



KANAWHA CHARLESTON
HEALTH DEPARTMENT

PO BOX 927
CHARLESTON, WV 25323
www.kchdvw.com

Dear Parents/Guardians:

As you may have heard, a new influenza virus, called the 2009 H1N1 influenza virus, was first identified in the United States in late April 2009. The virus has caused illness ranging from mild to severe, including hospitalizations and deaths in adults and children. Many children have gotten 2009 H1N1 infection and there have been large outbreaks in some schools across the country. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices has recommended that children and young adults aged 6 months through 24 years be vaccinated against 2009 H1N1 as soon as the vaccine is available.

Vaccination is the best way to protect your child from this potentially serious disease. The Kanawha-Charleston Health Department and Kanawha County Schools are working with your child's school to give the 2009 H1N1 influenza vaccine to children at school. Children, ages 6 months to 9 years, will need two doses of vaccine spaced about 3-4 weeks apart. There will be no cost to you for this vaccine. Please follow the steps below to determine if you will consent to your child receiving vaccination

1. Read the enclosed information on the H1N1 flu shot and the H1N1 nasal spray vaccines
2. Review the vaccine consent form (yellow). The vaccine consent form includes options allowing you to either accept or refuse the vaccination for your child.

To accept vaccination for your child:

Complete the enclosed consent form and return it to your child's school within 3 days of receipt. If you accept vaccination, the vaccine will be given to your child when it is on hand. School staff will let you know when the vaccination clinic will take place. If, at any time, you change your mind about having your child vaccinated, you must contact your child's school for directions on how to withdraw consent at least 2 days prior to the day of vaccination.

To refuse vaccination:

Complete SECTION I of the consent form and sign and date the "I DO NOT GIVE CONSENT" section of the form. Please return the form to your child's school within 3 days of receipt.

If you have any questions about the vaccine or the vaccination clinics, please call (304) 348-8077. You will also find information on the Kanawha-Charleston Health Department's web site at <http://www.kchdvw.org> or <http://www.cdc.gov/h1n1flu/parents>.

Sincerely,

Rahul Gupta, MD, MPH, FACP
Kanawha County Health Officer

Sincerely,

Ronald Duerring, Ed.D
Superintendent, Kanawha County Schools

ADMINISTRATION
(304) 348-6494

CLINIC
(304) 348-8080

ENVIRONMENTAL
(304) 348-8050

EPIDEMIOLOGY
(304) 348-1088

HEALTH PROMOTION
(304) 348-6493

HOME HEALTH
(304) 348-8152

FAX
(304) 348-6821

FAX
(304) 346-4756

FAX
(304) 348-8054

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Dear Parents/Guardians:

Several weeks ago, you received a similar packet for the first dose of the 2009 H1N1 (swine) flu vaccine and your child was vaccinated. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices recommends that children aged 6 months to 9 years receiving the 2009 H1N1 (swine) flu 2009 vaccine should receive 2 doses, with doses separated by approximately 4 weeks. Therefore, your child's school will soon be scheduled for the **second dose** of this vaccine. There will again be no cost to you for this vaccine.

Your child will be given the same type of vaccine as received a few weeks earlier (either the 'shot' or the 'nasal spray'). You may follow the same steps below to determine if you will consent to your child receiving the vaccination.

1. Read the enclosed information on the H1N1 flu shot or the H1N1 nasal spray vaccines as appropriate for your child.
2. Review the vaccine consent form (yellow). The vaccine consent form includes options allowing you to either accept or refuse the vaccination for your child.

To accept vaccination for your child:

Complete the enclosed consent form and return it to your child's school within 3 days of receipt. If you accept vaccination, the vaccine will be given to your child when it is on hand. School staff will let you know when the vaccination clinic will take place. If, at any time, you change your mind about having your child vaccinated, you must contact your child's school for directions on how to withdraw consent at least 2 days prior to the day of vaccination.

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Complete SECTION I of the consent form and sign and date the "I DO NOT GIVE CONSENT" section of the form. Please return the form to your child's school within 3 days of receipt.

If you have any questions about the vaccine or the vaccination clinics, please call (304) 348-8077. You will also find information on the Kanawha-Charleston Health Department's web site at <http://www.kchdww.org> or <http://www.cdc.gov/h1n1flu/parents>.

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KANAWHA-CHARLESTON HEALTH DEPARTMENT 2009 H1N1 Influenza Vaccine Consent Form

Section 1: Information about Child to Receive Vaccine (please print)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month day year	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			
SCHOOL NAME			GRADE		

Section 2: Screening for Vaccine Eligibility

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 shot
 Dose 2 Date received: month day year Form (please circle): nasal spray shot

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

A. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.

	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? 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"/>

B. There are two kinds of 2009 H1N1 influenza vaccine. Your answers to the following questions will help us know which of the two kinds of vaccine your child can get.

	YES	NO		
1. Has your child gotten vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: month day year	<input type="checkbox"/>	<input type="checkbox"/>		
2. 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"/>		
3. 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"/>		
4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Is your child pregnant?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Select your choice for the type of vaccine to be given to your child. Please note that your preference will be honored depending on vaccine availability and your child's eligibility.			<input type="checkbox"/> Injection	<input type="checkbox"/> Nasal Spray
				<input type="checkbox"/> No preference

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to the KANAWHA-CHARLESTON HEALTH DEPARTMENT and/or KANAWHA COUNTY SCHOOLS and their staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, dated and returned, then your child will not be vaccinated at school)

Signature of Parent/Legal Guardian _____

Date: Month _____ Day _____ Year _____

I DO NOT GIVE CONSENT to the KANAWHA-CHARLESTON HEALTH DEPARTMENT and/or KANAWHA COUNTY SCHOOLS and their staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian _____

Date: Month _____ Day _____ Year _____

Section 4: Permission to Release Information

Placeholder for parental consent for release of data from vaccination record.

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal				
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal				