

**School Immunisation Team
Childhood 'Flu Vaccination**

Dear Parents/Guardians

From September 2016, the nasal 'flu vaccination will be available to all children in years 1, 2 and 3, to be given in school vaccinations sessions. The 'flu vaccine, which is in the form of a single dose of live vaccine that is administered via nasal spray, is highly effective and very acceptable to parents and children as it is NOT injected by needle.

If your child normally receives their 'flu vaccination at your GP's surgery because of medical indications such as asthma or diabetes, it can now be administered in school so that they are vaccinated with their peers; an appointment with your GP will not be necessary.

PLEASE NOTE:

- If your child has **severe asthma** and/or takes high dose inhaled steroids or steroid tablets, (or requires the injectable vaccine) please arrange to have the vaccination at your GPs.
- If your child is asthmatic and is **wheezing** on the day of vaccination, has wheezed in the previous three days or has needed to increase their reliever inhaler in the previous three days, the vaccination will be deferred until the wheezing has resolved.
- After you have returned the form, please let the team know if your child has taken **steroid tablets** because of their asthma in the two weeks prior to vaccination, or if your child has to increase their asthma medication. If your child is **wheezy** on the day of vaccination, please inform the school.
- If your child has **moderate asthma**, for which they take low-dose inhaled steroids, and has not received a 'flu vaccine before, a second dose will be required at least one month after the first.
- If you are **unsure** of your child's medical or vaccination history, please check with your GP before returning the form.
- If you **consent** to the vaccination, please do not then let your child be vaccinated at the GP's in the meantime.
- Please keep this letter for future reference.

The dates of the vaccination sessions will be arranged between the School Immunisation Team and the school, and will take place during the Autumn Term so that your child is immune during the winter 'flu season. If your child is absent on the day of vaccinations, a second attempt will be made to offer the vaccination to your child.

With this letter you will find a consent form and further information. If you would like your child to receive the vaccination, please fully complete the consent form, including the important medical information section, as any gaps may mean that we cannot give the vaccine. Please note, that by your giving consent, you are agreeing to your child's electronic health record being updated by CCS NHS Trust, and your GP being notified. If the form is not returned, your child will not be vaccinated.

PLEASE ENSURE THAT THE FORM IS RETURNED TO SCHOOL AS SOON AS POSSIBLE

If you require further advice or information, please contact the School Immunisation Team: 01473 599140 or email the Imms Team at: ccs-tr.suffolkimmsteam@nhs.net. Further information can be found in the enclosed leaflet, or online by searching 'childhood vaccinations' at: www.nhs.uk. The medical information can be accessed by typing 'Fluenz Tetra' into the search bar on this link: <https://www.medicines.org.uk/emc/> A child-friendly film can be viewed at: <http://www.nhs.uk/video/pages/flu-heroes-nasal-flu-spray-for-kids.aspx>

Yours faithfully



Adam Hutchinson
School Immunisation Team Nurse Lead (Suffolk)

School Immunisation Team - 'Flu Vaccination Consent Form

Child's Surname (and any previous Surname):	Child's Forename(s):	Date of Birth:
		Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>
Address & Postcode: (please write previous address overleaf if less than 3 years)	Phone number of parent/guardian:	
	Email of parent/guardian:	
GP Practice: Name & Address:	NHS Number:	
School Name:	School Year Group:	Age of child at vaccination session:

Important medical information

<p>Has your child been diagnosed with asthma? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, and your child is currently taking inhaled steroids (i.e. a preventer inhaler), please write the medication name and daily dose (e.g. Budesonide 100 micrograms, 4 puffs daily)</p> <p>If yes, and your child takes steroid tablets because of their asthma, please write name and dosage:</p> <p>On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days or if their asthma medication has increased.</p>	Has your child had a confirmed severe egg allergy (needing hospital care)?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Has your child had a confirmed anaphylactic reaction to a previous flu vaccine?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is your child allergic to Gentamicin or Gelatin?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Does your child have a condition, or are they receiving treatment, that severely affects their immune system (e.g. leukaemia)?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is anyone living in your household having treatment that severely affects their immune system (e.g. bone marrow transplant)?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is your child receiving salicylate therapy (e.g. aspirin)?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Does your child have any long-standing medical conditions?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Does your child have any other allergies?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Has your child received a flu vaccine before (either by injection or nasally)? If yes, date:	Yes* <input type="checkbox"/> No <input type="checkbox"/>
*If you answered yes to any of the above, please give details:		
IF YOU ARE UNSURE OF ANY ANSWERS, CHECK WITH YOUR GP BEFORE RETURNING FORM		

Consent for my child to receive the live 'flu nasal vaccination course **

YES, I CONSENT:	<i>**if your child has a long-standing medical condition and has not received the flu vaccination previously, a second dose may be necessary one month after the first.</i>	
Signature of parent/guardian (with parental responsibility):		1st
Relationship to child:	Date:	2nd

NB The nasal vaccine contains porcine gelatin. There is no suitable alternative 'flu vaccine available for healthy children.

OFFICE USE ONLY

Date:	Time:	Batch number/Expiry date:	Immuniser - sign, print & designation:	Location:
1 st dose of Fluenz as per PGD				
2 nd dose of Fluenz as per PGD				
1 st Dose: Nurses' Checklist:	Nurses' Comments:			2 nd Dose: Nurses' checklist:
Age				Age
Allergies				Allergies
Asthma				Asthma
Medication				Medication
Recent vaccines				Recent vaccines
Febrile illness	Febrile illness			