

# Meningococcal Vaccines

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000–1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10–15% of these people die. Of those who live, another 11%–19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16–21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

### 2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (**MCV4**) is the preferred vaccine for people 55 years of age and younger.
- Meningococcal polysaccharide vaccine (**MPSV4**) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

### 3 Who should get meningococcal vaccine and when?

#### Routine vaccination

Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16.

Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16<sup>th</sup> birthday, a booster is not needed.

#### Other people at increased risk

- College freshmen living in dormitories.
- Laboratory personnel who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has persistent complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

Children between 9 and 23 months of age, and anyone else with certain medical conditions need 2 doses for adequate protection. Ask your doctor about the number and timing of doses, and the need for booster doses.

MCV4 is the preferred vaccine for people in these groups who are 9 months through 55 years of age. MPSV4 can be used for adults older than 55.



**4****Some people should not get meningococcal vaccine or should wait.**

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of MCV4 or MPSV4 vaccine should not get another dose of either vaccine.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. *Tell your doctor if you have any severe allergies.*
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Meningococcal vaccines may be given to pregnant women. MCV4 is a fairly new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed. The manufacturers of MCV4 maintain pregnancy registries for women who are vaccinated while pregnant.

Except for children with sickle cell disease or without a working spleen, meningococcal vaccines may be given at the same time as other vaccines.

**5****What are the risks from meningococcal vaccines?**

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Brief fainting spells and related symptoms (such as jerking or seizure-like movements) can follow a vaccination. They happen most often with adolescents, and they can result in falls and injuries.

Sitting or lying down for about 15 minutes after getting the shot—especially if you feel faint—can help prevent these injuries.

**Mild problems**

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

**Severe problems**

Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.

**6****What if there is a serious reaction?****What should I look for?**

Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

**7****The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**8****How can I learn more?**

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

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**Vaccine Information Statement (Interim)  
Meningococcal Vaccine**

10/14/2011

42 U.S.C. § 300aa-26

Office Use Only





CHILD'S INFORMATION

Last Name		First Name		Middle Name		
Street Address		Apt #	City	County	State	Zip Code
Date of Birth: _____ Month Day Year		Sex: M F		Race	Age	

PARENT'S INFORMATION

Last Name		First Name		Maiden Name		
Date of Birth: _____ Month Day Year		Sex: M F		Race		

TEXAS VACCINE FOR CHILDREN PROGRAM PATIENT ELIGIBILITY SCREENING RECORD

The above named child qualifies for vaccines through the Texas Vaccines for Children Program because he/she (check 1<sup>st</sup> category that applies, **check only ONE**):

- (a.) enrolled in Medicaid: Medicaid Number \_\_\_\_\_ Eligibility Date: \_\_\_\_\_
- (b.) does not have health insurance  (c.) is an American Indian  (d.) is an Alaskan Native
- (e.) is a patient who receives benefits from the Children's Health Insurance Plan (CHIP) and is being seen at a facility that bills CHIP. CHIP Number: \_\_\_\_\_ Eligibility Date: \_\_\_\_\_
- (f.) is underinsured: 1) has commercial (private) health insurance, but coverage does not include vaccines; or 2) insurance covers only selected vaccines (TVFC-eligible for non-covered vaccines only) ; or 3) insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.
- (g) Has private insurance that covers vaccines: (Not VFC eligible), **WILL NOT RECEIVE VFC VACCINES AT SCHOOL**

**\*Knowingly falsifying information on this document constitutes fraud. By signing this form, I hereby attest that the above information is true and correct. I declare that the person named above is an authorized person and is eligible to receive TVFC vaccines.**

AUTHORIZATION FOR ELECTRONIC EXCHANGE/RELEASE OF IMMUNIZATION INFORMATION

I understand that, by granting the consent, I am authorizing the release of the child's immunization information to: ( Please initial boxes)

- Tarrant County Immunization Registry (TCIR),
- DSHS and I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac"). I understand that I may withdraw this consent to include information on my child in the ImmTrac Registry and my consent to release information from the Registry at any time by written communication to the Texas Department of State Health Services, ImmTrac Group – MC 1946, P.O. Box 149347, Austin, Texas 78714-9347.

Once in the registry, the child's immunization information may by law be accessed by:

- a public health district or local health department, for public health purposes within their areas of jurisdiction;
- a physician, or other health-care provider legally authorized to administer vaccines, for treating the child as a patient;
- a state agency having legal custody of the child;
- a Texas school or child-care facility in which the child is enrolled;
- a payor, currently authorized by the Texas Department of Insurance to operate in Texas, regarding coverage for the child.

**By signing this form, I GRANT consent for registration. I wish to INCLUDE my child's information in the above selected registries**

*Hereinafter individually referred to as a Health Provider or school or daycare provider or insurance provider understand that I am authorizing the electronic exchange / release of all immunization information to the health care providers for the purpose of continual medical care. The confidentiality of the data will be maintained within legal limits. I further understand that the revocation or refusal to sign this exchange / release will not change or prejudice my current or future health care from the Health Provider understand that the Health Provider, school / day care, insurance provider, its employees, officers and physicians are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein understand that I have the right to revoke this authorization at any time with the understanding that all or part of the information may have been used in good faith prior to the revocation. I understand that my consent to this release of immunization information shall be effective until it is withdrawn in writing by me. I have received written information about the electronic exchange and use of immunization information and the extent of its use. I have had an opportunity to ask questions and have my questions answered. I do hereby voluntarily consent.*

SCREENING CHECKLIST FOR TODAY'S IMMUNIZATIONS

For parents and guardians: This form helps us decide which vaccines should be given in clinic today. Please answer these questions by checking the boxes. If the question is not clear, please ask the nurse or doctor to explain it.	Yes	No
1. Is the child sick today?		
2. Does the child have allergies to medications, food, a vaccine component, or latex?		
3. Has the child had a serious reaction to a vaccine in the past?		
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?		
5. Has the child had a seizure; has the child had brain or other nervous system problems?		
6. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?		
7. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?		
8. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?		
9. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?		
10. Has the child received vaccinations in the past 4 weeks?		

**VACCINATION CONSENT:** I received a copy of the Vaccine Information Statement for each vaccine. I know the risks of the disease each vaccine prevents. I know the benefits and risks of each vaccine. I have had a chance to ask questions about the diseases, the vaccines, and how the vaccines are given. I know that the person receiving the vaccine will have vaccine put in his or her body to prevent an infectious disease. I am an adult who can legally consent for the person named above to get vaccines. I freely and voluntarily give my signed permissions for the vaccines checked above.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent, Guardian or Managing Conservator School Nurse

Vaccine to be given	Date given	Series	Mfg.	Lot #	VIS Date	Site	Given By
MCV							