

Lincolnshire Community Health Services NHS Trust
and NHS England Leicestershire and Lincolnshire NHS Area Team

Family and healthy lifestyles service Business Unit
Lincolnshire Community Health Service NHS Trust
Bridge House
Unit 16, The point
Sleaford
NG34 8GG

Calls via Text Relay are welcome

Website: www.lincolnshirecommunityhealthservices.nhs.uk

Dear Parent or Guardian,

Fluenz Tetra ® (Nasal Vaccine for Flu)

In 2012 the Department of Health announced that over the coming years it will introduce a programme of immunisation against influenza (flu) for all children aged 2 to 16 inclusive. The good news is that for the coming winter (2014/15) we will be offering the vaccine as part of a pilot programme to all children in the school years of 7 and 8 who attend secondary school in Lincolnshire or are Electively Home Educated in Lincolnshire.

The vaccine has been used for a number of years, before being successfully introduced into the pre-school immunisation programme, and delivered to a large number of primary school children in pilots in other counties last year. It has been proven to be a safe, effective vaccine, well accepted by children and parents.

The pilot is designed to help us understand how best to vaccinate large numbers of children in a very short period of time and the information gained will be used to potentially offer the vaccination to all children aged two to 16. Exactly how the programme will be rolled out year by year, and for how long, will be guided by the experience of the previous years' programmes.

The intention is to deliver the programme throughout October, November and December. The service will be provided by the school nursing team who are part of Lincolnshire Community Health Services NHS Trust. The Trust will seek consent in advance from parents/ guardians, and then the school nursing teams will deliver the vaccine, to those children whose parents have given consent, in schools and health centres across Lincolnshire.

The vaccine is called Fluenz Tetra ® and is an intranasal vaccine. This means the vaccine is squirted up the child's nose from a syringe without a needle. The immunisation does not involve an injection. The advantage of this vaccine over the traditional injectable flu vaccine is that it is more effective, particularly in children, thus giving better protection against flu.

Fluenz Tetra ® does contain a product that is derived from pork gelatine as an essential component of the vaccine. There is no alternative to this product that can be used for this programme. The enclosed leaflet is more explicit about this and we hope it will allay any concerns.

The leaflet also contains answers to some commonly asked questions about flu and the vaccination, including details about the small number of children for whom the nasal spray is not appropriate.

PTO

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The benefits of this programme should be that significantly fewer children will suffer from flu which can be an unpleasant illness and occasionally threatens life. It will also help protect those that are in contact with these children such as younger siblings and elderly relatives who could be at risk.

Please complete the enclosed consent form (one for each child) and return it to school within three days of receipt so that your child can be given the vaccine. This is to be completed and signed even if you do not wish your child to receive the vaccine.

If you have any further questions please contact your local school nurse team. Contact details can be found on the Lincolnshire Community Health Services website:
www.lincolnshirecommunityhealthservices.nhs.uk/public/content/health-visiting-and-school-nursing

Yours sincerely



Dr Tim Davies
Screening & Immunisation Lead
NHS England



Nikki Silver
General Manager
Lincolnshire Community Health Services

Enclosed: Leaflet and consent form.

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:		Ethnic Origin:
Consent for immunisation (please tick YES or NO)		
<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 4 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 2014? 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>Is your child allergic to eggs? 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 previous week.</p>
Consent for immunisation (please tick YES or NO)		
<input type="checkbox"/> YES , I consent for my child to receive the flu immunisation. My child can be offered the choice to self-administer their vaccine Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> NO , I DO NOT consent to my child receiving the flu immunisation. Please give reason(s) below:
Signature of parent/guardian (with parental responsibility): Relationship:		
NB. The nasal flu vaccine contains products derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children.		

Flu immunisation consent form

FOR OFFICE USE ONLY				
Pre session eligibility assessment for Fluenz		Eligibility assessment on day of vaccination		
Child eligible for Fluenz Yes <input type="checkbox"/> No <input type="checkbox"/>		Has the parent/child reported the child being wheezy over the past seven days? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason:		If the child has asthma, has the parent/child reported:		
Additional information:		• use of oral steroids in the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		• an increase in inhaled steroids since consent form completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Assessment completed by Name, designation and signature:		Child eligible for Fluenz Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date:		Reason:		
Vaccine details				
Date:		Time:		Batch number:
Expiry date:				
Administered by Name, designation and signature:			If self-administered; witnessed by Name, designation and signature:	
Date:			Date:	
1. Given	2. Other Scheduled Program Given	3. Cancelled	4. DNA	5. Attended Not Given