

## Catoosa County Health Department

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### Public Health

Prevent. Promote. Protect

### Catoosa County Board of Health

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The Catoosa County Health Department is excited to let you know we will again be offering **Influenza Vaccine** to the students of Catoosa County Schools. This vaccine is being offered through a grant from the Georgia State Immunization Program. Last year we administered 1,600 doses of influenza vaccine to our students.

We will be billing the cost of administering the vaccine to Medicaid, Peachcare, Blue Cross Blue Shield PPO of any state, Aetna and State Health Benefit Plan (SHBP) (United Health Care and Cigna). For those students who do not have insurance or who have another insurance carrier the administration cost will be waived.

The vaccine will be administered during the school day by a Public Health Nurse. If you want your student to receive the Influenza Vaccine please complete the consent form on the back of this letter and return this form promptly to school. **If you are not interested in your student receiving the Influenza Vaccine simply DO NOT return the form.** For your student to receive the vaccine, please answer ALL questions. If you have any questions, please contact the Health Department at 706-406-2000.

We will be administering the Live Influenza (Flu Mist) vaccine\*. This vaccine is recommended for healthy people age 2 through 49 years, who are not pregnant and do not have certain health conditions. Please review the Vaccine Information Statement that is attached to see if your student qualifies for the Flu Mist. Please keep the Vaccine Information Statement (VIS) attached. If you would prefer being present while the vaccine is administered please check with your school nurse to find out the date and time we will be at your school.

Please complete the consent form on the back of this letter and return the consent form to school with your student. You will know when your student received their Flu Mist because we will stamp your student's hand with a Sunshine stamp.

**\*Your student may not have the nasal mist if he or she has asthma/recurrent wheezing, if he/she is on long term aspirin therapy or has a lowered immune system. Ask your school nurse for an injectable consent form (blue form). We do have a limited number of inactivated/injectable influenza doses to administer for those students who are unable to take the Flu Mist.**

I have reviewed section 3 of the VIS statement attached to this letter. My student is unable to take the Live/Flu Mist for the following reason \_\_\_\_\_. [If your student is unable to receive the Flu Mist please request a consent form for the injectable Influenza vaccine (blue form) from your school nurse.]

It is recommended for students under age 8 to receive 2 doses of influenza in some circumstances. These doses are recommended to be separated by at least one month. **If** it is recommended for your student to receive a second dose we will notify you by sending you a letter and you will be asked to complete another consent form.

In an effort to minimize paperwork a copy of the Notice of Privacy Policy is not being included in your packet. A copy of this policy is available at the Catoosa County Health Department. If you would like to request a copy of this policy please call or come by the Health Department. We would be glad to forward you a copy by mail.





## 2013-14 School Based Influenza Vaccine Consent Form Catoosa County Health Department

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

STUDENT'S NAME (Last)	(First)	(M.I.)	TEACHER
STUDENT'S DATE OF BIRTH (mm/dd/yyyy)		GENDER: M / F	PARENT/ LEGAL GUARDIAN'S NAME
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/ GUARDIAN PHONE NUMBER(S)
HOME ADDRESS			Provide the insurance information for the insurance provider selected <b>AND</b> attach a copy of the insurance card to this form  Policy Holder Name _____ Policy Holder DOB _____ Group# _____ Member ID # _____
CITY	STATE	ZIP CODE	
<b>INSURANCE INFORMATION: Do you have Insurance that covers vaccines?</b> <input type="checkbox"/> Yes / <input type="checkbox"/> No <b>Please check health insurance provider below:</b> <input type="checkbox"/> State Health Benefits Plan United Healthcare <input type="checkbox"/> Medicaid <input type="checkbox"/> State Health Benefits Plan Cigna <input type="checkbox"/> Peachcare <input type="checkbox"/> Blue Cross Blue Shield PPO <input type="checkbox"/> No Insurance <input type="checkbox"/> Aetna <input type="checkbox"/> Other _____			

### 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?	<b>DATE:</b>	
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. Does the child use an inhaler or receive breathing treatments for asthma or a wheezing condition?	Yes	No
6. Is the student on long term aspirin or aspirin-containing therapy (For example: does the student take aspirin everyday)	Yes	No
7. Does the student have any significant or chronic (long term) health conditions? (For example: diabetes, sickle cell disease, heart conditions, lung conditions, seizure disorders, cerebral palsy, muscle or nerve disorders)	Yes	No
8. Does the student have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	Yes	No
9. Is the student or could the student be pregnant?	Yes	No
10. Has the student ever had Guillain-Barre Syndrome (GBS)?	Yes	No

### Section 3: Consent: 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 Catoosa 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. The NOTICE of PRIVACY POLICY FORM is available. 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:** \_\_\_\_\_

FOR CLINIC USE ONLY			
<b>Intranasal Influenza Vaccine 2013-2014</b> Administration Route: <input type="checkbox"/> Intranasal	<b>VIS 7-26-2013</b>	<b>Inactivated Influenza Vaccine 2013-2014</b> Administration Route: <input type="checkbox"/> IM/LD <input type="checkbox"/> IM/RD	<b>VIS 7-26-2013</b>
<b>VFC MCH Private Pay</b> Signature of Nurse: _____ _____ <b>Date:</b> _____	<b>VFC MCH Private Pay</b> Signature of Nurse: _____ _____ <b>Date:</b> _____	Entry Clerk Initial: _____ _____ <b>Date:</b> _____	Entry Nurse Initial: _____ _____ <b>Date:</b> _____



# Influenza Vaccine

## What You Need to Know

(Flu Vaccine, Live,  
Intranasal)

2013-2014

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

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

Flu is caused by the influenza virus, and can be spread by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

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

Flu can make some people much sicker than others. These people include 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. Flu vaccine is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

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

**Flu vaccine** is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

### 2 Live, attenuated flu vaccine — LAIV, Nasal Spray

There are two types of influenza vaccine:

You are getting a **live, attenuated influenza vaccine** (called LAIV), which is sprayed into the nose.

“Attenuated” means weakened. The viruses in the vaccine have been weakened so they can’t make you sick.

A different vaccine, the “flu shot,” is an **inactivated** vaccine (not containing live virus). It is given by

injection with a needle. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccine is recommended every year. Children 6 months through 8 years of age should get two doses the first year they get vaccinated.

Flu viruses are always changing. Each year’s flu vaccine is made to protect from viruses that are most likely to cause disease that year. While flu vaccine cannot prevent all cases of flu, it is our best defense against the disease. LAIV protects against 4 different influenza viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are **not** caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

LAIV may be given to people **2 through 49 years of age**, who are not pregnant. It may safely be given at the same time as other vaccines.

LAIV does not contain thimerosal or other preservatives.

### 3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe (life-threatening) allergies**, including an allergy to eggs. 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 should not get a dose.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you have gotten any other vaccines in the past 4 weeks, or if you are not feeling well.** They might suggest waiting. But you should come back.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



- **You should get the flu shot instead of the nasal spray if you:**
  - are pregnant
  - have a weakened immune system
  - have certain long-term health problems
  - are a young child with asthma or wheezing problems
  - are a child or adolescent on long-term aspirin therapy
  - have close contact with someone who needs special care for an extremely weakened immune system
  - are younger than 2 or older than 49 years. (Children 6 months and older can get the flu shot. Children younger than 6 months can't get either vaccine.)

The person giving you the vaccine can give you more information.

## 4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare. LAIV is made from weakened virus and **does not cause flu.**

**Mild problems** that have been reported following LAIV:

*Children and adolescents 2-17 years of age:*

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

*Adults 18-49 years of age:*

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

**Severe problems** that could follow LAIV:

- A severe allergic reaction could occur after any vaccine (estimated less than 1 in a million doses).

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://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 behavior changes.

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 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do 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](http://www.hrsa.gov/vaccinecompensation).

## 7 How can I learn more?

- Ask your doctor.
- 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](http://www.cdc.gov/flu)

Vaccine Information Statement (Interim)  
Live Attenuated Influenza Vaccine

07/26/2013

42 U.S.C. § 300aa-26

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