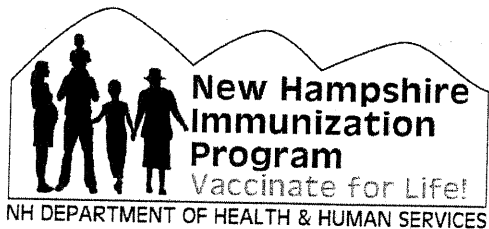


N. NEW BUSINESS  
2



September, 2012

**Subject: School-based Influenza Vaccination Clinics**

Dear Dover School Board,

As Executive Director of the *Health and Safety Council of Strafford County*, I'm writing to seek your support to host free influenza vaccine clinics for students this coming fall in Dover Elementary and Middle Schools.

We are working to raise awareness about the risks of influenza and the many methods of prevention within the Dover school community, including the provision of free influenza clinics to district students.

Every year in the United States, on average:

- 5% to 20% of the population gets the influenza;
- more than 200,000 people are hospitalized from influenza complications; and
- approximately 36,000 people die from influenza.

When children become infected, unvaccinated household members quickly follow suit, leading to missed school days, missed work, doctor visits and sometimes hospital visits.

One of the most effective ways to prevent the outbreak of influenza in schools is to host school-based influenza clinics for students. We at the Health and Safety Council of Strafford County would like to come into your school (at no cost to you) to vaccinate those students for whom parents have returned a signed consent form. We provide all personnel, support, promotional materials, vaccine and other necessary supplies to carry out the clinic. We notify student's health care providers that they received the vaccine, and the school receives a log to update student vaccine records as well. We ask schools to provide logistical support distributing and receiving returned consent forms, identifying a space to hold the clinic, and facilitating the clinic flow by determining how students will be scheduled/called to the clinic from class.

Over 2,600 New Hampshire students from 35 schools received free influenza vaccine through school-based influenza clinics in 2011. Many of these students would remain unprotected had it not been for local school districts taking the initiative to host school-based clinics.

We hope you agree with the importance of protecting your students from influenza. We would appreciate the opportunity to discuss a possible school-based influenza clinic with you. Please do not hesitate to call at 603.335.0168.

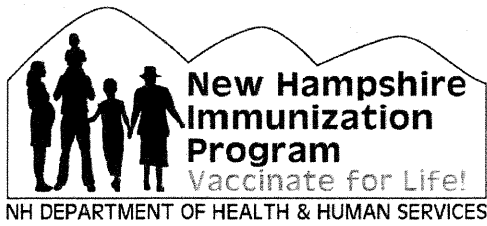
Sincerely,

Tory Jennison RN, MS

HSCSC Executive Director



**Follow Rufus and get your flu vaccine at school.**



## **Parent and Guardian Frequently Asked Questions *about School-based Flu Clinics***

**Q: Why are flu clinics at school a good idea?**

A: Schools are a place where kids share lots of things – ideas, pencils, snacks, and of course, germs. What better place to give free flu vaccines than where children spend their time together, and where they are most likely to catch the flu? We want to immunize the most children that we can so we can stop the flu.

**Q: When will the clinic be held?**

A: Your child(ren's) school will notify you of the date at approximately 2 weeks prior to the clinic.

**Q: What IS the flu?**

A: Influenza, commonly called "the flu" is a viral infection, which affects the nose, throat, and lungs. The flu is different from the common cold as it is more likely to cause severe illness and life-threatening complications.

**Q. What kind of flu vaccine is offered at school?**

A. There are two types of flu vaccines: TIV (shots) or LAIV (nasal mist). Both will be offered at the school clinic. Which one your child will receive will depend on the answers you give about your child on the consent form.

**Q: Who will give the vaccine to my child?**

A: The flu vaccines are given by licensed medical staff that have training in and experience working with children.

**Q: Is the flu vaccine safe?**

A: Yes! The risk of a vaccine causing serious harm, or death, is extremely small. A vaccine, like any other medicine, could possibly cause problems, such as allergic reactions. Trained medical staff will administer the vaccines and be sure that the children are properly screened for potential contraindications. Millions of Americans get the flu vaccine every year, and the vaccines are made by manufacturers who follow all Food and Drug Administration protocols, and conduct quality checks and safety reviews.

**Q: Can the flu vaccine give you the flu?**

A: No, the flu vaccine cannot give you the flu. Even if you got a flu vaccine there are still reasons why you might feel flu-like symptoms. You might have been exposed to a non-flu virus before or after you got vaccinated or you might have been exposed to flu after you got vaccinated but before the vaccine took effect. It takes about two weeks after you receive the vaccine for your body to build protection against the flu.

**Q: Is the flu vaccine preservative free?**

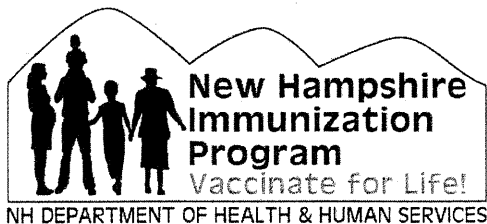
A: Yes! There are no preservatives, such as thimerosal, in the current approved flu vaccines.

**Q: What is the cost?**

A: Free! The NH Immunization Program provides all required vaccines free of charge to children up to age 19. Your insurance company will not be billed. We only ask the name of your insurance company on the consent form to help us compile data for future funding opportunities.



**Follow Rufus and get your flu vaccine at school.**



**Q: What do I tell parents who may be on the fence about letting their child get the vaccine?**

A: Remind parents how important the influenza vaccine is to protecting their child's health, and remind them of the benefits of having the vaccine given in school:

- It's FREE!
- Your child will be less likely to come down with the influenza and miss a LOT of school time
- You'll have to miss less work if your child doesn't come down with the flu
- CONVENIENT! You don't have to make a separate appointment or trip to the doctor!

**Q: Can children with asthma get the influenza vaccine?**

A: Yes! Children with asthma can get the influenza shot, but not the nasal spray.

**Q: Can the entire family get their vaccine at the same time?**

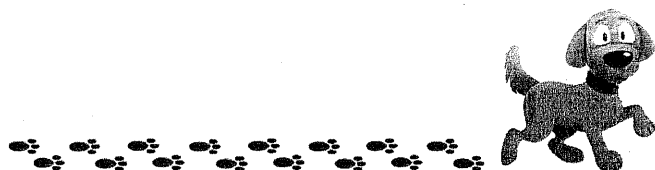
A: Only students who are enrolled at the school can get a vaccine at our clinic. We are not holding clinics in High Schools but High School students can go to a school that is holding a clinic during after schools hours. They must have a signed consent form.

**Q: Can staff get vaccinated?**

A: Only students who are enrolled at the school can get a vaccine at our clinic.

**Q: What do I tell kids who are nervous about getting the vaccine?**

A: Assure students that the minimal discomfort associated with getting the influenza vaccine is much less than having the influenza.





## 2012-2013 NEW HAMPSHIRE SEASONAL INFLUENZA SCHOOL VACCINATION CONSENT FORM

SCHOOL NAME _____	CITY _____	GRADE _____	TEACHER _____
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### SECTION 1: STUDENT INFORMATION

Student's Name (Last) _____	(First) _____	(M.I.) _____	Student's Date of Birth Month _____ Day _____ Year _____
Parent/Legal Guardian's Name (Last) _____	(First) _____		Student's Age _____ Student's Gender Male _____ Female _____
City _____ State _____ Zip _____	Parent/Guardian Daytime Phone Number: _____		

Is your child Alaskan Native or American Indian? Yes No  If you want vaccination information sent to your child's medical provider, please sign here and fill in the area to the right:  _____ (Sign here)	Medical Office Name: _____ Provider Name: _____ Address: _____ Phone: _____ Fax: _____
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### SECTION 2: HEALTH INSURANCE INFORMATION

Indicate your child's health insurance provider (or indicate if your child has no insurance).  
**Note: Neither you nor your insurance company will be billed for this vaccination. This information is collected for data purposes only.**

**No Insurance**      Medicaid (formerly known as Healthy Kids Gold or Healthy Kids Silver)  
 Anthem BC/BS       Harvard Pilgrim       CIGNA       Blue Cross/Blue Shield (other)  
 Other insurance? (Please specify) \_\_\_\_\_ Do you have a secondary insurance? Yes No Please list \_\_\_\_\_

### SECTION 3: SCREENING FOR VACCINE ELIGIBILITY

<b>A. If you answer "YES" to any of the questions in Section 3-A (1-4) your child <u>cannot</u> get vaccinated at school. Contact your child's doctor to discuss other options.</b>	<b>YES</b>	<b>NO</b>
1. Does your child have a <i>SEVERE</i> allergy to eggs?		
2. Has your child ever had a serious reaction to a previous dose of flu vaccine?		
3. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) after receiving vaccine?		
4. Is your child pregnant?		
<b>B. If you answer "Yes" to any of the questions in Section 3-B (5-10) your child cannot get the nasal vaccine at school.</b>	<b>YES</b>	<b>NO</b>
5. Does your child have any other <i>SEVERE</i> allergies? Please list: _____ (Vaccinator will evaluate prior to administration)		
6. Has your child received any vaccines (not just flu) within the past 30 days?		
7. Does your child have recurrent wheezing or asthma?		
8. Does your child have diabetes or diseases of the lungs, heart, kidneys, liver, nerves, or blood?		
9. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?		
10. Does your child have a weak immune system from HIV, cancer, or medications such as steroids or those used to treat cancer?		
<b>C. Questions for clinic vaccinator on day of clinic:</b>	<b>YES</b>	<b>NO</b>
1. Is the student sick today? (If yes have the school nurse evaluate now)		
2. Have you reviewed all questions in SECTION 3 A & B?		

### SECTION 4: CONSENT FOR CHILD'S VACCINATION IN SCHOOL

I have answered **NO** to the questions in Section 3-A (1-4). I have read, or have had explained to me, the 2012-13 Injectable Influenza Vaccine Information Statement and the 2012-13 Intranasal Influenza Vaccine Information Statement. I understand the benefits and risks of the vaccine and ask that the influenza vaccine be given to the student named above for whom I am authorized to make this request.

Yes, I DO want my child vaccinated with influenza vaccine at school:  
 Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

If available preferred vaccine:    Injectable    Nasal    **Can NOT have nasal vaccine if answered yes to Section 3-B (questions 5-10).**

No, I DO NOT want my child vaccinated with influenza vaccine at school:  
 Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 5: FOR ADMINISTRATIVE USE ONLY    VIS Date: 7/2/2012

Vaccine	Date Dose Given MM/DD/YYYY	Route	Manufacturer	Lot Number	Name and Title of Vaccine Administrator
Fluvirin@_____		<input type="checkbox"/> IM -Deltoid			
FluMist@_____		<input type="checkbox"/> L__R__			
		<input type="checkbox"/> Intranasal			