

SAMPLE LETTER TO PARENTS-ONE CASE

Dear Parents:

[To be used when child care center does not provide care to diapered children]

Following our recent investigation of _____ Child Care Center, it appears there is only one case of hepatitis A in (child, employee, use appropriate word) the center. To limit the possibility of spread of the disease at the center, we recommend that all previously unvaccinated children and staff in the affected classroom receive hepatitis A vaccine or immune globulin as soon as possible. Currently, we do not recommend hepatitis A vaccine or immune globulin for other children or any household contacts of children at the center. If any members of your household become ill with fever, nausea or vomiting, fatigue, dark urine, or yellow skin or eyes, please call the _____ Local Health Department at (phone number).

[To be used when child care center provides care to diapered children]

Following our recent investigation of _____ Child Care Center, it appears there is one case of hepatitis A in (child, employee, use appropriate word) the center. To limit the possibility of spread of the disease at the center, we recommend that all previously unvaccinated children and staff receive hepatitis A vaccine or immune globulin as soon as possible. If any members of your household become ill with fever, nausea or vomiting, fatigue, dark urine, or yellow skin or eyes, call the _____ Local Health Department at (phone number).

The immune globulin shot your child receives may interfere with immunizations for, measles, mumps, rubella, and chickenpox. If your child received one of these immunizations in the two weeks before receiving immune globulin, it should be repeated at a later date. Your child should not receive any of the above immunizations for at least 3 months after receiving immune globulin. Check with your healthcare provider

(Optional)

For your convenience, the _____ Local Health Department will hold a shot clinic at the child care center from (time) on (day). No person will receive an injection without a signed **Informed Consent Form** (attached).

Sincerely,

(Name)

(Local Health Department)

This letter should only be issued under the direction of a local public health department or the Center for Acute Disease Epidemiology (CADE) which is part of the Iowa Department of Public Health. Individual healthcare providers, school officials, and childcare providers are not authorized to independently issue this letter.

Reviewed: 8/23/2016