

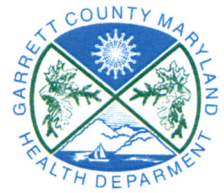


Public Health
Prevent. Promote. Protect.

Garrett County Health Department

"Working Together for a Healthier Tomorrow"

www.garretthealth.org



Rodney B. Glotfelty, RS, MPH, Health Officer
1025 Memorial Drive
Oakland, Maryland 21550

Jennifer Lee-Steckman, MSN, CNM
Director of Personal Health
1025 Memorial Drive
Oakland, MD 21550

September 1, 2011

Dear Parent or Guardian:

Influenza (flu) vaccine will be offered at all public elementary schools in Garrett County for children pre-kindergarten through fifth grade. This will be the 6th year this has been given in our schools. Those schools which have additional grades will also be offered vaccine.


Vaccine used in this project will only be nasal spray; Live Attenuated Influenza Vaccine [LAIV]; FluMist[®]. Injectable influenza vaccine will not be offered at the school.


If you would like your child to be vaccinated please review this packet, complete the attached consent form, and return it to your child's teacher by September 9th. Prior to returning the consent to the school, please take a couple of minutes to review the consent, ensure that all questions are answered, and that a parent or guardian signed the form. If the consent form is found to be incomplete your child will not receive vaccine. If you do not wish your child to receive FluMist[®] vaccine through this school project, please **DO NOT RETURN THE CONSENT FORM** or any of this paperwork to the school; you may just discard it.

Please review the attached Vaccine Information Statement for additional information regarding safety, risks, benefits and side effects of the vaccine. You may also consider talking with your health care provider or call the Garrett County Health Department FluMist[®] Hotline at (301)334-7698 or (301)895-3113 or visit www.garretthealth.org/clinicians/seasonal.htm for more information.

- What? – flu vaccine given by a nose spray
- Who? – elementary school children
- Where? – at each elementary school
- When? – see schedule on back
- Why? – prevent the flu and other serious health problems
- Actions required by the parent or guardian – If you wish your child to receive FluMist during this school project, return the completed consent form by September 9th, 2011 to your child's teacher

Sincerely,


Rodney Glotfelty, R.S., M.P.H.
Garrett County Health Department


Sue Waggoner, Interim Superintendent
Garrett County Board of Education

Toll Free Maryland DHMH 1-877-4MD-DHMH
TDD For Disabled Maryland Relay Service 1-800-735-2258

The schedule for administration of first doses is below:

Elementary School Influenza Schedule

Elementary School	Date	Time
Grantsville	09/26/11	9 AM
Rt. 40	09/26/11	1 PM
Kitzmilller	09/27/11	9 AM
Broad Ford	09/27/11	9 AM
Dennett Road	09/28/11	9 AM
Swan Meadow	09/28/11	1 PM
Yough Glades	09/29/11	9 AM
Crellin	09/29/11	1 PM
Accident	09/30/11	9 AM
Friendsville	09/30/11	1 PM

The schedule for the children who need second doses is listed below:

Elementary School	Date	Time
Grantsville	10/24/11	9 AM
Rt. 40	10/24/11	10:30AM
Kitzmilller	10/25/11	9 AM
Broad Ford	10/25/11	9 AM
Dennett Road	10/26/11	9 AM
Swan Meadow	10/26/11	11:30AM
Yough Glades	10/27/11	9 AM
Crellin	10/27/11	10:45AM
Accident	10/28/11	9 AM
Friendsville	10/28/11	10:45AM

Please return this form to the child's teacher by September 9th, 2011

Garrett County Health Department
 1025 Memorial Drive, Oakland, MD 21550

Office Use Only	
Reviewed by _____ / _____	
CHISIS # _____	
Circle the number of doses needed	
1	or 2

Consent Form for FluMist® (LAIV) Influenza Vaccine

Child's (or Vaccine Recipient's) Name: _____
 (Last Name) (First Name) (Middle Initial)

How old is your child? _____ School: _____ Teacher: _____ Grade: _____

Please mark **Yes** or **No** for each question

	Yes	No
1. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the person to be vaccinated ever receive seasonal influenza vaccine?	<input type="checkbox"/>	<input type="checkbox"/> No/Not sure
3. Did the person to be vaccinated ever receive two doses of seasonal influenza vaccine in the same year?	<input type="checkbox"/>	<input type="checkbox"/> No/Not sure
4. Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist®) or other vaccines in the past?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the person to be vaccinated have a long-term health problem such as heart disease, lung disease, asthma, reactive airway disease, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
6. If the person to be vaccinated is under age 5, has a healthcare provider ever told you that he/she has had recurrent wheezing or asthma within the past year?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as steroids, or cancer treatment with x-rays or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the person to be vaccinated receiving aspirin therapy or aspirin-containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the person to be vaccinated ever had Guillain-Barre (neurologic) syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in a protective environment?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the person to be vaccinated received any other vaccines in the past 4 weeks? If yes, vaccine(s) _____ Date: ____ / ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
_____ Date: ____ / ____ / ____		

Please be sure to complete all the information on the top half of the page on the other side of this form.

Please return this form to the child's teacher by September 9th, 2011

I certify that I have received a copy of, read, or had explained to me, and understand the current CDC Vaccine Information Statement, entitled "Live Intranasal Influenza Vaccine (LAIV) .

All of the information that I have provided above is true and complete to the best of my knowledge, information, and belief. Any questions that I had that are relevant to my decision to grant or withhold consent to the VACCINE have been answered to my satisfaction. I understand and have fully considered the risks, possible side effects, and the potential benefits of LAIV vaccine for the individual named below. My signature below indicates **that I am granting to the Garrett County Health Department and its authorized clinic staff my permission and informed consent to administer LAIV vaccine to the person named below.** I understand that one or two doses may be necessary depending on the person's previous immunization history based on answers selected on the other side of this form. If a second dose is necessary, this will be administered at the school approximately four weeks after the first dose.

(Please print)

(Child's Last Name) (First Name) (Middle Initial)

Parent or Vaccine Recipient's Signature

Street Address

Parent Name (Please print)

City State Zip

Today's Date

Date of Birth Age

() - _____
Telephone Number (Home)

() - _____
Telephone Number (Daytime)

For Office Use Only-Clinic Personnel to Complete

Recommended Vaccine: FluMist® 2nd Dose Needed- Yes No

Dose 1 given (date) _____ / _____ / _____ Lot Number _____

Administered by _____

Dose 2 given (date) _____ / _____ / _____ Lot Number _____ Not Applicable

Administered by _____

Comments: _____

LIVE, INTRANASAL INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2011-12

Vaccine Information Statements are available in Spanish and many 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.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

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

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

2 Live, attenuated influenza vaccine - LAIV (nasal spray)

There are two types of influenza vaccine:

1. **Live, attenuated** influenza vaccine (LAIV) contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils.
2. **Inactivated** (killed) influenza vaccine, the “flu shot,” is given by injection with a needle. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the vaccination. Protection lasts about a year.

LAIV does not contain thimerosal or other preservatives.

3 Who can receive LAIV?

LAIV is recommended for healthy people **2 through 49 years of age**, who are not pregnant and do not have certain health conditions (see #4, below).

4 Some people should not receive LAIV

LAIV is not recommended for everyone. The following people should get the inactivated vaccine (flu shot) instead:

- **Adults 50 years of age and older or children from 6 through 23 months of age.** (Children younger than 6 months should not get either influenza vaccine.)
- Children younger than 5 years with asthma or one or more episodes of wheezing within the past year.
- Pregnant women.
- People who have long-term health problems with:
 - heart disease
 - kidney or liver disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- Anyone with certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone with a weakened immune system.
- Anyone in close contact with someone whose immune system is so weak they require care in a protected environment (such as a bone marrow transplant unit). *Close contacts of other people with a weakened immune system (such as those with HIV) may receive LAIV. Healthcare personnel in neonatal intensive care units or oncology clinics may receive LAIV.*
- Children or adolescents on long-term aspirin treatment.

Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.

Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.

Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

Tell your doctor if you have gotten any other vaccines in the past 4 weeks.

Anyone with a nasal condition serious enough to make breathing difficult, such as a very stuffy nose, should get the flu shot instead.

People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

5 When should I receive influenza vaccine?

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

Influenza vaccine may be given at the same time as other vaccines.

6 What are the risks from LAIV?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Live influenza vaccine viruses very rarely spread from person to person. Even if they do, they are not likely to cause illness.

LAIV is made from weakened virus and does not cause influenza. The vaccine can cause mild symptoms in people who get it (see below).

Mild problems:

Some children and adolescents 2-17 years of age have reported:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- If rare reactions occur with any product, they may not be identified until thousands, or millions, of people have used

it. Millions of doses of LAIV have been distributed since it was licensed, and the vaccine has not been associated with any serious problems.

The safety of vaccines is always being monitored. For more information, visit:

www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html
and
www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

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 doctor 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 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

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.

9 How can I learn more?

- Ask your doctor. 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/flu



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



Vaccine Information Statement (Interim)
Live, Attenuated Influenza Vaccine (7/26/11) U.S.C. §300aa-26