



Milton R. Liverman, Ed.D.  
*Superintendent*

October 12, 2009

Dear Parent or Guardian:

Suffolk Public Schools and Suffolk Health Department are working together to meet the challenge presented by the novel influenza A H1N1 virus. The Virginia Department of Health continues to monitor the virus.

In order to increase influenza vaccination rates in schools and to decrease school absence due to flu, the Suffolk Health Department will offer a **free** Flu Vaccine Clinic in each school. Clinics will be held in October and November. These clinics will be for injection only. If you would like for your child to receive Flu Mist (nasal spray), please contact your primary care physician, pediatrician or the local health department. Flu Mist will not be available at the flu clinics held in schools. This immunization is a one-time injection for students aged 10 and up. Children aged nine and under will have to receive a second injection one month from the date of the initial injection.

Attached you will find a Student 2009 H1N1 Influenza Vaccine Consent Form and Influenza Vaccine Information Sheet. If you would like for your child to participate in the **free** Flu Vaccine Clinic, please complete the attached consent form and return it to your child's school **tomorrow - Tuesday, October 13, 2009**. You are welcome to come and be with your child when the injection is given.

At this point, Virginia Department of Health is trying to determine how many doses of vaccine to order. **It is critical for you to return the Student 2009 H1N1 Influenza Vaccine Consent Form to us on tomorrow - Tuesday, October 13, 2009 if you would like for your child to participate in the program.** Also, note that the exact dates for clinics have not been set. As soon as they are established, you will be notified.

Questions may be directed to the school nurse in your child's school.

Sincerely,

Milton R. Liverman, Ed.D.  
*Superintendent*



**SECTION F: OFFICE OF PRIVACY AND SECURITY  
Authorization for Disclosure of Protected Health Information**

As the person signing this authorization, I understand that I am giving permission to the Virginia Department of Health (VDH) to disclose personal health information to the person(s) or organization(s) indicated below.

- I understand the provision of treatment to my child cannot be conditioned on my signing of this Authorization for Disclosure Section.
- Any health information re-disclosed by you will no longer be protected by this authorization.
- The original or a copy of the authorization shall be included in my child's medical record.
- I have the right to revoke this authorization at any time, except to the extent that action has been taken prior to my request to withhold my child's medical record. The request must be in writing and will be effective upon delivery to the provider in possession of my child's medical records.
- I authorize VDH to disclose my child's health information to the child's primary care physician and school.
- I understand that this record will be retained for ten years after the last visit or for five years after age 18, whichever comes later.
- I understand this document will be given to and retained by the public health department and will not be maintained by the school.

**SECTION G: NOTICE OF DEEMED CONSENT  
(Required by §32.1-45.1 of the Code of Virginia (1950), as amended)**

If the health care provider or the person acting under the health care provider's direction and control is directly exposed to my child's blood in a way that may transmit disease, I understand that the law requires my child to give a venous blood sample for further tests. I understand that the tests to be performed are for human immunodeficiency virus (HIV), hepatitis and/or other infectious diseases and that a physician or health care provider will inform me and the exposed provider of the results of the test.

I understand that the Virginia Department of Health will not release private medical records unless authorized above or to continue care.

\_\_\_\_\_  
Please Print Your Name  
(parent or legal guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**All forms must be returned to the school by Tuesday, October 13, 2009**

*HEALTH DEPARTMENT USE ONLY*

Date Dose Administered	Item code	Does Number (1 <sup>st</sup> or 2 <sup>nd</sup> )	Vaccine Manufacturer	Lot Number	Vaccine Administration Site	Provider #
	2009 H1N1				RA      LA      NAS	
	2009 H1N1				RA      LA      NAS	

Comments: (Enter reason if vaccine not administered)

# 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



Vaccine Information Statement  
2009 H1N1 Inactivated Influenza Vaccine 10/2/09