



WA Statewide meningococcal W immunisation program

What is meningococcal disease?

Meningococcal disease is a bacterial infection of the blood and/or the membranes that line the spinal cord and brain. It is an uncommon but sometimes life-threatening illness.

At any one time, approximately 10 per cent of healthy people carry meningococcal bacteria harmlessly in their nose or throat and do not become ill.

Rarely, the bacteria causes serious invasive infections, including septicaemia (infection of the blood), meningitis (infection of the membranes that cover the brain and spinal cord) and in 10 per cent of cases, long term disability (e.g. deafness).

How do you get meningococcal disease?

Meningococcal bacteria are spread by respiratory secretions (coughing or sneezing). The bacteria do not survive more than a few seconds in the environment.

The disease is most likely to be spread only to very close contacts, such as people who live in the same household, sexual contacts and children attending the same day care for more than four continuous hours.

Why is WA Health implementing a vaccination program for 15-19 year olds?

The WA meningococcal W immunisation program has been launched in response to a recent increase in meningococcal infection caused by a particular type of the bacteria, 'serogroup W'.

Meningococcal disease can affect any age group. However, some of the highest rates of meningococcal carriage and illness occur among 15-19 year olds and this age group can transmit bacteria to people who are at an increased risk of infection, including young children.

Of the 21 meningococcal W cases diagnosed in WA between 2013 and 2016, 24 per cent were adolescents aged 15-19 years old.

It is anticipated that immunising this age group will reduce transmission of the bacteria to others and help prevent infections within the larger community.

How will the program work?

In 2017, the program will entail school-based immunisations in Years 10, 11, and 12 with additional clinics conducted at community health clinics to capture age-eligible persons not receiving the vaccine at school.

Which vaccine will be used and how effective is it?

Meningococcal ACWY vaccine will be used. This vaccine protects against four serogroups of meningococcal bacteria: A, C, W, and Y. The conjugate vaccine Nimenrix®, supplied in Australia by Pfizer will be used for this targeted program.

The vaccine is safe and effective. Meningococcal ACWY vaccination programs have been implemented in adolescents aged 13-15 years in the UK since 2015 and adolescents aged 11-12 years in the US since 2005 with no significant concerns reported.

The vaccine is routinely offered as a single dose. Further doses are recommended for those at increased risk of this disease and those travelling where this disease is common.

Studies have shown that the effectiveness of the meningococcal ACWY vaccines is between 80 to 85 per cent in adolescents.

Who should not get this vaccine?

Tell the person giving the vaccine if:

- you have any severe, life-threatening allergies.**

If you have had a life-threatening allergic reaction after a previous dose of a meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine's ingredients.

- you are pregnant or breastfeeding.**

Meningococcal vaccines are not routinely recommended for pregnant or breastfeeding women but can be given where clinically indicated. Please discuss further with your GP if you are pregnant or breastfeeding.

What are the vaccine side effects?

With any medicine, including vaccines, there is a chance of common adverse reactions. These are usually mild and go away by themselves. Serious reactions are also possible, but are rare. There is a very remote chance of a vaccine causing a serious injury or death.

Common adverse events include pain, redness and swelling at the injection site, fever, irritability, drowsiness, decreased appetite, headaches, rash, and nausea. However, serious general adverse events are rare.

The safety of vaccines is always being monitored. For more information, visit: www.tga.gov.au or www.immunise.health.gov.au

What if there is a serious reaction – what should I look for?

Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behaviour. Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness –

usually within a few minutes to a few hours after the vaccination. For any severe reaction, call an ambulance or go to your closest emergency department.

What should I do?

Paracetamol can help reduce mild fever or pain and a cool damp cloth can also reduce pain at the injection site. Please seek medical advice or go to the local emergency department if you have a reaction you think is serious or unexpected.

Or call **healthdirect Australia** on 1800 022 222.

Reactions should be reported to the Western Australian Vaccine Safety Surveillance (WAVSS). Your immunisation provider should file this report, or you can do it yourself through the WAVSS website www.wavss.health.wa.gov.au or 9321 1312 8.30am-4.30pm weekdays.

Further information

If you have any queries about this program, contact **healthdirect Australia** on 1800 022 222 or your local provider on the contact details provided below.

Regional Public Health Units

Goldfields	9080 8200
Great Southern	9842 7526
Kimberley	9194 1630
Midwest	9956 1980
Pilbara	9174 1660
South West	9781 2355
Wheatbelt	9622 4320

Residents in local councils listed below, contact:

City of Wanneroo	9405 5000
City of Bayswater	9272 0622
City of Joondalup	9400 4938

For other metropolitan Perth residents, contact:

Central Immunisation Clinic 9321 1312

Please keep this in a safe place for future reference

Name:		Date of birth:		
Vaccine	Date given	Batch number	Site: right arm	Site: left arm
Meningococcal ACWY Nimenrix®				
Vaccinator's name:				
Vaccinator's signature:				
Vaccine details will be recorded on the Australian Immunisation Register				



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Please read all the enclosed information about the meningococcal W program, then complete this form in capital letters and mark boxes with an 'X' (using **black ink**) and return this form to your immunisation provider.

Person receiving vaccine			
Last name	First name	MI (middle initial)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Gender	Aboriginal	
<input type="text"/> - <input type="text"/> - <input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile phone	Email		
<input type="text"/>	<input type="text"/>		
Address			
<input type="text"/>			
		Suburb	Postcode
		<input type="text"/>	<input type="text"/>
Medicare number	Number on card	← (mandatory field – please complete so your/your child's records can be entered onto the Australian Immunisation Register)	
<input type="text"/>	<input type="text"/>		
School name			
<input type="text"/>			
Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/> Not at school <input type="checkbox"/>			

Consent for Vaccination

Has the person being vaccinated ever had a serious reaction to any vaccine?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the person being vaccinated have any severe allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details:	
Does the person being vaccinated have any long term medical conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details:	

Indicate if you consent to yourself/your child receiving the meningococcal ACWY vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> I acknowledge that meningococcal vaccines are not routinely recommended for pregnant or breastfeeding women I have read and understood the information provided about the meningococcal ACWY vaccine I understand I can discuss the risks and benefits with my immunisation provider I agree to be contacted by telephone or SMS by the WA Department of Health and asked about my/my child's vaccination experience in order to monitor vaccine safety I acknowledge this information will be added to the Australian Immunisation Register for my records. 	
Signature of person receiving the vaccine: Date:	
If signed here, please complete section below	
Signature of parent/guardian (if required): Date:	

If consent completed by parent/guardian, please fill in details below			
Relationship to person receiving vaccine	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Legal guardian <input type="checkbox"/>
Last name	First name		
<input type="text"/>	<input type="text"/>		
Mobile phone	Email		
<input type="text"/>	<input type="text"/>		
Address			
<input type="text"/>			
		Suburb	Postcode
		<input type="text"/>	<input type="text"/>

Office use only

Vaccine details to be completed by provider

Vaccine	Date given	Batch number	Site	
			Right arm	Left arm
Meningococcal ACWY Nimenrix®				
Vaccinator's name:				
Vaccinator's signature:				
Notes:				

TELEPHONE CONSENT: Office use only

Verbal consent for vaccination was given: Yes No Time: : Date:/...../20.....

Consent provided by (name): Relationship to vaccine recipient:
(e.g. father, mother)

Contact number:

Provider signature:..... Provider signature:

Provider name: Provider name:

Comments:



This document can be made available in alternative formats on request for a person with disability.

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