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 septicaemia (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 this 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 septicaemia (infection of blood and organs).

Symptoms

<table>
<thead>
<tr>
<th>Meningococcal</th>
<th>Septicaemia</th>
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<tbody>
<tr>
<td>Meningococcal</td>
<td>High fever</td>
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<tr>
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<td>Headache</td>
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<tr>
<td>Meningococcal</td>
<td>Sore throat</td>
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<tr>
<td>Meningococcal</td>
<td>Rash</td>
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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 four meningococcal 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 Reyes’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 do not choose 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.

Personal immunization record for meningococcal conjugate ACYW-135 vaccine

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

Consent form for meningococcal conjugate ACYW-135 immunization

Please complete and return this portion to the school.

School: __________________________
Grade: __________________________
Name of vaccine: Meningococcal conjugate ACYW-135

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 is not recommended to receive the vaccine. I have not had the opportunity to speak to a health-care provider who was approved to answer any questions I may have had.

I hereby give consent to allow my child to receive the meningococcal conjugate ACYW-135 conjugate vaccine.

Signature of parents/guardians

I DO NOT AGREE

Signature of parents/guardians

I DO AGREE

Please specify

This consent form is to be completed by the Public Health nurse.

Immunization Record

Nurse’s signature

Immunization Date

2018

This immunization record will be given to your child after his/her immunization.

Please keep this record with your child’s personal health files.

WHAT TO EXPECT FOLLOWING THE MENINGOCOCCAL CONJUGATE ACYW-135 IMMUNIZATION

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

WHO SHOULD GET THIS VACCINE?
Grade 9 students.

WHO SHOULD NOT GET THIS VACCINE?
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- It is an infection caused by a bacteria known as meningococcus.
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- In rare cases, the bacteria overcomes our immune system leading to meningitis (brain infection) and septicaemia (infection of blood and organs).

SYMPTOMS

Meningococcal
- High fever
- Headache
- Sore throat
- Rash
- Abdominal pain

Septicaemia
- High fever
- Headache
- Sore throat
- Rash
- Abdominal pain

WHO CAN GET MENINGOCOCCAL DISEASE?
- The disease can occur at any age.
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PERSONAL IMMUNIZATION RECORD FOR MENINGOCOCCAL CONJUGATE ACYW-135 VACCINE

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

CONSENT FORM FOR MENINGOCOCCAL CONJUGATE ACYW-135 IMMUNIZATION

PLEASE COMPLETE AND RETURN THIS PORTION TO THE SCHOOL.

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Grade: __________________________
Name of vaccine: Meningococcal conjugate ACYW-135

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