

Seasonal Influenza Vaccination Program (Child)



Health

What is Influenza?

Influenza (flu) is a highly contagious virus. It is easily spread by droplets when an infected individual coughs or sneezes. It can also be spread by touching surfaces contaminated by people with flu.

Symptoms of flu appear a few days after infection and may take up to a week to resolve. They often include:

- Fever and chills
- Muscle aches, joint pain and headaches
- Nausea, vomiting and diarrhoea
- Cough and/or sore throat
- Fatigue (feeling very tired)

Many Australians die each year due to the flu or complications from it such as pneumonia or worsening of other medical conditions.

How is flu treated?

The symptoms of flu are usually managed by bed rest and taking simple analgesia for muscle aches and pains (children under 16 years of age must not be given aspirin containing medications while ill with influenza). Prevention through annual vaccination is the best protection.

What is the flu vaccine?

Flu vaccines are injections containing killed parts of the flu virus. An annual vaccination is recommended each autumn as the influenza viruses change frequently and therefore a new vaccine is developed every year.

Children under 9 years of age receiving influenza vaccine for the first time require two doses of vaccine at least 4 weeks apart to ensure a good level of protection.

The flu vaccine does not contain any live virus therefore you cannot get the flu from receiving the vaccine.

Who should get vaccinated?

Annual influenza vaccination is recommended for any person 6 months and over who wishes to reduce the likelihood of becoming ill with influenza. It is also strongly recommended for groups at higher risk of disease. This includes:

- Children aged 6 months and over and less than 5 years.
- Aboriginal and Torres Strait Islander people aged 15 years and over
- Pregnant women (any stage of pregnancy)
- People with chronic conditions like heart disease, respiratory conditions, diabetes, cancer, poor immunity and renal disease
- Adults aged 65 years and over

It is also highly recommended that family members and carers of people in these risk groups get vaccinated.

Who shouldn't have the flu vaccine?

The flu vaccine is suitable for everyone except for babies that are less than 6 months of age. Fortunately vaccination during pregnancy also protects babies after birth due to the transfer of antibodies via the placenta.

People who have experienced anaphylaxis due to a component of the vaccine or following a previous flu vaccination cannot have the flu vaccine either.

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What are the side effects?

The side effects following vaccination are usually mild. They may include:

- Pain, redness or swelling at the injection site
- Low grade fever
- Headache
- Feeling tired or aching
- Very rarely people have a severe allergic reaction after the injection.

How can I manage the side effects:

- Placing a cold wet cloth on the sore injection site
- Wearing light clothing
- Taking paracetamol
- Drinking extra fluids

If you are concerned about any side effects following vaccination you should seek medical advice.

Please report any adverse event following flu vaccination to your doctor or call your local Public Health Unit on 1300 066 055.

Seasonal Influenza Vaccine Consent Form 2018- Community Program (Child)

I consent to the personal details below being used by NSW Health for administration and evaluation purposes.

Client's Details (Please use black or blue ink to complete the following details)

Surname: **Given Name**

Date of Birth **Sex:** Male Female **MEDICARE NUMBER:** _ _ _ _ _

Indigenous status: No Yes, Aboriginal Yes, Torres Strait Islander Yes, Both Aboriginal and Torres Strait Islander

Address:

Suburb: **State:** **Postcode:**

Daytime Phone Number: **Alternate Contact Number:**

Vaccination Checklist

This helps your nurse decide about vaccinating your child. Please answer the following questions:

	Yes	No
Has your child had a seasonal influenza vaccine in the past?		
Has your child had a seasonal influenza vaccine this year?		
Has your child had anaphylaxis or a severe reaction following any vaccination in the past?		
Is your child unwell or have a fever today?		
Does your child have a bleeding disorder?		
Does your child have a severe allergy to anything?		
Does your child have a past history of Guillain-Barré syndrome?		
Has your child ever had anaphylaxis or a severe allergy to eggs?		

I,(Print Parent/Guardian name) declare that:

- I have read and understood the influenza vaccine factsheet provided to me (including possible side effects of the vaccination)
- I have had the opportunity to discuss medical concerns with my immunisation provider
- I understand that if my child is less than 9 years of age and having their first dose of seasonal influenza vaccine this year, they will require a second dose of the vaccine one month later.
- I have responded to the questions above to the best of my ability and the answers to them are true and accurate

I understand that having the vaccine is my choice and I consent to him/her being vaccinated.

Signed Date

(Parent/Guardian signature)

Vaccination details (Office use only)

Date of vaccination Time of vaccination.....

Batch Number (place sticker or write batch number here) Expiry Date

Name of vaccinator Signature of vaccinator Site: Deltoid: L / R
(Please circle)

-----Tear off record of vaccination here-----

Please retain this information and provide it to your General Practitioner (GP) for entry into your child's medical record

INFLUENZA VACCINE

Surname Given name Date of Birth

Vaccinators signature/stamp

Batch number

Date of vaccination