

# W型流行性脑脊髓膜炎疫苗 中学免疫项目

1. 阅读W型流行性脑脊髓膜炎的信息。
2. 完成同意书部分，选择‘是’的话签字。
3. 撕下同意书部分交给学校，即便你不要让你孩子注射疫苗也要交回。  
详情请咨询你本地的市政府。

## W型流行性脑脊髓膜炎的信息

### W型流行性脑脊髓膜炎

流行性脑脊髓膜炎由细菌（脑膜炎球菌）引起。虽然此病不常见，但一旦发病会变得很严重、传播速度很快。大约10%喉咙携带脑膜炎球菌的人不会发病。这些人称为“携带者”，在家里长时间、经常性进行亲密接触的话会把病菌传给别人。青少年患流行性脑脊髓膜炎的风险较高，而且更可能传染给别人。

脑膜炎球菌进入血液时引起败血症（血液里的感染，亦称菌血症）或脑膜炎（覆盖大脑的膜发炎），这就叫入侵型流行性脑脊髓膜炎。病患死亡率高达10%。偶尔在关节、喉咙、肺部或肠道里也有严重的感染。

根据血清组的不同，脑膜炎球菌分A型、B型、C型、W型和Y型。最近几年澳大利亚的W型流行性脑脊髓膜炎病例增多。2016年维多利亚州有46例病例，2015年有17例、2014年有4例、2013年有1例。

现在维多利亚州的流行性脑脊髓膜炎主要是W型。

### 含W型流行性脑脊髓膜炎疫苗

含W型流行性脑脊髓膜炎疫苗是一种四合一疫苗，预防A型、C型、W型和Y型流行性脑脊髓膜炎。研究表明这种疫苗对青少年的有效率为80-85%。英国自2015年起实施青少年预防A型、C型、W型和Y型流行性脑脊髓膜炎免疫项目；美国自2005年起开始推荐注射这种疫苗。该疫苗不含任何活细菌，不会引发流行性脑脊髓膜炎。除了预防W型流行性脑脊髓膜炎，四合一疫苗加强预防青少年C型流行性脑脊髓膜炎（该疫苗在婴儿时期已经注射过）并预防A型和Y型流行性脑脊髓膜炎。

### W型流行性脑脊髓膜炎疫苗的潜在副作用

大多数副作用都很轻微而且会很快消退。如果出现以下副作用，这些副作用通常会在注射疫苗后很快出现。

#### 常见副作用

- 低烧
- 头疼
- 头晕
- 打针处疼痛、红肿
- 注射疫苗后昏迷长达30分钟。

翻译服务

拨打131 450



如果出现轻微反应，可以用以下方法减少副作用：

- 多喝水，发烧的话不要穿太多衣服
- 吃扑热息痛，打针处放湿冷的毛巾。

## 极其罕见的副作用

- 严重过敏反应

万一出现严重过敏反应，我们会立刻进行救治。如果有严重或持续不退的反应或你感到很担心，请联系你的医生或医院。

## 免疫前的核对单

你孩子在注射疫苗之前，告诉医生或护士是否有以下情况：

- 注射疫苗这一天人不舒服（体温超过38.5°C）
- 有严重的过敏症
- 以前对疫苗有过严重反应
- 已经怀孕。

注射疫苗后在免疫场所至少等15分钟。

## 更多信息

如果你需要更多建议或信息，请联系你本地市政府的免疫服务处或本地的医生。

或访问：[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

## 如何填写这份表

请阅读表的内容。

即便不注射疫苗也要填写这份表。

把表撕下来交给学校。

### 针对所有儿童/学生

请填写你孩子的资料。

然后

如果你愿意让你孩子注射疫苗，填写这部分内容。

或者

如果你不愿意让你孩子注射疫苗，填写这部分内容。

要索取本文件的无障碍格式，请发电子邮件：  
[immunisation@dhhs.vic.gov.au](mailto:immunisation@dhhs.vic.gov.au)

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<b>学生细节</b>	
国民保健卡号 (Medicare)	1 2 3 4 9 8 7 6 5 7 3 (学生姓名前面的数字)
姓: CITIZEN	名: ELIZA
通讯地址: 20 BLOCK STREET MELBOURNE	
邮政编码: 3000	生日: 18 / 10 / 2000 <input checked="" type="checkbox"/> 女 <input type="checkbox"/> 男
学校: BLOCK HIGH SCHOOL	班级: 11A
此人是原住民或托雷斯海峡岛民吗? (请打勾) <input checked="" type="checkbox"/> 否 <input type="checkbox"/> 原住民 <input type="checkbox"/> 托雷斯海峡岛民 <input type="checkbox"/> 原住民和托雷斯海峡岛民	
<b>家长/监护人细节</b>	
家长/监护人或年满18岁的学生的姓名: MICHAEL BLOCK	
白天联系电话: 9123 4567	手机: 0408 123 456
电子邮箱: parentorguardian@internetprovider.com	
<b>免疫同意声明</b>	
声明: 我具有同意或不同意让我孩子打预防针的授权。我已经阅读并明白给我的免疫信息，包括不打预防针的风险和疫苗的副作用。我明白我可以与本地市政府或医生讨论免疫的风险和好处。我明白在打预防针之前我可以随时撤销同意。	
<b>为不满18岁的儿童填写 (满18岁的学生可以自己同意)</b>	
<input type="checkbox"/> 是的，我同意让我孩子在学校注射W型流行性脑脊髓膜炎疫苗。	
含W型流行性脑脊髓膜炎疫苗是一种四合一疫苗，预防A型、C型、W型和Y型流行性脑脊髓膜炎（一针即可）。	
家长/监护人签字:	日期: / /
<input type="checkbox"/> 不，这一次我不同意让我孩子注射W型流行性脑脊髓膜炎疫苗。	
<input type="checkbox"/> 不，我孩子已经在其他地方注射过W型流行性脑脊髓膜炎疫苗。	
请注明任何先前存在的疾病、严重的过敏症或以前对疫苗的严重反应情况。	
<hr/>	
<small><b>隐私声明:</b> W型流行性脑脊髓膜炎免疫项目由维州政府资助。本地市政府免疫服务处派免疫护士一年分几次来维州各中学注射疫苗。根据2008年公共卫生及健康法 (Public Health and Wellbeing Act 2008)，地方政府负责为在本地上学念书的学生协调和提供免疫服务。地方政府承诺保护个人资料的隐私和安全，严格执行2014年隐私及资料保护法 (Privacy and Data Protection Act 2014) 和2001年健康记录法 (Health Records Act 2001) 的规定。</small>	
<small>地方政府将学校免疫项目中的青少年免疫资料提供给澳大利亚免疫登记处 (Australian Immunisation Register, 简称AIR)，并对能够识别个人身份的信息予以保密。这将提供提高青少年免疫率的工具，比如召回系统和提醒系统。提高总体免疫率非常重要。个人可以向澳大利亚免疫登记处 (Australian Immunisation Register) 查询其免疫资料。汇总后的免疫资料可以提供给维州政府，用于监控、资助并改进W型流行性脑脊髓膜炎疫苗中学免疫项目；这些综合资料不会披露个人的身份信息。</small>	
<small>使用或披露与你或孩子相关的信息时，其目的要与你孩子的免疫问题直接相关。其方法应该与你合理预期一样，可以包括向你的家庭医生、你孩子的家庭医生、提供治疗的健康服务机构或医院，或另一个由政府传达或交换相关信息。本地市政府可以通过短信或电子邮件向你提供学校免疫项目的信息。你可以联系你孩子上学所在地的市政府索取你孩子的资料。</small>	
Office use only: Vaccination date:	Nurse initials: Site: L/R arm

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## 学生细节

国民保健卡号 (Medicare)  (学生姓名前面的数字)

姓: \_\_\_\_\_ 名: \_\_\_\_\_

通讯地址: \_\_\_\_\_

邮政编码: \_\_\_\_\_ 生日: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ 女 ☐ 男

学校: \_\_\_\_\_ 班级: \_\_\_\_\_

此人是原住民或托雷斯海峡岛民吗? (请打勾)

☐ 否 ☐ 原住民 ☐ 托雷斯海峡岛民 ☐ 原住民和托雷斯海峡岛民

## 家长/监护人细节

家长/监护人或年满18岁的学生的姓名: \_\_\_\_\_

白天联系电话: \_\_\_\_\_ 手机: \_\_\_\_\_

电子邮箱: \_\_\_\_\_

## 免疫同意声明

声明: 我具有同意或不同意让我孩子打预防针的授权。我已经阅读并明白给我的免疫信息, 包括不打预防针的风险和疫苗的副作用。我明白我可以与本地市政府或医生讨论免疫的风险和好处。我明白在打预防针之前我可以随时撤销同意。

### 为不满18岁的儿童填写 (满18岁的学生可以自己同意)

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家长/监护人签字: \_\_\_\_\_ 日期: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

或者

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或者

☐ 不, 我孩子已经在其它地方注射过W型流行性脑脊髓膜炎疫苗。

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

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

Site: L/R arm \_\_\_\_\_

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1	2	3	4
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9	8	7	6	5
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7
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3
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 (学生姓名前面的数字)

姓: CITIZEN 名: ELIZA

通讯地址: 20 BLOCK STREET MELBOURNE

邮政编码: 3000 生日: 18 / 10 / 2000 ☒ 女 ☐ 男

学校: BLOCK HIGH SCHOOL 班级: 11A

此人是原住民或托雷斯海峡岛民吗? (请打勾)

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## 家长/监护人细节

家长/监护人或年满18岁的学生的姓名: MICHAEL BLOCK

白天联系电话: 9123 4567 手机: 0408 123 456

电子邮箱: parentorguardian@internetprovider.com

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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.

**Translating and  
interpreting service**  
**Call 131 450**



**IMMUNISE**  
AUSTRALIA PROGRAM  
An Australian, State and Territory  
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)

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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 98765 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 <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.	
<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.	
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*.

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