Barnaamijka Tallaalka Dugsiga Sare ee Meningococcal ACWY

Soo-dhamaystir oo dugsiga usoo-celi

1. Aqri macluumaadka Meningococcal ACWY
2. Buuxi qaybta ogolaanshaha oo saxiix haddii Haa tahay
3. Soo-goo foomka ogolaanshaha una soo-celi dugsiga xataa haddii aadan doonayn in ilmahaaga la tallaalo. KaLa xiriir guddiga degmadaada wixii macluumaad dheraad ah.

Macluumaadka Meningococcal ACWY

Meningococcal ACWY

Cudurka Meningococal waa infakshan bakteeriyo dhaliso. Inkastoo Cudurka Meningococal uusan caadi ahayn, waxay noqon kartaa wax halis ah, si dhaqso ah. Qiyaastii boqolkiiba 10 qof ayaa ku ku qaadaan dhuuntooda bakteeriyada meningococcal ayagoon ku xanuunsan. Dadkaas waxaa loo yaqaan 'qaadeyaal'. Bakteeriyada meningococcal waxaa laysagu gudbiyaan qof ilaa qof taas oo ku dhacda xiriir joogto ah, xidhan, guri wada-joogid iyo galmo. Qaangaaradu waxay ugu jiraan halis weyn cudurka meningococcal waxay u badan tahay inay cudurka dadka kale u gudbiyaan.

Cudurka meningococcal meningococcal weerarka ah wuxuu yimaadaa markii bakteeriyadu ay gasho socodka dhiigga si u dhaliso septicaemia (infagshan dhiigga gala oo loo yaqaan 'bacteraemia') ama meningitis, (bararka dahaarka daboola maskaxda). Dhimasho ayaa dhici karta boqolkiiba 10 kaysaska. Marmarna, infagshan daran ayaa kaloo ku dhaca kalagoosyada, dhuunta, sanbabada ama xiidmaha.

Waxaa jira noocyo kala duwan (serogroups) ee bakteriyada meningococcal oo xarfaha alfabeetada loo yaqaan, oo ay ka mid yihiin meningococcal A, B, C, W iyo Y. Sannadihii dhawaa qaar ka mid ah noocyada meningococcal meningococcal ayaa Australia ku soo batay.

Tallaalka uu ku jiro Meningococcal ACWY

Tallaalka uu ku jiro Meningococcal ACWY waa afartiiba hal tallaal laysku geeyey ee looga hortago noocyada meningococcal A, C, W, iyo Y. daraasaduhu waxay muujiyeen firfircoonida tallaalka meningococcal A, C, W, iyo Y inay u dhaxeyso boqolkiiba 80 ilaa 85 qaangaarada. Barnaamijka tallaalka meningococcal A, C, W, iyo Y waxaa lagu hirgeliyey qaangaarada UK ilaa 2015kii, waxaana lagu tashey US ilaa 2005kii.

Tallaalka kuma jirto wax bakteeriyo nool ah mana keeni karto cudurka meningococcal. Noocyada ACWY ee tallaalka wuxuu xoojinayaa qaangaarada qaba nooca C oo ilaa cunugnimadii ay qabeen waxuuna ka ilaalinayaa noocyada A iyo Y.

Saamaynta aan lagu talo-gelin ee Tallaalka meningococcal ACWY

Badiba saamaynaha aan lagu talo-gelin waa kuwo hooseeya si dhaqso ahna way u baaba'aan. Haddii falcelisyada soo-socdaa dhacaan, waxay si dhaqso ah u noqonayaan tallaalka ka dib.

Saamaynta aan lagy talagalin:

- Heerkul meel-dhexaad ah
- Madax-wareer
- Dawakhaad
- Xanuun, casaan iyo bararka bartii la durey
- Diidid ayaa dhacda ilaa 30 daqiiqo ka dib tallaalkii.

Adeegga fasiraadda iyo turjumidda ka wac 131 450

Interpreter

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Haddii falcelis meel-dhexaad ah uu dhaco, saamaynta aan lagu talo-gelin waxaa agu yareyn karaa:

- Ayadoo la cabbo dureere badan iyo ayadoon dhar badan laysa-saarin haddii qofka ay hayso xummad
- Ayadoo la qaato paracetamol lana saaro maro qabow, oo qoyan bartii la urey.

Saamaynaha aan lagu tala-gelin aadka u dhifka ah

- Falceliska aleerjikada ah ee daran

Markuu jiro falceliska aleerjikada ah ee daran, feejignaan daawo oo degdeg ah ayaa la siin doonaa. Haddii falcelisyadu ay daran yihiin, ama haddii aad ka walwalsan tahay, la xiriir dhaqtarkaaga ama isbitaalkaaga.

Liiska-hubinta ee tallaalka kahor

Kahor intaan ilmahaaga la tallaalin, usheeg dhaqtarkaaga ama kalkaaliyhaaga haddii wax ka mid ah waxyaalahan ay khuseeyaan.

- Uu xanuunsan yahay malinta tallaalka (heerkulkiisu ka sarreeyo 38.5°C)
- Uu qabo aleerjiko daran
- Uu qabo falcelis daran ee xagga tallaalka ah
- Ay uur leedahay

Kadib tallaalka ku su meesha tallaalka ugu yaraan 15 daqiiqo.

Macluumaad dheeraad ah

Haddii aad u baahan tahay talooyin ama macluumaad, fadlan la xiriir adeegga tallaalka dowladdaada hoose ama dhaqtarka degaankaaga.

am aka eeg www.betterhealth.vic.gov.au

Sida loo soo buuxiyo foomka

Fadlan aqri macluumaadka.
Buuxi foomka xataa haddaan tallaalka la qaadan.
Soo-goo foomka oo dugsiga usoo-celi.

Dhammaan carruurta/ardayda

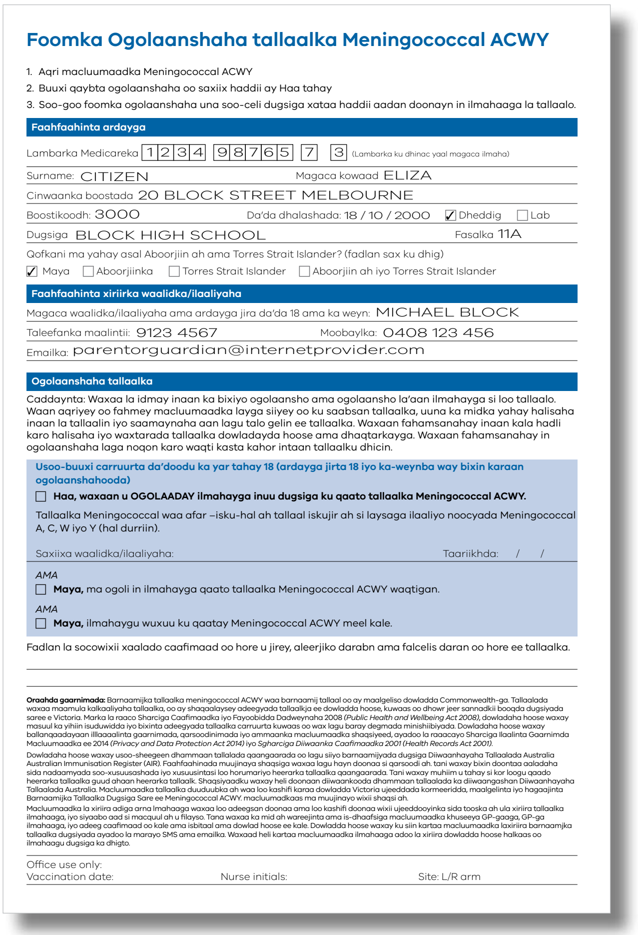
Fadlan ku buuxi faahfaahinta ilmaha.

Kadibna

Buuxi qaybtan haddii aad doonayso in ilmahaaga la tallaalo.

Ama

Buuxi qaybtan haddii aadan doonayn in ilmahaaga la tallaalo.


Foomka Ogolaanshaha tallaalka Meningococcal ACWY

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Faahfaahinta ardayga

Lambarka Medicareka 1234 98765 7 3 (Lambarka ku dhinac yaal magaca ilmaha)
Surname: CITIZEN Magaca kowaad ELIZA
Cinwaanka boostada 20 BLOCK STREET MELBOURNE
Boostikoodh: 3000 Da'da dhalashada: 18 / 10 / 2000 ☑ Dheddig ☐ Lab
Dugsiga BLOCK HIGH SCHOOL Fasalka 11A
Qofkani ma yahay asal Aboorjiin ah ama Torres Strait Islander? (fadlan sax ku dhig)
☑ Maya ☐ Aboorjiinka ☐ Torres Strait Islander ☐ Aboorjiin ah iyo Torres Strait Islander

Faahfaahinta xiriirka waalidka/ilaaliyaha

Magaca waalidka/ilaaliyaha ama ardayga jira da'da 18 ama ka weyn: MICHAEL BLOCK
Taleefanka maalintii: 9123 4567 Moobaylka: 0408 123 456
Emailka: parentorguardian@internetprovider.com

Ogolaanshaha tallaalka

Caddaynta: Waxaa la idmay inaan ka bixiyo ogolaansho ama ogolaansho la'aan ilmahayga si loo tallaalo. Waan aqriyey oo fahmey macluumaadka layga siiyey oo ku saabsan tallaalka, uuna ka midka yahay halisaha inaan la tallaalin iyo saamaynaha aan lagu talo gelin ee tallaalka. Waxaan fahamsanahay inaan kala hadli karo halisaha iyo waxtarada tallaalka dowladayda hoose ama dhaqtarkayga. Waxaan fahamsanahay in ogolaanshaha laga noqon karo waqti kasta kahor intaan tallaalku dhicin.

Usoo-buuxi carruurta da'doodu ka yar tahay 18 (ardayga jirta 18 iyo ka-weynba way bixin karaan ogolaanshahooda)

☐ **Haa, waxaan u OGOLAADAY ilmahayga inuu dugsiga ku qaato tallaalka Meningococcal ACWY.**

Tallaalka Meningococcal waa afar –isku-hal ah tallaal iskujir ah si laysaga ilaaliyo noocyada Meningococcal A, C, W iyo Y (hal durriin).

Saxiixa waalidka/ilaaliyaha: Taariikhda: / /

AMA
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Fadlan la socowixii xaalado caafimaad oo hore u jirey, aleerjiko darabn ama falcelis daran oo hore ee tallaalka.

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Macluumaadka la xiriira adiga arna Imahaaga waxaa loo adeegsan doonaa ama loo kashifi doonaa wixii ujeeddooyinka sida tooska ah ula xiriira tallaalka ilmahaaga, iyo siyaabo aad si macquul ah u filayso. Tana waxaa ka mid ah wareejinta ama is-dhaafsiga macluumaadka khuseeya GP-gaaga, GP-ga ilmahaaga, iyo adeeg caafimaad oo kale ama isbitaal ama dowlad hoose ee kale. Dowladda hoose waxay ku siin kartaa macluumaadka laxiriira barnaamjka tallaalka dugsiyada ayadoo la marayo SMS ama emailka. Waxaad heli kartaa macluumaadka ilmahaaga adoo la xiriira dowladda hoose halkaas oo ilmahaagu dugsiga ka dhigto.

Office use only:
Vaccination date: Nurse initials: Site: L/R arm

Si aad ugu hesho dokumantigan qaab la heli karo email u dir: immunisation@dhhs.vic.gov.au

Waxaa idmay oo daabacay Dowladda Victoria,
1 Treasury Place, Melbourne.
© State of Victoria, Janaayo 2019 (1702019)

Foomka Ogolaanshaha tallaalka Meningococcal ACWY

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Faahfaahinta ardayga

Lambarka Medicareka ☐☐☐☐ ☐☐☐☐☐ ☐ ☐ (Lambarka ku dhinac yaal magaca ilmaha)

Surname: Magaca kowaad

Cinwaanka boostada

Boostikoodh: Da'da dhalashada: / / ☐ Dheddig ☐ Lab

Dugsiga Fasalka

Qofkani ma yahay asal Aboorjiin ah ama Torres Strait Islander? (fadlan sax ku dhig)

☐ Maya ☐ Aboorjiinka ☐ Torres Strait Islander ☐ Aboorjiin ah iyo Torres Strait Islander

Faahfaahinta xiriirka waalidka/ilaaliyaha

Magaca waalidka/ilaaliyaha ama ardayga jira da'da 18 ama ka weyn:

Taleefanka maalintii: Moobaylka:

Emailka:

Ogolaanshaha tallaalka

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Saxiixa waalidka/ilaaliyaha: Taariikhda: / /

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Foomka Ogolaanshaha tallaalka Meningococcal ACWY

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Dugsiga BLOCK HIGH SCHOOL Fasalka 11A

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Faahfaahinta xiriirka waalidka/ilaaliyaha

Magaca waalidka/ilaaliyaha ama ardayga jira da'da 18 ama ka weyn: MICHAEL BLOCK

Taleefanka maalintii: 9123 4567 Moobaylka: 0408 123 456

Emailka: parentorguardian@internetprovider.com

Ogolaanshaha tallaalka

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Saxiixa waalidka/ilaaliyaha: Taariikhda: / /

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Meningococcal ACWY Secondary School Vaccine Program

Complete and return to school

1. Read the Meningococcal ACWY 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 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 ACWY-containing vaccine

The Meningococcal ACWY-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. The ACWY strain vaccine will boost adolescents with the C strain they had as a baby and protect against the A, W and Y strains.

Possible side effects of meningococcal ACWY 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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Call 131 450

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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

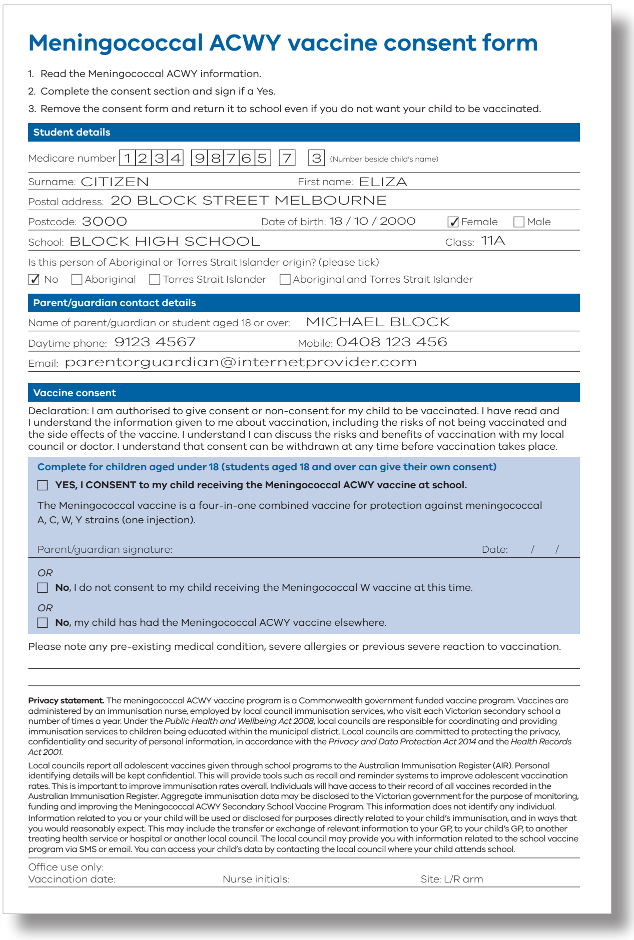
Please complete with the details of the child.

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.



Meningococcal ACWY vaccine consent form

1. Read the Meningococcal ACWY 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 1 2 3 4 9 8 7 6 5 7 3 (Number beside child's name)

Surname: CITIZEN First name: ELIZA

Postal address: 20 BLOCK STREET MELBOURNE

Postcode: 3000 Date of birth: 18 / 10 / 2000 ☑ Female ☐ Male

School: BLOCK HIGH SCHOOL Class: 11A

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: 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)

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

The Meningococcal 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 ACWY vaccine elsewhere.

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

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 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 ACWY 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

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 ACWY vaccine consent form

1. Read the Meningococcal ACWY 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 ☐☐☐☐ ☐☐☐☐☐ ☐ ☐ (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 ACWY vaccine at school.**

The Meningococcal 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 ACWY vaccine elsewhere.

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

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*.

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Office use only:
Vaccination date: Nurse initials: Site: L/R arm