

Dear Parent/Guardian,

To protect your child, a Meningococcal C Immunization Program is available to students in your child's grade. In BC, most cases of meningococcal C infection occur in teenagers and young adults.

With your permission, a public health nurse will give your child one injection of meningococcal C vaccine at their school. If you have signed consents for your child to receive immunizations against both Hepatitis B and meningococcal C, the vaccines will be given at the same time.

Studies have shown that there is no increase in side effects or any decrease in the effectiveness of these vaccines when they are given at the same time.

Facts about Meningococcal Infection

- The most serious infections caused by meningococcal bacteria are meningitis (an infection that affects the lining of the brain) and septicemia (an infection of the blood).
- The infection is spread to others through direct contact with droplets from the nose and saliva from the throat of an infected person. This can occur through activities such as kissing, or sharing of food, drinks, cigarettes, lipsticks, mouth guards used for sports, water bottles, or mouthpieces of musical instruments.



- The first signs of meningococcal infection are much like the flu. They include fever, headache, nausea, vomiting, and feeling unwell. These symptoms are usually worse than those for the flu, and progress quickly to a bad headache, stiff neck, and/or a reddish-purple, tiny, bruise-like skin rash. People with sudden onset of these symptoms should see a doctor immediately.
- Good personal hygiene can help prevent meningococcal infection; this includes frequent hand washing and not sharing any item that may have saliva on it.

Possible Vaccine Reactions

Minor reactions such as tenderness, or pain with redness and/or swelling, may occur at the injection site. Fever, chills, mild headache, and fatigue may also occur within the first 24 hours after vaccination. These reactions are mild and short lasting.

More serious reactions such as severe pain, or swelling are very rare and should be reported to your local health unit.

With any vaccine or drug there is a possibility of a shock-like allergic reaction (anaphylaxis). This can be hives, wheezy breathing, or swelling of some part of the body. If this happens, particularly swelling around the throat, immediately get to your family doctor or hospital emergency. Please also report such reactions to the health unit.

See back of pamphlet for an important message prior to signing consent.

Date Meningococcal C Immunization Given

After immunization, this section will be returned to you for your personal health files.

Student Name _____

Birth Date _____ (YYYY/MM/DD)

Meningococcal C Vaccine – Office Use Only _____

IMMUNIZATION DATE (YYYY/MM/DD) _____

TO BE DETACHED BY PUBLIC HEALTH NURSE

Request for Meningococcal C Immunization – Consent Form

Student Name _____ Birth Date _____ (YYYY/MM/DD)

Personal Health Number (Child's CareCard Number) _____

School _____

Parent/Guardian _____ (PRINT NAME) Phone Number (____) _____

I have read or had explained to me the information on the vaccine and I believe I understand the benefits, risks, contraindications and side effects. I have had the opportunity to ask questions that were answered to my satisfaction. I REQUEST THAT THE ABOVE NAMED INDIVIDUAL BE IMMUNIZED AGAINST MENINGOCOCCAL C (1 DOSE).

Date _____ (YYYY/MM/DD) Signature _____ (PARENT/GUARDIAN)

This consent is valid for one year from the date of signature unless cancelled in writing. It is recommended that parents and students discuss this consent for immunization.

Meningococcal C Vaccine – Office Use Only _____

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DATE (YYYY/MM/DD) _____ LOT # _____ PROVIDER _____

(Please sign and detach the entire Consent Form portion of this pamphlet and return it to the school)

Vancouver Coastal Health
5th Floor 132 West Esplanade
North Vancouver, BC V7M 1A2
Tel: 604-983-6700

Important Message

If you have any questions call your local public health unit. It is important to discuss the following with your public health nurse before getting the vaccine:

- If you have a current moderate to severe acute illness, the public health nurse will delay the meningococcal vaccine.
- If you have had a shock-like allergic reaction (anaphylaxis) to a prior dose of a meningococcal vaccine, or to any component of the Meningococcal C vaccine, the vaccine will not be given.

MATURE MINOR CONSENT

While every effort is made to seek parent/guardian consent prior to immunization, children under age 19 who are able to understand the benefits and risks of specific immunizations may consent or refuse each immunization regardless of the parental/guardian wishes. Appropriate steps are taken to avoid peer influence in these decisions. Parents/guardians and their minor children are advised to discuss consent issues.

01/08/2006

Meningococcal C Immunization



**Information about
Meningococcal C Immunization
for grade six students.**

**Please return this consent form to the
school *right away*.**

PLEASE SIGN, DETACH AND RETURN THE ENTIRE CONSENT FORM TO THE SCHOOL.

Personal information collected will be used by the health authority to update the student's immunization record. Statistical information will then be provided to the Ministry of Health Services for review, planning and analysis. The information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this personal information contact your local public health nurse.

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