

**Onslow County School  
Initiative Immunization Outreach Clinic 2016-2017**

Print Form

**A. STUDENT'S SCHOOL INFORMATION**

|                       |                        |
|-----------------------|------------------------|
| <b>School's Name:</b> | <b>Teacher's Name:</b> |
|-----------------------|------------------------|

**B. STUDENT'S PERSONAL DATA**

|   |                              |                         |  |
|---|------------------------------|-------------------------|--|
| <b>Student's Printed Name (Last, First MI Suffix)</b>   | <b>Birth Date MM/DD/YYYY</b> | <b>Age</b>              |  |
| <b>Sex:</b> <input type="radio"/> Male <input type="radio"/> Female   | <b>SSN</b>                   | <b>Hispanic Origin?</b> | <input type="radio"/> Yes <input type="radio"/> No |
| Mother's Maiden Last Name, First Name assists in the client de-duplication process in N.C. immunization Registry (NCIR)   |                              |                         |  |
| <b>Race:</b> <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> American Indian <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Unknown |                              |                         |  |
| <b>Complete Mailing Address:</b>  |                              |                         |  |
| <b>Home Phone:</b>  | <b>Cell Phone:</b>           | <b>Work Phone:</b>      |  |

**C. STATEMENT OF CONSENT TO VACCINE.** By my signature below, I show that I am legally authorized to give this consent and I:

- Have received the "Vaccine Information Statements" about the disease(s) and vaccine(s).
- Have had a chance to review the statements and to ask questions that were answered to my satisfaction.
- Understand the benefits and risks of the vaccine(s).
- Request the vaccine(s) indicated below be given to me or the person named above.
- Understand that in signing I am consenting to a maximum of three (3) HPV vaccines in order to properly complete the HPV series.

|  |  |   |   |
|--|--|---|---|
| <b>I want my child to receive:</b><br>(please check 1 box) | <input type="checkbox"/> Neither Vaccines              | <input type="checkbox"/> Tdap <b>ONLY</b> (complete E-F)                            | <input type="checkbox"/> Meningococcal <b>ONLY</b> (complete E-F) |
|  | <input type="checkbox"/> All 3 Vaccines (complete E-F) | <input type="checkbox"/> HPV <b>ONLY</b> (complete E-F). Give date(s) of prior HPV: |   |

**D. ALLERGIES / COMMENTS:**

Has your child had a severe reaction to a prior dose of the checked vaccine(s) or any of its components? Yes  No

|                     |                     |             |  |
|---------------------|---------------------|-------------|--|
| <b>Printed Name</b> | <b>Signature x:</b> | <b>Date</b> |  |
|---------------------|---------------------|-------------|--|

**E. HEALTH INSURANCE INFORMATION (Attach a copy of the front and back of your insurance card(s), if applicable)**

Insured, provide insurance(s) information below.  Uninsured. Contact O.C. DSS (910) 455-4145 to apply for Medicaid.

|  |  |
|--|--|
| <b>Primary Insurance Name:</b>   | <b>Policy # or Sponsor SSN:</b>  |
| <b>Primary Subscriber Name:</b>  | <b>Primary Subscriber DOB:</b>   |
| <b>Student's Relationship to Subscriber:</b> <input type="radio"/> Self <input type="radio"/> Child <input type="radio"/> Other: | <b>Immunizations Covered?</b> Yes <input type="radio"/> No <input type="radio"/> |
| <b>Secondary Insurance Name:</b>   | <b>Policy #/ Sponsor SSN:</b>  |
| <b>Secondary Subscriber Name:</b>  | <b>Secondary Subscriber DOB:</b>   |
| <b>Student's Relationship to Subscriber:</b> <input type="radio"/> Self <input type="radio"/> Child <input type="radio"/> Other: | <b>Immunizations Covered?</b> Yes <input type="radio"/> No <input type="radio"/> |

**Assignment of Insurance Benefits:** When applicable, I, the patient name above, or the patient's authorized representative, understand that I may be financially responsible to Onslow County Health Department (OCHD) for charges not covered by my medical insurance carrier(s). I authorize payment of medical benefits to OCHD on my behalf for services provided, unless other arrangements have been made. I authorize the use of this signature on all insurance submissions whether manual or electronic. In addition, I agree to repay OCHD any money I receive from my medical insurance carrier for services provided to me by OCHD for which I have not paid.

|   |             |
|---|-------------|
| <b>Signature (Parent or Legal Representative) x</b> | <b>Date</b> |
|---|-------------|

**F. HIPAA. By signing below, I am acknowledging that:**

- I am either the patient or the patient's personal representative;
- I have received a copy of the "Notice of Privacy Practices" for Onslow County Health Department (OCHD);
- I understand that I may contact the person named in the Notice if I have questions about the content of the Notice.

|   |                     |
|---|---------------------|
| <b>Printed Name of Student's legal guardian / legally responsible person:</b> | <b>Signature X:</b> |
| <b>Relationship to Student:</b>   | <b>Date:</b>        |

Patient's Printed Name (Last, First MI Suffix)

Patient's Birth Date

**Onslow County School  
Initiative Immunization Outreach  
Clinic 2016-2017**

| Clinical Comments:   |               |   |                  |   |                         |  |    |    |                        |      |      |          |
|--|---------------|---|------------------|---|-------------------------|--|----|----|------------------------|------|------|----------|
| <b>G. SHOT(S) ADMINISTERED (Section below to be completed by OCHD Staff)</b>                                 |               |   |                  |   |                         |  |    |    |                        |      |      |          |
| Vaccine Administration(s):   |               | <input type="checkbox"/> 90471EP Injection #1 |                  |   |                         | <input type="checkbox"/> 90472EP + additional injection(s) |    |    |                        |      |      |          |
| Immunization   |               | Dx  | Purchase / State |   | Admin Site (Circle One) |  |    |    | Manufacturer & Lot No. |      |      | VIS      |
| 90715+   | Tdap          | V23   | P                | S | LD                      | RD   | LT | RT |                        |      |      | 02/24/15 |
| 90734+   | Meningococcal | V23   | P                | S | LD                      | RD   | LT | RT |                        |      |      | 03/31/16 |
| 90651+   | HPV #1        | V23   | P                | S | LD                      | RD   | LT | RT |                        |      |      | 03/31/16 |
| 90651+   | HPV #2        | V23   | P                | S | LD                      | RD   | LT | RT |                        |      |      | 03/31/16 |
| 90651+   | HPV #3        | V23   | P                | S | LD                      | RD   | LT | RT |                        |      |      | 03/31/16 |
| I have asked about prior immunizations and reactions.<br>According to informant, no reactions have occurred. |               |   |                  |   | Provider's Signature    |  |    |    | Provider #             | Date | NCIR | CureMD   |

| Clinical Comments:   |               |   |                  |   |                         |  |    |    |                        |      |      |          |
|--|---------------|---|------------------|---|-------------------------|--|----|----|------------------------|------|------|----------|
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| 90651+   | HPV #2        | V23   | P                | S | LD                      | RD   | LT | RT |                        |      |      | 03/31/16 |
| 90651+   | HPV #3        | V23   | P                | S | LD                      | RD   | LT | RT |                        |      |      | 03/31/16 |
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| 90651+   | HPV #3        | V23   | P                | S | LD                      | RD   | LT | RT |                        |      |      | 03/31/16 |
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COUNTY OF ONSLOW

ONSLow COUNTY EMERGENCY MEDICAL SERVICES  
ONSLow COUNTY HEALTH DEPARTMENT  
ONSLow COUNTY HUMAN RESOURCES  
ONSLow COUNTY SENIOR SERVICES/ HOME HEALTH &  
HOSPICE

NOTICE OF PRIVACY PRACTICES  
EFFECTIVE APRIL 14, 2003  
Revised July 2016

THIS NOTICE DESCRIBES  
HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION.

PLEASE REVIEW CAREFULLY.

Onslow County is committed to protecting the privacy of your health information. In keeping with this commitment, this Notice describes the privacy practices of the various Onslow County departments listed above, as well as all of the County health care professionals and other persons authorized to enter health information about you into your medical record. Certain County healthcare providers have also agreed to abide by this Notice in order to protect the privacy of your Protected Health Information (PHI) when conducting joint healthcare activities with County departments and facilities.

Onslow County, and the County departments listed above, are required by law to:

- Protect the privacy of health information about you and that can be identified with you, which we call "**Protected Health Information**" or "**PHI**". This PHI may be information about health care we provided to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.
- Provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to PHI. We are required to follow the terms of this Notice. In other words, we are only allowed to use and disclose PHI in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all PHI that we maintain. If we make changes to the Notice, we will:

- Post in our waiting area
- Post at our website [www.onslowcountync.gov/HIPAA](http://www.onslowcountync.gov/HIPAA)
- Provide a copy upon request

The rest of this Notice will discuss how we may:

- Use and disclose PHI

County of Onslow  
Notice of Privacy Practices (revised July 2016)

- Explain your rights with respect to PHI
- Describe how and where you may file a privacy-related complaint

#### WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose patients PHI every day. This section of our Notice explains in some detail how we may use and disclose PHI in order to provide health care, obtain payment for that health care, and operate our business efficiently.

This section mentions other circumstances in which we may use or disclose PHI without your authorization. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact the HIPAA Privacy Officer at (910) 989-3983.

**1. Treatment.** We may use and disclose PHI to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordination and managing your health care with others.

**2. Payment.** We may use and disclose your PHI to bill and collect payment for healthcare services provided by us or another provider. We may disclose your PHI to your health insurance plan(s) in order to assess and inform you of coverage through your health insurance plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also disclose your PHI to others such as insurers, collection agencies, and/or consumer reporting agencies. You have the right to restrict certain disclosures of PHI to health plans/insurance companies if you pay in full for services provided.

**3. Health care operations.** We may use and disclose your PHI in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to improve the quality of care we provide and reduce health care costs. Examples on how we may use or disclose PHI include the following public health activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and other patients.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and other patients.
- Improving health care and lowering costs for groups of people who have similar health problems while helping manage and coordinate the care for such groups.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing PHI in the event that control of our organization significantly changes.
- Working with others such as lawyers, accountants and other providers who assist us to comply with this Notice and other

applicable laws.

**4. Breaches.** We are required by law to notify enforcement agencies of any type of breaches. You may be notified if your PHI compromises your medical care or financial security.

**5. Person involved in your care.** We may disclose your PHI to a relative, close personal friend or a person you identify, if we determine they are involved in your care or in payment of your care, unless you tell us not to do so.

In certain circumstances we need to notify a person involved in your care along with a disaster relief organization, such as the Red Cross, about your current location and any medical conditions.

**6. Required by law.** There are many state and federal laws that require us to use and disclose PHI. For example, a state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with that federal, state or local law or other judicial or administrative proceeding.

**7. National priority uses and disclosures.** When permitted by law, we may use or disclose PHI about you without your permission for various activities that are recognized as "**national priorities**." In other words, the government has determined that under certain circumstances, described below, it is important to disclose PHI without the patient's permission. We will only disclose your PHI in the following circumstances when we are permitted to do so by law.

- **Threat to health or safety:** We may use or disclose your PHI if we believe it is necessary to prevent or lessen a serious threat to your health or safety; or to the health or safety of the public or another person.
- **Public health activities:** We may use or disclose your PHI to public health agencies who are charged with preventing or controlling disease, injury or disability or as required by law. If you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. For example a sexually transmitted disease is a communicable disease.
- **Abuse, neglect or domestic violence:** We may disclose your PHI to a government authority if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose your PHI to a health oversight agency, which is basically an agency responsible for overseeing the health care system or certain government programs for the purpose of investigations and inspections.
- **Court proceedings:** We may disclose your PHI to a court or an officer of the court. This may include a court order, subpoena, discovery request or other lawful process.
- **Law enforcement:** We may disclose your PHI to law enforcement that requires the reporting of certain types of wounds and other physical injuries. In the event of a missing person a notification may be made to law enforcement.
- **Coroners and others:** We may disclose your PHI about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose your PHI in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose your PHI to research organizations if the organization has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your

health information.

- **Certain government functions:** We may disclose PHI for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may use or disclose PHI to correctional institution that have lawful custody of you.
- **Psychotherapy Notes:** Most uses and disclosures of psychotherapy notes will require authorization from the individual prior to disclosing if the information is not kept within your medical record.
- **Business Associates:** Some services we provide through outside individuals or companies called "Business Associates", including vendors, contracted health care providers, offsite storage facilities, and liability insurance carriers. They are required by law to provide appropriate safeguards and procedures for privacy and security of the PHI entrusted to them.

**8. Marketing.** Onslow County Government will not sell your PHI without your expressed written authorization. We will not use and/or disclose your PHI for which the rule expressly states that written authorization of the individual takes place first.

**9. NC Health Information Exchange (NC HIE).** We participate in NC Health Information Exchange, the statewide health information exchange (HIE) designated by the State of North Carolina. The HIE is a secure network for health care providers to share your important health information to support treatment and continuity of care. If you are admitted to a NC HIE participating health care facility not affiliated with Onslow County Government, those health care providers will be able to see important health information held in our electronic medical record systems.

Your NC HIE record includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses, or health problems. To ensure your health information is entered into the correct record, your full name, birth date, sex, and social security numbers are included. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws regulations. The information is accessible to participating providers to support treatment and health care operations such as, mandated disease reporting to the NC Division of Public Health.

**10. Authorization.** Other than the uses and disclosures described above (1-9), we will not use or disclose PHI about you without the "authorization" or signed permission by you or your personal representative. In some instances, we may wish to use or disclose PHI about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose PHI and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose PHI about you, you may later revoke (cancel) your authorization in writing, with the exception for disclosures that were being processed prior to receiving your request to revoke. If the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

If you would like to revoke your authorization, you may write us a letter requesting to revoke your authorization or submit an Authorization to Revoke Form. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

## SPECIAL PROVISIONS FOR MINORS

Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis, and treatment of certain illnesses including venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance.

If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all the rights and authority included in this Notice for all services.

## YOU HAVE RIGHTS REGARDING PHI ABOUT YOU

**1. Access.** You have the right to inspect (which means see or review) and receive a copy of PHI about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of PHI about you, you must provide us with a request in writing or submit an Access Request Form. You have the right to request that we submit your PHI to you in electronic format, or if unavailable, in some other form acceptable to you. As an alternative we may provide you with a summary or explanation of the PHI about you if you agree in advance to the form and cost of the summary or explanation. Be aware that we may charge in accordance to the current county fee schedule.

There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

**2. Right to have medical information amended.** You have the right to have us amend, in other words correct or supplement PHI about you that we maintain in certain groups of records. If you believe the information we have is inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing. You may write us a letter requesting an amendment or submit an Amendment Request Form.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to change the information, we will make reasonable efforts to inform others of the amendment, including persons you have name who have received PHI about you and who need the changes.

**3. Right to an Accounting of Disclosures.** You have the right to receive a listing of disclosures that we have made for the previous six (6) years. If you would like to receive a detailed listing, you may submit a request in writing or submit Detailed Listing of Disclosures Request Form.

The accounting will not include several types of disclosures, including disclosures for: treatment; billing and collection of payment for treatment or for health care operations; made to or authorize by you, or someone that you authorized; occurring as a byproduct of permitted uses and disclosures; made to individuals involved in your care, for directory or notification purposes; allowed by law; and limited information that does not identify you. Disclosures made prior to April 14, 2003 will not be listed. If you request a detailed listing of

disclosures more than once every twelve (12) months, we may charge a fee in accordance to the current county fee schedule.

**4. Right to request an alternative method of contact.** You have the right to request how and where we contact you about PHI. For example, you may prefer to have all written information mailed to your work address rather than to your home address. We will agree to any reasonable request for alternative methods of contact, but such request must be provided in writing.

## YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint. You must name the agency that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirement. The complaint must be filed within 180 days of when the acts or omissions believed to have occurred.

To file a complaint with the County of Onslow you may send your complaint to:

County of Onslow  
Onslow County Health Department  
ATTN: Privacy Officer  
612 College St.  
Jacksonville, NC 28540

A complaint form may be accessed at:  
[www.onslowcountync.gov/HIPAA](http://www.onslowcountync.gov/HIPAA)

To file a complaint with the federal government, you may send your complaint to the following address:

Region IV, Office of Civil Rights  
US Department of Health and Human Services  
Atlanta Federal Center  
Suite 3B70  
61 Forsyth Street, SW  
Atlanta, Georgia 30303-8909

**Website.** A copy of this notice of privacy practices is posted on the County of Onslow website at:  
<http://www.onslowcountync.gov/HIPAA>

# Tdap Vaccine

## What You Need to Know

(Tetanus,  
Diphtheria and  
Pertussis)

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

**Tetanus, diphtheria and pertussis** are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

**TETANUS** (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

**DIPHtheria** is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

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

**PERTUSSIS** (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

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

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

### 2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during **every pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

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

### 3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.
- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.
- Talk to your doctor if you:
  - have seizures or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had a condition called Guillain-Barré Syndrome (GBS),
  - aren't feeling well on the day the shot is scheduled.



## 4 Risks

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

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

### Mild problems following Tdap (Did not interfere with activities)

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

### Moderate problems following Tdap (Interfered with activities, but did not require medical attention)

- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500).

### Severe problems following Tdap (Unable to perform usual activities; required medical attention)

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

### Problems that could happen after any 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 fewer than 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/](http://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 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 the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://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](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your doctor. 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](http://www.cdc.gov/vaccines)

## Vaccine Information Statement Tdap Vaccine

2/24/2015

42 U.S.C. § 300aa-26



# Meningococcal ACWY Vaccines – MenACWY and MPSV4: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/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
- 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/](http://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](http://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](http://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](http://www.cdc.gov/vaccines)

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**Vaccine Information Statement  
Meningococcal ACWY Vaccines**

03/31/2016

42 U.S.C. § 300aa-26

Office Use Only



# HPV (Human Papillomavirus) Vaccine— Gardasil®-9: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

Gardasil-9 prevents human papillomavirus (HPV) types that cause 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, Gardasil-9 prevents 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. Gardasil-9 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 and not cause serious problems. But thousands of women and men get cancer and diseases from HPV.

## 2 HPV vaccine

Gardasil-9 is an FDA-approved HPV vaccine. It is recommended 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.

Three doses of Gardasil-9 are recommended with the second dose given 1–2 months after the first dose and the third dose given 6 months after the first dose.

## 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 Gardasil-9 vaccine is encouraged to contact the manufacturer's registry for HPV vaccination during pregnancy at 1-800-986-8999. 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 Gardasil-9:

- 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)

### 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/](http://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 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 might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

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  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/hpv](http://www.cdc.gov/hpv)

Vaccine Information Statement  
**HPV Vaccine (Gardasil-9)**

03/31/2016

42 U.S.C. § 300aa-26

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