

MULTIPLE INJECTIONS

may receive up to three needles in one day.

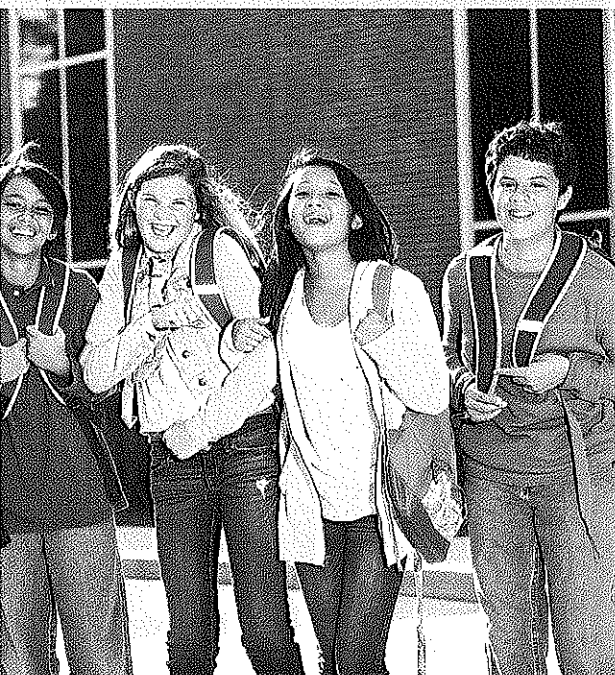
injections well

at the earliest age possible

in making additional medical appointments for missed doses

at the school clinic; you may have to pay when filling the

needles at the doctor's office



FOR MORE INFORMATION

Talk to your health care provider or call our Immunization Information Line at **416-392-1250**

Resources

1. Canadian Immunization Guide, Evergreen Edition. Part 4 Active Vaccines. Ottawa: Public Health Agency of Canada.
www.phac-aspc.gc.ca/publicat/cig-gci/p04-eng.php
2. Canadian Paediatric Society. Caring for Kids. Vaccination and your child.
www.caringforkids.cps.ca/handouts/vaccination_and_your_child
3. Immunize Canada. Information for parents.
immunize.ca/en/parents.aspx

Important Immunization Information for Grade 7 Students

2016/2017 School Year

Dear Parent or Legal Guardian:

Re: School Immunization for Grade 7 Students

Beginning this school year, Ontario has expanded the human papillomavirus immunization program to include boys. Three vaccines will be offered for all Grade 7 students, including:

- meningococcal-ACYW-135, 1 dose (mandatory for school attendance)
- human papillomavirus, 2 doses – 6 months apart
- hepatitis B, 2 doses – 6 months apart

What you need to do:



Read the vaccine fact sheets included in this booklet. Complete and sign the attached consent form.



Return the consent form to your child's homeroom teacher by **September 16, 2016**.



If your child has already been vaccinated, please list the names and dates of the vaccines on the consent form.

For more information:



Visit
toronto.ca/health



Call the Immunization Information Line
416-392-1250

Sincerely,

Christine Navarro

Dr. Christine Navarro, MD, MSc, CCFP, FRCPC
Associate Medical Officer of Health
Toronto Public Health

MENINGOCOCCAL VACCINE - MENACTRA®

Under the School Pupils Act, all students must be vaccinated against meningococcal disease unless they have a valid exemption. Students who are not up-to-date may

be caused by the bacteria *Neisseria meningitidis*. The disease spreads from person to person contact, usually by kissing or sharing food, drink, musical instruments or other things that have been in the mouth of a person with the disease. It is rare, however, when it strikes, the disease can progress rapidly.

Infection in the lining of the brain and spinal cord called meningococcal meningitis can cause hearing loss and seizures. It can also infect the lungs, joints, bone, and blood. Infection called meningococemia can lead to organ failure, shock and death. In some cases can lead to death.

The *Neisseria meningitidis* bacteria that cause illness (A, B, C, Y and 4) are prevented by the vaccine, Menactra® is given in Grade 7. It protects against four strains of meningococcal disease that are 85% effective for teenagers.

Menactra® is given on the same day as other vaccines. Only one dose is required for teens. If your child has already received Menactra® vaccine as an infant/child can still get a free dose in Grade 7. Menactra® is given on the same day as the meningococcal-C vaccine given at one year of age, which protects against meningococcal disease (C).

Risks

Menactra® is safe and well tolerated. Reactions are usually mild and go away within a few days. Common side effects include pain and redness where the vaccine was given, headache, and dizziness, nausea or feeling faint shortly after receiving the vaccine.

In 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.

When to get the vaccine

Menactra® is recommended if your child has had a serious reaction to diphtheria toxoid protein or a severe allergic reaction to any vaccine in the past, Toronto Public Health can arrange to have the vaccine delivered to your child's health care provider. As a precaution, if your child has a fever, delay getting the vaccine until your child is feeling better.

If your child has already received the meningococcal-ACYW-135 vaccine (Menactra®/ Menveo™/ Nimenrix®) and it has been more than five years since your child was vaccinated, a booster dose is recommended.

HUMAN PAPILLOMAVIRUS VACCINE

This new expanded vaccination program will protect more youth from human papillomavirus infection and related cancers. The human papillomavirus vaccine is now available to all students in Grade 7.

Human papillomavirus infection

Human papillomavirus infection is very common. There are over 100 different types of human papillomavirus. Some strains of infection can lead to cancer of the cervix and other cancers of the genitals or head and neck; other strains can cause genital warts. The infection is spread by intimate skin to skin contact. It can also spread from an infected mother to her baby during birth.

Three out of four Canadians will have an infection in their lifetime. Most people will not have symptoms and may clear the infection on their own. However, every year in Ontario, 1,090 new cases of cancer and 14,666 new cases of genital warts are attributable to human papillomavirus infection.

Vaccine benefits

The Gardasil® vaccine is highly effective in preventing against infection caused by strains 6, 11, 16 and 18 of the human papillomavirus.

Gardasil® has been licensed by Health Canada since 2006. In 2015, a two-dose schedule was approved for youth 9 to 13 years of age. The vaccine is most effective in this age group. Two doses for this age group, given at least 6 months apart, provide the same protection as a three-dose series. This vaccine can be given on the same day as other vaccines.

Three doses are still needed for individuals who receive their first dose on or after their 14th birthday and for persons with a weakened immune system.

Vaccine side effects and risks

The vaccine is safe, effective and well tolerated. Reactions are usually mild and go away within a few days. Common side effects include pain and redness where the vaccine was given, headache, fever, dizziness, nausea or feeling faint shortly after receiving the vaccine.

In 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.

Students 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 or yeast protein. If your child has had a severe allergic reaction to any vaccine in the past, Toronto Public Health can arrange to have the vaccine delivered to your child's health care provider. As a precaution, if your child has a fever, delay getting the vaccine until your child is feeling better.

If your child has already received the full series of Gardasil® or Cervarix® vaccine, there is no need to get the vaccine again. Fill in your child's previous vaccination dates on the consent form and return it to the school.

HEPATITIS B VACCINE

This vaccine is recommended before travel, for some career choices and for cancer prevention. Hepatitis B vaccine is given as a two-dose series to Grade 7 students at the school clinics.

Hepatitis B infection

Hepatitis B is a highly infectious liver disease caused by the hepatitis B virus. It can spread through contact with infected blood and body fluids. The virus can also survive on dry surfaces for up to 7 days. It can be spread by:

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

Hepatitis B 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 joint pain. Some people, especially young children, will not have symptoms. Some people will carry the virus in their body for the rest of their lives.

Vaccine benefits (Recombivax HB® or Engerix®-B)

The vaccine is 95 to 100% effective in preventing hepatitis B infection. This vaccine is recommended before travel, for some career choices and for cancer prevention. Hepatitis B vaccine can be given on the same day as other vaccines. Two doses are needed for youth ages 11 to 15 years of age and are given at least six months apart.

Vaccine side effects and risks

The vaccine is safe, effective and well tolerated. Reactions are usually mild and go away within a few days. Common side effects include pain and redness where the vaccine was given, headache, fever, dizziness, nausea or feeling faint shortly after receiving the vaccine.

In 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.

Students 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 or (latex in Recombivax® vaccine). If your child has had a severe allergic reaction to any vaccine in the past, Toronto Public Health can arrange to have the vaccine delivered to your child's health care provider. As a precaution, if your child has a fever, delay getting the vaccine until your child is feeling better.

If your child has already received the full series of hepatitis B vaccine or combination vaccine, there is no need to get vaccinated again. Example of combination vaccines include Twinrix® / Twinrix® Jr., INFANRIX hexa®. Fill out your child's vaccination dates on the consent form and return it to the school.

1. STUDENT INFORMATION

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

2. STUDENT IMMUNIZATION

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

<input type="radio"/> hepatitis B vaccine <input type="radio"/> Egerix®-B / Recombivax-HB® date _____ date _____ yyyy/mm/dd yyyy/mm/dd	<input type="radio"/> meningococcal-ACYW-135 vaccine <input type="radio"/> Menactra® / Menveo™ / Nimenrix® date _____ date _____ yyyy/mm/dd yyyy/mm/dd
<input type="radio"/> combination hepatitis A & B vaccine <input type="radio"/> Twinrix® Jr. / Twinrix® date _____ date _____ yyyy/mm/dd yyyy/mm/dd	<input type="radio"/> human papillomavirus vaccine <input type="radio"/> Gardasil® or Cervarix® date _____ date _____ yyyy/mm/dd yyyy/mm/dd

3. STUDENT HEALTH HISTORY

If "yes," explain

a) Is your child allergic to yeast, alum, latex, diphtheria toxoid protein, other?	<input type="radio"/> YES <input type="radio"/> NO	
b) Has your child ever had a reaction to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	
c) Does your child have a history of fainting?	<input type="radio"/> YES <input type="radio"/> NO	
d) Does your child have a serious medical condition?	<input type="radio"/> YES <input type="radio"/> NO	
e) 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	

4. CONSENT FOR VACCINATION

I have read the attached immunization vaccine fact sheets. I understand the expected benefits and possible risks and side effects of the vaccines. 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. This consent is valid for two years. I understand that I can withdraw my consent at any time. I understand that my child may receive up to three needles in one day.

INDICATE YOUR CONSENT BY CIRCLING YES OR NO FOR EACH VACCINE

YES	I authorize Toronto Public Health to administer one dose of meningococcal-ACYW-135 vaccine to my child. This vaccine is required for school attendance.
NO	I do not authorize Toronto Public Health to vaccinate my child with meningococcal vaccine.
YES	I authorize Toronto Public Health to administer two doses of human papillomavirus vaccine to my child to be given at least six months apart.
NO	I do not authorize Toronto Public Health to vaccinate my child with human papillomavirus vaccine.
YES	I authorize Toronto Public Health to administer two doses of hepatitis B vaccine to my child to be given at least six months apart.
NO	I do not authorize Toronto Public Health to vaccinate my child with hepatitis B vaccine.

X _____
 Signature of Parent or Legal Guardian Date _____

TORONTO PUBLIC HEALTH USE ONLY

Student Name/Client ID _____

NURSE TO COMPLETE	DOSE 1	DOSE 2
1. HPV 2-dose schedule: is there a minimum of 168 days since dose one?	Not applicable	<input type="radio"/> YES <input type="radio"/> NO
2. Hepatitis B 2-dose schedule: is there a minimum of 168 days since dose one?	Not applicable	<input type="radio"/> YES <input type="radio"/> NO
3. Have you received hepatitis B, HPV or meningococcal vaccine from another health care provider?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
4. Do you understand what the vaccine(s) are for?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
6. Do you have any allergies?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
7. Has anything changed with your health recently?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
8. Do you have a fever today?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
9. Do you think you might be pregnant?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

MENINGOCOCCAL ACW-135 VACCINE (Menactra®)

Dose 0.5 ml

vaccine self-loaded

vaccine loaded by _____

Signature _____

DATE _____

TIME _____

LOT # _____

IM DETOID Left Right

Panorama entered by _____

HUMAN PAPILLOMAVIRUS VACCINE (Gardasil®)

Dose 1: 0.5 ml

vaccine self-loaded

vaccine loaded by _____

Signature _____

DATE _____

TIME _____

LOT # _____

IM DETOID Left Right

Panorama entered by _____

Dose 2: 0.5 ml

vaccine self-loaded

vaccine loaded by _____

Signature _____

DATE _____

TIME _____

LOT # _____

IM DETOID Left Right

Panorama entered by _____

HEPATITIS B VACCINE

Dose 1

Engerix®-B 1.0ml / 0.5ml

Recombivax HB® 1.0ml / 0.5ml

vaccine self-loaded

vaccine loaded by _____

Signature _____

DATE _____

TIME _____

LOT # _____

IM DETOID Left Right

Panorama entered by _____

Dose 2

Engerix®-B 1.0ml / 0.5ml

Recombivax HB® 1.0ml / 0.5ml

vaccine self-loaded

vaccine loaded by _____

Signature _____

DATE _____

TIME _____

LOT # _____

IM DETOID Left Right

Panorama entered by _____

NOTES