

Meningococcal C-Conjugate Vaccine
Vaccine Information and Consent Form
(Menjugate™ and NeisVac-C™)



WHAT IS IT?

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.

IS THERE A CURE?

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 CAN YOU CATCH IT?

Bacteria that cause meningococcal disease are carried in the throat and nose of up to 30% of healthy people. It can be spread by kissing, sharing eating utensils, coughing, sneezing and other contact where saliva is passed from one person to another.

THERE IS PREVENTION

Meningococcal C-conjugate vaccine provides greater than 92-97% protection against *Neisseria meningitidis* serogroup C, the bacteria that accounts for 30% of meningococcal meningitis cases in Canada. Serogroup C is the group commonly responsible for outbreaks of meningitis in schools and universities. The vaccine has been used extensively in the U.K. and is safe. It is the only vaccine that protects children less than 2 years of age against serogroup C meningococcal disease. Meningitis vaccines have been shown to provide long lasting protection.

WHAT PARENTS/GUARDIANS/STUDENTS NEED TO DO

- Please read the information on both sides and sign the consent below.
- Return the consent form to your child's teacher **ASAP**. Forms must be returned no later than the clinic date.
- Keep the top half of this sheet for your information.
- If your child has previously been immunized with this vaccine, please provide vaccination date(s) below.

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DETACH AND RETURN TO SCHOOL

Meningococcal C-Conjugate Vaccine Consent Form

Student's Name: Last _____ First _____

Sex: male / female **Birth Date:** year _____ month _____ day _____

Healthcard # _____ **School:** _____ **Age:** _____

I have read or had explained to me the information about the vaccine. I understand the benefits and risks of the meningococcal C-conjugate vaccine.

I ASK THAT THE ABOVE NAMED BE VACCINATED WITH THE MENINGOCOCCAL C-CONJUGATE VACCINE

Date: _____ **Signature:** _____ **Parent/guardian/student: (please print)** _____

Phone #: Home () _____ **Business** () _____

By signing, I am indicating to the Leeds, Grenville and Lanark District Health Unit that I am a parent/guardian/student with the legal authority to consent to this vaccination on behalf of this child. Unless cancelled, this request form is valid for the time period needed to give the vaccine. If your child has already had the vaccine, please fill out the information below to update his/her immunization record. (You may have had to request the vaccine and a cost may have been involved)

Name of Vaccine: _____ **Date(s) of Vaccination:** _____

IS THE VACCINE SAFE?

Fewer than half of the people who get this vaccine may experience redness, pain and swelling where the vaccine was given. A few people get a fever. Few youth and adults get a headache and feel unwell. Side effects occur less often than with other routine childhood vaccines and usually go away on their own in 1-2 days. Applying ice to the site and/or using acetaminophen can help minimize pain, swelling, and/or fever. More severe reactions are rare. If your child has a more serious reaction including breathing trouble, swelling of the mouth or face, hives, a rash or a fever over 39°C lasting longer than 4 days, see a physician and report it to the Health Department.

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

Sometimes two vaccines are given at the same visit. Meningococcal C-conjugate vaccine can be given safely with other vaccines. 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 infants, children, adolescents and young adults. It is also important for the following groups: people without a functioning spleen or who have had their spleen remove; people with certain immune system problems; students living in residence or dormitories; household and close contacts of a person diagnosed with meningococcal serogroup C disease.

WHO SHOULDN'T RECEIVE THE VACCINE?

Some people should not have this vaccine, if there's been a past allergic reaction to aluminum, mannitol, sodium phosphate, diphtheria toxoid (for Menjugate™), or tetanus toxoid (for NeisVac-C™). Women who are pregnant or breast feeding should check with their doctor first. Having a bleeding disorder may cause severe bleeding from an intramuscular injection. Those who have been previously immunized with the meningococcal C-Conjugate vaccine, or received the polysaccharide meningococcal vaccine (Menomune™) within the past 6 months must delay receiving the meningococcal C-conjugate vaccine for 6 months. The nurse will delay giving the vaccine to anyone who has a fever or anything more serious than a minor cold.

WHAT IF YOUR CHILD IS AWAY?

If your child cannot attend on the school clinic date, children who are **12 and 15-19 years of age** can receive the vaccine at a Health Unit office or a physician's office (family doctors, pediatricians, walk-in clinic, etc.). 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**

FOR NURSES USE, WITH MANUAL ENTRY ONLY

VACCINE _____ Lot # _____

Right/Left _____ Date _____ Time _____
Deltoid

Nurse's signature: _____

The information is collected under the authority of sections 2 and 5 of the Health Protection and Promotion Act and Ont. Reg. 585/94 under the Health Cards and Numbers Control Act and Section 11 under the Immunization of School Pupils Act for the purpose of maintaining an immunization record for this student. Questions concerning the collection of this information should be directed to: The Director of Clinical Services Department, Leeds, Grenville & Lanark District Health Unit, 458 Laurier Blvd., Brockville, 1 (800) 660-5853