

# Immunize for life

## HEPATITIS B

### VACCINE PROGRAM FOR GRADE 7 STUDENTS (Recombivax HB or Engerix B)



#### WHAT IS HEPATITIS B?

Hepatitis B is a virus that can permanently damage your liver and is a leading cause of liver cancer. There is no cure for hepatitis B, and some people will die from the virus. Most people get better, but about 1 out of 10 will carry the virus for life and spread it to others.

#### HOW IS HEPATITIS B SPREAD?

Hepatitis B is passed through the blood and body fluids of an infected person. You can get hepatitis B if:

- You share personal care articles such as razors, scissors, nail clippers, or a toothbrush.
- Dirty equipment was used for your piercing or tattoo.
- You have intimate contact with an infected person.
- You share needles with an infected person.

An infected mother can also pass hepatitis B to her child at birth.

You cannot get hepatitis B from casual contact such as hugging, or from using the same dishes as an infected person. It's not passed on when someone with hepatitis B coughs or sneezes.

#### WHAT ARE THE SYMPTOMS OF HEPATITIS B?

People with hepatitis B may have the following:

- Fatigue
- Fever
- Loss of appetite
- Yellowing of the skin and eyes (jaundice)

There is no way of knowing how you'll be affected. This means you could be infected by someone else without knowing it.

#### HOW EFFECTIVE IS THE HEPATITIS B VACCINE?

The vaccine is almost 100% effective against the hepatitis B virus. Studies have shown good protection for over 20 years after vaccination. You cannot get a hepatitis B infection from the vaccine.

**Hepatitis B can be prevented by having your child vaccinated with the hepatitis B vaccine.**

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## WHO SHOULD GET THE HEPATITIS B VACCINE?

The hepatitis B vaccine is approved for all ages from birth onwards. In order to be eligible for two free doses:

- The first dose must be given by the end of grade 8.
- The second dose must be completed by the student's 16th birthday.

The goal of the program is to vaccinate students against the hepatitis B virus while their risk of getting the virus is low.

## HOW IS THE PUBLICLY FUNDED HEPATITIS B VACCINE PROGRAM DELIVERED TO MY CHILD'S SCHOOL?

Public health nurses will give students two separate injections, at least 4 to 6 months apart, depending on the vaccine product available. The nurse may delay giving the vaccine to anyone who has a fever or any other illness more serious than a minor cold.

### ON THE DAY OF THE CLINIC

Wear a short sleeve shirt or one that can easily be pulled above the shoulder.

Eat a healthy breakfast or lunch.

## WHO SHOULD NOT GET THE HEPATITIS B VACCINE?

Your child should **not** get the hepatitis B vaccine if they have had a serious reaction to the hepatitis B vaccine in the past.

**Check with your health care provider if your child has ever had an allergic reaction to another vaccine, aluminum, yeast, latex, or formaldehyde.** The risk of serious illness from the hepatitis B virus is much greater than the risk of complications from the hepatitis B vaccine.

## ARE THERE SIDE EFFECTS FROM THE VACCINE?

This safe and effective vaccine has been used in Canada since 1982. It may cause minor side effects that can last a day or more, such as:

- Redness, warmth, or slight swelling at the site of the injection.
- Tiredness.
- Slight fever.

If more serious reactions occur within 15 days of injection report them to your health care provider or local Health Unit.

Serious reactions are rare and require immediate care. These reactions may include:

- Difficulty breathing,
- Swelling of face or mouth,
- Fever over 39°C,
- Hives, or a rash.

All personal (health) information collected and used is kept confidential and may be disclosed only as permitted under the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and the *Personal Health Information Protection Act, 2004* (PHIPA). Information is collected under the Health Protection and Promotion Act for the purpose of delivering the Healthy Schools programs and services, and may be used for evaluation or statistical/research purposes. The information collected on this form will be entered in to the provincial computerized database. You have the right to view and correct this information, or withhold or revoke your consent. If you have any questions about our policy, please contact the Privacy Officer at 519-258-2146.

## FOR MORE INFORMATION

[wechu.org](http://wechu.org) | [publichealth.gc.ca/hepb](http://publichealth.gc.ca/hepb) | [gsk.ca](http://gsk.ca) | [merck.ca](http://merck.ca) | [immunize.ca](http://immunize.ca)

# CONSENT FORM FOR HEPATITIS B IMMUNIZATION

## STEP 1 FILL OUT STUDENT INFORMATION

Student's Name: \_\_\_\_\_  
LAST FIRST

☐ Male ☐ Female Birth Date: \_\_\_\_\_  
YEAR MONTH DAY

Address: \_\_\_\_\_  
NUMBER STREET APT# CITY/TOWN POSTAL CODE

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
HOME CELL / WORK

Health Card #: \_\_\_\_\_ Teacher: \_\_\_\_\_  
OPTIONAL

School: \_\_\_\_\_

## STEP 2 LIST DATES OF HEPATITIS B VACCINES YOUR CHILD HAS RECEIVED

If your child has already been immunized for hepatitis B, including Twinrix (**Hep A+B**) write the names and dates below.  
Note: Hepatitis B is not to be confused with Hib (Haemophilus Influenza b).

NAME OF VACCINE	YEAR	MONTH	DAY
_____ Dose 1:	_____	_____	_____
_____ Dose 2:	_____	_____	_____
_____ Dose 3:	_____	_____	_____

## STEP 3 PARENT/LEGAL GUARDIAN MUST COMPLETE ONLY ONE SECTION (YES/NO)

### CONSENT FOR IMMUNIZATION

**YES, I want** the Health Unit to give the complete **hepatitis B** vaccine series to my child. Unless cancelled, this request is valid until the vaccine series is complete.

I have read or had explained to me the information about the vaccine. Any questions I had have been answered to my satisfaction. **My child has not had a serious allergic reaction to a vaccine, latex, aluminum, yeast, or formaldehyde.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT / LEGAL GUARDIAN YEAR MONTH DAY

Relationship to student \_\_\_\_\_

## OR

### DECLINE IMMUNIZATION

**No, I don't want** the Health Unit to give the hepatitis B vaccine to my child. I have read the information attached to this consent form. I understand the possible consequences if my child is not vaccinated with the vaccine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT / LEGAL GUARDIAN YEAR MONTH DAY

Relationship to student \_\_\_\_\_

Complete Step 4 on the reverse side. ➔

**STEP 4****ANSWER THE FOLLOWING QUESTIONS****PARENT****NURSE ONLY**

YES

NO

DOSE 1

DOSE 2

Does your child understand what the hepatitis B vaccine is for?

Is your child allergic to any of the following: - Aluminum

- Yeast

- Formaldehyde

- Latex

List other allergies: \_\_\_\_\_

Does your child have any serious health issues?  
(e.g., bleeding disorders, etc.)

If yes, what? \_\_\_\_\_

Is your child on any medications that may lower their immune system?  
(e.g., high doses of prednisone)

If yes, what? \_\_\_\_\_

Has your child ever had a reaction to any shots in the past?

If yes, what type of reaction? \_\_\_\_\_

**STEP 5****RETURN COMPLETED CONSENT FORM TO YOUR CHILD'S SCHOOL****NURSING ASSESSMENT QUESTIONS****(FOR NURSES USE ONLY)** Vaccine: Recombivax HB or Engerix B

DOSE 1

DOSE 2

Are you sick today with anything more than a cold?

Do you have a fever?

Do you think you're pregnant?

Immunization Record given:

Nursing Notes (dose1):

RECOMBIVAX HB / ENGERIX- B

1.0mL IM

R / L deltoid

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Lot #: \_\_\_\_\_

Nurse Signature

RECOMBIVAX HB / ENGERIX- B

1.0mL IM

R / L deltoid

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Lot #: \_\_\_\_\_

Nurse Signature

Nursing Notes (dose2):

Documented in Panorama

☐ Yes

Documented in Panorama

☐ Yes