

Protect your child against meningococcal disease

For Grade 9 students



Why your child should get the meningococcal vaccine...

- To protect your child and the people you care about from getting sick.
- To protect your child from getting meningococcal disease. It can cause meningitis (brain infection) and septicemia (infection of blood and organs), and these can result in permanent brain damage, organ failure and even death.

Who should get this vaccine?

Grade 9 students.

Who should NOT get this vaccine?

- Students allergic to any part of the vaccine or its packaging.
- Students with a history of Guillain-Barré syndrome.

What you should know about invasive meningococcal disease...

- It is an infection caused by a bacteria known as meningococcus.
- About 10 per cent of the population carries these bacteria in the throat or nose with no symptoms, and it can spread to another person through close contact involving secretions (i.e. kissing, sharing water bottles)
- In rare cases, the bacteria overcomes our immune system leading to meningitis (brain infection) and septicemia (infection of blood and organs).

DID YOU KNOW?

Meningococcal disease kills one in 10 persons who are infected. Bacteria are spread through direct contact with droplets from the nose and throat (coughing, sneezing, kissing).



Becka Allen (Hampton Middle School)

Who can get meningococcal disease?

- The disease can occur at any age.
- The highest risk for invasive meningococcal disease is young children and teenagers 15 to 19.

What you should know about the meningococcal vaccine...

The vaccine...

- is **SAFE** and very effective in preventing disease;
- protects against *N. meningitidis* types A, C, Y and W-135; and
- will increase protection for those who have been previously vaccinated against type C.

What to expect following the meningococcal conjugate ACYW-135 immunization...

- **Common side effects** are pain, redness and/or swelling at the site of the injection, headache, fatigue and fever.
- Severe allergic reaction or other serious side effects are extremely rare.

Please note: As is the case with any vaccine, there is a small risk that a serious allergic reaction can occur. **Therefore, students are asked to remain onsite for at least 15 minutes after the vaccine is given so that possible immediate reactions can be monitored and treated.**

How to treat fever and pain...

- A cold compress on the injection site may reduce discomfort.
- You may give your child *acetaminophen* (e.g., Tylenol®) or *ibuprofen* (e.g., Advil®).
- *Acetylsalicylic acid* (ASA or Aspirin®) should **NOT** be given to children younger than 18 due to its link to Reye’s syndrome.

What else you should know...

- If your child has a fever or illness other than a minor cold, the nurse may delay giving this vaccine.
- If your child’s immune system is affected by illness, steroid medication or cancer treatments, the decision to immunize must be made in consultation with your family physician.
- It is important to record any allergies on the consent form.
- If your child has had an allergic reaction to a vaccine in the past, or if you have any questions, please contact your local Public Health office.
- Adverse reactions especially severe or unusual reactions in the four weeks following immunization should be reported to the local Public Health office. Please see your doctor if your child has a severe reaction.
- Further information is available at www.gnb.ca/publichealth

How to register for this program...

- **Complete** and **sign** the tear-off section of the brochure.
- **Return** the completed tear-off section to the school *even if you choose not to have your child immunized.*
- **Keep** the rest of the brochure for your information.
- Once your child is immunized, the nurse will complete the immunization information on your child’s **Personal Immunization Record** and return it to him or her.

Consent form for meningococcal conjugate ACYW-135 immunization

PLEASE COMPLETE AND RETURN THIS PORTION TO THE SCHOOL

School

Grade

Home room/teacher

Birth date

Student’s name

Student’s Medicare number

Daytime telephone number

Other daytime telephone number

Allergies

Health problems

I have read or had explained to me the information on the vaccine, and I believe I understand its benefits, risks, side-effects and reasons why my child may or may not receive the vaccine. I have had the opportunity to ask questions to a health-care provider that were answered to my satisfaction.

Yes, I **AGREE** to allow my child to receive the meningococcal conjugate ACYW-135 vaccination.

No, I **DO NOT AGREE** to allow my child to receive the meningococcal conjugate ACYW-135 vaccination.*

Signature of parent/guardian

Date

Signature of parent/guardian

Date

* Reason for refusal

Personal immunization record for meningococcal conjugate ACYW-135 vaccine

Birth date

Student’s name

Student’s Medicare number

This section is to be completed by the Public Health nurse

Name of vaccine

Date immunized

Nurse’s signature

Vaccination Time

This immunization record will be given to your child after his/her immunization. Please keep this record with your child’s personal health files.