Chickenpox (varicella) vaccination

Year 8

PARENT/LEGAL GUARDIAN: to have your child vaccinated, please
☐ Read this information and discuss it with your child
☐ Complete Sections A to E on page 3
☐ Make sure you sign and date “Yes, I give consent” in Section D
☐ Detach and return the completed and signed consent form (page 3) to school

Only students with a completed and signed consent form will be vaccinated. Please ensure your child has had breakfast on the day of vaccination.

As part of Queensland Health’s 2015 School Immunisation Program, every Year 8 student in Queensland is being offered free immunisation against chickenpox (varicella). This vaccination is recommended by the National Health and Medical Research Council unless your child has already been vaccinated or has had chickenpox.

Vaccination can prevent chickenpox
The safest and most effective way of preventing chickenpox is through vaccination. Varicella vaccination provides long lasting protection for children.

Students 14 years of age require two doses
Students aged 14 years or older at the time of the first dose require another dose given one to two months after the first dose. Fourteen year old students who receive their first dose as part of the school program are eligible to receive their second dose free from their doctor or vaccine provider before the end of Year 9 (a consultation fee may apply).

Research has shown that two doses of chickenpox vaccine in children provides increased protection and reduces the risk of chickenpox occurring at a later time.

What if my child has already had chickenpox?
If your child has already had chickenpox, they are immune to the disease and do not need to be vaccinated.

What if my child can’t be vaccinated at school or misses out because of illness or absence?
If your child can’t be vaccinated at school, they may be able to be vaccinated at a ‘catch up’ clinic offered at your school during 2015 or at your local doctor or vaccine provider before they complete Year 9. If your child is vaccinated outside of the school program prior to the end of 2016, the vaccine will be free however your doctor may charge a consultation fee. When you call for an appointment, advise the receptionist what vaccinations are required so they can order the vaccine.

Chickenpox is a serious disease
Chickenpox is a highly contagious disease caused by the varicella-zoster virus. The disease starts with cold-like symptoms such as a mild fever, followed by a rash that turns into red spots and blisters. It is spread through coughing, sneezing and direct contact with chickenpox blisters. While chickenpox is usually a mild disease in healthy children, there are possible life-threatening complications such as pneumonia or inflammation of the brain (encephalitis) which can be fatal in about three in 100,000 cases. If a pregnant woman has chickenpox, there is also a small chance of damage to the unborn baby. Chickenpox can also lead to shingles (herpes zoster) in later life.
What does chickenpox vaccine contain and does it have side effects?
The vaccine contains a live-weakened varicella-zoster virus. It also contains very small amounts of amino acids, human albumin, lactose, neomycin and polyalcohols to either assist the vaccine or to act as a preservative.

Like all medications vaccines may have side effects but these are usually mild and temporary and do not lead to any long term problems. If a reaction is severe or persistent, or if you are worried, contact your doctor or hospital as soon as possible. Possible common side effects may include fever, redness or swelling at the injection site. Two to five chickenpox-like spots may occur at the injection site, occasionally elsewhere. If this occurs, your child should avoid direct contact with people with low immunity until the spots dry out. Serious side effects, such as severe allergic reaction, are extremely rare.

Will my child’s vaccination details be kept private?
The Information Privacy Act 2009 sets out the rules for collection and handling of personal information contained in the School Immunisation Program consent form.

As part of participation in the School Immunisation Program, Queensland Health collects details such as the student’s name, contact information and relevant health information. We also may need to collect contact details for the parent or legal guardian of the student. This information is needed to correctly deliver vaccinations and to record vaccination details on Queensland Health’s immunisation database (Vaccination Information and Vaccination Administration System).

Authorised Queensland Health staff and Vaccine Service Providers registered with Queensland Health may access your information for the purpose of clinical follow up or disease prevention, control and monitoring. Your information will not be accessed by or given to any other person or organisation without your permission unless permitted or required by law.

For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au

IMPORTANT! Consent of a parent/legal guardian is needed before any student can be vaccinated

Only students with a completed and signed consent form will be vaccinated. After both the parent/guardian and student have read this information sheet, please complete and sign the consent form indicating your consent to the vaccination.

You may withdraw consent at any stage by contacting the vaccine provider in writing.

A completed, signed consent form MUST be returned to school.

If your child arrives to be vaccinated without a signed consent form, you may be contacted to obtain verbal consent.

Prior to vaccination the nurse will ask your child if they feel unwell and if there are any changes to the information provided in Section A to E on page 3.

What to do after vaccination
1. For soreness, redness, itching, swelling or burning at the injection site, paracetamol (given as directed) might be required to ease discomfort.
2. If fever is present, paracetamol can be given as directed. Paracetamol should not be given for more than 48 hours without seeking medical advice.
3. If you are worried about your child’s condition after vaccination, seek medical advice from your doctor or vaccine provider as soon as possible or go directly to a hospital.

Find out more
- Call 13 HEALTH (13 43 25 84)
- Visit Queensland Health’s Immunisation website: www.health.qld.gov.au/immunisation
- Visit the Immunise Australia website: www.immunise.health.gov.au
- Contact your doctor
Chickenpox vaccination consent

Parents to complete Section A, B, C, D & E

Section A: Student details

School: ____________________________ Year: ____________ Class: ____________
Surname: ____________________________
Given names: ____________________________
Date of birth: ____________ / ____________ / ____________
Gender: ☐ Male ☐ Female
Is your child: ☐ Aboriginal ☐ Torres Strait Islander (TSI) ☐ Aboriginal & TSI ☐ Not Aboriginal or TSI ☐ Not stated / unknown
Address: ____________________________ Postcode: ____________

Section B: Pre-vaccination checklist (Tick any box that applies to your child)

☐ My child has previously had a reaction to a vaccine
☐ My child faints when given an injection
☐ My child has severe allergies
☐ My child has received a vaccine in the last 4 weeks
☐ My child is pregnant
☐ My child has a disease which lowers immunity (eg leukaemia, cancer, HIV/AIDS)
☐ My child is having treatment which lowers immunity (eg oral steroid medications such as cortisone and prednisone, radiotherapy, chemotherapy)
☐ My child has had an injection of immunoglobulin or a whole blood transfusion in the last 7 months

If your child is immunocompromised please consult your doctor about this vaccination.

If you have ticked any box above, please give details:

Section C: Parent / legal guardian details

Surname: ____________________________ Given names: ____________________________
Relationship to student: ☐ Parent ☐ Legal guardian
Phone (day time): ____________________________
Mobile: ____________________________ Email: ____________________________

Section D: Consent for chickenpox (varicella) vaccination

I have read and I understand the information given to me about the chickenpox (varicella) vaccination, including risks and side effects. I have been given the opportunity to discuss the risks and benefits of vaccination with my doctor or by telephoning 13 HEALTH (13 43 25 84). I am authorised as the parent or legal guardian of the above child to give consent for the child to be vaccinated. I understand that consent can be withdrawn at any time before vaccination by making a written request to the school program immunisation provider.

YES, I GIVE CONSENT for my child to receive
1 dose of chickenpox (varicella) vaccine.

SIGN HERE: Parent/legal guardian signature ____________________________ Date: ____________________________

Section E: Child details (DO NOT DETACH)

Chickenpox (varicella) vaccination record

Parent to complete for child

<table>
<thead>
<tr>
<th>Chickenpox (varicella) Vaccination Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname: ____________________________</td>
</tr>
<tr>
<td>Given name: ____________________________</td>
</tr>
<tr>
<td>Date of birth: ____________________________</td>
</tr>
</tbody>
</table>

Immunisation provider to complete

<table>
<thead>
<tr>
<th>Date of chickenpox (varicella) vaccination:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of vaccination: am/pm (circle either am or pm)</td>
</tr>
<tr>
<td>Site of vaccination: ☐ Left Arm ☐ Right Arm</td>
</tr>
<tr>
<td>Batch Number: ____________________________</td>
</tr>
<tr>
<td>Vaccinator’s Signature/Stamp: ____________________________</td>
</tr>
</tbody>
</table>

Please return completed and signed form to school.
**Pre-vaccination assessment chickenpox**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling unwell today?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic to anything?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for student not vaccinated:
- Absent
- Refused
- Unwell
- No consent
- Other:

| Date of vaccination: | / / |
| Time of vaccination: | am/pm (circle either am or pm) |
| Site of vaccination: | Left arm  | Right arm |
| Batch number:        |       |
| Catch up required:   | Yes  | No   |

Comments:

Vaccinator's Signature:

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**What to do after the vaccination**

1. For soreness, redness, itching, swelling or burning at the injection site, paracetamol (given as directed) might be required to ease discomfort.
2. If fever is present, paracetamol can be given as directed. Paracetamol should not be given for more than 48 hours without seeking medical advice.
3. If you are worried about your child's condition after vaccination, seek medical advice from your doctor or vaccine provider as soon as possible or go directly to a hospital.