



*...we care*

20<sup>th</sup> March 2024

Dear Relatives & Friends,

**SEASONAL INFLUENZA VACCINE & COVID-19 BOOSTER VACCINE 2024**

It's that time of the year again when NSW Health recommends the **Seasonal Influenza Vaccination**.

Vaccination is recommended for all resident's aged 65 and over to reduce the risk of influenza complications and to prevent influenza outbreaks in aged care facilities.

Attached is a consent form, for Next of Kin (resident representative)/residents to sign, to receive the annual dose. The vaccination should become available from April 2024 for administration to our residents.

Information on the Influenza vaccine is also contained in this correspondence. Consumer fact sheet "2024 Influenza Vaccine national Immunisation Program advice".

Also attached is a **COVID-19 booster vaccine** consent form and relevant information. Latest advice from the Department of Health and Aged care has stated that all adults aged 75 and over are recommended for a booster dose every 6 months. All adults who have not had a COVID-19 booster or a confirmed case in the past 6 months are now eligible to get another booster. Residents who are aged 65-74 are recommended for a booster at least every 12 months, but can receive every 6 months. Vaccination for resident COVID-19 booster should become available in May 2024 (6 months post our last vaccine booster clinic).

There will also be consent forms available (for Influenza and COVID-19 booster shot) at reception if you would prefer to sign them when visiting the facility.

Please sign these consents at your earliest convenience and return either via email to [reception@buckland-rv.com.au](mailto:reception@buckland-rv.com.au) or leave at our reception for collection.

If you have any questions, please do not hesitate to contact Buckland either by phone 024752250 or email as above.

Kind regards

Lisa Murray - Infection Prevention and Control Lead

Buckland Aged Care Services

# RESIDENT SEASONAL INFLUENZA VACCINE CONSENT FORM 2024

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Please answer the following questions – if you have any concerns please discuss these with your vaccination provider. All information provided on this form is strictly confidential.

VACCINATION CHECKLIST	YES	NO
1. Have you received a seasonal influenza vaccine in the past?		
2. Have you received a seasonal influenza vaccine since March this year?		
3. Have you had anaphylaxis/severe reaction following any vaccination in the past?		
4. Are you allergic to eggs? Egg allergy is not a contraindication to Flu Vax		
5. Do you have a past history of Guillain-Barre syndrome?		
6. Do you currently have a fever of >38.5C?		

I, \_\_\_\_\_ (print name) consent to have the influenza vaccination and declare that I have:

- Read and understood the influenza factsheet provided to me including possible side effects of the vaccination
- Had the opportunity to discuss medical concerns with my vaccination provider
- Responded to the questions above to the best of my ability and the answers to them are true and accurate

I consent to be vaccinated with the influenza vaccine:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Resident/NOK)

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

VACCINATION DETAILS (NURSE TO COMPLETE)			
Vaccine Name:	Batch No:	Expiry Date:	/
Date of Vaccination: ____ / ____ / ____	Time of Vaccination:	Deltoid: L / R	
Name of Vaccinator:	Signature of Vaccinator:		

Expert advice regarding vaccination for individuals with complex situations is available from NSW Immunisation Specialist Service 1800 679 477



## About influenza

Influenza is a common viral infection that affects people of all ages.

While it may be a mild disease for some, it can also cause serious illness and even lead to hospitalisation in otherwise healthy people.

Vaccination, administered annually by a health professional is the safest means of protection from influenza.

## About the influenza vaccines

The strains of the virus circulating can change yearly, prompting updates to the vaccines based on expert advice. That's why it is important to get vaccinated every year.

The vaccine brand used will depend on age. Your health professional can tell you which vaccine they will use for you or your child's immunisation.

All National Immunisation Program funded vaccines available for use in 2024 are quadrivalent, covering four strains

Egg based vaccines and a cell-based vaccine (for people aged 5 - 64 years) are available on the program. There is no preferential recommendation for either. They are all latex free.

## Influenza vaccine safety

The influenza vaccine has been around for many decades and has a great safety record.

Common side effects from the vaccine include mild pain, redness or swelling where the vaccine was given. These side effects usually last for a few days and go away without any treatment. Serious side effects, such as a severe allergic reaction are rare.

The vaccine does not contain live influenza viruses and cannot cause influenza.

People with an egg allergy, including history of anaphylaxis can safely receive all influenza vaccines. If you have an egg allergy, please discuss this with your health professional.

## Who should receive the influenza vaccine

Everyone 6 months and over is recommended to get an influenza (flu) vaccine each year. The flu vaccine protects you, but it also can help protect those around you.

### Children under 5 years

Babies and children younger than 5 years have a higher risk of complications from influenza potentially leading to hospitalisation. Even healthy children can get very sick from influenza.

Your child can get an influenza vaccine either on its own or at the same appointment as their other routine childhood vaccinations.

Children under 9 getting the influenza vaccine for the first time need 2 doses, 4 weeks apart. This strengthens the immune response to all vaccine strains.

## Influenza vaccination is especially important for some

The flu vaccine is strongly recommended and free under the program for the following people most at risk of complications from influenza:

- Children aged 6 months to less than 5 years
- Pregnant women at any stage during pregnancy
- Aboriginal and Torres Strait Islander people aged 6 months and over
- People aged 65 years and over
- People aged 6 months and over with certain medical conditions.

Some states and territories may offer free vaccines for other groups. Talk to your health professional or visit your state or territory health department website to find out.

If you are not eligible for a free vaccine, you can buy the vaccine. Talk to your health professional to find out how much it will cost.

## Pregnant women

Influenza is a serious disease for pregnant women and their babies. The influenza vaccine is recommended and free for every pregnancy. It's safe to give at any stage during pregnancy. It's safe while breastfeeding.

Changes to immune, heart and lung functions during pregnancy increase vulnerability to severe influenza related complication.

Vaccination in pregnancy enables the transfer of protective antibodies to the baby through the placenta. This protects them in their vulnerable early months when they are too young to be vaccinated themselves.

Pregnant women who had last year's influenza vaccine early in their pregnancy are recommended to have the current influenza vaccine before the baby is born.

If you received the vaccine before pregnancy, you should be revaccinated during pregnancy to protect your unborn infant.

Influenza vaccination can safely be given at the same time as pertussis, COVID-19, or other vaccines recommended during pregnancy.

## People with certain medical conditions

The influenza vaccine is free for people 6 months and over with the following conditions:

- cardiac disease
- chronic respiratory condition
- immunocompromising condition
- haematological disorder
- chronic metabolic disorder
- chronic kidney disease
- chronic neurological condition
- long-term aspirin therapy in children aged 5 to 10 years.

Talk to your health professional about your medical history and eligibility.

## Aboriginal and Torres Strait Islander People

Aboriginal and Torres Strait Islander people are at higher risk of getting really sick and going to hospital from influenza.

All Aboriginal and Torres Strait Islander people aged 6 months and over can get the influenza vaccine for free every year.

## People aged 65 years and over

Vaccination is very important for people aged 65 years and over as they are at high risk of getting sick from influenza.

All adults aged 65 and over are eligible for a free influenza vaccine that is specifically made to boost the immune response for better protection.

## When to get your influenza vaccine

**You should get vaccinated each year from April onwards to be protected before the influenza season. The peak influenza season is usually June to September in most parts of Australia. However, it is never too late to get the vaccine as influenza can spread all year round.**

**If you had last season's flu vaccine late last year or early this year, you should still get the new season vaccine this year when it becomes available.**

## Where to get the Influenza vaccine

Vaccination appointments can be booked at a range of health services including:

- local doctors or general practices
- local council immunisation clinics (available in some states and territories)
- community health centers
- Aboriginal health services
- participating pharmacies.

Not all these health services will have the free NIP vaccines. Check with your preferred health service to find out:

- about the specific vaccines they can provide
- when they will be available
- when you can book in to have the vaccine
- if there is a consultation fee or service charge to get the free vaccines.

## Australian Immunisation Register

Your health professional is required to report all influenza vaccinations to the Australian Immunisation Register, ensuring accurate records.

**Ask about the flu vaccine today [health.gov.au/flu](https://health.gov.au/flu)**



# COVID-19 VACCINATION

# Consent form for COVID-19 vaccination

Last updated: 5 June 2023

## About COVID-19 vaccination

People who have a COVID-19 vaccination course have a much lower chance of getting sick from COVID-19.

There are several COVID-19 vaccines used in Australia. All are effective and safe. For information on the vaccines available and their recommended use, see the ATAGI [Clinical Guidance for COVID-19 vaccine providers](#).

Note, there are separate consent forms available for children under 12.

Most people require two doses initially. This is called the primary course. People with severe immunocompromise may require a third primary dose to bring their immune response up to optimal levels. Severely immunocompromised children aged 6 months to 4 years receiving the Pfizer 3-dose primary course do not require a 4<sup>th</sup> primary dose.

Booster doses are available. Talk to your immunisation provider about whether you are eligible for a booster dose, and which vaccine choices are available to you.

For information on booster doses see:

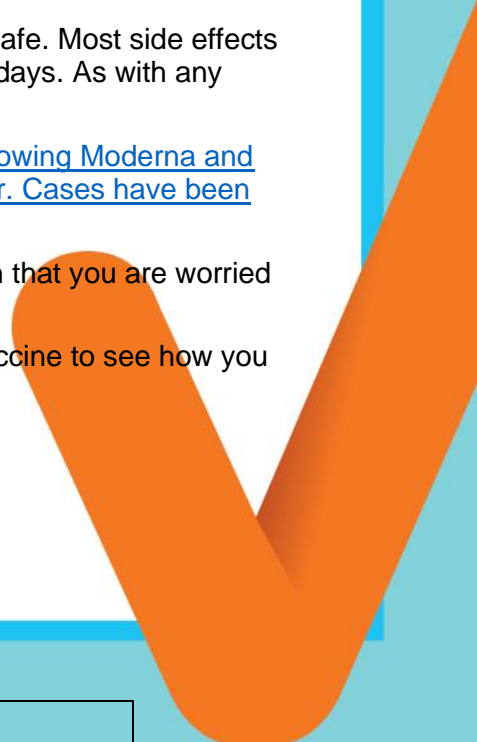
- <https://www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/clinical-guidance/clinical-recommendations>
- [www.health.gov.au/covid-19-vaccines](http://www.health.gov.au/covid-19-vaccines)

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild. They may start on the day of vaccination and last for one or two days. As with any vaccine or medicine, there may be rare or unknown side effects.

[There is a rare risk of myocarditis and pericarditis \(heart inflammation\) following Moderna and Pfizer vaccines. The risk appears highest with Moderna, followed by Pfizer. Cases have been reported after Novavax but the rate with this vaccine is not yet known.](#)

Tell your health care provider if you have any side effects after vaccination that you are worried about.

You may be contacted by SMS or email in the week after you have the vaccine to see how you are feeling.



Name:												
Medicare number:												

Some people may get COVID-19 after vaccination. You must still follow all relevant public health advice in your state or territory to stop the spread of COVID-19.

By law, the person giving your vaccination must record it on the Australian Immunisation Register. You can view your vaccination record online through your:

Medicare account

MyGov account

My Health Record account (you can register for this with a Medicare number or an Individual Healthcare Identifier).

## How your information is used

For information on how your personal details are collected, stored and used, visit [www.health.gov.au/using-our-websites/privacy/privacy-notice-for-covid-19-vaccinations](http://www.health.gov.au/using-our-websites/privacy/privacy-notice-for-covid-19-vaccinations).

If you are getting your vaccination in a pharmacy, the pharmacy must share some of your personal information with the Pharmacy Programs Administrator. This is so the pharmacy can claim payment from the Australian Government. More information about why this is needed and what information is shared is provided at the link above.

## On the day you have your vaccine

Before you get vaccinated, tell the person giving you the vaccination if you:

have had an allergic reaction, particularly a severe allergic reaction (anaphylaxis), to:

- a previous dose of a COVID-19 vaccine
- an ingredient of a COVID-19 vaccine
- other vaccines or medications

are immunocompromised. This means that you have a weakened immune system that makes it harder for you to fight diseases. You can still have a COVID-19 vaccine but may need extra doses and should talk to your doctor about when is the best time to get your vaccine.

Name:												
Medicare number:												

## Consent Checklist

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you had an allergic reaction to a previous dose of a COVID-19 vaccine?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had anaphylaxis to another vaccine or medication?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had a serious adverse event, that following expert review by an experienced immunisation provider or medical specialist was attributed to a previous dose of COVID-19 vaccine (and did not have another cause identified)?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had COVID-19 before?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bleeding disorder?
<input type="checkbox"/>	<input type="checkbox"/>	Do you take any medicine to thin your blood (an anticoagulant therapy)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a weakened immune system (immunocompromised)?
<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant? #
<input type="checkbox"/>	<input type="checkbox"/>	Have you been sick with a cough, sore throat, fever or are feeling sick in another way?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had a COVID-19 vaccination before?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received any other vaccination in the last 7 days?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been diagnosed with myocarditis and/or pericarditis after a previous COVID-19 vaccine dose? ^
<input type="checkbox"/>	<input type="checkbox"/>	Have you had myocarditis or pericarditis within the past three months? ^
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently have acute rheumatic fever or acute rheumatic heart disease? ^
<input type="checkbox"/>	<input type="checkbox"/>	Do you have severe heart failure? ^
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with capillary leak syndrome? ^

# Pfizer and Moderna vaccines are the preferred vaccines for pregnant women. If these vaccines are not available, Novavax can be considered. For more information, see: [www.health.gov.au/initiatives-and-programs/covid-19-vaccines/who-can-get-vaccinated/pregnant-women](http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/who-can-get-vaccinated/pregnant-women)

Name:												
Medicare number:												



^If you answered yes to any of these questions, you should talk to your immunisation provider about which vaccine is best for you, and to consider whether any additional precautions are needed. For more information, see: [www.health.gov.au/resources/publications/covid-19-vaccination-guidance-on-myocarditis-and-pericarditis-after-covid-19-vaccines?language=en](http://www.health.gov.au/resources/publications/covid-19-vaccination-guidance-on-myocarditis-and-pericarditis-after-covid-19-vaccines?language=en)

Name:												
Medicare number:												

## Patient information

Name:	
Medicare number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Individual Health Identifier (IHI) if applicable:	
Date of birth:	
Address:	
Phone contact number:	
Email address:	
Gender:	
Language spoken at home:	
Country of birth:	

Name:	
Medicare number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Are you Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal only
- Yes, Torres Strait Islander only
- Yes Aboriginal and Torres Strait Islander
- No
- Prefer not to answer

Next of kin (in case of emergency):	
Name:	
Phone contact number:	

Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination.
- I confirm that I have none of the above conditions apply to me, or I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccination provider.
- I agree to receive a course of COVID-19 vaccine / I agree to receive a booster of COVID-19 vaccine

Patient's name:	
Patient's signature:	
Date:	

- I am the patient's parent, guardian or substitute decision-maker, and agree to COVID-19 vaccination of the patient named above.

Parent/guardian/substitute decision-maker's name:	
Parent/guardian/substitute decision maker's signature:	
Date:	

Last updated: 5 June 2023

Name:	
Medicare number:	

