



Date: October 2020

Dear Parent,

The Pierce County Public Health Department will again be providing flu shot clinics for school-aged children during the school day. This is part of an emergency preparedness exercise. The immunization will be provided at **no cost to all students** regardless of insurance status.

If you would like your child to receive a flu shot, a permission slip must be filled out by a **parent/legal guardian** unless the student is a legal adult (18 years and older). The parent does not need to be present at the clinic if the child brings in a signed permission form. Permission forms and vaccination information statement (VIS) will be posted on the school website and are available at the school offices.

### **Ellsworth School Flu Clinic Information**

**Date: Tuesday, November 3**

**Time: During school day**

**Location: Ellsworth Schools**

We will be going to each school during the school day.

Getting a flu immunization is more important than ever during 2020-2021 to protect yourself, your family and your community from flu. A flu immunization this season can also help reduce the burden on our healthcare systems responding to the COVID-19 pandemic and save medical resources for care of COVID-19 patients.

In addition to getting a seasonal flu immunization, you can take every day preventative measures like staying away from sick people and washing your hands to reduce the spread of germs. If you or your child are sick, stay home from work or school to prevent spreading illness to others.

If you have any questions about the immunization or the clinic, please call: 715-273-6755 from 8:00 AM to 4:30 PM. Please visit the CDC's influenza website at <http://www.cdc.gov/flu/>. Your health care provider can also answer your questions about the flu virus and provide the seasonal flu immunization.

Sincerely,

Pierce County Public Health Staff



#### **TALK TO US**

Phone: 715-273-6755

Fax: 715-273-6854

[www.co.pierce.wi.us](http://www.co.pierce.wi.us)

#### **VISIT US**

412 W Kinne St

Ellsworth, WI 54011

#### **OUR MISSION**

To promote healthy behaviors, prevent disease and injury, and protect against environmental hazards

# 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 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.



## 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](http://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](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 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](http://www.cdc.gov/flu)

Vaccine Information Statement (Interim)  
**Inactivated Influenza  
Vaccine**



Office use only

# Influenza Vaccine Child Consent Form 2010-2021

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

CHILD'S NAME (Last)	(First)	(M.I.)	CHILD'S DATE OF BIRTH month _____ day _____ year	
PARENT/LEGAL GUARDIAN'S NAME (Last)	(First)	(M.I.)	CHILD'S AGE	CHILD'S GENDER M      F
ADDRESS	PHONE NUMBER		▶ Insurance/Eligibility Status—Check all that apply ◀	
CITY	STATE	ZIP	<input type="checkbox"/> Insured, Vaccines Covered <input type="checkbox"/> Insured, Vaccines Not Covered <input type="checkbox"/> Badger Care <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Medicaid Eligible <input type="checkbox"/> Native American	
Primary Medical Provider:				

## Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if your child can get the seasonal influenza vaccine. 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 seasonal influenza vaccine, but we will contact you to discuss your options.

Please mark YES or NO for each question.

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

## Section 3: Consent

### CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the Influenza Vaccine Information Statement (8/15/2019) and I understand the risks and benefits.

I GIVE CONSENT to the Pierce County Public Health Department and its staff for my child named at the top of this form to be vaccinated with this vaccine and (If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school) vaccine information be entered into WIR.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

## Section 4: Vaccination Record

### FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Site	Dose # (1st or 2nd)	Vaccine Manufacturer	Lot Number
Influenza	____/____/2020	IM	LV RV LD RD	1 <sup>st</sup> Dose 2 <sup>nd</sup> Dose	GSK	Fluarix: 7P5BE 4PA3X Other: _____
Signature and Title of Vaccine Administrator:						