

The Harvard Board of Health will be conducting an H1N1 Clinic on December 1<sup>st</sup> from 3:00 to 7:00PM at the Bromfield School, Harvard.

The clinic will be opened to Harvard residents and residents of the communities that belong to the Nashoba Associated Boards of Health.

We have received limited doses of vaccine and have been directed to prioritize the vaccine for the following groups:

- All children 6 months to 18 years of age;
- Pregnant women, up to 2 weeks post partum (including after pregnancy loss);
- Household contacts of infants younger than 6 months of age;
- Household contacts of pregnant women in their third trimester to ensure their newborns go home to a safe environment; and
- Healthcare personnel with direct patient contact.

Due to the limited supply at this time we ask for your cooperation to insure those at greatest risk have access to the vaccine.

Attached is information and paperwork necessary to familiarize yourself and family with the vaccine including a vaccine administration record form and questionnaire to complete and bring to the clinic to expedite the vaccination process.

Once at the clinic you will be greeted, asked to complete a H1N1 Vaccine Administration Record form, (if you haven't brought the completed form from home), the forms will be reviewed and we can answer any questions you may have before the vaccination occurs. Once you have been vaccinated, we will complete your vaccine record card while you sit in the waiting area.

With your cooperation we expect the process to run smoothly. Since school will be getting out, and the buses need to leave, we ask that you don't arrive at the clinic early in an effort to minimize traffic concerns. No appointment will be made.

For Review:

- 1.) The clinic will be at Bromfield School on December 1<sup>st</sup> from 3:00-7:00PM.
- 2.) Download, read and complete the H1N1 Vaccine Administration Record and screening forms, if possible.
- 3.) Bring the completed forms to the clinic (forms will be available at the clinic).
- 4.) Please don't arrive early or call for appointments.



# Nashoba Associated Boards of Health

## H1N1 Vaccine Administration Record

The doctor or clinic may use this form for written documentation required for every dose of vaccine, or they may record it in your medical record. They will record what vaccine was given, when the vaccine was given, the address where the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the name and title of the person who gave the vaccine, and the document number.

Information about the person(s) to receive the vaccine (**please print clearly**):

|                         |                |      |             |       |
|-------------------------|----------------|------|-------------|-------|
| Name (Last, First, MI): | Date of Birth: | Age: | Site/Route: | Dose: |
| Name (Last, First, MI): | Date of Birth: | Age: | Site/Route: | Dose: |
| Name (Last, First, MI): | Date of Birth: | Age: | Site/Route: | Dose: |
| Name (Last, First, MI): | Date of Birth: | Age: | Site/Route: | Dose: |

|                 |        |      |
|-----------------|--------|------|
| Street address: |        |      |
| City:           | State: | Zip: |

|                               |
|-------------------------------|
| Parent/Legal Guardian's Name: |
|-------------------------------|

I have received a copy of the Vaccine Information Statements (Dated 10/2/09) and completed the vaccine screening questionnaire.

**Signature of Parent/Legal Guardian or Adult receiving the vaccine.**

\_\_\_\_\_ Date: \_\_\_\_\_

### For Clinic/Office Use

|                    |              |            |                 |
|--------------------|--------------|------------|-----------------|
| Vaccine name       | manufacturer | lot number | expiration date |
| Influenza A (H1N1) | _____        | _____      | _____           |

Name/ title of vaccine administrator: \_\_\_\_\_

Clinic/office address: Nashoba Associated Boards of Health, Central Avenue, Ayer, MA 01432

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mo.) (day) (yr.)

## Screening Questionnaire for Injectable Influenza Vaccination

**For adult patients as well as parents of children to be vaccinated:** The following questions will help us determine if there is any reason we should not give you or your child injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

|  | Yes                      | No                       | Don't Know               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is the person to be vaccinated sick today?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the person to be vaccinated ever had Guillain-Barré syndrome?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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## Information for Health Professionals about the Screening Questionnaire for Injectable Influenza Vaccination

Are you interested in knowing why we included a certain question on the Screening Questionnaire? If so, read the information below. If you want to find out even more, consult the sources listed at the bottom of this page.

### 1. Is the person to be vaccinated sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. Persons with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

### 2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?

Allergic reactions to any vaccine component can occur. The majority of reactions probably are caused by residual egg protein. Although current influenza vaccines contain only a limited quantity of egg protein, this protein can induce immediate allergic reactions among persons who have severe egg allergy. If a person can eat eggs, they can receive inactivated influenza vaccine. However, persons who have experienced an anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a physician for appropriate evaluation to help determine if vaccine should be administered. Persons who have documented immunoglobulin E (IgE)-mediated hypersensitivity to eggs, including those who have had occupational asthma or other allergic responses to egg protein, might also be at increased risk for allergic reactions to influenza vaccine. Consultation with a physician should be considered. Protocols have been published for safely administering influenza vaccine to persons with egg allergies (see source 3).

FluZone (sanofi pasteur) contains gelatin as a stabilizer; therefore a history of anaphylactic reaction to gelatin is a contraindication. Some inactivated influenza vaccines contain thimerosal as a preservative. Most persons with sensitivity to thimerosal, such as that found in contact lens solution, do not experience reactions to thimerosal administered as a component of vaccines. Check the package insert at [www.immunize.org/packageinserts](http://www.immunize.org/packageinserts) for a list of the vaccine components (i.e., excipients and

culture media) used in the production of the vaccine, or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).

### 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?

Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination against influenza.

Fever, malaise, myalgia, and other systemic symptoms most often affect persons who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is most likely a coincidental event and not related to the vaccine; these persons can receive injectable vaccine without further evaluation.

### 4. Has the person to be vaccinated ever had Guillain-Barré syndrome?

It is prudent to avoid vaccinating persons who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these persons. Although data are limited, the established benefits of influenza vaccination for the majority of persons who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

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#### Sources:

1. CDC. *Epidemiology & Prevention of Vaccine-Preventable Diseases*, WL Atkinson et al., editors, at [www.cdc.gov/vaccines/pubs/pinkbook](http://www.cdc.gov/vaccines/pubs/pinkbook).
2. CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" at [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).
3. CDC. "Prevention and Control of Influenza—Recommendations of ACIP" at [www.cdc.gov/flu/professionals/vaccination](http://www.cdc.gov/flu/professionals/vaccination).

# 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.
- 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)



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



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