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Public Health Solutions

District Health Department

Serving Fillmore, Gage, Jefferson, Saline, and Thayer counties.

Dear Parent or Caregiver,

The SKIP Flu immunization clinic will be offered at your child's school on **Monday, October 21, 2019.**

Public Health Solutions does not want to have the "Flu Bug Sneak Up on You!" As most are probably aware, it was a very severe flu season last year. Increasing the amount of people who are immunized will help to reduce the spread of the flu. We realize that the flu shot does not guarantee to protect 100% against getting the flu, but it will greatly reduce the length and severity of symptoms should you get the flu.

To have your child vaccinated, please do the following:

1. **Complete and Sign the Permission Form.**

You must complete the attached Permission Form and answer all the Screening Questions. Return the completed form to your child's school. **Children without a completed and signed consent form will not be immunized. All questions must be answered.**

2. **Insured? - - Just include a copy of your Insurance or Medicaid/Medicaid Managed Care Cards**

Please **include a photocopy** of your Insurance or Medicaid/Medicaid Managed Care card. There will be **no cost to your family** as we bill the insurance company.

3. **Are you uninsured?**

Mark the uninsured box on the Permission Form. There will be **no charge** for the vaccination thanks to the support from the county boards.

4. **Show the Flu Bug who is the Winner!**

Every student who turned in their Consent Form **and** got the flu shot the day of the clinic will be entered into a drawing for a \$20.00 gift card.

Children under the age of nine who have never had the flu vaccine before, or did not receive two doses prior to this year, will need a second dose (booster). Our nurses will review your child's record and will let you know if a booster is needed.

If you need a flu shot, or know someone who needs one, and are unsure where to go, please call us!

Remember—your flu shot protects both you and those you love! Questions? Call Public Health Solutions District Health Department at 402-826-3880 or toll-free 1-844-830-0813.

This program is supported by Public Health Solutions Board of Health and County Commissioner / Supervisor Boards which help provide funding for anyone who is uninsured.

Sincerely,

Kimberly Showalter
Health Director

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



Public Health Solutions Vaccine Screening / Permission Form
Inactivated Injectable Seasonal Influenza Vaccine 2019-2020

The information collected on this form will be used to make sure we have permission to give vaccine. The vaccination will be recorded on Nebraska's state immunization site.

Name: _____ Date of Birth: _____ Sex: Male Female
Address: _____ City/State/Zip: _____ Phone: _____
☐ Insurance **(COPY ATTACHED)** ☐ Medicaid/Managed Care **(COPIES ATTACHED)** ☐ Uninsured
School: _____ Doctor: _____

SCREENING QUESTIONS – Parent/Guardian: Please answer all the questions below with either YES or NO.
Vaccine will not be given if this form is not completed, signed and returned to school on or before flu vaccine day.

1. Does the person getting flu vaccine feel sick or have a fever today?	Yes / No
2. Is this person allergic to eggs, latex, <i>thimerosal</i> or <i>gentamicin</i> ?	Yes / No
3. Has this person ever had a severe allergic reaction to flu vaccine?	Yes / No
4. Has this person ever had <i>Guillain-Barré</i> syndrome within 6 weeks of receiving flu vaccine?	Yes / No

Definitions

Severe allergic reaction – (anaphylaxis) – a quickly developing, exaggerated response by the body to any substance. Symptoms are reddening of skin, itching, hives, runny or stuffy nose, swelling of the lips, tongue, and/or throat, trouble swallowing, trouble breathing, anxiety, fast irregular heartbeat, and cramping in the abdomen.

Thimerosal – a preservative found in some vaccines.

Gentamicin – An antibiotic medicine found in some vaccines.

Guillain - Barré Syndrome – A disease of the nerves. Symptoms are muscle weakness and decreased feeling beginning in the legs and moving upward, sometimes causing a person to be paralyzed or have trouble breathing.

Permission: Please read the statements below very carefully.

- I have been given a copy of the 2019-2020 Influenza Vaccine Information Statement (VIS), and I have read and/or have had explained to me the information on influenza (flu) disease and influenza (flu) vaccine.
- I've had the opportunity to ask questions and have those questions answered to my satisfaction.
- I understand the risks and benefits of vaccination against influenza (flu), and I request that the influenza (flu) vaccine be given to me or the person named above for whom I am authorized to make this request.
- I understand and agree that Public Health Solutions and my child's school are not responsible for any adverse reactions that may occur and that it is my responsibility to seek medical attention for my child or myself should an adverse reaction occur.

Signature: _____ Date: _____

Parent of child receiving vaccine or adult receiving vaccine

For Office Use Only

Nurse Signature: _____

Nurse: Please attach vaccine information sticker here and sign form.

Seasonal Flu 2019-2020