

Dear Parent or Guardian,

During this academic year (2015/16), children in school year 11 will be offered the vaccines below in school.

### **Helping to protect your child against meningococcal disease and septicaemia**

The meningococcal ACWY (MenACWY) vaccine is replacing the routine meningococcal C (MenC) vaccine for all children.

MenACWY 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 kill, especially if not diagnosed early. Cases of meningococcal W disease ("MenW") in England have increased significantly in recent years, and it is in response to this rise in cases that this vaccine is being introduced.

Enclosed with this letter is a consent form for your child to be vaccinated against meningitis ACWY along with an information sheet about the disease and the vaccination, which we hope you will find useful. If you would like more details, please visit [www.nhs.uk/Conditions/vaccinations/Pages/men-acwy-vaccine.aspx](http://www.nhs.uk/Conditions/vaccinations/Pages/men-acwy-vaccine.aspx) where you can find information about the disease and the vaccine, as well as links to other useful websites. You can also talk to the school nurse, your GP or practice nurse.

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

**If your child has already received their MenC vaccine they will still need to have the MenACWY to ensure they are fully protected.**

### **Helping to protect your child against measles, mumps and rubella (German measles)**

If your child missed their MMR vaccination when they were younger, they can be given two doses of MMR vaccine to protect them now. If you and your child would like the opportunity to bring their MMR immunity up to date please contact us at [childhood.immunisations@hdfn.nhs.uk](mailto:childhood.immunisations@hdfn.nhs.uk)

or the address above and we will send you a separate consent form. If we do not hear from you we will assume your child has been vaccinated against MMR.

It's especially important for teenagers leaving home for college to be up-to-date with the MMR vaccine as they are at higher risk of measles, mumps and rubella which are highly infectious conditions that can have serious, and potentially fatal, complications. This can also lead to complications during pregnancy that affects the unborn baby.

If you have any further concerns please contact the Childhood Immunisation Team on [childhood.immunisations@hdfnhs.uk](mailto:childhood.immunisations@hdfnhs.uk) and we will forward to your Healthy Child Team Nurse.

Yours sincerely,

Rachel Wigin  
Professional Lead  
5 to 19 Childrens Services  
Harrogate and District Foundation Trust

### Meningococcal ACWY Immunisation Consent Form

#### Parent/guardian to complete

As part of the scheduled 5-19 Healthy Child immunisation programme a team of School Nurses will be visiting schools in the next few months. They will be immunising young people against MenACWY who have returned signed consent forms.

**Important Information:** Ensure that you and your child have read the accompanying information sheet before completing the form. If you have any queries please contact the Childhood Immunisation Team.

**Please return the form to school as soon as possible.**

Pupil details	
Surname:	First Name:
Date of birth:	GP Practice:
Gender:	NHS Number (if known)
School	Year group
Home address:	Contact phone numbers:
Please answer the following questions	
Has your child had a severe local reaction to an immunisation?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have any allergies? If so please give details below. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional parent/guardian comments regarding medical concerns:	
Consent	
I consent to my son/daughter receiving: <i>(please tick YES or NO)</i>	
Meningitis ACWY vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and signature of parent/guardian: <i>(with parental responsibility):</i>	Date:

**Pre session eligibility assessment for MenACWY vaccination**

Child eligible for vaccination

Yes

No

Comments:

Assessment completed by:

Designation:

Date:

**School nurse use only**

**Eligibility assessment on day of vaccination.**

These questions must be asked of every child and their responses noted (last question for females only)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you had any vaccinations in the last 3 weeks? If yes, which?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you had any illnesses today or a temperature over 38°C?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you take tablets or medicines on a regular basis? If yes which?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you had a severe local reaction to a previous immunisation?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you have any allergies?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Are you or is there any reason for you to think you might be pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comments:

**Vaccine details**

**Men ACWY**

Date:	Time:	Batch Number:	Expiry date:	Left arm/Right arm
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Administered by:

SystemOne:

Designation:

Comments: