Chickenpox (Varicella) vaccine

Recommended for children in Year 7 of secondary school

Please read the information.
Complete the form even if the vaccine is not to be given.
Detach the form and return it to school.

- Does your child need the chickenpox vaccine? See below for more information.
- Local council will be visiting school soon for this vaccine program.
- Free vaccine is available this year at school, the doctor or a local council immunisation service.
- Read the pre-immunisation checklist and discuss any health concern with your immunisation provider before your child is vaccinated.
- Your child may need more than one injection for different diseases on the same day. This will not increase the chance of your child having a vaccine reaction.
- You must return the consent form to school even if your child is not being vaccinated as this helps in the provision of improved health services.

Does your child need the chickenpox vaccine?

My child has had chickenpox infection, what should I do?
If you are sure that your child has had chickenpox infection, then the vaccine is not needed. However the vaccine can be safely given to children who have had chickenpox infection.

I am not sure my child has had chickenpox infection, what should I do?
Your child should be vaccinated.

My child has had one chickenpox vaccine, should a second vaccine be given now?
Yes, two doses of chickenpox vaccine provide increased protection and reduce the risk of chickenpox occurring at a later time.

My child has had one chickenpox vaccine and chickenpox infection, what should I do?
If you are sure that your child has had chickenpox infection, then the vaccine is not needed. However the vaccine can be safely given to children who have had chickenpox infection.

Chickenpox disease

Chickenpox is a highly contagious infection caused by the varicella zoster virus. Chickenpox is spread through coughs and sneezes and through direct contact with the fluid in the blisters of the rash.

It is usually a mild disease of short duration in healthy children; sometimes chickenpox will develop into a more severe illness such as bacterial skin infections resulting in scarring, pneumonia or inflammation of the brain. Adults who contract chickenpox generally experience more severe symptoms. Chickenpox may also be a risk to an unborn baby if contracted during pregnancy. Chickenpox can cause serious illness and even death in all ages.

The incubation period for chickenpox is 10 to 21 days, followed by the appearance of a rash of red spots initially, then becoming blisters within hours. The spots usually appear on the trunk, face and other parts of the body. Most people infected with chickenpox have a fever and feel unwell and may experience severe itching.

Anyone who has never had chickenpox before can catch it. Prior to the vaccine program, about 75 per cent of people caught chickenpox before 12 years of age.
Chickenpox vaccine

The chickenpox vaccine contains modified live virus at a reduced strength and a small amount of the antibiotic, neomycin.

Possible side effects of chickenpox vaccine

Common side effects
- Fever
- Pain, redness and swelling at the injection site
- A temporary small lump at the injection site
- Fainting may occur up to 30 mins. after any vaccination. If mild reactions occur, the side effects can be reduced by:
  - drinking extra fluids and not over-dressing if the person has a fever
  - placing a cold wet cloth on the sore injection site
  - taking paracetamol to reduce discomfort.

Uncommon side effects

About two to five chickenpox-like spots may occur usually at the injection site and sometimes on other parts of the body between five and 26 days after vaccination and last for less than one week. If this occurs the person should avoid direct contact with people with low immunity until the spots dry out.

Extremely rare side effect
- A severe allergic reaction

In the event of a severe allergic reaction, immediate medical attention will be provided. If reactions are severe or persistent, or if you are worried, contact your doctor or hospital.

Pre-immunisation checklist

Before your child is immunised, tell the doctor or nurse if any of the following apply.

- Has had a vaccine containing live viruses within the last month (such as MMR, chickenpox or BCG)
- Is unwell on the day of immunisation (temperature over 38.5°C)
- Has any severe allergies
- Has had a severe reaction following any vaccine
- Has a disease or is having treatment which causes low immunity (for example HIV/AIDS, leukaemia, cancer, radiotherapy or chemotherapy)
- Is taking steroids of any sort other than inhaled asthma sprays or steroid creams (for example cortisone or prednisone)
- Is pregnant
- Has received immunoglobulin or a blood transfusion in the last three months or intravenous immunoglobulin in the last nine months.

After vaccination wait at the place of vaccination a minimum of 15 minutes.

Further information

(including translations in other languages)
www.betterhealth.vic.gov.au

How to complete the form

Please read the information.
Complete the form even if the vaccine is not to be given.
Detach the form and return it to school.

For all children

Please complete with the details of the child.

Then

Complete this section if you wish to have your child vaccinated.

Or

Complete this section if you do not wish to have your child vaccinated.

To receive this document in an accessible format email:
immunisation@health.vic.gov.au

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Chickenpox (Varicella) vaccine consent form

Recommended for children in Years 7 of secondary school

Please read the information.
Complete the form even if the vaccine is not to be given.
Detach the form and return it to school.

Student details

Surname:                   First name:
Residential address:
Postcode:                  Date of birth: / / Sex: Female Male
School:                                Homegroup:

Is this person of Aboriginal or Torres Strait Islander origin? (please tick)
No Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Parent/guardian contact details

Surname:                   First name:
Email:
Daytime phone number:                            Mobile:

Parent/guardian, please sign if you agree to your child receiving chickenpox vaccine at school.

I have read and understand the information given to me about vaccination, including the risks of disease and side effects of the vaccine. I understand that I am giving consent for a dose of chickenpox vaccine to be administered. I have been given the opportunity to discuss the vaccine with an immunisation provider. I understand that consent can be withdrawn at any time before vaccination takes place.

YES, I CONSENT to chickenpox vaccination (please tick)

I am authorised to give consent for the above child to be vaccinated.

Name of parent or guardian (please print):

Parent/guardian signature:                           Date: / /

OR if the vaccine is not to be given at school:

No I do not consent to the chickenpox vaccination.

After reading the information provided, I do not wish to have my child vaccinated with chickenpox vaccine at this time.

Parent/guardian signature:                           Date: / /

Privacy statement. The school vaccination program is funded by the Australian and Victorian governments and delivered by local councils. Councils are responsible for immunisation services under the Public Health and Wellbeing Act 2008.

The information you provide on this consent form will assist in the planning and provision of appropriate and improved health care and services. Aggregate immunisation data may be disclosed to Victorian and Australian government agencies, this information does not identify an individual. Schools are authorised to share information with councils to assist councils in providing immunisation services. Councils are committed to protecting the privacy, confidentiality and security of personal information, in accordance with the Information Privacy Act 2000 and the Health Records Act 2001. Personal information is not disclosed to third parties. You can access your data by contacting your local council, using the details provided.

Office use only:
Date dose given: Nurse initials: