## PRE-VACCINATION CHECKLIST & CONSENT— for meningococcal vaccination A pharmacist vaccinator must conduct the consultation, consent and administration.

| Customer Name: Phone Number:                    |      | Customer Address:                                |
|---|------|--|
|   |      |  |
| DOB:  | Age: | NHI Number (if known):                           |
| GP Name:  |      | GP Address:                                      |
| GP Phone Number:                                |      |  |
| Reason for vaccination?                         |      | Which vaccine/s will be given:                   |
| □ Group B (Bexsero) □ Group C (NeisVac-C) □ Qua |      | e-C)   Quadrivalent (A,C,Y,W; Menactra/Nimenrix) |

| CONSULTATION QUESTIONS   | RECORD<br>Y/N | WHEN TO REFER   |
|--|---------------|---|
| Any meningococcal vaccine: Are you under 16 years old?  Bexsero: Are you over 50 years old?  Menactra or Nimenrix (A,C,Y,W): Are you over 55 years old?  NeisVac-C: Are you over 65 years old? |               | If YES, refer to GP                                       |
| Have you had another vaccination recently? If yes note which one : (Prevenar 13 and Menactra need ≥4 weeks between them)   |               | If YES check for interactions and any required wait times |
| Have you ever had a severe reaction to any vaccine?*   |               | If YES, refer to GP*                                      |
| Have you ever had a severe allergic reaction to anything including rubber latex? Exclude food or bee sting allergies   |               | If YES, refer to GP                                       |
| Are you unwell today? (NB. OK to vaccinate if person is mildly unwell but temperature <38°C)   |               | If YES, refer to GP                                       |
| Are you taking anticoagulant medicine (e.g. warfarin) or do you have bleeding problems?  |               | If YES, be aware of bleeding risk                         |
| Are you taking immunosuppressant medicines or do you have immune deficiencies?   |               | If YES, refer to GP                                       |
| Are you or could you be pregnant?  |               | If YES, refer to GP                                       |

<sup>\*</sup>severe reaction includes anaphylaxis, significant neurological signs or symptoms, or severe swelling or severe pain.

If all questions are answered NO, please continue to complete the next part of the form (over page) for provision of information and patient consent.



## VACCINATION INFORMATION CHECKLIST AND CONSENT

| Information Checklist for Customer   | Comments  | Completed ✓ |
|--|---|-------------|
| To recommend vaccine/s consider the need, e.g. travel or adolescent/communal living. Quadrivalent and B provides best protection within NZ. Note if any are declined and why.  | For travellers, check requirements (http://wwwnc.cdc.gov/travel/). Group B can be given with quadrivalent, use separate arms or separate by 2 cm.   |             |
| Explain how the vaccination works, how often it is required. (Bexsero primary: two doses a month apart; Others: one dose).  Not 100% effective, not effective for all meningococcal disease.  It becomes less effective over time.  Menactra (all groups), Nimenrix (groups C, Y, W) and NeisVac-C last at least 5 years in adolescents and adults.  Nimenrix (group A) lasts at least 1 year in adolescents and adults.  The duration for Bexsero is unknown. | Advise repeat travel or further high risk may need a booster. Offer the IMAC meningococcal information sheet.   |             |
| Explain how the vaccine is given and the 20 minute wait after vaccination Only Bexsero primary vaccination: explain the need to return in four weeks for a second dose.  | Suspensions only: Shake well (should be homogenous liquid). All vaccines: administer by deep intramuscular (IM) injection – 25 G 25mm needle usually  |             |
| What responses the vaccination may cause e.g. injection site swelling, redness or pain, usually mild, fever, headache, tiredness. Uncommonly fainting. Severe allergy is very rare, and pharmacy is trained to manage it.  | Meningococcal vaccines are very safe.<br>Ask if any reactions have previously been<br>experienced with vaccinations.  |             |
| What to do if adverse events occur e.g. cold compresses on injection site for swelling, paracetamol* for pain/fever When and how to seek medical advice if feeling unwell after the vaccination Give verbal advice and handout. (* Take paracetamol as per pack insert)  | Sit during and after the vaccination to prevent fainting. After leaving, if severe allergy occurs, e.g. difficulty breathing, rash on the body, seek immediate medical help or phone Emergency services (111) |             |
| Confirm the customer understands that it is unfunded and the customer will have to pay.  | Pharmacies could display a sign about availability and cost of the vaccination.   |             |
| Customer consent signature :   | Customer Name (printed):  |             |
| Customer consent to notify GP of vaccination and any Adverse Event. GP:  | Customer Signature:   |             |

| Name of Pharmacist Vaccinator:               |                        |   |
|--|------------------------|---|
| Brand name/s of meningococcal vaccine given: | Batch number/s:        | <ul><li>□ Group C</li><li>□ Group A,C,W,Y</li></ul> |
|  | Expiry/ies:            | ☐ Group B   |
| Vaccine Administration Date:                 | TIME ADMINISTERED:     |   |
|  | 20 MINUTE WAIT COMPLET | E AT:   |
| Administered:                                | Left Arm / Right Arm   |   |
| Pharmacy name:                               |                        |   |



## NOTIFICATION OF MENINGOCOCCAL VACCINATION

| Dear Doctor,   |  |
|--|--|
| For your records, please   | e note that:   |
| Name:  |  |
| NHI Number:  |  |
| DOB:   |  |
| was vaccinated with Me   | ningococcal vaccine/s covering (tick any applicable)   |
| <ul><li>□ Group C</li><li>□ Group B</li><li>□ Groups A,C,Y,W</li></ul> | Deltoid Left Arm / Deltoid Right Arm<br>Deltoid Left Arm / Deltoid Right Arm<br>Deltoid Left Arm / Deltoid Right Arm |
| Vaccine brand/s used: _  |  |
| Date of vaccination:   |  |
|  |  |
| Pharmacy:  |  |
| Pharmacy phone number  | er:  |
| Pharmacist:  |  |
| Date of notification:  |  |



## Information for adults after a meningococcal vaccination

You need to wait at the pharmacy for 20 minutes after the vaccine is given. This is to make sure treatment is quickly available if a rare, severe allergic reaction occurs. This is estimated to occur around one in a million doses. We suggest you sit down during and after the vaccination as some people can faint.

Common reactions are the body's normal response to immunisation. Most reactions are mild, do not interfere with activities, and usually go after a day or so. If these symptoms continue and/or get worse, talk to your healthcare professional.

Possible vaccine responses<sup>1,2</sup>

| 1 000 DE VACCITE TEOPOTISCO                         |  |
|---|--|
| Common Responses                                    | What to do                                     |
| Pain, redness and/or swelling at the site of        | A cold damp cloth can be held on the injection |
| injection (usually mild)                            | site   |
| Fever (usually mild)                                | If you feel uncomfortable consider taking      |
| Headache, sore joints                               | paracetamol as per pack directions             |
| Tiredness or do not feel like doing anything        | Rest and drink plenty of fluids                |
| Vomiting, diarrhoea Don't feel like eating          | Rest and drink plenty of fluids                |
| Very rare responses                                 | What to do                                     |
| Allergic skin reaction                              | Call Healthline on 0800 611 116 or your family |
|   | doctor for advice                              |
| Severe allergic reaction. Symptoms could            |  |
| include difficulty breathing, wheezing, fast        |  |
| heartbeat, hives, swelling of the throat, red skin. | Call 111 and request an ambulance              |

Getting meningococcal disease (including meningitis or blood infection) is more likely to cause severe problems than getting the vaccine.

To protect people against meningococcal disease, vaccination is recommended in teenagers or young adults, travellers to some areas, and some other people at higher risk of meningococcal disease. Protection lasts around five years or more for the Menactra (groups A,C,Y,W), Nimenrix (groups C,Y,W) and NeisVac-C (group C) vaccines. Protection lasts for at least one year for the group A part of Nimenrix. It is uncertain how long the group B vaccine lasts.

We recommend one of the vaccines covering groups A,C,Y and W for travellers. Your pharmacist can help you decide what you need.

| Your va   | accination today protects you agair       | nst (tick): |
|---|---|-------------|
|   | Meningococcal group C infection           | • •         |
|   | ☐ Meningococcal group B infection         |             |
|   | ☐ Meningococcal groups A,C,Y, W infection |             |
| The bra   | and of the vaccination used today         | was:        |
| You were provided this on[date], at: [pharmacy stamp] |   |             |

Your vaccination was given by injection into the deltoid region of the arm. Vaccination does not provide 100% protection against meningococcal disease. Other causes of meningitis and blood infection are not covered by this immunisation. To reduce your risk of meningococcal disease, do not share drinking glasses or bottles, or eating utensils, cover your mouth when sneezing or coughing and wash your hands, and avoid exposure to tobacco smoke and binge drinking of alcohol.

This vaccine does not protect you from other illnesses that you might get while travelling. Talk to your pharmacist or doctor if you need further travel medicine advice.

Ask your pharmacist, doctor or nurse if you have any questions about your vaccinations.

References: 1. Medsafe, the New Zealand Medicines and Medical Devices Safety Authority. Vaccine data sheets available from: http://www.medsafe.govt.nz. 2. Immunisation Handbook 2017. 2nd edition. Wellington: Ministry of Health; 2018. 3. Sanofi-Aventis New Zealand Pty Ltd. Menactra Data Sheet. Wellington: Medsafe; 2015. 4. Bexsero: A vaccine to protect against meningococcal group B disease. Fact Sheet. The Immunisation Advisory Centre. 2018. 5. Meningococcal disease information for health professionals. The Immunisation Advisory Centre. 2018

