



Meningococcal School Immunization Program Fact Sheet / Consent Form

What is meningococcal disease?

Meningococcal disease is an infection of the blood, or lining of the brain and spinal cord (meningitis), caused by the bacteria *Neisseria meningitidis*. There are many different types of *Neisseria* bacteria. Five types, including A, B, C, Y and W-135, cause almost all infections. Meningococcal disease is rare but serious. One in 10 people who are infected can die.

How is the disease spread?

The disease spreads through close face-to-face contact with respiratory and oral secretions (saliva) of an infected person, usually by kissing or sharing food, drinks, musical instruments, water bottles, cigarettes or other things that have been in the mouth of a person with the disease. It is not spread by being in the same classroom or on the same bus with an infected person.

What are the symptoms of meningococcal disease?

Symptoms can come on very fast and make someone very sick. Symptoms include sudden onset of fever, a severe headache, feeling sick to the stomach, vomiting and feeling tired, followed by a stiff neck, sensitivity to light, dizziness and a red/purple blotchy rash.

Is there a vaccine to prevent meningococcal disease?

There are a number of vaccines which protect against the various types of meningococcal bacteria that cause meningococcal disease. Since 2005, routine immunization against meningococcal type C disease has been recommended and publicly-funded for children one year of age. Meningococcal vaccine that prevents up to 80-85% of infections from four types of meningococcal bacteria – A, C, Y and W-135 - is currently available in Ontario through the publicly-funded program.

Who can get meningococcal vaccine (Men ACYW-135) for free?

Students in grades 7 through 12 may receive this vaccine if they have not had a previous dose of it.

What are other ways to prevent meningococcal disease?

Avoid sharing things that can spread saliva such as cups, water bottles, food and other utensils. Always clean musical instrument mouth pieces after each use.

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MENINGOCOCCAL ACYW-135 VACCINE CONSENT FORM

STUDENT INFORMATION:

Last Name _____ First Name _____ male female
Birth Date: year _____ month _____ day ____ School _____ Room/Teacher _____
Ontario Health Card # _____

PLEASE CHECK ALL THAT APPLY:

- YES, I ask that the student named above be vaccinated with the meningococcal vaccine.
- NO, I do NOT wish the above student to be vaccinated with the meningococcal vaccine (a valid exemption must be on file with Public Health)
- The above student has received the following meningococcal vaccine(s):

Name of Vaccine _____ Date(s) Given: _____

I have read or had explained to me the information about the meningococcal vaccine. I have had the chance to ask questions which were answered to my satisfaction. I understand the risks and benefits of receiving the meningococcal ACYW-135 vaccine.

Date _____ Signature _____ Name (please print) _____
Home Phone () _____ Work or Cell Phone () _____

Who should NOT get this vaccine?

Anyone who:

- has already been immunized with a Men ACYW-135 vaccine (Menactra® and Menveo™) in the past five years;
- has had an allergic reaction to a previous meningococcal vaccine, or any of its components, including diphtheria toxoid;
- has had Guillain-Barré Syndrome;
- has been vaccinated within the last six months with another *Neisseria meningitidis* polysaccharide vaccine;
- has been vaccinated within the last one month with another meningococcal conjugate C vaccine (NeisVac®, Menjugate®);
- is pregnant.
- Anyone who has a fever or is sick with anything more serious than a cold should wait until they are feeling better before the getting the vaccine.

What are the possible side effects of getting the Men ACYW-135 vaccine?

Some people may have redness or pain where the needle was given. A few may feel tired and have a slight fever after the shot. Tylenol® or ibuprofen may be taken afterwards, as directed, to reduce discomfort or fever.

Children under 19 years of age must NOT be given ASA, Aspirin® or salicylates.

Rarely, side effects include trouble breathing, a rash or swelling in the throat and face. See a health care provider if a serious reaction occurs following vaccination.

What to Do

Ensure you read and understand the information provided here. Complete the Consent Form on the front, remove it and return it to your child's school as soon as possible. Keep the rest of the sheet for your information. A record of the vaccine administered will be given to your child to bring home.

For More Information

Contact the Hastings Prince Edward Public Health Immunization Program at 613-966-5500 x313.

Toll Free 1-800-267-2803. TTY: Dial 711. Website: www.hpepublichealth.ca

Parental Awareness/Consent to Treatment

The Health Care Consent Act states that all persons, regardless of age, may consent to medical treatment, provided they understand the benefits and risks of the treatment as well as the benefits and risks of not having the treatment. There is no minimum age in Ontario for informed consent. Students will be assessed by a nurse at the school clinic, based on the principles of the Health Care Consent Act, to ensure that informed consent can be obtained. Parents/legal guardians are encouraged to talk with their children about the benefits/risks of immunization.

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