



COMMONWEALTH OF VIRGINIA
Central Shenandoah Health District
Bath County Health Department
P.O. Box 120
Warm Springs, VA 24484

IN COOPERATION WITH THE STATE
DEPARTMENT OF HEALTH

TELEPHONE NO
540-839-7248
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October 12, 2009

Dear Parents and Guardians,


As you may know, H1N1 influenza (also called Swine Flu) is a different strain of influenza. H1N1 is not covered in the seasonal flu shot. There is an additional influenza vaccine (flu shot) that has been formulated and is now available. The Virginia Department of Health will be receiving this vaccine and making it available to your child at school.

Please read the attached information statement about the H1N1 influenza vaccine. If you are interested in your child receiving this vaccine at school, then complete the 2009 H1N1 influenza vaccination consent form and return it to school by October 16, 2009. The plan is to administer vaccinations October 20, 2009 through October 30, 2009. At this time we cannot be more specific about which day for each school, but we will let you know as that becomes finalized.

There is no charge for the H1N1 influenza vaccination. It is optional. If you think your child has already had the H1N1 influenza, the recommendation is for them to still receive the vaccination. For those who would prefer their child obtain the vaccine outside of the school setting, it will be given at the Health Department as well, but after it is done in the school.

If you decide for your child to receive the vaccine at school, **you must complete the form in its entirety**. The student information, parent information, student health history and two places for you to sign consent **must be completed**. Again, return the two-page consent to the school by October 16, 2009. Please note that if your child is less than 10 years old, he/she will need a second dose approximately one month later, which we will return to the school to do. Your signed consent is for both vaccinations.

We will do our best to keep you informed. You may direct questions to the Bath County Health Department at 839-7246. Thank you for your attention to these materials.


G. Douglas Larsen M.D.
Health Director
Central Shenandoah Health District

2009 H1N1 INFLUENZA VACCINE

INACTIVATED
(the "flu shot")

WHAT YOU NEED TO KNOW

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

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (also called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu is a new flu virus. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent "influenza-like" illnesses caused by other viruses.
- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want to be protected against seasonal flu*

Inactivated vaccine (vaccine that has killed virus in it) is injected into the muscle, like the annual flu shot. **This sheet describes the inactivated vaccine.**

A **live, intranasal** vaccine (the nasal spray vaccine) is also available. It is described in a separate sheet.

Some inactivated 2009 H1N1 vaccine contains a preservative called thimerosal to keep it free from germs. Some people have suggested that thimerosal might be related to autism. In 2004 a group of experts at the Institute of Medicine reviewed many studies looking into this theory, and found no association between thimerosal and autism. Additional studies since then reached the same conclusion.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency medical personnel
- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 years of age with certain chronic medical conditions or a weakened immune system

As more vaccine becomes available, these groups should also be vaccinated:

- Healthy 25 through 64 year olds
- Adults 65 years and older

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 flu vaccine if you have a **severe (life-threatening) allergy to eggs, or to any other substance in the vaccine.** *Tell the person giving you the vaccine if you have any severe allergies.*

Also tell them if you have ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain Barré Syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Pregnant or breastfeeding women can get inactivated 2009 H1N1 flu vaccine.

Inactivated 2009 H1N1 vaccine may be given at the same time as other vaccines, including seasonal influenza vaccine.

6 What are the risks from 2009 H1N1 influenza vaccine?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The virus in inactivated 2009 H1N1 vaccine has been killed, so you cannot get influenza from the vaccine.

The risks from inactivated 2009 H1N1 vaccine are similar to those from seasonal inactivated flu vaccine:

Mild problems:

- soreness, redness, tenderness, or swelling where the shot was given
- fainting (mainly adolescents)
- headache, muscle aches
- fever
- nausea

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

Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, an earlier type of swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS.

7 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call 1-888-275-4772 or visit the program's website at: www.hrsa.gov/countermeasurescomp/default.htm.

9 How can I learn more?

- Ask your provider. They 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/h1n1flu or www.cdc.gov/flu
- Visit the web at www.flu.gov



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement
2009 H1N1 Inactivated Influenza Vaccine 10/2/09



Health Department Use ONLY	
CR#	_____
Encounter #	_____
Receipt	_____
Cash	_____ CK# _____

STUDENT 2009 H1N1 INFLUENZA VACCINATION CONSENT FORM

SECTION A: STUDENT INFORMATION		
Name (Last, First, Middle) _____		
Date of Birth: / /	Age: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
School: _____	Grade: _____	Home Room Teacher: _____
SECTION B: PARENT/GUARDIAN INFORMATION		
Name (Last, First, Middle) _____		
Address: _____		City/State: _____ Zip: _____
Phone: _____	Home: _____	Work: _____ Cell: _____
SECTION C: SCREENING FOR VACCINE ELIGIBILITY		
If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination:		
<input type="checkbox"/> Dose 1	Date received: month _____ day _____ year _____	Form (please circle) nasal spray shot
<input type="checkbox"/> Dose 2	Date received: month _____ day _____ year _____	Form (please circle) nasal spray shot
SECTION D: STUDENT HEALTH HISTORY		
The following questions will help us know if your child can get the 2009 H1N1 influenza vaccine. Please mark either Yes or No for each question. Do not leave any question unanswered.		
If you answer "NO" to all of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following questions, your child <u>may</u> be able to get the H1N1 vaccine, but we will contact you to discuss your options.		
	Yes	No
1. Has your child ever had a serious allergic reaction to eggs or the antibiotic gentamicin?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your child ever had a serious reaction to a previous dose of seasonal flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had Guillian-Barre Syndrome (GBS), (i.e. paralysis) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have any other serious allergies that you know of? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your child taking any prescription medication to prevent or treat flu?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child have asthma, wheezing, difficulty breathing, or lung disease?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child have a long-term health problem such as heart disease, kidney disease, metabolic disease (e.g. diabetes), or blood disorders (e.g. anemia)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your child have a weakened immune system caused by cancer, cancer treatment (e.g., x-rays or drugs), HIV/AIDS, other disorders, or medicine (e.g. steroids)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your child live with or have a close contact with anyone with a severely weakened immune system requiring care in a protected environment (such as a hospitalized family member receiving chemotherapy)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is your child receiving aspirin or other aspirin-containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has your child received a MMR (measles/mumps/rubella), varicella (chickenpox), or the live intranasal seasonal influenza vaccine (LAIV) within the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your child have a muscle or nerve disorder (such as cerebral palsy) that can lead to breathing or swallowing problems?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is your child pregnant or nursing?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION E: CONSENT FOR CHILD'S VACCINATION		
I have read the 2009 H1N1 Influenza CDC Vaccination Information Statements (VIS) for the H1N1 influenza shot and for the nasal spray. I understand the risks and benefits, and give consent to the Health Department and its authorized staff for my child (named at the top of this form) to get vaccinated with this vaccine.		
I understand that if my child is under 10 years of age, two doses of the H1N1 influenza vaccine are required. Each dose will be administered approximately one month apart. I give consent for my child to receive two doses of the H1N1 vaccine, each dose spaced about 3 – 4 weeks apart.		
Signature of Parent or Legal Guardian: _____	Date: _____ / _____ / _____	

**SECTION F: OFFICE OF PRIVACY AND SECURITY
Authorization for Disclosure of Protected Health Information**

As the person signing this authorization, I understand that I am giving permission to the Virginia Department of Health (VDH) to disclose personal health information to the person(s) or organization(s) indicated below.

- I understand the provision of treatment to my child cannot be conditioned on my signing of this Authorization for Disclosure Section
- Any health information re-disclosed by you will no longer be protected by this authorization.
- The original or a copy of the authorization shall be included in my child's medical record
- I have the right to revoke this authorization at any time, except to the extent that action has been taken prior to my request to withhold my child's medical record. The request must be in writing and will be effective upon delivery to the provider in possession of my child's medical records.
- I authorize VDH to disclose my child's health information to the child's primary care physician and school.
- I understand that this record will be retained for ten years after the last visit or for five years after age 18, whichever comes later.
- I understand this document will be given to and retained by the public health department and will not be maintained by the school.

**SECTION G: NOTICE OF DEEMED CONSENT
(Required by §32.1-45.1 of the Code of Virginia (1950), as amended)**

If the health care provider or the person acting under the health care provider's direction and control is directly exposed to my child's blood in a way that may transmit disease, I understand that the law requires my child to give a venous blood sample for further tests. I understand that the tests to be performed are for human immunodeficiency virus (HIV), hepatitis and/or other infectious diseases and that a physician or health care provider will inform me and the exposed provider of the results of the test.

I understand that the Virginia Department of Health will not release private medical records unless authorized above or to continue care.

Please Print Your Name
(parent or legal guardian)

Signature

Date

All forms must be returned to the school by _____, 2009

HEALTH DEPARTMENT USE ONLY

Date Dose Administered	Item code	Dose Number (1 st or 2 nd)	Vaccine Manufacturer	Lot Number	Vaccine Administration Site			Provider #
	2009 H1N1				RA	LA	NAS	
	2009 H1N1				RA	LA	NAS	

Comments: (Enter reason if vaccine not administered)