



Bangor Area School District
123 Five Points Richmond Road
Bangor PA 18013
Telephone # 610-588-2163 x 8000

October 30, 2009

Dear Parents/Guardians:

As you may have heard, a new influenza virus, called the 2009 H1N1 influenza virus, was first identified in the United States in late April 2009. The virus has caused illness ranging from mild to severe, including hospitalizations and deaths in adults and children. Many children have become infected with the H1N1 virus and there have been large outbreaks in some schools across the country. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices has recommended that children and young adults aged 6 months through 24 years be vaccinated against 2009 H1N1 as soon as the vaccine is available.

Vaccination is the best way to protect your child from this potentially serious disease. The Bangor Area School District is working with the Pennsylvania Department of Health to offer the 2009 H1N1 vaccine to children in our district after school hours. The vaccination clinics will be held in the near future. You will receive an AlertNow message giving you the specific dates and times once the vaccine is on hand. In addition, the information will also be posted on the Bangor Area School District web site www.bangorslaters.com. Because we do not know the actual date when the vaccine will arrive, keeping your schedule flexible in the after school hours during the coming week will make us able to get the vaccine to your child at the earliest possible date. **Children ages 5 to 9 are expected to need two doses of vaccine spaced about 3 weeks apart. There will be no cost to you for this vaccine.**

Please read the Vaccine Information Sheet included with this letter about the disease and the vaccine. You must sign and date the consent form to accept vaccination for your child and return it to the school. If you accept vaccination, you will need to bring your child to one of the designated locations at the designated time. **No student will receive the vaccine without signed consent and a parent or designated guardian accompanying him or her.** An AlertNow message will let you know when we receive the vaccine, as well as the time and location of the vaccination clinics. If at any time you change your mind about having your child vaccinated, you can withdraw your consent. Returning this form to your school nurse and giving consent early will ensure that your child is ready to receive the vaccine as soon as it is on hand.

If you have any questions about the vaccine or the vaccination clinics, please call: 610-588-2163, x71850, or 78804 from 8 AM to 4 PM. You may also visit the CDC's 2009 H1N1 influenza web site at <http://www.cdc.gov/h1n1flu/> and <http://www.cdc.gov/h1n1flu/parents> for more information specifically for parents. Your child's health care provider also can answer your questions about the 2009 H1N1 influenza virus, will be able to give your child the seasonal influenza vaccine, and may be able to give your child the 2009 H1N1 vaccine.

Sincerely,
John Reinhart
Superintendent

2009 H1N1 INFLUENZA VACCINE

INACTIVATED

WHAT YOU NEED TO KNOW

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

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (which was earlier called Swine Flu) is a type of flu caused by a new strain of influenza virus. Because it has spread to many countries, it has been declared a pandemic influenza strain.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, nasal secretions, and sometimes through handling 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 recover 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 prior flu infections usually have some immunity to seasonal flu 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.

3 2009 H1N1 influenza vaccine

Vaccines are being made to protect against 2009 H1N1 influenza.

- These vaccines are produced just like seasonal flu vaccines.
- They are expected to be as 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 recommended.*

Inactivated (killed) vaccine is injected into the muscle, like the annual flu shot. **This statement describes the inactivated vaccine.**

A **live, intranasal** vaccine is also available. It is described in a separate statement.

Some inactivated H1N1 vaccine contains a preservative called thimerosal. While some people have suggested that thimerosal may be related to developmental problems in children, that theory has not been supported by research. Thimerosal-free vaccine is also available.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency personnel
- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 with certain chronic medical conditions or a weakened immune system

These groups should also be vaccinated:

- Healthy 25-64 year olds
- Adults 65 and older

WHEN

Get vaccinated as soon as the vaccine is available.

Recommendations may change if we learn that other groups of people are at particularly high risk.

Some people may need **two doses** of vaccine.

5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 flu vaccine 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.*

Also tell them if you have 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.

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.

Pregnancy or breastfeeding are *not* reasons to avoid getting 2009 H1N1 flu vaccine.

2009 H1N1 vaccine may be given at the same time as other vaccines, including seasonal influenza vaccine.

6 What are the risks from 2009 H1N1 influenza vaccine?

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 virus in inactivated 2009 H1N1 vaccine has been killed, so you cannot get influenza from the vaccine.

The risks from 2009 H1N1 vaccine are expected to be similar to those from seasonal flu vaccine:

Mild problems:

- soreness, redness, tenderness, or swelling where the shot was given
- fainting (mainly adolescents)
- headache, muscle aches
- fever
- nausea

If these problems occur, they usually begin soon after the shot and last 1-2 days.

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 shot.
- In 1976, an earlier type of swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly 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 www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8 Vaccine injury compensation

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

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 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 www.cdc.gov/h1n1flu or www.cdc.gov/flu
- Visit the web at www.flu.gov



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



Vaccine Information Statement (Pre-Licensure)
2009 H1N1 Influenza Vaccine 8/26/09

Please complete and return this form (PLEASE PRINT).

Name of child receiving vaccination: _____ Birth date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home/Cell telephone: _____ Emergency contact number: _____
 Parent/Legal Guardian: _____
 Grade: _____ Homeroom Teacher's Name: _____

Please circle YES or NO to all of the questions below:

1. Is your child allergic to eggs, egg proteins, or to another component of influenza vaccines, such as arginine, gelatin, gentamicin (antibiotic) neomycin (antibiotic) and polymyxin (antibiotic)?	Yes	No
2. Has your child ever had a serious reaction to an influenza vaccine?	Yes	No
3. Has your child ever had Guillain-Barfe syndrome?	Yes	No
4. Is your child younger than 2 years of age?	Yes	No
5. Does your child have asthma or recurrent or active wheezing?	Yes	No
6. Has your child received a vaccine within the past 30 days? If yes, please list name of vaccine(s): _____ Date: _____	Yes	No
7. Has your child taken any antiviral medications (Tamiflu or Relenza) in the past 48 hours?	Yes	No
8. Is your child currently receiving aspirin or aspirin containing therapy?	Yes	No
9. Does your child have any diseases (e.g., cancer, lupus, or human immunodeficiency virus [HIV] or acquired immunodeficiency syndrome [AIDS]) or take a medication (e.g., steroids or chemotherapy) that lowers the body's resistance to infection?	Yes	No
10. Does your child have any of the following health problems? If yes, please check: <input type="checkbox"/> Heart disease <input type="checkbox"/> lung disease <input type="checkbox"/> kidney disease <input type="checkbox"/> diabetes <input type="checkbox"/> other _____	Yes	No
11. Is your child pregnant or nursing?	Yes	No
12. Please let us know if your child has close contact with anyone who has a weakened immune system and must be in a protective environment (eg. an individual who has had a bone marrow transplant). Please describe: _____		
13. The Acting Physician General of the Commonwealth has delegated to qualified paramedics the function of administering H1N1 influenza vaccine in approved vaccination clinics. Do you agree that you or your child may have a paramedic administer the H1N1 vaccine?	Yes	No

NOTE: If you answered YES to questions 1, 2, or 3, your child should **NOT** receive an influenza vaccine through the school vaccination program. If you answered YES or left blank any of the questions 4 through 12, your child should **NOT** receive an intranasal influenza vaccine, but is recommended to receive an injectable influenza vaccine.

I have been given the Centers for Disease Control and Prevention Vaccine Information Statement (VIS). I have read the VIS and have no further questions at this time. I understand the risks and benefits of H1N1 influenza vaccine. I request and voluntarily consent that H1N1 influenza vaccine be given to _____ of whom I am the parent or legal guardian, and I acknowledge that no guarantees have been made concerning the vaccine's success. I understand the possible side effects and warnings and precautions that should be taken into consideration prior to administration of the vaccine.

Allergies or medical alert: _____

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

For children younger than the date of their 10th birthday:

Your second dose of H1N1 vaccine should be given after this date: _____

For Staff use only:

Vaccine	Date Administered	Route	Dose Number (1 st or 2 nd)	Vaccine Manufacturer	Lot Number	Site/Dosage	Signature of Vaccinator
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal					

**Are you interested in knowing why certain questions are on the Influenza Vaccination Consent Form?
If so, please read the information below. If you have additional questions, consult your health-care provider.**

1. Is your child allergic to eggs, egg proteins, or to another component of the vaccine?

History of anaphylactic reaction—such as hives, wheezing, or difficulty breathing, or circulatory collapse or shock (not fainting)—after eating eggs or receiving any component of an influenza vaccine is usually a contraindication for further doses. Please check with your health-care provider to see if your child has allergies that would prevent immunization against influenza disease.

2. Has your child ever had a serious reaction to an influenza vaccine?

Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination against influenza.

Fever, malaise, myalgia, and other systemic symptoms most often affect persons who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination.

3. Has your child ever had Guillain-Barre syndrome?

It is prudent to avoid vaccinating persons who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barre syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these persons. Although data are limited, the established benefits of influenza vaccination for the majority of persons who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

4. Is your child younger than 2 years of age?

The intranasal influenza vaccine is not licensed for use in persons younger than 2 years of age or older than age 49 years of age.

5. Does your child have asthma or recurrent or active wheezing?

The intranasal influenza vaccine is not recommended for children with possible reactive airways disease (eg, history of asthma or recurrent wheezing or whose parent or guardian answers yes to this question). Instead, they should be given the injectable influenza vaccine.

6. Is your child under 18 years of age currently receiving aspirin or aspirin containing therapy?

Because of the theoretical risk of Reye's syndrome, children and teens on aspirin therapy should not be given the intranasal influenza vaccine. Instead they should be vaccinated with the injectable influenza vaccine.

7. Does your child have any diseases (eg, cancer, lupus, or HIV/AIDS) or take a medication (eg, steroids or chemotherapy) that lowers the body's resistance to infection?

Persons with weakened immune systems should not be given the intranasal influenza vaccine. Instead, they should be given the injectable influenza vaccine.

8. Has your child received a vaccine within the past 30 days?

Persons who were given a live virus vaccine (eg, MMR, MMRV, varicella, yellow fever) in the past 4 weeks should wait 28 days before receiving another live virus vaccine (eg, the intranasal influenza vaccine). There is no reason to defer giving a live virus vaccine (eg, the intranasal influenza vaccine) if they were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (eg, immunoglobulin [IG]).

9. Does your child have any long-term health problems?

Persons with any of these health conditions (listed in question 9) should not be given the intranasal influenza vaccine. Instead, they should be vaccinated with the injectable influenza vaccine.

10. Is your child pregnant or nursing?

It is recommended that pregnant women receive injectable influenza virus vaccine. Pregnant women or women planning to become pregnant within a month should not be given the intranasal influenza vaccine. If you have any concerns, please consult your child's health-care provider.

11. Is your child in close contact with anyone who has a weakened immune system?

Vaccination against influenza disease is recommended for any household contact of a person with a weakened immune system. Injectable influenza vaccine is preferred for persons who have close contact with severely immunosuppressed persons during periods in which the immunosuppressed person requires care in a protective environment.

If you have any questions regarding influenza vaccination, please contact your child's health-care provider.