

## Massachusetts Mandatory Flu Vaccination Requirement 2020-2021

Massachusetts Department of Public Health officials have recently announced that the influenza immunization will be required for all children 6 months of age or older who are attending Massachusetts child care, pre-school, kindergarten, K-12, and colleges and universities. The new vaccine requirement is an important step to reduce flu-related illness and the overall impact of respiratory illness during the COVID-19 pandemic.

All Massachusetts students are required to get a flu vaccine and provide documentation to their schools by December 31, 2020 or show a medical or religious exemption. Medical exemptions come from the student's doctor and document a contraindication — the reason why an individual cannot medically receive the vaccine. Religious exemptions come from the parent/guardian, and state in writing that a vaccine conflicts with his/her sincerely held religious belief. Students who do not fulfill this requirement will not be allowed to attend school beginning on January 1, 2021.

In order to support students and families in meeting this requirement, Map Academy is pleased to announce that we will be offering two optional flu vaccination clinics. Students may also get the flu vaccination at their doctor's office and send the required documentation to the school.

Map Academy Flu Vaccination Clinic
CVS will be onsite at Map Academy to provide the vaccine on:

Wednesday October 14, 2020 and Thursday October 15, 2020

The updated table of immunization requirements for the current school year can be found at <a href="https://www.mass.gov/doc/immunization-requirements-for-school-entry-0/download">www.mass.gov/doc/immunization-requirements-for-school-entry-0/download</a>.

For details about the Flu Vaccine, please see the CDC Vaccine Information Statement included with this packet. Parent/guardian consent is required for all students who are under age 18. If you do not return the enclosed signed consent form, your child will not be vaccinated during the onsite clinic.

If you have any questions, please reach out to Nurse Heather Sears. She can be reached by phone at (508) 830-9500 or by email at <a href="mailto:hsears@themapacademy.org">hsears@themapacademy.org</a>. Your child's health care provider can also answer any questions you may have about the flu vaccine.

#### Annual Influenza Vaccine Consent Form--MAP ACADEMY FLU SHOT CLINIC—FALL 2020

#### Section 1: Information about Child to Receive Vaccine (please print)

	<u> </u>			4			
STUDENT'S NAME (Last).		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month day yea		ar	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDEN	T'S GEI M/F/I	
ADDRESS				PARENT/GUARDIAN NUMBER:	N DAYTIM	E PHON	Œ
CITY	STATE	ZIP					
STUDENT'S DOCTOR'S NAM	E (Last, First)	Address	(	City	Zip	)	
INSURANCE COMPANY		-	INSURANC	CE SUBSCRIBER ID			
INSURANCE SUBSCRIBER INSURANCE GROUP N							
SCHOOL NAME Map Academy Charter School	DATES OF FLU CLINIC Wednesday, October 14, 2020 & Thursday, October 15, 2020						
the following questions, your child our questions, your child may be a Please mark YES or NO for each of	able to get the sequestion.	asonal influen				r option	NO
1. Does your child have a s 2. Does your child have an			Please list:				
				•			
<ul> <li>3. Has your child ever had a serious reaction to a previous dose of flu vaccine?</li> <li>4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe weakness) within 6 weeks after receiving a flu vaccine?</li> </ul>							
Section 3: Consent CONSENT FOR CHILD'S VA Thave read or had explained to me thand benefits.  I GIVE CONSENT to CVS Consite at Map Academy. (If this I DO NOT GIVE CONSENT This vaccine onsite at Map Academy Chis vaccine of Parent/Legal Guard	and its staff for consent form is VT to CVS and its emy.	nformation Sta my child nar not signed, t	med at the to hen your chi	op of this form to be vaild will not be vaccinated	accinated wated) rm to be va	vith this	vaccine
Date: monthday	year						

#### Section 5: Vaccination Record

#### FOR ADMINISTRATIVE USE ONLY

Vaccine	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
Influenza	☐ IM ☐ Intranasal	1 1			

#### **VACCINE INFORMATION STATEMENT**

# Influenza (Flu) Vaccine (Inactivated or Recombinant): 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 women, 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.

Each 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 Influenza vaccine

CDC recommends everyone 6 months of age 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.

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 three or four viruses that are 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.

## Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, lifethreatening allergies.
- Has ever had Guillain-Barré Syndrome (also called GBS).

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

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

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

## What if there is a serious problem?

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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 do 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. 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. There is a time limit to file a claim for compensation.

#### 7 How can I learn more?

- Ask your healthcare provider.
- 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 www.cdc.gov/flu

Vaccine Information Statement (Interim)

## Inactivated Influenza Vaccine



8/15/2019 | 42 U.S.C. § 300aa-26