



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner



DEPARTMENT OF

Education

STATE OF MAINE

Dr. Lewis Libby School

Milford School District-Dr. Lewis Libby School, will be having an H1N1 (swine) flu vaccination clinic on WEDNESDAY NOVEMBER 4th. Please read the vaccine information sheets attached to this letter. Once you have read the information sheets, fill out both sides of the permission form and return to the school by TUESDAY, NOVEMBER 3, 2009. If for some reason our school cannot hold the clinic on these dates, you will be notified when the clinics will occur. Children under the age of 10 will need to have a booster dose three or more weeks after the first dose. Children older than age 10 will receive only one dose. **If you do not fill out this permission form completely, your child will not be given the vaccine.**

You may find more information about H1N1 flu and the vaccine at www.maine flu.gov, www.flu.gov, and www.cdc.gov/h1n1flu/parents. If you have questions about H1N1 flu or the vaccine, call Maine CDC at 1-888-257-0990 Monday – Friday 9 a.m. – 5 p.m., or send an e-mail to flu.questions@maine.gov.

If you have questions about the vaccine clinics at our school, please call the school nurse at 827-2252 ext. 101.

Sincerely,
Leslie Peterson RN

H1N1 influenza vaccine permission form

I was given a copy of the 2009 H1N1 Vaccine Information Statements and I have read them or had them explained to me. I understand the benefits and the risks of the 2009 H1N1 Influenza Vaccination **and ask that the vaccine be given to my child.** I understand that if I sign below, I am giving my consent, and my child will be given the most appropriate vaccine, as determined by the health care provider giving the vaccination.

Signature of Parent or Guardian: _____ Date: _____

Parent or Guardian Name (please print): _____

Please be sure to complete and return the information on page 2 of this letter.

Milford School District-Dr. Lewis Libby School 2009 H1N1 Influenza Vaccine Clinic

SCHOOL NAME: _____

STUDENT NAME: _____ BIRTHDATE: _____ AGE _____

ADDRESS: _____ City: _____

TELEPHONE: _____

Please provide a phone number where you can be reached on the day of the clinic: _____

HEALTH SCREEN

The following questions will help us determine if there is any reason your child should not receive the H1N1 influenza vaccination on clinic day. Please answer every question.

- 1.) Does this child have an allergy to eggs? YES NO
- 2.) Does this child have any other serious allergies that you know of? (please list) YES NO

- 3.) Has this child ever had a serious reaction to immunizations in the past? YES NO
- 4.) Has this child ever had Guillain-Barre Syndrome? YES NO

There are two kinds of 2009 H1N1 influenza vaccine. Your answers to the following questions will help us know which of the two kinds of vaccine your child can get.

- 1.) Has this child been vaccinated with any vaccine (not just flu) within the past 30 days? YES NO
Vaccine: _____ Date given: month _____ day _____ year _____
- 2.) Does this child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood? YES NO
- 3.) Is this child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)? YES NO
- 4.) Does this child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)? YES NO
- 5.) Could this child be pregnant? YES NO
- 6.) Does this child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)? YES NO

I give permission for this form to be sent to my child's primary care provider YES NO

Health Insurance Company (if any) and Number: _____

Name of child's health care provider (doctor, nurse practitioner): _____

Phone number of child's health care provider: _____

FOR OFFICE USE ONLY:

Vaccine	Date Dose Administered	Route	Dose Number (1 st or 2 nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	IM Intranasal				
2009 H1N1	/ /	IM Intranasal				

2009 H1N1 INFLUENZA VACCINE

INACTIVATED (the "flu shot")

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vs.

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (also called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu is a new flu virus. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent "influenza-like" illnesses caused by other viruses.
- They will not prevent seasonal flu. ***You should also get seasonal influenza vaccine, if you want to be protected against seasonal flu.***

Inactivated vaccine (vaccine that has killed virus in it) is injected into the muscle, like the annual flu shot. **This sheet describes the inactivated vaccine.**

A **live, intranasal** vaccine (the nasal spray vaccine) is also available. It is described in a separate sheet.

Some inactivated 2009 H1N1 vaccine contains a preservative called thimerosal to keep it free from germs. Some people have suggested that thimerosal might be related to autism. In 2004 a group of experts at the Institute of Medicine reviewed many studies looking into this theory, and found no association between thimerosal and autism. Additional studies since then reached the same conclusion.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency medical personnel
- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 years of age with certain chronic medical conditions or a weakened immune system

As more vaccine becomes available, these groups should also be vaccinated:

- Healthy 25 through 64 year olds
- Adults 65 years and older

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

