

Private bag X6001, Potchefstroom, South Africa 2520

Tel: 018 299-1111/2222 Web: http://www.nwu.ac.za

Health Care Centre, Building E 16. Tel: (+27) 18 2994345

November 2017

STUDENT VACCINATION 2018

Dear Parent/Guardian

As the parent of a prospective student, you should be aware that globally, first-year university students may have an increased risk of disease caused by meningococcus (bacterial meningitis) in comparison to the general population.

How is disease caused by meningococcus transmitted?

Disease caused by meningococcus is rare but unpredictable. While many are exposed to the organism, not everyone succumbs to the disease. The bacteria are transmitted from person-to-person through droplets of respiratory or throat secretions from carriers. Close and prolonged contact, such as kissing, sneezing or coughing on someone, sharing eating or drinking utensils when living in close quarters (such as residences, dormitories and lecture halls), increases the chance of getting meningitis from an infected individual (a carrier). Clinical studies suggest that university students are more susceptible because they live and work in close proximity to each other.

How can disease caused by meningococcus be prevented?

The good news is that disease caused by the meningococcus bacterie can be prevented with a vaccine. It is recommended that your child is vaccinated against meningitis with the vaccine called Menactra. The vaccine has been in use worldwide and effectively protects against of the most common strains of the disease. Protection from the vaccine will last through adulthood and therefore does not require a future booster dose. It is important to note that this vaccine, Menactra, is not the same as the vaccine that your child received as a baby. Vaccine side effects are rare and usually mild, consisting mainly of redness and swelling at the site of injection, which may last for up to two days. We recommend that you speak to your health care professional or the university campus health services staff for more information on the disease, the vaccine, and whether your child is eligible for vaccination.

How does the vaccination process work?

The university suggests you discuss vaccination against disease caused by meningococcus with your son or daughter, and be informed that the vaccine can be obtained on the Potchefstroom Campus at the Health Care Centre, Building E16 where qualified health care professionals will be on hand to administer the vaccine. For any enquiries, contact: 018-2994345 or elmarie.hattingh@nwu.ac.za or 27483703@nwu.ac.za

Additional vaccination against Measles, Mumps and Rubella (German measles, (the MMR vaccine) and Whooping Cough is also strongly recommended.

Attached to this letter is a consent/request form to be completed and signed by the prospective student or parent/guardian. The prospective student or parent/guardian has to submit this completed form with a proof of payment on the day of vaccination or send it to the following e-mail address: Karen.biewenga@nwu.ac.za

The vaccination can also be done at a travel clinic, a pharmacy or your family doctor prior to registration as a NWU student.



STUDENT VACCINATION 2018 - PARENTAL CONSENT

I,	ID number	p	parent/guardian of
	ID number	h	nereby consent to
	vaccination against bacterial meningitis, measles, mumps, and ese vaccines will be administered by health professionals emp		
It is further noted th	at the vaccination will be done at the Health Care Centre, Building	E16, Potchefstr	oom Campus:
with prin	intment <i>(018-2994345)</i> ted proof of payment <i>and completed consent form</i> n only be paid at cashier in Building F1. Bring with pro form.	of of payment	and completed
Bank details: (Kir. reference number r	dly note: Banking details differ from other NWU accounts. Pleanentioned below.)	ase make use o	f the account and
Account name: N Bank: ABSA Account no: 6706 Reference: 3B002			
Vaccination		Cost	Select/Tick
Meningitis (Menactra)		R631.00	
MMR: Measles, Mumps and Rubella (German measles) (Priorix)		R200.00	
	Total	R831.00	
Please provide the	e following details regarding the prospective student:		
Student Number:			
Cellphone number:			
Address in Potchef	stroom (indicate residence):		
SIGNATURE OF P	ARENT/GUARDIAN: DA	TE:	
SIGNATURE OF S	TUDENT: DA	ATE:	