

## TENANT BULLETIN

**TO:** 1125 Seventeenth Street Tenants  
**FROM:** Nichole DePass  
**DATE:** September 14, 2009  
**RE:** **Flu Clinic – October 6, 2009**



**The 1125 Seventeenth Street Flu Clinic is scheduled for  
Tuesday, October 6, 2009 from 2:00 p.m. to 4:00 p.m.,  
Suite 2250**

**SIGN-UP SHEET** – Please stop by the Management Office in Suite 2240 to sign up.  
**DEADLINE FOR SIGN-UP IS FRIDAY, OCTOBER 2<sup>ND</sup> IN ORDER TO RECEIVE A SHOT.**

**CONSENT FORMS** – A consent form will be given to you when you sign up to receive your shot(s). Please fill out your consent forms in advance before you arrive at the Clinic. Let us know if you will need Spanish consent forms so that we can get them to you.

**CLOTHING** – Please wear clothing that will make easy access to your upper deltoid muscle at the top of your shoulder.

**PAYMENT** – If individuals are to pay for their vaccines, we request that you pay by check or money order made payable to: **Mile Hi Immunizations**. ***Please make the check out in advance along with your consent form before you arrive to the clinic.*** If a Company wishes to pay for their employees' vaccinations, please review the Voucher Program information on the following page.

1125 Seventeenth Street  
Suite 2240  
Denver, Colorado 80202  
303.296.1646  
fax 303.296.1676

### **2009 MILE HI VOUCHER PROGRAM**

To receive your customized voucher form, please send an e-mail to: [shyndsmhi@comcast.net](mailto:shyndsmhi@comcast.net).

**Please include the following information in your e-mail: Company name, contact name, address, contact's e-mail, contact's phone and fax number.**

Mile Hi Immunizations will send to your company via e-mail, a voucher consent form specifically customized with your company's information. You can then print as many forms as you will need to distribute to your employees to use at the building clinic. You will be billed after the clinic for only the vouchers that were submitted at the building clinic or any of the public Mile Hi Clinic locations.

If you have employees who are absent or working in the field the day the clinic is held in the building, they can use these vouchers at any of the public Mile Hi Clinic locations and your company will be billed for the vouchers that are submitted.

### **VACCINE INFORMATION**

<b>INFLUENZA INJECTIONS</b> <i>Our standard flu vaccine is for ages 4 &amp; up. If you have children 6 months to age 4 The vaccine must be ordered in advance.</i>	<b>\$25.00</b>
<b>FLUMIST Nasal Flu Vaccine</b> <i>For healthy persons ages 2 – 49 years.</i>	<b>\$35.00</b>
<b>PNEUMOCOCCAL Vaccine</b> <i>Lasts for 5 years.</i>	<b>\$50.00</b>
<b>TDaP (Tetanus, Diphtheria and Pertussis) Vaccine</b> <i>Lasts for 10 years. See CDC recommendations below*</i>	<b>\$50.00</b>

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## **NEW TETANUS RECOMMENDATIONS**

Due to CDC recommendations, we will be using the new **TDaP** vaccine for ages 11-64. This vaccine also contains a Pertussis (Whooping cough) as well as Tetanus & Diphtheria. Anyone age 11-18 who has not a Tetanus shot in the last 5 years can have the **TDaP** vaccine. Anyone age 19 – 64 who has not had Tetanus shot in the last 2 years can have the **TDaP** vaccine.

## **RESTRICTIONS**

**CHILDREN** – We will give flu vaccines to children 4 years and over with **written parental permission**.

**CHILDREN 6 MONTHS – 4 years** – We need to know in advance if you have any children less than 4 years of age.

**CHILDREN ages 11 – 17** – Need **written parental permission** to receive the TDaP vaccine.

## **FLU VACCINE INFORMATION:**

**Risks and Possible Side Effects:** Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm at the injection site, or possibly fever, chills, headache, or muscle aches. These effects usually last 24 to 48 hours. Most people who receive the vaccine either have no or only a mild reaction. There is a possibility, as with any vaccine or drug that a severe systemic reaction such as anaphylaxis, or even death could occur. Moreover, untoward medical events completely unrelated to vaccine administration may occur coincidentally in the aftermath period following vaccination. Guillain-Barre syndrome has occurred rarely in temporal association with administration of influenza vaccine, but no cause and effect relationship has been established.

## **DO NOT REQUEST INFLUENZA VACCINE IF YOU:**

- Have allergies or sensitivities to chicken, chicken eggs or chicken feathers.
- Have a history of neurological symptoms or ever had Guillain-Barre Syndrome
- Have a febrile respiratory illness or an active infection
- Have received a prior flu vaccination and experienced severe side effects
- Have received another vaccination in the last 14 days (other than pneumonia or tuberculosis)
- Cannot understand the consent form due to language differences

### **FLUMIST VACCINE INFORMATION:**

FluMist is a live attenuated influenza virus vaccine indicated for active immunization of individuals 2-49 years of age against influenza disease caused by influenza virus subtypes A and type B contained in the vaccine. FluMist is contraindicated in individuals with history of hypersensitivity to eggs, egg proteins, gentamicin, gelatin or arginine or with life-threatening reactions to previous influenza vaccinations and in children and adolescents receiving concomitant aspirin or aspirin-containing therapy.

- FluMist is a flu vaccine for children and adults, 2-49 years old
- Now approved for children as young as 24 months
- FluMist is needle-free, it is a gentle mist that is sprayed into the nose
- FluMist does not contain thimerosal or other preservatives
- Your child may receive FluMist at a regularly scheduled appointment (well-child visit, back-to-school visit, sports physical) because FluMist can be administered as soon as it is available in your doctor's office and throughout the season
- Children under 24 months of age, children with asthma, and children under the age of 5 years with recurrent wheezing should not get FluMist

### **PNEUMONIA VACCINE INFORMATION:**

**Risks and Possible Side Effects:** Pneumococcal vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm at the injection site, or possibly fever, chills, headache, or muscle aches. These effects may last 24 to 48 hours. Most people who receive the vaccine either have no or only mild reactions. There is a possibility, as with any vaccine or drug that a severe systemic reaction such as anaphylaxis, or even death could occur. Moreover, untoward medical events completely unrelated to vaccine administration may occur coincidentally in the aftermath period following vaccination. Guillain-Barre syndrome has occurred rarely in temporal association with administration of pneumococcal vaccine, but no cause and effect relationship has been established.

### **DO NOT REQUEST PNEUMOCOCCAL VACCINE IF YOU:**

- Have a history of neurological symptoms or ever had Guillain-Barre Syndrome
- Are under the age of 18
- Have a febrile respiratory illness or an active infection
- May be pregnant or breast feeding
- Have received a prior pneumococcal vaccination (read regarding re-vaccination)
- Cannot understand the consent form due to language differences