



## OFFICE OF COUNTY MAYOR GLENN JACOBS

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

October 3, 2019

Dear Parent,

For the 15th year, the Knox County Health Department (KCHD) will offer influenza (flu) vaccinations to children in many Knox County schools. This year FluMist, the nasal spray vaccine, will be offered. The Knox County Health Department will be conducting school-located flu vaccination clinics at the Knox County public preschools, elementary, and middle schools.

**No child will be vaccinated without a completed and signed consent form.** The consent form can be completed online at [www.knoxcounty.org/health/schoolflu](http://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. Visit [www.knoxcounty.org/health/schoolflu](http://www.knoxcounty.org/health/schoolflu) for more information about this program.

**Please be sure to complete the insurance section of the consent form.** If you do not have insurance, mark the "No Insurance" box; uninsured children will still be vaccinated. 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 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, listed above. 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 doses separated by at least 28 days. If your child needs a second dose, KCHD will notify you in writing after the in-school dose is given.

Getting the flu vaccine each year helps keep children in school, decreases illness and reduces the spread of the flu. 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](http://www.cdc.gov/flu) or [www.knoxcounty.org/health/schoolflu](http://www.knoxcounty.org/health/schoolflu).

Sincerely,

Dena Mashburn, APN  
Director of Nursing

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. ABS REF



**2019 Student FLU Vaccine Consent Form**  
**PLEASE PRINT in ink - All fields are required**

Official Use Only	Vaccine Source: VFC KCHD	
	Vaccine Naïve: No Yes	
	Vaccine Type: FluMist ≥ 2 yr	
		Phase 1 Phase 2

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. In the past 30 days, has your child had a vaccine for MMR, Varicella (Chicken Pox), or Yellow Fever? 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 or any other neurological/neuromuscular disorders?		
6. Does your child have any of the following: (Please mark all that apply) <input type="checkbox"/> chronic heart diseases <input type="checkbox"/> diabetes/metabolic diseases/disorders <input type="checkbox"/> blood diseases <input type="checkbox"/> kidney diseases/disorders <input type="checkbox"/> asthma/reactive airway disease/wheezing <input type="checkbox"/> an inhaler that is used regularly <input type="checkbox"/> liver disorders <input type="checkbox"/> weakened immune system, cancer, lupus or HIV/AIDS <input type="checkbox"/> a medication that lowers the body's resistance to infection		
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 severely immunocompromised persons who require a protective environment?		

**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](http://www.immunize.org/vis/flu_live.pdf).

**PARENT COMMENTS:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Emergency Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Revised 8/20/19

Phase 1- Official Use Only	Drug Name: _____ VFC KCHD	Phase 2- Official Use Only	Drug Name: _____ VFC KCHD
	Mfr: _____ NDC: _____		Mfr: _____ NDC: _____
	LOT: _____ EXP: ____/____/____		LOT: _____ EXP: ____/____/____
	VIS Date: ____/____/____ Site: _____ Route: _____		VIS Date: ____/____/____ Site: _____ Route: _____
	Amount: _____ Date Given: ____/____/____		Amount: _____ Date Given: ____/____/____
	Signature: _____ Provider ID: _____		Signature: _____ Provider ID: _____

## 2019 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.

### **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 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 KCHD staff 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](http://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.

**Influenza (Flu) Vaccine (Live, Intranasal):**

**What You Need to Know**

**1 Why get vaccinated?**

Influenza vaccine can prevent influenza (flu).  
 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 Live, attenuated influenza vaccine**

CDCC 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.  
 Live, attenuated influenza vaccine (called LAIV) is a nasal spray vaccine that may be given to non-pregnant people 2 through 49 years of age. 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:  
 • Is younger than 2 years or older than 49 years of age.  
 • Is pregnant.  
 • Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergic.  
 • Is a child or adolescent 2 through 17 years of age who is receiving aspirin or aspirin-containing products.  
 • Has a weakened immune system.  
 • Is a child 2 through 4 years old who has asthma or a history of wheezing in the past 12 months. Has taken influenza antiviral medication in the previous 48 hours.  
 • Cares for severely immunocompromised persons who require a protected environment.



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

For some patients, a different type of influenza vaccine (inactivated or recombinant influenza vaccine) might be more appropriate than live, attenuated influenza vaccine.

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**

• Runny nose or nasal congestion, wheezing and headache can happen after LAIV.  
 • Vomiting, muscle aches, fever, sore throat and cough are other possible side effects.  
 If these problems occur, they usually begin soon after vaccination and are mild and short-lived.  
 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). You can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. 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](http://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 health care 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 [www.cdc.gov/flu](http://www.cdc.gov/flu)

**Vaccine Information Statement (Interim)  
 Live Attenuated  
 Influenza Vaccine**

