

# City of Rochester School Department

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Dear Parent/Guardian:

H1N1 flu vaccination clinics will be happening in three locations throughout Strafford County during the week of December 14, 2009. Clinic locations and times are listed below. All students are eligible to attend any of the clinics as well as all healthy individuals 6 months – 24 years and adults 25 – 64 years with underlying medical conditions. Included with this letter are Vaccine Information Sheets and a consent form. If your student will be attending the clinic, please read the Vaccine Information Sheets and complete the consent form. Additional forms will be available at the clinic but completing the paperwork ahead of time will help to expedite the process. If your student has a completed consent form, you do not have to be present when he or she receives the vaccine.

At the bottom of this letter, there is a form to indicate how many people from your family are planning to attend a clinic and which clinic they plan to attend. Please tear off and return this to the school. This will help us to better plan for clinic attendance. Please only complete one form per family, even if you have children in various schools.

Children under the age of 10 will need to have a booster vaccine 28 days or more after their first vaccine, for a total of 2 doses of vaccine. If your child under 10 has received the first vaccine, please indicate this on the Consent Form making sure to include the date of the first vaccine. Children over the age of 10 need only one dose of the vaccine.

Information on H1N1 influenza and the vaccine can be found at [www.nh.gov/h1n1](http://www.nh.gov/h1n1), [www.flu.gov](http://www.flu.gov) and [www.cdc.gov/h1n1flu/parents](http://www.cdc.gov/h1n1flu/parents). If you have questions about the H1N1 influenza or the vaccine, contact your physician or NH 211 by dialing 2-1-1 or 866-444-4211.

At present these are the locations for the Regional Vaccination Clinics. Please return **this** form to your child's school nurse. The count will be forwarded to the Regional Director.

Sincerely,

*Michael L. Hopkins*

Michael L. Hopkins  
 Superintendent of Schools

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 Please complete and return this form to the school. Only one form per family. Thank you.

| Clinic  | # of people<br>age 6 mo – 3yrs | # of people<br>age 4 – 9 yrs | # of people<br>age 10 – 64 yrs |
|---|--------------------------------|------------------------------|--------------------------------|
| Somersworth High School,<br>12/14/09 2:30 – 7:30 PM   |                                |                              |                                |
| Oyster River High School,<br>12/17/09, 2:30 – 7:30 PM |                                |                              |                                |
| Farmington High School,<br>12/20/09, 9 AM – 2 PM      |                                |                              |                                |

# 2009 H1N1 Influenza Vaccine Consent Form

Information about child to receive vaccine (please print)

Name: \_\_\_\_\_  
LAST
FIRST
DATE OF BIRTH
AGE

Address: \_\_\_\_\_  
STREET
CITY
PARENT/GUARDIAN DAYTIME PHONE NUMBER

The following questions will help us know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Does your child have a serious allergy to eggs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child have any other serious allergies that you know of? If yes, please list:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your child ever had a serious reaction to a previous dose of flu vaccine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your child been vaccinated with any vaccine (not just flu) within the past 30 days?<br>Vaccine _____ Date given: _____ (m/d/yr)                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves or blood?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer), or is your child pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |

**If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.**

Dose 1      Date received: month \_\_\_\_ day \_\_\_\_ year \_\_\_\_\_      Form (please circle):    nasal spray    injection  
 Dose 2      Date received: month \_\_\_\_ day \_\_\_\_ year \_\_\_\_\_      Form (please circle):    nasal spray    injection

**Consent for Child's Vaccination**

I have read or have had explained to me the Vaccine Information Statement (VIS) on 2009 H1N1 Influenza Vaccine. I give my consent for my child, named at the top of this form to be vaccinated with this vaccine. I understand that if I sign below I am giving consent and my child will be given the most appropriate vaccine as determined by the health care provider giving the vaccine.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

| CLINIC USE ONLY   |                     | Dose: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Unknown |             |              |             |                |
|---|---------------------|---|-------------|--------------|-------------|----------------|
| Age Categories: <input type="checkbox"/> 6-23 mos <input type="checkbox"/> 24-59 mos <input type="checkbox"/> 5-18 yrs <input type="checkbox"/> 19-24 yrs <input type="checkbox"/> 25-49 yrs <input type="checkbox"/> 50-64 yrs <input type="checkbox"/> ≥ 65 yrs |                     |   |             |              |             |                |
| 2009 H1N1 VACCINE CHECK BOX   | MANUFACTURER CIRCLE | LOT #/ EXP DATE FILL IN   | DOSE CIRCLE | ROUTE CIRCLE | SITE CIRCLE | CDC VIS CIRCLE |
| <input type="checkbox"/> MULTI DOSE VIAL  | SANOFI-PASTEUR      |   | 0.25mL      | IM           | RT    LT    | 10/02/2009     |
|   | NOVARTIS            |   | 0.5mL       |              |             |                |
|   | CSL                 |   |             |              |             |                |
| <input type="checkbox"/> SINGLE DOSE SYRINGE, PEDIATRIC   | SANOFI-PASTEUR      |   | 0.25 mL     |              |             |                |
|   | SANOFI-PASTEUR      |   | 0.5 mL      |              |             |                |
| <input type="checkbox"/> SINGLE DOSE SYRINGE, ADULT   | NOVARTIS            |   |             |              | RD    LD    |                |
|   | CSL                 |   |             |              |             |                |
| <input type="checkbox"/> SINGLE DOSE INTRANASAL SPRAYER   | MEDIIMMUNE          |   | 0.2 mL      | INTRANASAL   |             |                |
| SIGNATURE OF VACCINE ADMINISTRATOR  |                     |   |             |              | DATE        |                |
|   |                     |   |             |              |             |                |

# 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 <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 <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: <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.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at <http://www.cdc.gov/h1n1flu> or <http://www.cdc.gov/flu>
- Visit the web at <http://www.flu.gov>



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



# 2009 H1N1 INFLUENZA VACCINE

**LIVE, ATTENUATED**  
(the nasal spray vaccine)

## WHAT YOU NEED TO KNOW

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

### 1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (sometimes 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 virus is a new virus strain. 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 protection from seasonal flu.*

**Live, attenuated intranasal vaccine** (or LAIV) is sprayed into the nose. **This sheet describes the live, attenuated intranasal vaccine.**

An **inactivated** vaccine is also available, which is given as a shot. It is described in a separate sheet.

The 2009 H1N1 LAIV does not contain thimerosal or other preservatives. It is licensed for people from 2 through 49 years of age.

The vaccine virus is attenuated (weakened) so it will not cause illness.

### 4 Who should get 2009 H1N1 influenza vaccine and when?

#### WHO

LAIV is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see number 5 below). Groups recommended to receive 2009 H1N1 LAIV first are healthy people who:

- are from 2 through 24 years of age,
- are from 25 through 49 years of age and
  - live with or care for infants younger than 6 months of age, or
  - are health care or emergency medical personnel.

As more vaccine becomes available, other healthy 25 through 49 year olds should also be vaccinated.

Note: While certain groups should not get LAIV – for example pregnant women, people with long-term health problems, and children from 6 months to 2 years of age – it is important that they be vaccinated. They should get the flu shot.

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 LAIV 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.*

2009 H1N1 LAIV should not be given to the following groups.

- children younger than 2 and adults 50 years and older
- pregnant women,
- anyone with a weakened immune system,
- anyone with a long-term health problem such as
  - heart disease
  - kidney or liver disease
  - lung disease
  - metabolic disease such as diabetes
  - asthma
  - anemia and other blood disorders
- children younger than 5 years with asthma or one or more episodes of wheezing during the past year,
- anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit),
- children or adolescents on long-term aspirin treatment.

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.

Tell your doctor if you 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.

2009 H1N1 LAIV may be given at the same time as most other vaccines. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month. H1N1 LAIV and seasonal LAIV should not be given together.

## 6 What are the risks from 2009 H1N1 LAIV?

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 risks from 2009 H1N1 LAIV are expected to be similar to those from seasonal LAIV:

### Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

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

Some adults 18-49 years of age have reported:

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

### 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 vaccination.
- In 1976, an earlier type of inactivated swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). LAIV has not been 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 <http://www.vaers.hhs.gov>, or by calling **1-800-822-7967**.

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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:

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

