



*Governor Mifflin School District*

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October 28, 2009

Dear Parent or Guardian:

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 contracted the 2009 H1N1 infection, and there have been large outbreaks in some schools across the country. The Centers for Disease Control and Prevention (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. Other groups recommended for the first doses of the 2009 H1N1 influenza vaccine are:

- Pregnant women
- People who live with or care for children younger than six months of age
- Health care and emergency medical services workers
- People ages 25 through 64 years who have certain health conditions such as HIV, diabetes, or heart or lung disease

Vaccination is the best way to protect your child from this potentially serious disease. **The Pennsylvania Department of Health is working with Governor Mifflin School District to offer the 2009 H1N1 influenza vaccine to students currently enrolled in Governor Mifflin Schools.** We will hold vaccination clinics beginning in November and let you know the specific dates once the vaccine is on hand. The first group to receive the vaccine will be those between the ages of 5 and 10. Children are expected to need two doses of the vaccine spaced about three weeks apart. **There will be no cost to you for this vaccine.**

Enclosed is a vaccine consent form that includes options for accepting or refusing the vaccination for your child. **If you refuse or fail to return the consent form, the vaccination will not be administered to your child.**

Please read the vaccine information sheet on the back of the enclosed consent form. **You must then sign and date the consent form to accept the vaccination for your child and return it to the school nurse at your child's school by Monday, November 9, 2009.** If you accept the vaccination, the vaccine will be given to your child when it is on hand. School staff will notify you approximately one (1) week before the vaccination clinic will take place. If, at any time, you change your mind about having your child vaccinated, you can contact the school nurse at your child's school. Giving consent early will ensure that your child is ready to receive the vaccine as soon as it is available.

If you have any questions about the vaccine or the vaccination clinics, please call 610-775-1461, ext. 1109 from 8:30 a.m. to 4:00 p.m. Please visit the CDC's 2009 H1N1 influenza web site at <http://www.cdc.gov/h1n1flu/> and also <http://www.cdc.gov/h1n1flu/parents> for more information especially for parents. Your child's health care provider also can answer your questions about the 2009 H1N1 influenza virus and will be able to give your child the seasonal influenza vaccine. He or she may also be able to give your child the 2009 H1N1 vaccine.

Sincerely,

Eric L. Wolf  
Director of Instructional and Pupil Services

Enclosure

# Governor Mifflin School District Influenza Vaccination Consent Form

Please complete and return this form to your child's school nurse by Monday, November 9, 2009

(PLEASE PRINT).

Name of child receiving vaccination: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher's Name: \_\_\_\_\_

Please circle YES or NO to the questions below:

- |                                                                                                                                                                                                                                                      |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Is your child allergic to eggs, egg proteins, or to another component of influenza vaccines?                                                                                                                                                      | Yes | No |
| 2. Has your child ever had a serious reaction to an influenza vaccine?                                                                                                                                                                               | Yes | No |
| 3. Has your child ever had Guillain-Baré 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. Is your child under 18 years of age currently receiving aspirin or aspirin containing therapy?                                                                                                                                                    | Yes | No |
| 7. 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 |
| 8. Has your child received a vaccine within the past 30 days?<br>If yes, please list name of vaccine(s): _____ Date _____                                                                                                                            | Yes | No |
| 9. Does your child have any of the following long-term health problems?<br>(PLEASE CIRCLE)<br>heart disease      lung disease      kidney disease      metabolic diseases (eg, diabetes)<br>other _____                                              |     |    |
| 10. Is your child pregnant or nursing?                                                                                                                                                                                                               | Yes | No |
| 11. 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:<br>_____                      |     |    |

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 11, 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 Sheets. I have read these documents and have no further questions at this time. I understand the risks and benefits of both vaccines. I request and voluntarily consent that 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: \_\_\_\_\_

My preference for my child's influenza vaccine is the following:

- Inactivated injectable influenza vaccine ONLY
- Live intranasal influenza vaccine ONLY
- Either injectable influenza vaccine OR live intranasal influenza vaccine

Name of parent: \_\_\_\_\_ Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**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-Baré 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-Baré 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.**