Flu Newsletter for Parents/Guardians

Dear Parents/Guardians:

This influenza (flu) season we would like to help protect our student body by providing flu vaccines during school hours. The Telfair County Health Department will be offering flu vaccines in schools. If your child has health insurance, we will bill your insurance provider. The following vaccines will be available:

❖ <u>Inactivated Influenza Vaccine (IIV):</u> an influenza vaccine that is given as a shot. Inactivated influenza vaccine will be quadrivalent (IIV₄).

For more information on the vaccine types above, please see the Vaccine Information Statement (VIS) attached.

Influenza Vaccination Clinic Date and I	ocation:
September 27, 2023 Date	Telfair Pre-K, Elementary, Middle, High School Name

If you would like to have your child vaccinated during the above school based flu clinic please:

- 1. Review the Vaccination Information Statement (VIS).
- 2. Sign, date, and return the attached Consent Form to Your child's school before September 20, 2023.

Note: If the consent form is not signed, dated and returned, your child(ren) will not be immunized.

Children up to 8 years of age may need a second dose approximately one month after the first dose. We will proivde the second dose during Visit 2.

We thank you in advance for helping to keep our students safe and healthy. If you have any questions about the influenza vaccine, please feel free to contact the school nurse or your health care provider.

Please note that participation and receipt of influenza vaccine through this program is completely voluntary. The health care provider for your child can answer your questions about the influenza virus and will be able to vaccinate your child against seasonal influenza. For additional information please visit the CDC influenza websites at http://www.cdc.gov/flu/and http://www.cdc.gov/flu/parents.



2023-2024 School Based Influenza Vaccine Consent Form

Telfair County Health Department

	Section 1: Information about Student to Receive Influenza Vaccine (please	print))
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STUDENT'S NAME (Last)		(First)	(M.I.)	vaccine ()		HOOL NAME:					
STUDENT'S DATE OF BIF (mm/dd/yyyy)	RTH	STUDENT'S AGE	GEND	ER: M /	F TE.	ACHER		GRADI			
ETHNICITY (Please Circle))	RACE (Please Circle)		1011		PARENT/ LEGAL GUARDIAN'S NAME					
Not Hispanic/Latino	Hispanic Latino	Hispanic or Latino, Alaska Native, Na			Marca I						
HOME ADDRESS PARENTAL/ GUARDIAN PHONE								NUMBER(S)			
CITY	STA	ATE		ZIP COD	PA PA	RENTAL/ GUAR	DIAN E-MAIL	e)			
INSURANCE INFORMATION: Do you have Insurance that covers vaccines? Yes / No Provide the insurance information Please check health insurance provider below: & attach a copy of the insurance of											
Aetna		Medicaid		Insurance	Po	licy Holder Nam	e				
☐ Blue Cross Blue Shield ☐ Cigna	_	PeachCare United Healthcare	☐ Ot	ner	Gre	oup#					
☐ Cigna		_ United Healthcare				ember ID #					
ction 2: Medical In	and the state of t	he following questions w	vill help us to	determine if t	his student can	receive the influ	enza vaccine.				
1. Has the student recei		n the last four weeks?	If yes, pleas	e list:				Yes	No		
2. When was the student last vaccinated for flu?								DATE:			
Has the student ever had a serious reaction to eggs?								Yes	No		
4. Has the student ever had a serious reaction to any influenza vaccine?							Yes	No			
5. Does the child use an inhaler or receive breathing treatments for asthma or a wheezing condition?								Yes	No		
6. Is the student on long term aspirin or aspirin-containing therapy (For example: does the student take aspirin everyday)								Yes	No		
 Does the student have any significant or chronic (long term) health conditions? (For example: diabetes, sickle cell disease, heart conditions, lung conditions, seizure disorders, cerebral palsy, muscle or nerve disorders) 								Yes	No		
8. Is the person to be vaccinated receiving influenza antiviral medications?								Yes	No		
9. Does the student have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?								Yes	No		
10. Is the student or could the student be pregnant?								Yes	No		
11. Has the student ever had Guillain-Barre Syndrome (GBS)? Ection 3: Consent: The vaccine consent form includes options allowing you to either accept or refuse the vaccination for your child.								Yes	No		
ination will not be given to	your child. If this	consent form is not fill	ed in compl	etely, signed, a	ated, and retur	ned, the studen	t <u>will not</u> be v	accinated	at school.		
that the student and medic NOTICE of PRIVACY POLICY vaccine that will be given to completely voluntary. By s Signature of Parent	FORM. I have had to the student that is igning below, I give	I a chance to ask questic I am authorized to repre e permission for the stud	have been gons which we esent. I und dent listed a	given a copy of ere answered t erstand that pa bove to receive	the Vaccine Info o my satisfaction articipation and the intranasal	ormation Staten n. I understand receipt of the in or injectable inf Date:	nents for the i the benefits a fluenza vaccine luenza vaccine	nfluenza va and risks of the through e.	accines and the the influenza this program		
I DO NOT GIVE O	ONSENT to the [NAME OF ORGANIZATI			and its staff for	the student nar	med above of	this form t	o be		
Signature of Parent	:/Legai Guara		FOR CLIN	IIC USE ON		oate:					
Influenza Vaccine:	Adm Route:	Date Dose	Mfg:	Lot#	Exp Date:	VIS Date:	Signature o	of Nurse:			
		Administered:					Date:				
Inactivated Influenza accine - Quadrivalent IV ₄)	IM: LA / RA	1 1			1 1	1 1	Entry Clerk	Initial:			
Live Attenuated Ifluenza Vaccine – Quadrivalent (LAIV4)	Intranasal	11			11	1	Date:				

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 vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. Children 6 months through 8 years of age may need 2 doses during a single flu season. Everyone else needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine does not cause flu.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, lifethreatening allergies
- Has ever had Guillain-Barré Syndrome (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

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. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff members do 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- 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.

