

**2009 H1N1 Influenza Mass Vaccination Clinic
Data Collection Form
(For use with CAIR)**

Patient ID#: (Unique # 33)

Clinic Site:

Clinic Date:

Type of Vaccine (please circle): Inactivated Flumist

Manufacturer & Lot No. _____

Personal Information

Name (First and Last): _____

Address: _____ City: _____ Zip Code: _____

Birth Date: _____ And Age: _____ Mothers First Name: _____
(mm/dd/yyyy)

Allergies: _____ Gender (please circle): Male / Female

I have read or had explained to me the "2009 H1N1 Influenza Vaccine Information Statement, 2009". I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that it to be given to me or to the person for whom I am authorized to make the request.

Signature: _____ Date: _____

Your Influenza vaccination will be entered into the California Immunization Registry (CAIR). What's entered in the registry is treated like other private medical information. Misuse of the registry can be punished by law. Under California law, only your doctor's office, health plan, or public health department may see your address and phone number. It's your legal right to ask:

- not to share your (or your child's) registry shot records with others besides your doctor*
- not to get shot appointment reminders from your doctor's office
- to look at a copy of your or your child's shot records

If you do not wish to have your (your child's) record shared in CAIR, please check here.

* By law, public health officials can also look at the registry in the case of a public health emergency.



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient or Subscriber Name: _____
(Please print patient or subscriber name)

I, _____,
(Print name of patient, subscriber, conservator, parent or legal guardian signing below)

acknowledge receipt of the Notice of Privacy Practices, which explains limits on ways in which the County may use or disclose personal health information to provide service, provided by the County of Riverside:

(Name of facility, provider or program)

Signed: _____ Date: _____

If not signed by patient, indicate relationship: _____

NOTE: Parents must have legal custody. Legal guardians and conservators must show proof.

THIS SECTION TO BE FILLED OUT ONLY BY THE COUNTY OF RIVERSIDE

Patient did receive the Notice of Privacy Practices, but did not sign this Acknowledgment of Receipt because:

- Patient left office before Acknowledgment could be signed.
- Patient does not wish to sign this form.
- Patient cannot sign this form because: _____

Patient did not receive the Notice of Privacy Practices because:

- Patient required emergency treatment.
- Patient declined the Notice and signing this Acknowledgment.
- Other: _____

Name: _____
(Print name of provider or provider's representative)

Signed: _____ Date: _____
(Signature of provider or provider's representative)

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NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW
THE COUNTY OF RIVERSIDE MAY USE AND DISCLOSE
YOUR PERSONAL HEALTH INFORMATION AND HOW
YOU CAN OBTAIN ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

EFFECTIVE DATE: APRIL 14, 2003

The County creates records of health care to provide quality care and comply with legal requirements. The County understands your health information is personal and private, and commits to safeguarding it to the extent reasonably possible. The law requires the County to keep your health information private and to provide you this notice of our legal duties and privacy practices. The law also requires the County to follow the terms of this notice.

This notice outlines the limits on how the County will handle your health information. Under federal law, the County must provide a copy of this notice when you receive health care and related services from the County, or participate in certain health plans administered or operated by the County. The County reserves the right to change practices and make new provisions effective for all health information it maintains. You may request an updated copy of this notice at any time.

A. Use and Disclosure – General

Generally, except as otherwise specified below, the County may use and disclose the following health information, as allowed by state and federal law:

1. **For treatment.** The County uses and discloses health information to provide you health care and related services. For instance:
 - Nurses, doctors, or other County employees may record your health information, and they may share such information with other County employees.
 - The County may disclose health information to people outside the County involved in your care who provide treatment and related services.
 - The County may use and disclose health information to contact you to remind you about appointments for treatment or health care-related services.
 - In emergencies, the County may use or disclose health information to provide you treatment. The County will make its best effort to obtain your permission to use or disclose your health information as soon as reasonably practical.
2. **For payment.** The County may bill you, insurance companies, or third parties. Information on or accompanying these bills may identify you, as well as diagnoses, assessments, procedures performed, and medical supplies used.
3. **For health care operations.** The County may use information in your health record to assess the care and outcomes in your case to improve our services, and in administrative processes such as purchasing medical devices, or for auditing financial data.
4. **For health plan administration.** As administrator of certain health plans, such as Medicare, Medi-Cal, and Exclusive Care, the County may disclose limited information to plan sponsors. The law only allows using such information for purposes such as plan eligibility and enrollment, benefits administration, and payment of health care expenses. The law specifically prohibits use for employment-related actions or decisions.

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B. Use and Disclosure Requiring Your Authorization

On a limited basis, the County may use and disclose health information only with your permission, as required by state and federal law:

1. From mental health records.
2. From substance abuse treatment records.

C. Use and Disclosure Requiring an Opportunity for You to Agree or Object

In certain cases, the County may use and disclose health information only if it informs you in advance and provides an opportunity to agree or object, as required by state and federal law:

1. The County may include your name, location in the facility, general condition, and religious affiliation in a facility directory while you are a patient so your family, friends and clergy can visit you and know how you are doing.
2. To individuals assisting with your treatment or payment.
3. To assist with disaster relief to notify your family about you.

D. Use and Disclosure NOT Requiring Permission or an Opportunity for You to Agree or Object

In specific cases, the County may use and disclose the following health information without your permission and without providing you the opportunity to agree or object:

1. As required by law.
2. For public health activities, which may include the following:
 - Preventing or controlling disease, injury or disability;
 - Reporting births and deaths;
 - Reporting abuse or neglect of children, elders and dependent adults;
 - Reporting reactions to medications or problems with products;
 - Notifying people of recalls of products they may use; or,
 - Notifying a person exposed to or at risk to contract or spread a disease or condition.
3. For mandated reporting of abuse, neglect or domestic violence.
4. For health oversight activities necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
5. To the minimum extent necessary to comply with judicial and administrative proceedings when compelled by court order, or in response to a subpoena, discovery request or other lawful process as allowed by law.
6. To law enforcement:
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

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- About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the hospital; or,
 - In emergency circumstances to report a crime, the location of a crime or crime victims, or the identity, description or location of a person who may have committed a crime.
7. To coroners, medical examiners and funeral directors as necessary for them to carry out their duties.
 8. For organ donation once you are deceased.
 9. For public health research in compliance with strict conditions approved and monitored by an Institutional Review Board.
 10. To avert serious threats to the health and safety of you or others.
 11. Regarding military personnel for activities deemed necessary by appropriate military command authorities to assure proper execution of a military mission.
 12. To determine your eligibility for or entitlement to veterans benefits.
 13. To authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities.
 14. To correctional institutions and other law enforcement custodial situations, inmates of correctional institutions or in custody of a law enforcement official.
 15. To determine your eligibility for or enroll you in government health programs.
 16. For Workers Compensation or similar programs, to the minimum extent necessary.

The County will not disclose your health information for marketing fundraising, or other reasons not listed above without your prior written permission, and you may withdraw that permission in writing at any time. If you do, the County will no longer use or disclose health information about you for the reasons you permitted. You understand the County is unable to retract disclosures already made with your permission, and must retain records of care already provided.

E. Rights and Responsibilities

With regard to health information, the County recognizes and commits to safeguard your:

1. **Right to request restrictions on certain use and disclosure.** You have the right to request restriction or limitation on the health information the County uses or discloses for treatment, payment or health care operations, though the law does not require the County to agree to your request. If the County agrees, it will comply except to provide emergency treatment. Requests must be in writing and state: the information you want to limit; whether to limit use, disclosure, or both; and, to whom limits apply. For instance, you may ask not to disclose to your spouse.
2. **Right to confidential communications.** You have the right to ask the County to communicate with you in a certain way, or at a certain location.
3. **Right to request to inspect and copy records.** You have the right to request to inspect and obtain copies of your health information. Requests may be required in writing, and the County may charge you a fee for the costs of fulfilling your request. The County may

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deny requests to inspect or copy psychotherapy notes, mental health records, or materials for legal proceedings. You may ask for review of a denial by another health care professional chosen by the County. The County will comply with the results of that review.

4. **Right to amend health records.** If information the County has about you is incorrect or incomplete, you may ask to amend it. Requests must be in writing, and provide a reason supporting your request. The County may deny your request if it is not in writing, or does not include a reason supporting it. The County may deny requests if the information:
 - Was not created by the County;
 - Is not health information kept by or for the County;
 - Is not information you are permitted to inspect and copy; or,
 - Is accurate and complete.
5. **Right to an accounting of certain disclosures.** You have the right to ask for a listing of the last six years of disclosures of your health information since April 14, 2003, not pertaining to treatment, payment or health care operations. Requests must be in writing. The first list you request in a twelve-month period is free. The County may charge you the cost of providing or reproducing additional lists. When told the cost, you may withdraw or modify your request.
6. **Right to obtain a paper copy of the notice of privacy practices upon request.**
7. **Right to file complaints without fear of retaliation.** Under law, the County cannot penalize you for filing a complaint. If you believe the County violated your privacy rights, you may file a complaint with the department privacy officer, County privacy office, or with the U.S. Secretary of Health and Human Services.

PRIVACY COMPLAINT CONTACTS

**Riverside County
Regional Medical Center**
Privacy Officer
26520 Cactus Avenue
Moreno Valley, CA 92555
(951) 486-4659

Office on Aging
6296 Rivercrest Drive, Suite K
Riverside, CA 92507
(800) 510-2020

Employee Assistance Program
3600 Lime Street, Suite 111
Riverside, CA 92501
(951) 778-3970

Community Health Agency
Privacy Officer
4065 County Circle Drive
Riverside, CA 92503
(951) 358-5000

Public Social Services
Privacy Officer
10281 Kidd Street
Riverside, CA 92503
(951) 358-3030

★ County Privacy Office ★
P.O. Box 1569
Riverside, CA 92502
(951) 955-1000

Mental Health
Privacy Officer
4095 County Circle Drive
Riverside, CA 92503
(951) 358-4500

Veterans Services
1153A Spruce Street
Riverside, CA 92507
(951) 955-6050

Exclusive Care Plan
P.O. Box 1508
Riverside, CA 92502
(800) 962-1133

U.S Department of Health & Human Services

Region IX Office of Civil Rights
50 United Nations Plaza, Room 322
San Francisco, CA 94102

TEL: (415) 437-8310 ♦ TDD: (415) 437-8311 ♦ FAX: (415) 437-8329

Immunization Registry Notice to Patients and Parents

Immunizations or 'shots' prevent serious diseases. Keeping track of shots you have received can be hard. It's especially hard if more than one doctor gave them. Today, doctors use a secure computer system called an *immunization registry* to keep track of shots. If you change doctors, your new doctor can use the registry to see the shot record. It's your right to choose if you want shot records shared in the *California Immunization Registry*.

How Does a Registry Help You?

- Keeps track of all shots, so you don't miss any or get too many
- Sends reminders when you or your child need shots
- Gives you a copy of the shot record from the doctor
- Can show proof about shots needed to start child care, school, or a new job

How Does a Registry Help Your Health Care Team?

Doctors, nurses, health plans, and public health agencies use the registry to:

- See which shots are needed
- Remind you about shots needed
- Prevent disease in your community
- Help with record-keeping

Can Schools or Other Programs See the Registry?

Yes, but this is limited. Schools, child care, and other agencies allowed under California law may:

- See which shots children in their programs need
- Make sure children have all shots needed to start child care or school

What Information Can Be Shared in a Registry?

- patient's name, sex, and birth place
- parents' or guardians' names
- limited information to identify patients
- details about a patient's shots

What's entered in the registry is treated like other private medical information. Misuse of the registry can be punished by law. Under California law, only your doctor's office, health plan, or public health department may see your address and phone number.

Patient and Parent Rights

It's your legal right to ask:

- not to share your (or your child's) registry shot records with others besides your doctor*
- not to get shot appointment reminders from your doctor's office
- to look at a copy of your or your child's shot records
- who has seen the records or to have the doctor change any mistakes

If you DO want your or your child's records in the registry, do nothing. You're all done.

If you DO NOT want your doctor's office to share your immunization information in the registry: Please request an "Decline or Start Sharing/Information Request Form" from your doctor's office.

For more information about your rights, call (866) 434-8774 (toll-free)

* By law, public health officials can also look at the registry in the case of a public health emergency.

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2009 H1N1 INFLUENZA VACCINE

INACTIVATED (the “flu shot”)

WHAT YOU NEED TO KNOW

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

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (also called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu is a new flu virus. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.
- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want to be protected against seasonal flu.*

Inactivated vaccine (vaccine that has killed virus in it) is injected into the muscle, like the annual flu shot. **This sheet describes the inactivated vaccine.**

A **live, intranasal** vaccine (the nasal spray vaccine) is also available. It is described in a separate sheet.

Some inactivated 2009 H1N1 vaccine contains a preservative called thimerosal to keep it free from germs. Some people have suggested that thimerosal might be related to autism. In 2004 a group of experts at the Institute of Medicine reviewed many studies looking into this theory, and found no association between thimerosal and autism. Additional studies since then reached the same conclusion.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency medical personnel
- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 years of age with certain chronic medical conditions or a weakened immune system

As more vaccine becomes available, these groups should also be vaccinated:

- Healthy 25 through 64 year olds
- Adults 65 years and older

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 flu vaccine if you have a **severe (life-threatening) allergy to eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

Also tell them if you have ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain Barré Syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Pregnant or breastfeeding women can get inactivated 2009 H1N1 flu vaccine.

Inactivated 2009 H1N1 vaccine may be given at the same time as other vaccines, including seasonal influenza vaccine.

6 What are the risks from 2009 H1N1 influenza vaccine?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The virus in inactivated 2009 H1N1 vaccine has been killed, so you cannot get influenza from the vaccine.

The risks from inactivated 2009 H1N1 vaccine are similar to those from seasonal inactivated flu vaccine:

Mild problems:

- soreness, redness, tenderness, or swelling where the shot was given
- fainting (mainly adolescents)
- headache, muscle aches
- fever
- nausea

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

Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, an earlier type of swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS.

7 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.

8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at: www.hrsa.gov/countermeasurescomp/default.htm.

9 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/h1n1flu or www.cdc.gov/flu
- Visit the web at www.flu.gov



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



2009 H1N1 INFLUENZA VACCINE

LIVE, ATTENUATED
(the nasal spray vaccine)

WHAT YOU NEED TO KNOW

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

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (sometimes called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu virus is a new virus strain. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.

- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want protection from seasonal flu.*

Live, attenuated intranasal vaccine (or LAIV) is sprayed into the nose. **This sheet describes the live, attenuated intranasal vaccine.**

An **inactivated** vaccine is also available, which is given as a shot. It is described in a separate sheet.

The 2009 H1N1 LAIV does not contain thimerosal or other preservatives. It is licensed for people from 2 through 49 years of age.

The vaccine virus is attenuated (weakened) so it will not cause illness.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

LAIV is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see number 5 below). Groups recommended to receive 2009 H1N1 LAIV first are healthy people who:

- are from 2 through 24 years of age,
- are from 25 through 49 years of age and
 - live with or care for infants younger than 6 months of age, or
 - are health care or emergency medical personnel.

As more vaccine becomes available, other healthy 25 through 49 year olds should also be vaccinated.

Note: While certain groups should not get LAIV – for example pregnant women, people with long-term health problems, and children from 6 months to 2 years of age – it is important that they be vaccinated. They should get the flu shot.

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 LAIV if you have a **severe (life-threatening) allergy** to **eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

2009 H1N1 LAIV should not be given to the following groups.

- children younger than 2 and adults 50 years and older
- pregnant women,
- anyone with a weakened immune system,
- anyone with a long-term health problem such as
 - heart disease - kidney or liver disease
 - lung disease - metabolic disease such as diabetes
 - asthma - anemia and other blood disorders
- children younger than 5 years with asthma or one or more episodes of wheezing during the past year,
- anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit),
- children or adolescents on long-term aspirin treatment.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Tell your doctor if you ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain-Barré syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

2009 H1N1 LAIV may be given at the same time as most other vaccines. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month. H1N1 LAIV and seasonal LAIV should not be given together.

6 What are the risks from 2009 H1N1 LAIV?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The risks from 2009 H1N1 LAIV are expected to be similar to those from seasonal LAIV:

Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- In 1976, an earlier type of inactivated swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). LAIV has not been linked to GBS.

7 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.

8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at:

www.hrsa.gov/countermeasurescomp/default.htm.

9 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/h1n1flu or www.cdc.gov/flu
 - Visit the web at www.flu.gov



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

