



Don't Let the Flu Bug Bite!

The flu can take a big bite out of your student's productivity!

Consider the cost to your family of losing valued work time to a child's illness for up to a week. Not to mention the time off you may need to care for additional family members who get the flu, or even the time lost to visit the doctor for a shot. Now more than ever, it is so important to get a flu shot!

We have a simple solution to keep your family humming through the flu season:
A **Flu Shot Clinic** at your child's school.

It's easy. We'll send a Registered Nurse to your school location to vaccinate your children.

To know how much vaccine to order, we need your feedback. Please communicate your interest in participating in your schools influenza clinic to the school by September 25, 2020.

Lawrence County Health Department has been serving the healthcare needs of communities for over 75 years; let us help you maintain a flu-free school this fall/winter.

Yours truly,

Amy Marley, RN, BSN – CLC, CHP
Administrator
Director of Clinical Services



The Flu:

A Guide for Parents



Influenza (also known as flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat and lungs. Flu is different from a cold, and usually comes on suddenly. Each year flu viruses cause millions of illnesses, hundreds of thousands of hospital stays and thousands or tens of thousands of deaths in the United States.

Flu can be very dangerous for children. CDC estimates that between 6,000 and 26,000 children younger than 5 years have been hospitalized each year in the United States because of influenza. The flu vaccine is safe and helps protect children from flu.

What parents should know

How serious is flu?

While flu illness can vary from mild to severe, children often need medical care because of flu. Children younger than 5 years and children of any age with certain long-term health problems are at high risk of flu complications like pneumonia, bronchitis, sinus and ear infections. Some health problems that are known to make children more vulnerable to flu include asthma, diabetes and disorders of the brain or nervous system.

How does flu spread?

Flu viruses are thought to spread mainly by droplets made when someone with flu coughs, sneezes or talks. These droplets can land in the mouths or noses of people nearby. A person also can get flu by touching something that has flu virus on it and then touching their mouth, eyes, or nose.

What are flu symptoms?

Flu symptoms can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, feeling tired and sometimes vomiting and diarrhea (more common in children than adults). Some people with the flu will not have a fever.



Protect your child

How can I protect my child from flu?

The first and best way to protect against flu is to get a yearly flu vaccine for yourself and your child.

- Flu vaccination is recommended for everyone 6 months and older every year. Flu shots and nasal spray flu vaccines are both options for vaccination.
- It's especially important that young children and children with certain long-term health problems get vaccinated.
- Caregivers of children at high risk of flu complications should get a flu vaccine. (Babies younger than 6 months are at high risk for serious flu complications, but too young to get a flu vaccine.)
- Pregnant women should get a flu vaccine to protect themselves and their baby from flu. Research shows that flu vaccination protects the baby from flu for several months after birth.
- Flu viruses are constantly changing and so flu vaccines are updated often to protect against the flu viruses that research indicates are most likely to cause illness during the upcoming flu season.

Is flu vaccine safe?

Flu vaccines are made using strict safety and production measures. Millions of people have safely received flu vaccines for decades. Flu shots and nasal spray flu vaccines are both options for vaccination. Different types of flu vaccines are licensed for different ages. Each person should get one that is appropriate for their age. CDC and the American Academy of Pediatrics recommend an annual flu vaccine for all children 6 months and older.

What are the benefits of getting a flu vaccine?

- **A flu vaccine can keep you and your child from getting sick.** When vaccine viruses and circulating viruses are matched, flu vaccination has been shown to reduce the risk of getting sick with flu by about half.
- **Flu vaccines can keep your child from being hospitalized from flu.** One recent study showed that flu vaccine reduced children's risk of flu-related pediatric intensive care unit admission by 74%.

- **Flu vaccine can prevent your child from dying from flu.** A study using data from recent flu seasons found that flu vaccine reduced the risk of flu-associated death by half among children with high risk medical conditions and by nearly two-thirds among children without medical conditions.
- **Flu vaccination also may make your illness milder if you do get sick.**
- **Getting yourself and your child vaccinated also can protect others** who may be more vulnerable to serious flu illness, like babies and young children, older people, and people with certain long-term health problems.

What are some other ways I can protect my child against flu?

In addition to getting a flu vaccine, you and your child should take everyday actions to help prevent the spread of germs.

Stay away from people who are sick as much as possible to keep from getting sick yourself. If you or your child are sick, avoid others as much as possible to keep from infecting them. Also, remember to regularly cover your coughs and sneezes, wash your hands often, avoid touching your eyes, nose and mouth, and clean surfaces that may be contaminated with flu viruses. These everyday actions can help reduce your chances of getting sick and prevent the spread of germs to others if you are sick. However, a yearly flu vaccine is the best way to prevent flu illness.

If your child is sick

What can I do if my child gets sick?

Talk to your doctor early if you are worried about your child's illness.

Make sure your child gets plenty of rest and drinks enough fluids.

If your child is 5 years or older and does not have a long-term health problems and gets flu symptoms, including a fever and/or cough, consult your doctor as needed.

Children younger than 5 years of age – especially those younger than 2 years – and children with certain long-term health problems (including asthma, diabetes and disorders of the brain or nervous system), are at high risk of serious flu complications. Call your doctor or take your child to the doctor right away if they develop flu symptoms.

What if my child seems very sick?

Even healthy children can get very sick from flu. If your child is experiencing the following emergency warning signs, you should go to the emergency room:

- Fast breathing or trouble breathing
- Bluish lips or face

- Ribs pulling in with each breath
- Chest pain
- Severe muscle pain (child refuses to walk)
- Dehydration (no urine for 8 hours, dry mouth, no tears when crying)
- Not alert or interacting when awake
- Seizures
- Fever above 104°F
- In children less than 12 weeks, any fever
- Fever or cough that improve but then return or worsen
- Worsening of chronic medical conditions



This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning.

Is there a medicine to treat flu?

Yes. Antiviral drugs are prescription medicines that can be used to treat flu illness. They can shorten your illness and make it milder, and they can prevent serious complications that could result in a hospital stay. Antivirals work best when started during the first 2 days of illness. Antiviral drugs are recommended to treat flu in people who are very sick (for example, people who are in the hospital) or people who are at high risk of serious flu complications who get flu symptoms. Antivirals can be given to children and pregnant women.

How long can a sick person spread flu to others?

People with flu may be able to infect others from 1 day before getting sick to up to 5 to 7 days after. Severely ill people or young children may be able to spread the flu longer, especially if they still have symptoms.

Can my child go to school, day care, or camp if he or she is sick?

No. Your child should stay home to rest and to avoid spreading flu to other children or caregivers.

When can my child go back to school after having flu?

Keep your child home from school, day care, or camp for at least 24 hours after their fever is gone. (The fever should be gone without the use of a fever-reducing medicine.) A fever is defined as 100°F (37.8°C)* or higher.

*Many authorities use either 100 (37.8 degrees Celsius) or 100.4 F (38.0 degrees Celsius) as a cut-off for fever, but this number can vary depending on factors such as the method of measurement and the age of the person.

Patient Registration for School Located Vaccine Clinic
 Influenza Vaccination Clinic
 Provided by Lawrence County Health Department

Date Completed ___/___/___

Please use Legal Name of Student

Last _____ First _____ Middle _____

Date of Birth ___/___/___ Gender: M or F Social Security # ___-___-___

Address: _____ City: _____ ZIP: _____

Telephone: (____) _____ - _____ Cell: (____) _____ - _____

Responsible Party (Circle One) Self Parent Spouse

Name: _____ Relationship: _____

Date of Birth: ___/___/___ Social Security # ___/___/___

Insurance Information **PLEASE COPY AND ATTACH A COPY OF YOUR INSURANCE CARD(S)**

Copy of both sides of insurance card, unless it is BC/BS or Illinois Medicaid, then only copy of front side

IMPORTANT – Does your insurance provider cover immunizations? Yes No Unsure

Primary Insurance Information

Insurance Company: _____

ID# _____ Group# _____

Policy Holder Name: _____ Date of Birth: ___/___/___

Social Security # ___/___/___

Address of Policy Holder (if different than student) _____

Do you also have Medicaid? Yes No If yes, do you pay a premium? Yes No

If yes, Medicaid ID # _____ (9 digit number beside name on Medicaid card)

Do you have a Secondary Insurance? Yes No If yes, Insurance Co.: _____

Waiver of Liability

As a community service, the Lawrence County Health Department (LCHD) offers various immunization programs designed to protect the public health. In order to offer such programs, it is necessary for the participants to be fully aware of the benefits and possible side effects of the vaccines. It is also necessary for the participants to release the LCHD and its representatives from any liability associated with the program. Thank you for taking the time to read the Vaccine Information Statement.

I hereby certify that I have read the information provided regarding the Influenza vaccine. I hereby waive and release the LCHD and its representatives of any and all rights, claims for damages, and liability associated with this service.

Authorizations

I authorize and request my insurance company to pay directly to the provider, otherwise payable to me if I have already paid my bill. I understand that my insurance carrier may pay less than the actual bill for the services. I agree to be responsible for payment of all services rendered on my behalf or my dependent's. I agree to be responsible for payment of all services rendered on my behalf or my dependent's in the event there is no other payer source. I have provided the correct insurance information and will be responsible for any information given that causes nonpayment in claims.

 Signature of Patient or Parent/Guardian if a Minor

 Date

Screening Checklist for Contraindications for School Located Clinics

PATIENT NAME _____

School Registration Vaccination Clinic

DATE OF BIRTH ____/____/____

Provided by Lawrence County Health Department

For parents/guardians: The following questions will help us determine if vaccines may be given to your child at the school located vaccine clinic. LCHD has the right to refuse vaccine administration, based on assessment. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please feel free to contact a member of LCHD at 618-943-3302, or your school nurse.

- | | | |
|--|-----|----|
| 1. Is your teen sick (with an illness other than a cold)? | Yes | No |
| 2. Has your teen had a fever of 100°F or greater during the last 24 hours? | Yes | No |
| 3. Has your teen received vaccinations or a TB skin test in the past 4 weeks? | Yes | No |
| 4. Does your teen have cancer, leukemia, HIV/AIDS, or other immune system problem? | Yes | No |
| 5. In the past 3 months, has your teen taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs: drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? | Yes | No |
| 6. Does your teen have allergies to medications, food, a vaccine component, or latex? | Yes | No |
| 7. In the past year, has your teen received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? | Yes | No |
| 8. Has your teen, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems? | Yes | No |
| 9. Is your teen pregnant or is there a chance that she could become pregnant during the next month? | Yes | No |
| 10. Has your teen ever had a serious reaction to a vaccine in the past? | Yes | No |
| 11. Has your teen had a health problem with lung, heart, kidney or metabolic disease (e.g. diabetes), asthma, or blood disorder? Is he/she on long-term aspirin therapy? | Yes | No |

I have received, read, and understand the benefits and risks of the vaccines to be administered to the person named above for whom I am authorized to make this request. I hereby give consent to/obtain release immunization records to health related and/or school personnel. On the date signed below, I received the "Vaccine Information Statement" regarding each vaccine administered today, and had the opportunity to ask questions.

Yes No

I have been advised, if applicable, that the client should avoid aspirin products for 6 weeks after receiving the Varicella (Chickenpox) vaccine.

Yes N/A

I believe I understand the benefits and the risks of the vaccine to be given to my child, _____ for whom I am authorized to make this request. I hereby give consent to obtain/release immunization records to health related personnel.

Parent/Legal Guardian Signature

____/____/____
month day year

Counseling and written information regarding possible minor side effects, pain relief measures, signs of serious reactions and procedures to follow if such should occur have been provided to the parent/guardian, and reviewed.

RN Reviewing Form/Administering Vaccine

____/____/____
month day year

Eligibility Reason: Private Insurance/Not VFC Eligible MCD(FamPlan) CHIP Underinsured Uninsured VFC

Patient Name _____ DOB ____/____/____ Age _____ Grade _____

Screening Checklist for Contraindications for School Located Clinics

PATIENT NAME _____

School Registration Vaccination Clinic

DATE OF BIRTH ____/____/____

Provided by Lawrence County Health Department

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| 4. Does your teen have cancer, leukemia, HIV/AIDS, or other immune system problem? | Yes | No |
| 5. In the past 3 months, has your teen taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs: drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? | Yes | No |
| 6. Does your teen have allergies to medications, food, a vaccine component, or latex? | Yes | No |
| 7. In the past year, has your teen received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? | Yes | No |
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month day year

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RN Reviewing Form/Administering Vaccine

____/____/____
month day year

Eligibility Reason: Private Insurance/Not VFC Eligible MCD(FamPlan) CHiP Underinsured Uninsured VFC

Patient Name _____ DOB ____/____/____ Age _____ Grade _____

VACCINE LIST

<u>VFC</u>	<u>PP</u>	<u>Vaccine/Brand Name</u>	<u>MFR</u>	<u>Lot #</u>	<u>Site</u>	<u>VIS (M- Multiple)</u>
___	___	TDap_____				2-24-15
___	___	Meningococcal_____				8-24-18
___	___	Varicella_____				2-12-18