

October 1, 2015

RE: Influenza Vaccination Clinic

The South Dakota Department of Health is again offering free seasonal influenza vaccines to all children 6 months through 18 years of age. Adults may receive a flu shot for \$25. We will also bill Medicare and Medicaid.

Vaccinating children helps protect them from serious influenza illness and complications, and decreases the spread of influenza in the community as children are often the biggest spreaders of influenza to adults and other children.

A flu clinic for school-age children will be held at the **Castlewood School** on Wednesday, October 28th. Students in school with signed consent forms will begin getting immunizations at 12:30 pm. The state is supplying the vaccine free of charge and there will be no administration fee at the school-based clinic for anyone between the ages of 6 months and 18 years. Community members are welcome to come to the school between 3:00 & 5:00 pm to receive a vaccine at the cost of \$25.

Parents/guardians are encouraged to come to the clinic to be with their child when the vaccine is administered. If you would like your child to receive the vaccine but you are unable to attend the clinic, please complete the following:

- Review the Vaccine Information Statement carefully – keep for future reference.
- Complete the 2015-2016 Influenza Consent Form.
- Return the completed consent form to the school by Friday, October 9th.

Based on a child's history of receiving flu vaccine in the past several years, children age 8 and younger may need 2 doses of vaccine this year separated by 4 weeks.

If you have questions about the vaccine or the scheduled clinic, please contact **Hamlin County Health Office** at **605-783-3681**.

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



2015-2016 INACTIVATED INJECTABLE INFLUENZA CONSENT FORM

Information about person to be vaccinated (please print)

Last Name: _____ Age: _____

First Name: _____ Sex: M F

Date of Birth: _____ Phone # _____

Address _____

City _____ Zip _____

For child - Please Print

Parent's Name: _____

For child being vaccinated at school based clinic

Grade _____ School _____

for office use only

Child needs second dose _____

Assess if child needs second dose _____

Clinic :

Hamlin County OFCHS Office # 128

300 4th Street

Hayti, SD 57241

The South Dakota Immunization Information System (SDIIS) is an automated system to document vaccinations given in South Dakota. SDIIS will give parents access to their child's immunization record from any participating South Dakota provider. SDIIS also allows providers to send reminder notices regarding needed immunizations. Health care providers, health care facilities, federal or state agencies, welfare agencies, school or family day care facilities may have access to this information in accordance with applicable HIPAA Privacy Act standards and requirements*. Immunization records remain confidential, and any person who fails to protect the information is guilty of a Class 1 misdemeanor. If you choose NOT to have you/your child's immunization record shared with other providers, you may request a refusal form.

For a child being vaccinated - check any that apply (Check here if none apply) _____

Enrolled in Medicaid Please provide Medicaid # _____ American Indian or Alaskan Native

Does not have health insurance Health insurance that DOES NOT pay for vaccines

Please answer the following questions for the person to be vaccinated.

| | Yes | No | Don't Know |
|---|-------|-------|------------|
| 1) Is the person sick today? | _____ | _____ | _____ |
| 2) Does the person have an allergy to eggs or to a component of the vaccine? | _____ | _____ | _____ |
| 3) Has the person ever had a serious reaction to influenza vaccine in the past? | _____ | _____ | _____ |
| 4) Has the person ever had Guillain-Barré syndrome? | _____ | _____ | _____ |

I have been provided a copy of and have read or have had explained to me the information about influenza and the vaccine listed below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request.

Signature _____ **Date** _____

(Parent or guardian if minor)

For child being vaccinated at a school based clinic

If you are completing this form for a child to be vaccinated at school and you will not be accompanying him/her, please provide a phone number where you can be reached on the day of the clinic

_____ (phone)

for office use only

| | Type | Date/Time | Vaccine Manufacturer (Circle) | Vaccine Lot number | Route | Site (Circle) | Date of VIS Publication | Signature of person administering vaccine |
|-----------|------|-----------|----------------------------------|--------------------|-------|-------------------------|-------------------------|---|
| INFLUENZA | IIV4 | | SanofiPasteur GlaxoSmithKline | | IM | L R Deltoid Thigh | 08/07/15 | |

Abbreviation Key: IIV4 - Inactivated Influenza Vaccine, Quadrivalent IM - Intramuscular L - Left R - Right