

Clermont County General Health District 2009 H1N1 Influenza Vaccine Consent Form for Adults Age 18 years and older

Please Print Legibly

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH	AGE	GENDER M / F
ADDRESS	CITY	STATE	ZIP CODE	PHONE	
PHYSICIAN:			PHONE:		

Please indicate if you are in either of the following groups.	YES	NO
1. Caregiver or household contact of a child/children < 6 months of age	<input type="checkbox"/>	<input type="checkbox"/>
2. Healthcare/Emergency Medical Services Worker	<input type="checkbox"/>	<input type="checkbox"/>

The following questions will help us to determine if you can receive the H1N1 Influenza Vaccine. Please answer <u>ALL</u> questions below.		
	YES	NO
1. Are you ill today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a serious allergy to eggs, latex, gentamicin, gelatin, arginine, neomycin, polymixin or thimerisol?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
Please list any allergies:		

The following questions will determine which type of 2009 H1N1 Influenza Vaccine you can receive. Please answer <u>ALL</u> questions below.		
	YES	NO
If you answer "NO" to all of the following six questions, you may receive either the 2009 H1N1 Influenza nasal spray (live virus) vaccine or the 2009 H1N1 Influenza "flu shot" (inactivated virus). If you answer "YES" to any of the following six questions, you can only receive the 2009 H1N1 Influenza "flu shot" (inactivated virus) vaccine.		
1. Have you been vaccinated with any vaccine within the past 28 days?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any of the following: asthma or episodes of wheezing, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, muscles or nerves (such as cerebral palsy), or blood?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you on long-term aspirin or aspirin-containing therapy (for example, do you take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have close contact with a person with a severely weakened immune system who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>

Sign and date the form.
Consent for Administration of 2009 H1N1 Influenza Vaccine for the above-named recipient:
I have received and read the Vaccine Information Statements (VIS 2009 H1N1 Inactivated Influenza Vaccine 10/2/09, 2009 H1N1 LAIV 10/2/09) and the Notice of Privacy Practices. I have had the opportunity to ask questions regarding the vaccine and understand the risks and benefits, and acknowledge the Clermont County Board of Health is not responsible or liable for any vaccine reaction that may occur. I request and voluntarily consent that the vaccine be given to the person above and acknowledge no guarantees have been made concerning the vaccine's success. I give Clermont County General Health District permission to release the medical records of the above-named person to the family doctor and the Ohio Department of Health Immunization Registry.
<input type="checkbox"/> I request the 2009 H1N1 Influenza nasal spray (live virus) vaccine.
<input type="checkbox"/> I request the 2009 H1N1 Influenza "flu shot" (inactivated virus) vaccine.
Signature: _____ Date: _____

*****FOR ADMINISTRATIVE USE ONLY*****

Vaccine	Date Dose Administered	Lot Number	Vaccine Manufacturer	Site of Injection	Route	Name and Title of Vaccine Administrator
2009 H1N1				<input type="checkbox"/> RD <input type="checkbox"/> LD <input type="checkbox"/> RT <input type="checkbox"/> LT	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal	

2009 H1N1 INFLUENZA VACCINE

LIVE, ATTENUATED
(the nasal spray vaccine)

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (sometimes 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 virus is a new virus strain. 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 get seasonal influenza vaccine, if you want protection from seasonal flu.*

Live, attenuated intranasal vaccine (or LAIV) is sprayed into the nose. **This sheet describes the live, attenuated intranasal vaccine.**

An **inactivated** vaccine is also available, which is given as a shot. It is described in a separate sheet.

The 2009 H1N1 LAIV does not contain thimerosal or other preservatives. It is licensed for people from 2 through 49 years of age.

The vaccine virus is attenuated (weakened) so it will not cause illness.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

LAIV is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see number 5 below). Groups recommended to receive 2009 H1N1 LAIV first are healthy people who:

- are from 2 through 24 years of age,
- are from 25 through 49 years of age and
 - live with or care for infants younger than 6 months of age, or
 - are health care or emergency medical personnel.

As more vaccine becomes available, other healthy 25 through 49 year olds should also be vaccinated.

Note: While certain groups should not get LAIV – for example pregnant women, people with long-term health problems, and children from 6 months to 2 years of age – it is important that they be vaccinated. They should get the flu shot.

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 need only one dose.

5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 LAIV 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.*

2009 H1N1 LAIV should not be given to the following groups.

- children younger than 2 and adults 50 years and older
- pregnant women,
- anyone with a weakened immune system,
- anyone with a long-term health problem such as
 - heart disease - kidney or liver disease
 - lung disease - metabolic disease such as diabetes
 - asthma - anemia and other blood disorders
- children younger than 5 years with asthma or one or more episodes of wheezing during the past year,
- anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit),
- children or adolescents on long-term aspirin treatment.

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.

Tell your doctor if you 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.

2009 H1N1 LAIV may be given at the same time as most other vaccines. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month. H1N1 LAIV and seasonal LAIV should not be given together.

6 What are the risks from 2009 H1N1 LAIV?

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 risks from 2009 H1N1 LAIV are expected to be similar to those from seasonal LAIV:

Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

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 vaccination.
- In 1976, an earlier type of inactivated swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). LAIV has not been linked to GBS.

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, 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.

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 or www.cdc.gov/flu
 - Visit the web at www.flu.gov



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



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/vis.

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 get seasonal influenza vaccine, if you want to be protected against seasonal flu.*

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 need only one dose.

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 clearly linked to GBS.

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?

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- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Clermont County General Health District

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 IT CAREFULLY.

Clermont County General Health District (CCGHD) provides services in which the staff must collect information about you to provide these services. The CCGHD knows that information we collect about you and your health is private. CCGHD is required to protect this information by Federal and State law. We call this information “protected health information” (PHI).

This notice describes and gives some examples of the permitted ways that health information may be used or released. Release of your information outside of the boundaries of the health district-related treatment, payment, or operations, or as otherwise permitted by State or Federal law, will be made *only* with your specific written authorization. You may revoke specific authorizations to release your information, in writing, at any time. If you revoke an authorization, we will not longer release your health information to the authorized recipient(s), except to the extent that the health district has already used or released that information in reliance of the original authorization.

CCGHD May Use and Disclose Information Without Your Authorization

- **For treatment.** CCGHD may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** CCGHD may use or disclose information to get payment or to pay for the health care services you receive. For example, CCGHD may provide PHI to bill your health plan for health care provided to you.
- **For Health Care Operations.** CCGHD may use or disclose information in order to manage its programs and activities. For example, CCGHD may use PHI to review the quality of services you receive.
- **Appointments and Other Health Information.** CCGHD may send you reminders for medical care or checkups. CCGHD may send you information about health services which may be of interest to you.
- **For Health Oversight Activities.** CCGHD may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and For Law Enforcement.** CCGHD will use and disclose information when required or permitted by federal or state law or by a court order.
- **For Abuse Reports and Investigations.** CCGHD is required by law to receive and investigate reports of abuse.
- **For Government Programs.** CCGHD may use and disclose information for public benefits under other government programs. For example, CCGHD may disclose information for the determination of financial eligibility for Medicaid or WIC, or to determine eligibility and outcomes for grant funded programs such as Help Me Grow.
- **To Avoid Harm.** CCGHD may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Public Health.** CCGHD may release PHI for public health activities. These activities generally include, but are not limited to, the following:
 - To prevent or control disease, injury, or disability or to keep vital statistics records.
 - To notify social service agencies that are authorized by law to receive reports of abuse, neglect, or domestic violence.
 - To report reactions to medications or problems with products to the Food and Drug Administration (FDA).
- **To Family.** CCGHD may use your information to notify a family member, a personal representative, or a person responsible for your care of your location, general condition, or death.

(over)

Other Uses and Disclosures Require Your Written Authorization

- For other situations, CCGHD will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. CCGHD cannot take back any uses or disclosures already made with your authorization.

Your PHI Privacy Rights

When information is maintained by CCGHD as a public health agency, the public health records are governed by other State and Federal laws and are not subject to the rights describe below.

- **Right to Inspect and Get Copies of Your Record.** In most cases, you have the right to inspect 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 Request to Correct or Update Your Records.** You may ask CCGHD to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to Get a List of Disclosures.** You have the right to ask CCGHD for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that CCGHD limit how your information is used or disclosed. You must make the request in writing and tell CCGHD what information you want to limit and to whom you want the limits to apply. CCGHD is not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask that CCGHD share information with you in a certain way or in a certain place. For example, you may ask CCGHD to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how CCGHD has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

Contact

Contact the Privacy Officer at 513-735-8400 if you have any questions about the notice or for further information.

How to File a Complaint or Report a Problem

If you believe your privacy rights have been violated, you may file a complaint with CCGHD or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing, either on paper or electronically. The complaint must name the entity that is the subject of the complaint and the acts or omissions believed to be in violation of the applicable requirement. The complaint must be filed within 180 days of when you knew, or should have known that the act or omission occurred. To file a complaint with Clermont County General Health District, contact the Privacy Officer at 513-735-8400. The present address for the Secretary of HHS is: Secretary, Department of Health and Human Services, Office of Civil Rights, U.S. Department of health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 2020. You will not be retaliated against for filing a complaint.

Changes to This Notice

The CCGHD reserves the right to revise this notice. We reserve the right to make the revised notice effective for the health information we already have about you, as well as any information we create or receive in the future. If you are enrolled in a health plan, such as Medicaid, we will provide you with a copy of the revised notice within 60 days; otherwise, we will provide a copy of our revised notice to you upon request.