



Public Health
Prevent. Promote. Protect.

**Nicollet County
PUBLIC HEALTH**

501 Minnesota Avenue
St. Peter, MN 56082
507-934-0485

November 5, 2009

Dear Parent/Guardian:

H1N1 influenza vaccination will be offered to your child soon. Nicollet County Public Health and your school have been working together and, as soon as vaccine is received, will be offering vaccination clinics during the school day. These clinics could begin as early as November 16, beginning first with students in Kindergarten and 1st Grade, and as vaccine supply increases, vaccine will be provided to additional grade levels. There will be **no cost** to you for this vaccine. You will be notified of the date of vaccination clinics and you are welcome to be present when your child is vaccinated.

Vaccination is the best way to protect your child from this potentially serious disease. However, participation is voluntary. Please carefully consider allowing your child to receive this vaccine. (Children from 6 months to 9 years old are expected to need two doses of vaccine spaced at least 4 weeks apart).

We have learned that the majority of the vaccine for use in schools will be FluMist. This is an easy, pain-free way to be vaccinated – good news! Injectable vaccine will be reserved for those children determined to have pre-existing medical conditions (in other words; asthma, diabetes, cancer, or disease of the heart, liver, kidney, nerves or blood).

Attached you will find consent forms, and Vaccine Information Sheets (one for the “flu shot” and one for the nasal spray vaccine “Flu-Mist”). **Please read the Vaccine Information sheets thoroughly.** Then, complete one consent form for each child you have in kindergarten through the 12th grade. **Consent forms must be returned to your child’s teacher or school office before November 16 in order for your child to receive a vaccination.** Two consent forms are included with this letter; additional consent forms are available on the school website or by calling the school secretary or school nurse’s office.

If you have questions, more information is available on the internet at: www.health.state.mn.us or you may call the Minnesota Department of Health Flu information line toll-free at 1-800-657-3903 from 8:00 a.m. - 4:30 p.m. Monday-Friday.

Sincerely,

Julie Carroll
Director of Public Health

PLEASE SEE FREQUENTLY ASKED QUESTIONS ON THE BACK OF THIS LETTER

School Vaccination Clinic

Frequently Asked Questions:

- ? Will the vaccine at schools be the Flu Mist nasal spray vaccine which is a live virus?
- Most of the vaccine will be Flu Mist. While the nasal mist is a live virus, it has been weakened so that it will **not** cause illness. If you have further questions, please refer to the Vaccine information sheet marked “Live, Attenuated.”
- ? What if my child has already been ill with H1N1?
- Even if your child has been ill this year, they should still be vaccinated. Unless your child was hospitalized due to illness, they have not been confirmed to have had the H1N1 influenza. Vaccinating them ensures they are protected.
- ? Shouldn't I just wait and have my medical provider vaccinate all my children at the same time?
- While you are welcome to wait, it will likely be quite some time before your medical provider is able to host a vaccination clinic. Please consider vaccinating your eligible child now.
- ? Is vaccination mandatory?
- No, this is a voluntary vaccination. However, because we feel it is extremely important for all children to be vaccinated it is our goal to do what we can to keep kids healthy and in school. To encourage participation, there is no cost associated with these clinics.
- ? Who is giving this vaccine? What will my child require?
- Vaccine will be administered by licensed nurses. Children are immunized based on the information you provide on the consent forms. Please complete them carefully.
- ? What if my child has been on Tamiflu, Relenza or another antiviral drug?
- Please indicate when they received their last dose of medicine on their consent form. They will still be able to receive vaccine.
- ? What if my child has been ill?
- Unless your child is too ill to attend school, they are eligible to receive the vaccine.

THIS FORM MUST BE SIGNED AND RETURNED BEFORE YOUR CHILD RECEIVES VACCINE**Minnesota 2009 H1N1 Influenza Vaccine School Consent Form**
(Injection or Nasal Spray)**Information about Child to Receive Vaccine (Please Print)**

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH		
				Month	Day	Year
MOTHERS MAIDEN NAME (LAST)				STUDENT'S AGE		STUDENT'S GENDER
						M / F
ADDRESS						
CITY		STATE	ZIP	PARENT/GUARDIAN DAYTIME PHONE		
				NUMBER:		
SCHOOL NAME				GRADE		

Screening for Vaccine Eligibility

The answers to the following questions will help us determine if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.	YES	NO
1. Does your child have a serious allergy to eggs?		
2. Does your child have any other serious allergies? Please list: _____		
3. Has your child ever had a serious reaction to a previous dose of influenza vaccine?		
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?		

Your answers to the following questions will help us know which type of vaccine your child can get (Injection or Nasal Spray).	YES	NO
1. Has your child gotten vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: Month _____ Day _____ Year _____		
2. Does your child have any of the following: Asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?		
3. Is your child on long-term aspirin or aspirin-containing therapy? (For example, does your child take aspirin every day)		
4. Does your child have a weak immune system? (For example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?		
5. Is your child pregnant?		
6. Does your child visit a hospitalized person who needs care in a protected environment? (For example, a hospitalized person who has had a bone marrow transplant)		
If your child is started on an Antiviral medication before the scheduled school vaccination clinic please notify your school nurse.		

**Your signature on this form will be a record of your consent for up to two doses of the H1N1 Influenza Vaccine for your child.
Your child will receive vaccine based on availability.**

CONSENT FOR CHILD'S VACCINATION:
I GIVE CONSENT to the STATE/LOCAL health department and its staff for my child named at the top of this form to be vaccinated with this vaccine. I have received the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits. I understand that the information contained within this record is being maintained to monitor immunization needs in order to prevent disease. This information is confidential and will only be shared with organizations or persons who are authorized by law to receive it. This includes the Minnesota Department of Health, a health care provider or health care organization providing services on behalf of the child, the child's school or childcare and anyone else authorized under law to receive it. This information will be included in the Minnesota Immunization Information Connection Registry, a secure web-based registry system for health care providers. If you choose not to have your child's information shared with registry please call 1-800-657-3970.
Signature of Parent/Legal Guardian _____ Date: _____ (Your child will not be vaccinated if this consent form is not signed, dated, and returned.)

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose	Injection Site	Vaccine Manufacturer	Lot Number
2009 H1N1	/ /	IM Intranasal	0.25 ml 0.5 ml 0.2 ml			
2009 H1N1	/ /	IM Intranasal	0.25 ml 0.5 ml 0.2 ml			
Name and Title of Vaccine Administrator				1.	2.	