

Frequently asked questions regarding flu vaccination at school.

These FAQs are the result of questions we have been asked or that local health officials have shared are important to answer prior to the vaccination program. Please submit your questions and a member of our nursing team or administration team will research and respond.

Information and guidance regarding the H1N1 flu and all flu vaccines is changing, we will try to keep this site as current as possible. Please rely on your local physician or pediatrician as the most current and reliable information source.

1. Will I be notified before my child receives the vaccine at school?

We are still working on the specific details for our vaccination clinics at school. The vaccine delivery is currently delayed due to the high demand and we do not know when we will receive our allotment. Once these details have been finalized, you will be notified of the date your child will be vaccinated.

2. If my child is absent on the day of the vaccination clinic, will he/she be able to receive the vaccine at another time?

Yes, when your child returns to school, they will be able to receive their vaccine. You will be notified when this will take place.

3. I have another child who attends a school outside of Sudbury. Can they receive the vaccine at school?

At this time, we are able to open the in-school program only to current students of Sudbury Public Schools. We are offering this as a service to our students only. Other vaccination programs for non-SPS students or for other young adults may be offered by other providers; watch the paper for any announcements. We also urge you to contact your physician as a vaccination source.

4. My child had asthma symptoms when they were younger but have not had any symptoms in several years. Can they receive the intranasal vaccine?

Intranasal flu vaccine is not recommended for individuals with asthma or for children under age five with recurrent wheezing because of the potential for increased risk of wheezing post vaccination. Children over the age of 5 who have not had any wheezing during the past 12 months may be eligible to receive the intranasal flu vaccine. If you have any concerns, we recommend that you contact your child's physician to discuss this further.

5. I am concerned about viral shedding at school after a mass vaccination with this live vaccine. Should I keep my child home from school?

This is an important question about which we urge parents to consult their pediatrician and stay in close contact with the school nurses. According to the vaccine manufacturer, MedImmune, studies in Finland have shown that viral shedding can occur up to 10 days post vaccination. For healthy individuals, this should not pose a risk.

For those with a compromised immune system, our hope is that they will have already received the injectable influenza vaccine and would thus be protected against this viral shedding. The most serious complications were seen in patients who had received a stem cell transplant.

Students who live with a family member whose immune system is severely compromised due to a medical illness or treatment with steroids or chemotherapy agents should not receive the intranasal vaccine, but instead should receive the injectable vaccine.

6. What if the child to be vaccinated is sick the date of the scheduled vaccination?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. Persons with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

7. What if the child to be vaccinated has a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorders?

Persons with any of these health conditions should not be given the flu mist vaccine. Instead, they should be vaccinated with the injectable flu vaccine.

8. What if the child to be vaccinated has a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs?

Persons with weakened immune systems should not be given the flu mist vaccine. Instead, they should be given the injectable flu vaccine.

9. What if the child or teen to be vaccinated is receiving aspirin therapy or aspirin-containing therapy?

Because of the theoretical risk of Reye's syndrome, children and teens on aspirin therapy should not be given flu mist vaccine. Instead, they should be vaccinated with the injectable influenza vaccine.

10. What if the child or teen to be vaccinated lives with or expects to have close contact with a person whose immune system is severely compromised and who must be in a protective isolation (such as in a hospital room with reverse air flow)?

Injectable influenza vaccine is preferred for persons who have close contact with severely immunosuppressed persons during periods in which the immunosuppressed person requires care in a protective environment.

11. My child has received other vaccinations within the last 4 weeks, should I be concerned?

Persons who were given an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks should wait 28 days before receiving flu mist vaccine. There should be a separation between the seasonal flu mist vaccine and H1N1 flu mist vaccine of at least 4 weeks because of concerns about competition between the two vaccine viruses. There is no reason to defer giving flu mist vaccine if persons were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (e.g., IG).

12. I do not want my child vaccinated at school. How can I be sure he/she will not receive a vaccination just by being a part of a class?

The procedures for operating the SPS vaccination site will include several layers of verification of identity and approval. The children will be brought to the vaccination room as a class and will be matched at that point with approval forms submitted by his/her parent. No approval forms, no vaccination. From this first station, the child (with approval form) will proceed to a nurse who will review the forms to ensure the child is an appropriate candidate for the vaccination. If so, the child will proceed to the nurse to receive the vaccine. Only licensed nurses or medical professionals will be administering the vaccine. Volunteers will assist with organization and paperwork issues.

13. My child has asthma but I still want him/her to receive the flu mist. Can my child receive this at school with my approval?

If the school nurse is aware of your child's condition, be it asthma or any other underlying condition that the medical experts have determined makes the flu mist vaccine not recommended, the school nurse will not administer the vaccine even with parental approval. If we are aware of the situation prior to the day of vaccination, parents will be notified at that time. If we become aware of the situation at the time of vaccination, the child will remain with his/her class and the parents will be contacted as soon as logistically possible.

14. I hear different messages about whether to have my child receive the seasonal or H1N1 vaccine. What do you recommend?

If in doubt, ask your doctor. The nurses and staff of Sudbury Public Schools are not in a position to make an informed recommendation for each student in the school. The decision to participate in the school-based vaccination program is ultimately the choice of the parent. Like any medical decision involving children, it should be made with a full understanding of the pros and cons and with knowledge and approval of the family physician or pediatrician.