

Meningococcal A,C,Y,W-135 Prevention Program



Please return this form to the school indicating “Yes” or “No”.

Meningococcal disease is caused by a bacteria called meningococcus disease most often causing meningitis (infection of the lining of the brain and spinal cord) or septicemia (a very serious blood infection). These forms of the disease are very serious and can progress very quickly.

This disease can lead to severe complications such as limb amputations, hearing loss and brain damage. Often healthy people become infected. Symptoms include sudden onset of high fever, severe headache, stiff neck, nausea, vomiting, a pin-point rash, sleepiness, confusion and, in severe cases, coma, or death may also occur.

HOW IS IT SPREAD?

This infection is spread through contact with secretions of the nose and throat. It can be spread by kissing, or sharing eating utensils, water bottles, cigarettes, musical instruments, etc.

Approximately 20% of healthy adolescents and adults carry the bacteria in their nose and throat.

MENINGOCOCCAL DISEASE IN ONTARIO

Due to the changing trends in Ontario, health experts have recommended broader protection against meningococci A,C,Y,W-135 with a publicly funded vaccine for grade 7 students.



Please cut off and return lower portion to the school, and retain upper half for your information.



REQUEST FOR MENINGOCOCCAL A,C,Y,W-135 VACCINE

Student's Name: Last _____ First _____

Birth Date: ____/____/____
year month day

Sex: male / female

School: _____

Teacher: _____

If he/she has already received meningococcal vaccine, please provide the date and type:

Date ____/____/____ Type: Meningococcal A,C,Y,W-135 vaccine (Menomune® or Menactra®)
yyyy mm dd

Student's Health History: Please circle 'yes' or 'no' for all questions below – if yes, describe briefly.

- | | | | |
|--|----|-----|-------|
| 1. Serious medical conditions | no | yes | _____ |
| 2. Taking over-the-counter or prescription medications | no | yes | _____ |
| 3. Allergies to latex, diphtheria toxoid | no | yes | _____ |
| 4. Previous reaction(s) to any immunizations | no | yes | _____ |
| 5. Has a history of Guillain-Barré Syndrome (GBS) | no | yes | _____ |

I have read or had explained to me this information about the vaccine and had my questions answered to my satisfaction.

YES

I consent for the above-named to receive the meningococcal A,C,Y,W-135 vaccine.

Parent/Guardian Signature: _____
(in ink)

Phone#: Home _____ Work: _____

Date: _____

NO

I DO NOT consent for the above-named to receive the meningococcal A,C,Y,W-135 vaccine.

Parent/Guardian Signature: _____
(in ink)

Phone#: Home _____ Work: _____

Date: _____

THERE IS PREVENTION

Meningococcus type A,C,Y,W-135, can be prevented with a vaccine called Menactra®. Vaccination against these types is achieved with one injection.

IS THE VACCINE SAFE?

The vaccine is safe. It may cause minor side effects such as tenderness, redness and swelling at the injection site. Fever, headache, fatigue, muscle aches and nausea rarely occur. More serious reactions such as hives, trouble breathing or swelling of the face or mouth are extremely rare. Most instances begin within 30 minutes after injection of the vaccine. The risk from meningococcal disease is much greater than the risk from the vaccine.

IS THERE A CURE?

Antibiotics are used for the treatment of bacterial meningococcal disease. Prior to the availability of antibiotics, almost 100% of patients presenting with meningococcal meningitis and septicemia died. However, even with appropriate treatment, 10% of cases will be fatal.

WHO SHOULD NOT RECEIVE THE VACCINE?

Anyone who has:

- An allergy to diphtheria toxoid or latex.
- A fever or serious infection on the day the needle is to be given.
- A history of Guillain-Barré Syndrome (GBS)

Complete the entire consent form and return it to the school.

If you do not wish for your child to receive this vaccine indicate this at the bottom of the consent form in the space provided and return it to the school.

If your child is unable to attend school on the day of the school clinic, he/she can receive the vaccine at the Grey Bruce Health Unit.

NOTE: This vaccine may cost \$125.00 or more if not administered by Public Health

For more information contact the Grey Bruce Health Unit: 519 376-9420 / 519 881-1920 / 1 800 263-3456



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FOR NURSE'S USE ONLY

VACCINE: Menactra® Dose: 0.5 ml Route: IM

Date & Time	Site	Lot Number	Nurse's Signature
	Right / Left deltoid		

Comments:

This information is being collected pursuant to the *Health Protection and Promotion Act*, R.S.O.1990, c.H.7 and will be retained, used, disclosed and disposed of in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, the *Personal Health Information Protection Act*, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure and disposal of information. Any questions regarding this collection may be directed to the Director of Finance and Administration at 101 17th Street East, Owen Sound, Ontario, N4K 0A5, (519)376-9420.