

# Meningococcal Vaccine (Menactra® A, C, Y and W-135)

Information on vaccines for school-aged children.

## Instructions for parents

1. Read this information sheet.
2. Complete the consent form and return the form to your child's school.
3. Make sure your child eats on the day of the clinic.
4. Make sure your child wears a short sleeve shirt on the day of the clinic.
5. If your child needs doses, book an appointment at Public Health Sudbury & Districts.

## What is invasive meningococcal disease (IMD) A, C, Y and W-135?

IMD is a bacterial infection that causes swelling around the brain or spinal cord. Blood infections with complications such as deafness, paralysis, loss of limbs or death are possible.

Symptoms include fever, severe headache, stiff neck, nausea, vomiting and rash. The bacteria are in the throat and nose in 10% of healthy individuals. Outbreaks of IMD have occurred in schools in Canada.

## How is IMD spread?

A person can be infected through:

- sharing food, drinks, lip balm
- kissing, coughing or sneezing
- close contact with secretions from the nose or throat of an infected person

## What is the Menactra® A, C, Y and W-135 vaccine?

Menactra® is a safe and effective vaccine that offers protection against types A, C, Y and W-135 of IMD.

## Who should get the Menactra® vaccine?

Students must have the vaccine to attend school in Ontario. It is available at no cost for all Grade 7 students at Public Health Sudbury & Districts. Your child may get suspended from school if they are not immunized or do not have a valid exemption.

## Who should not get the Menactra® vaccine?

- students who have a fever or any illness more serious than a minor cold on the day of the clinic
- students with allergies to diphtheria toxoid protein, sodium chloride or sodium phosphate

## What are the possible side effects of this vaccine?

The most commonly reported side effects are:

- redness, warmth or slight swelling at the injection site
- headache
- slight fever
- decreased energy

## Severe reactions are rare.

Call your health care provider if your child has any of the following reactions:

- trouble breathing
- swelling of the face or mouth
- fever over 40°C (104°F)
- hives or rash
- any other serious problem

**A nurse will keep an eye on your child for 15 minutes after vaccination.**

Your child should have the Menactra® vaccine even if they had a meningitis C vaccine (Menjugate® or Neis-Vac®). Do not receive Menactra® A, C, Y and W-135 for at least four weeks after the meningitis C vaccine.

Visit [phsd.ca/studentvaccines](http://phsd.ca/studentvaccines) for information or to report vaccinations given by other health care providers.



# Consent for Meningococcal Vaccine (Menactra® A, C, Y and W-135)

Available at no cost for Grade 7 students only.

All signed consent forms are to be returned to school with **one** of the three options selected.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: (y/m/d) \_\_\_\_\_ Gender:  Male  Female  Other: \_\_\_\_\_

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

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

**I request that this child receives the meningococcal vaccine.**  
I have read, or have been informed about meningococcal vaccine. I have had the chance to ask questions and I understand the benefits and risks of the vaccine. Any questions that I asked have been answered to my satisfaction. This consent is valid for the period required to give the vaccine (up to 24 months), unless cancelled in writing.  
Date: \_\_\_\_\_ Parent/guardian signature: \_\_\_\_\_

**I do not want this child to receive the meningococcal vaccine.**  
Parent/guardian signature: \_\_\_\_\_

**This child has already received the meningococcal vaccine on these dates:**  
Date: \_\_\_\_\_ Parent/guardian signature: \_\_\_\_\_

## Nurse's use only

Date: \_\_\_\_\_ RN initial: \_\_\_\_\_

Administered under the current medical directive for Menactra® vaccine signed by Dr. A. Zbar (Associate Medical Officer of Health for Public Health Sudbury & Districts).

Personal information contained on this form is collected under the authority of one or more of the following: the Health Protection and Promotion Act, R.S.O. 1990, c.H.7; Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4 (formerly The Health Disciplines Act); the Immunization of School Pupils Act, R.S.O.1990, c.I.1; the Regulated Health Professions Act, 1991, S.O. 1991, C.18.; and is in compliance with the Municipal Freedom of Information and Privacy Protection Act, R.S.O. 1990, C.M.56; and the Personal Health Information Protection Act, 2004, c.3, Schedule A. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept. Questions about this collection should be directed to the Information & Privacy Officer at 705.522.9200.

