

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner
1000 Commonwealth Ave.
Newton, MA 02459

Telephone 617.796.1420 Fax 617.552.7063
TDD/TTY 617.796.1089



Public Health
Prevent. Promote. Protect.

Dear Parents/Guardians:

September 15, 2014

The Health and Human Services Department is once again pleased to offer the influenza vaccine to all Newton students in Kindergarten through grade 12.

Both the flu shot and the flu nasal spray vaccine 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 is providing the flu vaccine for students, but we do request insurance information to help recoup costs to administer the vaccine.

Clinics will be held in each Newton public school from October through mid-November. Specific clinic dates will be announced at each school and are posted online at 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 or in the school nurse's office. Students who are not signed up will not receive the vaccine.

The Consent/Screening form requires parents to choose either the flu shot or the nasal spray flu vaccine. Information about each type of vaccine, including its risks and benefits, is described on the Vaccine Information Statement posted at www.newtonma.gov/flu School nurses also have information and can answer any questions.

Both the flu shot and nasal spray vaccine are quadrivalent vaccines that protect against four strains of the flu. The Centers for Disease Control and Prevention (CDC) recommends the flu vaccine for everyone 6 months and older. For the first time the CDC also recommends a preference for the nasal spray flu vaccine over the flu shot for healthy children ages 2 through 8 when both types of vaccine are available.

This year in accordance with Massachusetts law we will be reporting flu vaccines administered through this program via a computerized immunization registry known as the Massachusetts Immunization Information System (MIIS). The MIIS stores immunization records. 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 this 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 or contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850. Opt out forms are available at www.newtonma.gov/flu and should be returned to the school nurse.

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.

Sincerely,

Ruth Hoshino
School Nurse Supervisor

David Fleishman
Superintendent



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Health & Human Services Department

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Public Health
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Student Flu Vaccine Consent and Screening Form 2014-15

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

Select either flu shot or nasal spray.

- Answer the screening questions only for that type of vaccine.
- Sign below those screening questions.
- A "YES" to any question (except #12) indicates your child cannot receive that type of vaccine. If you are not sure of the answers to these questions, contact your child's health care provider.

Check **ONE** box below for the vaccine you want your child to receive.

FLU SHOT

OR

NASAL SPRAY

	Yes	No
1. Does your child have a problem eating eggs?		
2. Does your child have an allergy to gentamicin, neomycin, polymixin or gelatin?		
3. Has your child ever had a serious reaction to a flu vaccine in the past?		
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

	Yes	No
1. Does your child have a problem eating eggs?		
2. Does your child have an allergy to gentamicin, neomycin, polymixin or gelatin?		
3. Has your child ever had a serious reaction to a flu vaccine in the past?		
4. Does your child have asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?		
5. If you child is younger than 5 years old, has a healthcare provider told you that your child had wheezing or asthma within the last 12 months?		
6. Does your child have a weak immune system (from HIV, cancer, or medicines such as steroids or those used to treat cancer)?		
7. Is your child taking antiviral medications?		
8. Does your child take aspirin or aspirin-containing medicine every day?		
9. Is your child pregnant?		
10. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		
11. 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)?		
12. Has your child received any other vaccinations (not just flu) in the past 30 days? Vaccine: _____ Date: ___/___/___		

I have read the 2014-2015 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: _____

I have read the 2014-2015 Vaccine Information Statement for the nasal spray 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 2014-2015 seasonal influenza vaccine at least 4 weeks apart unless they received:

- At least 1 dose of 2013-14 seasonal influenza vaccine

OR

- At least 2 seasonal influenza vaccines during any previous season, and at least 1 dose of a 2009 (H1N1)-containing vaccine

Contact the child's primary health care provider to receive a second dose, or visit www.newtonma.gov/flu for additional clinics.

Student 2014-2015 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

Name: (Last, First, MI)*	Date of birth: *	Age*	Sex: (Circle)*
	_____ Month Day Year		Male Female
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 subscriber, please complete the following:

Subscriber's Name: (Last, First, MI)	Subscriber's Date of Birth:	Sex: (Circle)
	_____ Month Day Year	Male Female
Subscriber's Street Address: (If different from address above)		
City:	State:	Zip:
		()
Patient Relationship to Subscriber: (Circle) 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)

For Clinic/Office Use Only:

Signature of Vaccine Administrator: _____

Date of Service	Vax Type	Vaccine Mfgr	Lot No	Exp Date	Dose (mL)	State Supplied	Preserv Free	Injection Route	Injection Site	Date On VIS	Date VIS Given
	IIV4				0.5	Yes No	Yes No	IM	R Arm L Arm	8/19/14	9/15/14
	LAIV4	Med-Immune			0.2	Yes No	Yes	Intranasal	NA	8/19/14	9/15/14

Influenza Vaccine

What You Need to Know

(Flu Vaccine, Live, Intranasal)

2014-2015

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 (“flu”) is a contagious disease that spreads around the United States every winter, 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, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, nervous system disorders, or a weakened immune system. Flu vaccination is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine is the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Live, attenuated flu vaccine—LAIV, Nasal Spray

You are getting a **live, attenuated influenza vaccine** (called LAIV), which is sprayed into the nose. “Attenuated” means weakened. The viruses in the vaccine have been weakened so they won’t give you the flu.

There are other “inactivated” and “recombinant” flu vaccines that do not contain live virus. These “flu shots” are given by injection with a needle.

Injectable flu vaccines are described in a separate Vaccine Information Statement.

Flu vaccination is recommended every year. Some children 6 months through 8 years of age might need two doses during one year.

Flu viruses are always changing. Each year’s flu vaccine is made to protect against viruses that are likely to cause disease that year. LAIV protects against 4 different influenza viruses. Flu vaccine cannot prevent all cases of flu, but it is the best defense against the disease.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts several months to a year.

Some illnesses that are **not** caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

LAIV may be given to people **2 through 49 years of age**. It may safely be given at the same time as other vaccines.

LAIV does not contain thimerosal or other preservatives.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe, life-threatening allergies**, including (for example) an allergy to gelatin or antibiotics. 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 should not get vaccinated.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you have long-term health problems**, such as certain heart, breathing, kidney, liver, or nervous system problems, your doctor can help you decide if you should get LAIV.



- **If you have gotten any other vaccines in the past 4 weeks, or if you are not feeling well.** It is usually okay to get flu vaccine when you have a mild illness, but you might be advised to wait until you feel better. You should come back when you are better.
- **You should get the flu shot instead of the nasal spray if you:**
 - are pregnant
 - have a weakened immune system
 - are allergic to eggs
 - are a young child with asthma or wheezing problems
 - are a child or adolescent on long-term aspirin therapy
 - will provide care for, or visit someone, within the next 7 days who needs special care for an extremely weakened immune system (ask your health care provider)
 - have taken influenza antiviral medications in the past 48 hours

The person giving you the vaccine can give you more information.

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Problems that could happen after any vaccine:

- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

Mild problems that have been reported following LAIV:

Children and adolescents 2-17 years of age:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Adults 18-49 years of age:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

LAIV is made from weakened virus and **does not cause flu.**

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/

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 behavior changes.

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.
- Afterward, the reaction 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, 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. There is a time limit to file a claim for compensation.

7

How can I learn more?

- Ask your health care 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 website at www.cdc.gov/flu

Vaccine Information Statement (Interim) Live Attenuated Influenza Vaccine

08/19/2014

42 U.S.C. § 300aa-26

Office Use Only



Influenza Vaccine

What You Need to Know

(Flu Vaccine,
Inactivated or
Recombinant)
2014-2015

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

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Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, nervous system disorders, or a weakened immune system. Flu vaccination is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine is the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Inactivated and recombinant flu vaccines

You are getting an injectable flu vaccine, which is either an “**inactivated**” or “**recombinant**” vaccine. These vaccines do not contain any live influenza virus. They are given by injection with a needle, and often called the “flu shot.”

A different, **live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccination is recommended every year. Some children 6 months through 8 years of age might need two doses during one year.

Flu viruses are always changing. Each year’s flu vaccine is made to protect against 3 or 4 viruses that are likely to cause disease that year. Flu vaccine cannot prevent all cases of flu, but it is the best defense against the disease.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

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

3 Some people should not get this vaccine

Tell the person who gives 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, including (for example) an allergy to gelatin, antibiotics, or eggs, 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** (a severe paralyzing illness, 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 advised to wait until you feel better. You should come back when you are better.



4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Problems that could happen after any vaccine:

- Brief fainting spells can happen after any 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.
- Severe shoulder pain and reduced range of motion in the arm where a shot was given can happen, very rarely, after a vaccination.
- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

Mild problems following inactivated flu vaccine:

- 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.

Moderate problems following inactivated flu vaccine:

- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures 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.

Inactivated flu vaccine does not contain live flu virus, so you cannot **get the flu from this vaccine**.

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/

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 behavior changes.

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.
- Afterward, the reaction 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, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

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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. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care 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 website at www.cdc.gov/flu

Vaccine Information Statement (Interim) Inactivated Influenza Vaccine

08/19/2014

42 U.S.C. § 300aa-26

Office Use Only



Introducing the
Massachusetts Immunization Information System

MIIS

Fact Sheet for Parents and Patients



The MIIS is a new statewide system to keep track of immunization records for you and your family. These records list the vaccinations (shots) you and your children get to protect against measles, chickenpox, tetanus, and other diseases. The goal is to make sure that everyone in Massachusetts is up-to-date with their shots and that your records are available when you need them – such as when your child enters school, when you need emergency medical help, or when you change healthcare providers.

What is the MIIS?

- A computerized system that collects and stores basic immunization information for people who live in Massachusetts.
- A secure and confidential system, as required by Massachusetts law.
- A system that is available for people of all ages, not just children.

How will it help me?

The MIIS:

- Helps you and your family get the best care wherever you go for your healthcare.
- Makes sure that you and your children don't miss any shots or get too many.
- Can print a record for you or your children when you need it – if you move, if your doctor retires, or when your child starts school or camp.

Why is this important?

- As you know, the schedule of shots needed to keep healthy can be very complicated. The MIIS:
- Helps your healthcare provider keep track of which shots are due and when they should be given.
 - Keeps all your immunization records together for you, your family, and your healthcare provider.
 - Provides proof of vaccination for your children.
 - Helps prevent outbreaks of disease like measles and the flu in your community.
 - Keeps shot records safe during natural disasters such as flooding or hurricanes.



What information is kept in the MIIS?

- A list of shots that you or your children have received as well as any that you or your children get in the future.
- Information needed for safe and accurate immunization of each patient, such as:
 - » Full name and birth date.
 - » Gender (male or female).
 - » Mother's maiden name (for children).
 - » Address and phone number.
 - » Provider office where each shot is given.

How does this information get into the system?

- Information about children is added when a child is born or when a child gets his or her first shots.
- Your healthcare provider can add your records or your family's records if they are not already in the MIIS.

Who has access to my records?

- The Department of Public Health (DPH) uses modern technology to make sure that all information entered into the MIIS is kept secure and confidential.
- The information in the MIIS is only available to:
 - » Healthcare providers or others ensuring appropriate immunization, as authorized by DPH.
 - » Schools.
 - » Local boards of health.
 - » DPH, including the WIC program, and other state agencies or programs that provide education and outreach about vaccines to their clients.
 - » Studies specially approved by the Commissioner of Public Health which meet strict legal safeguards.

What if I don't want my information shared?

- You have the right to limit who can see your information.
- To limit who can see your information, you need to fill out the 'Objection or Withdrawal of Objection to Data Sharing' form which you can get from your healthcare provider.
- If you decide to limit who can see your information, your current healthcare provider will be able to see the shots they have given to you or your children, but may not be able to see your complete immunization history.
- If you decide to limit who can see your information, you will not have access to all of the benefits of the MIIS, like sharing your immunization records with schools and emergency rooms, and a complete record of shots in a single place.
- You can change your mind (decide to share or not share your information) at any time.

How can I get more information?

Please visit our website at www.mass.gov/dph/miis, contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850, or ask your healthcare provider for more information.