



Department of Health and Mental Hygiene

State of Maryland

Garrett County Health Department

"Working Together for a Healthier Tomorrow"



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October 7, 2009

Dear Parents/guardians:

As you may have heard, a new influenza virus called the 2009 H1N1 influenza virus was first identified in the United States in late April 2009. The virus has caused illness ranging from mild to severe, including hospitalizations and deaths in adults and children. Many children have contracted 2009 H1N1 infection, and there have been large outbreaks in some schools across the country. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) has recommended that children and young adults aged 6 months through 24 years be vaccinated against 2009 H1N1 as soon as the vaccine is available. Other groups recommended to get the first available doses of the vaccine include:

- * Pregnant women
- * People who live with or care for children younger than 6 months of age
- * Health care and emergency medical services workers, and
- * People ages 25 through 64 years who have certain health conditions such as HIV, diabetes, or heart or lung disease.

Garrett County Health Department in partnership with the Garrett County Board of Education will be offering H1N1 vaccine programs at all the elementary, middle, and high schools. Children in the elementary schools will be provided intranasal vaccine, if medically eligible. Those children who are not medically eligible will need to obtain injectable vaccine, "a shot", either at their health care provider's office or at the local health department's community clinics. Children under the age of ten years of age are expected to need two doses of vaccine about a month apart. There will be no cost to you for this vaccine. The schedule for upcoming clinics will be available at a later date.

What you need to do to get your child vaccinated at the school clinic: 1) Fill out all three sections of the consent form, be sure to answer all questions; 2) Return the consent to your child's teacher by October 22, 2009. Consents with missing information will be rejected and your child will not receive H1N1 nasal spray vaccine that scheduled day. If you have any questions related to the consent form please call 301-334-7698 and leave a voice mail message so that a nurse may call you back.

If you have any questions about the vaccine or the vaccination clinics, please call 301-334-7698. Please visit the CDC's 2009 H1N1 influenza web site at <http://www.cdc.gov/h1n1flu/> and also <http://www.cdc.gov/h1n1flu/parents> for information especially for parents. Your child's health care provider can answer your questions about the 2009 H1N1 influenza virus, will be able to give your child the seasonal influenza vaccine, and may be able to give your child the 2009 H1N1 vaccine.

Sincerely,

Garrett County Health Department-Personal Health Staff

School Consent for 2009 H1N1 Influenza Intranasal Vaccine

Section 1: Information about Child to Receive Vaccine (PLEASE PRINT CLEARLY)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year _____	
PARENT / LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
STUDENT'S ADDRESS				STUDENT'S RACE (check all that apply)	
CITY		COUNTY		<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____	
STATE	ZIP	SCHOOL NAME	GRADE		
PARENT / GUARDIAN DAYTIME PHONE NUMBER:				STUDENT'S ETHNICITY Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with **2009 H1N1 influenza vaccine** (NOT SEASONAL INFLUENZA VACCINE), please tell us the number of doses and dates of vaccination.

- Dose 1 Date received: month _____ day _____ year _____ Form (please circle): nasal spray shot
- Dose 2 Date received: month _____ day _____ year _____ Form (please circle): nasal spray shot

The following questions will help us to know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

	YES	NO
1. Does your child have an allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other allergies? Please list:	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves (neurologic or neuromuscular), or blood?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your child pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "NO" to all of the questions above, your child can probably get the 2009 H1N1 influenza vaccine. If you answered "YES" to one or more of the questions, you should contact your child's healthcare provider or your local health department to discuss your options for vaccination.

If you answered "NO" to all of the questions above, please answer the following question.

	YES	NO
1. Has your child received any other vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: month _____ day _____ year _____	<input type="checkbox"/>	<input type="checkbox"/>

If you have any questions about the 2009 H1N1 influenza vaccine, call your child's healthcare provider or your local health department. Information is also available from the Maryland Department of Health and Mental Hygiene at www.dhmh.state.md.us/swineflu/ or at www.flu.gov.

All of the information that you have provided will be kept confidential. If you would like a copy of the Notice of Privacy Practices, it is available at www.hhs.gov/ocr/hipaa.

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION: By signing this form, I give permission for my child to be vaccinated and I agree that: <ul style="list-style-type: none"> The information above is correct. I have read the "2009 H1N1 Influenza Vaccine Information Statement" or someone has read it to me. I understand the risks and benefits of getting the H1N1 vaccine. Any questions I had about the vaccine have been answered. I have been offered a copy of the Notice of Privacy Practices. 	
Signature of Parent / Legal Guardian _____	Date: month _____ day _____ year _____

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator Location of Vaccination Clinic	Provider Number
2009 H1N1 Intranasal	/ /		MedImmune			

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/vis.

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.***

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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



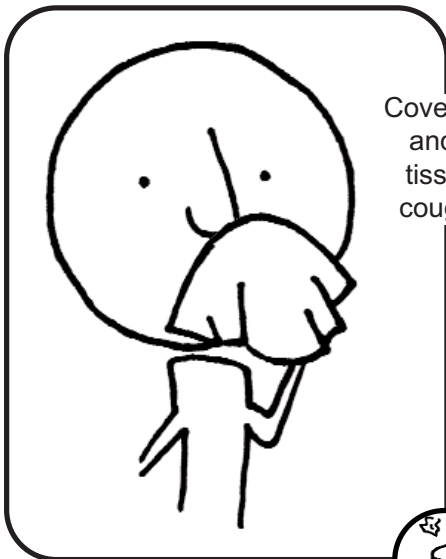
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



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

Stop the spread of germs that make you and others sick!

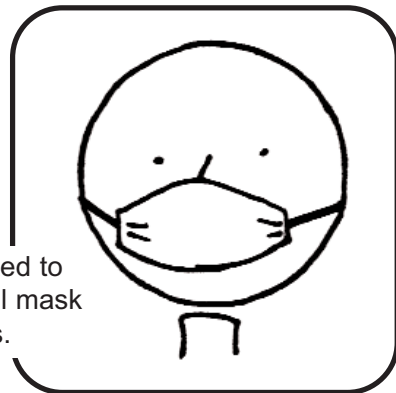
Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or cough or sneeze into your upper sleeve, not your hands.

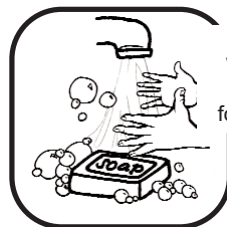
Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds or

clean with alcohol-based hand cleaner.



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