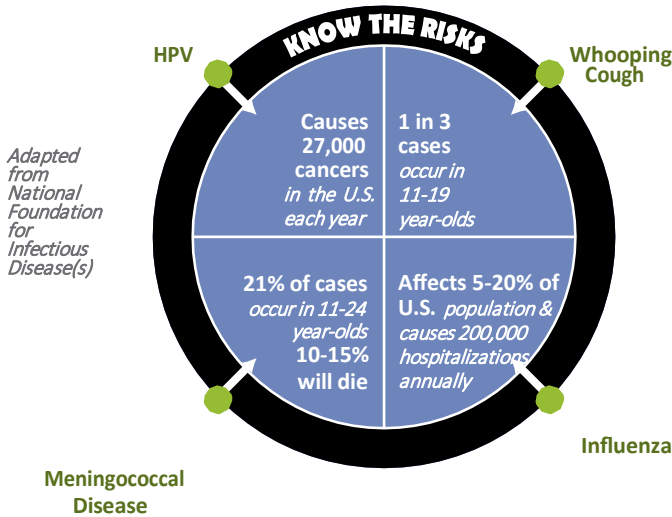


Vaccines Aren't Just for Young Children

Adolescents Can Be Protected from Deadly Diseases



Parents and Guardians

As a parent, there is nothing more important than your child's health and safety. This letter* is to notify you about vaccines that can protect your child from several diseases, including meningococcal disease, human papillomavirus (HPV), tetanus and pertussis.

Vaccines that are recommended for adolescents between 11 and 12 years of age include Tdap (tetanus, diphtheria and pertussis), meningococcal conjugate, HPV, and influenza** vaccines. These vaccines can be given safely at the same time.



* Required by Washington State Legislature

** Influenza vaccine is recommended each year for everyone 6 months and older

Where can I find these vaccines to protect my child?

Your child's healthcare provider is likely enrolled in Washington's Vaccine for Children (VFC) program, which means your child can receive no-cost vaccines.

- Note that office fees may apply including an out-of-pocket fee for office visit (determined by provider), and vaccine administration fee (maximum \$23.44 per dose).
- If you are **uninsured** or **underinsured** and you are unable to afford them, administration fees must be waived.

If your child's healthcare provider is not a VFC office, call Spokane Regional Health District's Immunization program at 509.324.1611 for assistance in locating a VFC office (over 80 offices in Spokane County).

If your child does not have a regular healthcare provider or you are uninsured visit parenthelp123.org for additional assistance.

Resources:

American Cancer Society • Centers for Disease Control & Prevention (CDC)
 Children's Hospital Of Philadelphia Vaccine Education Center
 Washington State Department of Health: Vaccine Information Statements (VIS)

| Disease Name | Vaccine Name (to protect from disease) | Disease Spread By | Disease Symptoms | Disease Complications |
|------------------------------------|--|---|--|--|
| Tetanus | Tdap vaccine | Caused by bacteria found in soil, dust, and manure through exposure to cuts in skin | Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever | Broken bones, breathing difficulty, death |
| Diphtheria | Tdap vaccine | Highly contagious bacterial disease that affects the respiratory system through contact with droplets from an infected person's cough or sneeze | Sore throat, mild fever, weakness, swollen glands in neck | Damage to the heart muscle, coma, paralysis, breathing difficulty, respiratory or heart failure, nerve damage, death |
| Pertussis (whooping cough) | Tdap vaccine (1 dose every 10 yrs.) | Caused by bacteria spread through direct contact with respiratory droplets when infected person coughs or sneezes | Severe cough, runny nose, apnea (a pause in breathing) | Pneumonia (infection in the lungs), loss of bladder control, rib fractures, death |
| Meningococcal disease | MCV4 and Men B vaccines (2 doses) | Bacteria spread through the exchange of nose and throat droplets through coughing, sneezing, kissing | Nausea, vomiting, sensitivity to light, confusion, sleepiness | Meningitis*, bloodstream infection, loss of limbs**, loss of hearing, nervous system problems, seizures, permanent disability, death |
| Human Papilloma-virus (HPV) | HPV9 vaccine (2 doses) | Highly contagious, common virus spread through intimate skin-to-skin contact | Warts, pre-cancerous or cancerous lesions of the mouth, throat, cervix, anus, penis or other areas | Mouth and throat cancer, cervical cancer, anal cancer, genital warts, death secondary to cancer |
| Influenza | Seasonal Influenza vaccine | Highly contagious viral infection of the throat, and lungs spread through droplets when an infected person coughs or sneezes | Sudden high fever, chills, dry cough, headache, runny nose, sore throat, muscle and joint pain | Extreme fatigue lasting several days to weeks, hospitalization, pneumonia, inflammation of the heart, death |

*Infection of the brain and spinal cord.

** Legs and arms.

Student Vaccination Form

State law requires students in 6th through 12th grade to show proof of Tdap and Varicella vaccination. Make sure your child gets these vaccine(s) before school starts.

Use this form to confirm your student's Tdap immunization. If your child already got the vaccine, then he or she will not need to get the vaccine again. Bring your student's shot record to the school office OR fill in the dates below and return this form to school.

It is helpful to share the dates when your child received recommended vaccines so that your child's immunization record is up-to-date and complete.

Sincerely,

School Nurse

Student Name (Last, First)

Student Date of Birth

| IMMUNIZATION | DATE GIVEN | | |
|---------------|------------|-----|------|
| | MONTH | DAY | YEAR |
| Tdap* | | | |
| Varicella #2* | | | |
| HPV #1 | | | |
| HPV #2 | | | |
| MCV4 #1 | | | |
| MCV4 #2 | | | |

**State law requires students in 6th through 12th grade to show proof of Tdap and Varicella vaccination. Make sure your child gets these vaccine(s) before school starts.*

I certify that the above information is correct and verifiable.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Parent/Guardian Phone Number (Include Area Code) _____