

## **Metropolitan Pediatrics H1N1 Vaccine Availability**

We have available a limited supply of H1N1 influenza vaccine in the Flu-Mist (nasal) form for children ages 2 and up. To see if your child is eligible for the Flu-Mist, please see our [Flu Vaccine Questionnaire](#).

We also have a limited supply of H1N1 shots for children ages 6 months and up. Some of the vaccine, for children 3 and up, contains a preservative called thimerosal. The American Academy of Pediatrics and others have found no evidence of harm from the small amounts of this preservative that is in the vaccines, so Metropolitan Pediatrics recommends its use. We also have H1N1 shots for children 4 and up that are thimerosal-free. When you arrive for your appointment you may request which formulation you would prefer, but because supplies are limited at this time we cannot guarantee which formulation will be available.

We have a limited supply of H1N1 shots for children 6 months to 35 months that are thimerosal-free.

Each office will administer the vaccine to a limited number of patients each day until our supply is gone. Appointments will be same-day only, Monday through Friday.

Eventually, we expect to have enough vaccine available for all who want it. You may contact our offices if you have additional questions. Thank you for your understanding and cooperation.

## **Metropolitan Pediatrics Seasonal Influenza Vaccine Availability**

We have seasonal influenza vaccine shots for children 6 months to age 3 available.



## Metropolitan Pediatrics Flu Vaccine Questionnaire

	Yes	No
1) Has your child ever had a history of anaphylaxis (severe allergic reaction) to eggs or a serious reaction to a previous dose of influenza vaccine?	_____	_____
2) Does your child have a history of asthma, heart disease, kidney disease, diabetes, or a disease of the lungs, liver, nerves or blood? Has your child needed albuterol or had wheezing in the past 12 months?	_____	_____
3) Is your child currently taking aspirin?	_____	_____
4) Does your child have a possible immune deficiency?	_____	_____
5) Does your child have a history of Guillain-Barre Syndrome?	_____	_____
6) Does your child live with anyone who is immunosuppressed?	_____	_____
7) Is your child severely congested, or has he/she had a fever over 100.5 in the past 2 days?	_____	_____
8) Is your child under the age of 2?	_____	_____
9) Has your child received the <u>MMR</u> vaccine or the <u>varicella</u> (chicken pox) within the past month, or the <u>Flu-Mist</u> vaccine within the past 2 weeks?	_____	_____
10) Has your child received anti-viral medication in the past 48 hours?	_____	_____
11) Is your child pregnant?	_____	_____

If you answered "Yes" to question #1, your child should NOT receive either the Flu-Mist (intranasal), or the Flu-Zone ("the flu shot").

If you answered "Yes" to any of the questions #2 through #11, your child should NOT receive the Flu-Mist (nose-spray), but may receive Flu-Zone ("the flu shot").

The booster dose for all flu vaccines should be approximately 4 weeks apart.

Which vaccine are you requesting?

\_\_\_\_\_ Seasonal Flu shot                      \_\_\_\_\_ Seasonal Flu Mist  
 \_\_\_\_\_ H1N1 Flu shot                         \_\_\_\_\_ H1N1 Flu Mist

**Patient Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_