

Free Vaccination programs in grade 4 elementary school



You must fill out the vaccination [authorization form](#), whether or not you agree to have your child vaccinated.



Hepatitis B for boys and girls

(includes protection
against hepatitis A)



Human papilloma virus (HPV) for girls only



DO YOU HAVE QUESTIONS? WE HAVE ANSWERS

In this brochure, you will find information about free vaccines offered in grade 4 elementary school as well as a vaccination **authorization form** that you must fill out, **whether or not you accept** to have your child vaccinated.

The section on **hepatitis B and A** is for all parents.

The section on **HPV** is for parents of girls in grade 4 only.

“Hepatitis B and A a vaccination

for grade 4 elementary school students”

Hepatitis B and A

WHAT IS HEPATITIS?

Hepatitis is a serious liver disease. Some types of hepatitis are caused by a virus, like hepatitis B and hepatitis A for which there is a vaccine. Other types, like hepatitis C, are caused by a virus for which there is no vaccine. Other forms of hepatitis, however, are not caused by viruses but by medications or toxic products, for example.

HEPATITIS B

Hepatitis B spreads through contact between a mucous membrane or wound and the blood, sperm or vaginal secretions of an infected person, for example:

- during unprotected sexual relations (without condom);
- when sharing needles or other injection equipment among drug users;
- during tattoo or body piercing sessions, if the equipment is not sterile.

HEPATITIS A

Hepatitis A spreads through:

- contact with water or food contaminated by the stool of an infected individual.

Hepatitis B and A can cause:

- fever;
- fatigue;
- loss of appetite;
- jaundice;
- headaches;
- stomach aches;
- vomiting;
- diarrhea.

Some people don't have symptoms. Therefore, they don't know they have the virus and can spread it.

Possible complications

of **hepatitis B** include:

- severe liver disease;
- chronic liver infection (the person can have the virus during his or her whole life);
- cirrhosis;
- liver cancer;
- death (1% of cases).

Possible complications

of **hepatitis A** include:

- severe liver disease;
- persistent fatigue lasting several weeks;
- death (0.1% to 0.3% of cases).

HEPATITIS B AND A VACCINE

How can you protect yourself against hepatitis B and A?

Vaccination is the most effective way to protect yourself against these two diseases and their complications.

What does the grade 4 elementary school vaccination program involve?

The main goal of the program is to **protect your child from hepatitis B and its complications.**

Formerly, three doses of hepatitis B vaccine were administered. Since 2008, a combined vaccine has been used, providing protection for both hepatitis B and hepatitis A in the same injection. This has the following benefits:

- Two doses of hepatitis A and B combined vaccine administered six months apart to children aged 8 to 10 offer protection against hepatitis B comparable to that offered by the three-dose hepatitis B vaccine (96.5% vs. 99.2%).
- The use of the combined vaccine **requires fewer injections**, while adding 100% protection against hepatitis A.
- Fewer injections mean fewer side effects.

This two-dose vaccination schedule applies only to children in grade 4, since vaccination at that age offers the best protection.

Several expert groups—including experts from the **Ministère de la Santé et des Services sociaux**, the **Institut national de santé publique du Québec** and the **Public Health Agency of Canada**—recommend vaccinating all young people against hepatitis B before they become sexually active or adopt risky behaviours. In other words, before adolescence.

How long does protection last?

The vaccine protects against both types of hepatitis over the long term and at this time, there is no indication that an additional dose must be given after several years. Protection against hepatitis B and hepatitis A in young people in good health is at least 20 years.

My child has already had hepatitis A or hepatitis B. Are there any special risks to using the combined vaccine in his or her case?

My child has already been vaccinated for either hepatitis A or hepatitis B. Are there any special risks to using the combined vaccine in his or her case?

The combined vaccine is very safe and can be administered even if your child has had one of these diseases. This is also true if your child has already been vaccinated against either of these diseases.

If your child has been vaccinated against hepatitis B (or has had the disease) then he or she is already protected. However, the combined vaccine provides additional protection against hepatitis A.

If you do not want your child to receive the combined vaccine, you can have him or her vaccinated against hepatitis B only. Talk to someone at the CLSC of your health and social services centre to find out about possible options.

How will the vaccination be done?

The injections will be given in your child's school by CLSC nurses; one dose will be administered in the fall and the other in the spring. At the same time, girls will also receive the human papilloma virus (HPV) vaccine, which protects against cervical cancer.

What are the vaccine's side effects?

Most young people suffer no side effects from the vaccine. Between 10% and 49% may suffer pain, swelling, or redness at the injection site. More severe local reactions are rare.

Fewer than 10% of children have fever, malaise, fatigue, nausea, or vomiting; all these symptoms generally disappear by themselves in a few days.

Applying a cold, damp compress to the injection site can ease a local reaction. Acetaminophen or ibuprofen can be given if the temperature is 38.5°C (101.3°F) or more. You can also consult Info-Santé 8-1-1 or a physician depending on the severity of the symptoms.

There is a very low risk of severe allergy. This type of reaction usually occurs within minutes of vaccination and the nurse can take the appropriate action immediately.

According to many scientific studies, there is no connection between vaccines and chronic health problems such as multiple sclerosis or chronic fatigue syndrome.

IN SUMMARY

Québec's hepatitis B vaccination program aims to prevent hepatitis B using a combined vaccine that includes hepatitis A protection while reducing the number of doses necessary.

Agreeing to have my child be vaccinated against hepatitis B and A means he or she will have good protection against these two diseases.

For more information, go to
www.msss.gouv.qc.ca/vaccination

IF YOU ARE THE PARENT OF A BOY, YOU CAN READ THE FOLLOWING SECTION FOR INFORMATION PURPOSES OR YOU CAN SKIP TO THE END OF THIS BROCHURE AND FILL OUT THE AUTHORIZATION FORM FOR HEPATITIS B AND A VACCINATION.

“Human Papilloma Virus (HPV) vaccination

for girls in grade 4
elementary school”

**Finally a vaccine that
protects against a form
of cancer: cervical cancer.**

HPV

What is HPV?

Human papilloma virus (HPV) is one of the most widespread viruses in the world. There are many types of HPV that can infect different parts of the body. HPV is the cause of almost 100% of cervical cancers. It is possible to be infected with more than one type of HPV at a time, and more than once during your lifetime.

How does HPV spread?

HPV spreads easily through skin-to-skin contact during sexual activity, even without penetration. It is the most common sexually transmitted infection (STI).

Who gets HPV?

About 70% to 80% of men and women will get HPV infection at least once during their lives.

What are the signs of HPV infection?

Commonly, people infected with HPV have no symptoms and can pass on the disease without knowing it. Certain types of HPV, such as type 6 and type 11, cause genital warts (or condylomas) that can require painful treatments and several visits to the doctor. In most people, the infection disappears by itself with time.

What complications can be caused by HPV infection?

In certain cases, the infection can continue for months or years. This occurs especially with HPV types 16 and 18, which can infect the cells of the cervix and cause pre-cancerous lesions. In Québec, about 68,000 women must be treated by specialists every year due to anomalies detected by a cervical cancer test (Pap test). When they go undetected, pre-cancerous lesions can become cancerous over a number of years. HPV types 16 and 18 cause 70% of cervical cancers. Each year in Québec, some 325 women learn they have cervical cancer and 80 women die of it.

Other forms of cancer are connected to HPV, but they are rare in Québec.

How can you prevent HPV and its complications?

Receiving HPV vaccine before becoming sexually active and screening for cervical cancer are excellent ways to avoid this type of cancer. A condom can be less effective to prevent HPV transmission because it does not cover all the skin in the genital area. However, it plays a key role in preventing other STIs.

HPV VACCINE

What is HPV vaccine?

The vaccine used for the vaccination program protects against genital warts caused by HPV types 6 and 11, and against cervical lesions caused by types 16 and 18. The role of the vaccine is to produce protective antibodies against these four types of HPV. It cannot cause HPV infection.

How effective is HPV vaccine?

If a person is not infected with any of the virus types contained in the vaccine, protection against types 16 and 18, which cause most cervical cancers, is almost 100%; protection against types 6 and 11, which cause genital warts, is 99%. This is why vaccination is recommended before onset of sexual activity.



How long does protection last?

Vaccine protection lasts at least seven years. Studies are underway throughout the world to assess long-term protection. If necessary, a booster dose could be administered later to maintain protection.

Why vaccinate girls in grade 4?

HPV vaccination in Québec is offered in grade 4 for the following reasons:

- Immune response to the vaccine is best between the ages of 9 and 11.
- The vaccine is more effective when a person is not yet infected. Since infection usually occurs within the first few years of sexual activity, it is better to vaccinate girls before they become sexually active.
- Vaccination in schools makes it easy to perform the vaccination and provide the necessary protection at the time of vaccination.
- There is already a vaccination program in grade 4 against another sexually transmitted infection, hepatitis B. Administering both vaccines at the same time makes better use of health care resources.

Girls who are not vaccinated in grade 4 and who want to be vaccinated later in life will have to make an appointment at a CLSC and receive three doses over a period of six months.

Does this type of vaccination program exist elsewhere?

All Canadian provinces and several countries have added this vaccine to their vaccination program, based on recommendations from the World Health Organization (WHO) and numerous international experts. Examples include the USA, Mexico, the UK, Australia, Belgium, France, Germany, Greece, Italy, Switzerland, and Spain. The nature of the program varies from country to country according to how they provide health services.

Why not vaccinate boys?

There is currently no proof that the vaccine protects boys against HPV-related precancerous or cancerous lesions or prevent cervical cancer in their female partners. Accordingly, the HPV vaccine is currently not recommended for boys. However, studies on this topic are underway.

How many doses will be given?

Two doses will be given in grade 4 elementary school, at the same time as combined hepatitis B and A vaccine: one dose in the fall and another in the spring (six months later). The third dose will be administered in Secondary 3.

In Québec, the vaccination schedule in grade 4 is different from the one suggested by the manufacturer, which is to administer three doses over a period of six months. Experts in Québec have considered that protection provided by the vaccination schedule proposed for grade 4 is comparable to the manufacturer's. The advantage of giving the third dose in Secondary 3 is to ensure optimal protection at an age when the risk of exposure to HPV increases.

What are the vaccine's side effects?

The HPV vaccine is safe. Most reactions are benign and short-lived. Pain (50% of cases or more), redness, swelling (10 to 49%), and itching (1 to 9%) may appear at the injection site. These reactions can be soothed with a cool, damp compress.

Some other side effects may appear, such as fever or headache (10 to 49%), which can be treated with acetaminophen or ibuprofen. The vaccine may also cause nausea, vomiting, insomnia, or joint pain (1 to 9%). These reactions generally disappear by themselves in a few days. You can consult Info-Santé 8-1-1 or a physician depending on the severity of the symptoms.

Severe allergic reactions are very rare. They generally appear within minutes of the injection, allowing the nurse to intervene immediately.

Other, rarer reactions have been reported, but have not been proved to be caused by the vaccine.

Does the vaccine replace cervical cancer screening?

No. Screening (Pap test) is the only means of detecting abnormal cervical cells, which could later evolve into cervical cancer. Screening involves examining a woman's internal sex organs. This examination is not required before becoming sexually active.

So my daughter will receive two vaccines, one against hepatitis B and A and the other against HPV. Is this risky?

No. There are no risks for children receiving these vaccines during a single vaccination session. Administering more than one vaccine at the same time is safe and is commonly done all around the world.

Are the side effects worse?

No. In addition, the minor side effects the vaccines can cause are then concentrated into a single vaccination episode.

IN SUMMARY

Agreeing to have my daughter vaccinated against HPV means she will have good protection against cervical cancer and genital warts (or condylomas).

Grade 4 is a good time to administer the vaccine because protection is better at this age.

As a parent, I am giving my child additional protection against a very common virus to which most women are exposed during their lives.

For more information on HPV or the vaccination program:

Ministère de la Santé et des Services sociaux du Québec:

www.msss.gouv.qc.ca/vaccination

Society of Obstetricians and Gynaecologists of Canada:

www.hpvinfo.ca

www.sexualityandu.ca

Public Health Agency of Canada:

www.phac-aspc.gc.ca

Health Canada:

www.hc-sc.gc.ca

For any other information, contact the CLSC of your local health and social services centre.

Authorization for vaccination against hepatitis B and A and against HPV

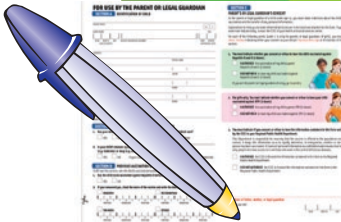
for grade 4 elementary
school students

IMPORTANT >>> AUTHORIZATION FORM

STEPS REQUIRED FOR CONSENT

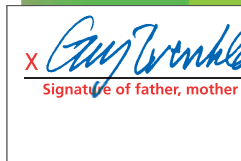


COMPLETELY FILL



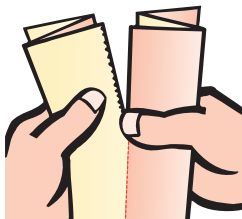
every section
of the form.

SIGN



at the end
of the form.

DETACH



the form from the
leaflet and return
it to the school
immediately.

FOR USE BY THE PARENT OR LEGAL GUARDIAN

SECTION A IDENTIFICATION OF CHILD

FAMILY NAME

M F

GIVEN NAME

SEX

YEAR MONTH DAY
DATE OF BIRTH

HEALTH INSURANCE NUMBER

YEAR MONTH
EXPIRATION DATE

ADDRESS

POSTAL CODE

FATHER'S NAME

()

()

TELEPHONE: HOME

WORK

MOTHER'S NAME

()

()

TELEPHONE: HOME

WORK

LEGAL GUARDIAN'S NAME (IF APPLICABLE)

()

()

TELEPHONE: HOME

WORK

SECTION B CHILD'S SCHOOL

NAME OF SCHOOL

SECTION C CHILD MEDICAL AND VACCINATION HISTORY

1. Has your child ever had a severe allergic reaction requiring emergency medical care?

☐ YES ☐ NO

IF YES, SPECIFY THE CAUSE: ☐ Vaccine ☐ Other

Please give details

2. Is your child's immune system affected by a chronic disease (e.g. leukemia) or drug (e.g. chemotherapy)?

☐ YES ☐ NO

If your child has one of these conditions, an extra dose will be administered.

SECTION D PREVIOUS VACCINATION OF CHILD

To fill out this section, see the child's vaccination booklet.

1. Has the child been vaccinated against hepatitis B before?

☐ YES ☐ NO

2. If you answered yes, check the name of the vaccine and write the date of administration of each dose:

☐ ENGERIX

☐ RECOMBIVAX

Y M D Y M D Y M D Y M D Y M D
FIRST DOSE SECOND DOSE THIRD DOSE FIRST DOSE SECOND DOSE THIRD DOSE

☐ TWINRIX

☐ OTHER

Y M D Y M D Y M D Y M D Y M D
FIRST DOSE SECOND DOSE THIRD DOSE FIRST DOSE SECOND DOSE THIRD DOSE

SECTION E

PARENT'S OR LEGAL GUARDIAN'S CONSENT

As the parent or legal guardian of a child under age 14, you must make a decision about the child's vaccination and the transfer of any personal information.

Explanations to help you to make informed decisions are in the brochure attached to this form. If you want more help deciding, contact the CLSC of your health and social services centre.

For each of the following points (point 2 is only for parents or legal guardians of girls), you must **check the box** indicating either your consent or your refusal. **You must then sign** at the bottom of the section.

1. You must indicate whether you consent or refuse to have the child vaccinated against hepatitis B and A (2 doses).

☐

I AUTHORIZE the vaccination of my child against hepatitis B and A (2 doses)

☐

I DO NOT WISH to have my child vaccinated against hepatitis B and A (2 doses)

If you are the parent or legal guardian of a boy, go to point 3.



2. For girls only. You must indicate whether you consent or refuse to have your child vaccinated against HPV (2 doses).

☐

I AUTHORIZE the vaccination of my child against VPH (2 doses)

☐

I DO NOT WISH to have my child vaccinated against VPH (2 doses)



3. You must indicate if you consent or refuse to have the information contained in this form sent by the CLSC to your Regional Public Health Department.

☐

I AUTHORIZE the CLSC to forward the information contained in this form to the Regional Public Health Department.

☐

I DO NOT AUTHORIZE the CLSC to forward the information contained in this form to the Regional Public Health Department.

X

Signature of father, mother, or legal guardian

(Please use ink)

YEAR	MONTH	DAY

FOR USE BY CLSC

INFORMATION RELATING TO VACCINATION

FILE NO

FIRST DOSE

CONTRAINDICATION TO VACCINATION (specify)

NAME OF CLSC

ADDRESS OF CLSC

PLACE OF VACCINATION

NAME OF VACCINE	LOT NUMBER	DOSE	SITE OF INJECTION
☐ Twinrix	_____	☐ 0,5 mL, IM	☐ Left arm ☐ Right arm
☐ Gardasil	_____	☐ 1 mL, IM	☐ Left arm ☐ Right arm
☐ Gardasil	_____	☐ 0,5 mL, IM	☐ Left arm ☐ Right arm

Comments: _____

HOURS

MINUTE

SIGNATURE OF VACCINATOR

(Please use ink)

YEAR

MONTH

DAY

SECOND DOSE

CONTRAINDICATION TO VACCINATION (specify)

NAME OF CLSC

ADDRESS OF CLSC

PLACE OF VACCINATION

NAME OF VACCINE	LOT NUMBER	DOSE	SITE OF INJECTION
☐ Twinrix	_____	☐ 0,5 mL, IM	☐ Left arm ☐ Right arm
☐ Gardasil	_____	☐ 1 mL, IM	☐ Left arm ☐ Right arm
☐ Gardasil	_____	☐ 0,5 mL, IM	☐ Left arm ☐ Right arm

Comments: _____

HOURS

MINUTE

SIGNATURE OF VACCINATOR

(Please use ink)

YEAR

MONTH

DAY

www.msss.gouv.qc.ca/vaccination

FOR FURTHER INFORMATION

Should you require further information, or if you wish to discuss your child's case, contact the CLSC of your health and social services centre or your doctor.

09-201-01A



**Santé
et Services sociaux**

Québec

