



Clinton Public Schools

January 20, 2010

Dear Parents/Guardians:

Clinton Public Schools will be offering two H1N1 vaccination clinics as follows:

at The Morgan School on Monday, January 25, 2010, from 1:00 – 6:00 PM
and

at Lewin G. Joel Jr. Elementary School on Tuesday, February 2, 2010, from 3:30
– 6:30 PM.

Clinics are open to Clinton students and members of their family; you may attend whichever clinic is most convenient for you. The vaccine is provided free of charge.

If you, a member of your family, and/or your child would like to receive the vaccine, please complete the attached consent form for each participating member of your family and return it to the school where you will be attending the clinic or bring the form with you. Any student under the age of 18 must have a form signed by a parent or guardian. Vaccinations will be administered by the Connecticut River Area Health District (CRAHD) and will occur on a first-come/first-serve basis. Parents who would like to be present when their child receives the vaccine may accompany their child after school. Please send a note attached to your form indicating that you would like to be present, and we will hold your child's vaccine until after school.

Attached is the information about the nasal spray and the flu shot. Both options for the vaccination are available. If your child can get either form of the vaccine, we will give the nasal version unless you provide a signed note that you want your child to receive the shot version and attach it to the form.

Should you have questions about the vaccine, please call the Connecticut River Area Health District at 860-661-3300.

Sincerely,

Jack Cross
Superintendent of Schools

2009 H1N1 INFLUENZA VACCINE

LIVE, ATTENUATED
(the nasal spray vaccine)

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 (sometimes 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 virus is a new virus strain. 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 protection from seasonal flu.*

Live, attenuated intranasal vaccine (or LAIV) is sprayed into the nose. **This sheet describes the live, attenuated intranasal vaccine.**

An **inactivated** vaccine is also available, which is given as a shot. It is described in a separate sheet.

The 2009 H1N1 LAIV does not contain thimerosal or other preservatives. It is licensed for people from 2 through 49 years of age.

The vaccine virus is attenuated (weakened) so it will not cause illness.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

LAIV is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see number 5 below). Groups recommended to receive 2009 H1N1 LAIV first are healthy people who:

- are from 2 through 24 years of age,
- are from 25 through 49 years of age and
 - live with or care for infants younger than 6 months of age, or
 - are health care or emergency medical personnel.

As more vaccine becomes available, other healthy 25 through 49 year olds should also be vaccinated.

Note: While certain groups should not get LAIV – for example pregnant women, people with long-term health problems, and children from 6 months to 2 years of age – it is important that they be vaccinated. They should get the flu shot.

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 LAIV 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.

2009 H1N1 LAIV should not be given to the following groups.

- children younger than 2 and adults 50 years and older
- pregnant women,
- anyone with a weakened immune system,
- anyone with a long-term health problem such as
 - heart disease - kidney or liver disease
 - lung disease - metabolic disease such as diabetes
 - asthma - anemia and other blood disorders
- children younger than 5 years with asthma or one or more episodes of wheezing during the past year,
- anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit),
- children or adolescents on long-term aspirin treatment.

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.

Tell your doctor if you 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.

2009 H1N1 LAIV may be given at the same time as most other vaccines. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month. H1N1 LAIV and seasonal LAIV should not be given together.

6 What are the risks from 2009 H1N1 LAIV?

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 risks from 2009 H1N1 LAIV are expected to be similar to those from seasonal LAIV:

Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- 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 to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- In 1976, an earlier type of inactivated swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). LAIV has not been 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 LAIV

10/2/09

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.***

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.
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- Visit the web at www.flu.gov



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



Influenza A (H1N1) Public Provider Vaccination Administration Record

PRINT in capital letters as shown here

EXAMPLE 1 2 3

Mark boxes like this:



If you make a mistake,
DARKEN the entire box
and "X" the correct one:

Darken like this:

Not like this:

Personal Information: Provide information as completely as you can. All information will be kept confidential.

1. First Name of person receiving vaccination

2. Last Name of person receiving vaccination

Home address of person receiving vaccine

3. Street Number

4. Street Name

5. Apt No.

6. City/Town

7. State

8. Zip Code

9. Phone number where we can reach you or parent/guardian (if child) -

10. DOB (mm/dd/yyyy) / /

11. Age (years) 12. Months If person receiving vaccine is <1 year old, please give age in months.

13. Race White Black or African American Asian Other (optional) American Indian or Alaskan Native Native Hawaiian or Pacific Islander

14. Hispanic or Latino? (optional) Yes No

15. Gender Male Female

Screening Questions: please complete if you are receiving vaccine or have parent/guardian complete for a minor child. FILL IN CIRCLE

16. Does the person receiving vaccine (adult or child) live in a household with a child less than 6 months of age? Yes No

17. Is the person receiving vaccine (adult or child) pregnant or think they might be pregnant? Yes No

18. Is the person receiving vaccine (adult or child) allergic to eggs, thimerosal or other vaccine components? Yes No

19. Has the person receiving vaccine (adult or child) ever had a serious reaction to any vaccine? Yes No

20. Has the person receiving vaccine (adult or child) ever been diagnosed with Guillain-Barre Syndrome within 6 weeks of a previous influenza vaccination? Yes No

21. Is the person receiving vaccine (adult or child) sick with a fever today? Yes No

22. Does the person receiving vaccine (adult or child) have any of the following medical conditions? **PUT AN 'X' IN EACH BOX THAT APPLIES, if none leave blank**

Asthma Cancer Heart Disease Kidney Disease Lung Disease

Blood Disorder Diabetes Immune Disorder Liver Disease Neurological Disease

For persons receiving LAIV (live virus vaccine) only (if not receiving LAIV, skip to consent and leave blank): FILL IN CIRCLE

23. Does the person receiving vaccine (adult or child) have cancer, leukemia, AIDS, or any other immune system problem, or take cortisone, prednisone, other steroids, or anticancer drugs, or have they had radiation treatments or received a transfusion of blood/blood products or been given immune (gamma) globulin drugs in the past year? Yes No

24. If a child or adolescent, is the person receiving vaccine on long term aspirin therapy? Yes No

25. Has the person receiving vaccine (adult or child) taken antivirals within 48 hours prior to this visit or have they received a vaccine in the past 4 weeks? Yes No

PLEASE READ THE FOLLOWING AND SIGN BELOW. PARENT/GUARDIAN please sign for minor child and print your first and last names in the boxes below.
I have received the Influenza A (H1N1) Monovalent Vaccine Information Statement. I have had a chance to ask questions and I understand the benefits and risks of the vaccine. I request that the vaccination be given to me (or to the person for whom I am authorized to make this request). I authorize the release of any medical or other information necessary to process the insurance claim or for other public health purpose. I have received a copy of the Notice of Privacy Practices.

26. First Name of Parent/Guardian if child

27. Last Name of Parent/Guardian if child

28. Signature of person receiving vaccine or parent/guardian if a minor

Once you sign the consent, you may stop. The person giving you the vaccine will complete the rest of the form.

STOP - DO NOT WRITE BELOW THIS LINE (vaccine administrator completes this section)

29. Insurance Information Needed? Yes No

30. Insurance Company

31. Insurance ID No.

32. First and Last Name of Policy Holder (PLEASE PRINT)

33. Vaccine 34. VIS publication date / /

35. If vaccine label available, place in box to the right. If no label completed information below (#40 - 42).

36. Manufacturer Sanofi Pasteur GlaxoSmithKline CSL Biotherapies Novartis MedImmune

37. Lot Number

38. Expiration date / /

39. Dose # 1 2 40. Dosage 0.2 ml (LAIV only) 0.25 ml 0.50 ml 41. Site RD RT LD LT Intranasal

42. Date Vaccine Administered (mm/dd/yyyy) / / 43. MVA # 44. PIN 45. Screener Initials 46. Signature of person administering the vaccine

47. Name and Title of person who administered vaccine Note: please sign above

48. Location or Clinic Name

Street Number Street Name

City State Zip Code

