

**Meningococcal A C Y W-135 Quadrivalent
Conjugate Vaccine
CONSENT FORM
(Menactra®)**



WHAT IS MENINGOCOCCAL DISEASE?

Invasive meningococcal disease is caused by the bacteria *Neisseria meningitidis*. It can cause meningitis (swelling of the lining of the brain and spinal cord) or meningococemia (blood infection). People with invasive meningococcal disease may have fever, severe headache, a stiff neck, nausea, vomiting and sometimes a rash. Meningococcal disease most commonly occurs in children under 5 years and adolescents between 15-19 years of age. The disease can be treated with antibiotics. However meningococcal disease can be serious and about 5-15% of people who become ill can die.

HOW IS THE DISEASE SPREAD?

Bacteria that cause meningococcal disease are carried in the throat and nose of about 10% of the population. Kissing, sharing eating utensils, coughing, sneezing and other contact where saliva is passed from one person to another can spread it.

To prevent the spread of meningococcal disease, objects that have come in contact with another person's mouth should not be shared. Good hand hygiene and the use of sleeves, the shoulder or tissues to cover coughs or sneezes is important to remember.

THERE IS PREVENTION

Meningococcal conjugate vaccine provides protection against *Neisseria meningitides* serogroups A, C, Y W-135 The vaccine currently approved for use in Canada is Menactra®. This quadrivalent, protein-polysaccharide conjugate vaccine is intended for the prevention of meningitis (infection of the lining of the brain) and or septicemia (infection of the blood and organs) as a result of serogroups A, C, Y W-135 *Neisseria meningitides*.

IS THE VACCINE SAFE?

Although side effects are rare, the most common side effects of the vaccine are: redness, pain and swelling at the vaccination site.

Other reactions may include fever, headache and feeling unwell. These symptoms usually subside in 1-2 days. Allergic reactions like wheezing, swelling of the mouth or face, and hives are rare. If these symptoms occur, see a physician and report it to the Health Department.

There are other extremely rare but serious side effects reported but NOT proven. These can be found at www.sanofipasteur.ca (Menactra®)

over...

**MENINGOCOCCAL GROUPS A,C,Y,W-135
CONJUGATE
IMMUNIZATION RECORD**

Student's Name: _____

Date of Birth: _____

1. _____

Keep this important record with your personal health files when the injection has been given.

If your child has already had the vaccine, please provide the date above and return.

Unless cancelled, this request is valid for the time period needed to give the single dose of the vaccine.

**CONSENT FOR MENINGOCOCCAL GROUPS A, C,Y,W-135
CONJUGATE IMMUNIZATION**

Student's Name:

Last: _____ First _____

Sex: male / female

Date of Birth: year _____ month _____ day _____

Health Card #: _____

School: _____ Room: _____

I have read or had explained to me this information about the vaccine. I have had the chance to ask questions, which were answered to my satisfaction.

I ASK THAT THE ABOVE NAMED BE VACCINATED AGAINST MENINGOCOCCAL ACYW-135 QUADRIVALENT CONJUGATE (SINGLE DOSE).

Date: _____ Signature: _____

Phone #: home _____ bus. _____

Parent/Guardian Name: *(please print)*

IS IT SAFE TO RECEIVE TWO VACCINES AT THE SAME VISIT?

Sometimes two vaccines are given at the same visit. Other essential inactivated or live attenuated vaccines may be given at the same time at the Meningococcal-ACYW-135 vaccine.. This does not decrease the effectiveness or immune response of either vaccine nor increase side effects. Individuals are exposed to thousands of different microbes everyday so getting exposed to parts of two or more at once will not “overwhelm” the immune system.

WHO SHOULD RECEIVE THE VACCINE?

The vaccine is recommended for routine immunization of adolescents and young adults. It is also important for the following groups: people without a functioning spleen or who have had their spleen removed; people with certain immune system problems; students living in residence or dormitories; household and close contacts of a person diagnosed with meningococcal disease.

WHO SHOULDN'T RECEIVE THE VACCINE?

The following should not get the vaccine:

- People with known allergy to any of the following components of the vaccine: Diphtheria toxoid, , latex in the vial stopper
- Those who have had previous allergic or other serious reaction to a meningococcal containing vaccine.
- Those who have been vaccinated within the last one month with another *Neisseria meningitides* conjugate vaccine or vaccinated within the last six months with another *Neisseria meningitides* polysaccharide vaccine must delay receiving the meningococcal ACYW135 conjugate vaccine.



FOR NURSE'S USE ONLY:

VACCINE: Menactra 0.5mL intramuscular

Right / left

deltoid	date	time	lot #
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Nurse's signature: _____

- Women who are pregnant or breastfeeding
- Those with history of Guillain-Barré Syndrome (GBS)
- Persons on high dose corticosteroids or immunosuppressive agents, or who have immunosuppressive illness should delay vaccination until condition/treatment has resolved wherever possible.

The nurse will delay giving the vaccine to anyone who has a fever or anything more serious than a minor cold.

WHAT PARENTS/GUARDIANS NEED TO DO

- Please read the information on this form and sign the consent portion on the FRONT of this form.
- Detach and return the consent form to your child's teacher **ASAP**. Forms must be returned before the clinic date.
- Keep the top half of this sheet for your information.

WHAT IF YOUR CHILD IS AWAY?

If your child cannot attend on the school clinic date, children who are registered in grade 7 can receive the vaccine at a Health Unit office. If **you** do not make these arrangements, your child will not benefit from protection of the vaccine.

For more information, please contact:

**Leeds, Grenville and Lanark District Health Unit
458 Laurier Blvd.**

Brockville, Ontario

1-800-660-5853 or visit www.healthunit.org

or Sanofi Pasteur at www.sanofipasteur.ca

If you **DO NOT** want your child to be immunized, please do not send the consent form back.



This information is being collected under the authority of the *Immunization of School Pupils Act*, R.S.O. 1990, c.I.1 and the *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 for the purpose of enabling the Medical Officer of Health for Leeds, Grenville & Lanark to maintain a record of immunization and for the provision of statistical data to the Ministry of Health and Long Term Care. This information will be retained, used, disclosed and disposed of in accordance with the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3. This information may be shared with organizations such as Cancer Care Ontario for research and evaluation purposes. For more information, contact the Vaccine Preventable Diseases Program at the Leeds, Grenville & Lanark District Health Unit at 613-345-5685.