

City of Newton



Ruthanne Fuller  
Mayor

## HEALTH AND HUMAN SERVICES DEPARTMENT

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**Public Health**  
Prevent. Promote. Protect.

September 2018

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](http://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](http://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](http://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 2018-2019

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

**Answer the flu shot screening questions and sign below**

	<b>Yes</b>	<b>No</b>
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?		

**A "YES" to either question indicates your child cannot receive this vaccine at school. 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 2018-2019 seasonal influenza vaccine at least 4 weeks apart unless they received at least 2 doses of any seasonal influenza vaccine prior to July 1, 2018.

**Contact the child's primary health care provider to receive a second dose, or visit [www.newtonma.gov/flu](http://www.newtonma.gov/flu) for additional clinics.**

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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](http://www.mass.gov/dph/miis) or contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850.

# 2018-2019 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:* Male    Female Other
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: Male    Female Other	
Subscriber's Street Address: <span style="color: red;">(If different from address above)</span>			
City:	State:	Zip:	Phone:
Patient Relationship to Subscriber:      Spouse      Child      Other			

**For children 18 years of age and younger:**

Is Vaccine for Children (VFC) Program eligible:

- Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)
- Does not have health insurance
- Is American Indian (Native American) or Alaska Native

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)*

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**For Clinic/Office Use Only:**

Signature of Vaccine Administrator: \_\_\_\_\_

Date of Service/Date VIS Given	Vax Type	Vaccine Mfr	State Supplied	Preserv Free*	Lot No	Exp Date	Dose (mL)	Injection Route	Injection Site <span style="color: red;">(Circle)</span>	Date On VIS
Place sticker here								IM	R Arm    L Arm	8/7/15

# 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](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 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 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

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. 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

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



## 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 a flu shot do not have any problems with it.

**Minor problems** following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

**More serious problems** following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- 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. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

**Problems that could happen after any injected vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- 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 remote 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/](http://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](http://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](http://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](http://www.cdc.gov/flu)

Vaccine Information Statement  
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only

