



23rd October 2015

On-site flu vaccinations

Dear Parents,

Parkway Health will be visiting BSB on Monday and Tuesday the 9th and 10th of November to administer on-site flu vaccinations. The opportunity to receive the flu vaccination is extended to include students and their family members. Each vaccination will cost 75RMB per person and will be available to anyone over the age of 3 years old.

Parkway Health is providing Vaxigrip, which is an inactivated and purified split influenza vaccine.

This product appears as a milky white liquid after light shaking. For this product, for influenza viruses of types A1, A3 and B, the flu strain of the year or similar strains recommended by the World Health Organization (WHO) were incubated inside fertilized eggs of healthy hens, split with Triton X-100, and then formaldehyde-inactivated and purified.

— Main Components: each 0.25 ml contains the antigens for the following strains (2015/2016 strains):

A/ California/7/2009 (H1N1)pdm09 – like virus (NYMC X-179A)	7.5 µg Hemagglutinin
A/ Switzerland/9715293/2013 (H3N2) – like virus (IVR-175)	7.5 µg Hemagglutinin
B/ Phuket/3073/2013	7.5 µg Hemagglutinin

Even if you received the flu vaccination last year, influenza viruses are constantly changing. Residual antibodies to last year’s flu strain may not be enough to protect you from getting sick this season. The Centre for Disease Control and Prevention (CDC) recommends that everyone get vaccinated against the flu annually.

A consent form will come home with your child from school. If you would like to take up this opportunity for your child or family member, please complete one consent form per person and return it with the correct money to your child’s teacher (nurses for those children in Secondary). Please come and collect further consent forms if needed from the Nurse office situated by main reception. **The Chinese consent form needs to be signed for the vaccine to be given which has been translated for your convenience, shown below.**



接种后请在门诊观察 30 分钟，如无不适方可离开。

【疫苗价格】流感病毒裂解疫苗（凡尔灵®）成人剂型 儿童剂型 _____元/人份

本人已认真阅读并理解本知情同意书内容，确认无上述任何禁忌症或不适症状，自愿选择接种流感病毒裂解疫苗（凡尔灵®）

受种者姓名: _____ 性别: 男/女 M/F

出生日期: _____ 年 _____ 月 _____ 日

监护人签名: _____ 联系电话: Tel. _____

签名日期: _____ 年 _____ 月 _____ 日

(≤18 岁者及其他无完全民事行为能力人需监护人签字)

parents' signature

疾病预防控制中心

联系电话 _____

参考文献:

1. 冯录召, 等. 中国季节性流感疫苗应用技术指南 (2014-2015). 中华流行病学杂志, 2014,35(12): 1295-1319.
2. 国家卫生和计划生育委员会. 流行性感冒诊断与治疗指南 (2011 年版).
3. World Health Organization. Recommended composition of influenza virus vaccines for use in the 2015-2016 northern hemisphere influenza season February 2015.
4. 凡尔灵®说明书

参考编号: SPCN.VAXI.15.05.0094

Parents of children in EYFS, KS1 and Years 3 & 4 should ideally be accompanied when they have the vaccination. Please write on the bottom of the consent form that you would like to do this and your preferred time. Please also remember to send your child in with their vaccination record card/book so that the hospital staff can update it.

Please return the completed consent forms to school prior to the **3rd November** with the 75RMB so that Parkway Health can prepare the vaccinations. **Please try to send the exact amount of money in, particularly if it is just your child attending as we do not take responsibility if your child misplaces the change given.**

Please feel free to contact Jess, Lily or Birgit if you have any questions.

Kind Regards

The School Nursing team

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