



HIGH COUNTRY
HEALTH AND WELLNESS CENTER
HARNEY COUNTY HEALTH DEPARTMENT



PublicHealth
Prevent. Promote. Protect.

Dear Parents,

Harney County Health Department will be visiting Hines Middle School, Burns High School and Crane High School in May to offer immunizations to those students needing them. Our focus will be getting kids started and/or caught up on the HPV and Meningococcal vaccinations.

HPV (Human Papilloma Virus) is associated with cervical, anal, oral, and penile cancers. You can have HPV without ever knowing it because the virus often produces no signs or symptoms that you will notice. Every day in the US, about 12,000 people ages 15-24 are infected with HPV. If you test positive for HPV, there is no sure way to know when you were infected with HPV, or who gave it to you. In this regard, the CDC recommends giving the first dose of HPV vaccine to children at 11-12 years old (before exposure). The second dose is given 6-12 months later. Teens who get their first shot at 15 years or older, will need a 3-dose series.

Meningococcal disease can cause bacterial infections of the brain and spinal cord (meningitis) and bloodstream infections (bacteremia or septicemia). Even if they get treatment, about 10 to 15 out of 100 people with meningococcal disease will die from it. All 11-12 year olds should be vaccinated with a single dose. Older teens need a second shot when they are 16 years old so they stay protected when their risk is the highest. Most colleges and universities require meningococcal vaccination prior to admission.

Lastly, we will be bringing other required vaccinations if your child needs to get caught up with the rest of their shots for school. We ask that each child wanting/ needing vaccinations bring in the completed vaccination sheet, including insurance information. Children 14 and older are able to sign the consent form for vaccination, however, those under 14 years old must have a parent sign the consent form prior to being vaccinated.

We will be at Crane School on Thursday, May 9th from 9:00 am – 12:00 pm

We will be at Burns High School on Thursday, May 16th from 9:00 am-12:00 pm

We will be at Hines Middle School on Thursday, May 16th from 1:00 pm-3:00 pm

Please call with any questions.

Pam Lindgren, RN Public Health Nurse

Harney County Health Department

(541)573-2785



Meningococcal Vaccines for Preteens and Teens

Last updated NOVEMBER 2015

Why does my child need to be vaccinated?

Meningococcal vaccines help protect against the bacteria that cause meningococcal disease. These infections don't happen very often, but can be very dangerous when they do. Meningococcal disease refers to any illness that is caused by *Neisseria meningitidis* bacteria. The two most severe and common illnesses caused by these bacteria include infections of the fluid and lining around the brain and spinal cord (meningitis) and bloodstream infections (bacteremia or septicemia). Even if they get treatment, about 10 to 15 out of 100 people with meningococcal disease will die from it.

Meningococcal disease can spread from person to person. The bacteria that cause this infection can spread when people have close or lengthy contact with someone's saliva, like through kissing or coughing, especially if they are living in the same place. Teens and young adults are at increased risk for meningococcal disease.

Meningococcal disease can become very serious, very quickly. The meningococcal vaccine is the best way to protect teens from getting meningococcal disease.

When should my child be vaccinated?

All 11 to 12 year olds should be vaccinated with a single dose of a quadrivalent meningococcal conjugate vaccine. Older teens need a second shot when they are 16 years old so they stay protected when their risk is the highest.

Teens who got meningococcal vaccine for the first time when were 13, 14, or 15 years old should still get the booster shot when they are 16 years old. If your older teen didn't get the meningococcal shot at all, you should talk to their doctor about getting it as soon as possible.

Teens and young adults (16 through 23 year olds) may also be vaccinated with a serogroup B meningococcal vaccine (2 or 3 doses depending on brand), preferably at 16 through 18 years old. Talk with your teen's doctor or nurse about meningococcal vaccination to help protect your child's health.

What else should I know about the vaccination?

Like many vaccines, meningococcal shots may cause mild side effects, like redness and soreness where the shot was given (usually in the arm). Note that both meningococcal vaccines can be given during the same visit, but in different arms. Some preteens and teens might faint after getting a meningococcal vaccine or any shot. To help avoid fainting, preteens and teens should sit or lie down when they get a shot and then for about 15 minutes after getting the shot.

How can I get help paying for these vaccines?

The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are uninsured, Medicaid-eligible, American Indian or Alaska Native. You can find out more about the VFC program by going online to www.cdc.gov and typing VFC in the search box.

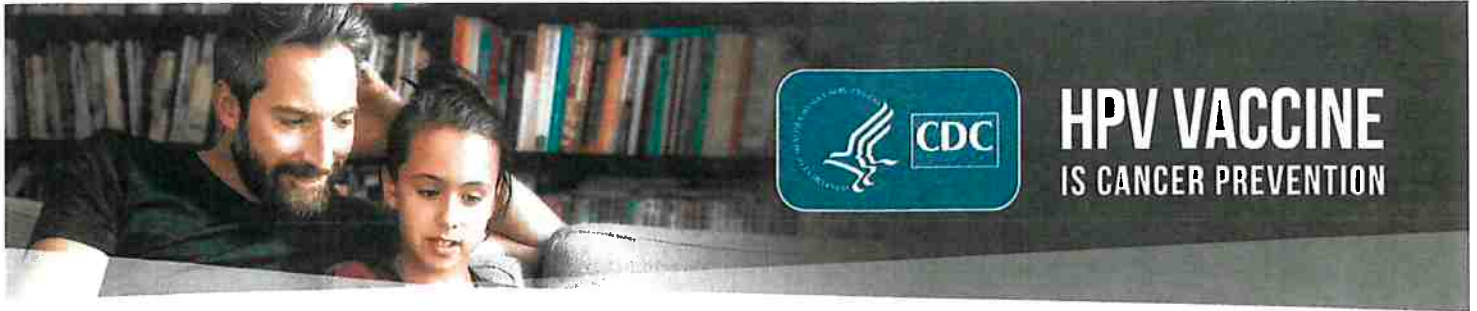
Where can I learn more?

Talk to your child's doctor or nurse to learn more about meningococcal vaccines and the other vaccines that your child may need. You can also find out more about these vaccines on CDC's Vaccines for Preteens and Teens website at www.cdc.gov/vaccines/teens.

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U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



HPV Vaccine for Preteens and Teens

HPV vaccination is recommended at ages 11-12 to protect against cancers caused by HPV infection.

Why does my child need HPV vaccine?

Human papillomavirus (HPV) vaccine protects against cancers caused by HPV infection.

HPV is a common virus that infects teens and adults. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, cancer of the back of the throat (oropharynx), and genital warts in both men and women.

When should my child be vaccinated?

All kids who are 11 or 12 years old should get two shots of HPV vaccine six to twelve months apart. Getting vaccinated on time protects preteens long before ever being exposed to the virus.

People get HPV from another person during intimate sexual contact.

Some children may need three doses of HPV vaccine. For example, adolescents who receive their two shots less than five months apart will need a third dose for best protection. Also, children who start the vaccine series on or after their 15th birthday need three shots given over 6 months. If your teen hasn't gotten the vaccine yet, talk to his/her doctor about getting it as soon as possible.

The best way to remember to get your child all of the recommended doses is to make an appointment for the remaining shots before you leave the doctor's office or clinic.

Is HPV vaccine safe for my child?

HPV vaccination provides safe, effective, and long-lasting protection against cancers caused by HPV. HPV vaccine has a reassuring safety record that's backed by 10 years of monitoring and research.

Like any vaccine or medicine, HPV vaccination can cause side effects. The most common side effects are mild and include pain, redness, or swelling in the arm where the shot was given; dizziness, fainting, nausea, and headache. Fainting after any vaccine, including HPV vaccine, is more common among adolescents.

To prevent fainting and injuries related to fainting, adolescents should be seated or lying down during vaccination and remain in that position for 15 minutes after the vaccine is given. The benefits of HPV vaccination far outweigh any potential risk of side effects.

It is important to tell the doctor or nurse if your child has any severe allergies, including an allergy to latex or yeast. HPV vaccine is not recommended for anyone who is pregnant.

How can I get help paying for these vaccines?

The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are uninsured, Medicaid-eligible, American Indian or Alaska Native.

Learn more at www.cdc.gov/Features/VFCprogram

Where can I learn more?

Talk to your child's doctor or nurse to learn more about HPV vaccine and the other vaccines that your child may need.

You can also find out more about HPV vaccine at

www.cdc.gov/hpv

Office Use only
 Entered in Athena: _____
 Entered in Alert: _____

Vaccine Administration Record
 Harney County Health Department
 420 N Fairview Burns OR, 97720
 (541) 573-2271

Last Name: _____ First Name: _____ Initial _____
 Date of Birth : _____ Age: _____ Gender: Male Female
 Mailing Address: _____ City: _____ State _____ Zip Code: _____
 Phone Number: _____ Family Size: N/A Household Gross Monthly Income: N/A
 Insurance: _____ Insurance ID#: _____ Group #: _____

For Clients: The following questions will help us determine which vaccines may be given today. If you answer "yes" to any questions, it does not necessarily mean the vaccination should not be administered—it just means additional questions must be asked. If a question is not clear, please ask your health care provider to explain it.

Please answer the following questions for the person/child who will be receiving the vaccination:

Sick today or running a fever?	Yes	No
Have allergies to medications, food, a vaccine component, or latex?	Yes	No
Ever had a serious reaction after receiving a vaccination?	Yes	No
Have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (diabetes), anemia, or other blood disorder?	Yes	No
Have cancer, leukemia, HIV/AIDS, or any other immune system problem?	Yes	No
In the past 3 months, taken medications that affect the immune system, such as prednisone, other other steroids, or anticancer drugs; drugs for the treatment of Rheumatoid arthritis, Crohn's disease, or psoriasis; or received radiation treatments?	Yes	No
Ever had a seizure or a brain / nervous system problem?	Yes	No
Ever had Guillain-Barre syndrome?	Yes	No
During the past year, received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	Yes	No
For women or females of child bearing age: Pregnant or chance of pregnancy in the next month?	Yes	No
Ever had chickenpox? If so, when? _____	Yes	No
Received any vaccination in the past 4 weeks?	Yes	No
Ever fainted after receiving an injection?	Yes	No
If vaccinations are for a child, please answer the remaining questions:		
If the child to be vaccinated is between 2 and 4 years of age, has a health care provider ever told you that the child had wheezing or asthma in the past 12 months?	Yes	No
If a baby, have you ever been told he/she has had intussusception?	Yes	No
If you are getting a Tetanus shot today, have you had a recent injury? If yes when: _____	Yes	No
Describe: _____	Yes	No
For Children 8 years and under, have they ever received 2 flu vaccines in the same flu season?	Yes	No

I have received the Vaccine Information Statement(s) for the vaccines to be given and I have had all of my questions answered to my satisfaction. I request that the vaccine be given to me or to the person named above, for whom I am responsible. I hereby authorize my insurance benefits to be paid directly to HCHD and I am financially responsible for non-covered services. I also authorize HCHD to release any information required in the processing of this claim.

Print Name: _____ Signature: _____

Relationship to Patient: _____ Date: _____

Vaccine Administrator Signature: _____ RN Date Administered & VIS Given: _____

Vaccine Administrator Signature: _____ RN Date Administered & VIS Given: _____