

Shrewsbury

Shropshire SY1 3GZ 01743 730028

Email: shropcom.immunisation team@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.

We are visiting Dothill Primary School on Thursday 14th October 2021

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, (one for each child) detach from the letter and return the completed consent form to the school by Monday 11th October 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 **No consent**. 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)?

<u>Yes.</u> 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.**





NHS Trust

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):			School Name:			
Address and Postcode:	GP Name	and Address:				
			Year:			
Daytime phone number of parent /			Class/Form:			
guardian:						
Important information about this immuni	sation whi	ch is given as a nasal spra	V			
		Has your child had a flu vaccination since September 2021 at a GP's or another school? Date when last given:				
Has your child been diagnosed with asthma	? Is you	Is your child currently having treatment that severely				
Yes No		affects their immune system? (For example; they are receiving treatment for leukaemia) Yes No				
If ' yes ' and your child is currently taking		Is anyone in your family currently having treatment that severely				
inhaled steroids (i.e. uses a preventer or		affects their immune system? (For example; they need to				
regular inhaler), please enter the medication name and daily dose (e.g. Budesonide 100		be kept in isolation or are receiving chemotherapy) If YES please answer questions on the reverse Yes No				
micrograms 4 puffs daily)	Does	Does your child have an egg allergy? (that's required hospital treatment) Yes No				
	Is you	Is your child receiving salicylate therapy? (i.e. aspirin) Yes No				
If 'yes' and your child has taken steroid tablets because of their asthma in the past two weeks please give details:		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:				
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. On the know		on the day of vaccination, please let the immunisation team now if your child has been unwell or required medication such s 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/da	ughter to r	eceive the flu nasal spray,	Complete only one box below.			
As the Parent/Guardian with parental responsibility YES , I consent for my child to receive the flu Spray			As the Parent/Guardian with parental responsibility NO, I do not consent to my child receiving the flu Spray			
Your Relationship to the Child:		Your Relationship to C	Your Relationship to Child:			
Print Name:		Print Name:	Print Name:			
Signature:		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.

Entered on to RiO

Date:

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.

immunocompromise	ed contacts for one to	two wee	eks following vacci	nation.				
Please state the fa	mily member receiv	ing trea	tment?					
How frequently does your child have contact? i.e. Daily; Weekly; Two Weekly: Rarely:								
• —	isolation or receivir 'es	ng chem	otherapy received	d the Inactivated Influen	za			
If yes please state the date they received their Inactivated Flu vaccination:								
Please confirm you	u understand the ab	ove info	ormation Yes	s No				
•	n on-going medical of about to assist the im		· ·	tioned or communication contact the team.	difficulties that you			
1. Pub 2. SSF worl If you would like (furth or access the Privacy	lic Health England (PH HIS: Staffordshire Coun k together to record and er) details about the wa	E) to provity Councid report day we har os://www.	vide data to Commissil's ICT department a ata to GP's. Indle your child's infor Indle shropscommunity	eation team for the following sioners for the immunisation and Shropshire Health Informs mation please ask for a copy health.nhs.uk/content/docl	service. natics Service (SSHIS) y of our Privacy Notice			
Registered Nurse Assessment:								
				Child not immunised today because:				
Child suitable for immunisation: Yes No			Not well enough today:					
Signature:		Refused (not given)						
Print Name:								
Date:								
Vaccine Batch number/expiry Immunis		er signature	Immuniser print Name	Date Given				
Fluenz Tetra (0.2 ml)								
Nasal spray								

Print Name

Initials: