Section 1: Information about Student to Receive Influenza Vaccine (please print)

STUDENT'S NAME (Last)	(First)	(M.I.)	SCHOOL NAME:	
STUDENT'S DATE OF BIRTH (mm/dd/yyyy)	STUDENT'S AGE	GENDER: M / F	TEACHER	GRADE
ETHNICITY (Please Circle) Not Hispanic/Latino Hispanic Latino	RACE (Please Circle) African American, White, Hispanic or Latino, American Indian, Asian, Alaska Native, Native Hawaiian, Other Pacific		PARENT/ LEGAL GUARDIAN'S NAME	
HOME ADDRESS			PARENTAL/ GUARDIAN PHONE NUMBER(S)	
CITY	STATE	ZIP CODE	PARENTAL/ GUARDIAN E-MAIL	
INSURANCE INFORMATION: Do you have insurance that covers vaccines? <input type="checkbox"/> Yes / <input type="checkbox"/> No Please check health insurance provider below: <input type="checkbox"/> Aetna <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> PeachCare <input type="checkbox"/> Other _____ <input type="checkbox"/> Cigna <input type="checkbox"/> United Healthcare <input type="checkbox"/> CareSource			Provide the insurance information for the provider selected & attach a copy of the insurance card to this form Policy Holder Name _____ Group# _____ Member ID # _____	

Section 2: Medical Information: *The following questions will help us to determine if this student can receive the influenza vaccine.*

**Please circle Yes or No for each question.*

1. Has the student received any vaccines in the last four weeks? If yes, please list:	Yes	No
2. When was the student last vaccinated for flu?	DATE: _____	
3. Has the student ever had a serious reaction to eggs?	Yes	No
4. Has the student ever had a serious reaction to any influenza vaccine?	Yes	No
5. Has the student ever had Guillain-Barre Syndrome (GBS)?	Yes	No

Section 3: Consent: *The vaccine consent form includes options allowing you to either accept or refuse the vaccination for your child. If you refuse, the vaccination will not be given to your child. If this consent form is not filled in completely, signed, dated, and returned, the student will not be vaccinated at school.*

I GIVE CONSENT to the Trentlen County Health Department for the student named above to receive the influenza vaccine. I acknowledge that the student and medical information provided above is correct. I have been given a copy of the Vaccine Information Statements for the influenza vaccines and the NOTICE of PRIVACY POLICY FORM. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine that will be given to the student that I am authorized to represent. I understand that participation and receipt of the influenza vaccine through this program is completely voluntary. By signing below, I give permission for the student listed above to receive the intranasal or injectable influenza vaccine.

Signature of Parent/Legal Guardian: _____ **Date:** _____

I DO NOT GIVE CONSENT to the Trentlen County Health Department and its staff for the student named above of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian: _____ **Date:** _____

FOR CLINIC USE ONLY

Inactivated Influenza Vaccines (IIV) <input type="checkbox"/> Quadrivalent (IIV ₄) Adm Route: IM LA / RA	label here	VIS Date: 08/07/15	Signature of Nurse: _____
		Date: _____	