Diphtheria, tetanus and whooping cough (pertussis) vaccine

Recommended for children in Years 7, 8, 9 & 10 of secondary school in 2015 only

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

- 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.
- A Year 7 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.

Diphtheria

Diphtheria is caused by bacteria which are found in the mouth, throat and nose. Diphtheria causes a membrane to grow around the inside of the throat. This can make it difficult to swallow, breathe and can even lead to suffocation.

The bacteria produce a poison which can spread around the body and cause serious complications such as paralysis and heart failure. Around ten per cent of people who contract diphtheria die from it.

Diphtheria can be caught through coughs and sneezes from an infected person.

Tetanus

Tetanus is caused by bacteria which are present in soils, dust and manure.

The bacteria can enter the body through a wound which may be as small as a pin prick. Tetanus cannot be passed from person to person.

Tetanus is an often fatal disease which attacks the nervous system. It causes muscle spasms first felt in the neck and jaw muscles. Tetanus can lead to breathing difficulties, painful convulsions and abnormal heart rhythms.

Because of the effective vaccine, tetanus is now rare in Australia, but it still occurs in adults who have never been immunised against the disease or who have not had their booster vaccines.

Whooping cough

Whooping cough is a highly contagious disease which affects the air passages and breathing. The disease causes severe coughing spasms. Between these spasms, the child gasps for breath. Coughing spasms are often followed by vomiting and the cough can last for months.

Whooping cough is most serious in babies under 12 months of age and often requires admission to hospital.

Whooping cough can lead to complications such as haemorrhage, convulsions, pneumonia, coma, inflammation of the brain, permanent brain damage and long term lung damage. Around one in every 200 children under six months of age who catches whooping cough will die.

Whooping cough can be caught through coughs and sneezes from an infected person. Parents and family members are the main source of infection for babies.

Protection against whooping cough both from the disease and the vaccine decreases over time. Therefore a booster dose of whooping cough vaccine is recommended for adolescents aged between 11 and 17 years to reduce the incidence of whooping cough circulating in the community.

Diphtheria, tetanus and whooping cough vaccine

The diphtheria, tetanus and whooping cough vaccine contains a small amount of diphtheria and tetanus toxins.

Translating and interpreting service
Call 131 450
which are modified to make them harmless, small parts of purified components of whooping cough, a small amount of aluminium salt and preservative.

This booster vaccine has lower concentrations particularly of diphtheria and whooping cough components compared with the children’s vaccine.

The whooping cough component in the vaccine is far more purified than the previous triple antigen vaccine and therefore has far less incidence of local injection site reactions, fever and other reactions. This vaccine is safe and well tolerated in adolescents and adults.

This combination vaccine can be given any time after a recent tetanus-containing vaccine is given.

Possible side effects of diphtheria, tetanus and whooping cough vaccine

Most side effects are minor and quickly disappear. If the following reactions occur, it will be soon after the vaccination.

Common side effects
- Mild temperature
- Pain, redness and swelling at the injection site
- A temporary small lump at the injection site
- Feeling unwell
- Fainting may occur up to 30 minutes after any vaccination.

If mild reactions do occur, the side effects can be reduced by:
- drinking extra fluids and not over-dressing if the person has a fever
- taking paracetamol and placing a cold wet cloth on the sore injection site.

Extremely rare side effects
- Brachial neuritis (severe pain, shoulder and upper arm)
- 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 vaccinated, tell the doctor or nurse if any of the following apply.
- Is unwell on the day of vaccination (temperature over 38.5°C)
- Has any severe allergies
- Is pregnant

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

Further information

(including translations in other languages)

www.savechildren.org/site/immunisation

www.immunize.ca

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 your child has recently been vaccinated for diphtheria, tetanus and whooping cough and does not require vaccination.

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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Diphtheria, tetanus and whooping cough (pertussis) vaccine consent form

Recommended for children in Years 7, 8, 9 & 10 of secondary school in 2015 only.

Please read the information.

Complete the form even if the vaccine is not to be given.

Detach the form and return it to school.

Required.

Surname: CITIZEN First name: MARY

Residential address: 20 BLOCK STREET MELBOURNE

Postcode: 3000 Date of birth: 2 - 21 - 1999 Sex: [ ] Male [ ] Female

School: BLOCK HIGH SCHOOL Homeroom: 10B

Is this person of Aboriginal or Torres Strait Islander origin? [ ] Yes [ ] No

Parent or guardian contact details

Surname: CITIZEN First name: SUSAN

Email: parentguardian@internetprovider.com

Phone number: 9123 4567 Mobile: 0404-123 456

Parent/guardian, please sign if you agree to your child receiving diphtheria, tetanus and whooping cough vaccine.

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

Parent/guardian signature: Date: / /

If the vaccine is to be given at school:

No. My child has recently had diphtheria, tetanus and whooping cough vaccine (please sign and enter the date when administered) and therefore does not need the vaccine.

Parent/guardian signature: Date: / /

No. I do not consent to the diphtheria, tetanus and whooping cough vaccine.

After reading the information provided, I do not wish to have my child vaccinated with diphtheria, tetanus and whooping cough vaccine at this time.

Parent/guardian signature: Date: / /

Further information


(including translations in other languages)

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www.immunize.ca

Please retain the consent form for your records. The School and Victorian governmenttracts and delivers the school vaccine.

Covers 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 (collected by age, gender, school, date of birth, and whooping cough type) is not re-identified and is released to third parties. You can access your data by contacting your local council, using the details provided.

The school vaccination program is funded by the Australian and Victorian governments and delivered by local councils.

Diphtheria, tetanus and whooping cough vaccine consent form

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School: BLOCK HIGH SCHOOL Homeroom: 10B

Is this person of Aboriginal or Torres Strait Islander origin? [ ] Yes [ ] No

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Email: parentguardian@internetprovider.com

Phone number: 9123 4567 Mobile: 0404-123 456

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Diphtheria, tetanus and whooping cough (pertussis) vaccine consent form

Recommended for children in Years 7, 8, 9 & 10 of secondary school in 2015 only
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 or guardian contact details
Surname:                                          First name:
Email:
Daytime phone number:                           Mobile:

Parent or guardian, please sign if you agree to your child receiving diphtheria, tetanus and whooping cough 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 diphtheria, tetanus and whooping cough 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 diphtheria, tetanus and whooping cough 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. My child has recently had diphtheria, tetanus and whooping cough vaccine (please sign and write the date when administered) and therefore does not need the vaccine.

Parent/guardian signature:                          Date: / /

No. I do not consent to the diphtheria, tetanus and whooping cough vaccine.

After reading the information provided, I do not wish to have my child vaccinated with diphtheria, tetanus and whooping cough 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 maybe 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: