



Community Health Services
Manx Care
Crookall House
Demesne Road
Douglas
Isle of Man, IM1 3QA

Our Ref: LT/akd

Your Ref:

19 August, 2021

Dear Parent/Guardian

Seasonal childhood flu immunisation programme 2021/2022

This year the School Nursing Team are pleased to offer the child seasonal flu vaccine to children in school years 7- 11.

The vaccine is recommended 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 other vulnerable family members and friends by preventing the spread of the flu virus. With covid – 19 in circulation it is more important than ever to reduce the numbers of those becoming ill this winter. The vaccine is given as a 0.1mls of liquid into each nostril, so there are no needles and it is a safe method of delivery for most children.

The School Nursing Team will be visiting schools in the autumn term where your child will be able to receive the vaccine. An electronic consent form is attached for you to complete and submit. You only need to complete the form if you want your child to receive the vaccine. Alternatively there are also hard copy consent forms available at your child's school reception. We would ask that you submit your consent form no later than **Friday 17/09/21**.

Link to consent form: www.gov.im/flu-immunisation-consent-form

If you need to contact the School Nursing Team prior to your child's vaccination please ring
Tel: 686709.

Information about the vaccine programme can be found on www.gov.im/childhoodflu

Yours Sincerely

Mrs Linda Thompson
Clinical General Manager
Women, Children and Families Integrated Care Group



Flu immunisation consentform

Parent/guardian to complete

Student details

Surname:		First name:	
Date of birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>	School:	
NHS number (if known):	Home telephone:	Year attending in Sept 2021:	
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, Has your child taken steroid tablets because of their asthma within the past two weeks? Yes* No</p> <p>Has your child ever been admitted to intensive care because of their asthma? Yes* No</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 since November 2020? Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>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"/></p>
	<p>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"/></p>
	<p>Does your child have a severe egg allergy? (requiring intensive care unit admission) 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 or had a bad asthma attack in the past three days.</p>

The nasal flu vaccine contains a highly processed form of gelatine derived from pigs (porcine gelatine). It is offered because it is more effective in the programme than an injected vaccine. This is because it is considered better at reducing the spread of flu to others and is easier to administer. Some people may not accept the use of porcine gelatine in medical products. You should discuss your options with the healthcare team.

Consent for immunisation. Please note: If you do not wish your child to have the flu immunisation you do not complete the consentform.

YES, I consent for my child to receive the flu immunisation.

Signature of parent/guardian (with parental responsibility):	Date DD/MM/YYYY
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Thank you for completing this form.

Please return this completed form in the prepaid envelope provided, or to Childhood Flu Admin, Crookall House, Demesne Road, Douglas IM1 3QA.



Flu immunisation consentform

FOR OFFICE USE ONLY

<p>Pre session eligibility assessment for live attenuated influenza vaccine LAIV</p> <p>Child eligible for LAIV Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, give details:</p> <p>Additional information:</p> <p>Assessment completed by Name, designation and signature:</p> <p>Date:</p>	<p>Eligibility assessment on day of vaccination¹</p> <p>Has the parent/child reported the child being wheezy or having a bad asthma attack over the past three days? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>If the child has asthma, has the parent/child reported:</p> <ul style="list-style-type: none"> • 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"/> <hr/> <p>Child eligible for LAIV Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, give details:</p>
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Vaccine details

Date: _____ Time: _____ Batch number: _____ Expiry date: _____

Administered by
Name, designation and signature:

Date:

¹ Children with an acute exacerbation of symptoms including increased wheezing and/or needed additional bronchodilator treatment in the previous 72 hours should be offered inactivated vaccine to avoid a delay in vaccinating this 'at risk' group.