



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

In reply, please refer to:  
File:

**ATTENTION: This packet is available on-line, including a fillable, electronic version of the vaccination Consent Form. To access the on-line version, visit our website at: <https://vaxonlinereg.doh.hawaii.gov>**

October 2017

Dear Parents/Guardians:

The Stop Flu at School program, offering free flu vaccinations in select public schools to students in kindergarten through the 8<sup>th</sup> grade, will begin in November 2017. This program is provided by the Hawaii State Department of Health in partnership with the Department of Education.

The Centers for Disease Control and Prevention (CDC) has recommended that the nasal spray flu vaccine should not be used during the 2017-2018 flu season due to data showing lower effectiveness of this vaccine. Therefore, **only the flu shot will be offered** through the Stop Flu at School program. Flu shots will be administered at your child's school between **November 2017 and January 2018**. Your school will notify you of the specific date and time.

If you would like your child to receive a free flu shot at school:

1. Read the attached Vaccine Information Statement for Influenza (Flu) Vaccine (Inactivated or Recombinant)
2. Complete the attached Consent Form
  - All of the questions must be answered
  - The form must be **signed and dated**
3. **Return** the completed Consent Form **to your child's teacher by Wednesday, October 25, 2017.**

Do not return a completed consent form if you do not want your child to be vaccinated at school.

There will be only one clinic per school. If your child needs a 2<sup>nd</sup> 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 2<sup>nd</sup> dose.

If you submit a consent form to the school and your child receives a flu vaccine at his/her doctor's office **before** the scheduled school vaccination clinic, you **must** pick up your child's consent form at the school before the scheduled clinic date to be sure that your child is not vaccinated again.

For additional information about the Stop Flu at School program, visit <http://flu.hawaii.gov/SFAS.html> or call 2-1-1, Monday through Friday, 7:00 a.m. - 5:00 p.m.

Sincerely,

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

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

Enclosures

# STUDENT Vaccination Consent Form - **FLU SHOT**

(PLEASE PRINT LEGIBLY IN CAPITAL LETTERS USING BLACK OR BLUE INK)

<b>STUDENT'S LAST NAME</b>				<b>STUDENT'S FIRST NAME</b>					<b>MI(s)</b>		<b>STUDENT'S DATE OF BIRTH</b>							
<b>STUDENT'S ADDRESS</b>													STUDENT IS A: <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET					
				(    )										STUDENT'S GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
<b>CITY</b>			<b>STATE</b>		<b>ZIP CODE</b>			<b>HOME PHONE NUMBER</b>										
<b>PARENT/GUARDIAN'S NAME (LAST)</b>				<b>(FIRST)</b>				<b>DAYTIME PHONE</b>				<b>CELL PHONE</b>						
<b>SCHOOL NAME</b>						<b>GRADE (SELECT ONE "●")</b>												
						<input type="radio"/> JRK <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												
<b>HOMEROOM TEACHER'S NAME (LAST, FIRST)</b>																		
<b>STUDENT'S DOCTOR'S NAME (LAST)</b>						<b>(FIRST)</b>												
<b>STUDENT'S HEALTH INSURANCE: (SELECT ONE "●") The Stop Flu at School program is FREE. Your insurance company will NOT be billed.</b>																		
<input type="radio"/> HMSA – PRIVATE <input type="radio"/> KAISER – PRIVATE <input type="radio"/> UNITEDHEALTHCARE – PRIVATE <input type="radio"/> ALOHACARE <input type="radio"/> UHA <input type="radio"/> HMA <input type="radio"/> OHANA <input type="radio"/> HMSA – QUEST <input type="radio"/> KAISER – QUEST <input type="radio"/> UNITEDHEALTHCARE – QUEST <input type="radio"/> CHAMPUS/TRICARE <input type="radio"/> MDX <input type="radio"/> HMAA <input type="radio"/> OTHER <input type="radio"/> NO INSURANCE																		
<b>INSURANCE POLICY NUMBER</b>																		

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.

- |  |                       |                       |
|--|-----------------------|-----------------------|
|  | <b>YES</b>            | <b>NO</b>             |
| 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 question, left any question blank, or you are unsure of the answer to any of the questions above, 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 Vaccine Information Statement for Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*, dated 8/7/2015. 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** and to share information regarding my child's influenza vaccination with my child's doctor and my child's health insurance company. I agree to waive and release any claims against the State, all contributory members of the Hawaii Association of Health Plans, and all other program sponsors, related to or arising from the Stop Flu at School Program. In addition, I have received information regarding the Hawaii Immunization Registry (see reverse side).

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

\_\_\_\_\_  
Parent or Legal Guardian Printed Name (Last, First)

\_\_\_\_\_  
Parent or Legal Guardian Signature

### FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Dose Size	Site	Route	Vaccine Manufacturer	Lot Number	Expiration Date	VIS Publ. Date	Name, Address, & Title of Vaccine Administrator
Inactivated influenza vaccine	/ /	0.5 ml	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: \_\_\_\_\_

## HAWAII IMMUNIZATION REGISTRY INFORMATION

### INFORMATION CONTAINED IN THE REGISTRY

- Immunization information including but not limited to vaccine type, date of vaccine administration, vaccine administration site and route, lot number, expiration date, patient's history of vaccine preventable diseases, contraindications, precautions, adverse reactions, and/or comments regarding vaccinations.
- Personal information including but not limited to an individual's first, middle, and last name, date of birth, gender, mailing address, phone number, parent/guardian name, parent/guardian relationship to the individual, their contact information, and mother's maiden name.

### CONFIDENTIALITY AND PRIVACY INFORMATION

All authorized users and the Department of Health Immunization Branch acknowledge that the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (PL 104-191 and 45 CFR Parts 160 and 164, "Standards for Privacy of Individually Identifiable Health Information") governs the use and disclosure of individually identifiable information by entities subject to the Privacy Rule. Although HIPAA standards for privacy were used as a guide to assist in the development of the Registry Confidentiality and Privacy policies, the Registry and the Department of Health Immunization Branch are not "covered entities" under HIPAA. Providers, health plans and other covered entities who are authorized users must comply with the HIPAA Privacy Rule.

Registry information will be entered by and available to authorized users for authorized purposes only. All authorized users will be required to safeguard the privacy of patient participants by protecting confidential information in the Registry in accordance with the Hawaii Immunization Registry Confidentiality and Privacy Policy, the Hawaii Immunization Registry Security Policy, as well as all applicable State and Federal Laws.

### AUTHORIZED USERS

Authorized users of the Registry may include individuals and/or entities that require regular access to patient immunization and other individually identifiable health information to provide immunization services to specific patients, maintain a computerized inventory of their public and private stock of vaccines, assess immunization status to determine immunization rates, and/or ensure compliance with mandatory immunization requirements. All authorized users are required to sign a Hawaii Immunization Registry Confidentiality and Security Statement indicating that they have received a copy of the Hawaii Immunization Registry Confidentiality and Privacy Policy and the Hawaii Immunization Registry Security Policy, understand the terms, including penalties for violation of the policies, and agree to comply with the policies.

The Department of Health Immunization Branch is responsible for oversight of the Registry and therefore will be designated as an authorized user.

### USES OF REGISTRY INFORMATION (AUTHORIZED PURPOSES)

Registry immunization data and other individually identifiable health information shall be utilized by authorized users for the purposes of:

- Consolidating, maintaining, and accessing computerized immunization records;
- Consolidating and maintaining vaccine inventory information;
- Determining the immunization history of individuals and delivering health care treatment accordingly;
- Generating notices for individuals who are due or overdue for immunizations and in the event of a vaccine recall;
- Staying abreast of the complex immunization schedule by utilizing registry-supplied immunization forecasting tools;
- Assessing the immunization rate of their patient population (or subsets thereof);
- Generating official immunization records (e.g. Student's Health Record);
- Ensuring compliance with mandatory immunization requirements;
- Recording the distribution of prophylactic and treatment medications administered or dispensed in preparation for and in response to a potentially catastrophic disease threat;
- Complying with Hawaii Vaccines For Children and other State-provided vaccine programs' vaccine ordering and accountability policies and procedures; and
- Other purposes determined at the discretion of the Department of Health Immunization Branch.

Registry immunization data and other individually identifiable health information shall be utilized by the Department of Health Immunization Branch for the following public health purposes including but not limited to:

- Ensuring compliance with mandatory immunization requirements;
- Performing Quality Improvement/Quality Assessment activities;
- Complying with Hawaii Vaccines For Children and other State-provided vaccine programs' vaccine ordering and accountability policies and procedures;
- Preventing and managing outbreaks of vaccine-preventable diseases and other public health emergencies;
- Producing immunization assessment reports to aid in the development of policies and strategies to improve public health;
- Managing and maintaining the Registry system; and
- Other purposes determined at the discretion of the Department of Health Immunization Branch.

### AVAILABILITY OF IMMUNIZATION RECORD INFORMATION

An individual's immunization data and other individually identifiable health information in the Registry will be made available to the individual's immunization provider, the Department of Health, and other Registry authorized users for authorized purposes only.

### OPT-OUT

Individuals may choose not to include their or their child's immunization data in the Registry ("opt-out"). Individuals must opt-out in writing by completing a "Hawaii Immunization Registry Opt-Out Form" which is available from the individual's immunization provider or the Department of Health Immunization Branch. The Registry will retain only core demographic information necessary to identify the individual has chosen to opt-out of the Registry. This information is necessary to enable the Registry to filter and refuse entry of immunization information for the individual. Core demographic data will be for Hawaii Department of Health use only and will be non-displaying to all other Registry authorized users. An individual's decision not to authorize the inclusion of immunization data in the Registry will not affect whether or not they receive immunizations.

### REVOCAION

An individual may revoke their decision to opt-out of the Hawaii Immunization Registry at any time. Revocations must be made in writing by completing a "Hawaii Immunization Registry Reauthorization Form" obtained from the individual's immunization provider or the Department of Health Immunization Branch.

### RIGHT TO INSPECT, COPY, CORRECT OR AMEND PERSONAL AND IMMUNIZATION INFORMATION

Individuals may inspect, copy, correct or amend their or their child's immunization record information via their or their child's immunization provider or the Department of Health Immunization Branch. For information on how to inspect, copy, correct or amend your or your child's information, please speak with your doctor, call the Department of Health Immunization Branch at 586-4665 (Oahu) or 1-888-447-1023 (neighbor islands), or e-mail your request to [RegistryHelp@doh.hawaii.gov](mailto:RegistryHelp@doh.hawaii.gov).

### QUESTIONS?

If you have any questions about the Registry, please speak with 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](mailto:RegistryHelp@doh.hawaii.gov), or visit our website at: <http://hawaii.gov/health/immunization/HIR.html>.

# 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](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://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.



## 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/](http://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](http://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](http://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](http://www.cdc.gov/flu)

Vaccine Information Statement  
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only

