



A C Wharton, Jr.  
City of Memphis  
Mayor

# MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT

YVONNE S. MADLOCK  
DIRECTOR

KENNETH S. ROBINSON, M. D.  
SHELBY COUNTY HEALTH OFFICER



Joyce Avery  
Shelby County  
Acting Mayor

January 12, 2010

Dear Parent/Guardians:

The Memphis & Shelby County Health Department will be providing the H1N1 vaccine to children *free of charge* at your child's school. I am strongly encouraging you to have your children immunized to fully protect them from the virus, and to help prevent the spread of this serious infection – perhaps to other members of your family. As you have heard, the virus has most often caused a mild illness; but what I know concerns you most is that this flu has progressed to cause hospitalization and an unusual number of deaths among children. Many children have gotten the H1N1 (swine flu) infection, and there have been large outbreaks in some schools across the country. We've already been hit very hard by H1N1 in Memphis this school year, but clearly we're not out of the woods. Vaccination is absolutely the best way to protect your child from this potentially serious and life-threatening disease.

Contrary to what you may have heard, the vaccine is safe. We would not be offering it, and I would not be asking you to have your child vaccinated if it weren't. Now that the vaccine is finally available, the greater risk to your child is for him/her *not* to get the vaccine and to actually get this flu. In fact, I encourage you to also be vaccinated, because young adults are being infected in unusually high numbers, and having serious complications from H1N1. Older adults who care for or live with children could also expose the children unnecessarily to the virus.

The vaccine will be given during the months of January-March. Your child's school will let you know the scheduled date of vaccination once a specific date has been identified. Enclosed in this packet, you'll find the H1N1 vaccine consent form that will include options allowing you to either accept or refuse the vaccination for your child.

Please return the completed form with your child as he/she returns to school. I'm asking you to please give your consent for your child to be vaccinated.

If you have any questions about the vaccine, or vaccination locations, please contact the H1N1 Hotline at 901-379-4161.

Sincerely,

Kenneth S. Robinson, M.D.  
Shelby County Health Officer

#### Mission

*To promote, protect and improve the health and environment of all Shelby County residents.*

814 Jefferson Avenue Memphis, Tennessee 38105  
(901) 544-7600

### VACCINATION CONSENT FORM FOR SCHOOLS

Student/Patient Name: \_\_\_\_\_

Male  Female

Birthday \_\_\_\_\_

I give permission for me/my child/my ward to have all usual and customary health examinations, immunizations, laboratory tests, procedures and to receive treatment, if indicated.

I understand that I have the right to:

- ask questions and to receive information about my care and treatment, and
- withdraw my consent to treatment, immunizations, or tests.

By signing this form, I also acknowledge that the medical provider has given me a copy of its Privacy Notice which explains how protected health information will be handled in various situations. The medical provider has given me the chance to discuss my concerns and questions about the privacy of my health information.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_  
(Patient/Parent/Responsible Party)

RELATIONSHIP TO STUDENT/PATIENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_  
(Witness)

ALTERNATIVE CONTACT INFORMATION:

\_\_\_\_\_  
(Work Phone, Other address)

### SHOTS ONLY QUESTIONNAIRE AND CONSENT

PATIENT'S NAME: LAST/FIRST/MI		BIRTHDATE	AGE	SOCIAL SECURITY (or TRUMP) NO.		Hispanic <input type="checkbox"/>	Non-Hispanic <input type="checkbox"/>
STREET ADDRESS		CITY	STATE	ZIP CODE	DOB	RACE	
TELEPHONE NUMBER		COUNTRY OF BIRTH		DATE OF ENTRY IN UNITED STATES		YES	NO
1. Has the patient been to a doctor or hospital in the last month?							
2. Has the patient received any vaccines (shot or nasal mist) in the last month?							
3. Has the patient had any recent (within the last 3 days) illness or fever (>100°F for adults or >101°F for children)?							
4. Has patient had any previous reaction to a shot, such as:							
a. Temperature above 105°F?							
b. Seizure or convulsion?							
c. Cried for 3 or more hours without stopping (children only)?							
d. Had to see a doctor within 48 hours of receiving a shot?							
5. Has the patient ever had a seizure or been diagnosed with brain damage, bleeding disorder, Guillain Barre' Syndrome or been paralyzed?							
6. Is the patient on steroids or anti-cancer drugs or taking x-ray treatments?							
7. Is there any possibility that the patient is pregnant today?							
8. Has the patient received Immune Serum Globulin (ISG) in the last three (3) months?							
9. Has the patient received any blood or plasma in the past 8 weeks?							
10. Does the patient have or anyone living in your house have a disease such as kidney disease, cancer, HIV or AIDS?							
11. Does the patient have any known medicine allergies or medical conditions?							
12. Is the patient allergic to:							
Egg: _____ Mercury _____ Streptomycin _____ Latex _____							
Yeast _____ Gelatin _____ Neomycin _____ Other _____							
13. Has the patient ever had a pneumonia shot?							
14. Has the mother or infant ever been diagnosed as positive for Hepatitis B?							
15. Has the patient ever had chicken pox disease or vaccine?							
16. For Nasal flu-mist administration only: does the patient have any of the following:							
asthma _____ chronic medical conditions _____ received Oseltamivir or Zanamivir in the last 48 hours _____							

I have read or have had explained to me the information on the vaccine(s) which the patient is to receive. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) be given to me or to the person named above for whom I am authorized to make this request.

\_\_\_\_\_  
SIGNATURE (Parent or Guardian if child is under 18 years of age)

\_\_\_\_\_  
DATE

#### FOR CLINIC PERSONNEL ONLY

PROVIDER SIGNATURE/TITLE					
1. Fever control measures reviewed.					
2. Local reactions, possible side effects and emergencies reviewed.					
3. Next immunization(s) due and need for medical check-ups reviewed.					
VACCINE	DOSE	DATE GIVEN	INJECTION SITE	MFR/LDTR	VIS DATE

## 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 THIS CAREFULLY)

**MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT** Effective Date: April 14, 2003

### OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

The Memphis and Shelby County Health Department's workforce is required by a new federal law entitled Health Insurance Portability and Accountability Act (HIPAA) to safeguard your Protected Health Information (PHI). PHI is individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care. We are required to give you a notice of our privacy practices for the information that we collect and keep about you.

### OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION

We understand that health information about you is personal, and we are committed to protecting this information. This Privacy Notice applies to all of your health information, including 1) records relating to your care at a health department clinic and/or 2) health care records received by the Memphis and Shelby County Health Department from another source. We are required by law to: (1) keep your PHI confidential; (2) give you this Privacy Notice; and (3) follow the terms of the current Privacy Notice.

### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND OPERATIONS

The following categories describe different ways we may use and disclose your PHI:

- **For Treatment.** We may use or disclose your PHI to doctors, nurses, nutritionists, technicians, or other health department personnel who are involved in taking care of you. We may disclose your PHI to people outside the health department who may be involved in your medical care such as prescriptions, lab work and x-rays.
- **For Payment.** We may use or disclose your PHI to get payment or to pay for health services that you receive. For example, we may need to tell your health insurance about a treatment you need in order to obtain prior approval or to determine whether your insurance will pay for the treatment.
- **For Health Care Operations.** We may use or disclose your PHI for the Health Department's operations. This is necessary to manage the Department's programs and activities. For example, we may use PHI to review our services, programs, and/or the quality of care that we provide to you.
- **Appointment Reminders.** We may use your PHI to contact you as a reminder that you have an appointment for treatment or services.

### HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR PERMISSION

The law provides that we may use or disclose your Protected Health Information (PHI) from our records (even after your death) without your permission in the following circumstances:

- **As Required By Law.** We will disclose medical information about you when required to do so by law, to investigate reports of abuse or neglect, and to report the incident to the appropriate law enforcement agency.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the state and federal government to monitor the health care delivery system in Tennessee.
- **Public Health Risks.** We may disclose PHI about you for public health activities. These activities may include the reporting of births and deaths and the tracking, prevention, or control of certain diseases, injuries and disabilities.
- **Research.** In certain circumstances, and under supervision of an Institutional review board, we may disclose PHI in order to assist medical research.
- **To Avert a Serious Threat to Health or Safety.** We may use or disclose your PHI if necessary to prevent a serious threat to you or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **For Specific Government Functions.** We may disclose PHI to law enforcement, to government benefit programs relating to eligibility and enrollment, and for the interest of national security.

### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Amend.** If you feel that there is a mistake or missing information in our record of your PHI, you may ask us to correct or add to the record. Your request must be made in writing, and you must provide a reason that supports your request. We may deny your request under certain circumstances. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response you provide, appended to your PHI.
- **Right to Know What Health Information We Have Released.** You have the right to ask for a list of disclosures made of your PHI made on or after April 14, 2003 for purposes other than those listed in the Privacy Notice. You must request this list in writing and state the period of time the list should cover for a period of no longer than six (6) years. The first list you request within a twelve (12) month period will be free.
- **Right to Request Restrictions.** You have the right to ask us to limit how your PHI is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom the limits apply. For example, you could ask that we not disclose to your spouse information about a blood test you received. We are not required to agree to your request. If we agree, however, we will comply with your request unless the information is needed to provide you emergency treatment or the information can be disclosed without your authorization.
- **Right to Confidential Communications.** You have the right to ask that we communicate with you in a certain way or at a certain place. For example, you may ask us to send information to your work address instead of your home address. You must make your request in writing. You will not have to explain the reason for your request. We will honor all reasonable requests.
- **Right to Authorize Release of Information:**  
Other releases of your PHI can be made only if you request it and you can change your authorization at any time.

### HOW TO GET MORE INFORMATION OR COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any question about this notice, please contact the PRIVACY OFFICER listed below. If you believe we have violated your privacy rights, you may file a written complaint with the either of the agencies listed below. You will not be effected by filing a complaint.

Memphis and Shelby County Health Department  
Privacy Officer, Judy Martin, Ph.D., APRN  
814 Jefferson Avenue  
Memphis, TN 38105  
901-544-7800  
(www.shelbycountynh.gov)

Secretary  
U.S. Department of Health & Human Services  
200 Independence Ave., SW  
HHH Building, Room 509H  
Washington, DC 20201  
866-627-7748 TTY 866-788-4989

# 2009 H1N1 INFLUENZA VACCINE

## INACTIVATED (the "flu shot")

### WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/via](http://www.immunize.org/via).

#### 1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (also called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue • Fever • Sore Throat • Muscle Aches
- Chills • Coughing • Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

#### 2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu is a new flu virus. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

#### 3 2009 H1N1 Influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent "influenza-like" illnesses caused by other viruses.

• They will not prevent seasonal flu. *You should also*

Inactivated vaccine (vaccine that has killed virus in it) is injected into the muscle, like the annual flu shot. This sheet describes the inactivated vaccine.

A live, intranasal vaccine (the nasal spray vaccine) is also available. It is described in a separate sheet.

Some inactivated 2009 H1N1 vaccine contains a preservative called thimerosal to keep it free from germs. Some people have suggested that thimerosal might be related to autism. In 2004 a group of experts at the Institute of Medicine reviewed many studies looking into this theory, and found no association between thimerosal and autism. Additional studies since then reached the same conclusion.

#### 4 Who should get 2009 H1N1 influenza vaccine and when?

##### WHO

Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency medical personnel
- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 years of age with certain chronic medical conditions or a weakened immune system

As more vaccine becomes available, these groups should also be vaccinated:

- Healthy 25 through 64 year olds
- Adults 65 years and older

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

##### WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get two doses of vaccine, about a month apart. Older children and adults

## 5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 flu vaccine if you have a **severe (life-threatening) allergy to eggs, or to any other substance in the vaccine.** *Tell the person giving you the vaccine if you have any severe allergies.*

Also tell them if you have ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain Barré Syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Pregnant or breastfeeding women can get inactivated 2009 H1N1 flu vaccine.

Inactivated 2009 H1N1 vaccine may be given at the same time as other vaccines, including seasonal influenza vaccine.

## 6 What are the risks from 2009 H1N1 influenza vaccine?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The virus in inactivated 2009 H1N1 vaccine has been killed, so you cannot get influenza from the vaccine.

The risks from inactivated 2009 H1N1 vaccine are similar to those from seasonal inactivated flu vaccine:

### Mild problems:

- soreness, redness, tenderness, or swelling where the shot was given
- fainting (mainly adolescents)
- headache, muscle aches
- fever
- nausea

If these problems occur, they usually begin soon after the shot and last 1-2 days.

### Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, an earlier type of swine flu vaccine was

associated with cases of Guillain-Barré Syndrome

(GBS). Since then, flu vaccines have not been

## 7 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

## 8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call 1-888-275-4772 or visit the program's website at: [www.hrsa.gov/countermeasurescomp/default.htm](http://www.hrsa.gov/countermeasurescomp/default.htm).

## 9 How can I learn more?

- Ask your provider. They 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/h1n1flu](http://www.cdc.gov/h1n1flu) or [www.cdc.gov/flu](http://www.cdc.gov/flu)
- Visit the web at [www.flu.gov](http://www.flu.gov)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

