

McClain County
Health Department

October 16, 2017

Dear Parent/Guardian:

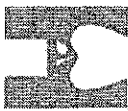
Influenza (flu) season is already here. Keeping students and teachers healthy and in school is important for their education. Avoiding missed days of school means avoiding missed lessons. Children can be sick with the flu for a week or more. Additionally, flu in children can be serious and can cause: fever, headache, extreme fatigue, and body aches. Children with underlying health conditions such as asthma or diabetes may become ill enough to require hospitalization. Children are often the main source of flu infection for everyone else, spreading the flu to other classmates, family members, and the community.

The single best way to help prevent the spread of flu is flu vaccination. As part of a collaboration between the McClain County Health Department and the Chickasaw Nation of Oklahoma, a school flu vaccination program is available this year which will provide voluntary flu vaccinations at no charge to school staff and students (native and non-native). This program would not be possible without the support of the Chickasaw Nation of Oklahoma.

Health department nurses will be at Washington schools on **Friday, November 3rd from 8:30 am – 11:30 am**. **Attached you will find a consent form that must be completed and returned by November 1st in order for your child to receive a flu vaccine.** We will be unable to immunize anyone without a completed consent form. Also provided is a vaccine information sheet on Influenza Vaccine. Only injectable flu vaccine will be provided for ages 5 and up (nasal mist will not be available).

If you have any questions, please contact the McClain County Coordinating Nurse, Angie Strawderman at 527-6541.

Sincerely,
Keith Reed, RN, MPH, CPH
Regional Director,
Cleveland and McClain County Health Departments



**Oklahoma State Department of Health/Chickasaw Nation
Influenza Vaccination Partnership**



Last Name: _____ **First Name:** _____ **MI:** _____ **Date of Service:** _____

Date of Birth: _____ **Gender:** Male Female **Race (circle all that applies)**
 1 - Black
 2 - Hispanic
 3 - Asian/Pacific Islander
 4 - American Indian/Alaskan Native
 5 - White

Mothers Maiden Name: _____ **City:** _____ **State:** _____ **Zip:** _____

Address: _____

Phone 1: _____ **HOME** **Phone 2:** _____ **CELL**

(For children only) Parent/Guardian Last Name _____ **First Name:** _____

Please circle one: Private Insurance (Policy/Group #): _____ Medicare (# including letter): _____
 Medicaid (#): _____ No Insurance _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is the person to be vaccinated sick today? YES NO
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine? YES NO
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? YES NO
4. Has the person to be vaccinated ever had Guillain-Barré Syndrome within 6 weeks after receiving a flu vaccine? YES NO
5. My child may receive this vaccine without my presence. I understand if my child is not cooperative, the vaccine will not be administered. YES NO

I have read or had explained to me the information contained in the 2017-2018 Vaccine Information Sheet for the 2017 influenza seasonal vaccine. I have had the chance to ask questions which have been answered to my satisfaction. I understand the benefits and risks of the seasonal influenza vaccine and consent to receive the seasonal influenza vaccine for myself or my child (if applicable). I understand that this vaccination will be recorded in the Oklahoma State Immunization Information System (OSIIS). If this vaccination is provided to my child in a childcare/school setting, I give my consent for Oklahoma State Department of Health/ Chickasaw Nation to administer Influenza Vaccine to my child and disclosure of this vaccination information to the childcare/school setting.

Signature: _____ **Date:** _____ **Time:** _____

OFFICE USE ONLY - DO NOT WRITE BELOW

Vaccine: _____ **Lot #** _____ **Nurse (Print Name):** _____ **Signature:** _____
VFC Vaccine: _____ **Lot #** _____ **Date/Time:** _____
Site Given: RVL=1 LVL= 2 RD = 3 LD = 4

VACCINE INFORMATION STATEMENT

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.



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

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

