



**DELAWARE HEALTH AND SOCIAL SERVICES**  
**Division of Public Health**

October 2009

Dear Parent/Guardian,

As you are aware, 2009 H1N1 influenza infections continue to occur in Delaware and across the country. School-age children have been identified as a high risk group due to the large number of children in this age group who are getting sick. Vaccinating children at school is one way to ensure that every child has the opportunity to receive the vaccine. In this way, your child and the school community is more protected from spread of the disease.

We recognize the need for the school-aged children to be vaccinated against the H1N1 flu virus and your district has agreed to participate in Delaware's School Vaccination Program. **This is a voluntary program. Therefore parent/guardian consent is required. No child will be vaccinated without written parent/guardian consent.** (A consent form is attached for you to return to the school.)

Some important things for you to know:

- The program is voluntary for students.
- The vaccine is free.
- Vaccinations will be provided during the school day to cause the least amount of disruption.
- Students in grades K-5<sup>th</sup> will receive the 2009 H1N1 flu nasal spray vaccine (sprayed into both nostrils). Students under age 10 will require a second dose approximately 4 weeks after the first dose. (The second dose consent forms will be sent to parents after the vaccination program starts in November.)
- Students in grades 6-12<sup>th</sup> will receive a 2009 H1N1 flu shot and will only require one dose.
- Students with certain health risk factors may be unable to receive the vaccine at school and will be referred to their private provider for immunization.
- Your School Nurse will serve a key role as school coordinator and liaison to the vaccinating team.

Enclosed are materials from the Division of Public Health:

- 2009 H1N1 Vaccine Information Statement – This includes important information about the vaccine for your review.
- **Consent Form – This needs to be reviewed, signed and returned to the school by Friday, October 23, 2009.** No child will be vaccinated without written consent. Please return the completed signed form even if you do not want your child to be vaccinated.

The school will send a reminder flyer home with your child a few days before the vaccination clinic at your school. You may withdraw your consent at any time up to the vaccination clinic date by contacting the school nurse. **For questions about 2009 H1N1 disease or the vaccine, see our website ([www.flu.delaware.gov](http://www.flu.delaware.gov)) or call us at 1-800-282-8672. For questions about the vaccination program at school, call your school.**

Thank you,  
Division of Public Health



# Delaware Division of Public Health 2009 H1N1 Influenza Vaccine (2009 H1N1 FLU NASAL SPRAY) Consent Form

## SECTION 1: INFORMATION ABOUT CHILD TO RECEIVE VACCINE (PLEASE PRINT)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH Month: _____ Day: _____ Year: _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER <input type="checkbox"/> M or <input type="checkbox"/> F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP	EMERGENCY CONTACT NUMBER:		
SCHOOL NAME			SCHOOL DISTRICT	GRADE	

## SECTION 2: SCREENING FOR VACCINE ELIGIBILITY

If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

- Dose 1 Date received: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Form (please check):  Nasal Spray  Shot
- Dose 2 Date received: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Form (please check):  Nasal Spray  Shot

Has your child gotten vaccinated with any other vaccine (including seasonal flu, measles, mumps, rubella or chicken pox) within the past 4 weeks?

Vaccine: \_\_\_\_\_ Date received: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Form (please check):  Nasal Spray  Shot

The following questions will help us to know if your child can get the 2009 H1N1 influenza vaccine (2009 H1N1 FLU NASAL SPRAY) at school.

Please mark YES or NO for each question.

	YES	NO
1. Has your child ever had an allergic reaction to EGGS or a component of any flu vaccine (including gentamicin, gelatin or arginine)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any life threatening allergies (not including other foods or seasonal allergies)? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child have any of the following: ASTHMA/wheezing, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child have a weak immune system [for example, from HIV, cancer, or medications such as steroids (including asthma medication) or those used to treat cancer]?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your child pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your child have close contact or expect to have close contact with a person whose immune system is severely compromised (such as someone who recently received a bone marrow transplant) and who must be in a protected environment (such as in a hospital room with reverse air flow)?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to any questions, left any question blank, or are unsure of the answer to any of the above questions your child will NOT receive the 2009 H1N1 Flu Nasal Spray offered through the School Vaccination Program. Please contact your doctor about 2009 H1N1 Influenza vaccination.

## SECTION 3: CONSENT

**CONSENT FOR CHILD'S VACCINATION:** My signature below means that I have read or had explained to me the 2009 Vaccine Information Statement for the 2009 H1N1 Influenza Vaccine (Live, attenuated intranasal) FLU NASAL SPRAY and understand the risks and benefits as set forth in the statement or explanation received. The 2009 H1N1 FLU NASAL SPRAY should not be given within 4 weeks of a seasonal flu nasal spray vaccine, MMR (measles, mumps, rubella) or varicella (chicken pox) vaccine, so I will inform my child's doctor that my child will be receiving 2009 H1N1 FLU NASAL SPRAY vaccine(s) at school between November 2009-January 2010. On the day of the vaccination my child should NOT receive this vaccine if he/she has a bad cold, fever or is on/has taken anti-viral medicine for the flu (such as Tamiflu or Relenza) within 48 hours. I may withdraw consent at any time by contacting my child's school nurse.

**I GIVE CONSENT** to the Delaware Division of Public Health and its authorized staff, Medical Reserve Corps and contractors for my child named at the top of this form to be vaccinated with this vaccine.

(If this consent form is not complete, signed, dated and returned, then your child will not be vaccinated at school.)

Signature of Parent/Legal Guardian: \_\_\_\_\_

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**I DO NOT GIVE CONSENT** to the Delaware Division of Public Health and its authorized staff, Medical Reserve Corps and contractors for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

## SECTION 4: VACCINATION RECORD FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose # (1 <sup>st</sup> or 2 <sup>nd</sup> )	Vaccine Manufacturer	Lot Number	Signature/License of Vaccine Administrator
2009H1N1	/ /	Intranasal				
2009H1N1	/ /	Intranasal				

### Reason vaccine NOT given:

- Student ill
- Student temp of 100.5 or higher
- Student had flu anti-viral medicine within 48 hours
- Student's consent form incomplete - parent/guardian could not be contacted
- YES answer excludes - Parent should contact private doctor about 2009 H1N1 vaccination.
- Student refused vaccination
- Student absent
- Other \_\_\_\_\_

Signature/License/Title/Date

# 2009 H1N1 INFLUENZA VACCINE

**LIVE, ATTENUATED**  
(the nasal spray vaccine)

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See <http://www.immunize.org/vis>.

### 1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (sometimes 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 virus is a new virus strain. 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 protection from seasonal flu.*

**Live, attenuated intranasal vaccine (or LAIV)** is sprayed into the nose. **This sheet describes the live, attenuated intranasal vaccine.**

An **inactivated** vaccine is also available, which is given as a shot. It is described in a separate sheet.

The 2009 H1N1 LAIV does not contain thimerosal or other preservatives. It is licensed for people from 2 through 49 years of age.

The vaccine virus is attenuated (weakened) so it will not cause illness.

### 4 Who should get 2009 H1N1 influenza vaccine and when?

#### WHO

LAIV is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see number 5 below). Groups recommended to receive 2009 H1N1 LAIV first are healthy people who:

- are from 2 through 24 years of age,
- are from 25 through 49 years of age and
  - live with or care for infants younger than 6 months of age, or
  - are health care or emergency medical personnel.

As more vaccine becomes available, other healthy 25 through 49 year olds should also be vaccinated.

Note: While certain groups should not get LAIV – for example pregnant women, people with long-term health problems, and children from 6 months to 2 years of age – it is important that they be vaccinated. They should get the flu shot.

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 LAIV 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.*

2009 H1N1 LAIV should not be given to the following groups.

- children younger than 2 and adults 50 years and older
- pregnant women,
- anyone with a weakened immune system,
- anyone with a long-term health problem such as
  - heart disease      - kidney or liver disease
  - lung disease      - metabolic disease such as diabetes
  - asthma      - anemia and other blood disorders
- children younger than 5 years with asthma or one or more episodes of wheezing during the past year,
- anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit),
- children or adolescents on long-term aspirin treatment.

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.

Tell your doctor if you 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.

2009 H1N1 LAIV may be given at the same time as most other vaccines. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month. H1N1 LAIV and seasonal LAIV should not be given together.

## 6 What are the risks from 2009 H1N1 LAIV?

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 risks from 2009 H1N1 LAIV are expected to be similar to those from seasonal LAIV:

### Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- 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 to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- In 1976, an earlier type of inactivated swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). LAIV has not been 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 <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:

<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 <http://www.cdc.gov/h1n1flu> or <http://www.cdc.gov/flu>
  - Visit the web at <http://www.flu.gov>



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

