

Tallaalka busbuska (Varicella)

Waxaa lagula talinayaa carruurta Fasalka 7 aad ee dugsiga sare

Fadlan akhri macluumaadka.

Buuxi foomka xitaa haddii aan tallaalka lagu siineynin.

Ka jeex foomka oo ku soo celi dugsiga.

- Ilmahaagu miyuu u baahan yahay tallaalka busbuska?** Xagga hoose ka eeg wixii macluumaad dheeraad ah.
- Golaha degaanka ayaa soo booqan doona dugsiga si dhakhso ah barnaamijka tallaalkan awgii.
- Tallaal bilaash ah waxaa sannadkan laga helayaa dugsiga, dakhtarka ama adeega tallaalka ee golaha degaanka.
- Akhri liiska hubinta ee tallaalka ka hor kalana hadal wixii caafimaadka aad ka saluugsan tahay cidda bixineysa tallaalka ka hor intaan ilmahaaga la tallaalin.
- Waxaa laga yaabaa inuu ilmahaagu u baahdo hal cirbad wax ka badan xannuuno kala duwan isla maalintaas. Tani ma kordhin doonto fursada uu ilmahaaga uu yeelanayo falcelin ku saabsan tallaalka.
- Waa inaad soo ku celisaa foomka ka raali ahaanshaha dugsiga xitaa haddii ilmahaaga aan la tallaalaynin maadaama tani ka caawineyso bixinta adeegyada caafimaadka ee la hagaajiyeey.

Ilmahaagu ma u baahan yahay tallaalka busbuska?

Ilmaheygu wuu ku dhacay infekshinka busbuska, maxaan sameeyaa?

Haddii aad hubto inuu ilmahaaga ku dhacay infekshinka busbuska, ka dib tallaalka looma baahna. Si kastaba ha ahaatee tallaalka waxaa si ammaan ah loo siin karaa carruurta uu ku dhacay infekshinka busbuska.

Ma hubo in ilmaheyga uu ku dhacay infekshinka busbuska, maxaan sameeyaa?

Ilmahaaga waa in la tallaalaan.

Ilmaheyga wuxuu qaatay hal tallaal oo busbus, ma la siinayaa tallaalkii labaad hadda?

Haa, laba doos oo ah tallaalka busbusku wuxuu siinayaa ilaalin la kordhiyey wuxuuna yareynayaa khatarta inuu ku dhaco busbusku wakhti dambe.

Ilmaheygu wuxuu qaatay hal tallaal oo busbus iyo infekshinka busbuska, maxaan sameeyaa?

Haddii aad hubto in ilmahaaga uu ku dhacay infekshinka busbuska, ka dib tallaalka looma baahna. Si kastaba ha ahaatee tallaalka waxaa loo siin karaa si ammaan ah carruurta uu ku dhacay infekshinka busbusku.

Cuddurka busbuska

Busbuska waa infekshin aad laysu qaadsiyo oo uu keeno fayraysia zoster varicella. Busbusku waxaa faafiya qufaca iyo hindhisaha iyo xiriirka tooska ah ee finanka yar yar ee biyuhu galaan.

Badanaa waa cudur fudud wakhtigiisu kooban yahay markuu ku dhaco carruurta caafimaadka qaba; marmarka qaarkood busbusku wuxuu isubedelayaa jiro aad u daran sida infekshinka maqaarka bakteeriyada oo keena nabaro, namooniya ama maskaxda oo belbesha. Dadka waaweyn ee qaada busbuska guud ahaan waxay la kulmaan astaamo aad u daran. Busbuska waxaa sidoo kale laga yaabaa inuu khatar ku noqdo ilmaha yar ee aan dhalan haddii la qaado inta uurka la leeyahay. Busbuska wuxuu u keeni karaa jiro khatar ah iyo xitaa dhimasho dhammaan daá kasta.

Xiliga koritaanka ee busbuska waa 10 ilaa 21 maalmoos, oo uu la socdo muuqaalka nabaro cas cas bilow ahaan, ka dib noqonaya finan biyo leh saacado gudahood.

Meelahaas badanaa waxay u muuqdaan xabadka, wejiga iyo qaybaha kale ee jirka. Dadka badidiisa uu ku dhaco busbusku waxay leeyihiiin xumad waxayna dareemaan inaysan fiicneyn waxaana laga yaabaa inay arkaan iscuncun daran.

Qofkasta oo uusan weligiis ku dhicin busbus ka hor wuu ku dhici karaa. Ka hor barnaamijka tallaalka, qiyastii boqolkiiiba 75 dadka uu ku dhaco busbusku ka hor daá 12ka sanno.

Foomka ka raalli ahaanshaha tallaalka Busbuska (Varicella)

Waxaa lagula talinayaa carruurta Fasalada 7aad ee dugsiga sare

Fadlan akhri macluumaadka Buuxi foomka xitaa haddii tallaalka aan la siineynin.

Ka jeex foomka oo ku soo celi dugsiga.

Faahfaahinta ardeyga

Medicare no.: (Lambarka ku-horqoran magaca ilmaha)

Magaca qoyska:

Magac Koowaad:

Cinwaanka degaanka:

Tixraaca boosta:

Taariikhda dhalashada: / /

Jinsiga: Dumar Rag

Dugsiga:

Koox guriyeedka (homegroup):

Qofkani ma Aboriginal ama Torres Strait Islander asal ahaan? (fadlan sax)

No Aboriginal Torres Strait Islander Aboriginal iyo Torres Strait Islander

Faahfaahinta xiriirka masuulka/waalidka

Magaca qoyska:

Magaca koowaad:

limeyl:

Taleefanka maalintii:

Taleefanka gacanta:

Masuulka/waalidka, fadlan saxiix haddii aad ogolaatay in ilmahaagu ku qaato tallaalka busbuska dugsiga.

Waan akhriiyey oo fahmay macluumaadka laysiiyey ee ku saabsan tallaalka, oo uu ka midka yahay khataraha cudurka iyo waxyeelada tallaalka. Waaan fahmay inaan bixinayo ka raalli ahaanshaha in la siiyo doos ah tallaalka busbuska. Waxaa laysiiyey fursad aan kala hadlo tallaalka cidda bixineysa. Waaan fahmay inaan ka noqon karto ka raalli ahaanshaha wakhti kasta ka hor intaan tallaalka la bixin.

HAA, RAALI BAAN KA AHAY tallaalka busbuska (fadlan sax)

Waan u idman ahay inaan bixiyo ka raalli ahaanshaha ilmahaas kore in la tallaalo.

Magaca waalidka ama masuulka (fadlan daabac):

Saxiixa masuulka/waalidka:

Taariikhda: / /

AMA haddii tallaalka aan lagu siineynin dugsiga:

Maya Raali kama ahi tallaalka busbuska.

Ka dib markaad akhriiyey macluumaadka lay siiyey, ma doonayo in ilmahayga lagu tallaalo tallaalka busbuska wakhtigan.

Saxiixa masuulka/waalidka:

Taariikhda: / /

Goraalka arimaha gaarka ah. Barnaamijka Tallaalka Dugsiga Saree e Fasalka 7aad waxaa maalgeliyey dawladaha Victoria iyo Australia waxaana fulinaya golayaasha degaanka. Sida waafaqsan Xeerka 2008 ee Fyoobaanka iyo Caafimaadka Dadweynaha, golayaasha degaanka ayaa ka masuul ah xiriirinta iyo bixininta adeegyada tallaalka carruurta wax lagu barro degmada minishiiyiyyada dhexdeeda. Goloyaasha degaanka way ka go'an tahay ilaalinta arimaha gaarka, qarsoonda iyo nabad gelyada macluumaadka shakhsiyadeed, sida waafaqsan Xeerka 2014 ee ilaalinta Macluumaadka iyo Arimaha gaarka ah iyo Xeerka 2001 ee Diiwaanada Caafimaadka.

Goloyaasha degaanku waxay ka soo warbixiyaan dhammaan tallaalaada dhalinyarada qaangaarka ee lagu siiyey barnaamijka dugsiga ee Diiwaanka Tallaalka Dugsiga Australia (ASVR). Faahfaahinta shakhsiyadeed ee muujinaysa waxaa laga dhigi doona mid qarsoon. Tan waxay siin doontaa aalad sida nidaamyada xusuusinta iyo did u yeerida si loo hagaajiyoo heerarka tallaalka dhalinyarada. Tani waa muhiim si loo hagaajiyoo guud ahaan heerarka tallaalka. Shakhsiyadku waxay isticmaali doonaan diiwaankooda ee dhammaan tallaalaada ku diiwaangashan Diiwaanka Tallaalka Australia iyo ASVR. Macluumaadka tallaalka oo laysku wada daray ayaa laga yaabaa in loo sheego Dawlada Victoria ujeedaddeeduna tahay la socodka, maalgelinta iyo hagaajinta Barnaamijka Tallaalka Dugsiga Saree e Fasalka 7aad. Macluumaadkan ma lagu garanayo shakhnsina.

Macluumaadka la xiriira adiga ama ilmahaaga waxaa loo isticmaali doona ama loo muujin doona ujeedooyin si toos ah ula xiriira awgood tallaalka ilmahaaga, iyo siyaalo aad macqul ahaan fili doonto. Tan waxaa laga yaabaa inay ka mid tahay u gudbinta ama isdhaafsiga GP –ga macluumaadka la xiriira, ilmahaaga GP-giisa, adeeg caafimaad oo kale oo daweynaya ama isbitaal ama gole deegaan oo kale. Golaha degaanka waxaa laga yaabaa inay kugu siyyan macluuad la xiriira barnaamijka tallaalka dugsiga SMS ama iimeyl. Waaad heli kartaa macluumaadka ilmahaaga adoo la xiriiraya golaha degaanka meesha ilmahaagu uu ka dhigta dugsiga.

Xafiiska kaliya ayaa isticmaalaya:

Taariikhda dosaha la siiyey:

Xarfaha uu ka bilowdo magaca Kalkaalisadu:

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 minutes 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

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@dhhs.vic.gov.au

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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

www.betterhealth.vic.gov.au

immunehero.health.vic.gov.au

Chickenpox (Varicella) vaccine consent form

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.

Student details

Medicare number: (Number beside child's name)

Surname: CITIZEN First name: MARK

Residential address: 20 BLOCK STREET MELBOURNE

Postcode: 3000 Date of birth: 31 / 05 / 2004 Sex: Female Male

School: BLOCK HIGH SCHOOL Homegroup: 7A

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: CITIZEN First name: SANDRA

Email: parentorguardian@internettprovider.com

Daytime phone number: 9123 4567 Mobile: 0404 123 456

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 Year 7 Secondary School Vaccine Program is funded by the Australian and Victorian governments and delivered by local councils. Under the Public Health and Wellbeing Act 2008, local councils are responsible for coordinating and providing immunisation services to children being educated within the municipal district. Local councils are committed to protecting the privacy, confidentiality and security of personal information in accordance with the Privacy and Data Protection Act 2006 and the Health Records Act 2001.

Local councils retain all adolescent immunisation records given through school programs to the Australian School Immunisation Register.

Personal details will not be used or disclosed for purposes directly related to your child's immunisation, and in ways that you would reasonably expect. This may include the transfer or exchange of relevant information to your GP or

your child's GP, to another treating health service or hospital or another local council. The local council may provide you with information related to the school vaccine program via SMS or email. You can access your child's data by contacting the local council where your child attends school.

Office use only:

Date dose given:

Nurse initials:

Chickenpox (Varicella) vaccine consent form

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.

Student details

Medicare number (Number beside child's name)

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.

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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:

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Local councils report all adolescent vaccines given through school programs to the Australian School Vaccination Register (ASVR). Personal identifying details will be kept confidential. This will provide tools such as recall and reminder systems to improve adolescent vaccination rates. This is important to improve immunisation rates overall. Individuals will have access to their record of all vaccines recorded in the Australian Immunisation Register and the ASVR. Aggregate immunisation data may be disclosed to the Victorian government for the purpose of monitoring, funding and improving the Year 7 Secondary School Vaccine Program. This information does not identify any individual.

Information related to you or your child will be used or disclosed for purposes directly related to your child's immunisation, and in ways that you would reasonably expect. This may include the transfer or exchange of relevant information to your GP, to your child's GP, to another treating health service or hospital or another local council. The local council may provide you with information related to the school vaccine program via SMS or email. You can access your child's data by contacting the local council where your child attends school.

Office use only:

Date dose given:

Nurse initials: