



LASALLE HIGH SCHOOL

3091 North Bend Road • Cincinnati, Ohio 45239 • www.CincinnatiLaSalle.net

Dear Parent/Guardian:

Hamilton County Public Health has asked us to relay the following information to our parents.

To reduce the spread of disease caused by the ongoing circulation of H1N1 (swine) flu, a vaccine will soon become available. The U.S. Centers for Disease Control and Prevention (CDC) have identified students associated with Kindergarten through Grade 12 schools as one of the priority groups to receive this vaccine.

Like seasonal flu, H1N1 flu can be a serious contagious disease. An important step in protecting your child from H1N1 flu is to receive the H1N1 flu vaccine. In order to quickly and efficiently vaccinate school age children, Hamilton County Public Health (HCPH) will be on-site here at La Salle to administer the vaccine to our students. HCPH is working with local schools to vaccinate school age children in order to assure area physicians are available to vaccinate children younger than four and those with chronic health conditions.

Due to staggered vaccine availability, we will, in all probability, have only 24 hour notice of the date and time of vaccination. As soon as this information is received, we will post it on the main page of our website.

Having your child immunized against the H1N1 virus is your choice. However, public health experts advise that immunizations are one of the most effective ways to prevent serious illness in children.

We appreciate your help and ask that you take the following steps:

- Review the attached packet.
- Complete the Student Consent Form. Everyone must complete and return this form, even if you choose not to have your son vaccinated. --- La Salle students will be vaccinated during the school day. If you prefer to be with your son when he is vaccinated, indicate this wish clearly and boldly on the top of your son's Consent Form. Then, you will need to report to La Salle with your son on the vaccination day between 3:00 and 7:30 pm.
- Return completed consent form to the main office by this **Friday, October 9**.
- Review the Vaccine Information Statement. This document will answer many of your questions regarding the vaccine and also describes risk factors. It was updated after the packet of information was prepared by Hamilton County Public Health. Please refer to our school website for the final version.
- Review Hamilton County Public Health's Notice of Privacy Practices. This notice describes how medical information may be disclosed and how you can get access to this information.
- Refer to the Know the Facts sheet for any additional questions you may have. This covers the reason vaccine is being administered in schools and other prevention measures to take.
- Follow public health advice regarding prevention measures such as hand washing and coughing/sneezing etiquette, monitoring your family members for H1N1 symptoms, staying home from work or school if symptoms are present – especially fever, avoiding crowds and other social distancing measures. These measures continue to be important even though an H1N1 vaccine is available because they can help prevent the spread of most of the germs that cause illness.

Hamilton County Public Health has advised that vaccinating school age children is very important in controlling the severity of illness in our community. Please visit www.hamiltoncountyhealth.org for more information about H1N1 flu and the vaccine.

We appreciate your cooperation. Please contact my secretary, Mrs. Diane Eichhold, at 513-741-2342 if you have any questions.

Forever, know that I care

Thomas Luebbe '73
Principal of La Salle

*"A Catholic high school of distinction in the Lasallian tradition . . .
. . . a home of Strong Hearts, Strong Minds & Strong Leaders"*

**Student Consent Form and
H1N1 Influenza Vaccine Immunization Nursing Record**

PLEASE PRINT *Everyone **Must** Complete this Section*

Student's Last Name: _____ Student's First Name: _____ Middle Initial: ____
 Address: _____ City: _____ Zip Code: _____
 Home Phone: _____ Emergency Contact Number: _____ Gender: (M / F)
 Child's Pediatrician / Physician: _____ DOB: _____ Age: _____
 Mother's Last Name: _____ Mother's First Name: _____
 Father's Last Name: _____ Father's First Name: _____
 OR, Guardian, if under 18: Last Name: _____ First Name: _____ Relationship: _____

If you answer **YES** to one or more of the following three questions, your child **will not** be able to receive the H1N1 vaccination at school. Please consult your family physician. You must **also** check **DO NOT ADMINISTER** and **SIGN** the next section.

The following questions will help us to determine if your child can receive the H1N1 Influenza Vaccine. Please CHECK YES or NO to <u>ALL</u> questions below for the STUDENT.	YES	NO
1. Does your child have an allergy to eggs, latex, MSG, or gentamycin?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your child ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a reaction to a previous flu vaccine? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>
Please list any allergies:		

If you DO NOT want an H1N1 Influenza Vaccination given to your child check DO NOT ADMINISTER and SIGN.

**DO NOT
ADMINISTER**

Parent / Guardian Signature

Date

The following questions will help us to determine if your child can receive the Flu Mist (live virus). Please CHECK YES or NO to <u>ALL</u> questions below for the STUDENT.	YES	NO
1. Has your child received a vaccine within the past 30 days? Name of Vaccine(s): _____ Date Given: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have <u>any</u> of the following: asthma, diabetes or metabolic diseases/disorders, or disease of the lungs, heart, kidneys, liver, nerves or blood?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your child pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your child on long-term aspirin therapy (e.g. does your child take aspirin everyday)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child have a disease such as cancer, lupus, HIV/AIDS, or do they take medication that lowers the body's resistance to infection?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child have close contact with anyone who has had a bone marrow transplant in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>

Request for Administration of H1N1 Influenza Vaccine for the above named recipient: I understand that my child will not receive the vaccine if he/she is uncooperative. I have read information about the vaccine, special precautions on the Vaccine Information Sheet, and reviewed the Notice of Privacy Practices form. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent that the vaccine be given to the person above of whom I am parent or legal guardian and acknowledge no guarantees have been made concerning the vaccine's success.

This Consent Form may be used to administer a second dose of H1N1 Influenza Vaccine, if needed. I understand that I should report any changes of the above information prior to vaccination.

If you WANT an H1N1 Influenza Vaccination given to your child check YES – ADMINISTER and SIGN.

**YES –
ADMINISTER**

Parent / Guardian Signature

Date

**ADMINISTER FLU MIST
IF AVAILABLE AND
ELIGIBLE**

REMOVE this page from packet and return to school

VACCINATION RECORD

FOR ADMINISTRATIVE USE ONLY

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

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/vis.

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.

5 Some people should not get the vaccine or should wait

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 Barré 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.

6 What are the risks from 2009 H1N1 influenza vaccine?

A vaccine, like any medicine, could cause a 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 inactivated 2009 H1N1 vaccine are similar to those from seasonal inactivated flu vaccine:

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.

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-Barré 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 a 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 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: 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 www.cdc.gov/h1n1flu or www.cdc.gov/flu
- Visit the web at www.flu.gov



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





250 William Howard Taft Road, 2nd Floor
Cincinnati, OH 45219 • 513.946.7800
hamiltoncountyhealth.org

HAMILTON COUNTY PUBLIC HEALTH NOTICE OF PRIVACY PRACTICES OUR LEGAL DUTY

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003.

Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. We reserve the right to change our privacy practices and the terms of this Notice at any time. Changes will be available from the Hamilton County Public Health (HCPH). Any changes in our privacy practices and the new terms of our Notice will be effective for all health information that we maintain, including health information we created or received before we made the changes.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use or disclose your personal health information only for the purposes listed below. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your health information will fall within one of these categories.

For your treatment, for payment of services to you, or for healthcare operations of Hamilton County Public Health:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example, if we refer you to a physician for a service that we cannot provide, your health information will be disclosed to that office.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. If an insurance company pays for your service, it may be necessary to disclose your health information to that company.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations.

Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To provide appointment reminders: We may disclose limited health information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

To persons involved in your care: We may use or disclose health information to notify or assist in the notification of a family member or personal representative of your location, your general condition, or death. If you are present, then we will provide you with an opportunity to object to such uses or disclosures before they are made. In the event of your incapacity or emergency circumstances, we may disclose information that is directly relevant to the person's involvement in your healthcare, if we determine that it is in your best interest to do so.

As required by law: We may disclose your health information when we are required to do so by federal, state, or local law.

For public health activities: We may use and disclose medical information about you for public health activities, including reporting births and deaths and notifying appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

For health oversight activities: We may disclose medical information to a health oversight agency for activities authorized by law.

For judicial and administrative proceedings: We may disclose medical information about you in response to a court or administrative order. We may disclose medical information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

For law enforcement purposes: We may disclose health information to law enforcement officials when certain conditions are met.

For workers' compensation: We may release medical information about you for workers' compensation or similar programs.

For national security and similar government functions: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose information about you to the institution or officials under certain circumstances.

For organ and tissue donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Research: We may disclose health information to research institutions, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested. Should we receive such a request for research, every effort will be made to disclose information that does not contain individually identifiable information.

With your authorization: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

YOUR RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make your request for access to your medical records in writing by using forms we provide or by sending us a letter to the address at the end of this Notice. If you request copies, the first three pages are free after the three pages, subsequent pages are \$0.10 each.

We may deny your request in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional not directly involved in the decision to deny your request will review your request and the denial. We will abide by the outcome of the review.

Disclosure accounting: You have the right to receive a list of disclosures we or our business associates made of your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for a period of time up to six years, but not including dates before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for providing the list.

Request restrictions: You have the right to request that we restrict how we use or disclose your medical information for treatment, payment, or health care operations or the disclosures we make to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Confidential communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing and may use forms we provide. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must give a reason for your request. We may deny your request if you ask us to amend information that was not created by us, is not part of the information kept by the county, is not part of the information you would be permitted to inspect and copy, or is accurate and complete. Any denial will be in writing and state the reason for the denial.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or if you disagree with a decision we made about use or disclosure of your personal health information, you may complain to us using the contact information listed here. You will not be penalized for filing a complaint. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Privacy Officer: Mary Sacco, MSN, RN
Telephone: (513)946-7881
E-Mail: Mary.Sacco@hamilton-co.org
Address: 250 William Howard Taft Road
2nd Floor
Cincinnati, OH 45219

KNOW THE FACTS!

H1N1 (Swine) Flu Vaccine

H1N1 (referred to as “swine flu” early on) is a new influenza virus causing illness in people. This virus is spreading from person-to-person, in much the same way that regular seasonal influenza viruses spread. This is a respiratory illness; swine influenza viruses are not transmitted by food or eating pork products.

Public health agencies are closely monitoring the H1N1 flu situation. Scientists and public health experts advise that this is a rapidly evolving situation and guidance could change. Everyone is encouraged to visit www.cdc.gov/h1n1flu/ for detailed, up to date information.

WHAT CAN A PERSON DO TO PREVENT THIS ILLNESS?

There are everyday actions that can help prevent the spread of germs that cause respiratory illness like H1N1 flu. Parents should use this time to teach their children proper hygiene habits to stay healthy:

- Wash your hands often with soap and water, especially after you cough or sneeze. If soap and water are not near by, use an alcohol-based hand cleaner.
- Cover your nose and mouth with a tissue when you cough or sneeze. If a tissue is not available, use the inside of your elbow to cover your cough or sneeze, not your hands.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people. Try to stay 6 feet away from people who are coughing or sneezing.
- If your child is sick, they should stay home until their fever is gone for at least 24 hours.
- Receive the H1N1 flu vaccine, when available. Getting your child vaccinated is very important in controlling the severity of illness in our community.

IS THERE A VACCINE FOR H1N1 FLU?

Vaccines are the most powerful public health tool for control of flu, and the U.S. government is working closely with manufacturers to produce ample supplies of the H1N1 vaccine.

Hamilton County Public Health is working with schools, physicians and health centers to assure people have access to the vaccine.



PREVENT. PROMOTE. PROTECT.

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Approved 9/25/09

KNOW THE FACTS!

H1N1 (SWINE) Flu Vaccine (cont.)

WHEN WILL THE H1N1 FLU VACCINE BE AVAILABLE?

We anticipate the first shipment of H1N1 flu vaccine to arrive in mid-October. The vaccine is likely to be available in limited, staggered weekly increments.

WILL THERE BE ENOUGH H1N1 VACCINE?

Vaccine availability is likely to be limited at first, therefore people at the highest risk for illness will be first priority to receive the H1N1 vaccine. The Centers for Disease Control and Prevention identified high-risk groups that are a priority to receive the H1N1 vaccination.

WHO SHOULD GET THE VACCINE?

CDC identified several priority groups that are recommended to receive the H1N1 vaccination:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Health care and emergency services personnel who have direct patient contact
- **Persons between the ages of 6 months through 24 years of age**
- People ages 25 through 64 years with chronic health disorders or weakened immune systems

IS THE VACCINE MANDATORY?

No, the vaccine is not mandatory. Some parents may choose to not have their child vaccinated; it is their choice.

WHY SHOULD MY CHILD RECEIVE THE H1N1 VACCINE?

Like seasonal flu, H1N1 flu can be a serious contagious disease. An important step in protecting your child from H1N1 flu is to receive the H1N1 flu vaccine.

Immunizations are one of the most effective ways to prevent serious illness in children and adults. Pediatric immunization programs in the United States have been quite successful in reducing the number of children affected by highly contagious diseases, including measles, rubella, mumps and polio.

WHY IS THE VACCINE BEING ADMINISTERED IN SCHOOL?

School age children are among the key populations identified by CDC as being at higher risk of disease and who are likely to come in contact with H1N1 flu. When vaccine is first available, it is recommended that these populations be vaccinated first.

In order to administer vaccine as efficiently as possible, Hamilton County Public Health is working with local schools on vaccination clinics. We hope this will be a minimal interruption to students' regular schedules while providing protection to thousands of children from H1N1 flu.

School-based H1N1 vaccine clinics also ensure that physician offices and health centers will be available to provide vaccine to younger children and those with chronic health conditions.

IS THIS AVAILABLE TO ALL SCHOOL CHILDREN?

Hamilton County Public Health has offered to coordinate H1N1 flu vaccine clinics to all public, private and parochial schools in our jurisdiction (this excludes the cities of Cincinnati, Sharonville, Springdale and Norwood – these areas have separate health departments and are making plans with schools in their jurisdictions).



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KNOW THE FACTS!

H1N1 (SWINE) Flu Vaccine (cont.)

WHAT IS THE COST?

Vaccine administered as part of school-based H1N1 flu vaccination clinics will be provided free of charge.

CAN I BE PRESENT WHILE MY CHILD GETS THE VACCINE AT SCHOOL?

Parents may accompany their child to school for the vaccination, in accordance with school policies. Since there is a limited supply of vaccine, nurses will only be able to administer vaccine to enrolled students.

WHAT IF MY CHILD IS UPSET?

Nurses will not be able to administer vaccine to children that are unruly or uncooperative. Teachers, room moms and adult volunteers will be available to comfort children.

CAN I HAVE MY CHILD VACCINATED AT THE PHYSICIAN'S OFFICE RATHER THAN AT SCHOOL?

Yes, the child may receive the vaccination through their primary care provider (pediatrician or family physician). You will need to contact their office to inquire about vaccine availability.

IF MY CHILD IS VACCINATED AT THE PHYSICIAN'S OFFICE, DOES THE SCHOOL NEED A RECORD?

No, the school does not need a record if the child receives the H1N1 vaccine from their primary care provider. A record should be kept with the child's normal immunization and medical records.

CAN MY OTHER CHILDREN GET THE VACCINE AT THE SCHOOL CLINIC?

School-based clinics will only serve to vaccinate the students attending the school/school district. Others in the key populations are encouraged to seek the vaccine through their health care provider.

HOW MANY DOSES OF H1N1 FLU VACCINE WILL BE NEEDED?

Preliminary clinical trial results indicate that one dose will be effective for healthy children ages 10 to 17. Children 6 months to 9 years old are likely to require two doses depending on health history. This is similar to CDC recommendations for seasonal flu vaccine.

WHY DO YOUNGER CHILDREN NEED TWO DOSES?

Young children do not have as mature an immune system as adults and may not have had prior exposure to flu. The likelihood that you have had exposure to flu virus increases with age.

Young children also need two doses of the seasonal flu vaccine the first time they receive it. This is the normal recommendation each flu season.

WHEN WILL THE SECOND DOSE BE PROVIDED?

The second dose of H1N1 flu vaccine will need to be administered 21 days after the first dose is received. Hamilton County Public Health will also coordinate school-based vaccination clinics for students that meet this requirement.

WILL SEASONAL FLU VACCINE BE OFFERED IN SCHOOLS?

No, Hamilton County Public Health will not administer seasonal flu vaccine in schools. We encourage families to seek the vaccine through their normal flu vaccine provider.



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KNOW THE FACTS!

H1N1 (SWINE) Flu Vaccine (cont.)

WILL THE SEASONAL FLU VACCINE ALSO PROTECT AGAINST THE H1N1 FLU?

The usual seasonal influenza viruses are still expected to cause illness this fall and winter. Individuals are encouraged to get their seasonal flu vaccine as soon as it is available from their regular flu shot provider.

The seasonal flu vaccine is not expected to protect against the H1N1 flu. Children will need to receive additional vaccine to protect against seasonal flu. As well, the H1N1 flu vaccine is not expected to protect against seasonal flu. Contact your healthcare provider or visit www.hamiltoncountyhealth.org to find seasonal flu vaccine locations.

CAN THE SEASONAL FLU VACCINE AND THE H1N1 FLU VACCINE BE GIVEN AT THE SAME TIME?

Preliminary clinical trial results indicate that H1N1 flu and seasonal flu vaccines will be safe and effective if given at the same time.

WHEN SHOULD SEASONAL FLU VACCINE BE RECEIVED?

Families are encouraged to seek seasonal flu vaccination as soon as it is available. It is not too early to get a seasonal flu vaccine. The protection you get from the vaccine will not wear off before the flu season is over.

WHAT ARE THE RISKS ASSOCIATED WITH H1N1 FLU VACCINE?

During clinical trials, no serious adverse effects were identified with H1N1 flu vaccine. This vaccine has a very similar profile to seasonal flu vaccine. However, there is always some degree of redness and swelling with all injections – H1N1 flu vaccine should be no different. Visit www.cdc.gov/h1n1flu/vaccination/vaccine_safe_ty_qa.htm for more information.



**HAMILTON COUNTY
PUBLIC HEALTH**

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