

**MENINGOCOCCAL POLYSACCHARIDE VACCINE,
GROUPS A, C, Y, AND W-135 (MENOMUNE) VACCINE**

Neisseria Meningitidis Serogroups A, C, Y and W-135 cause invasive Meningococcal disease to occur in irregular, inconsistent localized outbreaks every 10-15 years. Adult disease incidence is less than one case per 100,000 people per year. Meningitis can cause septicaemia, meningitis, adrenal failure, scarring of the skin, hearing loss, renal damage, and peripheral vascular impairment leading to amputation and residual neurological damage both centrally and peripherally as well as death.

IMMUNIZATION REPOSE two months post vaccination in adults, is antibody production in the range of 90% against A, C, Y and W-135 serotypes. This protection wanes. Thus a booster dose is recommended for adults every five years to reestablish protective antibody levels in those who remain at risk of catching the disease.

IMMUNIZATION IS ESPECIALLY RECOMMENDED for household contacts of persons who with meningococcal disease and hospital laboratory employees routinely exposed to meningococcus at work, inter alia.

CONTRAINDICATIONS to vaccination include sensitivity to any vaccine component or an allergic reaction to a previous dose. No evidence is available about teratogenicity in pregnant women or the vaccine's effect on their reproductive capacity. This vaccine should not be given within two weeks of receipt of the meningococcal Group C-CRM 197 Conjugate vaccine.

POSSIBLE ADVERSE REACTIONS are mild, but 50% have injection site pain, tenderness or redness. In about 5% headache, malaise, chills or a transient fever less than 38.5 degrees may occur post injection. <1/million doses cause anaphylaxis.

CONSENT

I have read the information above and understand the risks and benefits involved in receiving Meningococcal Polysaccharide Vaccine groups A, C, Y and W-135 vaccine. I have had the opportunity to ask questions.

I agree to receive a single dose of Meningococcal Polysaccharide groups A, C, Y and W-135 vaccine. I am not pregnant.

Name _____ Signature _____
Date _____ Witness _____