

MIDDLEBURY COMMUNITY SCHOOLS  
56853 Northridge Drive  
Middlebury, IN 46540

October 30, 2009

Dear Parents:

The purpose of this letter is to provide you with more information about the vaccination for H1N1 flu which is being offered in all public and private schools in Elkhart County through the Elkhart County Health Department. Although not all dates have been set for all of the schools, we need to make sure the parents have the proper paperwork.

We have been informed that Northridge High School students will receive their vaccines on November 2, 2009 at 9:00 am. However, we are still waiting to hear when Northridge Middle School and Heritage Intermediate School will receive theirs. After these schools have been given the opportunity to provide the vaccine to their students, Jefferson Elementary School, Middlebury Elementary School, Orchard View Elementary School, and York Elementary School will have the same opportunity.

Please note that children under the age of 10 years old will be required to have the vaccine administered two (2) times. The first administration will be when all of the students receive theirs and the second vaccination will be approximately twenty-eight (28) days later.

There is no cost for having the vaccination at school. It is your decision whether or not to have your student receive the vaccination for H1N1 flu at school.

If you want your student vaccinated at school but are absent on the date shown above, you will need to re-schedule with the Elkhart County Health Department or your private physician to receive the vaccine.

Also being sent home with your student is a copy of the H1N1 Influenza Vaccine Information Statement, which provides you with information about the benefits and risks of the vaccine. The H1N1 Influenza/Vaccine Administration Record needs to be completed, signed and returned before your child is able to have the vaccination. Be sure to clearly indicate if you are giving consent or if you are not giving consent.

Students who do not return the signed consent form will not be vaccinated.

If you believe you need to be present when your student is being vaccinated, please arrange to have the vaccination done at a non-school clinic. Contact the Elkhart County Health Department for information regarding when and where these clinics are being held.

If you have further questions about the vaccine, please refer to item 9 on the H1N1 Influenza Vaccine Information Statement.



Community Health Nursing

608 Oakland Avenue  
 Elkhart, IN 46516-2116  
 (574) 523-2127  
 Fax: (574) 523-2163  
 Website: [www.elkhartcountyhealth.org](http://www.elkhartcountyhealth.org)



**Public Health**  
 Prevent. Promote. Protect.

Daniel A. Nafziger, MD MS  
 Health Officer

**H1N1 INFLUENZA/ VACCINE ADMINISTRATION RECORD**

*Please Print*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

If you answer "No" to all five of the following questions, your child may get the influenza vaccine. If you answer "Yes" to one or more of the five questions, your child may be able to get the 2009 H1N1 vaccine, but you should discuss this with your healthcare provider.

	Yes	No
Does your child have a moderate to severe acute illness (high fever) today?		
Does your child have a severe allergy to latex?		
Has your child had a severe allergic reaction to the influenza vaccine?		
Is your child allergic to eggs?		
Has your child had Guillain-Barre' syndrome?		

I have received a copy of the H1N1 Influenza Vaccine Information Statement (10/2/2009). I believe that I understand the benefits and risks of the vaccine.

- I GIVE CONSENT to the State/Local Health Department and its staff for my child, named at the top of this form, to get vaccinated with all recommended doses of this vaccine.
- I DO NOT GIVE CONSENT to the State/Local Health Department and its staff for my child, named at the top of this form, to get vaccinated with this vaccine.

Any other information you would like the health department to know about your child? \_\_\_\_\_

**X** \_\_\_\_\_  
 Date

**X** \_\_\_\_\_  
 Client/parent/guardian/designee Signature

**For Office Use Only**

VACCINE	MANUFACTURER	LOT NUMBER EXPIRATION DATE	ROUTE	DATE ADM.	VACCINATOR INITIALS
2009 H1N1 Dose 1	See Lot Sheet	See Lot Sheet	IM Nasal		
2009 H1N1 Dose 2	See Lot Sheet	See Lot Sheet	IM Nasal		



Community Health Nursing

608 Oakland Avenue  
 Elkhart, IN 46516-2116  
 (574) 523-2127  
 Fax: (574) 523-2163  
 Website: [www.elkhartcountyhealth.org](http://www.elkhartcountyhealth.org)



**Public Health**  
 Prevent. Promote. Protect.

Daniel A. Nafziger, MD MS

## Administración de la contra la influenza H1N1

Nombre \_\_\_\_\_

Dirección \_\_\_\_\_

Código Postal \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Edad \_\_\_\_\_ Hembra \_\_\_\_\_ Varón \_\_\_\_\_

Teléfono \_\_\_\_\_

Si contesta "No" a las siguientes cinco preguntas, a su niño se le puede proveer la vacuna de las influenza. Si contesta "Si" a una o más de las cinco preguntas, su niño pueda que sea elegible para la vacuna H1N1 2009 , pero usted necesita discutirlo con su proveedor medico.

	<i>Si</i>	<i>No</i>
¿Está su hijo enfermo hoy?		
¿Ha tenido su hijo alguna reacción severa al látex?		
¿Ha tenido su hijo alguna reacción o alergia a la vacuna contra la influenza?		
¿Es su hijo alérgico a los huevos?		
¿Ha tenido su hijo el síndrome Guillan-Barre?		

He recibido una copia de información sobre la vacuna de influenza H1N1(10/2/2009). Comprendo los beneficios y riesgos de la vacuna.

**Doy mi consentimiento** al Departamento de Salud del Estado o Local y a sus trabajadores y pido que se suministren las dosis necesarias a mi niño cuyo nombre aparece en este documento.

**No doy mi consentimiento** al Departamento de Salud del Estado o Local y a sus trabajadores, para que le suministren las dosis necesarias a mi niño cuyo nombre aparece en este documento.

Otra información que le quistaría que el departamento de salud supiera sobre su niño? \_\_\_\_\_

**X** \_\_\_\_\_

Fecha

**X** \_\_\_\_\_

Firma del Cliente/padres/tutor/autorizado

### *For Office Use Only*

VACCINE	MANUFACTURER	LOT NUMBER EXPIRATION DATE	ROUTE	DATE ADM.	VACCINATOR INITIALS
2009 H1N1 Dose 1	See Lot Sheet	See Lot Sheet	IM Nasal		
2009 H1N1 Dose 2	See Lot Sheet	See Lot Sheet	IM Nasal		

# 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

