



Macomb County Health Department  
Influenza A (H1N1) 2009 School Vaccination Program

I plan to bring my child to the school vaccination clinic.

Yes     No

\_\_\_\_\_  
Child's Name

Grade \_\_\_\_\_

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

Date \_\_\_\_\_

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

In order for your student to receive the H1N1 vaccination, this form **MUST** be returned to your child's school **NOT LATER THAN** Wednesday, October 28, 2009.

**Macomb County Health Department  
Influenza A (H1N1) 2009 Monovalent Vaccine  
Inactivated**

**Medical Screening Questionnaire and Consent for Vaccination**

**PLEASE PRINT**

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Parent/Responsible Party: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Sex:  Male  Female

**For School Clinics Only:**

District Name \_\_\_\_\_ School Name \_\_\_\_\_ Grade \_\_\_\_\_

**Yes No Please answer the following questions about you or the person to be vaccinated:**

- Have you ever had a serious reaction to a vaccine?
- Are you allergic to eggs, Thimerosal, or any antibiotics?
- Are you currently ill or running a fever?
- Have you ever had Guillain-Barré Syndrome (GBS)?
- Do you have a bleeding disorder such as hemophilia?

I have read the information contained in the Vaccine Information Statement regarding the vaccine to be administered. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the specific vaccine. I ask that the vaccine be given to me, or to the person for whom I am authorized to make this request.

**Macomb County Health Department Notice of Health Information Practices**

I have received a copy of Macomb County Health Department's Notice of Health Information Practices. I understand that my acknowledgement of the notice is evidenced by my signature on this document. The Department is required to abide by the terms of this privacy notice. The Department may change the terms of its notice at any time. The new notice will be effective for all protected health information that it maintains at that time. Upon my request, the Department will provide me with the revised notice of privacy practices.

**X** \_\_\_\_\_  
SIGNATURE of Parent/Legal Guardian PRINT NAME of Parent/Legal Guardian Date

**Received Notice of Health Information Practices, refused written acknowledgement**

**FOR ADMINISTRATIVE USE ONLY**

Vaccine	Date Admin'd	Route	Site	Dose Number	Vaccine Manufacturer/ Lot Number	VIS Date	Vaccinator ID Code
Influenza A (H1N1) 2009		IM	<input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> RD <input type="checkbox"/> LD	<input type="checkbox"/> First <input type="checkbox"/> Second			
<b>PRIORITY GROUP</b>							
<input type="checkbox"/> Pregnant women <input type="checkbox"/> Caregivers of infants < 6 mos <input type="checkbox"/> HCW and EMS personnel <input type="checkbox"/> Persons 6 mos to 24 yrs <input type="checkbox"/> Persons 25-64 yrs and high risk							

# 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](http://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](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 [www.hrsa.gov/countermeasurescomp/default.htm](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. 1-888-767-4687
- 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](http://www.cdc.gov/h1n1flu) or [www.cdc.gov/flu](http://www.cdc.gov/flu)
- Visit the web at [www.flu.gov](http://www.flu.gov)

DCH-1471

AUTH: P.H.S., Act 42, Sect. 2126.



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



Vaccine Information Statement  
2009 H1N1 Inactivated Influenza Vaccine 10/2/09

To allow medical care provider(s) accurate immunization status information, an immunization assessment, and a recommended schedule for future immunizations, information will be sent to the Michigan Care Improvement Registry. Individuals have the right to request that their medical care provider not forward immunization information to the Registry.

# Macomb County Health Department

## Notice of Health Information Practices



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

Your protected health information may be used or disclosed by the Department and others involved in your care and treatment for purposes of providing health care services to you. The following are examples of the types of uses and disclosures of your protected health information that the Department is permitted to make.

### **Treatment / Payment / Health Care Operations**

- ◆ To provide, coordinate and manage your health care and related services provided by the Department.
- ◆ As needed to obtain payment for health care services. This may include activities by your health insurance company.
- ◆ In order to support the business activities of the Department.
- ◆ To provide you with information about treatment alternatives or other health related benefits and services that might be of interest to you.

### **Other Required Uses and Disclosures**

- ◆ You have the opportunity to agree or object to the use or disclosure of all your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, the Department will use its professional judgement to make those disclosures which it deems to be in your best interest.
- ◆ Unless you object, the Department may disclose to a member of your family, relative, close friend or any other person you identify protected health information that directly relates to that person's involvement in your health care.

### **Emergencies**

- ◆ The Department may disclose or use your protected health information in emergency treatment situations.

### **Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing, except to the extent the Department has taken action in reliance upon your authorization.

### **Communication Barrier**

- ◆ The Department may use and disclose protected health information if it believes it has attempted to obtain an Authorization from you but it is unable to do so due to substantial communication barriers and the Department has determined, using professional judgement, that you intend to agree to the use or disclosure under the circumstances.

### **OTHER PERMITTED AND REQUIRED USES THAT MAY BE MADE WITHOUT YOUR AGREEMENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT.**

The Department may **use or disclose** protected health information in the following situations without an authorization. These situations include.

- ◆ **Required / authorized by law** – disclose protected health information to the extent that the use or disclosure is required / authorized by law.

- ◆ **Public Health** – disclose protected health information to public health authorities that are permitted by law to collect and receive such information. MCIR – Demographic and immunization data, including vaccine and date received, for your child to be entered into the Michigan Childhood Immunization Registry. Disclose hearing and vision screening information to schools.
- ◆ **Communicable disease** – disclose protected health information as authorized by law to persons who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- ◆ **Abuse or neglect** – disclose protected health information to a public health authority that is authorized by law to receive reports of actual or suspected abuse or neglect.
- ◆ **Coroners, medical examiners, and funeral directors** – disclose protected health information to coroners and medical examiners for notification purposes or determining cause of death.
- ◆ **Criminal activity** – disclose protected health information if it believes that the use or disclosure is necessary to prevent or lessen the seriousness of an imminent threat to health and safety of a person of the public.
- ◆ **Military activity / national security** – disclose protected health information of individuals who are armed forces personnel which are deemed necessary by appropriate military authorities.
- ◆ **Workers compensation** – disclose protected health information for purposes of complying with Michigan Workers' Compensation laws.
- ◆ **Law enforcement**

### **Rights with Respect to Personal Health Information**

Upon your request, the Department will assist you in accessing the following personal health information activities.

- ◆ You have the right to inspect or copy your protected health information.
- ◆ You have the right to have an accounting of any disclosures made by the Department after April 14, 2003. Disclosures made for the purpose of treatment, payment and healthcare operations are not required to be kept in a log by the Department.
- ◆ You have the right to request a restriction on the disclosure or use of your protected health information.
- ◆ The Department is not required to agree to the restriction that you request. If the Department believes it is not in your best interest to limit the disclosure of your protected health information or disagrees with your request, your protected health information will not be restricted. If the Department does agree with the requested restriction, the Department will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.
- ◆ The right to amend your records means you may request the protected health information about yourself in a designated record be modified and/or changed.

### **Complaints**

If you believe that your privacy rights have been violated, you may call us or write to us.

Macomb County Health Department  
 43525 Elizabeth Road  
 Mt. Clemens, MI. 48043  
 Phone (586) 469-5235

The Department will not retaliate against any person(s) who makes a complaint under this Policy.

If you believe your rights have been violated, you have the right to file a complaint with the federal government.

Office of Civil Rights  
 Dept. of Health and Human Services  
 200 Independence Avenue, S.W.  
 Washington, D. C. 20201  
 Phone: (866) 627-7748