

To: Parents

From: Wendy Davis, MD Commissioner of Health  
Armando Vilaseca, Commissioner of Education

Re: H1N1 Vaccinations in School

Date: October 5, 2009

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The Centers for Disease Control & Prevention (CDC) has recommended that children age 6 months through 24 years, in addition to other groups of people, be vaccinated against the new H1N1 influenza virus (often referred to as swine flu) as soon as vaccine is available. As you may have heard, this new influenza virus has caused illness ranging from mild to severe, and has caused both adults and children to be hospitalized. Because children do not have immunity to this virus, they have been most affected by it and are considered at high risk of infection.

Vaccination is the best way to protect your child from this potentially serious disease. Please remember that vaccination for this or any flu is voluntary, NOT mandatory.

To provide this protection, the Vermont Department of Health is working in collaboration with the Vermont Department of Education and your child's school to offer the new H1N1 influenza vaccine at school. Clinics will be held this fall for students enrolled in your child's school, children enrolled in pre-school if there is one located in your child's school, and to home-schooled students who are part of your school district. Some school staff may also be eligible. Your school will let you know when the clinic dates are set.

The vaccine is being provided free of charge. Children under 10 years old will need two doses of vaccine, spaced four weeks apart. All others will need one dose. Only vaccine that does not contain live viruses will be administered in the school clinics.

Enclosed are an *H1N1 Vaccine Information Statement* and an *H1N1 Influenza Vaccine Consent Form*. After you review the information statement, please complete the H1N1 Influenza Vaccine Consent Form, whether or not you want your child vaccinated, and return it to school by October 14.

**Vaccine will only be given to your child with your written consent.** If you have any questions about the vaccine, please call your child's health care provider or school nurse. For more information just for parents, visit CDC's novel H1N1 influenza web site at <http://www.cdc.gov/h1n1flu/parents/>

# 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](http://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](http://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](http://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](http://www.cdc.gov/h1n1flu) or [www.cdc.gov/flu](http://www.cdc.gov/flu)
- Visit the web at [www.flu.gov](http://www.flu.gov)



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



# 2009 H1N1 Influenza Vaccine Consent Form -Children

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

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 Male          Female
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP	Home or Work: (      ) Cell: (      )		
SCHOOL NAME		CLINIC LOCATION		GRADE	TEACHER NAME

## Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with 2009 H1N1 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 know if your child can get the 2009 H1N1 influenza vaccine. Please mark **YES** or **NO** for each question.

If you answer "**NO**" to all five of the following questions, your child can probably get the influenza vaccine. If you answer "**YES**" to one or more of the following five questions, your child may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have serious allergies to neomycin, gentamicin, thimerosal, gelatin or arginine or polymyxin B sulfate? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious 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. Is your child receiving aspirin or aspirin-containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3: Consent

### CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits. I understand that the vaccine may contain thimerosal.

**I GIVE CONSENT** to the Vermont Department of Health, and staff working on its behalf, to vaccinate my child named at the top of this form with the H1N1 vaccine. (If this consent form is not signed, dated and returned to your child's school, then your child will not be vaccinated at school).

Signature of parent/legal guardian: \_\_\_\_\_  
Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

**I DO NOT GIVE CONSENT** to the Vermont Department of Health, and staff working on its behalf, to vaccinate my child named at the top of this form with the H1N1 vaccine.

Signature of parent/legal guardian \_\_\_\_\_  
Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

## Section 4: Vaccination Record

### FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number	Body Site	Lot Number	Manufacturer	Date VIS given	Name and Title of Vaccine Administrator
2009 H1N1	/ /	IM	<input type="checkbox"/> 1st	<input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RT <input type="checkbox"/> LT				
2009 H1N1	/ /	IM	<input type="checkbox"/> 2d	<input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RT <input type="checkbox"/> LT				

**Please return this form to school whether or not you want your child to be vaccinated.**

# 2009 H1N1 Influenza Vaccine Consent Form - **Adult**

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

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH month____ day____ year____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS			CLINIC LOCATION	
CITY	STATE	ZIP		

## Section 2: Screening for Vaccine Eligibility

**If you have already been vaccinated with 2009 H1N1 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 know if you can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question. If you answer “NO” to all five of the following questions, you can probably get the influenza vaccine. If you answer “YES” to one or more of the following five questions, you may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.**

	YES	NO
1. Do you have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have serious allergies to neomycin, gentamicin, thimerosal, gelatin or arginine or polymyxin B sulfate? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you 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. Are you receiving aspirin or aspirin-containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3: Target Group

**Please place a check in the box next to the group that best describes you. Check only one box.**

<input type="checkbox"/> Pregnant woman	<input type="checkbox"/> Person who lives with or provides care for infants aged < 6 month (parents, siblings, childcare provider)
<input type="checkbox"/> Healthcare and emergency medical services personnel	<input type="checkbox"/> Person aged 6 months-24 years
<input type="checkbox"/> Person aged 25-64 years with medical condition that puts you at higher risk for influenza-related complications	

## Section 4: Consent

### CONSENT FOR VACCINATION:

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits. I understand that the vaccine may contain thimerisol.

**I GIVE CONSENT** to the Vermont Department of Health, and staff working on its behalf, to vaccinate me with the H1N1 vaccine.

Signature of person to be vaccinated: \_\_\_\_\_

Date: month\_\_\_\_\_ day\_\_\_\_\_ year\_\_\_\_\_

## Section 5: Vaccination Record

### FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number	Body Site	Lot Number	Manufacturer	Date VIS given	Name and Title of Vaccine Administrator
2009 H1N1	/ /	IM	<input type="checkbox"/> 1st	<input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RT <input type="checkbox"/> LT				
2009 H1N1	/ /	IM	<input type="checkbox"/> 2d	<input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RT <input type="checkbox"/> LT				