

Meningococcal ACWY secondary school vaccine program consent card

Complete, sign and Return form to school.

How to complete the form

- Read the information provided.
- Complete the consent section for each vaccine, and sign or type your name.
- Complete consent form even if you do not want your child to be vaccinated. Contact your local council for more information.

What is the National Immunisation Program?

The National Immunisation Program schedule sets out free vaccinations for children, school programs, adults, Aboriginal and Torres Strait Islander peoples and other people at risk. As part of the program, free vaccines are recommended for adolescents aged 14 to 16 years or in Year 10 of secondary school. Free catch-up vaccination is available up to 20 years of age.

Meningococcal ACWY information

Meningococcal ACWY

Meningococcal disease is caused by bacteria. Although meningococcal disease is uncommon, it can become very serious, very quickly. About 10 per cent of people carry meningococcal bacteria in their throat without becoming unwell. These people are known as 'carriers'. Meningococcal bacteria are passed from person to person by regular, close, prolonged household and intimate contact. Adolescents are at increased risk of meningococcal disease and more likely to spread the disease to others.

Invasive meningococcal disease occurs when these bacteria enter the blood stream to cause septicaemia (infection in the blood, also known as 'bacteraemia') or meningitis, (inflammation of the membrane covering of the brain). Death can occur in up to 10 per cent of cases. Occasionally, severe infection can also occur in the joints, throat, lungs or intestines.

There are different strains (serogroups) of meningococcal bacteria known by letters of the alphabet, including meningococcal A, B, C, W and Y. In recent years some of these meningococcal strains have increased across Australia.

Meningococcal B vaccination is strongly recommended for adolescents aged 15 to 19 years. Meningococcal B vaccination is available on prescription and this can be discussed with your doctor.

Meningococcal ACWY vaccine

The Meningococcal ACWY vaccine, Nimenrix®, is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains. Studies have shown that this vaccine can provide up to 97 per cent immunity in adolescents. Meningococcal ACWY vaccination programs have been implemented in adolescents in the UK since 2015 and recommended in the US since 2005.

The vaccine does not contain any live bacteria and cannot cause meningococcal disease. The meningococcal ACWY vaccine will boost adolescents with the C strain they had as a baby and protect against the A, W and Y strains.

How is the vaccine given?

The Meningococcal ACWY vaccination is a single injection administered into the upper arm.

What are the possible side effects?

Most side effects are minor and quickly disappear. If the following reactions occur, it will be soon after vaccination.

Common side effects

- Mild temperature
- Headache
- Dizziness
- Loss of appetite
- Pain, redness and swelling at the injection site

Fainting may occur up to 30 minutes after any vaccination.

If mild reactions do occur, the side effects can be reduced by:

- drinking extra fluids and not over-dressing if the person has a fever
- taking paracetamol
- placing a cold, wet cloth on the sore injection site.

Extremely rare side effects

- Severe allergic reaction.

In the event of a severe allergic reaction, immediate medical attention will be provided. If reactions are severe or persistent, or if you are worried, contact your doctor or hospital.

Pre-immunisation checklist

Tell the immunisation provider if your child has any of the following, before they are immunised.

- Is unwell on the day of immunisation (temperature over 38.5°C).
- Has ever had a severe reaction to any vaccine.
- Has any severe allergies such as an anaphylactic reaction to yeast.
- Is pregnant.

After vaccination, please wait at the place of vaccination for a minimum of 15 minutes.

Further information

A copy of your child's immunisation history statement is available from:

- Medicare online account through myGov <www.my.gov.au>
- Medicare mobile app <<https://www.servicesaustralia.gov.au/medicare>>
- Australian Immunisation Register, Tel. 1800 653 809

If you require further advice or information, please contact your immunisation provider, or visit the following websites:

[Better Health Channel](http://www.betterhealth.vic.gov.au) <<http://www.betterhealth.vic.gov.au>>

[Australian Government Department of Health](http://www.health.gov.au/health-topics/immunisation) <<http://www.health.gov.au/health-topics/immunisation>>

Privacy statement

The meningococcal ACWY vaccine program is a Commonwealth government funded vaccine program. Vaccines are administered by an immunisation nurse, employed by local council immunisation services, who visit each Victorian secondary school a number of times a year. Under the *Public Health and Wellbeing Act 2008*, local councils are responsible for coordinating and providing immunisation services to children being educated within the municipal district. Local councils are committed to protecting the privacy, confidentiality and security of personal information, in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

Local councils report vaccines given through school programs to the Australian Immunisation Register (AIR). Personal identifying details will be kept confidential. These details are for the purpose of providing targeted improved health services for all Victorian children. In addition, the details enable tools such as recall and reminder systems to improve vaccination rates. This is important to improve immunisation rates overall. Individuals will have access to their record of all vaccines recorded in the AIR. Aggregate immunisation data may be disclosed to the Victorian government for the purpose of monitoring, funding and improving the Year 10 Secondary School Immunisation Program. This information does not identify any individual.

Information related to you or your child will be used or disclosed for purposes directly related to your child's immunisation, and in ways that you would reasonably expect. This may include the transfer or exchange of relevant information to your GP, to your child's GP, to another treating health service or hospital or another local council. The local council may provide you with information related to the secondary school immunisation program via SMS or email. You can access your child's immunisation information by contacting the local council where your child attends school.

The vast majority of people complete and return this form. Thank you for returning yours.

Consent form for: Meningococcal ACWY vaccine

Student details (as recorded on their Medicare card)

Medicare number (including number beside child's name)	
Surname	
First name	
Postal address	
Postcode	
Date of birth	
Gender	
School name	
Class	

Is this person of Aboriginal or Torres Strait Islander origin?

Mark chosen response with an 'X'

<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal and Torres Strait Islander
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Student vaccination plan

Mark chosen response with an 'X'

<input type="checkbox"/> My child can be vaccinated at school. [GREEN]
<input type="checkbox"/> I have concerns that my child may not cope and would like to discuss a school vaccination plan. On the basis that immunisation nurse will contact me to discuss a plan before vaccination day, I am completing consent for vaccination. Consent can be changed after speaking to immunisation nurse. [ORANGE]
<input type="checkbox"/> My child will not be able to receive the vaccine/s at school. [RED]

Parent/guardian contact details

Name of parent/guardian	
Daytime phone	
Mobile	
Email	

Vaccine consent

Declaration: I am authorised to give consent or non-consent for my child to be vaccinated and by giving consent, I understand my child will be given Meningococcal ACWY vaccine. I have read and I understand the information given to me about vaccination, including the risks of not being vaccinated and the side effects of vaccines. I understand I can discuss the risks and benefits of vaccination with my immunisation provider. I understand that consent can be withdrawn at any time before vaccination takes place.

Please mark your chosen response, below, with an 'X'.

YES, I CONSENT to my child receiving the Meningococcal ACWY vaccine at school. The Meningococcal ACWY vaccine is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains (one injection).		
If you have selected 'Yes' above, please sign or type your name.		
Date you signed this form.		
No, I do not consent to my child receiving the Meningococcal ACWY vaccine at this time.		
No, my child has had the Meningococcal ACWY vaccine elsewhere.		
If your child is being vaccinated, please note any pre-existing medical condition, severe allergies or previous severe reaction to vaccination here:		

Office use only

Vaccine	Meningococcal ACWY				
Vaccination date		Nurse initials		Site: L/R arm	

To receive this document in another format, email [Immunisation Unit](mailto:immunisation@health.vic.gov.au) <immunisation@health.vic.gov.au>.

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Available at [Information for local councils](https://www.health.vic.gov.au/immunisation/information-for-local-councils) <https://www.health.vic.gov.au/immunisation/information-for-local-councils>