



# Year 10 ACT High School Immunisation Program 2024 Information

The Child and Adolescent Immunisation Team provide this **free** immunisation program and will be visiting your child's school during 2024.

All Year 10 students are offered the following vaccine:

- **Meningococcal ACWY**  
(1 dose required)

## To do:

1. **Read** the information. This information card can be detached and retained for your reference.
2. **Sign** the consent card, even if your child is not being vaccinated at school.
3. **Return** the consent card to school **as soon as possible**.
4. **Talk** to your child about vaccination.

Please advise the Child and Adolescent Immunisation Team on 02 5124 1585 if your child changes schools throughout the year or if you wish to change your consent.



## Important

Does my child still need this vaccine if they already received the Meningococcal C vaccine in early childhood?

Yes. The meningococcal ACWY vaccine will safely boost protection against the C strain, as well as providing protection against the A, W and Y strains.

## Meningococcal Disease

- Meningococcal bacteria are carried in the nose and throat of healthy individuals and are spread through prolonged contact, including kissing.
- Meningococcal disease occurs when these bacteria enter the bloodstream.
- Symptoms of meningococcal disease include fever, headache, vomiting, stiff neck, sore muscles, and sometimes a red or purple rash.
- The disease can progress very quickly and can lead to death or permanent disability.
- Young people are at an increased risk of the disease and are more likely to spread the disease to others.

## Meningococcal ACWY Vaccine

- The meningococcal vaccine is the best protection against meningococcal disease.
- It provides protection against four strains, A, C, W and Y.
- It does not contain any live bacteria and cannot cause the meningococcal disease.
- Common side effects of the vaccine include localised pain, redness and swelling at the injection site, tiredness, headache, fever, nausea, rash and a reduced appetite.

## Program information

### What if my child is absent or refuses the vaccines on the day that the nurses visit the school?

If you have completed and returned a consent card with 'yes' consent, you will receive a letter (via MyDHR or post) advising you of any missed vaccines and how to catch up at either your GP or participating pharmacy.

### What if my child is not participating in the High School Immunisation Program?

Please still complete the consent card and return it to your school as soon as possible. You will be able to access this vaccine FREE from your GP or participating pharmacy until your child's 20th birthday. Some GPs and pharmacies may charge a consultation fee.

### Can my Year 10 child consent to vaccination?

Yes. If there is no consent card returned to your child's school and your child actively asks to be vaccinated with the Meningococcal ACWY vaccine, they can be assessed by a registered nurse in the Child and Adolescent Immunisation Team as a mature minor and give consent.

### If my child has already received the Meningococcal ACWY vaccine do they still need it?

No. However, if your child has already received this vaccine please still complete the consent form to reflect this. This enables the nurses to clearly see which students do not require this vaccine to be given at school.

### What will happen to my child's information?

Information is shared with the ACT Health Immunisation Unit in the event of an Adverse Event Following Immunisation and for surveillance of immunisation coverage. Please see our websites for more details.

### How will I receive a record of my child's immunisation?

Students will receive a card with post vaccination information on the day. All vaccines given to students through the High School Immunisation Program will be uploaded to the **Australian Immunisation Register (AIR)**. To access an official immunisation record, please visit your MyGov account, or download the Medicare Express Plus app on your mobile phone.

## Vaccine information

- Vaccines are administered by an injection to the upper arm.
- All vaccines can cause mild reactions. They are usually short lasting and do not require any special treatment.
- Very rarely an individual may experience a severe allergic reaction to a vaccine. The registered nurses in the Child and Adolescent Immunisation Team are trained to recognise and manage any immediate severe reactions. These generally occur within the first 15 minutes after receiving a vaccine. All students are monitored closely by the registered nurses during this time.

## Where can I get more information?

### ACT Health Immunisation Unit

Monday to Friday 8.30am - 4.30pm

Phone: 02 5124 9800

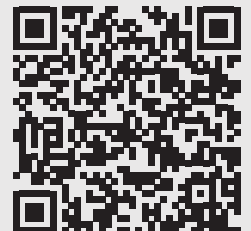
Website: [www.health.act.gov.au/services/immunisation](http://www.health.act.gov.au/services/immunisation)

### Canberra Health Services High School Immunisation Program

Monday to Friday 8am - 4pm

Phone: 02 5124 1585

Website: [www.health.act.gov.au/services-and-programs/immunisation/adolescents](http://www.health.act.gov.au/services-and-programs/immunisation/adolescents) (or use QR code on the right)



**Accessibility (how to get this information in other ways)**

If you want to receive this information:

• in larger print

• or hear it on audio

**please telephone (02) 5124 0000.**

[www.health.act.gov.au](http://www.health.act.gov.au) | Phone: 132281

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Ph 131 450



# Consent Card

## Year 10 ACT High School Immunisation Program 2024

Parent/Guardian to complete **all** fields in **CAPITAL** letters using a **black** or **blue** pen.

### Student details

Surname

Given and Middle Name/s

Date of Birth / / Gender  Male  Female  Other

Country of Birth

Residential Street Address

Suburb Postcode

Name of School

Medicare Number Number beside your child's name on the Medicare Card

QR code: Please register for My DHR by using the QR code otherwise all correspondence will be sent by post.

### Indigenous status

No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both Aboriginal and Torres Strait Islander  Decline to answer

### Preferred language

English  Other

### Details of parent or legal guardian signing consent

I have legal parental responsibility of this child as:

Parent  Legal Guardian

Name of Parent/Legal Guardian (e.g. JACK SMITH)

Mobile Number Best Alternative Number

**Office use only:** Complete details or affix label

URN: .....  
Family Name: .....  
Given Names: .....  
DOB: ..... Sex: .....

N  S

### Pre-vaccination checklist\*

Please tick the appropriate box(es) if the student:

- has ever fainted when given an injection  has previously had a reaction to a vaccine
- has received a vaccine in the last 4 weeks  is pregnant or breastfeeding
- has any severe allergies  has a medical condition (e.g. epilepsy, asthma, diabetes, including previous Guillian-Barre syndrome and blood borne illness)
- has a Severe Allergy/Anaphylaxis Care Plan

If you have ticked any box above, please describe: .....

\*This consent card may be viewed by school staff. If there is any sensitive information you wish to confidentially discuss with nursing staff, please contact the Child and Adolescent Immunisation Team on 02 5124 1585.

### Parent or legal guardian consent

I have read and understood the information provided regarding the benefits and possible side effects of the **Meningococcal ACWY vaccine** and note that I can **withdraw consent** at any time.

### Meningococcal ACWY Vaccine

**Yes** I give consent for my child to receive the Meningococcal ACWY vaccine at school.  
  
**Signature** **Date**

**No** I do not consent for my child to receive the Meningococcal ACWY vaccine at school.  
 **No** my child has already received the Meningococcal ACWY vaccine on ...../...../..... (date)  
**Signature** **Date**

