

ATTENTION PARENT OR GUARDIAN:

**IMPORTANT INFORMATION
CONCERNING FLU VACCINATIONS FOR YOUR CHILD**

The flu shot clinic for your child's school is scheduled for the date given below:

**Clinic Date: Monday, October 23, 2017
Return the consent form to the school by
Monday, October 16, 2017**

**TO HAVE YOUR CHILD VACCINATED, FILL OUT BOTH SIDES OF THE
CONSENT FORM.**

**Children are at higher risk for the flu because their immune
systems are not fully developed.**

**Children with chronic health conditions are at even higher risk
of getting the flu and experiencing complications.**

**PROTECT YOUR CHILD AND OTHERS FROM THE FLU...
GET VACCINATED!**



www.kchd.wv.org

KANAWHA-CHARLESTON HEALTH DEPARTMENT

108 Lee Street, East / PO Box 927

Charleston, WV 25323-0927

(304) 344-KCHD (5243)

Michael Brumage, MD, MPH, FACP
Executive Director/Health Officer

September 1, 2017

Dear Parent or Guardian:

The Kanawha-Charleston Health Department and Kanawha County Schools are partnering to offer the seasonal influenza (flu) vaccination in schools this fall. This year will be the ninth consecutive year Kanawha-Charleston Health Department has held vaccination clinics at every Kanawha County school for grades K – 12.

Influenza vaccination is the best way to protect your family from this potentially serious disease.

The Centers for Disease Control and Prevention recommend that every person more than 6 months receive the flu vaccine unless there are valid medical reasons for not receiving the vaccine. Our goal is to give every family in Kanawha County an opportunity to be protected against flu through their medical provider or the school clinics.

If your child is covered by a health insurance plan, please complete the insurance information on the registration form provided. **The Health Department can bill most insurance plans, including Medicaid and CHIP, for the flu vaccination.** If your child is not covered by health insurance, your child may be eligible for the Vaccines for Children's (VFC) program. The flu vaccine provided by the health department is preservative free. Please follow the easy steps outlined below if you would like to have your child vaccinated at school.

KCHD will also be holding flu vaccination clinics at many community locations throughout Kanawha County and at the health department. We look forward to another successful school flu vaccination campaign. Thank you for joining our mission to make Kanawha County a safer, healthier community.

Sincerely,

Michael Brumage, MD, MPH, FACP
Kanawha County Health Officer

Sincerely,

Ronald Duering, Ed.D
Superintendent, Kanawha County Schools

**TO GIVE CONSENT FOR YOUR CHILD TO RECEIVE AN INFLUENZA VACCINATION
FOLLOW THESE STEPS:**

Step 1: Review information for the flu vaccine.

Step 2: Fill out BOTH the front and back of the consent/screening form. **YOUR signature is required for consent.**

Step 3: Return the registration form to your school by the deadline date.

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and 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 that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

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

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

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

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**
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 may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- **If you ever had Guillain-Barré Syndrome (also called GBS).**
Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.**
It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

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

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

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

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

VAERS does 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. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she 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

Vaccine Information Statement
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only



**KANAWHA-CHARLESTON HEALTH DEPARTMENT
108 Lee Street, East, Charleston WV 25301
2017 – 2018 Seasonal Influenza Vaccine**

**** PLEASE PRINT CLEARLY ****

Student's Name _____		
(Last)	(First)	(Middle)
Current Address _____		
(Street Address)	(City)	(State) (Zip)
Parent/Guardian Phone #s: Home _____	Cell _____	Work _____
Date of Birth _____	Age _____	Gender <u>M / F</u> Race _____ Last 4 digits SS# _____
Month//Day/Year		(optional)
School Name _____	Grade _____	Teacher/Homeroom _____

FLU SHOT SCREENING FORM

Please review the Vaccine Information Sheet **BEFORE** completing this form. On the day of the vaccination clinic, If the child is ill with a fever, the nurse may decide to postpone the vaccination. Form must be completed by a parent or legal guardian.

	YES	NO
1. Has your child ever received a Seasonal flu vaccine before? a. If YES, has your child received the shot _____ or intranasal _____ or both _____ b. If NO, your child has never had a flu vaccine, does he/she have any allergies? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your child have a reaction to an Seasonal flu vaccine before? a. If YES, Describe _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever been paralyzed with a disease called Guillain-Barré Syndrome (GBS)? a. If YES, Describe _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a severe allergy to eggs ? a. If YES, check with your doctor to see if your child can receive the flu vaccine.	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child have an allergy to latex ? a. If YES, Describe _____	<input type="checkbox"/>	<input type="checkbox"/>

School Nurse Signature _____ Date _____

PLEASE TURN PAGE OVER AND COMPLETE THE OTHER SIDE

