MINISTRY OF HEALTH
MANATŪ HAUORA

Year 7 immunisation

Boostrix – an immunisation to boost your child's protection against tetanus, diphtheria and whooping cough (pertussis)

Parent Consent Form

Please sign and return the form to school.

immunise

their best protection

हिन्दी | 繁體中文 | COOK ISLANDS MĀORI | SAMOAN | TONGAN | MĀORI | ENGLISH

All year 7 students are offered a free booster immunisation at school to help protect them against infection from tetanus, diphtheria and whooping cough (pertussis). This immunisation is also known as Boostrix, 11 year old immunisation and Tdap.

The information on the next few pages will help you to decide whether your child should be immunised at school.

Please read the following information carefully and talk about it together with your child. When you have reached a decision, please sign the tear-off form and send it back to school.

What are the diseases?

Tetanus

Tetanus is a disease that can enter the body through a cut or a graze. It causes muscles to stiffen and spasm. It may affect the breathing muscles.

Diphtheria

Diphtheria affects the throat, making it hard to breathe and swallow. It may also affect the nerves, muscles, heart and skin.

Whooping cough (pertussis)

This disease damages the breathing tubes. Affected children may vomit and find it difficult to breathe when they cough.

What is the vaccine and why is it given?

In year 7 (ages 10 to 12), students are offered a FREE vaccine against tetanus, diphtheria and whooping cough. This vaccine is called Boostrix.

In New Zealand, babies (at six weeks, three and five months old) and young children (four years old) are given vaccines to protect against tetanus, diphtheria and whooping cough.
As children get older, this protection wears off, so year 7 students need the Boostrix vaccine to boost their protection against the three diseases.

How does the vaccine work?

The vaccine causes the body's immune system to produce its own protection against the three diseases.

How effective is the vaccine?

After this booster dose, more than 97 percent of people are protected against tetanus and diphtheria, and around 84 percent are protected against whooping cough.

Protection against tetanus and diphtheria is expected to last for at least 20 years. Protection against whooping cough is expected to last up to 10 years. However, protection may start to wane (lessen) after 5 years.

How is the vaccine given?

One injection is given in the upper arm.

What happens after the injection?

Possible reactions

As with all immunisations, your child may have a sore arm, with redness, pain and swelling at the injection site. These common side effects can last a day or more.

More severe injection site reactions may occur in around 2 out of every 100 people who receive the vaccine.

Other possible reactions include:

- redness, swelling, a hard lump, soreness, bruising or itching around the injection site, or a skin rash
- a fever (feeling hot)

- loss of appetite, nausea (feeling sick), vomiting
- general discomfort (feeling unwell, aches and pains).

Serious reactions are rare

Serious immunisation reactions are rare. In very rare cases, the vaccine has been associated with a nerve disorder in the arm (brachial plexus neuropathy).

The serious allergic reaction called anaphylaxis is also very rare, and usually occurs within minutes of the vaccine being given. Every public health nurse is trained and able to deal with such a reaction.

The public health nurse will watch your child for 20 minutes after the immunisation. This is standard practice after any immunisation. The nurse will also give your child a form stating where (left or right arm) and when the injection was given.

Asking questions and reporting concerns

Contact your family doctor, practice nurse or public health nurse if you have any concerns about your child's health after immunisation.

It is important to report any unexpected side effects after immunisation to your family doctor, practice nurse or public health nurse. If you are unsure about whether a symptom might be related to the vaccine, discuss this with your family doctor or practice nurse.

Health professionals should report reactions that happen after immunisation to the Centre for Adverse Reactions Monitoring (CARM). You can also report them by emailing CARM at carmnz@otago.ac.nz or using the online reporting form on the CARM website: http://www.otago.ac.nz/carm

For more information on the vaccine, see the Summary Consumer Medicine Information on the back page or call the Immunisation Advisory Centre (IMAC) on 0800 IMMUNE (0800 466 863).

Where can I get more information?

- **Speak to the public health nurse or your doctor or practice nurse**
- Visit **www.health.govt.nz/imms-older-children** for a video clip and more information about the vaccine
- See the Consumer Medical information published at **www.medsafe.govt.nz/consumers/cmi/b/boostrix.pdf**
- Freephone **0800 IMMUNE (0800 466 863)**

Contact the public health nurse directly if you would like more information about filling in the Parent Consent Form or if you would like this information in another language.

Consent form to indicate whether you *DO* or *DO NOT* want your child to have the Boostrix immunisation at school (also known as Tdap, year 7 immunisation or 11 year old immunisation)

If you DO want your child to have the Boostrix immunisation at school, please fill out all of **Section A**

If you DO NOT want your child to have the Boostrix immunisation at school, please fill out **Section B**

A Section A1 – Yes, I do want my child to have the Boostrix immunisation at school

Your child's personal details

School:

Room name or number:

Surname (last or family name):

First name:

Middle name(s):

Other surnames your child has had:

Your child's date of birth:

☐ Male ☐ Female ☐ Gender diverse

Home address:

Postcode:

Phone: (day)

(evening)

(mobile)

Email (only provide if you are happy for us to contact you by email):

With which ethnic group does your child most closely identify? (You may tick more than one.)

☐ NZ European ☐ Māori ☐ Samoan ☐ Cook Islands Māori ☐ Tongan ☐ Niuean ☐ Chinese ☐ Indian

Other (such as Dutch, Japanese, Tokelauan) please state:

Section A2 – Your child's medical history

Doctor's name:

NHI number* (if known):

Medical centre name:

Phone number:

Medical centre address:

* An NHI (National Health Index) number is a unique number assigned to each person who accesses publicly funded health services in New Zealand.

Has your child had a serious reaction to any immunisation before? Yes ☐ No ☐

If yes, please describe:

Does your child have any serious medical conditions? Eg: bleeding disorder, epilepsy, is HIV positive, has cancer. Yes ☐ No ☐

If yes, please describe:

Does your child have any severe allergies to food or medicines? Yes ☐ No ☐

If yes, please describe:

Does your child take any regular medication? Yes ☐ No ☐

If yes, please list:

Section A3 – Declaration

I confirm that I want my child to have the Boostrix immunisation at school.

Please tick one

I am: ☐ Mother ☐ Father ☐ Guardian

A day-time / emergency contact name:

A day-time / emergency phone number:

Your full name:

Your signature:

Date: (day / month / year)

Thank you. Please return this tear-off portion of the form to school.

The public health nurse may contact you if they have any questions about the information you have provided on this form.

B

Section B – No, I do not want my child to have the Boostrix immunisation at school

Your child's personal details / Declaration

School:

Room name or number:

Surname (last or family name):

First name:

Middle name(s):

Child's date of birth:

With which ethnic group does your child most closely identify? (You may tick more than one.)

☐ NZ European ☐ Māori ☐ Samoan ☐ Cook Islands Māori ☐ Tongan ☐ Niuean ☐ Chinese ☐ Indian

Other (such as Dutch, Japanese, Tokelauan) please state:

Is your child:

☐ Male ☐ Female ☐ Gender diverse

Doctor's name:

NHI number (if known):

Medical centre name:

Medical centre phone number:

☐ No, I do not want my child to have any Boostrix immunisations (injections) at school.

Reasons for declining the immunisation – OPTIONAL

☐ I will take my child to the family doctor or another health provider to be immunised

☐ My child has already received the Boostrix immunisation ☐ I do not consent to immunisation

☐ Other

Please tick one

I am: ☐ Mother ☐ Father ☐ Guardian

Your full name:

Your signature:

Date: (day / month / year)

Thank you. Please return this tear-off portion of the form to school.

This is so the public health nurse knows you do not want the Boostrix immunisation given at school and does not need to contact you. The immunisation may be offered by your general practice at a later date.

National Immunisation Register

Immunisations are recorded on the National Immunisation Register so that authorised health professionals can find out what immunisations have been given. It helps identify people who are due for immunisations or who have missed out. For more information, see the Privacy section.

If you do not want your child's immunisations recorded on the National Immunisation Register, please inform the public health nurse. If you do this, your child's doctor will not have access to your child's immunisation records. The register will still keep the National Health Index (NHI) number, date of birth, district health board and records of any earlier immunisations.

Public Health Nurse use only

NHI:

Student's Name

Tdap (Boostrix) Administered

Batch number:

(Attach vaccine sticker if preferred)

Expiry date: *(day/month/year)*

Administration site:

- Left deltoid, intramuscular
- Right deltoid, intramuscular

Date given: *(day/month/year)*

Time given:

Vaccinator's name

Vaccinator's signature

Vaccine Not Administered/Rescheduled – One

Not vaccinated because:

- Absent/unwell – refer to GP for immunisation
- Absent/unwell – refer to catch-up
- Contraindicated for medical reasons
- Immunisation refused/declined
- Student received Boostrix already
- Moved
- Other

Reschedule Date 1:

day / month / year

Vaccinator's/Administrator's name

Vaccinator's/Administrator's signature

Vaccine Not Administered/Rescheduled – Two

Not vaccinated because:

- Absent/unwell – refer to GP for immunisation
- Absent/unwell – refer to catch-up
- Contraindicated for medical reasons
- Immunisation refused/declined
- Student received Boostrix already
- Moved
- Other

Reschedule Date 2:

day / month / year

Vaccinator's/Administrator's name

Vaccinator's/Administrator's signature

Public Health Nurse use only

Date/Time:	Notes:	Signature:

Adverse effects following immunisation (AEFI):

- ☐ CARM notified
- ☐ Other AEFI or concern
- ☐ Severe AEFI with anaphylaxis
- ☐ Severe AEFI (other)
- ☐ ACC form completed

Summary Consumer Medicine Information

Boostrix is a vaccine used for booster vaccinations against tetanus, diphtheria and whooping cough (pertussis). The Boostrix vaccine is sometimes called Tdap (tetanus/diphtheria/acellular pertussis).

The active ingredients of Boostrix are non-infectious substances from tetanus and diphtheria bacteria and purified proteins from the pertussis bacteria. The vaccine cannot cause any of these diseases.

Each 0.5 ml dose of Boostrix contains 2.5Lf units of diphtheria toxoid, 5Lf units of tetanus toxoid and the pertussis antigens: 8 micrograms (mcg) of pertussis toxoid, 8 mcg of filamentous haemagglutinin and 2.5 mcg of pertactin.

Each 0.5 ml dose also contains tiny amounts of aluminium (as aluminium hydroxide and aluminium phosphate), 2-phenoxyethanol, sodium chloride and water. These ingredients are all commonly used in other medicines and vaccines.

Your child should not have the vaccine if they have an allergy to Boostrix or to any of its ingredients.

Your child should not have the Boostrix vaccine if they:

- have had blood clotting problems or problems with the nervous system following earlier immunisation against diphtheria and/or tetanus
- currently have a severe infection with a high temperature
- have experienced an inflammation/disease in the brain, which occurred in the seven days following a previous vaccination with a whooping cough (pertussis) vaccine
- have a neurological disorder that is not stable.

Common side effects may include a local reaction around the injection site, such as soreness, redness, swelling or bruising, and feeling generally unwell (fever, nausea, aches and pains).

Other adverse effects, such as allergic reactions, might rarely occur. These possible adverse effects are listed in the full Consumer Medicine Information and Datasheet available from Medsafe: www.medsafe.govt.nz

If there are any unusual or severe symptoms after receiving Boostrix, please contact your doctor or health care provider immediately.

If your child has any of the following conditions, please discuss the immunisation with your family doctor, practice nurse, or the public health nurse before consenting to it:

- a bleeding disorder
- an immune deficiency condition (eg, your child is HIV positive)
- a brain disease or a disease of the central nervous system, such as epilepsy or a tendency to febrile convulsions (seizures/fits due to a high fever)
- allergies to any other medicines or substances, such as dyes, foods and preservatives
- a previous serious reaction after receiving another vaccine containing tetanus, diphtheria and/or pertussis
- is receiving any other medication or vaccines
- has never been given a vaccine for tetanus, diphtheria or pertussis or has not completed the full course of vaccinations for tetanus and diphtheria.

Boostrix is a prescription medicine. Medicines have benefits and risks. Talk to your family doctor, practice nurse, or the public health nurse to find out the benefits and risks of this vaccine.

Full consumer information is available from Medsafe: www.medsafe.govt.nz

Your rights

The Code of Health and Disability Services Consumers' Rights applies to all health and disability services in New Zealand. For more information, visit www.hdc.org.nz or call 0800 555 050.

Privacy

Schools may have provided some information such as students' names, room numbers, dates of birth, addresses and ethnicities. Your school should have notified you before doing so. This information, together with the information you provide on the school consent form, is used to help administer this immunisation programme.

Information from the consent form and details of each immunisation given or declined will be recorded on a patient management system held by your district health board and some of it will be passed to the National Immunisation Register.

Patient management systems are used by district health boards to record health information. The National Immunisation Register is a national database, held by the Ministry of Health. The register records immunisations given to New Zealand children and people on special immunisation programmes.

The information on the consent form, the patient management systems and the National Immunisation Register is protected by the Health Information Privacy Code. Only authorised health professionals will see, use, or change it. However, you may see your child's information and correct any details. If you would like to do so, contact your public health nurse or doctor or health centre.

Public health nurses will use the information on the consent form, the patient management system and the National Immunisation Register:

- to contact your doctor or health centre if they need to check which immunisations your child has already been given
- if your child has any health concerns
- to inform the school whether or not your child was immunised
- to help assess this immunisation programme and plan future programmes, or
- to refer your child to your family doctor or practice nurse for the immunisation if they missed it at school.

Information that does not identify individuals may be used for research purposes or to plan new services.

For more information about school roll sharing, privacy and the use of information, see your district health board's privacy policies. If you have any questions about privacy, you can email enquiries@privacy.org.nz or contact the Privacy Commissioner's free helpline on 0800 803 909.

Public Health Nurse contact details:

MINISTRY OF HEALTH MANATŪ HAUORA
hpa te hiringa hauora HEALTH PROMOTION AGENCY
New Zealand Government
immunise their best protection

This consent form is available from www.healthed.govt.nz or an authorised provider at your district health board.
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