Queen Anne's County Department of Health
206 N. Commerce Street, Centreville, MD 21617-1049
Tel. 410-758-0720 • Fax: 410-758-2838

School-Age Influenza Campaign: K - 12

Dear Parent or Guardian,

Students in Kindergarten through 12th grade are eligible to receive a Flu Vaccine this fall. This program will offer FluMist® **FREE OF CHARGE**. Registered nurses from the Queen Anne's County Department of Health will be on site at your child's school to administer the vaccine.

FluMist is the form chosen to be given if your child receives vaccine at school. If your child does not qualify for FluMist because of health related issues, he/she may receive a free flu shot which is offered at the Queen Anne's County Department of Health's many clinics. No shots will be administered in the schools.

Children may find a nasal vaccine easier to tolerate since they are not getting a shot and it doesn't hurt. FluMist is a well-tested, safe vaccine. It is given by a nasal spray and uses a weakened form of the flu virus to help protect against the flu.

The flu shot is the method of choice for people with chronic illnesses, such as asthma, diabetes or for those who do not like the nasal delivery. The flu shot is given in the arm and is a dead form of the virus that helps to provide protection from illness.

Vaccinating the school-aged population is an effective way to reduce the incidence of flu among all age groups in the community, according to recent studies. Children have a higher rate of infection during flu season than adults and they are often the primary source of infection for other family members. Influenza can be especially dangerous for younger siblings and grandparents whose immune systems are not as strong at fighting infections. By vaccinating children, we will help protect the entire family. If our children are healthier, they miss less school time, and their parents miss less time from work.

The following information will be distributed electronically by the school:

- Influenza Vaccine Consent Form
- Notice of Privacy Practice
- Frequently Asked Questions

Please complete electronically if you have access to a computer. The above information will also be sent home with students so that parents can complete if they do not have access to a computer.

It is important to know that no child will be vaccinated unless the Influenza Vaccine Form has been reviewed, completed and signed by the parent or guardian. Also, children under 9 years of age who have never received FluMist or a flu shot before will

need a second vaccination in approximately 4 weeks to be completely protected against the flu. The health department will return to the school to administer second doses for the children who need it. If your child needs a 2nd flu vaccine and does not receive it at the school, he may come to any of the Department of Health's many scheduled clinics.

Please return the completed, printed and signed Influenza Vaccine Consent Form to the school by *September 15, 2023* if you want your child to receive the FluMist nasal vaccine. Do not return the form if you do not want your child vaccinated.

The dates for the in-school flu clinics will be announced at a later date.

****If your child received an MMR or varicella (chickenpox) shot in the 28 days before the FluMist in-school clinic, they will be given the FluMist when we return to school for the 2nd doses.*****

If you have any questions regarding this letter, please contact the Queen Anne's County Department of Health Communicable Disease staff at 410-758-0720 ext. 4432.

Sincerely,

Joseph A. Ciotola, Jr., M.D.
Health Officer

JC/rs

School-Age Influenza Campaign Frequently Asked Vaccine Questions

1. ***What is the cost of the flu shot or FluMist?***

   The flu shot and FluMist are provided **FREE** of charge to children in grades K – 12.

2. ***My child doesn't like needles or shots, is there another way to get vaccinated?***

   Yes, besides the traditional "flu shot," the nasal spray flu vaccine will be offered.

3. ***Which is better for my child – the flu shot or FluMist?***

   Either the shot or the FluMist is equally safe and effective provided that your child does not have certain medical conditions as listed on the consent form.

4. ***Are flu vaccines safe?***

   Yes, there is much previous evidence of flu vaccine safety.

5. ***Can my child get the flu from the flu vaccine?***

   No, you cannot get the flu from the flu vaccine.

6. ***Are flu illnesses serious?***

   Yes, they can be. All people are at some risk of developing severe and even fatal flu infections.

7. ***Are healthy children at risk for serious flu illness?***

   Yes, although rare, the flu virus can kill children.

8. ***What if my child is absent when flu vaccinations are given at school?***

   The Queen Anne's County Department of Health will have many other clinic dates and times available for your child's free flu vaccine.

9. ***Can my younger or older children and I be vaccinated at the school, too?***

   No, only children in kindergarten through 12th grade are eligible for this free flu vaccine program.

10. ***Who will give the flu vaccine to my child(ren)?***

    Registered nurses from the Department of Health will administer the flu vaccine.

Over→

11. ***Is my child required to be vaccinated against flu?***

No, participation in the school-based program is voluntary and your permission is required for your child to receive the vaccine. However, remember that it is now recommended that all children ages 6 months through 18 years should be vaccinated yearly against the flu.

12. ***Why should my child get the flu vaccine?***

School children have very high rates of flu illness (more than 10% in most years) and are one of the most important sources of flu transmission in the community. Studies show that school children vaccinated against flu have fewer illnesses, fewer absences from school and lower rates of illness in their families during flu season as compared with unvaccinated children.

13. ***Do I have to be present for my child to get the flu vaccine?***

No, but parents are welcome to be present if they choose. Parents must review, sign, and return the consent form for your child(ren) to be vaccinated.

14. ***What if my child has a reaction to the flu vaccine?***

Reactions are rare, but if one does occur, appropriate medical care will be given and attempts will be made to contact you immediately.

15. ***Could my child still get the flu after being vaccinated?***

Yes, it usually takes about two weeks after vaccination for enough antibodies to develop in the body and provide full protection against flu virus infection. In the meantime, your child is still at risk for getting the flu. Also, the flu vaccine will not protect against other flu virus strains that are not contained in this year's flu vaccine or other viruses that cause symptoms similar to the flu.

16. ***Can my child have the flu vaccine if they have had other immunizations recently?***

They may receive the flu shot at any time in relation to other vaccines. However, there must be at least 28 days between an MMR or varicella (chicken pox) vaccine and the FluMist nasal vaccine.

17. ***Who do I call if I have more questions?***

The Communicable Disease staff at the Queen Anne's County Department of Health is available to take your calls at 410-758-0720, ext. 4432 or you may visit www.cdc.gov.

Influenza (Flu) Vaccine (Live, Intranasal): *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

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

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Live, attenuated influenza vaccine

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

Live, attenuated influenza vaccine (called "LAIV") is a nasal spray vaccine that may be given to non-pregnant people 2 **through 49 years of age**.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Is **younger than 2 years or older than 49 years** of age
- Is **pregnant**. Live, attenuated influenza vaccine is not recommended for pregnant people
- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Is a **child or adolescent 2 through 17 years of age who is receiving aspirin or aspirin- or salicylate-containing products**
- Has a **weakened immune system**
- Is a **child 2 through 4 years old who has asthma or a history of wheezing** in the past 12 months
- Is **5 years or older and has asthma**
- Has **taken influenza antiviral medication** in the last 3 weeks
- **Cares for severely immunocompromised people** who require a protected environment
- Has other **underlying medical conditions** that can put people at higher risk of serious flu complications (such as **lung disease, heart disease, kidney disease**

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

like diabetes, kidney or liver disorders, neurologic or neuromuscular or metabolic disorders)
- Does **not have a spleen**, or has a **non-functioning spleen**
- Has a **cochlear implant**
- Has a **cerebrospinal fluid leak** (a leak of the fluid that surrounds the brain to the nose, throat, ear, or some other location in the head)
- Has had **Guillain-Barré Syndrome** within 6 weeks after a previous dose of influenza vaccine

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

For some patients, a different type of influenza vaccine (inactivated or recombinant influenza vaccine) might be more appropriate than live, attenuated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Runny nose or nasal congestion, wheezing, and headache can happen after LAIV vaccination.
- Vomiting, muscle aches, fever, sore throat, and cough are other possible side effects.

If these problems occur, they usually begin soon after vaccination and are mild and short-lived.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**.
- 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**.

Place Label Here

Queen Anne's County Department of Health
Annual Influenza Vaccine Consent Form – NASAL SPRAY

Section 1: Information about Child to Receive Vaccine (please print in blue or black ink)

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 ○	**RACE**
ADDRESS			**PARENT/GUARDIAN DAYTIME PHONE NUMBER:**		
CITY **STATE** **ZIP**					
SCHOOL NAME	**HOMEROOM TEACHER'S NAME**		**GRADE**		

Section 2: Screening for Vaccine Eligibility

Has your child had the flu shot or FluMist after July 1, 2010? YES ○ NO ○

The following questions will help us know if your child can get the intranasal influenza vaccine. (FluMist)

Please mark YES or NO for each question.	**YES**	**NO**
1. Does your child have a serious allergy to eggs?	○	○
2. Does your child have any other serious allergies? Please list:	○	○
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	○	○
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	○	○
5. Has your child had an MMR or Varicella (chickenpox) shot within the past 30 days? Vaccine:_____ Date given: Month_____Day_____Year_____	○	○
6. 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? Specify:	○	○
7. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	○	○
8. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	○	○
9. Is your child pregnant?	○	○
10. 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)?	○	○

Section 3: Consent

I have read or had explained to me the Vaccine Information Statement for the live seasonal influenza vaccine and understand the risks and benefits.

☐ **I GIVE CONSENT** to the Queen Anne's County Department of Health and its staff for my child named at the top of this form to be vaccinated with this vaccine and acknowledge receipt of Notice of Privacy Practice form. (If this consent form is not signed, then your child will not be vaccinated).

Signature of Parent/Legal Guardian_____Date:Month_____Day_____Year_____

*****DO NOT RETURN THIS FORM TO SCHOOL IF YOUR CHILD IS NOT TO RECEIVE FLUMIST*****

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
Influenza (LAIV)	Intranasal	/ /	Med Immune		
Influenza (LAIV) (2nd dose)	Intranasal	/ /	Med Immune		

MARYLAND DEPARTMENT OF HEALTH AND YOUR HEALTH INFORMATION

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Introduction

The Maryland Department of Health (MDH) is committed to protecting your health information. MDH is required by law to maintain the privacy of Protected Health Information (PHI). PHI includes any identifiable information that we obtain from you or others that relate to your physical or mental health, the health care you have received, or payment for health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. In order to provide treatment or to pay for your health care, MDH will ask for certain health information and that health information will be put into your record. The record usually contains your symptoms, examination and test results, diagnoses, and treatment. That information, referred to as your health or medical record, and legally regulated as health information, may be used for a variety of purposes. MDH and its Business Associates are required to follow the privacy practices described in this Notice, although MDH reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new Notice from any MDH agency. It is also posted on our website at https://health.maryland.gov/pages/index.aspx

Permitted Uses & Disclosures

MDH employees will only use your health information when doing their jobs. For uses beyond what MDH normally does, MDH must have your written authorization unless the law permits or requires it, and you may revoke such authorization with limited exceptions. The following are some examples of our possible uses and disclosures of your health information:

Uses and Disclosures without Consent Relating to Treatment, Payment, or Health Care Operations:

- **For treatment:** MDH may use or share your health information to approve, deny treatment, and to determine if your medical treatment is appropriate. For example, MDH health care providers may need to review your treatment with your health care provider for medical necessity or for coordination of care.
- **To obtain payment:** MDH may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, your health care provider may send claims for payment of medical services provided to you.
- **For health care operations:** MDH may use and share your health information to evaluate the quality of services provided, or to our state or federal auditors.

Other Uses and Disclosures of Health Information Required or Permitted by Law:

- **Information purposes:** Unless you provide us with alternative instructions, MDH may send appointment reminders and other materials about the program to your home.
- **Required by law:** MDH may disclose health information when a law requires us to do so.
- **Public health activities:** MDH may disclose health information when MDH is required to collect or report information about diseases, injuries, or to report vital statistics to other divisions in the department and other public health authorities.
- **Health oversight activities:** MDH may disclose your health information to other divisions in the department and other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.
- **Coroners, Medical Examiners, Funeral Directors and Organ Donations:** MDH may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.
- **Research purposes:** In certain circumstances, and under the supervision of our Institutional Review Board or other designated privacy board, MDH may disclose health information to assist medical research.

- **Avert threat to the health or safety:** In order to avoid a serious and imminent threat to health or safety, MDH may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **Abuse and neglect:** MDH will disclose your health information to appropriate authorities if we reasonably believe that you may be a possible victim of abuse, neglect, domestic violence, or some other crime. MDH may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- **Specific government functions:** MDH may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.
- **Family, friends, or others involved in your care:** MDH may share your health information with people as it is directly related to their involvement in your care or payment of your care. MDH may also share your health information with people to notify them about your location, general condition, or death.
- **Worker's compensation:** MDH may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.
- **Patient directories:** MDH entities generally do not maintain directories for disclosures to callers or visitors who ask for you by name. However, if a MDH entity does maintain a directory, you will not be identified to an unknown caller or visitor without authorization, and the limited information we disclose may include your name, location in the entity, your general condition (e.g., fair, stable, etc.) and your religious affiliation.
- **Lawsuits, disputes and claims:** If you are involved in a lawsuit, a dispute, or a claim, MDH may disclose your health information in response to a court or administrative order, subpoena, discovery request, the investigation of a complaint filed on your behalf, or other lawful process.
- **Law enforcement:** MDH may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.
- **Other parties for conducting permitted activities:** MDH may conduct the above-described activities ourselves, or we may use non-MDH entities (known as Business Associates) to perform those operations. In those instances where we disclose your PHI to a third party acting on our behalf, we will protect your PHI through an appropriate privacy agreement.
- **Fundraising Activities:** MDH may use information about you to contact you in an effort to raise money for MDH and its operations. The information we release about you will be limited to your contact information, such as your name, address and telephone number and the dates you received treatment or services at MDH.

Your Rights

You Have a Right to:

- **Request restrictions:** You have the right to request a restriction or limitation on the health information MDH uses or discloses about you. MDH will accommodate your request if possible, but is not legally required to agree to the requested restriction. Except as otherwise required by law, MDH must accommodate your request if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.
- **Request confidential communication:** You have the right to ask that MDH send you information at an alternative address or by alternative means. MDH must agree to your request as long as it is reasonably easy for us to do so.
- **Inspect and copy:** With certain exceptions (such as psychotherapy notes, information collected for certain legal proceedings, and health information restricted by law), you have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a reasonable and cost-based fee for copying, postage, and preparing an explanation or summary of the PHI. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. If MDH maintains your health information using electronic health records, we will provide access in electronic format and transmit copies of the health information to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific.
- **Request amendment:** You may request in writing that MDH correct or add to your health record. MDH will respond to your request within 60 days, with up to a 30-day extension, if needed. MDH may deny the request if MDH determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; (3) not permitted to be disclosed. If MDH approves the request for amendment, MDH will change the

health information and inform you, and MDH will tell others that need to know about the change in the health information.

- **Require authorization:** You have the right to require your authorization for most uses and disclosures of psychotherapy notes, for receiving marketing communication and for the sale of your PHI.
- **Receive accounting of disclosures:** You have a right to request a list of the disclosures made of your health information after April 14, 2003, and in the six years prior to the date on which the accounting is requested. Exceptions are health information that has been used for treatment, payment, and health care operations. In addition, MDH does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officers, or correctional facilities. There will be no charge for up to one such list each year. Additionally, MDH will provide an accounting for disclosures made through an electronic health record for treatment, payment, and health care operations, but information is limited to three years prior to date of request.
- **Opt-Out:** You have the right to receive fundraising communication and the right to request to opt-out of fundraising communication. You also have a right to opt-out of a MDH facility's patient directory, and you have the right to opt-out of Maryland's Health Information Exchange (HIE), which is the Chesapeake Regional Information System for our Patients (CRISP).
- **Receive notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by mail upon request.
- **Receive breach notification:** You have the right to receive notification whenever a breach of your unsecured PHI occurs.
- **Receive protection of genetic information:** If any of MDH's health care components is considered a health plan, the health plan is prohibited from using or disclosing your genetic information for certain underwriting purposes.
- **Receive protection of mental health records:** If a medical record that is developed in connection with you receiving mental health services is disclosed without your authorization, MDH will only release the information in your record that is relevant to the purpose for which the disclosure is sought.

For More information:
This document is available in other languages and alternative formats that meet the guidelines for the Americans with Disabilities Act. If you have questions and would like more information, you may contact: **(Juanita Carter or Carol Crouch, Queen Anne's County Department of Health, 410-758-0720)**

To Report a Problem about our Privacy Practices:
If you believe that your privacy rights have been violated, you may file a complaint.

- You can file a complaint with the Maryland Department of Health, Division of Corporate Compliance at 1-866-770-7175.
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. You may call the Maryland Department of Health for the contact information.

MDH will take no retaliatory action against you if you make such complaints.
Effective Date: This notice is effective on July 1, 2017.

(Provider programs must ensure that they try to get this acknowledgement signed)
Acknowledgement of receipt of this notice:

_____ _____
Patient or Authorized Representative Date

If unable to get acknowledgement, specify why:

_____
Signature of MDH representative