**Whitehorse City Council**

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Phone 9262 6197 Fax: 9262 6506 [immunisation@whitehorse.vic.gov.au](mailto:immunisation@whitehorse.vic.gov.au)

Meningococcal B (Bexsero) Immunisation

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| **What is meningococcal?**  Meningococcal disease is caused by the bacterium Neiseria mengingitidis. There are 13 serogroups but the most common ones are A, B, C, W-135 and Y. Some people carry this bacterium in their nose and throat without showing disease symptoms and can therefore easily spread it to others through naso-pharynx secretions.  **Complications of Meningococcal disease**  Meningococcal infections can progress rapidly into serious illness such as septicaemia (blood infection) or meningitis (brain and spinal cord) or death. Mortality risk is 5-10%. One third of children and adolescents who survive have permanent side effects such as limb deformity, deafness, skin scarring or neurologic deficits.  **Federal Government Program**  Currently the National Immunisation Program (NIP) provides free meningococcal ACWY vaccination for 1 year old children and 15 year old children in year 10 at school.  Meningococcal B vaccination is free for some people with very high risk health conditions or are of Aboriginal or Torres Strait Islander origin.  **Recommendations**  Meningococcal B vaccine is recommended for infants and children under 5 years of age. The Australian Immunisation Handbook strongly recommends Meningococcal B for children under 2 years of age and adolescents 15-19 years of age. | Paracetamol Instructions  There is an increased risk of fever with meningococcal B vaccines. Please administer paracetamol 20-30 minutes prior to meningococcal B administration. This should be followed by two further doses of paracetamol given six hours apart regardless of the child having a fever or not.  Dose - as stipulated on paracetamol bottle.  It is best to administer the vaccine in the morning to allow for the monitoring of fever during the day.  For further information refer to the Better Health Channel <https://www.betterhealth.vic.gov.au/>  **Fees as at 01/07/2022 $129.00 per dose**  For children commencing meningococcal B under 1 year of age they may begin as young as 6 weeks of age, two doses, two months apart with a booster dose after 1 year of age.  For children commencing Meningococcal B after 1 year of age, two doses are required at least two months apart.  Payment Options  For payment options please go to:  <https://www.whitehorse.vic.gov.au/living-working/people-families/immunisation/types-immunisation>  For more information or to make a booking please contact  the Environmental Health Unit on 9262 6197 |



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| **Details of person to be vaccinated** | | | | | | | | | | | | | **Immunisation No** | | |  | |
| **Medicare Number**  **As shown on card** |  |  |  |  |  |  | |  |  |  |  | | **Reference number**  **Next to name** | | | |  |
| **First Name** |  | | | | | | **Surname:** | | | | | | |  | | | |
| **Date of Birth**  **Mandatory Medicare Requirement** |  | | | | | | **Gender:**  **Mandatory Medicare Requirement** | | | | | | | **Male Female** | | | |
| **Address** |  | | | | | | | | | | | | | | | | |
| **Suburb** |  | | | | | | | | | | | **Postcode** | | |  | | |

I hereby declare that:

* I have read and understood the information attached to this consent slip and;
* I agree and confirm that I wish to have myself or my child vaccinated against Bexsero.

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| **Name:**  Parent/Guardians name if above is under 18 years |  | **Phone No** |  |
| **Signature** |  | **Date** |  |
| The personal information requested on this form is collected for the management of immunisation in accordance with the Public Health and Wellbeing Act. Your personal information will be included on the Australian Immunisation Register but will not be disclosed to any other party unless required by law. The information may also be used for the purpose of reminder letters or to ascertain your satisfaction with our services. You may access this information by contacting Council’s Environmental Health Unit on 9262 6197 | | | |

**Office use only:**

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| Payment at cashier  Account RC 435 | Receipt Number | Amount Paid $ | Date Paid |