

# Meningococcal-ACYW Vaccine

Toronto Public Health offers free meningococcal vaccine for Grade 7 students at school clinics.

## Instructions for parents:

1. Read the vaccine fact sheet.
2. Complete the consent form and return it to your child's school.
3. Find your child's school clinic date at [www.toronto.ca/health](http://www.toronto.ca/health).
4. Have your child eat breakfast on the day of the clinic and wear a short-sleeved shirt.
5. Toronto Public Health will be in the schools several times per school year. If your child missed the vaccine, he/she can still get vaccinated at the next school clinic. Catch up clinics are also available at [www.tphbookings.ca](http://www.tphbookings.ca).

## New Required for School Attendance

According to the Immunization School Pupils Act, all students must be vaccinated against meningococcal disease or have a valid exemption. Children who are not up-to-date can be suspended from school.

## Meningococcal Disease

Meningococcal disease is caused by the bacteria *Neisseria meningitidis*. The disease spreads through saliva by close person to person contact, usually by kissing or sharing food, drink, musical instruments, water bottles, or other things that have been in the mouth of a person with the disease. Meningococcal disease is very rare, however, when it strikes, the disease can progress rapidly.

The bacteria can cause an infection in the lining of the brain and spinal cord called *meningococcal meningitis* leading to strokes, hearing loss and seizures. It can also infect the lungs, joints, bone, heart or skin. A blood infection called *meningococemia* can lead to organ failure, shock and amputations. One in 10 severe cases can lead to death.

## Meningococcal Vaccine Benefits

There are five main strains that cause illness (A, B, C, Y and W-135). The meningococcal vaccine, Menactra<sup>®</sup> is given in grade 7. It protects against four strains (A, C, Y, and W-135) and is 80% to 85% effective for teenagers. Students who received the Menactra<sup>®</sup> vaccine as an infant/child can get a free dose in Grade 7.

The vaccine can be given on the same day as other vaccines. Only one dose is required for teenagers. The vaccine given in Grade 7 is different from the meningococcal vaccine given at one year of age.

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## Vaccine Side Effects and Risks

The vaccine is safe, effective and well tolerated. Reactions are usually mild and go away in a few days. Common side effects include pain and redness where the vaccine was given, headache, and feeling tired or unwell for a short time after receiving the vaccine. In some rare cases, serious reactions such as trouble breathing, rash, swelling in the throat and face may occur and can be treated. These rare occurrences are usually temporary. Public health nurses observe students for 15 minutes following vaccination to monitor for any reactions.

## People Who Should Not Get the Vaccine

The vaccine is not recommended if your child has had a serious reaction to diphtheria toxoid protein. If your child has had a severe allergic reaction to any vaccine, Toronto Public Health can arrange to have the vaccine given by your health care provider. As a precaution, if your child is sick with more than a cold, delay getting the vaccine until your child is feeling better.

If your child has received the meningococcal-ACYW vaccine (Menactra<sup>®</sup>/ Menveo<sup>™</sup>/ Nimenrix<sup>®</sup>) from your health care provider, please update your child's vaccinations on the consent form and return it to the school. If it has been more than five years since your child was vaccinated, a booster dose is recommended.

## For More Information

- Talk to your health care provider for more information
- Watch the Meningococcal vaccine video online at [toronto.ca/health](http://toronto.ca/health) under "Communicable Disease Control"
- Call Toronto Public Health's Immunization Information Line at 416-392-1250
- For school clinic dates or to make an appointment for a catch up clinic, visit us at [toronto.ca/health](http://toronto.ca/health) under "Immunization Services"; "Clinics"

## Sources:

1. National Advisory Committee on Immunization. Canadian Immunization Guide, Evergreen Edition. Part 4 Active Vaccines: Meningococcal Vaccine. Ottawa: Public Health Agency of Canada; Accessed June 2015. <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-meni-eng.php>
2. Government of Ontario. Immunization of School Pupils Act. R.R.O. R.R.O. 1990, Regulation 645.

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# MENINGOCOCCAL-ACYW VACCINE CONSENT FORM

## 1. STUDENT INFORMATION

Last Name			First Name			Ontario Health Card #			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
									Male	Female	Other
Birthday				School			Class or Teacher's Name				
Year	Month	Day									
Parent / Legal Guardian Name (please print)				Relationship to Student			Home Phone:			Work or Cell:	

## 2. CONSENT FOR VACCINATION

I have read the attached meningococcal vaccine fact sheet. I understand the expected benefits and possible risks and side effects of the meningococcal vaccine. I understand the possible risks to my child if not vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health.

**Please choose one of the following options:**

- Yes.** I authorize Toronto Public Health to administer one dose of the meningococcal-ACYW vaccine to my child. This consent is valid for two years. I understand that I can withdraw my consent at any time.
- No.** I do not authorize Toronto Public Health to vaccinate my child with the meningococcal-ACYW vaccine.

**X** \_\_\_\_\_  
 Signature of Parent  or Legal Guardian  Date

## 3. STUDENT HEALTH HISTORY

My child has received the meningococcal-ACYW vaccine. Circle which one: Menactra®/ Menveo™/ Nimenrix®	Date vaccine was given:	
Does your child have any allergies?	<input type="radio"/> YES <input type="radio"/> NO	If "yes," explain
Has your child ever reacted to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a history of fainting?	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a serious medical condition?	<input type="radio"/> YES <input type="radio"/> NO	

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.h.7. It is used to administer the Toronto Public Health Vaccine Preventable Diseases Program, including maintaining immunization records for students. The confidentiality of this information is protected. For more information, visit our Privacy Statement at [tph.to/personalhealthinfo](http://tph.to/personalhealthinfo) or contact Manager, Vaccine Preventable Diseases – 235 Danforth Ave., 2<sup>nd</sup> floor or by telephone at 416-392-1250.

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**Student Name/Client ID:**

**NURSING ASSESSMENT (nurse to complete)**

1. Do you understand what this vaccine is for?	<input type="radio"/> YES <input type="radio"/> NO
2. Have you ever had a reaction to a vaccine before?	<input type="radio"/> YES <input type="radio"/> NO
3. Are you allergic to diphtheria toxoid protein?	<input type="radio"/> YES <input type="radio"/> NO
4. Has anything changed with your health recently?	<input type="radio"/> YES <input type="radio"/> NO
5. Are you sick today? Do you have a cold, or feeling worse?	<input type="radio"/> YES <input type="radio"/> NO
6. Do you think you may be pregnant?	<input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO

**VACCINE INFORMATION**

**Meningococcal vaccine ACYW-135 (Menactra®) Dosage: 0.5 mL Route: IM**

DATE	TIME	LOT #	DELTOID SITE		SIGNATURE
			Left	Right	
<input type="radio"/> Self Loaded			<input type="radio"/> Loaded by: _____		

Panorama entered by:

**NOTES**

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