

Division of School and Adolescent Health
2136 West Eighth Street
Cincinnati, Ohio 45204
(513) 357-2808 phone
(513) 357-2811 fax

Date: 10/12/2011

Dear Parent or Guardian:

The Cincinnati Health Department is able to give your child seasonal flu vaccine at school.

Flu is a contagious viral illness. Symptoms of flu include fever, cough, sore throat, chills, fatigue, headache, and muscle aches. **Children with chronic illness such as asthma are particularly at risk for complications from the flu virus.** The flu and its complications can be a serious but preventable illness. It is very important to make sure your child is fully protected against this disease by receiving flu vaccine every year. In addition to getting flu vaccine it is important to teach your family good hand washing and to cover their cough & sneezes.

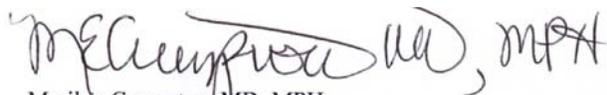
If you want your child to receive Flu vaccine at school, complete and return the attached parent questionnaire to the school nurse as soon as possible. Please provide your child's insurance information on the form. No student will be denied the flu vaccine due to inability to pay.

Please see the enclosed Flu Vaccine Information Statement for a complete list of possible side effects.

All other family members may receive a flu vaccine at their doctor's office or Cincinnati Health Department Clinics.

If you have any questions about these or any other vaccines, please call the health department at 357-2808 or contact your school nurse.

Respectfully,



Marilyn Crumpton, MD, MPH
Medical Director for School & Adolescent Health
Cincinnati Health Department

Please note: Children 8 years old and younger may need two doses of seasonal flu vaccine. We will offer the second dose as long as supplies last.

Cincinnati Health Department
School and Adolescent Health
Consent Form for 2011 Seasonal Influenza Vaccine

A. SCHOOL NAME: _____ **PowerSchool ID** _____

STUDENT NAME (Last)	(First)	(M.I.)	GRADE/HR
DATE OF BIRTH month _____ day _____ year _____	AGE	GENDER M / F	RACE
PHONE NUMBER			
STREET ADDRESS	CITY	STATE	ZIP
INSURANCE STATUS: <input type="checkbox"/> No Insurance <input type="checkbox"/> Medicaid Medicaid HMO: <input type="checkbox"/> Caresource <input type="checkbox"/> Amergiroup <input type="checkbox"/> Molina Medical Card Billing Number# _____ Child's SS# _____			

B. If the student to receive this vaccine is 8 years old or younger, please answer this question:
 1. Did the child receive seasonal flu vaccine last year? YES _____ NO _____ UNSURE _____

C. Please answer all of the following questions:

	YES	NO
1. Is the student sick today with fever or respiratory illness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the student have a serious allergy to eggs, thimerosal or another component of the flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the student ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the student ever had Guillain-Barré Syndrome (a temporary severe muscle weakness) within 6 weeks after receiving flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

D. Please answer all of the following questions:

	YES	NO
1. Does the student have a long term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g.,diabetes), or anemia or another blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>
2. If the student is between the ages of 2 and 4 years old, in the past 12 months has a health care provider ever told you that he or she had wheezing or asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this student have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long term treatment with drugs such as high dose steroids, or cancer treatment with radiation or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the person have close contact with someone who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person on long-term aspirin or aspirin-containing therapy (for example, does the person take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the student receiving anti-viral medications?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the person pregnant or could become pregnant in the next month?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the person received any of the following vaccinations within the past 30 days? MMR, Varicella, or FluMist? If yes, give type and date. Recent Vaccinations: _____ Date given: month _____ day _____ year _____		

E. Consent

CONSENT FOR VACCINATION:
 I have received the **2011 Seasonal Vaccine Information Statement** and the **Cincinnati Health Department Notice of Privacy Practices**.
I give consent for the student named at the top of this form to receive this vaccine.

Signature of Person/Parent/Legal Guardian _____ **Date:** month _____ day _____ year _____
Print Name of Parent Legal/Guardian _____ **Parent Social Security #** _____

F: Vaccination Record (FOR ADMINISTRATIVE USE ONLY): **ICD-9 V068** **Provider: 2402**

Note: If child <36 months, CPT code 1138 and Lot Number:

Vaccine	Date Dose Administered	Route	CPT	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2011 Seasonal Flu	/ /2011	<input type="checkbox"/> Intranasal	0234	Medimmune		
		<input type="checkbox"/> IM	1136	Sanofi Pasteur		
Booster Dose	/ /2011	<input type="checkbox"/> Intranasal	0234	Medimmune		
		<input type="checkbox"/> IM	1136	Sanofi Pasteur		

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2011-12

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.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

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

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, the “flu shot,” is given by injection with a needle.

2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

A “high-dose” inactivated influenza vaccine is available for people 65 years of age and older. Ask your doctor for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts about a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your doctor for more information.

3 Who should get inactivated influenza vaccine and when?

WHO

All people **6 months of age and older** should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

WHEN

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

4 Some people should not get inactivated influenza vaccine or should wait

- Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.
- Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.
- Tell your doctor if you ever had Guillain-Barré

Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

5 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- 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 1-2 days.

Moderate problems:

Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures 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.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

One brand of inactivated flu vaccine, called Afluria, **should not be given** to children 8 years of age or younger, except in special circumstances. A related vaccine was associated with fevers and fever-related seizures in young children in Australia. Your doctor can give you more information.

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

www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html and
www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

6 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 doctor 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.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People 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.

8 How can I learn more?

- Ask your doctor. 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/flu



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



Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine (7/26/11) 42 U.S.C. §300aa-26

LIVE, INTRANASAL INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2011-12

Vaccine Information Statements are available in Spanish and many 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.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

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

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

2 Live, attenuated influenza vaccine - LAIV (nasal spray)

There are two types of influenza vaccine:

1. **Live, attenuated** influenza vaccine (LAIV) contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils.
2. **Inactivated** (killed) influenza vaccine, the “flu shot,” is given by injection with a needle. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the vaccination. Protection lasts about a year.

LAIV does not contain thimerosal or other preservatives.

3 Who can receive LAIV?

LAIV is recommended for healthy people **2 through 49 years of age**, who are not pregnant and do not have certain health conditions (see #4, below).

4 Some people should not receive LAIV

LAIV is not recommended for everyone. The following people should get the inactivated vaccine (flu shot) instead:

- **Adults 50 years of age and older or children from 6 through 23 months of age.** (Children younger than 6 months should not get either influenza vaccine.)
- Children younger than 5 years with asthma or one or more episodes of wheezing within the past year.
- Pregnant women.
- People who have long-term health problems with:
 - heart disease
 - kidney or liver disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- Anyone with certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone with a weakened immune system.
- Anyone in close contact with someone whose immune system is so weak they require care in a protected environment (such as a bone marrow transplant unit). *Close contacts of other people with a weakened immune system (such as those with HIV) may receive LAIV. Healthcare personnel in neonatal intensive care units or oncology clinics may receive LAIV.*
- Children or adolescents on long-term aspirin treatment.

Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.

Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.

Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

Tell your doctor if you have gotten any other vaccines in the past 4 weeks.

Anyone with a nasal condition serious enough to make breathing difficult, such as a very stuffy nose, should get the flu shot instead.

People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

5 When should I receive influenza vaccine?

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

Influenza vaccine may be given at the same time as other vaccines.

6 What are the risks from LAIV?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Live influenza vaccine viruses very rarely spread from person to person. Even if they do, they are not likely to cause illness.

LAIV is made from weakened virus and does not cause influenza. The vaccine can cause mild symptoms in people who get it (see below).

Mild problems:

Some children and adolescents 2-17 years of age have reported:

- 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 from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- If rare reactions occur with any product, they may not be identified until thousands, or millions, of people have used

it. Millions of doses of LAIV have been distributed since it was licensed, and the vaccine has not been associated with any serious problems.

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

www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html
and
www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

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What should I look for?

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What should I do?

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- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement (Interim)
Live, Attenuated Influenza Vaccine (7/26/11) U.S.C. §300aa-26



Cincinnati Health Department

Notice of Privacy Practices

Effective 4-14-03

THIS NOTICE DESCRIBES:

- ◆ HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED;
- ◆ HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

If you have any questions, please contact our Privacy Officer, whose name and number is at the bottom of this notice.

Who will follow this notice?

The Cincinnati Health Department (CHD) provides health care to our patients, residents, and clients in cooperation with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any health care professional who treats you at any of our facilities.
- All divisions and work units of our organization.
- All employed associates, staff or volunteers of our organization.
- Any business associate or partner of CHD with whom we share health information.

Our pledge to you.

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. We are required by law to:

- keep medical information about you private.
- give you this notice of our legal duties and privacy practices with respect to medical information about you.
- follow the terms of the notice that is currently in effect.

Changes to this Notice.

■ We may change our Privacy policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our Privacy policies, we will change our notice and post the new notice in a prominent place in each of our facilities. You can receive a copy of the current notice or any detailed Privacy policy(s) at any time. The effective date is listed just below the title. You will be offered a copy of the current notice when you first register at our facility for treatment. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you.

■ We may use and disclose medical information about you for **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improve treatment methods.)

■ We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, workers' compensation purposes, and emergencies**. We also disclose medical information **when required by law**, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

■ We also may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you.

■ We may disclose medical information about you to a **friend or family member who is involved in your medical care**, or to disaster relief authorities so that your family can be notified of your location and condition.

Other uses of medical information

■ In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding medical information about you.

■ In most cases, **you have the right to look at or get a copy of medical information** that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

■ If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that we correct the records**, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was

not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal to the Privacy Officer, in writing, a decision by us not to amend a record.

■ **You have the right to a list of those instances where we have disclosed medical information about you**, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

■ If this notice was sent to you electronically, **you have the right to a paper copy of this notice.**

■ **You have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

■ **You may request, in writing, that we not use or disclose medical information about you** for treatment, payment or healthcare operations or to persons

involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request **but we are not legally required to accept it.** We will inform you of our decision on your request. All written requests or appeals should be submitted to our Privacy Officer listed at the bottom of this notice.

Complaints

■ If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer (listed below).

■ Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. You may call 1-(866)-627-7748 to obtain their address.

■ Under no circumstance will you be penalized or retaliated against for filing a complaint.

Privacy Officer:

Primary Health Care - Administration
Cincinnati Health Department
3101 Burnet Ave.
Cincinnati, OH 45229
Telephone: (513) 357-7362
Facsimile: (513) 357-7249