

INFLUENZA (FLU) VACCINE CONSENT

Dear Parent or Guardian:

Ryan Health's School Based Health Program is pleased to be able to offer the seasonal influenza (flu) vaccine to any student who is registered with the School Based Health Center. We will start to administer the flu vaccine as soon as we receive the vaccine supply. Your child will bring home a note stating which vaccine (shot or intranasal) they received on the day it is given. If your child receives the flu vaccine elsewhere prior to being given at the School Based Health Center, please notify us immediately so that we do not give them an extra influenza vaccine. If you would prefer to be present during vaccination, you may call the clinic and schedule an appointment.

What parents need to know:

The flu vaccine is updated every year to combat the different strains of the flu virus that research indicates are most likely to cause illness during the coming season. The ACIP recommends that everyone over 6 months old receive the seasonal influenza vaccine to prevent serious illness. The influenza vaccine consists of a series of one or two shots, depending on your child's age and previous vaccination history against the flu. Children under age 9 should receive 2 vaccines, 4 weeks apart, if they have never received the seasonal flu vaccine before. Children age 9 and older and children who have previously received two doses of influenza vaccine will only need one dose of the seasonal flu vaccine.

We have both the intranasal (nose) and injection form of the seasonal flu vaccine. The type of vaccine that your child receives will be based on their medical history and current supply at the school based health center.

What you need to do:

If you are interested in having your child receive the flu vaccine at Ryan Health's School Based Health Center, please complete the screening and consent form on the reverse side of this letter and have your child return it to his/her teacher or to the SBHC directly. **We will not vaccinate your child unless we have signed consent and it is the responsibility of the parent/guardian to notify Ryan Health if there is any reason we should NOT go through with administering the flu vaccine after this consent form has been submitted.** If you have any questions about the vaccines or influenza, please feel free to call us anytime at **212-229-1060**. You may also visit the New York City Department of Health website at www.nyc.gov/flu, speak with your child's regular health care provider, or call the CDC at 1-800-232-4636.

Sincerely,

The Ryan Health School Based Health Program Staff

Name _____

Date of Birth ___/___/___

Class _____

Part 1: This question lets us know if we should schedule your child to receive the influenza vaccine.

1) Would you like your child to receive the seasonal influenza vaccine from the SBHC? STOP here if you answered "NO" to the above question.	Yes	No
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Part 2: These questions will tell us if it is safe for your child to get the influenza vaccine.

3) Has your child had a <i>bad</i> reaction to an influenza vaccine before? If Yes, please describe here:	Yes	No
4) Does your child have an allergy to eggs? If Yes, please describe severity of reaction here:	Yes	No
5) Has your child ever had paralysis (inability to move all or part of the body) with Guillain-Barré Syndrome (GBS)? If Yes, please describe here:	Yes	No

Part 3: These questions will tell us if your child should get one or two doses of influenza vaccine.

If your child is under 9 years of age and has not received 2 doses of the seasonal influenza vaccine before July 2020, they will need to receive a second dose in 4 weeks.

6a) Has your child ever received seasonal influenza vaccine before?	Yes	No
6b) If Yes to 4a: Has your child received at least 2 doses of the influenza vaccine before July 2020?	Yes	No

Part 4: These questions will give us more information prior to administering the influenza vaccine.

Please note that the SBHC must give the injection (shot) form of the influenza vaccine if you answer "yes" to any of the following questions.

7) Does your child have any of the following (circle): heart disease, lung disease, <i>asthma</i> , kidney disease, diabetes or anemia?	Yes	No
8) Has your child used an albuterol inhaler or nebulizer for the treatment of cough or wheezing in the past 12 months? If so, when was the last time they used it? (date): ___/___/___	Yes	No
9) Does your child have cancer, leukemia, HIV/AIDS or other blood or immune system problems?	Yes	No
10) Has your child taken either steroids, antiviral drugs, anticancer drugs, or had cancer treatment with x-rays or radiation treatments in the past three months?	Yes	No
11) Has your child received a transfusion of blood products or been given a medication called immune (gamma) globulin in the past year?	Yes	No
12) Is your child regularly taking medications that contain aspirin?	Yes	No
13) Does your child have close contact with someone who is severely immunocompromised (such as someone in a bone marrow transplant unit of a hospital)?	Yes	No
14) Does your child have muscle or nerve disorders (such as seizure disorders or cerebral palsy) that has lead to breathing or swallowing problems?	Yes	No
15) Has your child received a live vaccine (MMR, Varicella, FluMist) in the past month? If so, when was the vaccine given? (date): ___/___/___	Yes	No

***Please note that it is the parent or guardian's responsibility to call the school based health center at **212-229-1060** to notify us if there is any reason why we should not go through with administering the influenza vaccine after this consent form has been turned in. Please call us if:

- Your child received the flu vaccine from your family's pediatrician or from another clinic between turning in the consent form and the scheduled vaccine administration date
- Your child is feeling ill prior to and/or on the scheduled day of vaccine administration (we check every child's temperature before vaccination and we will defer vaccination if appropriate)
- If there is any other reason you would like to retract your consent

By signing below, I am agreeing that I have read the Vaccine Information Statement and I want my child to receive the influenza vaccine at the School-Based Health Center.

***Signature of Parent/Legal Guardian: _____

Date: ___/___/___

Print Name of Parent/Legal Guardian: _____

Phone Number: _____

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 of age and older, pregnant women, 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.

Each 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 vaccine

CDC recommends everyone 6 months of age 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 three or four viruses that are 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 vaccine provider if the person getting the vaccine:

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

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

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.



4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- 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 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. 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. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- 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 www.cdc.gov/flu

Vaccine Information Statement (Interim)
**Inactivated Influenza
Vaccine**



Office use only

Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

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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 of age and older, pregnant women, 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.

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2 Live, attenuated influenza vaccine

CDC recommends everyone 6 months of age 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.

Live, attenuated influenza vaccine (called LAIV) is a nasal spray vaccine that may be given to non-pregnant people **2 through 49 years of age**.

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 three or four viruses that are 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 vaccine provider if the person getting the vaccine:

- Is **younger than 2 years or older than 49 years** of age.
- Is **pregnant**.
- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Is a **child or adolescent 2 through 17 years of age who is receiving aspirin or aspirin-containing products**.
- Has a **weakened immune system**.
- Is a **child 2 through 4 years old who has asthma or a history of wheezing** in the past 12 months.
- Has **taken influenza antiviral medication** in the previous 48 hours.
- **Cares for severely immunocompromised persons** who require a protected environment.
- Is **5 years or older and has asthma**.
- Has other **underlying medical conditions** that can put people at higher risk of serious flu complications (such as **lung disease, heart disease, kidney disease, kidney or liver disorders, neurologic or neuromuscular or metabolic disorders**).
- Has had **Guillain-Barré Syndrome** within 6 weeks after a previous dose of influenza vaccine.



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

For some patients, a different type of influenza vaccine (inactivated or recombinant influenza vaccine) might be more appropriate than live, attenuated 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.

4 Risks of a vaccine reaction

- Runny nose or nasal congestion, wheezing and headache can happen after LAIV.
- Vomiting, muscle aches, fever, sore throat and cough are other possible side effects.

If these problems occur, they usually begin soon after vaccination and are mild and short-lived.

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.

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**Live Attenuated
Influenza Vaccine**



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