

# Immunize for life

## MENACTRA

**VACCINE PROGRAM FOR GRADE 7 STUDENTS  
(Meningococcal Types A, C, Y, W-135)**



### MANDATORY TO ATTEND SCHOOL

#### WHAT IS MENINGITIS?

Meningitis is the inflammation of the lining of the brain and spinal cord and/or an infection of the blood caused by meningococcal bacteria. **Meningitis is a very serious disease!** Even with medical care 1 out of 10 people who get meningitis will die from it. Another 10% may suffer long-term complications like deafness, brain damage, seizures, or limb amputations.

#### HOW IS MENINGITIS SPREAD?

Meningitis is spread from person-to-person by coughing, sneezing, and close intimate contact such as kissing. It can also spread through the saliva of an infected person when sharing:

- Musical instruments
- Mouthguards
- Lipstick
- Toothbrushes
- Food, drinks, and utensils (including water bottles and straws)
- Cigarettes

**DO NOT SHARE ANYTHING THAT HAS BEEN IN ANOTHER PERSON'S MOUTH!**

for your child to attend school in Ontario, they must be immunized with Menactra in grade 7

#### WHAT ARE THE SYMPTOMS OF MENINGITIS?

Symptoms of meningitis can be hard to recognize at first. The first symptoms usually appear like many mild illnesses. This includes fever, vomiting, and severe headache. Symptoms that are more specific to meningitis are:

- Stiff neck or pain when moving the head.
- Sensitivity to bright lights.
- Drowsiness or confusion.
- Purplish skin rash or bruises.

*Symptoms can occur rapidly and can lead to death within hours.*

#### HOW EFFECTIVE IS THE MENINGITIS VACCINE?

Menactra® provides protection against four types of meningococcal bacteria: types A, C, Y, W-135. The vaccine is almost 100% effective against meningitis. Studies have shown good protection for up to 5 years after vaccination. There is no risk of getting a meningitis infection from the vaccine.

**Meningitis can be prevented by having your child vaccinated with the meningitis vaccine.**

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www.wechu.org | 519-258-2146 ext. 1222



## WHO SHOULD GET THE MENINGITIS VACCINE?

The meningitis vaccine is approved for persons 2 to 55 years old. The provincial government is funding the meningitis vaccination program for all Grade 7 students in Ontario. This means that all students starting in Grade 7 can get the vaccine **free** from the Health Unit. The goal of the program is to vaccinate students against the meningitis bacteria while their risk of getting the bacteria is low. **Note: The Meningitis C vaccine (Menjugate®/ NeisVac-C®) or the Meningitis B vaccine (Bexsero®) doesn't provide the same protection as Menactra®.**

## HOW IS THE PUBLICLY FUNDED MENINGITIS VACCINE PROGRAM DELIVERED TO MY CHILD'S SCHOOL?

Public health nurses will give students one injection. The nurse may delay giving the vaccine to anyone who has a fever or any other illness more serious than a minor cold.

### ON THE DAY OF THE CLINIC

Wear a short sleeve shirt or one that can easily be pulled above the shoulder.

Eat a healthy breakfast or lunch.

## WHO SHOULD NOT GET THE MENINGITIS VACCINE?

Your child should **not** get the meningitis vaccine if they have:

- Had a meningococcal types A, C, Y, W-135 shot within the past 3 years.
- Been vaccinated within the last six months with a meningococcal polysaccharide vaccine (Menomune).
- Been vaccinated within the last month with Menjugate or NeisVac C vaccine.
- Had a serious reaction to a meningitis vaccine.

**Check with your health care provider if your child has had an allergic reaction to another vaccine, or diphtheria toxoid.** The risk of serious illness from meningitis bacteria is much greater than the risk of complications from the meningitis vaccine.

## ARE THERE SIDE EFFECTS FROM THE VACCINE?

The vaccine has been used since 2005 and is safe and effective. It may cause minor side effects, that can last a day or more, such as:

- Redness, warmth, or slight swelling at the site of the injection.
- Tiredness.
- Slight fever.

If more serious reactions occur within 15 days of injection report them to your health care provider or local Health Unit.

Serious reactions are rare and require immediate care.

These reactions may include:

- Difficulty breathing,
- Swelling of face or mouth,
- fever over 39°C,
- hives, or a rash.

All personal (health) information collected and used is kept confidential and may be disclosed only as permitted under the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and the *Personal Health Information Protection Act, 2004 (PHIPA)*. Information is collected under the Health Protection and Promotion Act for the purpose of delivering the Healthy Schools programs and services, and may be used for evaluation or statistical/research purposes. The information collected on this form will be entered in to the provincial computerized database. You have the right to view and correct this information, or withhold or revoke your consent. If you have any questions about our policy, please contact the Privacy Officer at 519-258-2146.

## FOR MORE INFORMATION

[wechu.org](http://wechu.org) | [menactra.ca](http://menactra.ca) | [sanofipasteur.ca](http://sanofipasteur.ca) | [meningitis.ca](http://meningitis.ca) | [immunize.ca](http://immunize.ca)

# CONSENT FORM FOR MENACTRA IMMUNIZATION (MENINGOCOCCAL A,C,Y,W-135)



## STEP 1 FILL OUT STUDENT INFORMATION

Student's Name: \_\_\_\_\_  
LAST FIRST

Male  Female Birth Date: \_\_\_\_\_  
YEAR MONTH DAY

Address: \_\_\_\_\_  
NUMBER STREET APT# CITY/TOWN POSTAL CODE

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
HOME CELL / WORK

Health Card #: \_\_\_\_\_ Teacher: \_\_\_\_\_  
OPTIONAL

School: \_\_\_\_\_

## STEP 2 LIST ALL MENINGITIS VACCINES YOUR CHILD HAS RECEIVED

Your child may have already received a meningococcal C vaccine which protects against one type of meningitis. Menactra is still required to act as a booster and give protection against three extra types. **NOTE:** This vaccine is only FREE when given by the Health Unit.

	YEAR	MONTH	DAY
Meningococcal C (NeisVac-C/Menjugate/Meningitec)	_____	_____	_____
MENINGOCOCCAL A,C,Y,W135 (MENACTRA/MENVEO/NIMENRIX)	_____	_____	_____
Meningococcal A,C,Y,W135 poly (Menomune)	_____	_____	_____
Meningococcal B (Bexsero)	_____	_____	_____

Please note: This vaccine is required by law under the Immunization of School Pupils Act (ISPA). This vaccine is not free at your doctor's office.

## STEP 3 PARENT/LEGAL GUARDIAN MUST COMPLETE ONLY ONE SECTION (YES/NO)

### CONSENT FOR IMMUNIZATION

**YES, I want** the Health Unit to give the Menactra (Meningococcal type A, C, Y, and W-135) vaccine to my child. Unless cancelled, this is valid until the vaccine is given.

I have read or had explained to me the information about the vaccine. Any questions I had have been answered to my satisfaction. **My child has not had a serious allergic reaction to a vaccine, or diphtheria toxoid.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT / LEGAL GUARDIAN YEAR MONTH DAY

Relationship to student \_\_\_\_\_

## OR

### DECLINE IMMUNIZATION

**No, I don't want** the Health Unit to give the Menactra (Meningococcal type A, C, Y, and W-135) vaccine to my child. I have read the information attached to this consent form. I understand the possible consequences if my child is not vaccinated with the vaccine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT / LEGAL GUARDIAN YEAR MONTH DAY

Relationship to student \_\_\_\_\_

Complete Step 4 on the reverse side. →

## STEP 4 ANSWER THE FOLLOWING QUESTIONS

	PARENT		NURSE ONLY	
	YES	NO	Y	N
Does your child understand what the meningitis vaccine is for?	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Is your child allergic to: - Diphtheria toxoid	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
List other allergies: _____				
Does your child have any serious health issues? (e.g., bleeding disorders, GBS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
If yes, what? _____				
Is your child on any medications that may lower their immune system? (e.g., high doses of prednisone)	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
If yes, what? _____				
Has your child ever had a reaction to any shots in the past?	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
If yes, what type of reaction? _____				

## STEP 5 RETURN COMPLETED CONSENT FORM TO YOUR CHILD'S SCHOOL

NURSING ASSESSMENT QUESTIONS (FOR NURSES USE ONLY) MENACTRA® (MENINGOCOCCAL A, C, Y, W-135)	DOSE 1	
	Are you sick today with anything more than a cold?	Y
Do you have a fever?	Y	N
Do you think you're pregnant or are you breastfeeding?	Y	N
<b>Nursing Notes:</b>	MENACTRA 0.5mL IM	
	R / L <u>deltoid</u>	
	Date: _____	
	Time: _____	
	Lot #: _____	
	_____ Nurse Signature	
	Documented in Panorama <input type="radio"/> Yes	
	Immunization Record given: <input type="radio"/> Yes	

Clerk Notes: