



Carter middle
Scheduled date
November 1, 2018

OFFICE OF COUNTY MAYOR

Knox County Health Department
140 Dameron Avenue, Knoxville, TN 37917-6413

July 30, 2018

Dear Parent,

For the 14th year, the Knox County Health Department (KCHD) will offer flu vaccinations to children who are 6 months to 18 years of age in many Knox County schools. **This year, FluMist, the nasal spray vaccine, will be offered once again.** The FluMist manufacturer has made changes to the vaccine and the Centers for Disease Control and Prevention (CDC) has approved it for use this coming flu season. Getting the flu vaccine each year helps reduce illness, reduce the spread of flu, and keep children in school and families healthy.

No child will be vaccinated without a completed, signed and returned consent form. The consent form can be completed online at www.knoxcounty.org/health/schoolflu. If you choose, you can complete the paper consent form, available through the schools or printed from the above mentioned website. Please fill out the form completely, sign it and submit it online or return it to your child's teacher. More information about this program, the flu vaccine and the most recent Vaccine Information sheet (VIS) is available at the above mentioned website.

Please be sure to complete the insurance section of the consent form; insurance status will not determine whether a child is vaccinated. If you do not have insurance, mark the "No Insurance" box. If you have insurance, KCHD will bill your insurance, which is crucial in maintaining this important program. Please note:

- There is no cost to you for this vaccination
- You will not be billed
- You will not have a co-pay

The FluMist (intranasal) vaccine has a very small amount of porcine gelatin, which is made from pork products. Porcine gelatin is approved by the Food and Drug Administration (FDA) and is a medically safe ingredient used in some vaccines and medications. We know that this ingredient may be of concern for religious or other dietary reasons and want you to make an informed decision.

The date and time of your school's clinic will be posted on KCHD's website (www.knoxcounty.org/health/schoolflu). If your child misses the school's flu clinic, you may call KCHD at 865-215-5500 to schedule a free flu vaccination for your child at one of our clinics. Per the CDC, children under the age of nine, who have not had at least two doses of flu vaccine before, will need two (2) doses separated by at least 28 days. If this is the case with your child, we will return to the school to give the second dose.

We strongly encourage getting the flu vaccination to help keep your child and our community healthy. If you have questions about the flu vaccine, you may contact your doctor's office, call us at 865-215-5150 or visit www.cdc.gov/flu or www.knoxcounty.org/health/schoolflu.

Sincerely,

Martha Buchanan, MD
Director and Public Health Officer

If you want your student vaccinated for the FLU, complete and return this form to your child's homeroom teacher or you can fill it out online at <http://knoxcounty.org/health/schoolflu>. If you **do not** want your child vaccinated, **do not** fill out either form.

7/31/18



2018 Student FLU Vaccine Consent Form

PLEASE PRINT - All fields are required

Official Use Only	Vaccine Source: VFC KCHD	
	Vaccine Naïve: No Yes	
	Vaccine Type: IIV: 6-35m 36m+ LAIV	
		<div>Phase 1</div> <div>Phase 2</div>

Student's Name - First: _____ MI: _____ Last: _____

Age: _____ DOB: ____/____/____ SS#: _____-____-_____

School: _____ Home Room Teacher: _____ Grade: _____

Home Address: _____ ZIP Code: _____

Gender: ☐ Male ☐ Female Hispanic: ☐ Yes ☐ No Primary Language: _____

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian ☐ Alaskan Native ☐ Other: _____

Primary Insurance (Select One): ☐ CoverKids ☐ TennCare ☐ Private Insurance ☐ No Insurance

Primary Insurance Name: _____ Member ID: _____ Group ID: _____

Insurance Address/P.O. Box: _____ Insurance ZIP Code: _____

Subscriber Name: _____ Relationship to Student: _____ Subscriber DOB: _____

Secondary Insurance (Select One): ☐ CoverKids ☐ TennCare ☐ Private Insurance ☐ No Secondary Insurance

Secondary Insurance Name: _____ Member ID: _____ Group ID: _____

Insurance Address/P.O. Box: _____ Insurance ZIP Code: _____

Subscriber Name: _____ Relationship to Student: _____ Subscriber DOB: _____

Please Circle YES or No for all questions. Answers are for the person getting the vaccine.

	Yes	No
1. Has your child had at least 2 doses of FLU vaccine during his or her lifetime? If unsure, mark No.		
2. Has your child had a vaccine for MMR, Varicella (Chicken Pox), or Yellow Fever within the past 30 days? Name of Vaccine(s): _____ Date(s): _____		
3. Has your child ever had a severe or life threatening allergic reaction to the flu vaccine such as wheezing or breathing problems? If yes, describe reaction: _____		
4. Is your child allergic to vaccine components such as eggs, gentamicin, arginine, gelatin, or MSG? If yes, describe reaction: _____		
5. Has your child ever been diagnosed with Guillain-Barre' syndrome?		
6. Does your child have any of the following: <div style="display: flex; justify-content: space-between;"> <div> -chronic heart diseases -asthma/reactive airway disease/wheezing -cancer, lupus or HIV/AIDS </div> <div> -diabetes or other metabolic diseases/disorders -an inhaler that is used regularly -a medication that lowers the body's resistance to infection </div> <div> -blood diseases -kidney diseases </div> </div>		
7. Is your child pregnant?		
8. Is your child on long-term aspirin therapy or taking Tamiflu®, Relenza®, amantadine, or rimantadine?		
9. Does your child have close contact with anyone who has had a bone marrow transplant in the last 6 months?		

Consent for Administration of Influenza Vaccine for the above named recipient: I have read information about the vaccine and special precautions on the Vaccine Information Sheet. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent that the vaccine be given to the person above of whom I am parent or legal guardian, and acknowledge that no guarantees have been made concerning the vaccine's success. I hereby release Knox County Government, their affiliates, employees, directors and officers from any and all liability arising from any accident, act of omission or commission, which arises during vaccination. This consent gives Knox County Health Department permission to file rendered services to your insurance carrier. Consent form is valid 6 months from date of initial signature. For a copy of the Vaccine Information Sheet visit http://www.immunize.org/vis/flu_live.pdf.

PARENT COMMENTS:

Parent /Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Primary Phone: () _____ - _____ Emergency Number: () _____ - _____

Official Use Only
Place Phase 1 Nursing
Record Sticker Here
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Official Use Only
Place Phase 2 Nursing
Record Sticker Here
Align with left side of this box

2018 In-school Flu Vaccine FAQs

What is FluMist?

FluMist is a nasal spray vaccine that helps prevent influenza (the flu). It is a fine mist that is sprayed into each side of the nose. You can breathe normally when getting it. There is no need to inhale or sniff.

Why is FluMist being offered again this year?

The FluMist manufacturer made changes to the vaccine and as a result, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices approved FluMist for use this flu season.

Is FluMist available at my doctor's office or at local drug stores?

FluMist and flu shots are available, and you can find them at doctor's offices and pharmacies.

Does FluMist contain any porcine products?

The FluMist (intranasal) vaccine has a very small amount of porcine gelatin, which is made from pork products and is used to stabilize vaccines so they remain effective. Porcine gelatin is approved by the Food and Drug Administration (FDA) and is a medically safe ingredient used in some vaccines and medications.

Should I be worried that FluMist is a live vaccine?

No, live vaccines like FluMist are engineered to protect, not infect. Like vaccines for chicken pox and measles, FluMist contains weakened live virus strains. The virus strains are modified and cannot cause the flu. Instead, they help protect against influenza by causing an immune response in the nose – the place where flu usually starts.

Can my family or I get the flu from FluMist?

FluMist is a live vaccine specifically engineered to not make you sick. To date, there have been no reports of FluMist causing the flu.

Who gives flu vaccines to the children during the in-school vaccination clinics?

When the Knox County Health Department (KCHD) conducts in-school flu vaccination clinics, health department nurses along with other skilled nurses subcontracted from local vendors give the vaccinations.

What should my child expect on the day when the in-school flu vaccines are given?

Groups of children will be brought to the clinic area. KCHD employees will speak with each child to verify they have a completed vaccination consent form and feel well. Each child will then be directed to a nurse who will review the consent form, reassure the child if needed, and perform the vaccination. After the vaccination, the nurse will again assess the child to ensure they are feeling well before allowing the child to leave the vaccination area.

What happens if my child is worried or scared about getting the flu vaccination at the school clinic?

If your child is worried or anxious about getting the flu vaccination, we will make an effort to reassure them, and we will encourage but will not force a child who is clearly upset. In that case, we will give the child a note to take home indicating that they preferred not to get the flu vaccine at school.

How long is the Knox County Health Department on-site after the flu vaccines have been given?

We will remain on-site at the school for a minimum of 20 minutes after the last flu vaccine is given.

Why do some children end up getting a second dose of the flu vaccine?

If a child is younger than 9 years old and has not had at least two doses of flu vaccine in their lifetime, the CDC recommends they get a second dose at least 28 days after the first vaccination. The two doses provide maximum protection from the flu virus.

Are there preservatives (thimerosal) in the flu vaccines being given?

No, there are no preservatives or thimerosal (an organic mercury-based preservative) in the flu vaccines that will be given at the schools.

How do I get a record of my child's flu vaccination after it is given?

To get a copy of your child's flu vaccination record for yourself or for your pediatrician's office, you can visit www.knoxcounty.org/health/schoolflu and click on the medical records request link or call 865-215-5024 to speak with someone in Medical Records.

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/via.
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/via.

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

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

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu 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.

Each year thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Live, attenuated flu vaccine—LAIV, Nasal Spray

A dose of flu vaccine is recommended every flu season. Children younger than 9 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

The live, attenuated influenza vaccine (called LAIV) may be given to healthy, non-pregnant people 2 through 49 years of age. It may safely be given at the same time as other vaccines.

LAIV is sprayed into the nose. LAIV does not contain thimerosal or other preservatives. It is made from weakened flu virus and does not cause flu.

There are many flu viruses, and they are always changing. Each year LAIV is made to protect against four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Some people should not get LAIV because of age, health conditions, or other reasons. Most of these people should get an injected flu vaccine instead. Your healthcare provider can help you decide.

Tell the provider if you or the person being vaccinated:

- have any allergies, including an allergy to eggs, or have ever had an allergic reaction to an influenza vaccine.
- have ever had Guillain-Barré Syndrome (also called GBS).
- have any long-term heart, breathing, kidney, liver, or nervous system problems.
- have asthma or breathing problems, or are a child who has had wheezing episodes.
- are pregnant.
- are a child or adolescent who is receiving aspirin or aspirin-containing products.
- have a weakened immune system.
- will be visiting or taking care of someone, within the next 7 days, who requires a protected environment (for example, following a bone marrow transplant)



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Sometimes LAIV should be delayed. Tell the provider if you or the person being vaccinated:

- are not feeling well. The vaccine could be delayed until you feel better.
- have gotten any other vaccines in the past 4 weeks. Live vaccines given too close together might not work as well.
- have taken influenza antiviral medication in the past 48 hours.
- have a very stuffy nose.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get LAIV do not have any problems with it. Reactions to LAIV may resemble a very mild case of flu.

Problems that have been reported following LAIV:

Children and adolescents 2-17 years of age:

- runny nose/nasal congestion
- cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain, vomiting, or diarrhea

Adults 18-49 years of age:

- runny nose/nasal congestion
- sore throat
- cough
- chills
- tiredness/weakness
- headache

Problems that could happen after any vaccine:

- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very small chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does 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.

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. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she 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

Vaccine Information Statement
Live Attenuated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only

