



Influenza (Nasal Flu) immunisation for pupils in school years R - 11

Dear Parent/Carer,

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. <u>All</u> pupils in special needs schools are eligible for the influenza immunisation.

Please note, this is not the Covid vaccination.

This winter, there is a very high risk that the NHS could be overwhelmed with illness caused by influenza, and the death rate from flu could be higher too. It is now more important than ever to vaccinate as many people as possible against the flu. Children who have the flu vaccine are less likely to pass the virus on to friends and family, especially those who may be at greater risk from flu, such as infants, elderly people or friends and relatives with a serious health condition.

Attached are some frequently asked questions (FAQs) about this vaccine. You can also get more information about it 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 so your child can be given the vaccine in a timely way to protect them.

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

The consent form is also available on our website: www.schoolvaccination.uk, where it is available in English, as well as several other languages.

It is important to complete and return the form even if you do not want your child to have the vaccine.

If you would like further information, or you need help completing the form, you can contact the team in your child's school area by email or telephone. Please include your child's school information when you contact us. Our team contact details are over the page.

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 over the page.

We encourage you to share this information with your child / children.

Yours faithfully,

Amanda Schiller Clinical Director Vaccination UK





Immunisation Team Information

West Midlands:

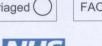
Dudley	Dudley@v-uk.co.uk	01384 431 712
Sandwell	Sandwell@v-uk.co.uk	01215 921 110
Walsall	Walsall@v-uk.co.uk	01922 902 035
Wolverhampton	Wolverhampton@v-uk.co.uk	01902 200 077

Herefordshire and Worcestershire:

Herefordshire	Herefordshire@v-uk.co.uk	01432 663 085 01527 390 030	
Worcestershire	Worcestershire@v-uk.co.uk		

Additional Information:

- *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







Nasal Flu Immunisation Consent Form

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

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me address: stcode:	elgason mod a	også Af Jagsverh földs Soch uda förda sige elde uda dom	Emergency contact number for parel guardian:		
nail:	CONTRACTOR	St natal content to a cook it	Gender of child (please circle): Male Female		
dS Number (if known):			Ethnicity of child:		
P name and address:	e-in-ac 1/4/11		GP telephone number:		
hool:			Year Group/Class:		
(P) The person with parental	Please complete responsibility	OR IMMUNISATION plete ONE box only) must sign this form – for more info esponsibilities/who-has-parental-re	ormation, go to: esponsibility		
I have read and understood the leaflet su	upplied	I have read and	understood the leaflet supplied		
ES, I want my child to receive the flu immunis	sation.	NO, I DO NOT want my child to receive the flu immunisation			
rent / Guardian name:		Parent / Guardian name:			
gnature:		Signature:			
ate:		Date:			
		Reason for refusal:			

lease also answer the questions below — if you answer YES to any questions, please give details:				
	Has your child had the flu vaccine in the past 3 months?	Yes / No		
	Did your child receive the flu vaccine last winter?	Yes / No		

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

Does your child have a disease or treatment that severely affects their immune system (eg: leukaemia) Is anyone in your family currently having treatment that severely affects their immune system? (eg: they

need to be kept in isolation) Does your child have a severe egg allergy (needing hospital care)?

Is your child receiving aspirin therapy (salicylate therapy)? Is your child on regular steroid medication?

Has your child had a severe (anaphylactic) allergic reaction to any previous vaccines given? you answered yes to any of the above please provide details here:....

Yes / No

Yes / No

Yes / No

Yes / No Yes / No

Yes / No

sthmatic children ONLY:

FOR OFFICE USE ONLY

ELIGIBILITY AS	SSESSMENT O	N THE DAY OF V	ACCINATION:	imi ula isai	pland basis		
Has the	child been asse	ssed as suitable fo	or receiving LAIV	today? YES	S / NO		
If the ch	ild has asthma,	has the parent / ch	nild reported:				
 Use of oral steroids in the past 14 days: An increase in bronchodilator use since consent form completed: YES / NO YES / NO							
					control should be offered IM cinating this 'at risk' group.		
If the chi	ld is <u>not suitable</u>	to receive LAIV, has	s IM influenza vacci	ne been given today	y? YES / NO		
If <u>YES</u> – name of parent / guardian who has given consent for IM flu vaccine:							
Name:							
Relations	Relationship to child:						
Date / tim	ne contacted:						
If the IM influenza vaccine has not been given today, has the child been referred back to their GP? YES / NO							
Child not immun	ised today beca	use:					
High Temperature	e 🗆						
Not well enough to	oday 🗆						
Refused none give	en □ R	efused partially give	n □ Child Refu	used \square			
The state of the s							
Nurse assessors	NAME and SIG	NATURE:					
ive intra nasal	influenza va	ccine details:					
MMUNISATION	BATCH	EXP DATE	GIVEN BY: PRINT NAME	SIGNATURE / DESIGNATION	TIME / DATE		
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f Intramuscular	r (IM) vaccine	given today:					
/lanufacturer:							

Name of nurse......

atch: xpiry:

ite given:

Given by:

Signature





Additional information:

Vaccination UK Privacy Notice 2021/2022:

Who is collecting the data?

Vaccination UK is collecting information about your child to ensure that we have up to date health information about their health at the time that you are consenting for them to receive an immunisation. Their demographic information is used to ensure that we identify their electronic health record accurately.

What data is being collected?

We ask for basic demographic data to allow us to identify them and their health record. The information about their health is utilised by the nurses to ensure that they can confirm that the immunisation is suitable for them.

What is the legal basis for processing the data?

Section 9 (2)(h) of the Data Protection Act 2018 allows for processing of your child's data for the provision of direct healthcare and the management of healthcare systems.

Will the data be shared with any third parties?

Your child's data will be shared with their General Practice (GP) and with the child health information system (CHIS) which holds immunisation and screening information for all children in the UK.

How will the information be used?

We collect data on consent forms to allow us to identify a person's health record if you have consented to their immunisation and to allow the nurses to make decisions about their care based on the most up to date information about their current health.

How long will the data be stored for?

The information will be stored on their electronic health record after their vaccination; this information will be then be available throughout their lifetime. Their paper records will be destroyed once they have been scanned on to their record.

What rights does the data subject have?

Data subjects have the right to request a copy of any data we request or record about them.

How can you contact us with queries or concerns about this privacy notice?

If you have any queries or concerns regarding the information that we hold about your child or have a question regarding this notice, please contact:

Our Data Protection Officer: James Hart, at: j.hart@vaccinationuk.co.uk





Additional 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 <u>not at risk</u> 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