

中學生W血清型腦膜炎雙球菌 (meningococcal W) 疫苗接種計劃

- 1、閱讀W血清型腦膜炎雙球菌資訊。
- 2、如果同意，請填寫同意表。
- 3、請將同意表剪開並交回學校，即使您不願意您的孩子接種疫苗也請交回。
請聯絡您當地市政府查詢詳情。

(Meningococcal W information) W型腦膜炎雙球菌資訊

W型腦膜炎雙球菌

腦膜炎雙球菌疾病是由細菌引起，雖然並不常見，但可迅速變得非常嚴重。大約10%的人在喉頭帶有腦膜炎雙球菌，但不會感到不適，這些人稱為「帶菌者」。腦膜炎雙球菌通過定期、密切、長期的家庭和親密接觸在人與人之間傳播。青少年較容易受感染，因而增加了傳染給他人的可能。

當這些細菌入侵血液引起敗血病（血液中的感染，也稱為「菌血症」）或腦膜炎（覆蓋腦部的腦膜炎症）時，就會發生侵襲性腦膜炎雙球菌病，其死亡率可高達10%，偶爾也可能在關節、咽喉、肺部或腸道發生嚴重感染。

腦膜炎雙球菌有不同的菌株（血清型），以英文字母加以識別，分別為A、B、C、W和Y。近年來W型腦膜炎雙球菌株在澳洲有增加的趨勢，維州於2016年發生48宗病例，2015年為17宗，2014及2013年分別為4宗和1宗。

W型腦膜炎雙球菌現時在維州是最主要的菌株。

含W型腦膜炎雙球菌疫苗

含W型腦膜炎雙球菌預防疫苗是一種四合一混合疫苗，可以預防A、C、W、Y型菌株。研究顯示，青少年接種A、C、W、Y疫苗的功效介乎80%至85%。英國自2015年開始實施青少年接種A、C、W、Y疫苗計劃，美國早於2005年已開始推行此計劃。

疫苗中不含任何活性細菌，不會引發腦膜炎雙球菌病症。除了預防W菌株外，這種四合一混合疫苗還可以提高青少年在嬰兒時即有的C菌株，並能預防A和Y菌株。

W型腦膜炎雙球菌疫苗可能出現的副作用

大部份副作用都很輕微而且很快消失。接種疫苗後不久可能出現的反應：

常見副作用

- 體溫微升
- 頭痛
- 頭暈
- 注射處疼痛紅腫
- 接種任何疫苗後可能會昏厥（不會超過30分鐘）。

翻譯及傳譯服務，
請致電131 450



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若發生輕微反應，可用以下方法減少副作用：

- 盡量多喝水，如果發燒不要穿過多衣服
- 服用撲熱息痛止痛藥（paracetamol），並以冷的濕布覆蓋在酸痛的注射處。

極為罕見的副作用

- 嚴重過敏反應。

萬一發生嚴重過敏反應，應立即就醫。如果反應嚴重且持續，或者你很擔心，請聯絡你的家庭醫生或醫院。

疫苗接種前核對表

如有下列任何情況，請在孩子接種前告訴醫生或護士：

- 接種當天身體不適（體溫超過38.5°C度）
- 有任何嚴重過敏
- 對任何疫苗接種曾有過嚴重反應
- 懷孕

接種之後，請在接種處等候至少15分鐘才離開。

其他資訊

若需要進一步意見或資訊，請聯絡你當地市政府的疫苗接種服務處或當地醫生。

或瀏覽網站：www.betterhealth.vic.gov.au

如何填寫同意表

請先閱讀這份資訊。

即使不進行注射，也請填寫表格。
將表格剪開，交回學校。

所有兒童／學生

請填寫孩子的資料

然後

如孩子接種疫苗，
請填寫此欄。

或

如你不想你的孩子接種疫苗，
請填寫此欄。

如需這份文件的無障礙版本，請電郵：immunisation@dhhs.vic.gov.au

維州政府授權並出版

地址：1 Treasury Place, Melbourne

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同意表格: W型腦膜炎雙球菌疫苗接種

1. 閱讀W型腦膜炎雙球菌資訊
2. 如果同意，填寫同意欄並簽字。
3. 剪開同意表將其交回學校，即使你不想你的孩子接種疫苗，也須交回表格。

學生資料	
醫藥 (Medicare) 卡號碼 <input type="text" value="1234"/> <input type="text" value="98765"/> <input type="text" value="7"/> <input type="text" value="3"/> (兒童名字旁邊的數字)	
姓: CITIZEN	名: ELIZA
郵政地址: 20 BLOCK STREET MELBOURNE	
郵政編碼: 3000	出生日期: 18 / 10 / 2000 <input checked="" type="checkbox"/> 女 <input type="checkbox"/> 男
學校: BLOCK HIGH SCHOOL	級別: 11A
是否為原住民或托雷斯海峽島民? (請勾選)	
<input checked="" type="checkbox"/> 否 <input type="checkbox"/> 原住民 <input type="checkbox"/> 托雷斯海峽島民 <input type="checkbox"/> 原住民和托雷斯海峽島民	
父母／監護人聯絡資料	
父母／監護人或超過18歲的學生聯絡資料: MICHAEL BLOCK	
日間電話: 9123 4567	手機: 0408 123 456
電郵: parentguardian@internetprovider.com	
同意接種疫苗	
聲明：我獲授權決定是否同意我的孩子接種疫苗。我已閱讀並理解給我的疫苗接種相關資訊，其中包括沒有注射疫苗的風險和疫苗的副作用。我明白，我可與當地市政府或醫生討論注射疫苗的風險與利益。我瞭解在接種疫苗之前，我可以隨時撤回同意書。	
替未滿18歲的孩子填寫 (年滿18歲的學生可以自己表示同意與否)	
<input type="checkbox"/> 是的，我同意我的孩子在學校接種W型腦膜炎雙球菌疫苗。	
含W型腦膜炎雙球菌疫苗是一種四合一混合疫苗，用於預防A、C、W、Y 腦膜炎雙球菌菌株（注射一劑）。	
父母／監護人簽名: _____ 日期: ____ / ____ / ____	
<input type="checkbox"/> 或 <input type="checkbox"/> 不同意，我不同意我的孩子在這個時候接種W型腦膜炎雙球菌疫苗。	
<input type="checkbox"/> 或 <input type="checkbox"/> 不同意，我的孩子已經在其他地方接種過W型腦膜炎雙球菌疫苗。	
請註明原先已有的病況、嚴重過敏或過往對疫苗接種有嚴重反應。	

隱私聲明： W型腦膜炎雙球菌疫苗接種計劃是維州政府的計劃。一位獲准地方政府免疫接種服務處聘請的免疫接種護士執行該計劃。並每年教學次到訪每所維州中學，根據《2009年公共衛生與福祉法案》(Public Health and Wellbeing Act 2008)。地方政府負責為市內受教育的兒童協調及提供疫苗接種服務。地方政府應依據《2014年隱私與數據保護法案》(Privacy and Data Protection Act 2014) 及《2001年健康衛生法案》(Health Records Act 2001) 承諾保護個人資料的隱私、保密及安全。	
地方政府負責將所有透過學校疫苗接種計劃進行接種的青少年向澳洲免疫接種登記處 (Australian Immunisation Register (AIR)) 彙報。個人的身份資料將會加以保護。這項程序將提供用具 (例如召回或提醒系統)。以提高青少年的接種率。這在改進疫苗接種率方面非常重要。每個人均可向澳洲免疫登記處索取其所有接種疫苗紀錄。維州的免疫注射數據或可向維州政府披露，以利監督、資助和改進中學生W型腦膜炎雙球菌疫苗接種計劃。這些資料不包含識別個別身分。	
你或你孩子的資料僅在直接關係到你孩子的免疫注射時才會取用或披露，並以你認為合理的方式披露。這可能包括相關資料轉交到你的家庭醫生、你孩子的醫生、另一醫療健康服務機構、醫院或其他市政府，或與他們交換資料。當地市政府也可能會透過手機短信服務 (SMS) 或電郵向你提供中學生免疫接種計劃的訊息。你可以聯絡你子女就讀學校的當地市政府索取你孩子的數據。	
Office use only: Vaccination date: _____	Nurse initials: _____ Site: L/R arm

同意表格: W型腦膜炎雙球菌疫苗接種

- 1、閱讀W型腦膜炎雙球菌資訊
- 2、如果同意，填寫同意欄並簽字。
- 3、剪開同意表將其交回學校，即使你不想你的孩子接種疫苗，也須交回表格。

學生資料

醫療 (Medicare) 卡號碼 (兒童名字旁邊的數字)

姓: _____ 名: _____

郵政地址: _____

郵政編碼: _____ 出生日期: ____ / ____ / ____ ☐ 女 ☐ 男

學校: _____ 級別: _____

是否為原住民或托雷斯海峽島民? (請勾選)

☐ 否 ☐ 原住民 ☐ 托雷斯海峽島民 ☐ 原住民和托雷斯海峽島民

父母／監護人聯絡資料

父母 / 監護人或超過18歲的學生聯絡資料:

日間電話: _____ 手機: _____

電郵: _____

同意接種疫苗

聲明: 我獲授權決定是否同意我的孩子接種疫苗。我已閱讀並理解給我的疫苗接種相關資訊，其中包括沒有注射疫苗的風險和疫苗的副作用。我明白，我可與當地市政府或醫生討論注射疫苗的風險與利益。我瞭解在接種疫苗之前，我可以隨時撤回同意書。

替未滿18歲的孩子填寫 (年滿18歲的學生可以自己表示同意與否)

☐ 是的，我同意我的孩子在學校接種W型腦膜炎雙球菌疫苗。

含W型腦膜炎雙球菌疫苗是一種四合一混合疫苗，用於預防A、C、W、Y腦膜炎雙球菌菌株（注射一劑）。

父母 / 監護人簽名: _____ 日期: ____ / ____ / ____

或

☐ 不同意，我不同意我的孩子在這個時候接種W型腦膜炎雙球菌疫苗。

或

☐ 不同意，我的孩子已經在其他地方接種過W型腦膜炎雙球菌疫苗。

請註明原先已有的病況、嚴重過敏或過往對疫苗接種有嚴重反應。

隱私聲明: W型腦膜炎雙球菌疫苗接種計劃是維州政府資助的計劃。一位獲地方市政府免疫接種服務處聘請的免疫接種護士執行該計劃，並每年數次到訪每所維州中學。根據《2008年公共衛生與福祉法案》(Public Health and Wellbeing Act 2008)，地方政府需負責為市內受教育的兒童協調及提供疫苗接種服務。地方政府應依據《2014年隱私與數據保護法案》(Privacy and Data Protection Act 2014) 及《2001年健康衛生法案》(Health Records Act 2001) 承諾保護個人資料的隱私、保密及安全。

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你或你孩子的資料僅在直接關係到你孩子的免疫注射時才會取用或披露，並以你認為合理的方式披露。這可能包括相關資料轉交到你的家庭醫生、你孩子的醫生、另一醫療健康服務機構、醫院或其他市政府，或與他們交換資料。當地市政府也可能會通過手機短信服務 (SMS) 或電郵向你提供中學生免疫接種計劃的訊息。你可以聯絡你子女就讀學校的當地市政府索取你孩子的數據。

Office use only:
Vaccination date: _____

Nurse initials: _____

Site: L/R arm _____

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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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

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

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

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Meningococcal W vaccine consent form

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.

Student details	
Medicare number	1234 5678 9012 (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	
Parent/guardian contact details	
Name of parent/guardian or student aged 18 or over: MICHAEL BLOCK	
Daytime phone: 9123 4567	Mobile: 0408 123 456
Email: parentorguardian@internetprovider.com	
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)	
<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.	
Privacy statement. 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

Meningococcal W vaccine consent form

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.

Student details

Medicare number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Number beside child's name)
Surname:					First name:					
Postal address:										
Postcode:					Date of birth:	/	/	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
School:					Class:					
Is this person of Aboriginal or Torres Strait Islander origin? (please tick)										
<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> 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.

Privacy statement. 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