



**WHAT IS MENINGITIS?**

Meningococcal bacteria can infect the blood or the brain. Inflammation of the brain and spinal cord is known as "meningitis". Infection of the blood is called "meningococemia". It can spread from person to person through coughing, sneezing, and close intimate contact such as kissing. It can also spread through the saliva of an infected person when sharing:

- Cigarettes
- Toothbrushes
- Musical instruments and mouthguards
- Lipstick
- Food, beverages, and utensils (including water bottles)

**DO NOT SHARE ANYTHING THAT HAS BEEN IN YOUR MOUTH!**

Meningitis is a very serious disease! Approximately ten percent of people die from meningitis. Another ten percent may suffer long-term complications such as deafness, brain damage, seizures, or limb amputations.

**WHAT ARE THE SYMPTOMS?**

- Severe headache
- Fever
- Vomiting
- Stiff neck or pain when moving the head
- Sensitivity to bright lights
- Drowsiness or confusion
- Purplish skin rash or bruises

**HOW CAN WE PREVENT IT?**

- Don't share anything you have had in your mouth.
- Wash your hands often with soap and warm water.
- Get immunized!

The Windsor-Essex County Health Unit will be offering a free meningitis vaccine called Menactra®. Menactra® provides protection against four types of preventable meningococcal disease including types A, C, Y, and W-135.

This vaccine is given by a needle and is safe and effective. Side effects of the vaccine are usually minor and temporary. These include pain, redness, and swelling where the shot was given. Headache, fatigue and muscle pain may also occur.

**WHO IS ELIGIBLE FOR THE FREE MENACTRA® VACCINE?**

- 12 year old children (grade 7 students).

**WHO SHOULD NOT HAVE THIS VACCINE?**

- Those with an allergy to any component of the vaccine, including latex or diphtheria toxoid.
- Those with a fever or any other illness more serious than a minor cold.
- Those who have had a previous neurological disease called Guillain-Barré Syndrom (GBS).

**WHAT DO I DO IF I WANT MY CHILD TO GET THE VACCINE?**

1. Fill out and sign the consent form.
2. Return the consent form portion of this brochure to the school.
3. Keep the rest of the sheet for your information.

**If your child is absent on the day of the shot and you want him/her to get the free vaccine, call the health unit to make an appointment.**

For more information contact:  
 Windsor-Essex County Health Unit  
 1005 Ouellette Avenue  
 Windsor, ON N9A 4J8  
 519-258-2146 ext. 1222  
[www.wehealthunit.org](http://www.wehealthunit.org)

**CONSENT FORM FOR MENACTRA® IMMUNIZATION**

Student's Name: \_\_\_\_\_  
LAST FIRST

Sex:  Male  Female Birth Date: \_\_\_\_\_  
YEAR MONTH DAY

Health Card #: \_\_\_\_\_

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

**CONSENT FOR IMMUNIZATION**

I have read or had explained to me this information about the vaccine. Any questions I had, have been answered to my satisfaction. **There has been no serious allergic reaction to a vaccine, latex, or diphtheria toxoid.**

I ASK THAT THE ABOVE NAMED BE VACCINATED AGAINST MENINGOCOCCAL A, C, Y, W-135 GIVEN AS MENACTRA®.

Date: \_\_\_\_\_ Allergies: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Phone#: (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Bus) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Unless cancelled, this request is valid for one school year.

**MENINGITIS IMMUNIZATION RECORD**

If the student has already been immunized with Menactra®, please give date: \_\_\_\_\_  
YEAR MONTH DAY

This information is collected under the authority of sections 2 and 5 of the Health Protection and Promotion Act and Ont. Reg. 585/94 under the Health Cards and Numbers Control Act and Section 11 under the Immunization of School Pupils Act for the purpose of maintaining an immunization record for this student. For more information, contact the Freedom of Information Coordinator at your public health unit.



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