

# 中学ACWY群流脑疫苗接种项目授权书

填表、签名并交回学校

## 如何填表

- 请阅读ACWY群流脑（全称“流行性脑脊髓膜炎”）的信息和疫苗接种授权的信息
- 填写接种授权一节。如果同意，请签名或输入你的姓名。
- 即便你不想让孩子接种疫苗也要把这份表交回学校。

## ACWY群流脑的信息

### ACWY群流脑

流脑由细菌（脑膜炎球菌）引起。虽然此病不常见，但一旦发病会变得很严重、传播速度很快。大约10%喉咙携带脑膜炎球菌的人不会发病。这些人称为“携带者”，在家里长时间、经常性进行亲密接触的话会把病菌传给别人。青少年患流脑的风险较高，而且更可能传染给别人。

脑膜炎球菌进入血液时引起败血症（血液里的感染，亦称菌血症）或脑膜炎（覆盖大脑的膜发炎），这就叫入侵型流脑。病患死亡率高达10%。偶尔在关节、喉咙、肺部或肠道里也有严重的感染。

根据血清组的不同，脑膜炎球菌分A群、B群、C群、W群和Y群，其中一些群的病例最近几年在澳大利亚有增多。

我们向15到19岁的青少年强烈推荐B群流脑疫苗。你可以与你的医生商量开B群流脑疫苗的处方。

### ACWY群流脑疫苗

ACWY群流脑疫苗Nimenrix®是一种四合一疫苗，预防A群、C群、W群和Y群流脑。研究表明这种疫苗能为青少年提供高达97%的免疫保护。英国自2015年起实施青少年ACWY群流脑疫苗接种项目；美国自2005年起开始推荐这种疫苗。

该疫苗不含任何活细菌，不会引发流脑。青少年在婴儿时期已经注射过C群疫苗，ACWY群流脑疫苗可作为它的加强针，同时预防A群、W群和Y群流脑。

### 如何接种疫苗？

ACWY群流脑疫苗只有一针，打在上臂。

### ACWY群流脑疫苗的潜在副作用

大多数副作用都很轻微而且会很快消退。如果出现以下副作用，这些副作用通常会在接种疫苗后很快出现。

#### 常见副作用

- 低烧
- 头疼
- 头晕
- 没有胃口
- 打针处疼痛、红肿

- 注射疫苗后昏迷长达30分钟。

如果出现轻微反应，以下方法可以减少副作用：

- 多喝水，发烧的话不要穿太多衣服
- 吃扑热息痛，打针处放湿冷的毛巾。

## 极其罕见的副作用

- 严重过敏反应。

万一出现严重过敏反应，我们会立刻进行救治。如果有严重或持续不退的反应或你感到很担心，请联系你的医生或医院。

## 接种前的核对单

你或你孩子在接种疫苗之前，告诉医生或护士是否有以下情况：

- 接种疫苗这一天人不舒服（体温超过 38.5°C）
- 有严重的过敏症
- 以前对疫苗有过严重反应
- 已经怀孕。

接种疫苗后在接种场所至少观察15分钟。

## 更多信息

如果你需要更多建议或信息，请联系你本地市政府的免疫服务处或本地的医生。

[Better Health Channel](https://www.betterhealth.vic.gov.au) <<https://www.betterhealth.vic.gov.au>>

[澳洲政府卫生部](https://www.health.gov.au/health-topics/immunisation) <<https://www.health.gov.au/health-topics/immunisation>>

笔译和口译服务131 450

# ACWY群流脑疫苗接种授权书

## 学生资料（与Medicare卡上的资料一致）

|   |         |
|---|---------|
| Medicare卡号（包括孩子名字前的数字）<br>（没有Medicare卡的人也有资格接种疫苗） |         |
| 姓   |         |
| 名   |         |
| 通讯地址  |         |
| 邮政编码  |         |
| 生日  |         |
| 性别  | <请注明性别> |
| 学校  |         |
| 班级  |         |

此人是原住民或托雷斯海峡岛民吗？在选择的答案前面打X。

|             |  |
|-------------|--|
| 否           |  |
| 原住民         |  |
| 托雷斯海峡岛民     |  |
| 原住民和托雷斯海峡岛民 |  |

## 家长/监护人资料

|          |  |
|----------|--|
| 家长/监护人姓名 |  |
| 白天联系电话   |  |
| 手机       |  |
| 电子邮件     |  |

## 免疫同意声明

声明：我具有同意或不同意让我孩子接种疫苗的授权。我已经阅读并明白给我的疫苗接种信息，包括不接种的风险和疫苗的副作用。我明白我可以与本地市政府或医生讨论接种的风险和好处。我明白在接种之前我可以随时撤销授权。

在下面选择的答案前面打X。

|  |  |
|--|--|
| 是的，我同意让我孩子在学校接种ACWY群流脑疫苗。<br>流脑疫苗是一种四合一疫苗，预防A群、C群、W群和Y群流脑（一针即可）。 |  |
| 如果你在上面选择了是，请签名或输入你的姓名。   |  |
| 你在本表上签名的日期   |  |
| 不，这一次我不同意让我孩子接种ACWY群流脑疫苗。  |  |
| 不，我孩子已经在其它地方接种了ACWY群流脑疫苗。  |  |
| 请注明任何先前存在的疾病、严重的过敏症或以前对疫苗的严重反应情况。                                |  |

# 隐私声明

ACWY群流脑疫苗接种项目由联邦政府资助。本地市政府免疫服务处派免疫护士一年分几次来维州各中学注射疫苗。根据2008年公共卫生及健康法（Public Health and Wellbeing Act 2008），地方政府负责为在本地学校念书的学生协调和提供免疫服务。地方政府承诺保护个人资料的隐私和安全，严格执行2014年隐私及资料保护法（Privacy and Data Protection Act 2014）和2001年健康记录法（Health Records Act 2001）的规定。

地方政府将所有学校疫苗接种项目中的青少年接种资料提供给澳大利亚免疫登记处（Australian Immunisation Register, 简称AIR），并对能够识别个人身份的信息予以保密。这将提供提高青少年接种率的工具，比如召回系统和提醒系统。提高总体免疫率非常重要。个人可以向澳大利亚免疫登记处查询其疫苗接种资料。汇总后的免疫资料可以提供给维州政府，用于监控、资助并改进中学ACWY群流脑疫苗接种项目；这些综合资料不会披露个人的身份信息。

使用或披露与你或你孩子相关的信息时，其目的要与你孩子的免疫问题直接相关、其方法应该与你合理预期一样，可以包括向你的家庭医生、你孩子的家庭医生、提供治疗的健康服务机构或医院、或另一个市政府传送或交换相关信息。本地市政府可以通过短信或电子邮件向你提供学校疫苗接种项目的信息。你可以联系你孩子上学所在地的市政府索取你孩子的资料。

## 什么是全国免疫计划？

全国免疫计划（National Immunisation Program）列出了为儿童、学校计划、成人、原住民和托雷斯海峡岛民以及其它面临风险的人提供的免费疫苗。该计划有专门向15到16岁的青少年或10年级高中生推荐的免费疫苗，在20岁之前可以打免费的加强针。

## Office use only

|                         |                    |                       |  |                      |  |
|-------------------------|--------------------|-----------------------|--|----------------------|--|
| <b>Vaccine</b>          | Meningococcal ACWY |                       |  |                      |  |
| <b>Vaccination date</b> |                    | <b>Nurse initials</b> |  | <b>Site: L/R arm</b> |  |

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# Meningococcal ACWY Secondary School Vaccine Program consent card

Complete, sign and return to school

## How to complete the form

- Please read the Meningococcal ACWY information and the information in the vaccine consent form.
- Complete the Vaccine consent section and sign or type your name if a Yes.
- Return the consent form to the school even if you do not want your child to be vaccinated.

## Meningococcal ACWY information

### Meningococcal ACWY

Meningococcal disease is caused by bacteria. Although meningococcal disease is uncommon, it can become very serious, very quickly. About 10 per cent of people carry meningococcal bacteria in their throat without becoming unwell. These people are known as 'carriers'. Meningococcal bacteria are passed from person to person by regular, close, prolonged household and intimate contact. Adolescents are at increased risk of meningococcal disease and more likely to spread the disease to others.

Invasive meningococcal disease occurs when these bacteria enter the blood stream to cause septicaemia (infection in the blood, also known as 'bacteraemia') or meningitis, (inflammation of the membrane covering of the brain). Death can occur in up to 10 per cent of cases. Occasionally, severe infection can also occur in the joints, throat, lungs or intestines.

There are different strains (serogroups) of meningococcal bacteria known by letters of the alphabet, including meningococcal A, B, C, W and Y. In recent years some of these meningococcal strains have increased across Australia.

Meningococcal B vaccination is strongly recommended for adolescents aged 15 to 19 years. Meningococcal B vaccination is available on prescription and this can be discussed with your doctor.

### Meningococcal ACWY vaccine

The Meningococcal ACWY vaccine, Nimenrix®, is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains. Studies have shown that this vaccine can provide up to 97 per cent immunity in adolescents. Meningococcal ACWY vaccination programs have been implemented in adolescents in the UK since 2015 and recommended in the US since 2005.

The vaccine does not contain any live bacteria and cannot cause meningococcal disease. The meningococcal ACWY vaccine will boost adolescents with the C strain they had as a baby and protect against the A, W and Y strains.

### How is the vaccine given?

The Meningococcal ACWY vaccination is a single injection administered into the upper arm.

### Possible side effects of meningococcal ACWY vaccine

Most side effects are minor and quickly disappear. If the following reactions occur, it will be soon after vaccination.

## Common side effects

- Mild temperature
- Headache
- Dizziness
- Loss of appetite
- Pain, redness and swelling at the injection site
- Fainting may occur up to 30 minutes after any vaccination.

If mild reactions do occur, the side effects can be reduced by:

- Drinking extra fluids and not over-dressing if the person has a fever
- Taking paracetamol and placing a cold, wet cloth on the sore injection site.

## Extremely rare side effects

- Severe allergic reaction.

In the event of a severe allergic reaction, immediate medical attention will be provided. If reactions are severe or persistent, or if you are worried, contact your doctor or hospital.

## Pre-immunisation checklist

Before you or your child is immunised, tell your doctor or nurse if any of the following apply.

- Is unwell on the day of immunisation (temperature over 38.5°C)
- Has any severe allergies
- Has had a severe reaction to any vaccine
- Is pregnant.

After vaccination wait at the place of vaccination a minimum of 15 minutes.

## Further information

If you require further advice or information, please contact your local council immunisation service or local doctor.

[Better Health Channel](https://www.betterhealth.vic.gov.au) <https://www.betterhealth.vic.gov.au>

[Australian Government Department of Health](https://www.health.gov.au/health-topics/immunisation) <https://www.health.gov.au/health-topics/immunisation>

Translating and interpreting service call 131 450

# Meningococcal ACWY vaccine consent form

## Student details (as recorded on the Medicare card)

|  |                          |
|--|--------------------------|
| <b>Medicare number (including number beside child's name)</b><br>(Non-Medicare cardholders are also eligible for this vaccine) |                          |
| <b>Surname</b>   |                          |
| <b>First name</b>  |                          |
| <b>Postal address</b>  |                          |
| <b>Postcode</b>  |                          |
| <b>Date of birth</b>   |                          |
| <b>Gender</b>  | <please indicate gender> |
| <b>School name</b>   |                          |
| <b>Class</b>   |                          |

Is this person of Aboriginal or Torres Strait Islander origin? Mark chosen response with an 'X'

|  |  |
|--|--|
| <b>No</b>                                    |  |
| <b>Aboriginal</b>                            |  |
| <b>Torres Strait Islander</b>                |  |
| <b>Aboriginal and Torres Strait Islander</b> |  |

## Parent/guardian contact details

|                                |  |
|--------------------------------|--|
| <b>Name of parent/guardian</b> |  |
| <b>Daytime phone</b>           |  |
| <b>Mobile</b>                  |  |
| <b>Email</b>                   |  |

## Vaccine consent

Declaration: I am authorised to give consent or non-consent for my child to be vaccinated. I have read and I understand the information given to me about vaccination, including the risks of not being vaccinated and the side effects of the vaccine. I understand I can discuss the risks and benefits of vaccination with my local council or doctor. I understand that consent can be withdrawn at any time before vaccination takes place.

Please mark your chosen response, below, with an 'X'.

|   |  |
|---|--|
| <b>YES, I CONSENT to my child receiving the Meningococcal ACWY vaccine at school.</b>   |  |
| The Meningococcal ACWY vaccine is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains (one injection). |  |
| If you have selected 'Yes' above, please sign or type your name.  |  |
| Date you signed this form.  |  |
| <b>No, I do not consent to my child receiving the Meningococcal ACWY vaccine at this time.</b>  |  |
| <b>No, my child has had the Meningococcal ACWY vaccine elsewhere.</b>   |  |

Please insert here any pre-existing medical condition, severe allergies or previous severe reaction to vaccination.

## Privacy statement

The meningococcal ACWY vaccine program is a Commonwealth government funded vaccine program. Vaccines are administered by an immunisation nurse, employed by local council immunisation services, who visit each Victorian secondary school a number of times a year. Under the *Public Health and Wellbeing Act 2008*, local councils are responsible for coordinating and providing immunisation services to children being educated within the municipal district. Local councils are committed to protecting the privacy, confidentiality and security of personal information, in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

Local councils report all adolescent vaccines given through school programs to the Australian Immunisation Register (AIR). Personal identifying details will be kept confidential. This will provide tools such as recall and reminder systems to improve adolescent vaccination rates. This is important to improve immunisation rates overall. Individuals will have access to their record of all vaccines recorded in the Australian Immunisation Register. Aggregate immunisation data may be disclosed to the Victorian government for the purpose of monitoring, funding and improving the Meningococcal ACWY Secondary School Vaccine Program. This information does not identify any individual.

Information related to you or your child will be used or disclosed for purposes directly related to your child's immunisation, and in ways that you would reasonably expect. This may include the transfer or exchange of relevant information to your GP, to your child's GP, to another treating health service or hospital or another local council. The local council may provide you with information related to the school vaccine program via SMS or email. You can access your child's data by contacting the local council where your child attends school.

## What is the National Immunisation Program?

The National Immunisation Program schedule sets out free vaccinations for children, school programs, adults, Aboriginal and Torres Strait Islander peoples and other people at risk. As part of the program, free vaccines are recommended for adolescents aged 15 to 16 years or in Year 10 of secondary school. Free catch-up vaccination is available up to 20 years of age.

## Office use only

|                         |                    |                       |  |                      |  |
|-------------------------|--------------------|-----------------------|--|----------------------|--|
| <b>Vaccine</b>          | Meningococcal ACWY |                       |  |                      |  |
| <b>Vaccination date</b> |                    | <b>Nurse initials</b> |  | <b>Site: L/R arm</b> |  |

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Department of Health November 2021. (2010813)