



City of Milford, Connecticut

~ Founded 1639 ~

HEALTH DEPARTMENT

A. Dennis McBride, M.D., M.P.H.
Health Director

Telephone: (203) 783-3285

FAX: (203) 783-3286

e-mail: admcbride@ci.milford.ct.us

November 4, 2009

Dear Parent/Guardian,

The Milford Health Department is working closely with Milford Public Schools to schedule H1N1 (also known as “swine flu”) vaccination clinics in Milford Public and Private Schools in the near future.

The dates of the vaccination clinics have not been established at this time, as dates are dependent on the amount and type of vaccine received through the Connecticut Department of Public Health. However, you are being asked to complete the attached consent form and return it to the Main Office at your school no later than November 9, 2009 to register your child to receive the H1N1 vaccine at school when vaccine becomes available.

Due to the limited supply of vaccine at this time, school clinics will initially be targeted towards priority groups as recommended by the Centers for Disease Control and Prevention (CDC). The priority groups for school vaccination clinics are as follows:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Children age 5 through 18 years with high risk medical conditions (see attached consent form)

Clinics for high school students will be scheduled during the school day without parental presence for those students who submit signed consent forms by the deadline. Middle school and elementary school clinics, at which parents/guardians are expected to accompany their children, will be held after school. Though we have not determined exact dates for clinics at this time, the following is a tentative schedule:

GRADE LEVEL	DATES
High Schools	Beginning November 13, 2009
Middle & Elementary Schools	Beginning November 19, 2009

Please note this schedule is dependent on vaccine availability. We expect to have enough vaccine to cover students within the priority groups. However, if vaccine supply is initially limited, students who have submitted the consent forms by November 9th and are within the priority groups will be randomly selected to receive vaccine. Those remaining priority group students who cannot be scheduled for the initial clinic will be scheduled for later clinics as vaccine becomes more readily available.

Please note that H1N1 vaccine is also being distributed to physicians within the community. As such, you are encouraged to contact your child’s primary care physician to determine if your child may be able to obtain the vaccine through your provider’s office.

If you are interested in having your child vaccinated at school, please complete the attached consent form. Also attached is the Vaccine Information Sheet for the injectable H1N1 vaccine. **All consent forms must be returned to the Main Office at your school no later than Monday, November 9, 2009.**

Should you have questions regarding the consent form or the vaccine, please contact the school nurse.

Thank you for helping us to keep our schools as healthy as possible for all students and staff.

Sincerely,



A. Dennis McBride, MD, MPH
Health Director & School Medical Advisor



Dr. Harvey B. Polansky
Superintendent of Schools

Influenza A (H1N1) Public Provider Vaccination Administration Record

PRINT in capital letters as shown here

EXAMPLE 1 2 3

Mark boxes like this:

X

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

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 (optional) White Black or African American Asian Other 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 INFLUENZA A H1N1
34. VIS publication date 10 / 02 / 2009
35. If vaccine label available, place in box to the right. If no label completed information below (#40 - 42). place label here

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 # 17
44. PIN 5035
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
M I L F O R D H E A L T H D E P T
Street Number
Street Name
City MILFORD
State CT
Zip Code 06460



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 not seasonal influenza vaccine, if you want to be*

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.
- 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 Inactivated Influenza Vaccine 10/2/09