

NEVADA COUNTY PUBLIC HEALTH DEPARTMENT

SCHOOL NAME _____

IZ Registration # _____

DOB _____

AGE _____ Yrs _____ Mos

SEX _____

NAME _____

PHONE _____

ADDRESS _____

CITY _____

ZIP _____

M-Cal COUPON CASH \$ _____

CHECK _____

VIS sheets given

Yes No

- Any illness today? Antibiotics? _____
- Any serious reactions to other Immunizations?
- Have you ever had a serious reaction to eggs, neomycin, streptomycin, thimerosal or gelatin?
- Have you had a convulsion, seizure, or problem with the nervous system?
- Do you or anyone in your household have cancer, leukemia or other disease causing immune system problems?
- Are you taking cortisone, prednisone, other steroids or x-ray treatments?

Yes No

- Do you have asthma?
- Have you had chicken pox?
- Have you had a gamma globulin shot or blood transfusion in the past 3 months?
- Have you had any shots in the past 2 weeks? What kind? _____
- Are you pregnant ? breast-feeding?
- Have you had a Tdap booster?

VFC Eligibility

The following questions will help us determine if your child may receive the Tetanus, Diphtheria, and Pertussis Vaccine (Tdap) through the Vaccine for Children (VFC) program. Please circle a response for each question. Incomplete forms will not be accepted and, therefore, could prevent your child from being vaccinated through this program.

- 1. Your child is eligible for Medi-Cal or the Child Health & Disability Prevention (CHDP) Program. True False
- 2. Your child **DOES NOT** have private health insurance or receive Healthy Families Insurance. True False
- 3. Your child is an American Indian or Alaskan Native. True False
- 4. Your child has no health insurance. True False

PUBLIC HEALTH USE ONLY

| | |
|--------------------|------------------------------|
| Immunization Given | Lot # |
| | Exp. Date |
| LASq LD LT | RASq RD RT PO |

Adm by

RN Signature _____ Initial _____

Please read and sign the following:

I have been given a copy and have read, or have had explained to me the information contained in the Vaccine Information Statement(s) about the disease(s) and the vaccine(s) indicated. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated be given to me or to the person named above for whom I am authorized to make this request. I understand that Nevada County Public Health Department enters immunization information into the California Immunization Registry (CAIR). I hereby authorize the Nevada County Public Health Department, to release this information to my designated medical provider(s) and school(s).

Print Name (Parent/Guardian/Self)

Signature (Parent/Guardian/Self)

Date

TETANUS, DIPHTHERIA (Td) or TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) **VACCINE**

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

1 Why get vaccinated?

Children 6 years of age and younger are routinely vaccinated against tetanus, diphtheria and pertussis. But older children, adolescents, and adults need protection from these diseases too. Td (Tetanus, Diphtheria) and Tdap (Tetanus, Diphtheria, Pertussis) vaccines provide that protection.

TETANUS (Lockjaw) causes painful muscle spasms, usually all over the body.

- It can lead to tightening of the jaw muscles so the victim cannot open his mouth or swallow. Tetanus kills about 1 out of 5 people who are infected.

DIPHTHERIA causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, vomiting, and disturbed sleep.

- It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, including pneumonia.

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

The United States averaged more than 1,300 cases of tetanus and 175,000 cases of diphtheria each year before vaccines. Since vaccines have been available, tetanus cases have fallen by over 96% and diphtheria cases by over 99.9%.

Before 2005, only children younger than 7 years of age could get pertussis vaccine. In 2004 there were more than 8,000 cases of pertussis in the U.S. among adolescents and more than 7,000 cases among adults.

2 Td and Tdap vaccines

- Td vaccine has been used for many years. It protects against tetanus and diphtheria.
- Tdap was licensed in 2005. It is the first vaccine for adolescents and adults that protects against all three diseases.

Note: At this time, Tdap is licensed for only one lifetime dose per person. Td is given every 10 years, and more often if needed.

These vaccines can be used in three ways: 1) as catch-up for people who did not get all their doses of DTap or DTP when they were children, 2) as a booster dose every 10 years, and 3) for protection against tetanus infection after a wound.

3 Which vaccine, and when?

Routine: Adolescents 11 through 18

- A dose of Tdap is recommended for adolescents who got DTap or DTP as children and have not yet gotten a booster dose of Td. The preferred age is 11-12.
- Adolescents who have already gotten a booster dose of Td are encouraged to get a dose of Tdap as well, for protection against pertussis. Waiting at least 5 years between Td and Tdap is encouraged, but not required.
- Adolescents who did not get all their scheduled doses of DTap or DTP as children should complete the series using a combination of Td and Tdap.

Routine: Adults 19 and Older

- All adults should get a booster dose of Td every 10 years. Adults under 65 who have never gotten Tdap should substitute it for the next booster dose.
- Adults under 65 who expect to have close contact with an infant younger than 12 months of age (including women who may become pregnant) should get a dose of Tdap. Waiting at least 2 years since the last dose of Td is suggested, but not required.
- Healthcare workers under 65 who have direct patient contact in hospitals or clinics should get a dose of Tdap. A 2-year interval since the last Td is suggested, but not required.

New mothers who have never gotten Tdap should get a dose as soon as possible after delivery. If vaccination is needed during pregnancy, Td is usually preferred over Tdap.

Protection After a Wound

- A person who gets a severe cut or burn might need a dose of Td or Tdap to prevent tetanus infection. Tdap may be used for people who have never had a dose. But Td should be used if Tdap is not available, or for:
- anybody who has already had a dose of Tdap,
 - children 7 through 9 years of age, or
 - adults 65 and older.

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

4 Some people should not be vaccinated or should wait

- Anyone who has had a life-threatening allergic reaction after a dose of DTP, DTap, DT, or Td should not get Td or Tdap.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your provider if the person getting the vaccine has any severe allergies.

- Anyone who had a coma, or long or multiple seizures within 7 days after a dose of DTP or DTap should not get Tdap, unless a cause other than the vaccine was found (these people *can* get Td).
- Talk to your provider if the person getting either vaccine:
 - has epilepsy or another nervous system problem,
 - had severe swelling or severe pain after a previous dose of DTP, DTap, DT, Td, or Tdap vaccine, or
 - has had Guillain Barré Syndrome (GBS).

Anyone who has a moderate or severe illness on the day the shot is scheduled should usually wait until they recover before getting Tdap or Td vaccine. A person with a mild illness or low fever can usually be vaccinated.

5 What are the risks from Tdap and Td vaccines?

With a vaccine (as with any medicine) there is always a small risk of a life-threatening allergic reaction or other serious problem.

Getting tetanus, diphtheria or pertussis would be much more likely to lead to severe problems than getting either vaccine.

Problems reported after Td and Tdap vaccines are listed below.

Mild Problems
(Noticeable, but did not interfere with activities)

- Tdap**
- Pain (about 3 in 4 adolescents and 2 in 3 adults)
 - Redness or swelling (about 1 in 5)
 - Mild fever of at least 100.4°F (up to about 1 in 25 adolescents and 1 in 100 adults)
 - Headache (about 4 in 10 adolescents and 3 in 10 adults)
 - Tiredness (about 1 in 3 adolescents and 1 in 4 adults)
 - Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents and 1 in 10 adults)
 - Chills, body aches, sore joints, rash, swollen glands (uncommon)

- Td**
- Pain (up to about 8 in 10)
 - Redness or swelling (up to about 1 in 3)
 - Mild fever (up to about 1 in 15)
 - Headache or tiredness (uncommon)

Moderate Problems
(Interfered with activities, but did not require medical attention)

- Tdap**
- Pain at the injection site (about 1 in 20 adolescents and 1 in 100 adults)
 - Redness or swelling (up to about 1 in 16 adolescents and 1 in 25 adults)
 - Fever over 102°F (about 1 in 100 adolescents and 1 in 250 adults)
 - Headache (1 in 300)
 - Nausea, vomiting, diarrhea, stomach ache (up to 3 in 100 adolescents and 1 in 100 adults)

- Td**
- Fever over 102°F (rare)

Vaccine Information Statement (Interim)
Td & Tdap Vaccines (11/18/08) U.S.C. 42 §300aa-26

Tdap or Td

- Extensive swelling of the arm where the shot was given (up to about 3 in 100).

Severe Problems

(Unable to perform usual activities; required medical attention)

Tdap

- Two adults had nervous system problems after getting the vaccine during clinical trials. These may or may not have been caused by the vaccine. These problems went away on their own and did not cause any permanent harm.

Tdap or Td

- Swelling, severe pain, and redness in the arm where the shot was given (rare).

A severe allergic reaction could occur after any vaccine. They are estimated to occur less than once in a million doses.

6 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.brsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your provider. They 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.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION