

Dear Parent:

The Department of Health offers seasonal influenza vaccine for children aged 6 months through 18 years. Influenza vaccination helps protect children from the flu and its complications and decreases the spread of influenza in the community, as children are often the biggest spreaders of the disease to adults and other children.

An influenza vaccination clinic for school-age children will be held at the *Frederick School* on **Monday November 4th** at 8:30AM.

The Department of Health now bills insurance for influenza vaccine.

- Vaccine provided to children covered by Medicaid or private insurance will be billed to those insurances.
- If your child has insurance coverage, **a copy of the Medicaid or insurance card must be attached to the consent form**. If you are unable to make a copy, please contact the Brown County Community Health Office for additional options.
- Children **not** covered by Medicaid or private insurance may qualify for vaccination through a federal vaccine program. Please contact the Brown County Community Health office to see if your child is eligible.

Children age 8 or younger who have not had two doses of flu vaccine in their lifetime prior to July 1, 2019 need two doses of vaccine this year separated by 4 weeks. You can contact the Community Health Office or your medical provider to schedule the second dose.

Parents/guardians are encouraged to come to the clinic to be with their child when the vaccine is administered. If you would like your child to receive the vaccine but you are unable to attend the clinic, please complete the following:

1. Review the Vaccine Information statement carefully. Keep for future reference. It can also be viewed at <https://www.immunize.org/vis/>.
2. Complete the Seasonal Influenza Consent Form with a signature and the phone number you can be reached at during the time of the clinic.
3. If your child has Medicaid or insurance, attach a copy of the child's card to the consent form.
4. Return the completed consent form and copy of insurance card to the school by **Monday October 28th**.

If you have questions, please contact *Brown County Community Health Office* at 605-626-2649.

2019-2020 INACTIVATED INFLUENZA CONSENT FORM

Information about person to be vaccinated (please print)

Last Name: _____ Age: _____

First Name: _____ Sex: ___M ___F

Date of Birth: _____ Phone # _____

Mailing Address _____

City _____ Zip _____

For child - Please Print

Parent's Name: _____

For child being vaccinated at school based clinic

Grade _____ School _____

for children: office use only

Child needs second dose _____

Assess if child needs second dose _____

Clinic :

**BROWN COUNTY COMMUNITY HEALTH
402 SOUTH MAIN STREET
ABERDEEN SD 57401-4127
(605) 626-2649**

The South Dakota Immunization Information System (SDIIS) is an automated system to document vaccinations given in South Dakota. SDIIS will give parents access to their child's immunization record from any participating South Dakota provider. SDIIS also allows providers to send reminder notices regarding needed immunizations. Health care providers, health care facilities, federal or state agencies, welfare agencies, school or family day care facilities may have access to this information in accordance with applicable HIPAA Privacy Act standards and requirements. Immunization records remain confidential, and any person who fails to protect the information is guilty of a Class 1 misdemeanor. If you choose NOT to have you/your child's immunization record shared with other providers, you may request a refusal form.

INSURANCE Status

_____ Insurance (MUST ATTACH COPY OF CARD) _____

_____ Medicaid (MUST ATTACH COPY OF CARD) _____

_____ No Insurance _____

_____ Insurance that DOES NOT cover vaccines _____

_____ American Indian or Alaskan Native (VFC Eligible) _____

For Dependent Covered by Private Insurance

Name of Policy Holder _____

Policy Holder Date of Birth _____

Relationship _____

Please answer the following for the person to be vaccinated.

	Yes	No	Don't Know
1) Is the person sick today?	_____	_____	_____
2) Does the person have an allergy to eggs or to a component of the vaccine?	_____	_____	_____
3) Has the person ever had a serious reaction to influenza vaccine in the past?	_____	_____	_____
4) Has the person ever had Guillain-Barré syndrome?	_____	_____	_____

I have been provided a copy of and have read or have had explained to me the information about influenza and the vaccine listed below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request.

If insured, I authorize SDDOH to release medical information necessary to determine benefits payable for this service.

I understand that I am financially responsible for services regardless of insurance coverage.

Signature _____ **Date** _____

Person to be vaccinated (If minor, parent or guardian)

For child being vaccinated at a school based clinic

If completing this form for a child to be vaccinated at school and you will not be accompanying him/her, please provide a phone number where you can be reached on the day of the clinic. (Phone) _____

for office use only

	Type	Date/Time	Vaccine Manufacturer (Circle)	Vaccine Lot number	Dose	IM Site (Circle)	Date of VIS Publication	Signature of person administering vaccine
INFLUENZA	IIV4		Sanofi Pasteur		0.5 mL	L R	8-15-2019	
			GlaxoSmithKline			Deltoid		
						Thigh		

Abbreviation Key: IIV4 - inactivated influenza Vaccine, Quadrivalent IM - Intramuscular L - Left R - Right

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.



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

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**



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