



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O Box 3378
Honolulu, Hawaii 96801-3378

August 1, 2009

Dear Parents:

The Hawai'i State Department of Health, in partnership with the Department of Education, the Hawai'i Association of Independent Schools, and the Hawai'i Catholic Schools will again be offering free influenza (flu) vaccines at school for students in kindergarten through the eighth grade this fall. Both the shot and the nasal spray forms of the flu vaccine will be offered, and information about both forms (Vaccine Information Statement) is enclosed. Please read this statement to help you decide which vaccine type would be best for your child.

Vaccines will be administered at your child's school between October and December 2009. Your school will notify you of the specific date and time. If you would like your child to receive a free flu vaccine at school:

1. Choose the type of vaccine you want your child to receive:
Nasal Spray (Live, Intranasal Influenza Vaccine)
OR
Shot (Inactivated Influenza Vaccine)
2. Complete **ONLY ONE** Consent Form:
Nasal Spray – **YELLOW** Consent Form
OR
Shot – **GREEN** Consent Form
 - a) Complete requested information
 - b) **ALL** of the questions **MUST** be answered
 - c) **SIGN AND DATE** the consent form
3. Return the completed Vaccination Consent Form to your child's teacher **by September 11, 2009**.
4. You do not need to return the Consent Form if you do not wish your child to be vaccinated at school.

There will be only one clinic per school. If your child needs a 2nd dose of flu vaccine (children aged 8 years and younger, who are receiving the flu vaccine for the first time), please schedule an appointment with your child's doctor for the 2nd dose.

If you have any questions regarding this school flu vaccination program, please call Aloha United Way 2-1-1, Monday through Friday, 6:00 a.m. – 9:00 p.m. Vaccination is the best way to protect your child against the flu. Together, we can ensure that your child's school and therefore our community are healthier.

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Y. Park".

Sarah Y. Park, M.D., F.A.A.P.
State Epidemiologist

Enclosure



Frequently Asked Questions

My child is healthy - does my child need a flu vaccine?

Yes. The Advisory Committee on Immunization Practices recommends yearly flu vaccination for **ALL** children aged 6 months through 18 years. This recommendation should reduce the risk of flu among children, their need for doctors' visits, and missed time from school. Also, decreasing the spread of flu among children may reduce flu among their household members and within the community.

When will the flu vaccine be given?

School-based flu vaccinations will begin in October 2009. Each participating school will have its own clinic date and time. Your child's school will notify you of the specific clinic date.

What do I have to do for my child to get the flu vaccine at school?

Participating is easy! Just read the Vaccine Information Statements, choose the type of flu vaccine (Nasal Spray or Shot) that you want your child to receive, and complete, sign, and return the appropriate consent form (**YELLOW** – Flu Nasal Spray; **GREEN** – Flu Shot) to your child's school.

What if my child receives a flu vaccine at the doctor's office after I send in his/her Consent Form?

You will need to pick up your child's Consent Form from the school before the scheduled school vaccination clinic date to make sure that your child is not vaccinated.

Does the flu vaccine contain thimerosal?

Some brands do. Most inactivated flu vaccines (injectable vaccines or "flu shots") currently contain only a small amount of thimerosal as a preservative. The nasal spray flu vaccine does not contain thimerosal.

Is it safe for children to receive a flu vaccine that contains thimerosal?

There is no scientific evidence of harm caused by the small amount of thimerosal in vaccines. The following websites provide additional information: US Food & Drug Administration (<http://www.fda.gov/cber/vaccine/thimerosal.htm#t1>) or the Centers for Disease Control & Prevention (<http://www.cdc.gov/nip/vacsafe/concerns/thimerosal/faqs-thimerosal.htm>).

What is the Hawaii Immunization Registry?

The Hawaii Immunization Registry is a secure computer system that stores and tracks patient immunization records and makes them available to doctors, nurses, and other authorized healthcare workers only. For more information, visit the Hawaii Immunization Registry website at <http://hawaii.gov/health/family-child-health/immunization/registry/index.html> or call (808) 586-4665 (Oahu) or 1-888-447-1023 (Neighbor Islands).

For additional information about the school flu vaccination program, visit www.stopfluatschool.com or call Aloha United Way 2-1-1, Mon – Fri, 6 a.m. – 9 p.m.

PLEASE REMEMBER TO:

- Choose which flu vaccine type you wish your child to receive
- Complete only **ONE** Consent Form (**YELLOW** – Flu Nasal Spray; **GREEN** – Flu Shot)
- Answer all of the questions
- Sign and date Consent Form
- Return consent form to your child's school by **September 11, 2009**.

STUDENT Vaccination Consent Form - **FLU NASAL SPRAY**

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT Date of Birth / /	AGE (YEARS)
PARENT/GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S GENDER (Select one "●") <input type="radio"/> M MALE <input type="radio"/> F FEMALE	
ADDRESS			DAYTIME PHONE: HOME PHONE: CELL:		
CITY	ZIP	HOMEROOM TEACHER'S NAME (Last, First)			
SCHOOL NAME		GRADE (Select one "●") <input type="radio"/> P <input type="radio"/> K <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12			
STUDENT'S DOCTOR'S NAME (Last, First)		Address		City	Zip
STUDENT'S HEALTH INSURANCE: (Select one "●") The Stop Flu at School program is FREE . Your insurance company will NOT be billed. <input type="radio"/> HMSA - Private <input type="radio"/> Kaiser - Private <input type="radio"/> CHAMPUS/TRICARE <input type="radio"/> No insurance <input type="radio"/> HMSA - Med-Quest <input type="radio"/> Kaiser - Med-Quest <input type="radio"/> HMAA <input type="radio"/> Not sure <input type="radio"/> AlohaCare <input type="radio"/> UHA <input type="radio"/> Summerlin <input type="radio"/> Other: _____					
HAWAII IMMUNIZATION REGISTRY CONSENT (See reverse side for information) (Select one "●") <input type="radio"/> I allow my child's vaccination record to be entered into the Hawaii Immunization Registry and made available to my child's doctor, the Department of Health, and other Registry Users for authorized purposes. <input type="radio"/> I do not allow my child's vaccination record to be entered into the Hawaii Immunization Registry.					

The following questions will help us to determine if your child may receive the **FLU NASAL SPRAY** (live, intranasal influenza vaccine). Please select **YES** or **NO** ("●") for each question.

- | | YES | NO |
|--|-----------------------|-----------------------|
| 1. Has your child ever had a serious allergic reaction to eggs or to a component of any flu vaccine? | <input type="radio"/> | <input type="radio"/> |
| 2. Has your child ever had a serious reaction to a previous dose of flu vaccine? | <input type="radio"/> | <input type="radio"/> |
| 3. Has your child ever had Guillain-Barré Syndrome (a serious nervous system disorder)? | <input type="radio"/> | <input type="radio"/> |
| 4. Does your child have a long-term health problem such as heart disease, kidney disease, lung disease such as asthma, metabolic disease such as diabetes, or blood disorders such as anemia? | <input type="radio"/> | <input type="radio"/> |
| 5. Does your child have a weakened immune system caused by cancer, cancer treatment such as x-rays or drugs, HIV/AIDS, or other disorder; is your child taking other drugs such as steroids that weaken the immune system? | <input type="radio"/> | <input type="radio"/> |
| 6. Does your child live with or have close contact with anyone with a severely weakened immune system requiring care in a protected environment? | <input type="radio"/> | <input type="radio"/> |
| 7. Is your child receiving aspirin or other aspirin-containing medication? | <input type="radio"/> | <input type="radio"/> |
| 8. Is your child taking any prescription medicines to prevent or treat flu (i.e. Tamiflu® or Relenza®)? | <input type="radio"/> | <input type="radio"/> |

If you answered YES, left any blank, or you are unsure of the answer to any of the above questions, your child will NOT receive the Flu Nasal Spray through the school vaccination program, but may be able to receive a Flu Shot (see GREEN Flu Shot Consent Form)

CONSENT FOR CHILD'S VACCINATION: I have received and read the 2009-10 Vaccine Information Statement for Influenza Vaccine. The **FLU NASAL SPRAY** should not be given within 4 weeks of a MMR (measles/mumps/rubella) or varicella (chickenpox) vaccine, so I will inform my child's doctor that my child will be receiving a **FLU NASAL SPRAY** vaccine at school between October – December 2009. I understand the risks and benefits, and give consent to the State of Hawaii Department of Health and its authorized staff for my child, named at the top of this form, to receive the **FLU NASAL SPRAY**. My signature also certifies my decision regarding the Hawaii Immunization Registry as indicated above. In addition, I consent to having information regarding my child's influenza vaccination shared with my child's doctor and my child's health insurance company.

Signature/Parent or Legal Guardian _____ Date: ____/____/____

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Vaccine Manufacturer	Lot Number	Expiration Date	VIS Publ. Date	Name, Address, & Title of Vaccine Administrator
Live, intranasal influenza vaccine	/ /	Intranasal	MedImmune		/ /	/ /	

- Reason **FLU NASAL SPRAY** NOT given:
- | | |
|---|--|
| <input type="radio"/> Student had temperature of 100.5° or higher | <input type="radio"/> Student refused FLU NASAL SPRAY |
| <input type="radio"/> Student's consent form incomplete | <input type="radio"/> Student absent |
| <input type="radio"/> Other: _____ | |

HAWAII IMMUNIZATION REGISTRY INFORMATION

The Hawaii Immunization Registry (or "Registry") is a secure computer system that stores individual immunization records. Doctors, nurses, and other healthcare workers can use the Registry to access your child's immunization record. The Registry is a free service of the Hawaii State Department of Health for people living in Hawaii.

How does the Registry work?

Doctors and nurses (Registry authorized users) can store information in the Registry. The information is used to make sure your child's immunization record is up to date. This information may include:

- Child's name
- Date of birth
- Gender
- Mailing address
- Immunization record

How does the Registry help doctors and nurses?

The Registry will help your child's doctor or nurse:

- View your child's immunization record. This is especially helpful if you change clinics or doctors.
- Check which immunizations are needed at each visit.
- Print out a current Hawaii Immunization Record.

In times of emergency or disaster, the Registry can give important information to healthcare workers.

How does the Registry help you and your family?

The Registry helps make sure your child:

- Doesn't miss any immunizations or get too many
- Has all of the immunizations needed to:
 - Start day care, school, or college
 - Sign-up for camp or sports programs
 - Prepare for stays in the hospital or long-term care facility
 - Work in certain jobs, such as those in the healthcare sector

Your Rights:

1. You can choose to include or not include your child's immunization record information in the Registry.
2. You can change your mind at any time about your decision regarding the Registry.
3. You can work with your doctor to check your child's immunization record for errors.

Your decision to include or not include your child's immunization record in the Registry will not affect whether or not he or she receives immunizations.

If you have questions or would like to check or correct your child's record, you can talk to your doctor, call the Department of Health Immunization Branch at 586-4665 (Oahu) or 1-888-447-1023 (neighbor islands), e-mail your question to RegistryHelp@doh.hawaii.gov, or visit our website at: <http://hawaii.gov/health/family-child-health/immunization/registry/index.html>.

STUDENT Vaccination Consent Form - **FLU SHOT**

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT Date of Birth / /	AGE (YEARS)
PARENT/GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S GENDER (Select one "●") <input type="radio"/> M MALE <input type="radio"/> F FEMALE	
ADDRESS			DAYTIME PHONE: HOME PHONE: CELL:		
CITY		ZIP	HOMEROOM TEACHER'S NAME (Last, First)		
SCHOOL NAME		GRADE (Select one "●") <input type="radio"/> P <input type="radio"/> K <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12			
STUDENT'S DOCTOR'S NAME (Last, First)		Address	City	Zip	
STUDENT'S HEALTH INSURANCE: (Select one "●") The Stop Flu at School program is FREE . Your insurance company will NOT be billed.					
<input type="radio"/> HMSA - Private		<input type="radio"/> Kaiser - Private		<input type="radio"/> CHAMPUS/TRICARE	
<input type="radio"/> HMSA - Med-Quest		<input type="radio"/> Kaiser - Med-Quest		<input type="radio"/> HMAA	
<input type="radio"/> AlohaCare		<input type="radio"/> UHA		<input type="radio"/> Summerlin	
				<input type="radio"/> No Insurance	
				<input type="radio"/> Not sure	
				<input type="radio"/> Other: _____	
HAWAII IMMUNIZATION REGISTRY CONSENT (See reverse side for information) (Select one "●")					
<input type="radio"/> I allow my child's vaccination record to be entered into the Hawaii Immunization Registry and made available to my child's doctor, the Department of Health, and other Registry Users for authorized purposes.					
<input type="radio"/> I do not allow my child's vaccination record to be entered into the Hawaii Immunization Registry.					

The following questions will help us to determine if your child may receive the **Flu Shot** (inactivated influenza vaccine). Please select **YES** or **NO** ("●") for each question.

- | | YES | NO |
|--|-----------------------|-----------------------|
| 1. Has your child ever had a serious allergic reaction to eggs or to a component of any flu vaccine? | <input type="radio"/> | <input type="radio"/> |
| 2. Has your child ever had a serious reaction to a previous dose of flu vaccine? | <input type="radio"/> | <input type="radio"/> |
| 3. Has your child ever had Guillain-Barré Syndrome (a serious nervous system disorder)? | <input type="radio"/> | <input type="radio"/> |

If you answered YES to any questions, left any questions blank, or you are unsure of the answer to any of the above questions, your child will NOT receive the Flu Shot (inactivated influenza vaccine) through the school vaccination program (please talk to your child's doctor).

CONSENT FOR CHILD'S VACCINATION: I have received and read the 2009-10 Vaccine Information Statement for Influenza Vaccine. I understand the risks and benefits, and give consent to the State of Hawaii Department of Health and its authorized staff for my child, named at the top of this form, to receive the **FLU SHOT**. My signature also certifies my decision regarding the Hawaii Immunization Registry as indicated above. In addition, I consent to having information regarding my child's influenza vaccination shared with my child's doctor and my child's health insurance company.

Signature/Parent or Legal Guardian _____ Date: ____/____/____

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Site	Route	Vaccine Manufacturer	Lot Number	Expiration Date	VIS Publication Date	Name, Address, & Title of Vaccine Administrator
Inactivated Influenza Vaccine	/ /	RA LA	IM			/ /	/ /	

- Reason **FLU SHOT NOT** given:
- Student had temperature of 100.5° or higher
 - Student's consent form incomplete
 - Student refused **FLU SHOT**
 - Student absent
 - Other: _____

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