



Renville County Public Health Services

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Public Health
Prevent. Promote. Protect.

October 10, 2018

Si necesita esta informacion en
espanol, favor de llamar al
320-523-2570.

Dear Parents / Guardians / School Staff:

Renville County Public Health Services is working with Renville County schools to give flu vaccines to children and school staff. The influenza vaccine will protect against all four influenza strains that are expected to circulate this year. We will only be offering the injectable form of vaccine. The clinics will be held during the school day this fall as listed below.

The dates for the students and school staff are:

RCW – Renville campus

Cedar Mountain – Franklin & Morgan campuses

BLHS – Hector & Buffalo Lake campuses

BOLD – Bird Island & Olivia and St. Mary's campuses

Friday, November 2

Thursday, November 8

Thursday, November 15

Friday, November 16

If you accept the vaccination for your child:

- Read the Vaccine Information Statement (VIS).
- Sign & date the consent form for each child or teen and attach a copy of their insurance card(s).
- Return the consent form to the school at least three days before your school clinic. The consent form must be completely filled out, signed, and dated or the child will NOT be able to receive vaccination.
- **Please return the consent form to the school by Friday, November 9th.**
- Include your payment information on the back of the consent form and a copy of the insurance card(s).
- If paying privately, checks should be made out to "**Renville County PHS.**"
- The vaccine will be given to your child during the vaccination clinic.
- School staff will let you know if the vaccination clinic date needs to be changed.
- If, at any time, you change your mind about having your child vaccinated, you can contact Renville County Public Health Services at 320-523-2570.

If you do not return the consent form, the vaccination will not be given.

If you have any questions about the vaccine or the vaccination clinics, please call 320-523-2570 from 8:00 AM to 4:30 PM. Please visit the CDC's web site at <http://www.cdc.gov/flu>. Your child's health care provider can also answer your questions about vaccines and will be able to give your child the flu vaccine. Protect yourself and others – get vaccinated against influenza.

Sincerely,

Jill Bruns, Director

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**2018 / 2019 Influenza (Flu)
VACCINE CONSENT FORM & ADMINISTRATION RECORD**

Contact Information – person being vaccinated (please print)

*** Complete both sides of form. ***

| | | | | |
|-------------------------|----|-------------------------------|--------|---|
| NAME (Last) | | (First) | (M.I.) | BIRTHDATE: |
| ADDRESS | | | | GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| CITY | MN | ZIP | | Parent Name: |
| PRIMARY PHYSICIAN NAME: | | School Grade (if applicable): | | Parent's Phone Number: |

Immunization information may be shared through the Minnesota Immunization Information Connection (MIIC) with other healthcare providers, schools, health departments, and others authorized under law to receive it. If you have any questions, please ask your health care provider. If you decide not to have this information shared with MIIC, please call 1-800-657-3970.

Health History If you answer "YES" to any of the following questions, you will NOT be able to receive the influenza vaccine today.

| | YES | NO |
|---|-----|----|
| 1. Are you sick today? (Fever of 100.5 or higher on the day of the clinic) | | |
| 2. Have you ever had Guillain-Barré Syndrome within 6 weeks of an influenza vaccination? | | |
| 3. Are you allergic to eggs? If so, do you just get hives from eggs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4. Do you have a life-threatening allergy to a component of the vaccine? (May include antibiotics, gelatin or latex.) | | |
| 5. Have you ever had a reaction to a dose of flu vaccine that needed immediate medical attention? | | |
| 6. Are you younger than 6 months of age? | | |

For Your Information: *For children 6 months through 8 years old: If your child did NOT receive 2 or more doses of influenza vaccine in prior seasons, your child will need a second dose after 4 weeks for full protection this year.*

AGREEMENT: I have read or had explained to me the Vaccine Information Statement "Influenza Vaccine: What You Need to Know". I have had the chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the vaccination as described. I request that the influenza vaccination be given to me or to the person named above for whom I am authorized to make this request. **Please note: In the event of non-payment / partial payment to Renville County Public Health by your insurance, you will be held responsible for the payment and will receive such statement / invoice.**

Signature: _____ Date: _____
(signature of parent or legal guardian)

Vaccination Record: FOR ADMINISTRATIVE USE ONLY

Date on VIS: 8/17/15

BOLD – BI / Olivia
701 S Ninth Street
Olivia, MN 56277

St. Mary's School
140 South Tenth St.
Bird Island, MN 55310

Renville County Public Health Services
105 South Fifth Street – Suite 119H, Olivia MN 56277
Phone: 320-523-2570 Fax: 320-523-3749

BLHS – BL / Hector
220 Third Street West
Hector, MN 55342

Other: _____

| | |
|---|--|
| Date and Nurse's Signature / Title: _____ Vaccine Label: _____ | Administration Site |
| | <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Left Thigh <input type="checkbox"/> Right Thigh |
| | Vaccine Stock |
| | <input type="checkbox"/> MnVFC <input type="checkbox"/> Private |

Payment Information: Complete for person receiving vaccination.

Assignment of Benefits and Responsibilities for Payment: *This allows us to bill your health plan or company and receive payment directly. It also means that you agree to pay for services not covered by your health plan. I authorize this health provider to bill my health plan or other payers on my behalf, and to receive direct payment of authorized benefits. I agree that it is my responsibility to pay for any health care services not covered by my health plan or company, including but not limited to copayments, deductibles and co-insurance.*

Attach copy/photo of front and back of the insurance card.

**If you cannot attach the copy of the card (front & back),
you can fax it to 320-523-3749.**

**Or, you can scan & send as an e-mail
or e-mail (as pictures) to
rcph@renvillecountymn.com**

Age 6 months through 18 years: Remember, we need a copy of the card. See note above.

- No Insurance. \$21 administration fee – checks payable to “Renville County PHS”.**
- MN Medical Assistance (MA), MinnesotaCare, PrimeWest. Administration fee billed to health care program.**
- American Indian or Alaskan Native – check one of the two boxes below:**
- Bill my private insurance**
- Bill my MN Medical Assistance (MA)**
- Insurance Coverage – vaccine and administration fee billed to insurance.**

Company Name: BCBS Medica Preferred One Health Partners

Age 19 years and older: Please bring your card or make copy of front and back of card.

- No Insurance. \$35 vaccine and administration fee - checks payable to “Renville County PHS”.**
- Insurance Coverage - vaccine and administration fee billed to insurance.**

Company Name: BCBS Medica Preferred One Health Partners

Medical Assistance PrimeWest

Other: _____

- Medicare - vaccine and administration fee billed to Medicare.**

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

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 year, 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. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

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

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

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

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

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

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving 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, 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 (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 asked to come back when you feel better.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- 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.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure 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.

Problems that could happen after any injected vaccine:

- People sometimes faint after a 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.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

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 unusual behavior.

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.
- Reactions 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 healthcare provider. He or she 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/flu

Vaccine Information Statement Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

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