



COUNTY OF DARE

Department of Public Health

P.O. Box 1000, Manteo, North Carolina 27954

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Anne B. Thomas
Director

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Dear Parent/Guardian –

We are pleased to announce that the Dare County Department of Public Health (DCDPH) in conjunction with the Dare County Schools is planning to protect as many students as possible against the **seasonal flu** by offering in-school flu vaccinations with FluMist (Influenza Virus Vaccine Live, Intranasal) **at no cost**. FluMist is not a shot; it is a gentle mist that is sprayed into the nose. This immunization opportunity will be available to all **middle and high school children**. Elementary schools have already been completed. The vaccine will be administered by DCDPH School Health Nurses to those who are able to receive FluMist and have written parental permission (see attached forms). *Children with asthma and certain underlying conditions are not eligible for this vaccine, and are encouraged to receive the injection form of this vaccine from their primary care provider or the Health Department.*

Seasonal flu is very contagious, especially among children. The single best way to help prevent the flu is to get a flu vaccination each year. The Centers for Disease Control and Prevention (CDC) now recommend that all children be vaccinated against the flu. The goal is to prevent students from being sick with the seasonal flu *and* spreading it to others in the school, families, and community. We also strongly encourage you to contact your child's health care provider to determine if your child should receive any other vaccinations.

Please read the enclosed information about FluMist and complete all of the attached forms granting permission for your child to be vaccinated with FluMist. These forms must be returned to your child's school on or before **December 9, 2011 (no exceptions)** to ensure your child receives this vaccine. We are unable to vaccinate anyone without completed paperwork. **Please note there is no cost for this vaccine.**

Due date for permission forms - **December 9, 2011**

Please carefully consider this opportunity for your child. If you have any questions, please contact your school nurse, Dare County Department of Public Health at 252-475-5003 or your child's healthcare provider.

Sincerely,

Your School Nurse
Dare County Department of Public Health

LAND OF BEGINNINGS



Dare County Department of Public Health In-School FluMist Vaccination Program- 2011

This form **MUST** be returned to your child's school nurse by December 9, 2011.
*****DO NOT return this form if you do not want your child to receive the FluMist Vaccine.*****

Child's Information:

Name: _____ Grade: _____
Last Name First Name MI

Mother's Maiden Name: _____

School Name: _____ Teacher Name: _____

Date of Birth: _____ / _____ / _____ Age: _____ Male Female
Month Day Year

Home Address: _____, NC _____
Street Address City Zip Code

Parent/Guardian Contact Information:

Mother's Name	() - _____ Home Phone Number	() - _____ Work/Mobile Phone Number
Father's Name	() - _____ Home Phone Number	() - _____ Work/Mobile Phone Number

Please circle "Yes" or "No" for each of the following questions. All questions MUST be answered for your child to be eligible to receive FluMist. If you need clarification or more information about a question, you can contact your school nurse or the Dare County Department of Public Health at 252-475-5003.

Has your child received the MMR or varicella (chickenpox) vaccine in the PAST ONE (1) MONTH?	Yes	No
My child has had a life-threatening reaction to FLU vaccine in the past.	Yes	No
My child has a severe allergy (hives or trouble breathing) to eggs, gentamicin, gelatin, MSG or arginine (all contained in the flu vaccine).	Yes	No
My child is currently receiving long-term aspirin treatment.	Yes	No
My child has a history of Guillain-Barré Syndrome.	Yes	No
My child has a disease such as cancer, lupus, or HIV/AIDS or takes medication such as steroids or chemotherapy that lowers the body's resistance to infection.	Yes	No
My child has a health concern such as chronic heart disease, lung disease, kidney disease, liver disease, muscle or nerve disease (such as seizures), diabetes, blood disease (such as sickle cell anemia), or may be pregnant.	Yes	No
My child frequently visits someone who has a severely weakened immune system such as a person who has had a bone marrow transplant AND CURRENTLY is in a negative pressure room in the hospital OR is currently in the hospital on chemotherapy.	Yes	No
My child has received a FLU vaccine this fall (2011). Date received _____	Yes	No
My child has been diagnosed with asthma OR is less than five (5) years of age and has had multiple episodes of wheezing, or had a wheezing episode in the last twelve (12) months.	Yes	No

Continued on the reverse side of this form

To receive the Flumist, the appropriate box or boxes must be checked.

My Child

- Is American Indian or Alaskan Native
- Has Medicaid
- Has NO Medical Insurance
- Has medical insurance that **does not** cover immunizations
- Has medical insurance that **does** cover immunizations

Yes, I give permission for my child, _____,
print child's name here

to receive FluMist (nasal spray) at school. This vaccine is provided at no cost. I understand that if my child is under nine (9) years of age, and has never had flu vaccine before, he/she should receive a second dose one (1) month later during the flu season. I have read the Vaccine Information Statement for the LAIV (FluMist) and have had my questions answered by my child's doctor or the Dare County Department of Public Health. I understand that I have the opportunity to review the Dare County Department of Public Health's *Notice of Privacy Practice* by contacting the Dare County Department of Public Health by calling 475-5003 and requesting a copy by mail.

Parent/Guardian Signature

Date

Please return this completed form to your child's school nurse by December 9, 2011 so your child can participate in the In-School FluMist Immunization Program.

*****DO NOT return this form if you do not want your child to receive the FluMist vaccine.*****

Date	For Local Health Department use Only:			Date of VIS	Nurse Signature
	Type of Vaccine	Route	Mfr Lot #		
	FluMist	Intranasal			

Eligible child was not able to be vaccinated today due to: Illness Uncooperative Absent Other

LIVE, INTRANASAL INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2011-12

Vaccine Information Statements are available in Spanish and many 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 (“flu”) is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

2 Live, attenuated influenza vaccine - LAIV (nasal spray)

There are two types of influenza vaccine:

1. **Live, attenuated** influenza vaccine (LAIV) contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils.
2. **Inactivated** (killed) influenza vaccine, the “flu shot,” is given by injection with a needle. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the vaccination. Protection lasts about a year.

LAIV does not contain thimerosal or other preservatives.

3 Who can receive LAIV?

LAIV is recommended for healthy people **2 through 49 years of age**, who are not pregnant and do not have certain health conditions (see #4, below).

4 Some people should not receive LAIV

LAIV is not recommended for everyone. The following people should get the inactivated vaccine (flu shot) instead:

- **Adults 50 years of age and older or children from 6 through 23 months of age.** (Children younger than 6 months should not get either influenza vaccine.)
- Children younger than 5 years with asthma or one or more episodes of wheezing within the past year.
- Pregnant women.
- People who have long-term health problems with:
 - heart disease
 - kidney or liver disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- Anyone with certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone with a weakened immune system.
- Anyone in close contact with someone whose immune system is so weak they require care in a protected environment (such as a bone marrow transplant unit). *Close contacts of other people with a weakened immune system (such as those with HIV) may receive LAIV. Healthcare personnel in neonatal intensive care units or oncology clinics may receive LAIV.*
- Children or adolescents on long-term aspirin treatment.

Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.

Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.

Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

Tell your doctor if you have gotten any other vaccines in the past 4 weeks.

Anyone with a nasal condition serious enough to make breathing difficult, such as a very stuffy nose, should get the flu shot instead.

People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

5 When should I receive influenza vaccine?

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

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

6 What are the risks from LAIV?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Live influenza vaccine viruses very rarely spread from person to person. Even if they do, they are not likely to cause illness.

LAIV is made from weakened virus and does not cause influenza. The vaccine can cause mild symptoms in people who get it (see below).

Mild problems:

Some children and adolescents 2-17 years of age have reported:

- 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 from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- If rare reactions occur with any product, they may not be identified until thousands or millions of people have used

it. Millions of doses of LAIV have been distributed since it was licensed, and the vaccine has not been associated with any serious problems.

The safety of vaccines is always being monitored. For more information, visit:

- www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html and
- www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

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 doctor 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 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382, or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

9 How can I learn more?

- Ask your doctor. 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/flu



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



Vaccine Information Statement (Interim)
Live, Attenuated Influenza Vaccine (7/26/11) U.S.C. §300aa-26