DETACH AND KEEP THIS LETTER FOR YOUR INFORMATION

NHS
Sussex Community
NHS Foundation Trust
Immunisation Service
Brighton General Hospital
Elm Grove
Brighton
BN2 3EW

DETACH HERE

Dear Parent/Guardian

Influenza Vaccination for Children

From October 2018 Sussex Community NHS Foundation Trust, Immunisation Service will offer the Influenza nasal spray vaccination to all children, in year groups Reception up to and including Year 5 in primary schools across Brighton & Hove and West Sussex.

Your child will be offered the Influenza vaccine that is given as a simple spray up the nose. It is painless, very quick, and has minimal reported side effects. This vaccination programme is designed to protect your child against Influenza which can be an unpleasant illness. By your child having the Influenza vaccination, they will also help to protect those who are at greater risk from Influenza including infants, older people and those with an underlying health condition.

Please complete the attached form; in capitals; stating whether or not you are consenting to your child receiving the Influenza vaccination. Please put each child's name and date of birth clearly, (one form for each child, please). Detach and return the form to their school within **7 days** of receipt of this letter. *If your child's form is returned less than a week prior to the vaccination session we may not be able to vaccinate your child on the day, they will be given information on available Catch Up Clinics*. If you wish your child's consent form to be confidential please return to school in an envelope.

Should you change your mind after you have returned the consent form, please put this in writing stating student's name, date of birth, school name and the change you wish to make. Give this to the school reception marked 'Urgent for the attention of the Immunisation Service'.

If you do not want your child to have this vaccination, we would be grateful if you could return the consent form to school giving your reasons for declining. This will help us in the development of the Influenza vaccination programme in the future.

If your child has Asthma, please ensure you read the section below.

If your child's asthma has worsened that:

- **Up to 14 days before vaccination they have required oral steroids or increased inhaled steroids**
- **Up to 3 days before vaccination your child has become wheezy**

Please inform the Immunisation Service by letter, including your child's name, address and date of birth, and give it to the school on the day of vaccination. Vaccination will be deferred in the above cases.

We look forward to hearing from you.

Yours sincerely

Rosanna Raven
Clinical Service Manager – Immunisation Service

Immunisation Service contact telephone numbers:
01273 696011 ext. 3789 / 8100 **01293 600300 ext. 3985**

Excellent care at the heart of the community

Common Questions About The Children's Influenza Vaccination

Please read before vaccination. For detailed information on Fluenz Tetra * http://xpil.medicines.org.uk enter Fluenz Tetra. Influenza information leaflet https://www.gov.uk/government/publications/easy-read-childhood-nasal-flu-leaflet

Why should children have the Influenza vaccine?
Influenza can be an unpleasant illness causing fever, stuffy nose, dry cough, sore throat, aching muscles and joints, and extreme tiredness. This can last several days and may need hospital treatment. Serious complications include a painful ear infection, bronchitis, and pneumonia.

What vaccine is being offered?
The vaccine is called Fluenz Tetra. It offers protection against four strains of the Influenza virus which are anticipated to be circulating in the UK this winter. The virus in the vaccine is live, but it has been weakened so that it cannot cause the illness in healthy people.

What are the benefits?
It can reduce the circulation of Influenza and can protect the wider community, particularly those for whom Influenza poses a serious health risk.

Is it safe?
Yes. The vaccines had undergone rigorous safety testing before being licensed for use in the UK. Over the last few years the programme for giving children the nasal Influenza vaccine has been gradually introduced in the UK, and thousands of children have safely received the vaccine.

Who will give my child their Influenza vaccination and what does it involve?
A team of healthcare workers led by a trained nurse will be vaccinating in the school. It is a quick spray of vaccine into each nostril. No needles. No pain.
The vaccine contains viruses that have been weakened to prevent them from causing Influenza, but will help your child to build up immunity. When your child comes into contact with the Influenza virus they will be less likely to become ill.

Are there any side effects of the vaccine?
Serious side effects are uncommon. Children may develop a runny or blocked nose, headache, tiredness and reduced appetite, lasting a few days. The vaccine is absorbed quickly so, even if your child sneezes immediately after having had it, there's no need to worry that it hasn't worked.

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 that severely weakens their immune system or have someone in their household who needs isolation
- have severe egg allergy. However, children with a history of severe egg allergy should seek specialist advice. Please check with their GP.
- are allergic to any other components of the vaccine.*
- children who have been vaccinated with the nasal spray should avoid household contact with people with very severely weakened immune systems for around two weeks following vaccination.

My child is using a nasal spray (including steroid sprays). Should they still have the vaccine?
Yes they should, nasal sprays including steroid nasal sprays are not contraindicated when having the nasal Influenza vaccination.

My child has been identified as being at high risk from flu due to a medical condition or treatment.
Please indicate if your child is considered at high risk from flu on your consent form. If your child is at high risk from Influenza but can't have the nasal Influenza vaccine, you should contact your GP surgery.

My child had the Influenza vaccination last year. Do they need another one this year?
Yes; the Influenza vaccine for each winter has strains of Influenza that may be different from last year. We recommend that children should be vaccinated annually.

Does the nasal vaccine contain gelatine derived from pigs (porcine gelatine)?
Yes, the vaccine does contain a highly processed form of porcine gelatine, to keep the vaccine stable and effective. There is no porcine free alternative available for children in the non 'at risk categories'. Some faith groups may have concerns about this.
The World Health Organisation and the Islamic Organisation for Medical Sciences advised gelatine derived from impure animals for use in medicines has been sufficiently transformed so as to make its consumption permissible.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/386842/2902998_PHE_FluPorcine_QAforParents_FINAL_CT.pdf

What if my child only has the vaccine in one nostril?
A spray in each nostril is to maximize contact with the cells in the nose. A single spray does induce an immune response.

What if my child is not in school on the day?
Your school will have details of Immunisation Service community clinics that are available for missed flu vaccinations.

If you have any further questions. Please do not hesitate to contact us at **SC-TR.fluvacc@nhs.net**

INFLUENZA VACCINATION CONSENT FORM 2018 / 2019

Sussex Community NHS
NHS Foundation Trust

The Q&A sheet that accompanies this form tells you about the Influenza vaccination and why it is being offered. If you have more questions, please contact the Immunisation team on 01273 696011 ext. 3789 / 8100 or 01293 600300 ext. 3985 or visit the NHS Choices website www.nhs.uk (search for flu vaccine) or alternatively send an email with your questions to sc-tr.fluvacc@nhs.net

Child's full legal name *(first name and surname)* ***and*** *name known as if different:*		**Date of Birth:**
		Male ☐ **Female** ☐
Home address:	Daytime **contact telephone number** / mobile for Parent(s) / Guardian(s) *We may use this number to contact you regarding vaccination.*	
Postcode:	NHS Number *(if known):*	Ethnicity:
School:		**Year group:**
GP Surgery name and address:		**Class name:**

Please tick either YES or NO for all of the following questions.	**YES**	**NO**
Does the above named child have any severe allergies to egg, gentamicin or previous flu vaccination?		
Is the above named child immunocompromised? *E.g. undergoing treatment for Leukaemia or in isolation*		
Are any household members having treatment that severely affects their immune system requiring isolation? E.g. *chemotherapy, bone marrow transplant. If so, avoid close contact with them for 2 weeks*		
Is the above named child taking any medication? **If yes, give details of medication and doses overleaf** (E.g. Inhalers, immunosuppressants etc.)		
Does the above named child suffer with a respiratory / heart / kidney / liver / neurological condition or have diabetes, coeliac disease, sickle cell or splenic dysfunction?		

Consent for Influenza vaccination programme (Please complete one box only)

YES, I CONSENT

for the above named child to receive the Influenza vaccine.

By signing this form I confirm the following statements:

I confirm I have parental responsibility for the above named child

I have read and understood the information given to me about the Influenza nasal vaccine.

I understand that this information will be held in the above named child's health record and also shared with their GP.

Full Name of Person with Parental Responsibility:

Signature of Person with Parental Responsibility:

Date:

NO, I DO NOT CONSENT

for the above named child to have the Influenza vaccine.

Please tick reason for declining below and return form to the school.

☐ My child has had (in the past four months) or will be having the vaccine at our GP surgery.
☐ Do not feel that the vaccine is necessary.
☐ Due to a previous allergic reaction to the vaccine.
☐ Due to the contents of the vaccine.
☐ Other *(please state)* use separate sheet if necessary
.....

Full Name of Person with Parental Responsibility:

Signature of Person with Parental Responsibility:

Date:

Office Use – Initial appropriate box(es) No action ..... Demographic query ..... Clinical query ..... Query completed .....

Thank you for completing this form. Please detach and return to the school within one week of receipt

Academic Year 2018/19

Medication – extra information	Dose	Times

FOR OFFICE USE ONLY

Vaccination Not Received – Date & Initial Reason

Unwell ☐	Refused ☐	Withdrawn Consent ☐	Absent ☐	Other ☐ Detail on Communication Sheet
Date:	Date:	Date:	Date:	
Initial:	Initial:	Initial:	Initial:	

Eligibility assessment on day of vaccination *(Please tick as appropriate)*	YES	NO
Has the parent/child reported the child being wheezy over the past three days?		
If the child has asthma, has the parent/child reported any reason why vaccination should be postponed? e.g: *Use of oral steroids or, an increase in inhaled steroids in the past 14 days?*		
Is the child unwell (with fever) today or has an audible wheeze?		
Does the child have any contraindications today for the Nasal Influenza Vaccination		
Letter received from parent		

Date of vaccination	Batch No & expiry date	Nurse checking & supplying vaccine (print & sign)	Administered by (Initial)

Information given as per PGD *(Please tick)* ☐	Where administered? (if not school)	School

NAME:		*Child demographics to be completed if scanning or photocoping this form.*	
DOB:		NHS No:	

IMMUNISATION COMMUNICATION RECORD

Date/Time		Name, Title & Signature