

**Children and Families Services**

Immunisation Team  
Coral House  
11 Longbow Close  
Harlescott Lane  
Shrewsbury  
Shropshire  
SY1 3GZ  
01743 450800

**Your Vaccination Date is:**

Email: [shropcom.immunisationteam@nhs.net](mailto:shropcom.immunisationteam@nhs.net)

Website: [www.shropscommunityhealth.nhs.uk](http://www.shropscommunityhealth.nhs.uk)

Dear Parent/Guardian

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

All school children in **Reception, Year 1, Year 2, Year 3, Year 4, Year 5 and Year 6** born between 01/09/2008 to 31/08/2015 will be offered the vaccine.

**Children who attend specialist schools will be offered the Flu Nasal Spray up to their 18<sup>th</sup> 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**, (one for each child) 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 vaccine in schools had the immunisation. There will be clinics for children to access if they do not receive the Flu on the day we are in school.

If you have any queries contact the Immunisation Team. Frequently asked questions and answers can be seen on the next page. You may also find the short "Flu Fighter" video on Shropshire Community NHS Trust home page useful.

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 school years **Reception, Year 1, Year 2, Year 3, Year 4, Year 5 and Year 6**, will be offered the vaccination in school. Children who attend specialist schools will be offered the Flu Nasal Spray up to their 18<sup>th</sup> 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 nasal vaccine contains a highly processed form of gelatine (porcine gelatine), which is used in a range of many essential medicines. The gelatine helps to keep the vaccine viruses stable so that the vaccine provides the best against flu.

## FLU IMMUNISATION CONSENT FORM

Children and Families Services

Phone: 01743 450800

Parent/Guardian to complete **both** sides please.

Please return this completed form to school within **One Week**.

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>
<b>NHS No (Essential):</b>	<b>Gender:</b> Girl <input type="checkbox"/> Boy <input type="checkbox"/>	<b>School Name:</b>
<b>Address and Postcode:</b>	<b>GP Name and Address:</b>	
<b>Daytime phone number of parent / guardian:</b>		
		<b>Year:</b>
		<b>Class/Form:</b>

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

<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. uses a preventer or regular inhaler), please enter the medication name and daily dose (e.g. Budesonide 100 micrograms 4 puffs daily)</p> <p>If 'yes' and your child has taken steroid tablets because of their asthma in the past two weeks please give details:</p> <p><b>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.</b></p>	<p>Has your child ever had a flu vaccination? <i>Date when last given:</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>Is your child currently having treatment that severely affects their immune system? (For example; they are receiving treatment for leukaemia) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>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) <b>If YES please answer questions on the reverse</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>Does your child have an egg allergy? (that's required hospital treatment) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>Is your child receiving salicylate therapy? (i.e. aspirin) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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:</p> <p><b>On the day of vaccination, please let the immunisation team know if your child has been unwell or required medication such as Paracetamol (Calpol®).</b></p>	

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

**NB.** The nasal flu vaccine contains products derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children. For more information on the flu vaccination programme, go to <https://www.gov.uk/government/collections/annual-flu-programme>

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

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

### FOR OFFICE USE ONLY

Vaccine	Route	Batch number/expiry date	Immuniser (legible signature/print)	Date Vaccine Given
Fluenz Tetra (0.2 ml)	Nasal spray			

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.

**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.

What is the relationship to the child of 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 were immunised

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 use the space below.

Please list any Allergies/Medical Conditions:	Medicine taken if required:
	<p style="text-align: right;">Is this medicine in school? Please circle: YES or NO</p>

**- For Office Use Only: Comment Sheet for Vaccinations & Immunisations**

<p>Pre-vaccination assessment for flu completed <input type="checkbox"/></p> <p><b>Child not immunised today because:</b></p> <p>Not well enough today <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/></p> <p>Refused (<i>not given</i>) <input type="checkbox"/> Refused (<i>partially given</i>) <input type="checkbox"/></p> <p>Child suitable for immunisation: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: _____ Date: _____</p>
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Date & Time	Comments	Signature