Dear Parent/Guardian,

All students entering, advancing or transferring into 7th grade and born on or after September 15, 2000, will need proof of an adolescent tetanus, diphtheria, and pertussis (whooping cough) booster immunization (called “Tdap”) for school this fall. **This is a mandatory vaccination for admission into 7th grade.** Your school will be offering Tdap vaccinations clinic during the fall of 2015.

Tdap vaccine is a combination vaccine and is routinely recommended for preteens at age 11 or 12 years of age for protection against tetanus (lockjaw), diphtheria and pertussis (whooping cough). Protection provided by the DTaP vaccine received as young children wears off as kids get older, so adolescents need a booster shot known as Tdap. The Tdap vaccine is given as a one-time dose. Getting this booster not only protects your child, but also the people around them especially young babies and the elderly.

In addition, Linn County Immunization Coalition, Linn County Public Health and the Cedar Rapids Community School District are working together to make vaccine available to protect students from cancers associated with the human papillomavirus. The vaccine will be given to students at school if the appropriate forms have been returned and signed to the school. **A copy of the insurance card(s) for the student will need to be attached to each completed consent form. A copy of the insurance card and signed consent need to be returned to the school by _______________________.**

HPV is short for human papillomavirus. HPV is very common; about 79 million people in the United States, most in their teens and early 20s, are infected with HPV. Each year in the United States, about 17,000 women get cancer that is linked with HPV. Around 9,000 men get an HPV-associated cancer, **The HPV vaccine is important because the HPV infections that cause most of these cancers could be prevented with vaccination.**

HPV vaccines are given in a series of 3 shots over six months. For the best protection against the most dangerous types of HPV, it is very important to get all 3 shots.

All students who receive a vaccination will have a card sent to their primary care provider’s office alerting the provider that your child has received the Tdap and/or HPV vaccination. A card and additional consent forms will also be sent to each family to remind the parent/guardian of the need to obtain the 2nd and 3rd dose of vaccine. These may be scheduled to be given at school at a later date.

**This vaccination clinic will be held at your child’s school on _____________________________.**

If you have any questions or concerns please contact the Linn County Immunization Coalition at 319-892-6061 or at info@linncountyimmunization.org or CRCSD’s Metro Care Connection Clinic at 319-558-2481. Please feel free to contact your primary care provider or school nurse for any additional information.
Form must be completed or student is not eligible for vaccine. Only one student per form.

Tdap and HPV Vaccination Form: One form per student

Student Name: ___________________________ Date of Birth: _______ Age: _______
Address: _______________________________ City: _______ Zip: _______
Home Phone: ___________________________ Parent Cell Phone: __________________
School Name: __________________________ Grade: _______
Student’s Primary Care Provider Name and Address: __________________________

I want my child to receive (circle all that apply) Tdap HPV

| Patient Eligibility For VFC- Please check all that apply |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| Medicaid:       | Private Insurance: | No Health Insurance: | Native American/Alaska Native: | Underinsured: |
| (Vaccine not covered by insurance.) Please call your insurance if you have questions regarding coverage.) |

Medical Insurance Company: ____________________________
Policy Number: ____________________________
Group Number: ____________________________
Subscriber Name: ____________________________
Subscriber Date of Birth: ____________________________
Subscriber Address: ____________________________
Subscriber City/State/Zip: ____________________________
Subscriber Phone: ____________________________

All co-pays will be billed to the subscriber. Please attach copy of card to form.

Immunization Screening Questionnaire

1. Is the person to be vaccinated currently sick or experiencing a high fever? Yes or No
2. Has the person to be vaccinated had a serious reaction to a vaccine in the past? If yes, please explain. Yes or No
3. Does the person to be vaccinated have any allergies that produce a severe (anaphylactic) reaction? Yes or No
4. Has the person to be vaccinated had a seizure or other neurological problem, not including seizure due to fever? Yes or No
5. Does the person to be vaccinated have any medical problems that make it hard for him/her to fight infection? Yes or No
6. Is the person to be vaccinated allergic to yeast? Yes or No
7. Has the person to be vaccinated received blood, plasma, or immune globulin in the past 12 months? Yes or No
8. Is the person to be vaccinated pregnant or thinking of becoming pregnant in the next 12 months? Yes or No

To the best of my knowledge the above information I have provided about my medical history is correct. I have been given a copy and understand the Tdap and or HPV Vaccine Information Statement Sheet. I understand the benefits and risks of the Tdap/HPV vaccine. I give consent for the child named on this form to receive the Tdap and/or the HPV vaccine.

Parent Signature: ____________________________ Date: ____________________________

For clinic Use Only:
Lot Number: ____________________________ VIS Number: ____________________________
Site: LD RD 0.5 ML IM NDC Number: ____________________________

Lot Number: ____________________________ VIS Number: ____________________________
Site: LD RD 0.5 ML IM Name: ____________________________
VACCINE INFORMATION STATEMENT

Tdap Vaccine
What You Need to Know

1 Why get vaccinated?

Tetanus, diphtheria and pertussis are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

TETANUS (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.
- It can lead to tightening of muscles in the head and neck so you can’t open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

DIPHTHERIA is also rare in the United States today. It can cause a thick coating to form in the back of the throat.
- It can lead to breathing problems, heart failure, paralysis, and death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.
- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did not get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.
- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.
- Talk to your doctor if you:
  - have seizures or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had a condition called Guillain-Barré Syndrome (GBS),
  - aren’t feeling well on the day the shot is scheduled.
With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

Mild problems following Tdap
(Did not interfere with activities)
- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

Moderate problems following Tdap
(Interfered with activities, but did not require medical attention)
- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500).

Severe problems following Tdap
(Unable to perform usual activities; required medical attention)
- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

Problems that could happen after any vaccine:
- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

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

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

What if there is a serious problem?

What should I look for?
- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?
- If you think it is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at www.cdc.gov/vaccines