



Dear Parent or Guardian,

Since it was first recognized in April of 2009, the new **2009 H1N1 influenza (“swine flu”)** has spread all across the United States, including Virginia and all counties in the Rappahannock-Rapidan Health District (Culpeper, Fauquier, Madison, Orange, and Rappahannock). We have seen that younger people are more likely to become sick and to have serious problems from H1N1 flu infection compared to older people. In this country alone, so far there have been over 70 deaths in children due to this virus. We would like to prevent further illnesses.

The best way to protect your children from 2009 H1N1 (swine) flu is to get them vaccinated. To make the vaccine available quickly to as many people as possible, **the health department is partnering with your school to offer school-based H1N1 flu vaccination clinics.** We will offer the clinics as soon as the vaccine is available and expect this to be between October 19 and November 13. **Your school will notify you later of the exact date.**

- Vaccination will be voluntary. **No child will receive the H1N1 flu vaccine if we do not have a signed consent form from the parent or guardian.**
- There is **NO COST** for your child to receive the H1N1 flu vaccine at school.
- Vaccine may be given in two forms, either a shot (injection) or nasal spray (mist into the nose). One dose of vaccine is needed for children age ten and older. Two doses are recommended for children nine and younger. The second dose is given three to four weeks after the first depending on vaccine type. We will schedule follow-up clinics at your school for the second dose.
- The way vaccine will be offered at the school clinics depends on your child’s age:
 - For children under age 10, we will only offer the flu shot to make timing of the second dose easier;
 - For children age 10 and older, the shot or nasal spray will both be available, based on the information that you provide on the consent form *and depending on the supply of vaccine.*
- If a child with permission to be vaccinated is not able to cooperate at the time of vaccination, we will not force him or her to receive the vaccine. We will inform you so you can make other arrangements.
- **Unfortunately we are unable to accommodate family members. If you feel you need to be with your child during vaccination, please contact your health care provider or the health department for an appointment.**

If you prefer for your child under age 10 to get the spray and not the shot, both types of vaccine will be available at your local health department. Dates and times of clinics will be published soon. We expect the vaccine to also be offered through many private providers and some pharmacies. We encourage you to look into other options as well and find the best arrangement for your child. Locations are posted on the VDH website listed below.

If you wish for your child to receive the 2009 H1N1 flu vaccine at school please read the enclosed Vaccine Information Sheets. **Then fill out, sign, and return the enclosed consent form to your child’s homeroom teacher by **October 19, 2009.**** *If you do not return the form, your child will not be vaccinated at school.*

If you have questions or concerns, please contact your child’s school nurse or a nurse at your local health department at **540-829-7350**. For more information about the 2009 H1N1 flu, go to www.flu.gov or www.vdh.virginia.gov or call 1-877-ASK-VDH3 (1-877-275-8343). Thank you very much for your help and for working with us to protect our children and our community.

R. Dana Bradshaw, M.D., M.P.H.
District Director, Rappahannock-Rapidan Health District

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For children age 10 and above ONLY:

If you have a strong preference for one form of vaccine (either shot or spray), indicate below, cut on the dotted line, and staple this paper to the consent form. We will honor your request if there is no medical reason to do otherwise *and if we have that form of vaccine at the time.* FluMist will be given only if you answer **NO TO ALL** questions on the consent. If you do not attach this cut-off form, we will assume you have no preference.

PREFERENCE (PLEASE CHECK ONLY ONE BOX): **Flu Shot** **FluMist® (nose spray)**

Student Name (print) _____ **Parent/Guardian Signature:** _____