

### What is Meningococcal disease?

Meningococcal disease is a very serious infection caused by the bacteria *Neisseria Meningitidis*.

The bacteria can cause Meningococcal disease in two forms: meningitis (inflammation of the membranes which cover the brain and spinal cord) and septicemia (infection of the blood and organs).

Meningococcal disease causes death in up to 15 per cent of cases. Approximately 20 per cent of survivors suffer some form of disability such as hearing loss, neurological damage or loss of a limb.

### How is Meningococcal disease spread?

Meningococcal bacteria are carried in the nose and throat of up to 10 per cent of healthy people without causing illness.

The bacteria can be spread to others through direct contact with fluid from the nose or throat (saliva, sputum or nasal mucous) of an infected person. Sharing things like food and drinks, eating utensils and cups, lipstick, lip gloss or cigarettes and kissing are most likely to spread Meningococcal bacteria.

**NOTE:** You can't get Meningococcal disease from just being in the same room with someone who has the disease or through casual contact.

### What are the symptoms of Meningococcal disease?

Symptoms include sudden onset of fever, intense headache, nausea, vomiting, stiff neck, and occasionally a rash.

### Who is at risk?

Although anyone can get infected with Meningococcal disease, it is most common in children under five, adolescents, and young adults, especially those living in dormitories.

In Canada most outbreaks have occurred in high schools, universities and colleges.

### How can I protect myself from getting Meningococcal disease?

- Avoid sharing items that have come in contact with another person's mouth.
- Use good hand washing techniques and use your sleeve or elbow to cover coughs and sneezes.
- Get immunized. The provincial government is funding Meningococcal A,C,Y and W135 vaccine at no cost to all students in grade 7. This vaccine is also known as Menactra® and offers protection against Meningococcal types A,C,Y and W135.

**NOTE:** Children who have received Menjugate® still require vaccination with Menactra® in grade 7.

### Are there side effects from the Meningococcal vaccine?

The risk of the vaccine causing serious harm is minimal. All the components of the vaccine have been found to be very safe.

Common side effects are soreness and redness at the site of the injection, and a mild fever for one to two days.

More severe side effects such as high fever, trouble breathing, hives, and convulsions are extremely rare.

If serious side effects occur, see your doctor right away or go directly to the hospital.

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## Consent for MENINGOCOCCAL Vaccination

(Read information attached, complete consent portion, detach and return to school within two days)

### Student Information

Last Name:	First Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date (YYYY/MM/DD): / /	Home#:	Age:
Address:	Alternate#:	Postal Code:
Name of School Facility:	Room #:	Ontario Health Card # (optional):

### Consent for Immunization (check one option and sign below)

I have read the attached Meningococcal vaccine fact sheet. I understand Region of Waterloo Public Health collects personal health information to administer its Vaccine Preventable Diseases Program. I understand the expected benefits and possible risks and side effects of the Meningococcal vaccine. I understand the possible risks to my child if they are not vaccinated. I have had the opportunity to have my questions answered. I consent to the following option for my child. I understand that I can withdraw my consent at any time. To withdraw consent, contact Region of Waterloo Public Health at 519-575-4400.

- Yes**, please vaccinate my child with the Meningococcal A,C,Y and W135 vaccine.
- No**, do not vaccinate my child with the Meningococcal A,C,Y and W135 vaccine. I understand the possible risks to my child if they are not vaccinated.
- My child has received one dose of the Meningococcal A,C,Y and W135 vaccine (Menactra®). Parents and Guardians, please list date vaccine was received (if known): \_\_\_\_\_ Date of dose: \_\_\_\_\_
- My child has received other types of Meningococcal vaccine. Parents and Guardians, please check the vaccine given and list date received (if known):  Menjugate®  Menomune® Date of dose: \_\_\_\_\_

Parent/Legal Guardian Signature: **X**

Mother  Father  Guardian

Date: \_\_\_\_\_

