

Fight the Flu in Arkansas



Dear Parent,

It is very important that you read this letter and follow through with the steps required so that your child can be protected from the flu.

This year, in partnership with the Arkansas Department of Health (ADH), school districts are holding Flu Immunization clinics in schools to provide flu vaccine for students.

For your child to receive the flu vaccine, you must:

1. Read the Vaccine Information Statement for the vaccine.
2. Read and complete the front and back of the Arkansas Department of Health (ADH) consent form.
3. PRINT clearly all information required on the ADH consent form.
4. Make sure you have signed the ADH consent form for the flu vaccine.
5. Sign the school district (FERPA) consent form (you may sign this form at the beginning of the school year when your child was registered for school).
6. Return both consent forms to your child's school as quickly as possible.

This is a great opportunity for children to receive this vaccine with no charge to you. If you have insurance, ADH will ask your insurance company to pay for the cost of giving the vaccine. If you do not have insurance or your insurance does not pay for vaccines, there will still be no charge to you.

REMEMBER, only those students with the required completed paperwork (the signed ADH consent form and the school district FERPA consent) will be allowed to receive the flu vaccine.

If you should have any questions or concerns about the vaccines or the ADH consent form, please contact your local health unit.

Thank you.

2013-2014

ARKANSAS DEPARTMENT OF HEALTH PRIVACY NOTICE—Abbreviated Version

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.

The Arkansas Department of Health (ADH) is committed to protecting your health information. ADH is required by law to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI, and we are required to abide by the terms of the notice currently in effect. This notice is to inform you about our privacy practices and legal duties related to the protection of the privacy of your medical/health records that we create or receive.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

ADH staff will only use your PHI when doing their jobs. The purposes of the use and sharing of PHI are for treatment, payment for services and for Agency operations.

Treatment: Caregivers, such as nurses, doctors, therapists, nutritionists and social workers, may use your PHI to determine your plan of care. Individuals and programs within the ADH may share PHI about you in order to coordinate the services you may need, such as clinical examinations, therapy, nutritional services, medications, hospitalization, or follow-up care.

For Payment: The ADH may release PHI about you to Medicaid, Medicare, and/or your health plan/insurance carrier to obtain payment for our services. For example, we may need to give your health plan PHI about a clinical exam or vaccinations that you or your child received, so your health plan or Medicaid or Medicare will pay us for treatment or services.

For Operations: The ADH may use and release PHI about you to ensure that the services and benefits provided to you are appropriate. For example, we may use your PHI to evaluate our treatment and service programs (quality assurance). We may combine PHI about many individuals to research health trends, to determine what services and programs should be offered, or whether new treatments or services are useful. We may share your PHI with business partners who perform functions on behalf of the ADH. For example, our business partners may use your PHI to perform case management, coordination of care, or other activities, and they must abide by the same level of confidentiality and security as ADH when handling your PHI.

YOUR HEALTH INFORMATION RIGHTS

Release of your PHI outside of the boundaries of ADH-related treatment, payment, or operations, or as otherwise permitted by state or federal law, will be made *only* with your specific written authorization. This authorization is required to release the following types of information: Drug and Alcohol Abuse, Family Planning, HIV/AIDS, Mental Illness, Sexually Transmitted Diseases, and Women, Infants and Children (WIC) Program. You may revoke specific authorizations to release your PHI, in writing, at any time. If you revoke an authorization, we will no longer release your PHI to the authorized recipient(s), except to the extent that the ADH has already used or released that information in reliance of the original authorization. In addition, you have the following rights:

Right to Inspect and Copy: You may request to inspect or have a copy of any part of your health record. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

Right to Request Amendment: If you feel that the PHI the ADH has created about you is incorrect or incomplete, you may ask us to amend that information. The ADH may deny your request if you ask to amend information that: 1) was not created by the ADH; 2) is not part of the PHI kept by the ADH; 3) is not part of the information which you would be permitted to inspect or copy; or 4) the information is determined to be accurate and complete.

Right to Request an Accounting of Health Information Releases: You may request an accounting of disclosures of your health information. The accounting does not include disclosures for purposes of treatment, payment, health care operations; disclosures required by law for purposes of national security; disclosures to jails or correctional facilities, authorized disclosures, and any disclosures made prior to April 14, 2003.

Right to Request Restrictions: You may request ADH to limit the use or disclosure of your PHI except for treatment, payment, and health care operations. ADH is not required by law to agree to your request.

Right to Request Confidential Communication: You may request, in writing, that ADH communicate with you in a different way or to a different location, for example, using a different mailing address or calling you at a different phone number.

Right to a Paper Copy of this Privacy Notice: You may request a paper copy of this Privacy Notice from ADH at any time.

All requests for inspecting, copying, amending, making restrictions, or obtaining an accounting of your PHI and any questions regarding this Privacy Notice must be directed to the Local Health Unit Administrator.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the ADH by contacting the ADH HIPAA Program Consultant at (501) 661-2000 or by mail by writing to 4815 West Markham, Slot 31, Little Rock, AR 72205. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. If you request, we will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. No action will be taken against you for exercising your rights or for filing a complaint.

Influenza Vaccine

What You Need to Know

(Flu Vaccine, Live,
Intranasal)

2013-2014

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 winter, usually between October and May.

Flu is caused by the influenza virus, and can be spread by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

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

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, or a weakened immune system. Flu vaccine is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

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

Flu vaccine is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Live, attenuated flu vaccine—LAIV, Nasal Spray

There are two types of influenza vaccine:

You are getting a **live, attenuated influenza vaccine** (called LAIV), which is sprayed into the nose.

“Attenuated” means weakened. The viruses in the vaccine have been weakened so they can’t make you sick.

A different vaccine, the “flu shot,” is an **inactivated** vaccine (not containing live virus). It is given by

injection with a needle. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccine is recommended every year. Children 6 months through 8 years of age should get two doses the first year they get vaccinated.

Flu viruses are always changing. Each year’s flu vaccine is made to protect from viruses that are most likely to cause disease that year. While flu vaccine cannot prevent all cases of flu, it is our best defense against the disease. LAIV protects against 4 different influenza viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are **not** caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

LAIV may be given to people **2 through 49 years of age**, who are not pregnant. It may safely be given at the same time as other vaccines.

LAIV does not contain thimerosal or other preservatives.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe (life-threatening) allergies**, including an allergy to eggs. 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 should not get a dose.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you have gotten any other vaccines in the past 4 weeks, or if you are not feeling well.** They might suggest waiting. But you should come back.



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

- You should get the flu shot instead of the nasal spray if you:
 - are pregnant
 - have a weakened immune system
 - have certain long-term health problems
 - are a young child with asthma or wheezing problems
 - are a child or adolescent on long-term aspirin therapy
 - have close contact with someone who needs special care for an extremely weakened immune system
 - are younger than 2 or older than 49 years. (Children 6 months and older can get the flu shot. Children younger than 6 months can't get either vaccine.)

The person giving you the vaccine can give you more information.

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare. LAIV is made from weakened virus and **does not cause flu**.

Mild problems that have been reported following LAIV:

Children and adolescents 2-17 years of age:

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

Adults 18-49 years of age:

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

Severe problems that could follow LAIV:

- A severe allergic reaction could occur after any vaccine (estimated less than 1 in a million doses).

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 behavior changes.

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 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might 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 is only for reporting reactions. They do 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.

7

How can I learn more?

- Ask your doctor.
- 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 (Interim)
Live Attenuated Influenza Vaccine

07/26/2013

42 U.S.C. § 300aa-26

Office Use Only



Influenza Vaccine

What You Need to Know

(Flu Vaccine,
Inactivated)

2013-2014

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1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by the influenza virus, and can be spread by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

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

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, or a weakened immune system. Flu vaccine is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

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

Flu vaccine is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Inactivated flu vaccine

There are two types of influenza vaccine:

You are getting an **inactivated** flu vaccine, which does not contain any live influenza virus. It is given by injection with a needle, and often called the “flu shot.”

A different, **live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccine is recommended every year. Children 6 months through 8 years of age should get two doses the first year they get vaccinated.

Flu viruses are always changing. Each year’s flu vaccine is made to protect from viruses that are most likely to cause disease that year. While flu vaccine cannot prevent all cases of flu, it is our best defense against the disease. Inactivated flu vaccine protects against 3 or 4 different influenza viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

A “high-dose” flu vaccine is available for people 65 years of age and older. The person giving you the vaccine can tell you more about it.

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

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe (life-threatening) allergies**, including an allergy to eggs. 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 a dose.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, 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.** They might suggest waiting until you feel better. But you should come back.



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Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare. Inactivated flu vaccine does not contain live flu virus, so **getting flu from this vaccine is not possible.**

Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. **Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls.** Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

Mild problems following inactivated flu vaccine:

- 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.

Moderate problems following inactivated flu vaccine:

- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures 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.

Severe problems following inactivated flu vaccine:

- A **severe allergic reaction** could occur after any vaccine (estimated less than 1 in a million doses).
- There is a small possibility that inactivated flu vaccine could be associated with Guillain-Barré Syndrome (GBS), no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.

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 behavior changes.

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 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might 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.

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7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
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Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine

07/26/2013

42 U.S.C. § 300aa-26

Office Use Only



**ARKANSAS DEPARTMENT OF HEALTH
2013-2014 INFLUENZA SEASON -- IMMUNIZATION CONSENT FORM**

For ADH use only ADH Clinic Code: _____ School PIN: _____ School Grade: _____ Date Of Service: _____

Person Receiving Vaccine:
 (Legal) First Name: _____ MI _____ Last _____
 Date of Birth: / /

1. MEDICAL HISTORY: Complete the following questions for the individual receiving the vaccine.

	YES	NO	
Have you ever had a serious allergic reaction to eggs? If yes, as a precaution, it is recommended you do not receive the flu vaccine until you have consulted your private healthcare provider.			If any answer is YES, you may not be able to receive the flu vaccine.
Have you ever had a serious reaction to a previous dose of flu vaccine?			
Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?			
Are you younger than 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			If any answer is YES, you can receive only the <u>injectable</u> flu vaccine (shot), not the intranasal flu vaccine (flu mist).
Are you older than 49 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you pregnant? If yes, what is the date of your last menstrual period? <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
Do you have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?			
Are you on long-term aspirin or aspirin-containing therapy (for example, do you take aspirin every day)?			
Have you received any of these vaccines in the last 28 days? Measles, mumps, rubella (MMR) <input type="checkbox"/> Yes <input type="checkbox"/> No Varicella (chickenpox) <input type="checkbox"/> Yes <input type="checkbox"/> No Intranasal influenza vaccine (Flu Mist) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a severely weakened immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?			
Do you have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?			
For parents NOT attending flu clinic with their child: If you answered No to all of the above questions, your child may receive either the flu shot (injectable) or flu mist (nasal spray). In school-aged children, flu mist seems to provide greater protection. Please mark your preference of vaccine type below. If your preferred vaccine type is not available or marked, the nurse will give what is available unless you indicate otherwise. <input type="checkbox"/> Flu Shot <input type="checkbox"/> Flu Mist <input type="checkbox"/> No Preference <input type="checkbox"/> Do not give if my preference is not available			
Child's Homeroom Teacher: _____	(For school clinic use)		

2. RELEASE AND ASSIGNMENT. Please read the section on the reverse side of this form. The Arkansas Department of Health's Privacy Notice is on the website www.healthy.arkansas.gov, posted and available at the clinic site, or accompanies this form. Then sign on the first line in the box at right.

Please sign here



My signature below indicates I have read, understand and agree to section 2. **Release and Assignment** of the 2013-2014 Influenza Season – Immunization Consent Form. Consent valid through June 30, 2014.

Signature of Patient/Parent/Guardian: _____
 _____ date _____

Signature and Title of Vaccine Administrator: _____
 _____ date _____

2. RELEASE AND ASSIGNMENT:

I have read or had explained to me the 2013-2014 Vaccine Information Statements for the Inactivated Influenza Vaccine and the Live Attenuated Intranasal Vaccine (Flu Mist) dated 07/26/2012, and understand the risks and benefits.

I give consent to the State/Local Health Department and its staff for the individual named below to be vaccinated with the flu vaccine.

I hereby acknowledge that I have reviewed a copy of the Arkansas Department of Health's Privacy Notice.

I understand that information about this flu vaccination will be included in the Arkansas Department of Health's Immunization Registry.

To My Insurance Carrier(s):

- I authorize the release of any medical information necessary to process my insurance claim(s).
- I authorize and request payment of medical benefits directly to the Arkansas Department of Health.
- I agree that the authorization will cover all medical services rendered until such authorization is revoked by me.
- I agree that the photocopy of this form may be used instead of the original.

3. PATIENT INFORMATION:

(Legal) First Name: _____ MI _____ Last Name _____

Date of Birth: / / Gender: Male Female Phone #: _____

Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code:

Race: White Hispanic/Latino Black/African-American American Indian/Alaska Native
 Asian Native Hawaiian/Other Pacific Islander Other

Patient's Relationship to Insurance Policy Holder: Self Spouse Child Other

4. INSURANCE STATUS (Check appropriate box):

Medicaid/ARKids Number:

Medicare Number:

Insurance Company Name: _____

Member ID/Policy #:

POLICY HOLDER Information (if other than patient):

(Legal) First Name: _____ MI _____ Last Name: _____

Policy Holder Date of Birth: / /

Policy Holder's Employer Name: _____

Flu Vaccine Administration Completed by ADH staff only

SHOT CODE:

- 48: Trivalent (P-F) 6- 35 months
- 59: Trivalent (P-F) ≥ 3 years
- 39: Quadrivalent Intranasal vaccine (P-F) 2 through 49 years
- 44: Quadrivalent (P-F) ≥ 3 years

Site Codes: Right Arm = RA,
Right Leg = RL, Left Arm =
LA, Left Leg = LL

2013 Flu Vaccine	Route	Site Code	Dosage mL.	Dose Number (1 st or 2 nd)	MFG Code	Lot Number	Is a 2 nd dose needed?	
	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal						YES	NO

Date Vaccine Administered: _____ / _____ / _____