

MENINGITIS A,C,Y,W-135 IMMUNIZATION

STUDENT INFORMATION (Please Print)

Student's Last Name:				Student's First Name:	
Birth Date:				Health Card #:	
	Year	Month	Day		
Male	School:				
Female	Teacher's Name:				
Parent/Guardian Telephone Contact Information:			Home:		Work:

MENINGITIS A,C,Y,W-135 CONSENT

I acknowledge that I have read The Regional Municipality of York's Meningococcal Disease and Vaccine Fact Sheet (on reverse), or it has been read to me. I understand the benefits and possible side effects of the meningococcal vaccine and that certain persons listed in the Fact Sheet should not get the meningococcal vaccine. I consent to the meningococcal vaccine being given to me or my child. In addition, I am aware that personal health information collected on this form may be shared with another doctor or nurse if that is required for care.

Should you not want your information released to another doctor or nurse, please check here or advise the Health Unit in writing.

Student Signature:		Date:
Parent/Guardian Signature:		Date:
<u>OR</u> Vaccine Refused: Student/Parent/Guardian Signature		Date:

PREVIOUS MENINGITIS IMMUNIZATION

If your child has already had meningitis vaccine, please provide the date of the immunization and type of vaccine given and return the form to the school.

Date of Dose (YY/MM/DD)	Type of Vaccine

FOR NURSE'S USE ONLY

Vaccine	Date	Time	Lot #	Site Deltoid	Signature with Designation
Menactra 0.5 ml Intramuscular				R L	

NOTES:

The information provided or attached to this form is being collected, and will be used by the local health unit for the purpose of the Medical Officer of Health maintaining an immunization record on the above named student and to take appropriate action to prevent certain vaccine preventable diseases in the health unit. This information may be disclosed to the Ministry or other health units for the purpose of the prevention of vaccine preventable diseases. For further details about this collection, you can contact the Manager of Community Clinics of the Infectious Diseases Control Division by calling (905) 830-4444, ext. 3578; TTY 1-866-252-9933

Meningococcal Disease and Vaccine Information Sheet

What is meningococcal disease?

Meningococcal disease is an illness that can cause meningitis (inflammation of the tissue around the brain and spinal cord) or meningococemia (infection of the blood). This disease can cause severe long-term health complications or death. Infected people may experience hearing loss or kidney problems or require amputations.

The disease is caused by *Neisseria meningitidis* bacteria, of which there are several strains. Previously, the meningococcal C strain caused most of the disease in Ontario, but recently there has been an increase in the incidence of disease caused by groups Y and W-135.

What are the symptoms of meningococcal disease?

There may be sudden onset of fever, severe headache, a stiff neck, nausea, vomiting and sometimes a rash. Serious illness can develop quickly. About 5 to 15 percent of people who become ill may die.

How does the disease spread?

The bacteria that cause meningococcal disease are found in an infected person's saliva, nose and throat secretions and droplets expelled into the air when they cough or sneeze. The bacteria can spread from person to person through kissing or using items that have been in contact with an infected person's mouth, such as:

- cups, water bottles, straws
- cigarettes
- food and utensils
- musical instruments
- toothbrushes
- lipstick

An infected person can spread these bacteria for up to seven days before becoming ill with meningococcal disease.

How effective is the meningococcal A,C,Y,W-135 vaccine?

The meningococcal A,C,Y,W-135 vaccine protects against types A, C, Y and W-135 of the *N. meningitidis* bacteria. This vaccine is effective in 82 to 97 percent of adolescents who receive it. The protection has been shown to last for five years and possibly longer.

Who should receive the vaccine?

Meningococcal A,C,Y,W-135 vaccine is approved for people between two and 55 years of age, and is publicly funded for Grade 7 students, persons at high risk and close contact of persons with invasive meningococcal disease. The vaccine is recommended for people who do not have a functional spleen (e.g. Sickle cell disease), those with weakened immune systems, and those with cochlear implants. Record your immunization on your yellow Immunization Card.

Who should NOT get the vaccine?

You should not receive this vaccine if:

- You are sick with a fever or infection worse than a cold. (Wait until you feel better)
- You have ever had a severe reaction to a previous dose of vaccine
- You have a severe allergy to aluminum, latex or Diphtheria Toxin
- You have received Menjugate within the past month
- You are pregnant or breastfeeding. (Discuss your need for immunization with your doctor)
- You have a history of Guillian Barre Syndrome

What are the side effects of the vaccine?

The most commonly reported side effects are redness, pain and swelling at the injection site that may last about a day. Apply ice to the site and/or take acetaminophen to help minimize pain and/or swelling. Some people may experience headache, fatigue or malaise. If you experience anything more severe than these symptoms, please notify your doctor or the public health unit.

For further information, please call York Region *Health Connection* at 1-800-361-5653; TTY 1-866-252-9933 or visit www.york.ca

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