

Hepatitis B Vaccine

Toronto Public Health offers free hepatitis B vaccine for Grade 7 students at school clinics.

Instructions for parents:

1. Read the vaccine fact sheet.
2. Complete the consent form and return it to your child's school.
3. Find your child's school clinic date at www.toronto.ca/health.
4. Have your child eat breakfast on the day of the clinic and wear a short-sleeved shirt.
5. Toronto Public Health will be in the schools several times per school year. If your child missed the vaccine, he/she can still get vaccinated at the next school clinic. Catch up clinics are also available at www.tphbookings.ca.

Hepatitis B Infection

Hepatitis B is a virus that infects the liver. It can cause serious complications including permanent liver damage like cirrhosis, liver cancer or death. The infection can take up to nine months to appear. Symptoms include yellowing of skin and eyes (jaundice), loss of appetite, stomach pain, nausea, tiredness, fever, and pain in joints. Some people, especially young children, will not have symptoms. Some people will carry the virus in their body for the rest of their lives.

Hepatitis B is contagious. It is spread through contact with infected blood and body fluids. It can contaminate surfaces for up to 7 days. It can be spread:

- through a needle stick injury, with a contaminated needle
- by being splashed in the mouth, nose or eyes with infected blood
- by being bitten by an infected person
- by sharing infected personal items such as a toothbrush, nail clipper, razor or needles
- by getting a tattoo or piercing with unsterilized equipment
- through sexual contact with an infected individual
- from an infected mother to her child during pregnancy or during childbirth

Hepatitis B Vaccine Benefits (Recombivax HB[®] or Engerix[®]-B)

The vaccine works 95% to 100% of the time to prevent hepatitis B infection and disease. The vaccine is recommended for some career choices and travel. Hepatitis B vaccine can be given on the same day as other vaccines. Only two doses are needed for youth ages 11 to 15 years of age.

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Vaccine Side Effects and Risks

The vaccine is safe, effective and well tolerated. Reactions are usually mild and go away in a few days. Common side effects include pain and redness where the vaccine was given, headache, feeling tired or irritable. In some rare cases, serious reactions such as trouble breathing, rash, swelling in the throat and face may occur and can be treated. These rare occurrences are usually temporary. Public health nurses observe students for 15 minutes following vaccination to monitor for any reactions.

People Who Should Not get the Vaccine

The vaccine is not recommended if your child has had a serious reaction to any of the contents in the vaccine: alum, yeast protein, latex (Recombivax[®] vaccine only). If your child has had a severe allergic reaction to any vaccine, Toronto Public Health can arrange to have the vaccine given by your health care provider. As a precaution, if your child is sick with more than a cold, delay getting the vaccine until your child is feeling better.

If your child has already received the full series of any hepatitis B vaccine including Twinrix[®] or Twinrix[®] Jr (combined hepatitis A and B vaccine), your child does not need to be vaccinated again. Fill out your child's previous vaccinations on the consent form so your child's vaccination record can be updated.

For More Information

- Talk to your health care provider for more information
- Watch the Hepatitis B vaccine video online at toronto.ca/health under "Communicable Disease Control"
- Call Toronto Public Health's Immunization Information Line at 416-392-1250
- For school clinic dates or to make an appointment for a catch up clinic, visit us at toronto.ca/health under "Immunization Services"; "Clinics"

Sources:

1. National Advisory Committee on Immunization (NACI). Part 4: Hepatitis B Vaccine in Canadian Immunization Guide, Evergreen Edition. Published by Public Health Agency of Canada, Ottawa: June 2015. <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-hepb-eng.php>

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HEPATITIS B VACCINE CONSENT FORM

1. STUDENT INFORMATION

Last Name		First Name		Ontario Health Card #	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Male	Female	Other
Birthdate		School		Class or Teacher's Name			
Year	Month	Day					
Parent / Legal Guardian Name (please print)		Relationship to Student		Home Phone:	Work or Cell:		

2. CONSENT FOR VACCINATION

I have read the attached hepatitis B vaccine fact sheet. I understand the expected benefits and possible risks and side effects of the hepatitis B vaccine. I understand the possible risks to my child if not vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health.

Please choose one of the following options:

Yes. I authorize Toronto Public Health to administer two doses of hepatitis B vaccine to my child. This consent is valid for two years. I understand that I can withdraw my consent at any time.

No. I do not authorize Toronto Public Health to vaccinate my child with the hepatitis B vaccine.

X _____

Signature of Parent or Legal Guardian

_____ Date

3. STUDENT HEALTH HISTORY

My child has already received Hepatitis B vaccine. Circle which one: Twinrix® Jr. / Twinrix® / Engerix®-B / Recombivax-HB®	Dates vaccine were given:	
	<input type="text"/>	<input type="text"/>
Does your child have any allergies?	<input type="radio"/> YES <input type="radio"/> NO	If "yes," explain
Has your child ever reacted to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a history of fainting?	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a serious medical condition?	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a weak immune system or taking a medication that increases the risk of infection? (e.g. corticosteroids)	<input type="radio"/> YES <input type="radio"/> NO	

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.h.7. It is used to administer the Toronto Public Health Vaccine Preventable Diseases Program, including maintaining immunization records for students. The confidentiality of this information is protected. For more information, visit our Privacy Statement at tph.to/personalhealthinfo or contact Manager, Vaccine Preventable Diseases – 235 Danforth Ave., 2nd floor or by telephone at 416-392-1250.

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FOR TORONTO PUBLIC HEALTH USE ONLY**Student Name/Client ID:**

NURSING ASSESSMENT (nurse to complete)	DOSE 1	DOSE 2
1. For the second dose, is there a minimum of 168 days since the first dose? (check coverage report)	Not applicable	<input type="radio"/> YES <input type="radio"/> NO
2. Have you received any hepatitis B vaccine from another health care provider?	Not applicable	<input type="radio"/> YES <input type="radio"/> NO
3. Do you understand what this vaccine is for?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
4. Have you ever had a reaction to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
5. Are you allergic to yeast, alum, latex, other?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
6. Has anything changed with your health recently?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
7. Are you sick today? Do you have a cold, or feeling worse?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

HEPATITIS B VACCINE INFORMATION

Dose 1 <input type="radio"/> Engerix®-B 1.0mL / 0.5mL IM <input type="radio"/> Recombivax HB® 1.0mL / 0.5mL IM <input type="radio"/> vaccine self loaded <input type="radio"/> vaccine loaded by: _____	Dose 2 <input type="radio"/> Engerix®-B 1.0mL / 0.5mL IM <input type="radio"/> Recombivax HB® 1.0mL / 0.5mL IM <input type="radio"/> vaccine self loaded <input type="radio"/> vaccine loaded by: _____
DATE _____ TIME _____ LOT # _____ DELTOID: Left Right SIGNATURE:	DATE _____ TIME _____ LOT # _____ DELTOID: Left Right SIGNATURE:
Panorama entered by:	Panorama entered by:

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