



Year 10 School-based immunisation program – information for parents

What is meningococcal disease?

Meningococcal disease is an uncommon, but sometimes life-threatening illness. The disease is a result of a bacterial infection of the blood and/or the membranes that line the spinal cord and brain.

Although treatable with antibiotics, the infection can progress very rapidly, so it is important that anyone experiencing symptoms of meningococcal disease seeks medical attention promptly.

At any one time, approximately 10 per cent of healthy people carry meningococcal bacteria harmlessly in their nose or throat, and do not become ill.

How is meningococcal disease spread?

Meningococcal bacteria are spread by respiratory secretions (coughing, sneezing or kissing). The bacteria do not survive more than a few seconds in the environment.

The disease is most likely to be spread only to very close contacts, such as people who live in the same household, sexual contacts and children attending the same day care for more than four continuous hours.

Why does WA Health offer a vaccination program for Year 10 students?

Meningococcal disease can affect any age group. However, some of the highest rates of meningococcal carriage and illness occur among adolescents and this age group can transmit bacteria to people who are at an increased risk of infection, including young children.

It is anticipated that immunising Year 10 students will reduce transmission of the bacteria to others and help prevent infections within the larger community.

Which vaccine will be used and how effective is it?

Meningococcal ACWY vaccine will be used. This vaccine protects against four serogroups of meningococcal bacteria: A, C, W and Y. The vaccine brand Nimenrix® will be used in this school-based program.

These vaccines are safe and effective. Meningococcal ACWY vaccination programs have been implemented in adolescents aged 13–15 years in the UK since 2015 and adolescents aged 11–12 in the US since 2005 with no significant concerns reported. The vaccine is routinely offered as a single dose. Further doses are recommended for those at increased risk of this disease and those travelling where this disease is common. Studies have shown that the effectiveness of the meningococcal ACWY vaccines are between 80–85 per cent in adolescents.

Who should not get this vaccine?

Tell the person giving the vaccine if:

- **you have any severe, life-threatening allergies.**

If you have had a life-threatening allergic reaction after a previous dose of a meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine's ingredients.

- **you are pregnant or breastfeeding.**

Meningococcal vaccines are not routinely recommended for pregnant or breastfeeding women but can be given where clinically indicated. Please discuss further with your GP if you could be pregnant or are breastfeeding.

What are the vaccine side effects?

With any medicine, including vaccines, there is a chance of common adverse reactions. These are usually mild and go away by themselves. Serious reactions are also possible, but are rare. There is a very remote chance of a vaccine causing a serious injury or death. You cannot get meningococcal infection from the vaccine.

Common adverse events include pain, redness and swelling at the injection site, fever, irritability, drowsiness, decreased appetite, headaches, rash and nausea. However, serious general adverse events are rare.

The safety of vaccines is always being monitored. For more information, visit: www.tga.gov.au or www.immunise.health.gov.au



This document can be made available in alternative formats on request for a person with disability.

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What if there is a serious reaction – what should I look for?

Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behaviour. Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness – usually within a few minutes to a few hours after the vaccination. For any severe reaction, call an ambulance or go to your closest emergency department.

What should I do?

Paracetamol can help reduce mild fever or pain and a cool damp cloth can also reduce pain at the injection site. Please seek medical advice or go to the local emergency department if you have any reaction you think is serious or unexpected.

Or call **healthdirect Australia** on 1800 022 222.

All immunisation providers in WA are required by law to report an adverse reaction following immunisation. Parents can also report concerns about any serious reactions after immunisation. Learn more at healthywa.wa.gov.au/WAVSS or call 6456 0208.

Further information

If you have any queries about meningococcal vaccinations, contact **healthdirect Australia** on 1800 022 222 or your local provider using the contact details provided on the back of the envelope containing your consent paperwork.



Year 10 Meningococcal ACWY School Based Immunisation Program 2020

Dear Parent/Guardian

Please read all the enclosed information about the vaccines being offered to your child through the Meningococcal ACWY Immunisation Program, then complete this form in **capital letters and tick appropriate boxes (using black ink)** and return it to your child's school within the next week.

Student details. Please fill in this section whether you consent to your child receiving the vaccine or not

Student's last name	Student's first name	Middle initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's date of birth	Gender	Aboriginal
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> U (Unspecified/Undetermined/Undisclosed) <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicare number (free service if provided at school, please ensure Medicare details are provided)	Reference number next to child's name	Medicare card not available/shown <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Valid to <input type="text"/>
Name of school student attends	<input type="text"/>	

Parent/Legal guardian details. Please fill in this section whether you consent to your child receiving the vaccine or not

Relationship to student	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Legal guardian <input type="checkbox"/>
Parent/Guardian legal last name	Parent/Guardian legal first name		
<input type="text"/>	<input type="text"/>		
Mobile phone (preferred)	Home phone	Work phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>		
Parent/Guardian address (1) Address of individual filling in form (number and street)	<input type="text"/>		
<input type="text"/>	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Parent/Guardian address (2) Optional e.g. PO Box (number and street)	<input type="text"/>		
<input type="text"/>	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Consent section – parent/guardian to complete

- I am authorised to give consent or non-consent for my child to be vaccinated. I have read and understand the information provided about vaccination, including the possible vaccine side effects. I understand I can discuss the risks and benefits of vaccination with my GP or call the school immunisation nurse. Consent provided for the below-mentioned vaccines will remain valid until it is withdrawn by calling the school team as per number on the envelope.
- I understand I may receive an SMS from the WA Dept of Health about my child's vaccination experience in order to monitor vaccine safety.
- I understand the information provided on this form will be recorded on relevant State and Commonwealth immunisation registers. It will remain confidential and used to monitor immunisation rates and inform program improvement.

Please ensure you tick the green box for your child to be vaccinated.

If you do not want your child to receive the vaccine, tick the relevant red box.

Do you consent to your child receiving the meningococcal ACWY vaccine?

Yes

☐

No

☐

Signature: Date:

Has your child ever received the meningococcal ACWY vaccine (e.g. for travel)?

Yes

☐

No

☐

If yes, provide details:

Has your child ever had a serious reaction to any vaccine?

Yes

☐

No

☐

If yes, provide details:

Does your child have any severe allergies?

Yes

☐

No

☐

If yes, provide details:

Does your child have any long term medical conditions (e.g. diabetes, epilepsy etc)?

Yes

☐

No

☐

If yes, provide details:

Has your child fainted when receiving an injection?

Yes

☐

No

☐

If yes, provide details:



Immunisation provider comments

	Consent		Date given	Batch	Vaccinator	Site: Left arm	Site: Right arm	Record entered in AIR
	Yes	No						
Meningococcal ACWY								

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.**Telephone consent: Office use only**

Verbal consent for vaccination was given Yes ☒ No ☐ Time : Date / /

Signature

Name Name

Consent provided by (name) Relationship to child
(e.g. father, mother)

Contact number

Data entry: AIR ☐ webPAS ☐ CHIS ☐ WINVAC ☐ MMEX ☐

Comments