

Meningococcal (Groups A,C,Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine Menactra Vaccination Assessment and Consent Form

Provided by Visiting Nurse Association Home Support Services (VNAHSS)

MENINGITIS is a potentially serious illness usually caused by a viral or bacterial infection. Viral meningitis is generally not as serious as the bacterial type, and patients usually improve with minimal treatment. **However, bacterial meningitis can be potentially life threatening.** The Centers for Disease Control and Prevention (CDC) reports that bacterial meningitis strikes about 3,000 Americans each year, leading to death in approximately 10% to 15% of cases – approximately 300 deaths annually. CDC estimates that approximately 100 to 125 cases occur on college campuses and resulting in 5 to 15 students death annually.

Bacterial meningitis can either be an infection of the spinal cord and brain coverings (meningococcal meningitis) or due to the presence of bacteria in the blood (meningococemia). Bacterial meningitis can result in hearing loss, kidney failure, amputation of the limbs, permanent brain injury or even death. It is important to know which type of bacteria is causing the bacterial meningitis because antibiotics can prevent some types from spreading and infecting other people. Bacterial meningitis is most often caused by the *Neisseria Meningitidis* bacteria which are spread through respiratory and throat secretions (i.e., coughing, kissing, sharing cigarettes). The disease progresses rapidly, often as quickly as one to two hours. Early symptoms of bacterial meningitis include severe headache, high fever, stiff neck, lethargy, nausea and vomiting, and sensitivity to light. Some people even develop a purplish- black- red rash on their extremities.

WHO SHOULD RECEIVE THE MENINGITIS VACCINE? The U.S. Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) recommends the vaccine for 11 and 12 year olds, 15 year olds and freshman entering college.

THE VACCINE - The bacterial meningitis vaccine is safe, effective and generally well-tolerated. The vaccine has been shown to provide protection against the most common strains of the disease, including serogroups A, C, Y and W-135. The vaccine has shown to be 90% to 100% effective for serogroups A,C, Y, W-135 for both adolescents and adults. *An individual will not contract bacterial meningitis from the vaccine.* The vaccination is given in one injection.

RISKS AND POSSIBLE SIDE REACTIONS - In clinical trials, the most commonly reported solicited adverse reaction in adolescents, ages 11 – 18 years, and adults, ages 18 –55 years, were local pain, headache and fatigue. The majority of local and systemic reactions following Menactra vaccination were reported as mild in intensity. However, there is a potential risk for a severe allergic reaction which may include difficulty in breathing or swallowing, hives/itching, reddening of skin, especially around ears, swelling of eyes, face or inside of nose, unusual tiredness or weakness (sudden or severe). *You cannot contract the bacterial meningitis disease from the vaccine.*

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS NOTIFY THE NURSE BEFORE IMMUNIZATION:

- Y N
- Have you had the bacterial meningitis shot before? *If yes, when?* _____
- Have you ever had a reaction to a bacterial meningitis shot?
- Have you ever had a reaction to a Tetanus, Diphtheria, Pertussis (DPT) shot?
- Are you sick with a fever?
- Do you have a hypersensitivity to dry natural latex rubber?
- Are you or could you be pregnant or are you a nursing mother?
- Are you currently taking any medication(s) (other than birth control)? *If yes, specify:* _____
- Do you have an immune deficiency? *If yes, specify cause:* _____
- Have you ever had a *severe* allergic reaction to anything (e.g., hives, breathing difficulties, shock) requiring emergency medical treatment?

QUESTIONS

If you have any questions about the bacterial meningitis disease or the bacterial meningitis vaccination please ask for clarification from the nurse now or call your doctor before requesting the vaccine. **If you have any questions or concerns following vaccination, please contact the Visiting Nurse Association Home Support Services at 248-967-8751.**

CONSENT AND RELEASE FOR BACTERIAL MENINGITIS VACCINE

- I have received, read, and understand the CDC Vaccine Information Sheet "Meningococcal Vaccine: What You Need To Know" provided by the VNAHSS and have read the above information. I have had the opportunity to ask questions about the vaccine and my questions have been answered to my satisfaction. I understand the benefits and risks of the bacterial meningitis vaccination as described. I request that the vaccine be administered to me. I give informed and voluntary consent to receive the bacterial meningitis vaccine. I understand the vaccination is being provided by Visiting Nurse Association Home Support Services. **I expressly release Visiting Nurse Association Home Support Services from any liability resulting from the bacterial meningitis vaccine itself.**
- I agree to remain under observation for at least 15 minutes.
- In the event a VNAHSS employee is exposed to my blood or other bodily fluids, I agree to have my blood tested for HIV and hepatitis have the results released to the VNAHSS/exposed person but not to anyone else unless required/authorized by law.

PATIENT INFORMATION (please print)

_____ Male Female _____
Name (Last, First, Middle) Birth Date Age Weight

_____ City/State Zip Code Telephone Number
Street Address

_____ Date
Signature of Recipient/Guardian

Procedure Code: 90734 Administration Code: 90471 ICD – 9 Code: V03.89 Tax ID: 38-2566236

I acknowledge that I have received written information on VNA's "Notice of Privacy Practices" prior to the provision of service and I have had the opportunity to have any of my questions answered.

Signature of Recipient/Guardian Date

TO BE COMPLETED BY THE NURSE

Dose: .5cc in right left arm, IM

Manufacturer/Lot No/Exp. Date _____

Signature of Nurse Administering Injection Date