

September 2015

Childhood Immunisation Team
Thirsk Health Centre
Chapel Street
Thirsk
YO7 1LX

Telephone 01845 521680
e-mail: childhood.immunisations@hdfn.nhs.uk

Dear Parent or Guardian,

Flu vaccination for children in Years 1 and 2

From October 2015 all children in years 1 and 2 will be offered flu vaccination through a nasal spray. This extension of the national flu immunisation programme to children is part of a phased introduction, based on the advice of independent experts.

Your child will be offered a flu vaccine that is given as a simple spray up the nose. It is painless, very quick, and serious side effects are uncommon. This vaccination programme is designed to protect your child against flu which can be an unpleasant illness and, although rarely, sometimes cause serious complications. By having the flu vaccination, children are also less likely to pass the virus on to friends and family. This will help to protect those who are at greater risk from flu including infants, older people and those with an underlying health condition. The flu vaccine provides protection against the strains that are predicted to circulate in the coming season. These strains may change from year to year which is why we recommend vaccination every year.

A leaflet explaining the programme is enclosed and at the end of this letter are answers to some commonly asked questions about flu and the vaccination. This information includes details about children for whom the nasal spray is not appropriate.

Please complete the enclosed consent form (one for each child, please) and return it to the school **within two weeks** of receipt of this letter, so your child can be given the vaccine. Please note if the consent form is returned after this date your child may not be able to have the vaccine. **If your child becomes wheezy or has their asthma medication increased just before or on the day of the vaccination session, please contact the Healthy Child Team on 01845 521680.**

We look forward to hearing from you.
Yours sincerely,

Childhood Immunisation Team

Please remember to return the consent form even if you DO NOT consent to the vaccination for your child, explaining the reason for your decision. This will help us in the development of the flu vaccination programme in the future

Flu immunisation consent form

Parent/guardian to complete

| Student details | | |
|---|--|---|
| Surname: | | First name: |
| Date of birth: | Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/> | School and class: |
| NHS number (if known): | Home telephone: | GP name and address: |
| Home address: | Parent/guardian mobile: | |
| Post code: | | |
| <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. <i>Budesonide 100 micrograms, four puffs per day</i>):</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>Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.</p> | | |
| <p>Has your child already had a flu vaccination in autumn 2015? 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) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does your child have a severe egg allergy? (needing hospital care) 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:</p> <p>On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.</p> | | |
| <p>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 www.gov.uk/government/collections/annual-flu-programme</p> | | |
| Consent for immunisation (please tick YES or NO) | | |
| <input type="checkbox"/> YES , I consent for my child to receive the flu immunisation. | | <input type="checkbox"/> NO , I DO NOT consent to my child receiving the flu immunisation. |
| <p>If 'NO' please give reason(s) below:</p> | | |
| <p>Signature of parent/guardian (with parental responsibility):</p> | | |

