

## SOUTHBIDGE PUBLIC SCHOOLS

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October 30, 2009

Dear Parents/Guardians:

A new influenza virus, called the 2009 H1N1 influenza virus, was first identified in the United States in late April, 2009. The virus has caused illness ranging from mild to severe, including hospitalizations and deaths in adults and children. Many children have contracted the 2009 H1N1 infection resulting in large outbreaks in some schools across the country. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices is recommending that children and young adults be vaccinated against 2009 H1N1 as soon as the vaccine is available.

Vaccination is the best way to protect your child from this potentially serious disease. **The School Department strongly recommends you contact your pediatrician to administer the H1N1 vaccine to your child.**

The School and Health Department have worked closely to schedule a clinic for the 2009 H1N1 influenza vaccine to **school age children living in Southbridge**. There will be no cost for this vaccine. Elementary age children who are attending school (Preschool to 10 years) should go to Charlton Street School and secondary age children attending school (11 to 18 years) should go to Southbridge High School for their H1N1 vaccine. **Vaccines will be provided only for those children who have returned a completed and signed consent form to their school by Monday, November 2, 2009 and are accompanied by an adult family member at the clinic.** The clinics will take place on a Saturday from 9 a.m. to 3:00 p.m. As soon as the vaccine is available for Southbridge, the building principal will send a connect-ed message to your home informing you of the date the clinic will be scheduled. The date will also be posted on cable access and in the Southbridge News.

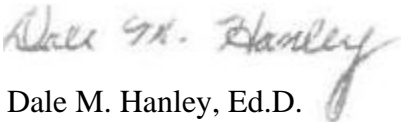
CDC is recommending that children ten and under receive two doses of vaccine spaced 28 days apart. Parents or an adult family member must accompany their elementary age children who are attending school (Preschool to 10 years) to Charlton Street School for the second H1N1 vaccine. This date will be announced as soon as the vaccine is available.

Enclosed with this letter is the consent form needed for your child to receive the vaccine. The consent form includes options allowing you to either accept or refuse the vaccination for your child. If you refuse, the vaccination will not be given to your child. The consent form is also posted on the school website ([www.southbridge.k12.ma.us](http://www.southbridge.k12.ma.us)) and the town website ([www.ci.southbridge.ma.us](http://www.ci.southbridge.ma.us)).

Please read the information sheet included with this letter about the disease and the vaccine. You must then complete, sign and date the consent form included in this mailing to accept vaccination for your child and return it to the school. If you accept vaccination, the vaccine will be given to your child if he/she is accompanied by an adult family member at the clinic. Children ten and under will receive a second H1N1 vaccine. If, at any time, you change your mind about having your child vaccinated, you should contact the school nurse in your child's school to let the school know you do not wish to have your child vaccinated. Giving consent early will ensure that your child is ready to receive the vaccine as soon as it is on hand. If you need assistance completing the consent form, please call the school.

If you have any questions about the vaccine or the clinic, you should call your school and speak to the school nurse. Please visit the CDC's 2009 H1N1 influenza web site at <http://www.cdc.gov/h1n1flu/> and also <http://www.cdc.gov/h1n1flu/parents> for more information especially for parents. Your child's health care provider can also answer your questions about the 2009 H1N1 influenza virus and will be able to give your child the seasonal influenza vaccine and may be able to give your child the 2009 H1N1 vaccine.

Sincerely,



Dale M. Hanley, Ed.D.  
Superintendent of Schools

Enclosures: 3

## 2009 H1N1 Influenza Vaccine Inactivated

### *The “flu shot” and the nasal spray vaccine*

What you need to know:

#### 1. **What is the 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 prior flu infections usually have some immunity to seasonal flu viruses.

The 2009 H1N1 flu virus is a new virus strain. 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**

##### **Flu Shot:**

Vaccines are being made to protect against 2009 H1N1 influenza.

- These vaccines are produced just like seasonal flu vaccines
- They are expected to be as effective as seasonal 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 recommended.**

**Inactivated** (killed) vaccine is injected into the muscle, like the annual flu shot. **This statement describes the inactivated vaccine.**

Some inactivated H1N1 vaccine contains a preservative called thimerosal. While some people have suggested that thimerosal may be related to developmental problems in children, that theory has not been supported by research. Thimerosal-free vaccine is also available.

##### **Nasal Spray:**

Live, attenuated intranasal vaccine (or LAIV) is sprayed into the nose.

The 2009 H1N1 LAIV does not contain thimerosal or other preservatives. It is licensed for people from 2 through 49 years of age.

The vaccine virus is attenuated (weakened) so it will not cause illness.

#### 4. **Who should get 2009 H1N1 influenza vaccine and when?**

##### **Flu Shot:**

##### **WHO**

Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live 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 adult need only one dose.

#### **Nasal Spray:**

#### **WHO**

LAIV is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see number 5 below). Groups recommended to receive 2009 H1N1 LAIV first are healthy people who:

- Are from 2 through 24 years of age
- Are from 25 through 49 years of age and
  - Live with or care for infants younger than 6 months of age, or
  - Are health care or emergency medical personnel.

As more vaccine become available, other healthy 25 through 49 year olds should also be vaccinated.

Note: While certain groups should not get LAIV – for example pregnant women, people with long-term health problems, and children from 6 months to 2 years of age – it is important that they be vaccinated. They should get the flu shot.

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.

### **5. Some people should not get the vaccine or should wait**

#### **Flu Shot:**

You should not get 2009 H1N1 flu vaccine if you have a **severe (life-threatening) allergy to eggs** or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

Also tell them if you have ever had:

- A life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain Barrè Syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait. Pregnant or breastfeeding women can get inactivated 2009 H1N1 flu vaccine.

Inactivated 2009 H1N1 vaccine may be given at the same time as other vaccines, including seasonal influenza vaccine.

#### **Nasal Spray:**

You should not get 2009 H1N1 LAIV if you have a severe (Life-threatening) allergy to eggs or to any other substance in the vaccine. *Tell the person giving you the vaccine if you have any severe allergies.*

2009 H1N1 LAIV should not be given to the following groups.

- Children younger than 2 and adults 50 years and older

- Pregnant women,
- Anyone with a weakened immune system,
- Anyone with a long-term health problem such as
  - heart disease            - kidney or liver disease   - metabolic disease as diabetes
  - lung disease            - asthma                    - anemia and other blood disorders
- Children young than 5 years with asthma or one or more episodes of wheezing during the past year,
- Anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- Anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit)
- Children or adolescents on long-term aspirin treatment.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Tell you doctor if you ever had:

- A life-threatening allergic reaction after a dose of seasonal flu vaccine.
- Guillian-Barrè syndrome (a severe paralytic illness also called GBS)

These may not be reasons to avoid the vaccine, but the medical staff can help you decide. 2009 H1N1 LAIV may be given at the same time as most other vaccines. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month. H1N1 LAIV and seasonal LAIV should not be given together.

## 6. What are the risks from 2009 H1N1 influenza vaccine?

A vaccine, like any medicine, could cause serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The virus in inactivated 2009 H1N1 vaccine has been killed, so you cannot get influenza from the vaccine.

The risks from 2009 H1N1 vaccine are expected to be similar to those from seasonal flu vaccine:

### Flu Shot:

#### **Mild problems:**

- Soreness, redness, tenderness, or swelling where the shot was given
- Fainting (mainly adolescents)
- Headache, muscle aches
- Fever
- Nausea

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

### Nasal Spray:

#### **Mild problems:**

- Some children and adolescents 2-17 years of age have reported mild reactions, including:
  - runny nose, nasal congestion or cough                    · fever                    · wheezing
  - headache and muscle aches                    · abdominal pain or occasional vomiting or diarrhea

### Flu Shot and Nasal Spray:

#### **Severe problems:**

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, an earlier type of swine flu vaccine was associated with cases of Guillain-Barrè Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS.

## **7. What if there is a severe reaction?**

### **What should I look for?**

Any unusual condition, such as a high fever or behavior changes. Signs of severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### **What should I do?**

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at <http://www.vaers.hhs.gov>, or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## **8. Vaccine injury compensation**

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call 1-888-275-4772 or visit the program's website at:

<http://www.hrsa.gov/countermeasurescomp/default.htm>.

## **9. How can I learn more?**

- Ask your provider. They 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 <http://www.cdc.gov/h1n1flu> or <http://www.cdc.gov/flu>
  - Visit the web at <http://www.flu.gov>

## 2009 H1N1 Influenza Vaccine Consent Form

**Section 1: Information about Child to Receive Vaccine (please print)**

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			
SCHOOL NAME			GRADE		

**Section 2: Screening for Vaccine Eligibility**

If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

- Dose 1      Date received: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_      Form (please circle):    nasal spray                      shot  
 Dose 2      Date received: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_      Form (please circle):    nasal spray                      shot

The following questions will help us to know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

**A. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.**

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

**B. 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.**

	YES	NO
1. Has your child gotten vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: month _____ day _____ year _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your 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?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your child pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your 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)?	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3: Consent**

**CONSENT FOR CHILD'S VACCINATION:**

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to the STATE/LOCAL health department and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school)

Signature of Parent/Legal Guardian \_\_\_\_\_  
Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

I DO NOT GIVE CONSENT to the STATE/LOCAL health department and its staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian \_\_\_\_\_  
Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

**Section 4: Permission to Release Information**

Placeholder for parental consent for release of data from vaccination record.

**Section 5: Vaccination Record**

**FOR ADMINISTRATIVE USE ONLY**

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal				
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal				

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30 de Octubre del 2009

Estimado Padre/Tutor:

Como usted ha oído, un nuevo virus de la gripe, llamado el virus de gripe H1N1 de 2009, se identificó en los Estados Unidos a finales de abril de 2009. El virus ha causado enfermedades que van desde leves hasta graves, incluyendo hospitalizaciones y muertes en adultos y niños. Muchos niños han contraído la infección H1N1 de 2009 y ha habido grandes brotes en algunas escuelas en todo el país. Los centros para el control y prevención de enfermedades de la Comisión Consultiva (CDC) sobre prácticas de inmunización ha recomendado que los niños y adultos jóvenes deben ser vacunados contra 2009 H1N1 tan pronto como la vacuna este disponible.

Vacunación es la mejor manera de proteger a su hijo/a de esta enfermedad potencialmente grave. El Departamento de la escuela le recomienda que usted contacte al pediatra de su niño/a para que le administren la vacuna contra 2009 H1N1.

El Departamento de la escuela y el Departamento de Salud han trabajado juntos para llevar a cabo una clínica para la vacunación contra 2009 H1N1 a niños/as de edades escolares que viven en Southbridge. No habrá costo alguno para que su hijo/a de edad escolar sea vacunado/a. Los padres deben llevar a sus niños que asisten a nuestras escuelas entre las **edades elementales** (Pre-escolar a 10 años) a Charlton Street School y sus niños entre las **edades secundarias** (11 a 18 años) a la Southbridge High School para ser vacunados. **Las vacunas se llevaran acabo sólo para los niños que hayan regresado a la escuela el formulario de consentimiento firmado y completado antes del lunes, 2 de Noviembre del 2009 y sean acompañados por un adulto a la clínica.** La clínica para vacunar a los niños/as se llevara acabo un sábado entre las 9:00 a.m. y las 3:00 p.m. Inmediatamente cuando las vacunas estén disponibles en Southbridge, el principal de cada escuela mandara un mensaje a los padres por connect-ed as sus casas informándole la fecha de la clínica. La fecha de la clínica también será informada a través del cable en el canal local y en el periódico Southbridge News.

Los centros para el control y prevención de enfermedades de la Comisión Consultiva (CDC) recomiendan que los niños/as de 10 años de edad y menores reciban dos dosis de la vacuna con una espera de 28 días entre ellas. El padre o adulto familiar tiene que acompañar a su hijo/a de edad elemental (Pre-escolar a 10 años) a Charlton Street School para la segunda dosis de la vacuna contra el 2009 H1N1. La fecha de la clínica para la segunda dosis se anunciara tan pronto la vacuna este disponible.

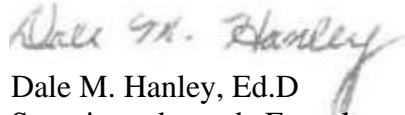
Con esta carta hemos incluido el formulario de consentimiento para su hijo/a recibir la vacuna. El formulario de consentimiento incluye opciones para aceptar o rechazar la vacunación para su hijo. Si usted rechaza la vacuna, la vacuna no se le dará a su hijo. El formulario de consentimiento también puede

ser encontrado en la página electrónica del Departamento Escolar ([www.southbridge.k12.ma.us](http://www.southbridge.k12.ma.us)) y en la página electrónica del pueblo de Southbridge ([www.ci.southbridge.ma.us](http://www.ci.southbridge.ma.us)).

Por favor, lea el folleto de información incluido en esta carta sobre la enfermedad y la vacuna. Luego usted deberá completar, firmar y fechar el formulario de consentimiento, incluido en este correo para aceptar la vacunación para su hijo/a y devolverlo a la escuela donde su niño/a asiste. Si acepta la vacunación, la vacuna se le dará a su hijo/a si el/ella es acompañado por un adulto o un miembro familiar a la clínica. Niños/as de 10 años o menos recibirán la segunda dosis contra el 2009 H1N1. Si, en cualquier momento, cambia de opinión acerca de tener a su hijo/a vacunado, puede ponerse en contacto con la enfermera de la escuela de su hijo/a para dejarle saber que no desea que su hijo/a sea vacunado. Dando su consentimiento temprano se asegurará que su hijo/a este listo para recibir la vacuna tan pronto este disponible. Si necesita ayuda para completar el formulario de consentimiento, por favor llame a la escuela.

Si tiene alguna pregunta acerca de la vacuna o la clínica de vacunación, debe llamar a la escuela de su niño/a y hablar con la enfermera de la escuela. Por favor visite el sitio de web de gripe de la CDS 2009 H1N1 al <http://www.cdc.gov/h1n1flu/> y también <http://www.cdc.gov/h1n1flu/parents> para obtener más información, especialmente para los padres. El médico de su hijo/a también puede contestar sus preguntas acerca del virus de gripe de H1N1 y también podría vacunar a su hijo/a contra la gripe estacional y 2009 H1N1.

Gracias por su cooperación,



Dale M. Hanley, Ed.D  
Superintendente de Escuelas