



MENINGOCOCCAL VACCINATION CONSENT

559-635-7707

Meningitis

Neisseria meningitidis causes bacterial meningitis. Onset is abrupt with fever, chills, malaise, and rash. Fatality rate is approximately 10%. Disease survivors have sequelae such as hearing loss and neurologic disability, or loss of skin, digits or limbs as a result of ischemia. Meningitis is epidemic in sub-Saharan Africa, is required in Saudi Arabia, as many travelers crowd the streets for the religious pilgrimages of Hajj and Umra and is now recommended by the American College Health Association for all college students.

Vaccine—Menomune/Menactra

Menomune is a freeze-dried preparation of the group-specific polysaccharide antigens from *Neisseria meningitidis*, Group A, C, Y and W-135. Menomune is approved for children over 2 years of age. A booster dose is needed at 3-5 years for continued immunity. **Menactra**--Meningococcal Groups A,C,Y and W-135 is a sterile, intramuscularly administered polysaccharide Diphtheria Toxoid Conjugate Vaccine. Menactra has been approved for children 11 years old to adult's age 55 years of age. The need for, or timing of, a booster dose of Menactra vaccine has not yet been determined.

Risks and Possible Side Effects

Adverse reactions to meningococcal vaccine are mild and infrequent, consisting of localized erythema (redness) lasting 1-2 days.

Contraindication

Vaccination is generally not recommended for:

1. Children under 2 years of age--Menomune.
2. Children under 11 years of age or adults over 55 years of age--Menactra
3. Pregnant women.
4. Persons with a hypersensitivity to thimerosal--Menomune.
5. Persons with acute illness.

If you have any questions, please ask now.

If you experience any significant reactions, see your physician.

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For Clinic Use

Date of Vaccination: _____ Manufacturer & Lot #: _____ Site: SQ/IM Right Left

Administered By: _____ Clinic Site: _____ Payment: _____

I have read the above information about Meningococcal Meningitis and the vaccine (Menomune or Menactra), and I have had a chance to ask questions. I understand the benefits and risks of the Meningitis vaccination and request that the vaccine is given to me.

Information-Person to Receive Vaccine

Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Daytime Phone #: _____