



September 2016

Dear Grade 8 Girls and Parents:

Parents play an important role in helping children make decisions about their health. We encourage you and your child to read the attached fact sheet and consent form about the Human Papillomavirus vaccine (HPV) for this year's school immunization program.

This vaccine is free only through the health unit school immunization program and not at your family doctor.

How can your child participate in the school immunization program?

Under the Health Care and Consent Act, we require the student's permission to give them the vaccine. By grade 8 most students have the ability to make informed decisions and give informed consent. As health care providers we have a legal and ethical responsibility to ensure this happens.² If a nurse decides a student is not able to understand the information, the nurse will contact the student's parent or guardian.

What do you need to send back? A completed consent form filled out by:

Students: Please check YES or NO for the vaccinations that are being offered and sign your name, then bring your completed consent form back to school before the school clinic. Bring us your consent form even if you are choosing **not** to get the vaccine. Only those students who return a completed consent form showing they wish to be vaccinated will be immunized at the school clinic

Parents: Please sign the consent form showing that you have read the fact sheet and are aware that if your child wishes to be vaccinated, they will be offered these vaccines at a school based clinic.

For more information, visit www.smdhu.org or call 705-721-7520 or 1-877-721-7520 to speak with a nurse.

Sincerely,

Colin Q-T Lee, MD, MSc, CCFP(EM), FRCPC
Associate Medical Officer of Health
Attch. (2)

¹Health Care Consent Act, 1996

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm

²College of Physicians and Surgeons of Ontario Consent to Medical Treatment Policy
<http://www.cpso.on.ca/policies/policies/default.aspx?ID=1544>

Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

Gravenhurst:
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

Midland:
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091



School Immunization Program

Hepatitis B Vaccine

What is Hepatitis B?

Hepatitis B (HB) is a virus that spreads easily through blood and body fluids. The virus can stay alive on things like razors or toothbrushes for up to one week. It can cause damage, swelling or cancer of the liver. Each year in Ontario HB leads to about:

- 350 deaths
- 300 cancers
- 990 cases of swollen or damaged liver

How can I protect myself from the HB virus?

- Get the vaccine.
- Practice abstinence.
- If you are considering being sexually active, there are ways to protect yourself against Hepatitis B, talk to your parents, health care provider or go to www.simcoemuskokahealth.org for more information.
- Make sure sterile tools are used for tattooing or body piercing.
- Do not share razors, toothbrushes or other personal care items.

What is the benefit of getting the HB vaccine?

- If all doses are received, the vaccine protects more than 95% against Hepatitis B. The protection lasts at least 15 years or more for most people.

What is the HB Vaccine?

HB Vaccine Contents	Where else are they found?
Parts of HB virus	Hepatitis B
Aluminum	Vegetables, cereal, deodorant
*Sodium chloride	Human body, salt
*Sodium borate	Water, soil
*Yeast	Human body, bread, bagels
*Formaldehyde	Human body, fruits, fish

*Only found in Recombivax HB®

Recombivax contains latex

How do I know that the Hepatitis B vaccine is safe?

- HB vaccine has been in use since 1982.
- Each dose given is monitored and reactions are reported by nurses and doctors to provincial and federal vaccine reporting systems.
- You cannot get hepatitis from the vaccine.

What are the side effects from the HB vaccine?

Most Common	Less Common	Very Rare and Serious
Redness, pain and/or swelling at the site, especially during the first 24 hours	Tiredness, headache and/or slight fever	Trouble breathing, swelling of the face or mouth, hives
Treatment: Apply ice to the area where you got the vaccine and/or take acetaminophen (e.g. Tylenol™)		Clinic nurses are trained to treat severe side effects

Compare the risks – the virus or the vaccine?

HB Virus Risk	HB Vaccine Risk
1 in 10 infected children get acute hepatitis	Sore arm – 3 in 10 people
1-2 out of 100 with acute HB die	Fever – up to 6 in 100 people
9 in 10 infected children have no symptoms but can infect others (carriers)	Serious reactions VERY rare
10 in 100 infected people over age 5 get chronic HB. Up to 1 in 4 people with chronic HB die	Death – Zero

How can I prepare for the vaccine?

- Talk to your parent or guardian about the vaccine.
- Learn ways to deal with your worry about the vaccination (focus on breathing, look away from needle, count to ten, etc.)
- Wear a short sleeve shirt.
- Eat breakfast and have an extra juice or small snack.

Did you know that Ontario has a Health Care Consent Act?

If a nurse finds that you are capable of understanding the benefits of receiving the vaccination, possible side-effects and the risks of not getting immunized, you can legally make the decision to get or not get the vaccine. However, it is recommended that you talk with your parent/guardian and ideally both you and your parent/guardian should sign the consent form before the vaccine is given at school.



School Immunization Program

Meningococcal Conjugate ACYW Vaccine

What is meningitis?

Many people carry the meningococcal bacteria in their throat or nose without feeling sick. It is spread through close, direct contact. Examples are kissing, coughing or sharing things like food, drinks, and musical instruments. People become sick when the bacteria gets into the blood and other body fluids. This can lead to brain damage and sometimes death in just a few hours.

How can I protect myself from the meningococcal bacteria?

- Get the vaccine.
- Do not share food, drinks or utensils.
- Do not share lipstick or toothbrushes.
- Do not share cigarettes.

What is the benefit of getting the Menactra® vaccine?

- You have likely already received a meningococcal vaccine (e.g. Menjugate®) for infants that protects against **one** type of the bacteria. The grade 7 Menactra® Vaccine is different. It protects against **four** types of the bacteria. This vaccine protects 80% to 85% of teens against disease caused by these four types. A dose of Menactra® is recommended for all teens on or after 12 years of age.

NB: This vaccine is required under the Immunization School Pupil’s Act. Please contact Public Health for an exemption form if you do not want this vaccine

What is in the Menactra® Vaccine?

Meningococcal Vaccine Contents	Where else are they found?
Parts of meningococcal bacteria	Meningococcal bacteria
Diphtheria toxoid	Other childhood vaccines
Sodium chloride	Human body, salt
Sodium phosphate	Laxatives

How do I know that the Menactra® vaccine is safe?

- Menactra® has been in use since 2006.
- Each dose given is monitored and reactions are reported by nurses and doctors to provincial and federal vaccine reporting systems.
- You cannot get meningitis from the vaccine.

What are the side effects from the Menactra® vaccine?

Most Common	Less Common	Very Rare and Serious
Redness, pain and/or swelling at the site, especially during the first 24 hours	Muscle aches, headache and/or slight fever	Trouble breathing swelling of the face or mouth, hives
Treatment: Apply ice to the area where you got the vaccine and/or take acetaminophen (e.g. Tylenol™)		Clinic nurses are trained to treat severe side effects

Compare the risks – the disease or the vaccine?

Meningococcal Disease Risk	Meningococcal Vaccine Risk
About 200 cases each year in Canada	Sore arm – 6 in 10 people
Swelling of the brain causing hearing loss, stroke or seizures	Headache or feeling tired – up to 6 in 10 people
Blood infection causing shock and organ failure. Other infections of the lungs, joints, bones, heart and skin	Serious reactions VERY rare
Death – 1 in 10 severe cases	Death - Zero

How can I prepare for the vaccine?

- Talk to your parent or guardian about the vaccine.
- Learn ways to deal with your worry about the vaccination (focus on breathing, look away from needle, count to ten, etc)
- Wear a short sleeve shirt.
- Eat breakfast and have an extra juice or small snack.

Did you know that Ontario has a Health Care Consent Act?

If a nurse finds that you are capable of understanding the benefits of receiving the vaccination, possible side-effects and the risks of not getting immunized, you can legally make the decision to get or not get the vaccine. However, it is recommended that you talk with your parent/guardian and ideally both you and your parent/guardian should sign the consent form before the vaccine is given at school.

STEP 1 - STUDENT INFORMATION

Last Name	First Name	Ontario Health Card #	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other
Birthdate yyyy/mm/dd	School		Class or Teacher's Name		
Name of Parent / Guardian	Relationship to Student	Home Phone	Work or Cell		

STEP 2 - STUDENT IMMUNIZATION

My child has already received the following: (circle trade name & provide dates vaccines were given)

Hepatitis B vaccine			Meningococcal ACYW-135 vaccine		
<input type="radio"/> Engerix®-B	<input type="radio"/> Recombivax-HB®		<input type="radio"/> Menactra®	<input type="radio"/> Menveo™	<input type="radio"/> Nimerix®
Dates yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	Dates yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd
Combination Hepatitis A & B vaccine			Human Papillomavirus vaccine		
<input type="radio"/> Twinrix® Jr.	<input type="radio"/> Twinrix®		<input type="radio"/> Gardasil®	<input type="radio"/> Cervarix®	
Dates yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	Dates yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd

STEP 3 - STUDENT HEALTH HISTORY

IF “YES” PLEASE EXPLAIN

Do you have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had an allergic reaction to a vaccine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a history of fainting or seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any serious medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you taking any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a possibility you may be pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STEP 4 - PARENT/LEGAL GUARDIAN AWARENESS

The Health Care Consent Act states that all persons, regardless of age, may consent to medical treatment, provided they understand the benefits and risks of the treatment as well as the benefits and risks of not having the treatment. There is no minimum age in Ontario for informed consent. Students will be assessed by a nurse at the school clinic, based on the principals of the Health Care Consent Act, to ensure that informed consent can be obtained. Parents/Legal guardians are encouraged to talk with their children about the benefits/risks of immunization prior to the clinic. You can find more about the Health Care Consent Act at <http://www.e-laws.gov.on.ca/>

Parent/Guardian Signature:

Date:

STEP 5 – STUDENT CONSENT

I have read or had explained to me the information about Hepatitis B, Meningococcal and Human Papillomavirus (HPV) vaccines. I understand the benefits, side effects and risks. Please check **YES** or **NO** for each vaccine. Unless cancelled in writing, this consent is valid until the series is completed.

Hepatitis B vaccine (2 dose series)					
I want this vaccine <input type="checkbox"/> YES			I do not want this vaccine <input type="checkbox"/> NO		
Student Signature			Student Signature		
Date yyyy/mm/dd			Date yyyy/mm/dd		
Human Papillomavirus (HPV) vaccine (2 dose series)					
I want this vaccine <input type="checkbox"/> YES			I do not want this vaccine <input type="checkbox"/> NO		
Student Signature			Student Signature		
Date yyyy/mm/dd			Date yyyy/mm/dd		
Meningococcal ACYW-135 vaccine (single dose)					
NB: this vaccine is required for school attendance. Please contact Public Health for an exemption form if you do not want this vaccine					
I want this vaccine <input type="checkbox"/> YES			I do not want this vaccine <input type="checkbox"/> NO		
Student Signature			Student Signature		
Date yyyy/mm/dd			Date yyyy/mm/dd		
PUBLIC HEALTH USE ONLY – Telephone Parental Awareness					
Obtained from:	FOR:			Phone number called:	Date: yyyy/mm/dd
Relationship to student:	HepB	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Nurse Signature:	Time:
	HPV	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	Men ACYW-135	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

NURSING INTERVENTIONS

PUBLIC HEALTH USE ONLY - Completed by nurse ONLY in the event of Panorama disruption i.e. connectivity						
Hepatitis B vaccine	Dose	Site	Lot Number	Date Administered	Time Administered	Administered By
	1.0mL IM	Lt or Rt Deltoid		yyyy/mm/dd		
	1.0mL IM	Lt or Rt Deltoid		yyyy/mm/dd		
HPV - Gardasil vaccine	Dose	Site	Lot Number	Date Administered	Time Administered	Administered By
	0.5mL IM	Lt or Rt Deltoid		yyyy/mm/dd		
	0.5mL IM	Lt or Rt Deltoid		yyyy/mm/dd		
Meningococcal ACYW-135 vaccine	Dose	Site	Lot Number	Date Administered	Time Administered	Administered By
	0.5mL IM	Lt or Rt Deltoid		yyyy/mm/dd		

PROGRESS NOTES

Date & Time	SOAIP	S - family / individual / group perception of problem O - nurses observations A - assessment I - intervention P - plan of action