

City of Newton



Ruthanne Fuller
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

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Public Health
Prevent. Promote. Protect.

September 2019

Dear Parents/Guardians:

The Health and Human Services Department is once again pleased to offer the influenza vaccine to all Newton students in Kindergarten through grade 12.

The flu shot will be administered during the school day at no charge to families. The flu vaccination program is free again this year because the Massachusetts Department of Public Health (MDPH) is providing the flu vaccine for students, but we do request insurance information to help recoup costs to administer the vaccine. We will not be offering the nasal spray flu vaccine (FluMist) at school this year.

Clinics will be held in each Newton public school from late September through mid-November. Specific clinic dates will be announced at each school and are posted online at www.newtonma.gov/flu

To sign your child up, you should return two forms to the school nurse no later than 2 school days before the clinic date at your child's school:

- 1. Consent/Screening Form**
- 2. Student Vaccine Administration Record/Insurance Information Form**

- Forms are available online at www.newtonma.gov/flu or in the school nurse's office.
- Students who are not signed up will not receive the vaccine.
- Information about the flu vaccine, including its risks and benefits, is described on the Vaccine Information Statement posted at www.newtonma.gov/flu. School nurses also have information and can answer any questions.
- The CDC recommends the flu vaccine for everyone 6 months and older.

Every year children are at risk of developing serious complications from influenza. Flu vaccination is one of the best ways to protect children from getting the flu. We hope you take advantage of this important prevention program. Please talk with your school nurse if you have questions about the flu vaccine or our vaccination program.

Sincerely,

Ruth Hoshino, RN
Director of School Health Services

David Fleishman
Superintendent of Schools



Student Flu Vaccine Consent and Screening Form 2019-2020

Child's Last Name	Child's First Name	Date of Birth	Age
Parent/Guardian Last Name	Parent/Guardian First Name	Parent/Guardian Daytime Phone	
School Name	Teacher (preschool to 5th grade) OR Team (6th to 8th grade) Leave blank for 9th-12 graders		Grade

Answer the flu shot screening questions and sign below

	Yes	No
1. Has your child ever had a serious reaction to a flu vaccine in the past?		
2. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		
3. Has your child ever had a serious allergic reaction after eating eggs?		
4. Does your child have an allergy to gentamicin, neomycin, polymixin, or gelatin?		

A "YES" to questions 1 and 2 indicates your child cannot receive this vaccine at school. A "YES" to questions 3 and 4 indicates your child *might* be able to receive this vaccine at school depending on the available formulation – please call 617-796-1420 for more information. If you are not sure of the answers to these questions, contact your child's health care provider.

I have read the Vaccine Information Statement for the flu shot and understand the risks and benefits. I GIVE CONSENT for my child to get vaccinated with this vaccine.

PARENT/GUARDIAN SIGNATURE

DATE: _____

For all children 6 months through 8 years old:

Children in this age group should receive 2 doses of the 2019-2020 seasonal influenza vaccine at least 4 weeks apart unless they received at least 2 doses of any seasonal influenza vaccine prior to July 1, 2019.

Contact the child's primary health care provider to receive a second dose, or visit www.newtonma.gov/flu for additional clinics.

Massachusetts law (M.G.L. c. 111, Section 24M) requires providers to report immunization information to a computerized immunization registry known as the **Massachusetts Immunization Information System (MIIS)**. The MIIS stores immunization records for you and your healthcare provider and can help prevent outbreaks of disease like measles and the flu. All information in the MIIS is kept secure and confidential. The MIIS allows information to be shared with health care providers, school nurses, local boards of health, and state agencies concerned with immunization. You have the right to object to the sharing of your immunization information across providers in the MIIS. For more information, please ask your healthcare provider, visit the MIIS website at www.mass.gov/dph/miis or contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850.

2019-2020 School Flu Insurance Information Form & Vaccine Administration Record

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible using existing information.

Information about the person to receive vaccine (please print): *Required Fields

Last Name*	First Name*	MI	Date of birth: * ____/____/____ Month Day Year	Age*	Sex:*
Street Address:*					
City:*	State: *	Zip:*	Phone: * ()		

Insurance Information: Include the whole member ID number and any letters that are part of that number

Name of Insurance Company:*	Member ID Number:*	Group ID Number: (if available)
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If person getting vaccinated is not the insurance subscriber/policy holder, please complete the following:

Subscriber's Name: (Last, First, MI)*	Subscriber's Date of Birth: * ____/____/____ Month Day Year	Sex:*
Subscriber's Street Address: * (If different from address above)		
City:*	State:*	Zip: *
Phone: * ()		
Patient Relationship to Subscriber: (Circle)* Spouse Child Other		

For children 18 years of age and younger:

Is Vaccine for Children (VFC) Program eligible:

Is American Indian (Native American) or Alaska Native

Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)

Does not have health insurance

Is not VFC-eligible:

Has health insurance and is not American Indian (Native American) or Alaska Native

I give permission for my insurance company to be billed.

X _____ Date: _____
(Signature of patient, parent, or legal guardian)

For Clinic/Office Use Only:

Signature of Vaccine Administrator: _____

Date of Service/Date VIS Given	Vax Type	Vaccine Mfgr	State Supplied	Preserv Free*	Lot No	Exp Date	Dose (mL)	Injection Route	Injection Site (Circle)	Date On VIS
Place sticker here								IM	R Arm L Arm	8/15/19

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 of age and older, pregnant women, 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.

Each 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 vaccine

CDC recommends everyone 6 months of age 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 three or four viruses that are 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 vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

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 shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- 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 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. 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. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- 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 www.cdc.gov/flu

Vaccine Information Statement (Interim)
**Inactivated Influenza
Vaccine**



Office use only

8/15/2019 | 42 U.S.C. § 300aa-26