08/21 DJ/CS

Shropshire Community Health NHS
NHS Trust

Shrewsbury

Shropshire
SY1 3GZ
01743 730028

Email: shropcom.immunisationteam@nhs.net
Website: www.shropscommunityhealth.nhs.uk

Dear Parent/Guardian

Your child's annual Flu immunisation (Flu Spray) is now due.

All **Primary school-aged children in Reception Year to Year 6 (aged 4 to 10 years old on 31st August 2021)** will be offered the vaccine.
All **Secondary school-aged children in Year 7 to Year 11 (aged 11 to 15 years old on 31st August 2021)** will be offered the vaccine.
Children who attend specialist schools will be offered the Flu Nasal Spray from Reception up to their 18th Birthday.

This vaccination programme is in place to help protect your child against flu. Flu can be an unpleasant illness and sometimes causes serious complications. Vaccinating your child will also help protect more vulnerable friends and family by preventing flu from spreading. The vaccination is free and recommended for young children, and will be given by a quick and simple spray up the nose. Our immunisation team will be responsible for ensuring children receive the Fluenz nasal spray in schools.

Please complete the attached consent form, (<u>one for each child</u>) detach from the letter and return the completed consent form to the school within **one week** to ensure your child receives their vaccination. Last year, most children offered the Flu spray in schools had the immunisation. **Clinics will be available for children to access if they do not receive the Flu spray on the day we are in school.**

If you wish to receive the Inactivated Porcine-free Vaccination, please contact the Immunisation Team for the alternative Flu consent form.

If you have any queries, contact the Immunisation Team. Frequently asked questions and answers can be seen on the next page.

The NHS Friends and Family Survey is a way of gathering your feedback about your experience and helps to drive improvement in our service. To complete the online survey please use the following link: http://www.shropscommunityhealth.nhs.uk/fft-survey.

Yours sincerely,



Debbie Jones
Immunisation Lead

If your child becomes wheezy or has their asthma medication increased after you return this form, please contact the Immunisation Team via school on the day.

If you decide you do not want to vaccinate your child against flu, please return the form indicating **<u>No consent</u>**. This will help us plan and improve the service.

►► Why should children have the flu vaccine?

Flu can be a very unpleasant illness in children causing fever, stuffy nose, dry cough, sore throat, aching muscles and joints, and extreme tiredness. This can often last several days.

Some children can get a very high fever, sometimes without the usual flu symptoms, and may need to go to hospital for treatment. Serious complications of flu include a painful ear infection, acute bronchitis, and pneumonia.

►► My child had the flu vaccination last year. Do they need another one this year?

Yes; the flu vaccine for each winter helps provide protection against the strains of flu that are likely to circulate this year and which may be different from last year. For this reason we recommend that even if vaccinated last year, your child should be vaccinated again this year.

►► How will the vaccine be given?

For most children, it is given as a nasal spray.

►► Who will give my child their vaccination?

Children aged two and three years will be given the vaccination at their general practice usually by the practice nurse.

Children in **Primary schools from Reception to Year 6** will be offered the vaccination in school**.**
Pupils in Secondary schools from reception to Year 7 to 11 will be offered the vaccination in school**.**

Children who attend specialist schools will be offered the Flu Nasal Spray from Reception up to their 18th Birthday.

►► How does the nasal spray work?

The nasal spray contains viruses that have been weakened to prevent them from causing flu but will help your child to build up immunity. When your child comes into contact with flu viruses they will then be less likely to get ill.

►► Are there any side-effects of the vaccine?

Serious side-effects are uncommon. Children may commonly develop a runny or blocked nose, headache, general tiredness and some loss of appetite. This may last a few days.

The vaccine is absorbed quickly in the nose so, even if your child sneezes immediately after having the spray, there's no need to worry that it hasn't worked.

►► Are there any children who shouldn't have the nasal vaccine?

Children should not have the nasal vaccine if they:

- Are currently wheezy or have been wheezy in the past three days (vaccination should be delayed until at least three days after the wheezing has stopped)
- Are severely asthmatic, i.e. being treated with oral steroids or high dose inhaled steroids
- Have a condition, or on treatment, that severely weakens their immune system or have someone in their household who needs isolation because they are severely immunosuppressed
- Have severe egg allergy. Most children with egg allergy can be safely immunised with nasal flu vaccine. However, children with a history of severe egg allergy with anaphylaxis should seek specialist advice. Please check with your GP
- Are allergic to any other components of the vaccine

►► Does the nasal vaccine contain gelatine derived from pigs (porcine gelatine)?

Yes. The vaccine contains a form of porcine gelatine, Nasal Flu remains the most effective vaccine for this age group, however this year an alternative is available: Please contact The Immunisation Team on 01743 730028. **Please do not complete this form for the alternative vaccine.**

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FLU IMMUNISATION CONSENT FORM 2021/2022

Immunisation Team
Phone: 01743 730028

Parent/Guardian to complete **both** sides please.
Please return this completed form to school within **One Week.**

First Name:	**Last Name:**	**Date of Birth:**
NHS No *(if known):*	**GP Name and Address:**	**School Name:** **Year:** **Class/Form:**
Address and Postcode:		
Daytime phone number of parent / guardian:		

Important information about this immunisation which is given as a nasal spray

Has your child been diagnosed with asthma? **Yes** ☐ **No** ☐ If **'yes'** and your child is currently taking inhaled steroids (i.e. uses a preventer or regular inhaler), please enter the medication name and daily dose *(e.g. Budesonide 100 micrograms 4 puffs daily)* If **'yes'** and your child has taken steroid tablets because of their asthma in the past two weeks please give details: **Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned the form or has been wheezy.**	Has your child had a flu vaccination since **September 2021** at a GP's or another school? **Yes** ☐ **No** ☐ *Date when last given*: Is your child currently having treatment that severely affects their immune system? *(For example; they are receiving treatment for leukaemia)* **Yes** ☐ **No** ☐ Is anyone in your family currently having treatment that severely affects their immune system? *(For example; they need to be kept in isolation or are receiving chemotherapy)* ***If YES please answer questions on the reverse*** **Yes** ☐ **No** ☐ Does your child have an egg allergy? *(that's required hospital treatment)* **Yes** ☐ **No** ☐ Is your child receiving salicylate therapy? (*i.e. aspirin)* **Yes** ☐ **No** ☐ **Please list any Allergies/Medicines:** If you answered '**yes**' to any of the above, please give details. Please tell us if your child has any other long term medical conditions i.e. Diabetes: **On the day of vaccination, please let the immunisation team know if your child has been unwell or required medication such as Paracetamol (Calpol®).**

Information about the vaccination will be entered onto your childs health records, including records at your GP practice and those held by the NHS.

Consent for immunisation for my son/daughter to receive the flu nasal spray, <u>Complete only one box below.</u>

As the Parent/Guardian with parental responsibility **YES**, I consent for my child to receive the flu Spray **Your Relationship to the Child:** **Print Name:**	As the Parent/Guardian with parental responsibility **NO, I do not consent** to my child receiving the flu Spray **Your Relationship to Child:** **Print Name:**
Signature:	**Signature:**
Date:	**Date:**

The Fluenz nasal spray is a **live vaccine** and sometimes it is necessary for young children receiving this treatment **not** to have contact with family members immediately following vaccination. Please contact the **Immunisation Team** if you require further information.

NB. The nasal flu vaccine contains porcine gelatine (derived from pigs). Nasal Flu remains the most effective vaccine for this age group, however this year an alternative is available: Please contact The Immunisation Team on 01743 730028.

Please do not complete this form for the alternative vaccine.

If anyone within the family is currently having treatment that severely affects their immune system *(For example; they need to be kept in isolation or are receiving chemotherapy)* please answer the following questions. There is a theoretical potential for transmission of live attenuated influenza virus to immunocompromised contacts for one to two weeks following vaccination.

Please state the family member receiving treatment? _____

How frequently does your child have contact? *i.e. Daily; Weekly; Two Weekly: Rarely:* _____

Has the person in isolation or receiving chemotherapy received the Inactivated Influenza vaccination? ☐ **Yes** ☐ **No**

If yes please state the date they received their Inactivated Flu vaccination: ☐

Please confirm you understand the above information ☐ **Yes** ☐ **No**

If your child has an on-going medical condition not already mentioned or communication difficulties that you would like to tell us about to assist the immunising nurses, please contact the team.

GDPR For parents: This information will be shared by your child's Immunisation team for the following reasons:

1. Public Health England (PHE) to provide data to Commissioners for the immunisation service.
2. SSHIS: Staffordshire County Council's ICT department and Shropshire Health Informatics Service (SSHIS) work together to record and report data to GP's.

If you would like (further) details about the way we handle your child's information please ask for a copy of our Privacy Notice or access the Privacy Notice by going to **https://www.shropscommunityhealth.nhs.uk/content/doclib/10648.pdf**

- **For Office Use Only: School Aged Immunisation Service.**

Registered Nurse Assessment: **Child suitable for immunisation:** ☐ **Yes** ☐ **No** **Signature:** **Print Name:** **Date:**	**Child not immunised today because:** **Not well enough today:** **Refused (not given)**

Vaccine	**Batch number/expiry**	**Immuniser signature**	**Immuniser print Name**	**Date Given**
Fluenz Tetra (0.2 ml) **Nasal spray**				
Entered on to RiO	Date:	**Print Name**	Initials:	