

Meningitis ACWY and Diphtheria, Tetanus and Polio vaccination

Dear Parent or Guardian,

Your child's Meningitis and Diphtheria, Tetanus and Polio vaccination will soon be due.

Meningitis ACWY vaccination helps to protect your child against four types of meningococcal bacteria (groups A, C, W and Y) that can cause meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning). These diseases are very serious and can be fatal in some cases, especially if not diagnosed early. Cases of meningococcal W disease ('Men W') in England have increased significantly in recent years, and it is in response to this rise in cases that this vaccine is being introduced.

During this school year, children in year 9 and 10 will get the vaccine routinely along with the DTP (Diphtheria, Tetanus & Polio).

With this letter is a consent form and Frequently Asked Questions (FAQs) about the vaccinations are over the page. If you would like more details, please visit:

<http://www.nhs.uk/conditions/vaccinations/pages/men-acwy-vaccine.aspx>

where you can find information about the disease and the vaccine.

We hope that this information addresses any concerns you or your child might have about the vaccination and you will feel confident that having the Meningitis ACWY vaccine will help to protect your child against a very serious illness.

If you need further information you can also contact us by phone or email – please contact the vaccination team on 0333 800 5100 or email Vaccinationhertfordshire@evguk.co.uk

Please complete the enclosed consent form (one for each child, as applicable) and return it to the school **within 1 week** so your child can be given the vaccine in a timely way to protect them.

It is important to complete and return the form even if the recommended vaccination is refused. In order to improve our service, we would be grateful if you would tell us your reason for refusal.

Information about the vaccination will be put on your child's health records, including records at their GP surgery. The person who has parental responsibility must sign the consent form*

Consent withdrawal

If for any reason you decide to withdraw consent after returning the consent form, please contact Vaccination UK on 0333 800 5100 and also inform your child's school.

Yours sincerely,
Amanda Yerby



Clinical Director
Vaccination UK

***PARENTAL RESPONSIBILITY** is the person(s) with parental responsibility will usually but not invariably be the child's birth parents. A legally appointed guardian (or the local authority if the child is on a care order), or a person named in a residence order in respect of the child. Fathers who have never been married to the child's mother will only have parental responsibility if they have acquired it through a court order or parental responsibility agreement. After the 30th November 2003, unmarried fathers have automatic parental responsibility for their children if they are named on the birth certificate.

PTO for FAQs

FREQUENTLY ASKED QUESTIONS (FAQs)

Tetanus, diphtheria, polio (Td/IPV) and Meningitis ACWY and septicaemia

Why do we need immunisation? The national immunisation programme has meant that dangerous diseases, such as polio, have disappeared in the UK. But these diseases could come back – they are still around in many countries throughout the world. That's why it's so important for you to protect yourself. In the UK, such diseases are kept at bay by the high immunisation rates.

How do vaccines work? Vaccines work by causing the body's immune system to make antibodies (substances to fight infections and diseases). So if you come into contact with the infection, the antibodies will recognise it and protect you.

What is tetanus? Tetanus is a painful disease affecting the nervous system which can lead to muscle spasms, breathing problems and can be fatal. It is caused when germs found in the soil and manure get into the body through open cuts or burns. Tetanus cannot be passed from person to person.

What is diphtheria? Diphtheria is a serious disease that usually begins with a sore throat and can quickly cause breathing problems. It can damage the heart and nervous system, and in severe cases, it can kill.

What is polio? Polio is a virus that attacks the nervous system which can cause permanent paralysis of muscles. If it affects the chest muscles or the brain, polio can be fatal.

What is meningitis and septicaemia? Meningitis is inflammation of the lining of the brain, and can be the result of infection with a virus, bacteria, or other disease-causing organism, or as a result of injury. There are five main groups of meningococcal bacteria that can cause meningitis and septicaemia – A, B, C, W and Y. As well as meningitis, meningococcal infection can lead to septicaemia (blood poisoning), which is very serious, especially if not diagnosed early, and can lead to death. Early symptoms of meningitis and septicaemia are mild and similar to those you get with flu (such as feeling hot, being sick, and pain in the back or joints). However, for meningitis, the most important signs to look out for are:

- a stiff neck
- a very bad headache (this alone is not a reason to get medical help)
- lights hurting your eyes
- vomiting
- fever
- drowsiness, being less responsive or confused and
- red or purple spots that don't fade under pressure

If I was immunised against tetanus, diphtheria, polio and meningococcal group C (Men C) infection as a child, am I still protected? You may still have some protection, but you need these boosters to complete your routine immunisations and give you longer-term protection. You will not have protection against the AWY strains that cause meningitis. For protection against Meningitis A, C, W and Y infection, it is important to have one dose of Men ACWY before your child reaches 19 years of age

How many boosters do I need to have? To complete the course of DTP a 5th dose is required.

Are there any reasons why I should not be immunised?

There are very few teenagers who may not have the HPV, Td/IPV, and Men ACWY vaccines. If your child is unwell on the day we will defer until well.

Are there any side effects?

It is common to get some swelling, redness or tenderness where you have the injection. Sometimes a small painless lump develops, but this usually disappears in a few weeks. More serious effects are rare but include fever, headache, dizziness, feeling slightly sick. If you feel unwell after the immunisation, take paracetamol or ibuprofen. Read the instructions on the bottle or packet carefully and take the correct dose for your age. If your temperature persists, speak to your GP or call the free NHS helpline: 111

Please inform us if your child has already had the 5th dose DTP or has received the ACWY for travel purposes.

CONSENT FORM

Diphtheria/Tetanus/Polio and Meningitis ACWY immunisations

PARENT / GUARDIAN: Please complete ALL sections on this page.

Child's full name: (first name and surname)		Date of Birth:
Home address:		Emergency contact phone number for parent / guardian:
Postcode:		
Email:		Gender of child (<i>please circle</i>): Male Female
NHS Number (<i>if known</i>):		Ethnicity of child:
GP name and address:		GP telephone number:
School:		Year Group/Class:

CONSENT FOR IMMUNISATION

Please complete BOTH boxes

If your child has already had the vaccine/s or you wish to refuse, please fill in the 'Refusal' box only

The person with parental responsibility must sign this form – for more information, go to:

<https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

Please note: young people under the age of 16 can give or refuse consent if considered competent to do so by nursing staff.

<p>I have read and understood the leaflet supplied and I consent to my child receiving the following vaccine:</p> <p style="text-align: center;">Diphtheria/Tetanus/Polio booster immunisation:</p> <p>Parent / Guardian name:.....</p> <p>Signature:.....</p> <p>Relationship to child:.....</p> <p>Date:.....</p>	<p>I have read and understood the leaflet supplied and I consent to my child receiving the following vaccine:</p> <p style="text-align: center;">Meningococcal ACWY immunisation:</p> <p>Parent / Guardian name:.....</p> <p>Signature:.....</p> <p>Relationship to child:.....</p> <p>Date:.....</p>
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REFUSAL OF CONSENT:	
<input type="checkbox"/> I DO NOT want my child to receive the DTP vaccine	Name of Parent/ Guardian:.....
<input type="checkbox"/> I DO NOT want my child to receive the Meningitis ACWY vaccine	Signature.....

Please also answer the questions below – if you answer YES to any questions, please give details:

1.	Has your child received a dose of Meningococcal ACWY since the age of 10? If YES , please give date:	YES / NO
2.	Has your child had a Diphtheria/Tetanus/Polio immunisation in the last 5 years? If YES , please give date of immunisation:	YES / NO
3.	Does your child have any allergies? If YES , please give details:	YES / NO
4.	Has your child had a confirmed reaction to a vaccine that required hospital treatment? If YES , please state which vaccine:	YES / NO
5.	Does your child have any medical conditions, especially a bleeding disorder? If YES , please give details:	YES / NO
6.	Is your child taking any medication? If YES , please give name of medication:	YES / NO
7.	Has your child had 2 doses of the MMR vaccine?	YES / NO

FOR OFFICE USE ONLY

IMMUNISATION NURSE TO COMPLETE THIS SECTION

1.	Is the young person fit and well for vaccination today?	YES / NO
2.	Since this form was completed, has the young person had any other vaccinations, or any change to their medical history?	YES / NO
3.	Is there any possibility of pregnancy?	YES / NO
4.	Is this vaccine being given with self-consent? If yes, please complete Gillick Competency Assessment form	YES / NO

DTP VACCINATION	
Manufacturer: (Circle or delete)	Revaxis
Batch/Expiry:	
Date/time given:	
Site: (Circle or delete)	L) deltoid / R) deltoid
Route: (Circle or delete)	IM / SC
Given by:	Name of nurse: Signature:

MEN ACWY VACCINATION	
Manufacturer:	Nimenrix / Menveo
Batch/Expiry:	
Date/time given:	
Site: (Circle or delete)	L) deltoid / R) deltoid
Route: (Circle or delete)	IM / SC
Given by:	Name of nurse: Signature:

Additional comments: