



Warrick County Health Department
107 W. Locust Street, Suite 107
Boonville, IN. 47601

Dear Parent of 11th Grade Student, _____,

The Indiana State Department of Health requires a second dose of meningitis vaccine (Menactra) and Hepatitis A for the senior year of high school. There is another meningococcal vaccine that protects against Meningococcal type B (Bexsero-Men B) which is the current leading cause of bacterial meningitis. These vaccines may be given between the ages of 16 and 18 years to fulfill the requirement. The Warrick County Health Department will offer these vaccines along with other recommended vaccines at a school clinic this semester. Recommended vaccine that will be offered is Gardasil. Listed below are the two funding options, depending on your insurance coverage. Please read carefully.

VFC-Vaccine for Children Program- Federally funded vaccine will be provided for those children who are covered by Medicaid or whose insurance does not cover vaccinations including:

1. Medicaid- Children who are currently enrolled in Hoosier Healthwise.
2. No Health Insurance- Children who have **no** health insurance.
3. Under Insured- Children whose insurance **does not** cover vaccination/preventative care coverage.

VaxCare- For children whose parent's insurance covers vaccinations/preventative care.

The parent is responsible for any co-pays or deductibles not covered by insurance. You will receive an Explanation of Benefits noting VaxCare/Dr. Michael Harper as the vaccine provider.

All types of insurance coverage will be verified prior to your child's vaccination.

This consent will be valid for entire series of vaccinations as needed.

All vaccines will be given unless specifically marked out by parent.

Required & Recommended Immunizations offered at this clinic

Menactra	2 nd dose	<u>Required!</u> Meningococcal ACWY vaccine.	May be given between ages 16 & 18 yrs.
Hepatitis A	2 dose series	<u>Required!</u>	
Bexero	2 dose series	Meningococcal B vaccine. Protects students from the current main cause of bacterial meningitis.	
Gardasil	3 dose series	Prevents many cancers including, cervical cancer, genital warts, and throat cancer.	

If you would like your child vaccinated at school, please do the following:

- **Complete the entire registration form including all health questions on the back of the form. Forms must be fully completed to receive vaccine at school.**
 - **Check the appropriate insurance.**
 - **Attach front and back copies of insurance cards (Private or Medicaid) for child.**
 - **Return this form and all items to school by January 22nd, 2019.**
- Immunizations cannot be provided to your child without all required information.**



Parent Consent For (HD Name) Vaccination Clinic

Partner ID: 132547 Partner Name: Warrick County Health Department
Clinic ID: School Name:
Patient ID: Castle High School

Consent ID:

VaxCare has partnered with your healthcare provider to provide immunizations. All bills for privately insured patients will come from VaxCare and its physicians.

1 School and Student Information

STUDENT FIRST NAME MI STUDENT LAST NAME AGE GRADE GENDER: M F
DATE OF BIRTH (MM-DD-YYYY) SCHOOL NAME HOME ROOM TEACHER
ETHNICITY: Amer. Indian / Alsk. Native Asian Black / Afr. Amer. Hawaiian / Pac. Islnd. Hispanic White Other
STREET ADDRESS APT/SUITE CITY STATE ZIP
PARENT/GUARDIAN FIRST NAME PARENT/GUARDIAN LAST NAME PARENT/GUARDIAN PHONE

2 Insurance Information (Please fill out completely)

INSURANCE PAY: AARP Sec Hor Care Improv Plus GWH-Cigna Medicare B Patoka V-Key Ben Patoka V-SIHO Three Rivers
Adv Health Sol CIGNA Healthspan Medicare RR Patoka V-Medben Patoka V-UMR(Fiserv) UHC
Adv-Franc Alli Coventry Humana Multiplan Patoka V-Meritain Patoka V-Unif Gr Sv UMWA
Aetna Dunn & Assoc IU Health Plans Patoka V-Allied Ben Patoka V-Merit (CBSA) Patoka V-WebTPA UMR
All Savers Encore Hlth Net Lutheran Pref Patoka V-Dunn & As Patoka V-N Am Admin Professional Benefit Admin
Anthem/BCBS First Health Mail Handlers Patoka V-Emp Plans Patoka V-Pekin Insur Sagamore
BCBS Federal Golden Rule Mngd Hlth Sv (age 19+) Patoka V-Healthsmrt Patoka V-ProClaim+ SIHO
PRIMARY INSURANCE NAME MEMBER / INSURED ID# GROUP ID
RELATIONSHIP TO THE SUBSCRIBER/INSURED: Self Spouse Dependent
SUBSCRIBER/INSURED FIRST NAME SUBSCRIBER/INSURED LAST NAME SUBSCRIBER/INSURED DOB (MM-DD-YYYY) GENDER: M F

By signing below, I consent to the use and disclosure of my child's personal health information for the purpose of health care operations, along with the assignment of all payments from the insurer listed above to VaxCare for the services rendered. I understand I will be responsible for payment for the vaccines provided if my insurance company does not pay.

MEDICAID STATE ID # NO INSURANCE I have no insurance or Medicaid coverage for my child
By signing below, I request that payment of Medicaid benefits be made on my behalf to Warrick County Health Department for any services provided to my child. I give Warrick County Health Department permission to exchange my child's medical or other confidential information as necessary to the Centers for Medicare and Medicaid Services (CMS), its agents, or other agents needed to determine benefits related to services provided. I agree to participate in treatment plans and to assignment of Medicaid benefits to Warrick County Health Department for services rendered.

3 Authorization and Consent

Consent for Use of Protected Health Information & Claims Assignment: I hereby consent to and acknowledge the receipt of a Notice of Privacy Practices regarding the use and disclosure of my personal health information for the purpose of health care operations, along with the assignment of all payment from the insurer listed above to VaxCare associated with the services contemplated herein. Vaccine Authorization: My signature on this form indicates that I have requested that the vaccine indicated below be administered to me by a VaxStation or VaxCare representative. I relieve VaxCare, the VaxCare partner, the administering Nurse and personnel of any liability for any reactions that should occur. I unconditionally and irrevocably waive any right to a trial by jury, to the maximum extent allowed by law, for any claim or action arising out of or related to this service, and that any such claim or action shall be determined solely on an individual basis through arbitration in accordance with Commercial Arbitration Rules of the American Arbitration Association. Neither I nor VaxCare shall be entitled to join or consolidate claims in arbitration by or against other individuals or entities, or arbitrate any claims as a representative member of a class or in a private attorney general capacity. In the case of occupational exposure, VaxCare has patient's permission for blood testing for patient and employee safety alike. I have read or have had explained to me the information from the Vaccine Information Statement(s) and understand the risks (including adverse reactions) and benefits of the vaccine(s). I understand I will be responsible for payment for the below vaccine(s), these services are not free, and that nonpayment by the insurance company or patient will result in collections for the amount due. Additionally, I understand that if I am a self-pay or no-pay patient receiving services that all funds should be paid at the time of service and not remit to VaxCare. If consenting for another: I have the legal authority, based on my relationship to the individual indicated above, to consent to this vaccine(s) administration.

SIGNATURE of PARENT or LEGAL GUARDIAN DATE

FOR OFFICE USE ONLY - BLACK INK ONLY

Vaccination Details (Lot number must be recorded. Please adhere label or print clearly)

VACCINE USED: VFC VAXCARE
PRODUCTS ADMINISTERED: Vaccine 1 Vaccine 2 Vaccine 3 Vaccine 4 Vaccine 5 Vaccine 6
Product Name: LOT# SITE: LD RD LL RL Other DELIVERY: IM SQ PO IN Other
ADMINISTRATOR SIGNATURE DATE (MM*DD*YYYY) ADMINISTRATOR ID
Nurse/Administrator: I hereby attest by my signature that the patient (or guardian of patient) in question has been provided access to and explained the Vaccine Information Sheets and appropriate Immunization Schedules, and has given verbal and written consent for vaccination(s).

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	YES	NO
1. Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the person to be vaccinated ever had Guillian-Barre syndrome or any other neurological diseases?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the child received vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?	<input type="checkbox"/>	<input type="checkbox"/>



VACCINE INFORMATION STATEMENT

Hepatitis A Vaccine

What You Need to Know

More Vaccine Information Statements are available in Spanish and English. Visit www.cdc.gov/vaccines/imz/downloads/010107.htm for more information about hepatitis A vaccine. Visit www.cdc.gov/vaccines/imz/downloads/010107.htm for more information about hepatitis A vaccine.

1 Why get vaccinated?

Hepatitis A is a serious liver disease. It is caused by the Hepatitis A virus (HAV). HAV is spread from person to person through contact with the feces (stool) of people who are infected, which can easily happen if someone does not wash his or her hands properly. You can also get hepatitis A from food, water, or objects contaminated with HAV.

- Symptoms of hepatitis A can include:
- fever, fatigue, loss of appetite, nausea, vomiting, and/or joint pain
 - severe stomach pains and diarrhea (mainly in children), or
 - jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements).

These symptoms usually appear 2 to 6 weeks after exposure and usually last less than 2 months, although some people can be ill for as long as 6 months. If you have hepatitis A you may be too ill to work.

Children often do not have symptoms, but most adults do. You can spread HAV without having symptoms. Hepatitis A can cause liver failure and death, although this is rare and occurs more commonly in persons 50 years of age or older and persons with other liver diseases, such as hepatitis B or C.

Hepatitis A vaccine can prevent hepatitis A. Hepatitis A vaccines were recommended in the United States beginning in 1996. Since then, the number of cases reported each year in the U.S. has dropped from around 31,000 cases to fewer than 1,500 cases.

2 Hepatitis A vaccine

Hepatitis A vaccine is an inactivated (killed) vaccine. You will need 2 doses for long-lasting protection. These doses should be given at least 6 months apart.

Children are routinely vaccinated between their first and second birthdays (12 through 23 months of age). Older children and adolescents can get the vaccine after 23 months. Adults who have not been vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

You should get hepatitis A vaccine if you:

- are traveling to countries where hepatitis A is common,
- are a man who has sex with other men,
- use illegal drugs,
- have a chronic liver disease such as hepatitis B or hepatitis C,
- are being treated with clotting-factor concentrates,
- work with hepatitis A-infected animals or in a hepatitis A research laboratory, or
- expect to have close personal contact with an international adoptee from a country where hepatitis A is common.

Ask your healthcare provider if you want more information about any of these groups.

There are no known risks to getting hepatitis A vaccine at the same time as other vaccines.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- If you have any severe, life-threatening allergic reaction after a dose of hepatitis A vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.
- If you are not feeling well.
- If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

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

Minor problems following hepatitis A vaccine include:

- soreness or redness where the shot was given
- low-grade fever
- headache
- tiredness

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

Other problems that could happen after this 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 provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 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/

5 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 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 to the nearest hospital. Otherwise, call your clinic.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should 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.*

6 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.

7 How can I learn more?

- Ask your healthcare provider. 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



Vaccine Information Statement
Hepatitis A Vaccine
7/20/2016
42 U.S.C. § 300aa-26



Meningococcal ACWY Vaccines—MenACWY and MPSV4: What You Need to Know

More vaccine information, statements are available in Spanish and other languages. See www.menacwv.org.
 How do I inform the State Vaccine clinic director in my state? For more information, visit www.cdc.gov/vaccines/imz/

1 Why get vaccinated?

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning—even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal diseases.

- Anyone can get meningococcal disease but certain people are at increased risk, including:
- Infants younger than one year old
 - Adolescents and young adults 16 through 23 years old
 - People with certain medical conditions that affect the immune system
 - Microbiologists who routinely work with isolates of *N. meningitidis*
 - People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

Meningococcal ACWY vaccines can help prevent meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available to help protect against serogroup B.

2 Meningococcal ACWY Vaccines

There are two kinds of meningococcal vaccines licensed by the Food and Drug Administration (FDA) for protection against serogroups A, C, W, and Y: meningococcal conjugate vaccine (MenACWY) and meningococcal polysaccharide vaccine (MPSV4).

Two doses of MenACWY are routinely recommended for adolescents 11 through 18 years old: the first dose at 11 or 12 years old, with a booster dose at age 16. Some adolescents, including those with HIV, should get additional doses. Ask your health care provider for more information.

In addition to routine vaccination for adolescents, MenACWY vaccine is also recommended for certain groups of people:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in dormitories
- U.S. military recruits

Children between 2 and 23 months old, and people with certain medical conditions need multiple doses for adequate protection. Ask your health care provider about the number and timing of doses, and the need for booster doses.

MenACWY is the preferred vaccine for people in these groups who are 2 months through 55 years old, have received MenACWY previously, or anticipate requiring multiple doses.

MPSV4 is recommended for adults older than 55 who anticipate requiring only a single dose (travelers, or during community outbreaks).

3 Some people should not get this vaccine

- Tell the person who is giving you the vaccine:
 - If you have any severe, life-threatening allergies.
- If you have ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine’s ingredients.
- If you are pregnant or breastfeeding.

There is not very much information about the potential risks of this vaccine for a pregnant woman or breastfeeding mother. It should be used during pregnancy only if clearly needed.

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own within a few days, but serious reactions are also possible.

As many as half of the people who get meningococcal ACWY vaccine have mild problems following vaccination, such as redness or soreness where the shot was given. If these problems occur, they usually last for 1 or 2 days. They are more common after MenACWY than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

Problems that could happen after any injected 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 about 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/

5 What if there is a serious reaction?

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—usually within 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 and get to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the “Vaccine Adverse Event Reporting System” (VAERS). Your doctor should 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.

6 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.hhs.gov/vaccinecompensation. The is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider. He or she can give you the vaccine package insert or suggest other sources for 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

Vaccine Information Statement
 Meningococcal ACWY Vaccines

03/31/2016

42 U.S.C. § 300aa-26



MenACWY
 Meningococcal
 Conjugate Vaccine
 (MenACWY)

Serogroup B Meningococcal Vaccine (MenB): What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.cdc.gov/vaccines/imz/vis.
 Folio de información sobre vacunas está disponible. Visite www.cdc.gov/vaccines/imz/vis.

1 Why get vaccinated?

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning—even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

- Anyone can get meningococcal disease but certain people are at increased risk, including:
 - Infants younger than one year old
 - Adolescents and young adults 16 through 23 years old
 - People with certain medical conditions that affect the immune system
 - Immunobiologists who routinely work with isolates of *N. meningitidis*
 - People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

Serogroup B meningococcal (MenB) vaccines can help prevent meningococcal disease caused by serogroup B. Other meningococcal vaccines are recommended to help protect against serogroups A, C, W, and Y.

2 Serogroup B Meningococcal Vaccines

Two serogroup B meningococcal vaccines—Bexsero® and Trimenab®—have been licensed by the Food and Drug Administration (FDA).

These vaccines are recommended routinely for people 10 years or older who are at increased risk for serogroup B meningococcal infections, including:

- People at risk because of a serogroup B meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*

These vaccines may also be given to anyone 16 through 23 years old to provide short term protection against most strains of serogroup B meningococcal disease; 16 through 18 years are the preferred ages for vaccination.

For best protection, more than 1 dose of serogroup B meningococcal vaccine is needed. The same vaccine must be used for all doses. Ask your health care provider about the number and timing of doses.

3 Some people should not get these vaccines

Tell the person who is giving you the vaccine:

- If you have any severe, life-threatening allergies. If you have ever had a life-threatening allergic reaction after a previous dose of serogroup B meningococcal vaccine, or if you have a severe allergy to any part of this vaccine, you should not get the vaccine. *Tell your health care provider if you any severe allergies that you know of, including a severe allergy to latex.* He or she can tell you about the vaccine’s ingredients.
 - If you are pregnant or breastfeeding. There is not very much information about the potential risks of this vaccine for a pregnant woman or breastfeeding mother. It should be used during pregnancy only if clearly needed.
- If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own within a few days, but serious reactions are also possible.

More than half of the people who get serogroup B meningococcal vaccine have mild problems following vaccination. These reactions can last up to 3 to 7 days, and include:

- Soreness, redness, or swelling where the shot was given
- Tiredness or fatigue
- Headache
- Muscle or joint pain
- Fever or chills
- Nausea or diarrhea

Other problems that could happen after these vaccines:

- 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 provider if you feel dizzy, or have vision changes or tingling in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the more routine soreness that can follow injections. This happens very rarely.

Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 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/

5 What if there is a serious reaction?

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 and get to the nearest hospital. Otherwise, call your clinic.

Afterward the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should 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.

6 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.

7 How can I learn more?

- Ask your health care provider. 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



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

Vaccine Information Statement
Serogroup B Meningococcal Vaccine

08/09/2016

42 U.S.C. § 300aa-26



Other Use Only

VACCINE INFORMATION STATEMENT

HPV (Human Papillomavirus) Vaccine: What You Need to Know

More vaccine information statements are available in Spanish and other languages. See www.humanpapillomavirus.gov/HIPV for the information. Some vaccines are distributed in Spanish in a number of limited areas. While www.humanpapillomavirus.gov

1 Why get vaccinated?

HPV vaccine prevents infection with human papillomavirus (HPV) types that are associated with many cancers, including:

- cervical cancer in females,
- vaginal and vulvar cancers in females,
- anal cancer in females and males,
- throat cancer in females and males, and
- penile cancer in males.

In addition, HPV vaccine prevents infection with HPV types that cause genital warts in both females and males.

In the U.S., about 12,000 women get cervical cancer every year, and about 4,000 women die from it. HPV vaccine can prevent most of these cases of cervical cancer.

Vaccination is not a substitute for cervical cancer screening. This vaccine does not protect against all HPV types that can cause cervical cancer. Women should still get regular Pap tests.

HPV infection usually comes from sexual contact, and most people will become infected at some point in their life. About 14 million Americans, including teens, get infected every year. Most infections will go away on their own and not cause serious problems. But thousands of women and men get cancer and other diseases from HPV.

2 HPV vaccine

HPV vaccine is approved by FDA and is recommended by CDC for both males and females. It is routinely given at 11 or 12 years of age, but it may be given beginning at age 9 years through age 26 years.

Most adolescents 9 through 14 years of age should get HPV vaccine as a two-dose series with the doses separated by 6-12 months. People who start HPV vaccination at 15 years of age and older should get the vaccine as a three-dose series with the second dose given 1-2 months after the first dose and the third dose given 6 months after the first dose. There are several exceptions to these age recommendations. Your health care provider can give you more information.

3 Some people should not get this vaccine

- Anyone who has had a severe (life-threatening) allergic reaction to a dose of HPV vaccine should not get another dose.
- Anyone who has a severe (life-threatening) allergy to any component of HPV vaccine should not get the vaccine.

Tell your doctor if you have any severe allergies that you know of, including a severe allergy to yeast.

- HPV vaccine is not recommended for pregnant women. If you learn that you were pregnant when you were vaccinated, there is no reason to expect any problems for you or your baby. Any woman who learns she was pregnant when she got HPV vaccine is encouraged to contact the manufacturer's registry for HPV vaccination during pregnancy at 1-800-966-8999. Women who are breastfeeding may be vaccinated.
- If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

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

Mild or moderate problems following HPV vaccine:

- Reactions in the arm where the shot was given:
- Soreness (about 9 people in 10)
- Redness or swelling (about 1 person in 3)
- Fever:
- Mild (100°F) (about 1 person in 10)
- Moderate (102°F) (about 1 person in 65)
- Other problems:
- Headache (about 1 person in 3)



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Problems that could happen after any injected 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 about 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/vaccine/safety/.

5 What if there is a serious reaction?

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 to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should 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.

6 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.

7 How can I learn more?

- Ask your health care provider. 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/hpv

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12/02/2016

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