

## Influenza immunisation for your child in school years Reception - 11

This year, all pupils from Reception to year 11 are being offered a flu vaccine at their school given as a simple squirt up the nose. It is painless, quick, and side effects are uncommon and generally mild. All pupils in special needs schools are eligible for the influenza immunisation. This is NOT the Covid Vaccination.

By having the flu vaccination, children are protected against the flu, which can be serious. Importantly, they are also less likely to pass the virus on to friends and family, especially those who may be at high risk from flu, such as babies, elderly people or friends and relatives with a serious health condition. It is predicted that we will see an increase in flu this year, due to previous lockdown measures and lack of natural protection. Vaccination is strongly advised to protect your child, your wider family and your community.

**If you would prefer for your child to receive the flu injection, which does not contain porcine gelatine, please let your immunisation team know as soon as possible.** The nasal spray offers the best protection from flu for children and young people, but there is an alternative flu vaccine available as an injection.

The consent form is also available on our website: [www.schoolvaccination.uk](http://www.schoolvaccination.uk)

Please find attached some frequently asked questions (FAQs) about this vaccine. In addition, information about this vaccine can be obtained using the following link:

<https://www.nhs.uk/conditions/vaccinations/child-flu-vaccine-questions-and-answers/>

**Please complete and sign the attached consent form\* (one for each child) and **return it to the school within 1 week.****

*\*The person who has parental responsibility must sign the consent form.*

**IF YOU WISH TO REFUSE THE VACCINE, PLEASE COMPLETE THE FORM AND TELL US WHY.**

**IT IS IMPORTANT THAT YOU RETURN THE FORM EVEN IF YOU DO NOT WANT YOUR CHILD TO HAVE THE VACCINE.**

**If you would like further information, you can also contact us by email or telephone. Please include your child's school information when you contact us. Please see team contact details below.**

### LONDON:

Barking and Dagenham	0203 432 1464	BarkingandDagenham@v-uk.co.uk
Hackney & City	0207 613 8374	HackneyandCity@v-uk.co.uk
Haringey and Islington	0208 017 7925	Haringeyandislington@v-uk.co.uk
Havering	0203 432 1971	Havering@v-uk.co.uk
Newham	0208 214 1394	Newham@v-uk.co.uk
Redbridge	0203 432 1537	Redbridge@v-uk.co.uk
Tower Hamlets	0203 613 9422	Towerhamlets@v-uk.co.uk
Waltham Forest	0208 214 1219	WalthamForest@v-uk.co.uk

### HERTFORDSHIRE:

East, North & West Hertfordshire		hertfordshire@v-uk.co.uk
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### EAST ANGLIA:

Norfolk, Suffolk, Peterborough & Cambridgeshire	01462 341173	EastAnglia@v-uk.co.uk
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**WEST MIDLANDS:**

Dudley	01902 682674	vaccinationdudley@evguk.co.uk
Herefordshire		Herefordshire@v-uk.co.uk
Sandwell		sandwell@v-uk.co.uk
Walsall	01902 683049	vaccinationwalsall@evguk.co.uk
Wolverhampton	01902 682922	vaccinationwolverhampton@evguk.co.uk
Worcestershire		Worcestershire@v-uk.co.uk

If your child has asthma and becomes wheezy or has their medication increased after you return this form, please contact the immunisation team on the number or email above.

For information about how we use your child's data, please see the 'Privacy Notice' section of our website: [schoolvaccination.uk](https://schoolvaccination.uk)

For more information on the vaccine, please see 'More information about Fluenz Nasal Flu Vaccine' below.

Yours Sincerely,

***The School Immunisation Team***

*\*The consent form needs to be signed by a person with parental responsibility which includes:*

- Mother: automatic
- Father: if married to the mother either when baby is born or marries subsequently
- Unmarried father: if name appears on birth certificate (since 1/12/03) or legally acquired
- Others: if parental responsibility is legally acquired
- Parental Responsibility Agreement: signed, properly witnessed and sent for registration to Principle Registry or the Family Division (High Court)
- Residence Order: granted by the Court

## More information about Fluenz Nasal Flu Immunisation:

### ***Are there any side effects of the vaccine?***

Possible side effects are: decreased appetite, headache, a runny or blocked nose, or a mild temperature. These are common, but they pass quickly and can be treated with paracetamol or ibuprofen if you feel your child needs it. These are more common with the first ever dose of flu vaccine and should reduce with doses in the following years.

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

You should let us know if your child has any of the following:

A **very severe** allergy to eggs, egg proteins, gentamicin or gelatine – it is important for us to know if your child has been admitted to hospital with a condition called anaphylaxis, triggered by these things. Are currently wheezy or have been wheezy in the past **72 hours with asthma**. There is an alternative flu vaccine that we can talk to you about to ensure that your child is protected as soon as possible. Have a condition that severely weakens their immune system.

Also, children who have been vaccinated should avoid *close* contact with people with very severely weakened immune systems for around two weeks following vaccination. This is because there's an extremely remote chance that the vaccine virus may be passed to them.

**Contact with other healthy children or adults does not need to be limited after having the vaccine.**

### ***Can the vaccine strain of flu be spread to others who have not been vaccinated? (Viral shedding)***

Unvaccinated contacts are ***not at risk*** of becoming seriously ill with the weakened flu vaccine virus, either through being in the same room where flu vaccine has been given, or by being in contact with a recently vaccinated pupil. No 'mist' of vaccine virus escapes into the air and therefore, there is no need for any child or staff member to be excluded from school during the period when the vaccine is being offered or in the following days. The tiny number of children who are extremely immunocompromised (for example those who have just had a bone marrow transplant), are already advised not to attend school because of the much higher risk of contact with other infections that spread in schools. Although vaccinated children do shed vaccine virus for a few days after vaccination, the virus is less able to spread from person to person than the natural infection. The amount of virus shed is normally below that needed to spread infection to others and the virus does not survive for long outside of the body. This is in contrast to natural flu infection, which spreads easily during the flu season. In schools where vaccine is being offered therefore, the overall risk of contact with influenza viruses is massively reduced by having most children vaccinated.





# Nasal Flu Immunisation Consent Form



Parent / Guardian: please complete ALL sections on this page.

Child's full name: (first name and surname)		Date of Birth:
Home address:		Emergency contact number for parent or guardian:
Postcode:		Gender of child ( <i>please circle</i> ): <b>Male</b> <b>Female</b>
Email:		
NHS Number ( <i>if known</i> ):		Ethnicity of child:
GP name and address:		GP telephone number:
School:		Year Group/Class:

## CONSENT FOR IMMUNISATION (Please complete ONE box only)

The person with parental responsibility must sign this form – for more information, go to:  
<https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

<i>I have read and understood the leaflet supplied</i>	<i>I have read and understood the leaflet supplied</i>
<b>YES</b> , I want my child to receive the flu immunisation.	<b>NO, I DO NOT</b> want my child to receive the flu immunisation.
Parent / Guardian name:.....	Parent / Guardian name:.....
Signature:.....	Signature:.....
Date:.....	Date:.....
	Reason for refusal:.....

NB: The nasal flu vaccine contains products derived from porcine gelatine. There is no suitable alternative flu vaccine available for otherwise healthy children. More information for parents is available from [www.nhs.uk/child-flu](http://www.nhs.uk/child-flu)

Please also answer the questions below – if you answer YES to any questions, please give details:		
1.	Has your child had the flu vaccine in the past <b>3 months</b> ?	Yes / No
2.	Did your child receive the flu vaccine <b>last</b> winter?	Yes / No
3.	Does your child have a disease or treatment that severely affects their immune system (eg: leukaemia)	Yes / No
4.	Is anyone in your family currently having treatment that severely affects their immune system? (eg: they need to be kept in isolation)	Yes / No
5.	Does your child have a severe egg allergy (needing hospital care)?	Yes / No
6.	Is your child receiving aspirin therapy (salicylate therapy)?	Yes / No
7.	Is your child on regular steroid medication?	Yes / No
8.	Has your child had a severe ( <i>anaphylactic</i> ) allergic reaction to any previous vaccines given?	Yes / No
If you answered yes to any of the above please provide details here:.....		

### Asthmatic children ONLY:

Please enter the medication / inhaler name and daily dose (puffs):   
eg: Budesonide 100 micrograms, 4 puffs per day

Is your child's asthma (please circle one):      **MILD**      **MODERATE**      **SEVERE**

Has your child taken **steroid** tablets in the past two weeks for their asthma?      **YES / NO**

If you answered **yes**, please give the date the tablets were finished? .....

Please let the immunisation team know if your child has to increase their asthma medication after you have returned this form OR if the child has been wheezy or unwell WITH ASTHMA within 72 hours prior to the immunisation day.

**FOR OFFICE USE ONLY**

**ELIGIBILITY ASSESSMENT ON THE DAY OF VACCINATION:**

- **Has the child been assessed as suitable for receiving LAIV today?** YES / NO
- **If the child has asthma, has the parent / child reported:**
  - Use of oral steroids in the past 14 days: YES / NO
  - An increase in bronchodilator use since consent form completed: YES / NO

*Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered IM inactivated vaccine if their condition does not improve within 72 hours to avoid a delay in vaccinating this 'at risk' group.*

- If the child is not suitable to receive LAIV, has IM influenza vaccine been given today? YES / NO
- If **YES** – name of parent / guardian who has given consent for IM flu vaccine:  
Name:.....  
Relationship to child:.....  
Date / time contacted:.....
- If the IM influenza vaccine has **not** been given today, has the child been referred back to their GP? YES / NO

**Child not immunised today because:**

- High Temperature
- Not well enough today
- Refused none given  Refused partially given  Child Refused

**Nurse assessors NAME and SIGNATURE:**

**Live intra nasal influenza vaccine details:**

IMMUNISATION	BATCH	EXP DATE	GIVEN BY: PRINT NAME	SIGNATURE / DESIGNATION	TIME / DATE
live intra nasal influenza vaccine					

**If Intramuscular (IM) vaccine given today:**

Manufacturer:

Batch:

Expiry:

Site given:

Given by:

- Name of nurse.....
- Signature.....

***Additional notes:***