



**Hounslow and Richmond
Community Healthcare**
NHS Trust

Lambeth & Southwark School Age
Immunisation Team
Bermondsey Health Centre
108 Grange Rd,
London
SE1 3BW

September 2018

Dear Parent/Guardian,

Flu vaccination for children in reception class or years 1, 2, 3, 4 and 5

From October 2018 all children in reception class or years 1, 2, 3, 4 and 5 will be offered the 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.

The vaccine offered 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.

For full information on the nasal flu vaccine <https://www.medicines.org.uk/emc/files/pil.3296.pdf> or leaflet explaining the programme can be collected via the school, or www.nhs.uk/vaccinations

There is have a short animation on you tube explaining why children are invited to have the vaccine in school – HRCH childhood immunisations-nasal flu spray <https://youtu.be/pVyz1wWS1hk>

Please complete the enclosed consent form (one for each child, please) and return it to the school ASAP, so your child can be given the vaccine. Please note if the consent form is returned after school vaccination your child may not be able to have the vaccine.

If your child becomes wheezy or has their asthma medications increased just before or on the day of the vaccination session, please inform the school, so they can inform the immunisation team.

You can also contact a member of the relevant immunisation team via email below.

HRCH.ImmunisationTeamMailboxSouthwark@nhs.net 020 3049 7188

HRCH.ImmunisationTeamMailboxLambeth@nhs.net 02030497188

Yours sincerely

Christiana Ogunleye --Immunisations Team Lead Lambeth & Southwark

***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 to develop the flu vaccination programme in the future.

Flu Immunisation Consent Form 2018



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Parent/guardian to complete

Student details		
Surname:	First name:	
Date of birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>	School Name
NHS number (found in red book):	Home telephone:	Year /Class:
Home address:	Parent/guardian mobile:	GP name and address:
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. Budesonide 100 micrograms, four puffs per day).</p> <p>Please let the school know if your child has to increase his or her asthma medication after you have returned this form.</p>	Please list any vaccinations given in the last 6 months:
	Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for leukaemia) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Does your child have a severe egg allergy? (needing intensive care) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is your child receiving salicylate therapy? (i.e. aspirin) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	*If you answered Yes to any of the above, please give details:

On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.

NB. The nasal flu vaccine contains products derived from pigs (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

Consent for immunisation (please tick YES or NO)

<input type="checkbox"/> YES , I consent for my child to receive the flu immunisation, I can confirm I have parental responsibility.	<input type="checkbox"/> NO , I DO NOT consent to my child receiving the flu immunisation.
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If 'NO' please give reason(s) below:

Print Name	Signature of parent/guardian	Date / /
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FOR OFFICE USE ONLY

Date of vaccine	Batch Number & Expiry Date	Assessment completed Print & Sign	Vaccine administered by Print & Sign	Where administered (School, college, GP etc).

¹ Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered inactivated vaccine if their condition doesn't improve within 72 hrs to avoid a delay in vaccinating this 'at risk' group.