

STUDENT VACCINATION 2020

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 meningococcal (bacterial meningitis) in comparison to the general population.

How is a disease caused by meningococcal transmitted?

Disease caused by meningococcal 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 meningococcal be prevented?

The good news is that disease caused by the meningococcal bacteria 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 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 meningococcal 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:

- Heléne Nel 018-2994331 (20508190@nwu.ac.za) / Lee-Ann de Wet 018-2994368 (11216433@nwu.ac.za)

Recommendations:

- Students with a *medical aid* should get their vaccination at a travel clinic, pharmacy or medical doctor.
- The vaccination can also be done *prior to registration* as a NWU student.
- *Additional vaccination* against Measles, Mumps and Rubella (German measles) - the MMR vaccine and Whooping Cough is also strongly recommended.
- Submit this *completed* form with a proof of payment on the day of vaccination or send it to the following e-mail address: mittah.mokgothu@nwu.ac.za

Attached to this letter is a consent/request form to be completed and signed by the prospective student or parent/guardian.

IMMUNISATION

Meningitis • Measles, Mumps and German measles (Rubella)

IMPORTANT INFORMATION

Objective of immunisation:

Immunisation entails preventative treatment aimed at building immunity against specific infectious diseases, such as: Meningitis, Measles, German measles and Mumps.

Where can immunisation be done?

- NWU Health Care Centre;
- Your medical practitioner or doctor;
- Pharmacies (E.g. Clicks, Dischem, etc.);
- Clinics.

Recommended immunisations:

- Meningitis:
Menactra (Nappi code: 720708001)
- Measles, German measles & Mumps (MMR):
Priorix (Nappi code: 700772001)
Omzyta (Nappi code: 724016001)

Costs applicable to immunisation at the NWU Health Care Centre:

- Menactra R660-00
- Priorix/Omzyta R200-00

Forms of payment and procedure:

Two payment options are available:

Cash

- Payment at:** Building F1 - Cashiers
- Reference:** Student number
- Procedure:**
- Schedule appointment (House committee will assist)
 - Bring proof of payment
 - Bring completed consent form (this document)

EFT

- Payment at:** Bank: ABSA
Account name: NWU Diverse
Account number: 670642313
- Reference:** 3B01635/student number
- Procedure:**
- Schedule appointment (House committee will assist)
 - Bring **printed** proof of payment
 - Bring completed consent form (this document)

Who at the NWU administer immunisation?

Immunisation is administered by registered health care practitioners:

NWU Health Care Centre
Building E16
NWU Potchefstroom Campus
(018)299-4345

What is the lifespan of immunisations?

- Menactra 5 years
- Priorix/Omzyta Depending on childhood immunization

Consultation regarding immunisation:

If any questions, uncertainties and / or concerns regarding immunization exist, you are strongly advised to discuss the uncertainty and / or concerns with a health practitioner.

1. Personal Information: Health Care User

Name and Surname:	
Student number:	Age:
ID-number:	
Cell phone number:	
Email address:	
Potchefstroom home address / Hostel:	

2. Medical Information: Health Care User

Allergies:
Previous immunisations:

3. Informed Consent:

In terms of section 7 of the *National Health Act* (61 of 2003), read with section 129 of the *Children's Act* (38 of 2005), every health care user, twelve (12) years of age and older, must provide explicit informed consent for any medical treatment. In order to satisfy these requirements, the following is required of the health care user:

- A written request for immunisation(s) from the health care user;
- The exercise of a choice regarding immunisation(s) by the health care user;
- The written consent for administration of immunisation(s) by the health care user.

3.1 Health Care User's choice regarding Immunisation:

Please indicate your choice of immunisation below, if you would like to make use of the immunisation services of the NWU Health Care Centre:

Option 1:	Meningitis (<i>Menactra</i>) R660-00	<input type="checkbox"/>	(Sign)
Option 2:	MMR: Measles, Mumps and German measles (<i>Priorix/Omzyta</i>) R200-00	<input type="checkbox"/>	(Sign)
Option 3:	Both Meningitis & MMR (<i>Menactra & Priorix/Omzyta</i>) R860-00	<input type="checkbox"/>	(Sign)

3.2 Health Care User consent:

Upon completion and signing of this document, the health care user declares that:

- He/she had read, and understand, the information contained in this documentation;
- He/she has obtained professional medical advice with regards to any uncertainty and/or concerns that might have existed, pertaining to immunisation;
- He/she exercised the choice regarding immunisation, as indicated above, freely and voluntarily;
- He/she understands that immunisation services is subject to costs;
- He/she understands that the requested immunisation will be administered by qualified health care practitioners from the North-West University; and
- He/she confirms that all the information provided in this document is correct.

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Name of user	Signature of user	Date signed

If the health care user is under the age of twelve (12) years of age, the parent or legal guardian of the minor must complete this section

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Name of parent/legal guardian	Signature of parent/legal guardian	Date signed