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.

This leaflet will provide information about the boostrix vaccine and the school-based vaccination programme. This can be used in a whānau discussion as part of preparing your child for this vaccine, more information can be found at the end of the leaflet as well as alternative places to have this vaccine given.

What are the diseases?

Tetanus (lockjaw)

Tetanus is a disease that can enter the body through a wound or cut. It is not transmitted from person to person. Tetanus lives in soil and children who have a cut or wound that has exposure to dirt can become infected. These types of wounds can be caused by injuries sustained when mountain biking, skateboarding or other injuries when dirt may get into the wound.

Tetanus bacteria cases weakness, stiffness, cramps and difficulty chewing and swallowing food. These symptoms can become worse and result in paralysis of the breathing muscles and can cause death for around 1 in 10 cases.

Whooping cough (pertussis)

Whooping cough is a highly contagious respiratory disease which is spread by coughing and sneezing. Affected people may have spasms of severe coughing which can cause difficulty breathing and vomiting. The symptoms may last up to 3 months. Infants under 12 months are at high risk of needing hospitalisation if they have whooping cough. In adults whooping cough may cause violent coughing which can lead to rib fractures, lung collapse or pneumonia.

Diphtheria

Diphtheria is a rare but serious infectious disease which causes infection of the throat and nose. This may lead to swelling of the throat with difficulty swallowing or breathing. Complications can involve heart or kidney damage.

How does the vaccine work?

In Aotearoa New Zealand babies (at 6 weeks, 3 and 5 months old) and younger children (4 years old) are given vaccines to protect against tetanus, diphtheria and whooping cough. The vaccine works by causing the body's immune system to produce its own protection against the diseases.

As children get older, this protection wears off, so year 7 students need a Boostrix vaccine to boost their immunity. This FREE booster is also offered at age 45 years and 65 years of age if a booster has not already been given. To ensure the whole whānau is protected it is important that everyone is up to date with their immunisations to protect those most vulnerable. While Boostrix covers three diseases only one injection is required and is given into the upper arm.

How can I prepare my teen for the vaccination?

School vaccine programme teams are very experienced at running vaccination events and most children find it helpful to be with friends for support. If your child is anxious about having the vaccination encourage them to let the vaccinating team know. It is important to make sure your child has had something to eat and drink before the vaccine as this will make them less likely to feel faint if they are anxious.

If your child would prefer to have this vaccine given when whānau can attend ask about community-based vaccine events, call your local pharmacy to see if they offer the vaccine, or book with your family doctor or health care service.

How might my teen feel after the vaccine?

What you may feel	What can help	When this could start
Swelling and pain at the injection site (hard and sore to touch) Heavy arm	Place a cold, wet cloth, or ice pack where the injection was given. Leave it on for a short time Do not rub the injection site	Within 6–24 hours
Feeling unwell or tired A fever or aching muscles*	Rest and drink plenty of fluids Because paracetamol or ibuprofen can interfere with your immune response to a vaccine, only take them for relief of **significant** discomfort or high fever. Follow the manufacturer's instructions, or seek advice from your health professional	Within 6–24 hours

Serious side effects are rare

A very rare side effect of any vaccine is a severe allergic reaction called anaphylaxis. This is an allergic reaction the same as people may experience if they have a severe allergy to something such as bees or peanuts. The vaccinating team will supervise the teenagers for 20 minutes after the vaccination to watch for this rare allergy. Staff are fully trained in treating a reaction and carry equipment for this.

Reactions after the vaccination

If you are concerned about your child after their vaccine you can call 0800 Healthline (0800 611 116 anytime), your family health centre, GP, your public health vaccinating team or after-hours clinic.

Any reactions that happen after an immunisation should be reported to the Centre for Adverse Reactions Monitoring (CARM). This should be done by your healthcare professional or can be done directly by whānau at www.otago.ac.nz/carm

Where can I get more information?

- **Speak to the vaccinator, 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**

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

Please complete this consent form, tear off and return to school

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**

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 vaccinator 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 vaccinator 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 vaccinator. 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, health district and records of any earlier immunisations.

Vaccinator 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

Clinical supervisor name

Vaccinator's signature

Clinical supervisor 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

Vaccinator 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), 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 can have their vaccination at a later date if they currently have a severe infection with a high temperature. Talk to your family doctor, vaccinator or practice nurse first.

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
- 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 vaccinator 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 vaccinator 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 health district and some of it will be passed to the National Immunisation Register.

Patient management systems are used by health districts 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 vaccinator or doctor or health centre.

Vaccinators 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 health district'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.

Vaccinator contact details:

MINISTRY OF HEALTH MANATŪ HAUORA
Te Whatu Ora Health New Zealand
Te Kāwanatanga o Aotearoa New Zealand Government
immunise their best protection

This consent form is available from www.healthed.govt.nz or an authorised provider in your local district.
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