## CALVERT COUNTY HEALTH DEPARTMENT DIVISION OF COMMUNITY HEALTH

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Dear Parent or Guardian,

In a typical year, 30% of children get sick from the flu virus. In some cases, children develop pneumonia and need to be hospitalized. Because of this, the American Academy of Pediatrics recommend that all children 6 months and older receive a flu vaccine each year. To help families across Calvert County, your child's elementary school is partnering with the health department to provide vaccination FREE OF CHARGE. Nurses will administer the vaccine at school. You only need to sign the consent form.

The vaccine will only be available by injection. As you may be aware, the nasal spray vaccine (FluMist) was taken off the market a few years ago due to lack of effectiveness. The spray has been reformulated and preliminary results have shown improvement. However, there is disagreement among expert organizations whether to recommend use of the spray this year. Since we know that the injectable version of the vaccine provides good protection, the Calvert Health Department is only administering this form during the 2021 flu season.

Parents should be aware that <u>children with asthma and diabetes are most at risk for serious complications from the flu</u>, and all efforts should be made to get your child vaccinated.

Some parents do not have their children vaccinated due to concerns about side effects from the vaccine. This has been extensively studied. Serious side effects such as allergic reaction or a neurologic condition called Guillain-Barre Syndrome are extremely rare. In fact, Guillain-Barre is more likely to occur as a consequence of getting the flu than as a result of a side effect from vaccination. If every child in the Calvert school system is vaccinated every year, we would see one serious reaction every <u>46 years</u>. During this time period, we will prevent over 100,000 children from getting the flu. The more common side effects from the vaccine such as soreness at the site where the shot was given, headache, or low-grade fever are typically mild and usually last 1-2 days. Compared to a child with the flu who develops 103-degree fever, body aches, vomiting, and possible trips to the pediatrician or emergency room, parents can appreciate the value of preventing serious illness with a safe and well tested vaccination. Children who receive the INFLUENZA VACCINE each year are on average 70% less likely to get sick and less likely to spread illness to older relatives and neighbors.

The CDC and other vaccine experts have stated that it's safe for those 12 and older to receive both the influenza and COVID vaccines. If the COVID vaccine is authorized for children under age 12 during flu season, it is almost certain that receiving an influenza vaccine will not delay your child's eligibility for COVID inoculation.

If you would like your child to be vaccinated against influenza:

1. FILL OUT A CONSENT FORM ONLINE AT: www.vaccineconsent.com (This is preferred)

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FILL OUT A PAPER CONSENT FORM (Turn over for consent form)

2. Read the Vaccine Information Statement, which can be found at <a href="https://tinyurl.com/2019FluVIS">https://tinyurl.com/2019FluVIS</a> and is included in this packet.

Jamere Blok MD

Larry Polsky, M.D., M.P.H. Chief of Public Health Calvert County Health Department

# Calvert County Health Department & Calvert County Public & Private Schools Seasonal Vaccination consent for the School Flu Prevention Initiative 2021

If you would like an Injectable Flu Vaccination given to your child, complete parts 1-5 on this form and sign your consent.

OR you may fill out a consent form online and submit it to your child's school @ <a href="https://www.marylandvax.org">https://www.marylandvax.org</a>

1. PLEASE PRINT	Homeroom	Homeroom Teacher:		Grade:		
School.	nomeroom reacher.		•			
Student Name: (Last, First, Middle Initial)	Parent or Legal Guardian Name:					
	Daytime Tele	Daytime Telephone #				
	Cell#	Cell#				
Address: (Street or PO Box)	Age:	Age: Date of Birth:				
City:	Gender: M	Gender: M F Race:				
Zip:						
2. SCREENING FOR VACCINE ELIG	BILITY			YES	NO	
Has your child ever had a serious reaction to a previou		ine?				
Has your child ever had Guillain-Barre Syndrome (GBS)?						
Does your child have serious allergies to a medication, food, or latex?						
Does your child have an allergy to a component of the vaccine?						
If you answered yes to number any of these questions then	your child should <u>NOT</u> rec	eive a flu	vaccination at this			
clinic.  If your child has a moderate to severe illness on the day of the day	the vaccination clinic he/sh	ne should	not be vaccinated until			
their symptoms have improved.	the vaccination chine, he/si	ic silouid	not be vacemated until			
3. FOR CHILDREN 6 MONTHS THRO		F AGE	WHO:			
<ul> <li>Have NEVER been vaccinated against influenz</li> <li>Have not received at least 2 doses of flu vacci</li> </ul>						
If parents are unsure	The before July 2021 OIL					
These children should receive TWO doses of flu vaccine this						
will return to your child's school at the appropriate time to this injection.	administer a second dose	it needed.	You will need to sign a	notner cor	isent for	
Will your child need a 2 <sup>nd</sup> vaccination:	(Circle one) YES NO	)				
4. Insurance Information—Please che			o this student.			
You will NOT be billed to This student has no medical insurance	for the influenza vac	cine				
This student has medical insurance through MEDICAID						
This student has PRIVATE medical insurance through a parent or guardian						
5. CONSENT FOR CHILD'S VACCIN						
I understand the risks and benefits of the vaccine and give co	onsent to the Calvert Count					
on this form to be vaccinated with the 2019 injectable influent 8/15/19 or someone has read it to me. (The vaccine information				ement (VIS	) dated	
of 15/19 of 30 meone has read it to me. (The vaccine informatio	on statement can be access	ed at <u>ww</u>	w.iiriiriumze.org/vis.)			
Parent/Guardian Signature			Date			
	1000 77 3000	a ala ala alo ele ele ele	ata da			
**************************************	nic/OfficeUse******  Route:	*****	Dosage	******* RN	*****	
Tabolito Manaradataron Vaccino Lota			ŭ	7.77		
	□ IM / LD or RD		0.5 ml			

### **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.



### 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.

