

# Meningococcal W Secondary School Vaccine Program

1. Read the Meningococcal W information.
  2. Complete the consent section and sign if a Yes.
  3. Remove the consent form and return it to school even if you do not want your child to be vaccinated.
- Contact your local council for more information.

## Meningococcal W information

### Meningococcal W

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 the meningococcal W strain has increased across Australia, with Victoria experiencing 48 cases in 2016, compared to 17 cases in 2015, four in 2014 and one in 2013. It is now the predominant strain in Victoria.

### Meningococcal W-containing vaccine

The Meningococcal W-containing vaccine is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains. Studies have shown that the effectiveness of the meningococcal A, C, W, Y vaccine is between 80 to 85 per cent in adolescents. Meningococcal A, C, W, Y 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. In addition to the W strain, the four-in-one vaccine will boost adolescents with the C strain they had as a baby and protect against the A and Y strains.

### Possible side effects of meningococcal W vaccine

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
- Pain, redness and swelling at the injection site
- Fainting may occur up to 30 minutes after any vaccination.

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interpreting service**  
Call 131 450



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Governments initiative

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 and 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

Before your child is immunised, tell your doctor or nurse if any of the following apply.

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

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

## Further information

If you require further advice or information, please contact your local council immunisation service or local doctor.

Or visit [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

## How to complete the form

Please read the information.

Complete the form **even if the vaccine is not to be given.**

Detach the form and return it to school.

### For all children/students

Please complete with the details of the child.

### Then

Complete this section if you wish to have your child vaccinated.

### Or

Complete this section if you do not wish to have your child vaccinated.

To receive this document in an accessible format email: [immunisation@dhhs.vic.gov.au](mailto:immunisation@dhhs.vic.gov.au)

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Meningococcal W vaccine consent form	
<p>1. Read the Meningococcal W information. 2. Complete the consent section and sign if a Yes. 3. Remove the consent form and return it to school even if you do not want your child to be vaccinated.</p>	
<b>Student details</b>	
Medicare number	1 2 3 4 5 6 7 8 (Number beside child's name)
Surname: CITIZEN	First name: ELIZA
Postal address: 20 BLOCK STREET MELBOURNE	
Postcode: 3000	Date of birth: 18 / 10 / 2000 <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
School: BLOCK HIGH SCHOOL	Class: 11A
Is this person of Aboriginal or Torres Strait Islander origin? (please tick)	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander	
<b>Parent/guardian contact details</b>	
Name of parent/guardian or student aged 18 or over: MICHAEL BLOCK	
Daytime phone: 9123 4567	Mobile: 0408 123 456
Email: parentguardian@internetprovider.com	
<b>Vaccine consent</b>	
Declaration: I am authorised to give consent or non-consent for my child to be vaccinated. 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 the vaccine. I understand I can discuss the risks and benefits of vaccination with my local council or doctor. I understand that consent can be withdrawn at any time before vaccination takes place.	
<b>Complete for children aged under 18 (students aged 18 and over can give their own consent)</b>	
<input type="checkbox"/> YES, I CONSENT to my child receiving the Meningococcal W vaccine at school.	
The Meningococcal W-containing vaccine is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains (one injection).	
Parent/guardian signature:	Date: / /
OR	
<input type="checkbox"/> No, I do not consent to my child receiving the Meningococcal W vaccine at this time.	
OR	
<input type="checkbox"/> No, my child has had the Meningococcal W vaccine elsewhere.	
Please note any pre-existing medical condition, severe allergies or previous severe reaction to vaccination.	
<b>Privacy statement.</b> The meningococcal W vaccine program is a Victorian 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 all adolescent vaccines given through school programs to the Australian Immunisation Register (AIR). Personal identifying details will be kept confidential. This will provide tools such as recall and reminder systems to improve adolescent vaccination rates. This is important to improve immunisation rates overall. Individuals will have access to their record of all vaccines recorded in the Australian Immunisation Register. Aggregate immunisation data may be disclosed to the Victorian government for the purpose of monitoring, funding and improving the Meningococcal W Secondary School Vaccine 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 school vaccine program via SMS or email. You can access your child's data by contacting the local council where your child attends school.	
Office use only: Vaccination date:	Nurse initials: Site: L/R arm

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## Student details

Medicare number  (Number beside child's name)

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of birth: / /  Female  Male

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

Is this person of Aboriginal or Torres Strait Islander origin? (please tick)

No  Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander

## Parent/guardian contact details

Name of parent/guardian or student aged 18 or over: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Vaccine consent

Declaration: I am authorised to give consent or non-consent for my child to be vaccinated. 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 the vaccine. I understand I can discuss the risks and benefits of vaccination with my local council or doctor. I understand that consent can be withdrawn at any time before vaccination takes place.

### Complete for children aged under 18 (students aged 18 and over can give their own consent)

**YES, I CONSENT to my child receiving the Meningococcal W vaccine at school.**

The Meningococcal W-containing vaccine is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains (one injection).

Parent/guardian signature: \_\_\_\_\_ Date: / /

OR

**No, I do not consent to my child receiving the Meningococcal W vaccine at this time.**

OR

**No, my child has had the Meningococcal W vaccine elsewhere.**

Please note any pre-existing medical condition, severe allergies or previous severe reaction to vaccination.

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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 school vaccine program via SMS or email. You can access your child's data by contacting the local council where your child attends school.

Office use only:

Vaccination date: \_\_\_\_\_

Nurse initials: \_\_\_\_\_

Site: L/R arm