

# Year 10 students Diphtheria, Tetanus and Pertussis (dTpa) Vaccination

As part of Queensland Health's School Based Vaccination Program, every Year 10 student in Queensland is being offered a free dTpa vaccination to provide protection against diphtheria, tetanus and pertussis (whooping cough). This is part of the National Immunisation Program.

The last time your child is likely to have received vaccination against diphtheria, tetanus and whooping cough was when they were pre-school age. A booster is recommended by the National Health and Medical Research Council for 15 year olds to ensure they continue to have immunity against these diseases.

If your child has already been vaccinated, please still fill out the student's details and 'no' consent section of the form, and return it to the school. This will help us know who is already protected.

A team of health professionals will visit your child's school to offer this free vaccination. The vaccination team may be from Queensland Health, your local Council or another health provider contracted by Queensland Health.

Consent of a parent/legal guardian is needed, before any student can be vaccinated. You may withdraw consent at any stage by contacting the service provider in writing. **Only students with a completed and signed consent form will be vaccinated.**

## What do I have to do?

1. Both student and parent/legal guardian must read the information in this consent form about diphtheria, tetanus and whooping cough and common side effects of the vaccine.
2. Tear off page 1 and keep. Return the completed and signed consent form to the school. Even if you do not consent to vaccination, we ask that you complete and sign this form in the appropriate sections, and return it to the school.

If a student arrives to be vaccinated without a signed consent form, an attempt may be made to contact the parent/legal guardian. In the event that a parent/legal guardian is not available, the service provider will consider whether the student is capable of giving consent and understands the nature of the vaccination. At the service provider's discretion and only if considered competent, the student may then sign the consent form and be vaccinated.

## About consent

For consent to be valid the consent must:

- be given freely and voluntarily;
- be for the specific procedure (vaccination) to be performed;
- be given by a person with capacity to give consent.

In addition, the person giving consent must have sufficient information about the vaccination, including its risks and benefits, to enable them to make an informed decision.

If, after reading the information in this form, you feel that you do not have enough information to make a fully informed decision about whether to give consent, you should not sign the Consent Form. Instead you should contact one of the 'further information' sources on page 2 before you make your decision.

## What if my child can't be vaccinated at school or misses out because of illness or absence?

If your child can't be vaccinated at school:

- they can attend a catch-up session if offered by the same service provider **in the same calendar year** (ask service provider for details); or
- you can take your child to your doctor, **in the same calendar year**, however be aware that you may have to pay a consultation fee. The vaccine is free. When you call for an appointment, advise the practice reception what vaccination you require so they can order the vaccine.

## Will my child's details be kept private?

Queensland Health is committed to safeguarding the privacy of client information in accordance with the National Privacy Principles set out in *Information Standard 42A: Information Privacy for the Queensland Department of Health*. As part of the school program, the service provider will record vaccination details and they will be entered onto Queensland Health's vaccination database. If you wish to access these records, please write to the school program service provider stating your child's name, date of birth, school where vaccination took place, date or estimated date of vaccination and class number. For further information on privacy laws, visit [www.health.qld.gov.au/privacy](http://www.health.qld.gov.au/privacy)

If you would like your doctor to record your child's vaccinations, make sure you keep the record provided to your child by the school program at the time of vaccination.

## Please read the following information

### Are diphtheria, tetanus and pertussis (whooping cough) serious diseases?

Yes, all three diseases are serious and can be life-threatening. All three diseases occur in both children and adults. It is therefore important that all adolescents are protected against them.

#### Diphtheria

Diphtheria is caused by bacteria that infect the mouth, throat and nose. The infection causes an extremely sore throat and breathing difficulties. The bacteria release a toxin which can produce nerve paralysis and heart failure. About one in 15 people infected with diphtheria will die.

#### Tetanus

Tetanus occurs when wounds are infected by bacteria which are present in the soil. The bacteria produce a powerful toxin that causes painful muscle spasms, convulsions and lockjaw. About 3% of people who develop tetanus in Australia will die as a result of the disease. The risk is greatest for the very young or elderly people.

#### Whooping cough

Whooping cough is caused by a highly contagious bacterium that is spread by respiratory droplets. The characteristic symptoms are severe coughing spasms followed by gagging or vomiting. Sometimes the person may gasp for air causing a 'whooping' sound. The cough may last for months. Complications of whooping cough include convulsions, pneumonia, coma, inflammation of the brain, permanent brain damage and long-term lung damage. About one in 120 whooping cough patients under the age of six months dies from pneumonia or brain damage. Epidemics of whooping cough occur in Australia every three to four years. Adults and adolescents are at particular risk of contracting whooping cough and can pass the disease on to babies who are too young to be immunised.

### Can these diseases be prevented?

Yes. The safest and most effective way to prevent these diseases is through vaccination. A full course of

vaccination provides long lasting protection against diphtheria, tetanus and whooping cough. Fully vaccinated students will not require another booster for diphtheria and tetanus until they reach 50 years of age, unless an injury places them at risk of tetanus.

### What if my Year 10 child has already received a tetanus vaccine or a diphtheria-tetanus vaccine, eg. ADT?

Students should be vaccinated with dTpa vaccine to provide protection against whooping cough as well as diphtheria and tetanus. There is no minimum time to wait between other previously administered diphtheria and/or a tetanus containing vaccines and dTpa.

### What does the dTpa vaccine contain and does it have side effects?

The dTpa vaccine contains aluminium hydroxide, aluminium phosphate, sodium chloride and 2-phenoxyethanol (these ingredients assist the vaccine to work or act as a preservative).

Like all medications, vaccines may have side effects. Most side effects are minor, last a short time and do not lead to any long-term problems. Possible side effects of dTpa vaccine may include fever, redness and soreness where the injection was given, nausea, headache, tiredness and aching muscles. More serious side effects are extremely rare and can include severe allergic reactions.

### How is the vaccine given?

The injection is given in the upper arm.

### Care after vaccination

- For redness or swelling at the injection site, apply a cold compress.
- To lower temperature or relieve discomfort, paracetamol may be given.
- If fever persists, consult your doctor.
- If any reaction occurs that you consider serious or unexpected, seek medical advice.
- Contact the service provider if your child has a reaction following the vaccination.

### Where can I get further information?

- You can contact **13 HEALTH (13 43 25 84)**
- You can visit Queensland Health's Immunisation website: **www.health.qld.gov.au**
- Visit the Immunise Australia website: **www.immunise.health.gov.au**
- Contact your doctor

### Parent/legal guardian checklist

- I have read the information in this consent form and discussed it with my child
- I have completed the consent form, ticked the 'Yes' or 'No' box and signed it
- I have completed the take home record on page 3
- I have torn off the completed and signed consent form and will return it to the school

# dTpa Vaccination Consent

**Parent to complete**

**STUDENT DETAILS** (of person being vaccinated) for parent/legal guardian to complete. Please use a black or blue pen

Surname:		Given names:	
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Aboriginal & Torres Strait Islander (TSI)	<input type="checkbox"/> TSI	<input type="checkbox"/> Not Aboriginal or TSI <input type="checkbox"/> Not stated/Unknown
Address:			Postcode:
School:		Year:	Class:
Parent/legal guardian full name:			
Email address for parent/legal guardian:			
Daytime telephone:		Parent/legal guardian mobile phone:	
My relationship to the student is: Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/>			

**PRE-VACCINATION CHECKLIST** for parent/legal guardian to complete

Please ensure every question is answered otherwise your child may not be vaccinated

**Has the student:**

- ever had a **severe** reaction following a vaccine?  
 No  Yes—describe .....
- ever had any **severe** allergies?  
 No  Yes—describe .....

**Does the student:**

- have a condition (eg leukaemia, cancer) which lowers immunity?  
 No  Yes—describe .....

**Is the student:**

- on medication which lowers immunity (eg oral cortisone or prednisone)?  
 No  Yes—describe .....
- pregnant?  
 No  Yes

*If you are unsure of medical details, please check with your doctor. On the day of vaccination, each student will be checked by a health professional. Students will not be vaccinated if they are suffering an acute illness with a high fever. If there is any change in the information on the consent form and/or your child's medical condition, please advise the service provider on the day of vaccination.*

**CONSENT FOR VACCINATION** for parent/legal guardian to complete

I have read and understand the information given to me about the Diphtheria-Tetanus-Pertussis (dTpa) vaccination, including risks and side effects. I have been given the opportunity to discuss the risks and benefits of vaccination with my doctor or by telephoning 13 HEALTH (13 43 25 84). I am authorised as the parent or legal guardian of the above child to give consent for the child to be vaccinated. I understand that consent can be withdrawn at any time before vaccination by making a written request to the school program service provider. I understand Queensland Health will record vaccination details.

- YES, I CONSENT** to Diphtheria, Tetanus and Pertussis (dTpa) vaccination (Please tick)  
I give my consent for my child/ward to receive dTpa vaccination.

Signature: .....  
(Parent/legal guardian signature required for vaccination)

Date:   /   /

**OR**

- NO, I DO NOT CONSENT** to Diphtheria, Tetanus and Pertussis (dTpa) vaccination (Please tick)  
My child/ward does not require vaccination because:  
 he/she has already had a dTpa vaccination  
 I have other reasons. Please give details (optional) .....

Signature: .....  
(Parent/legal guardian signature required)

Date:   /   /

Please return signed completed form to the school (even if you have not given consent)

**Parent to complete student details**

dTpa Vaccination Record
Surname:
Given Names:
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

**Student to take home**

**Service provider to complete**

Date of Vaccination: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Batch Number:
Vaccinator's Signature/Stamp

**OFFICE USE ONLY School Based Vaccination Program service provider**

**Pre-vaccination assessment for dTpa:**

Is the student:

- feeling unwell today?  Yes  No
- allergic to anything? .....  Yes  No
- pregnant?  Yes  No

Date of vaccination:   /   /

Left arm  Right arm

Batch number:

Catch up required:  Yes  No

Comments: .....  
 .....  
 .....  
 .....  
 .....

**Reason for student not vaccinated:**

- Absent
- Refused
- Unwell
- No consent
- Other: .....

.....  
 .....  
 .....

**Signature:** .....  
 (Vaccinator's Signature)

**CARE AFTER VACCINATION**

- For redness or swelling at the injection site, apply a cold compress.
- To lower temperature or relieve discomfort, paracetamol may be given.
- If fever persists, consult your doctor.
- If any reaction occurs that you consider serious or unexpected, seek medical advice.
- Contact the service provider if your child has a reaction following the vaccination.