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# CAPE MAY COUNTY DEPARTMENT of HEALTH

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December 22, 2009

To: Cape May County Physicians, Community Clinics, Hospital Infection Control, Pharmacies, Municipal Clerks, School Superintendents, School Nurses, Daycare centers, Preschools, Cape May County Departments of Aging and Social Services, County and Municipal Senior Centers, Assisted Living Facilities, Churches, Puerto Rican Action Committee, Cape Human Resources

**Re: Cape May County Upcoming H1N1 Flu Vaccination Clinics**

Effective December 16, the New Jersey Department of Health and Senior Services expanded H1N1 vaccination beyond target groups to include all persons who are interested in protecting themselves against the H1N1 flu. As such the Cape May County Department of Health will vaccinate all Cape May County residents at upcoming H1N1 flu vaccination clinics.

Two clinic dates have been set for early January. The first clinic will be held on Wednesday January 6 at the Wildwood High School located at 4300 Pacific Avenue in Wildwood from 4-7pm. Municipal parking is available on New Jersey Avenue between Baker and Montgomery (across from the police station).

An H1N1 flu clinic will also be held on Monday January 11 from 4-7pm at the Ocean City High School, located at 501 Atlantic Avenue in Ocean City.

Children less than 10 years of age need to receive a second dose to be fully protected. The second dose should be given ideally 28 days after the first dose, but it can be given after a minimum of 21 days. Children less than 10 who received their first dose before December 17<sup>th</sup> can receive a second dose at the January 6<sup>th</sup> clinic. Children less than 10 who received their first dose before December 22<sup>th</sup> can receive a second dose at the January 11<sup>th</sup> clinic.

The Department will offer both the FluMist and the injectable vaccine. FluMist is a vaccine made with live, weakened viruses that cannot grow at normal body temperature and is given via a nasal sprayer. Healthy persons 2-49 years of age who are not pregnant can receive FluMist.

Certain persons should not receive the H1N1 flu vaccine. Similar to seasonal flu, persons with a severe allergy to eggs or any of the vaccine components, who have had a severe reaction to a previous flu vaccine, or who have been diagnosed with Guillain-Barre syndrome will need a prescription from their physician to get a flu vaccine.

Free flu safety kits will be available to the first 250 people at the H1N1 flu clinics. A patient consent form can be downloaded at [www.cmchealth.net](http://www.cmchealth.net) and is attached to this memo. A flyer for these two clinics is also attached. For more information, refer to [www.cmchealth.net](http://www.cmchealth.net) or 463-6581.

Kind regards,

Kim Cervantes, MA, MPH, CIC  
Epidemiologist, Cape May County Department of Health

Cc: Kevin L. Thomas, MA, HO, Public Health Coordinator, Cape May County Department of Health



# Cape May County H1N1 Flu Vaccination Patient Consent Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Parent/legal guardian name (if patient is less than 18 yrs): \_\_\_\_\_

Home Address: \_\_\_\_\_ Patient sex: M  F

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Booster:

If the patient is less than 10 years old and has already been vaccinated with one dose of 2009 H1N1 influenza vaccine, please list the date of vaccination and circle the type of vaccine.

Dose 1      Date received: \_\_\_/\_\_\_/\_\_\_      Type (circle):    nasal spray                      shot

### If you answer "yes" to any of the following 4 questions, you need a physician's prescription to get a flu vaccine.

1. Are you allergic to eggs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you allergic to Thimerosal (preservative in some flu vaccine) or any of the H1N1 flu vaccine components?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever had a serious reaction to a previous flu vaccine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has a physician told you that you had Guillain-Barré syndrome?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\*\* If you are unsure whether you have an allergy to a vaccine component, you should consult your physician.

### THE FOLLOWING QUESTIONS WILL DETERMINE WHICH KIND OF H1N1 VACCINE YOU CAN RECEIVE.

	YES	NO
1. Have you been vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any of the following: asthma (including wheezing), diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	<input type="checkbox"/>	<input type="checkbox"/>
3. If you are less than 18 years of age, are you on long-term aspirin or aspirin-containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>

The Cape May County Department of Health is adhering to all federal and state guidelines concerning the administration of the 2009 H1N1 vaccine. I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits. I request and consent that it be given to me or to the person above for whom I am authorized to make the request. I hereby release the County of Cape May and the person administering the vaccine from any responsibility for ill effects. I understand that the information contained within this record is being maintained to monitor immunization needs in order to prevent disease. This information is confidential and will only be shared with organizations or persons who are authorized by law to receive it. This includes the New Jersey Department of Health and Senior Services, a health care provider or health care organization providing treatment or health care services on behalf of an individual or on behalf of a child, a child's school or childcare and anyone else authorized under law to receive it.

Patient signature, or if less than 18 years, signature of the parent or legal guardian:

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### For medical use only:

Vaccine	Date Dose Administered	Route/Site	Dose Number (1 <sup>st</sup> /2 <sup>nd</sup> )	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	<input type="checkbox"/> IM(L) <input type="checkbox"/> IM(R) <input type="checkbox"/> Intranasal				



**Cape May County Department of Health**

# **H1N1 Flu Vaccination Clinics**

**Open to all  
Cape May County residents**

**Wednesday January 6 \* 4-7pm  
Wildwood High School  
4300 Pacific Avenue, Wildwood**

**Monday January 11 \* 4-7pm  
Ocean City High School  
501 Atlantic Avenue, Ocean City**

**Free Flu Safety Kits for  
first 250 people!**

**Note: Children less than 10 years of age who received their first H1N1 flu vaccine before December 17 can receive a second dose on January 6 and those who received the first dose before December 22 can receive a second dose on January 11.**

**Consent forms are at [cmchealth.net](http://cmchealth.net) & at the Department of Health**

**Information: [cmchealth.net](http://cmchealth.net) \* 463-6581**

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