

“Free Vaccination programs

in grade 4 elementary school”



Hepatitis B for boys and girls

(includes protection
against hepatitis A)

BOYS

Human papilloma
virus (HPV)
for girls only



GIRLS

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”

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;
- 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 these two diseases?

Vaccination is the most effective way to protect yourself against hepatitis B and A and their complications.

What has changed in the hepatitis B vaccination program in grade 4 elementary school?

Until now, three doses of hepatitis B vaccine were administered. As of the fall of 2008, your child will receive two doses of vaccine that protect against hepatitis B while adding protection against hepatitis A in a single injection.

According to recent data from Québec, two reduced doses of combined hepatitis B and A vaccine administered at an interval of six months to children aged 8 to 10 years offers protection against hepatitis B that is comparable to that of the vaccine given in three doses (96.5% vs. 99.2%). Moreover, this vaccine adds 100% protection against hepatitis A and **requires fewer injections**. This two-dose vaccination schedule applies only to grade 4 elementary school children.

Several expert groups—including experts from the Ministère de la Santé et des Services sociaux, the Comité sur l'immunisation 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 vaccine 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 lasts at least 15 years in young people in good health, while that against hepatitis A probably lasts more than 20 years.

Is there any risk involved for my child in receiving the combined hepatitis B and A vaccine if he or she has already been vaccinated against one of these diseases or has previously had hepatitis B or A?

The combine 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 have no side effects after being vaccinated. There can be some swelling, redness (10% to 17% of cases) and soreness (43%) at injection site. More serious local reactions are rare.

Fewer than 10% of children feel some discomfort such as headaches or fever. These symptoms can be relieved with medication such as acetaminophen or ibuprofen.

All these symptoms disappear on their own in a few days.

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

What's new in the hepatitis B vaccination program is the use of a vaccine that also offers protection against hepatitis A while requiring fewer doses.

Agreeing to have my child 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.

How does HPV affect people?

Someone who is infected with HPV often has no symptoms and can spread the virus without knowing it. Some types of HPV, especially types 6 and 11, cause genital warts (or condylomas). In most people, genital warts disappear on their own with time. But when treatment is required, it can be painful and involve several medical visits.

HPV (especially types 16 and 18) can infect cells in the cervix and cause precancerous lesions requiring treatment and follow-up by a physician. In Québec, about 68 000 women per year need to be treated by a specialist because of HPV. When precancerous lesions are not detected, they can become cancerous after several years. HPV types 16 and 18 alone are responsible for 70% of cervical lesions. Every year in Québec, about 325 women learn that they have cervical cancer and 80 die from it.

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 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 six 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?

- Because immune response to the vaccine is best between the ages of 9 and 11.
- Because 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 preferable that girls be vaccinated before they become sexually active.
- Because there is already a vaccination program in grade 4.

Why not vaccinate boys?

At this time, there is no proof that the vaccine protects boys against HPV-related lesions (e.g. condylomas) or prevent cervical cancer in their female partners. As a result, 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?

HPV vaccine has few side effects. A local reaction at injection site (redness, soreness or swelling) is the most common side effect. The vaccine can cause other mild problems such as fever or headaches, which can be relieved by taking acetaminophen or ibuprofen.

Severe allergic reactions are very rare and the nurse can intervene rapidly.

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.

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 about the program, go to

www.msss.gouv.qc.ca/vaccination

For additional information, contact the CLSC of your health and social services centre.

“ “ “ **Authorization
for vaccination
against hepatitis B and A
and against HPV**

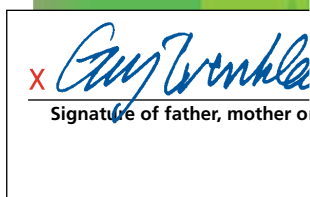
for grade 4 elementary
school students

COMPLETELY FILL



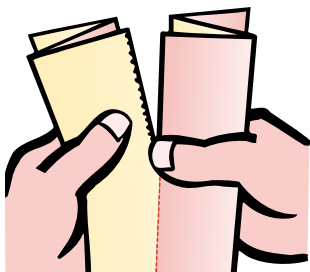
every section
of the form.

SIGN



at the end
of the form.

DETACH



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

SECTION A IDENTIFICATION OF CHILD

FAMILY NAME

M F

GIVEN NAME

SEX

YEAR	MONTH	DAY	HEALTH INSURANCE NUMBER	YEAR	MONTH
DATE OF BIRTH				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 your answered yes, check the name of the vaccine and write the date of administration of each dose:

<input type="checkbox"/> ENGERIX	<input type="checkbox"/> RECOMBIVAX
Y M D	Y M D
FIRST DOSE	FIRST DOSE
Y M D	Y M D
SECOND DOSE	SECOND DOSE
Y M D	Y M D
THIRD DOSE	THIRD DOSE

<input type="checkbox"/> TWINRIX	<input type="checkbox"/> OTHER
Y M D	Y M D
FIRST DOSE	FIRST DOSE
Y M D	Y M D
SECOND DOSE	SECOND DOSE
Y M D	Y M D
THIRD 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 the child in question against hepatitis B and A (2 doses)

I DO NOT WISH to have the child in question 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 parents or legal guardians of girls only. You must indicate whether you consent or refuse to have the child vaccinated against HPV (2 doses).

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

I DO NOT WISH to have the child in question 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.

This Department is responsible for ensuring that the vaccine is offered to the population concerned. It keeps this information so as to rapidly determine, in emergencies, whether or not a person has been vaccinated. It treats all personal information as confidential and ensures that the only people who have access to it are those who work in the control infectious diseases.

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
<input type="checkbox"/> Twinrix	_____	<input type="checkbox"/> 0,5 mL, IM	<input type="checkbox"/> Left arm <input type="checkbox"/> Right arm
		<input type="checkbox"/> 1 mL, IM	
<input type="checkbox"/> Gardasil	_____	<input type="checkbox"/> 0,5 mL, IM	<input type="checkbox"/> Left arm <input type="checkbox"/> 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
<input type="checkbox"/> Twinrix	_____	<input type="checkbox"/> 0,5 mL, IM	<input type="checkbox"/> Left arm <input type="checkbox"/> Right arm
		<input type="checkbox"/> 1 mL, IM	
<input type="checkbox"/> Gardasil	_____	<input type="checkbox"/> 0,5 mL, IM	<input type="checkbox"/> Left arm <input type="checkbox"/> Right arm

Comments: _____

HOURS MINUTE

SIGNATURE OF VACCINATOR

(Please use ink)

YEAR MONTH DAY

www.msss.gouv.qc.ca/vaccination

IMPORTANT

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

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.

06-291-01A



**Santé
et Services sociaux**

Québec

