

# Free Vaccination programs in elementary school Grade 4



This brochure contains a **vaccination consent form** which you should complete whether or not you agree to have your child vaccinated.



## Against hepatitis B for boys and girls

(including protection  
against hepatitis A)



Against infections  
and certain cancers  
caused by HPVs:  
for girls only



# YOU HAVE QUESTIONS? WE HAVE ANSWERS.

In this brochure you will find information on the two vaccines offered free of charge to children in elementary school Grade 4, and a vaccination consent form. You must complete this form, **whether or not you agree to have your child vaccinated.**

The section in green on **hepatitis B and A** is addressed to all parents of children in elementary school Grade 4.

The section in pink dealing with **HPVs** is addressed to parents of girls in elementary school Grade 4.

## **Discuss it with your child!**

produced by

**La Direction des communications du ministère de la Santé et des Services sociaux**

This document is available online and can be ordered at [www.msss.gouv.qc.ca](http://www.msss.gouv.qc.ca) by clicking Documentation and then Publications.

It may also be ordered at [diffusion@msss.gouv.qc.ca](mailto:diffusion@msss.gouv.qc.ca) or by mail at:

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Masculine pronouns are used generically in this document.

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# “Vaccination against hepatitis B and A

for children in elementary  
school Grade 4 ”

Hepatitis B and A

## WHAT IS HEPATITIS?

Hepatitis is a disease of the liver that can lead to serious complications. There are several types of hepatitis, but the most common are those caused by viruses, such as hepatitis B and hepatitis A.

## What is the difference between hepatitis B and hepatitis A?

- Hepatitis B leads to more serious health complications than hepatitis A;
- Hepatitis B – unlike hepatitis A – can make a person contagious for life;
- Hepatitis B is not transmitted in the same way as hepatitis A.

## What are the main signs and symptoms of hepatitis B and hepatitis A?

### **Hepatitis B and A may cause:**

- fever
- fatigue
- loss of appetite
- jaundice
- headaches
- stomach pains
- vomiting
- diarrhea

Some people experience no symptoms and therefore do not realize that they have the virus and can pass it on.

## HEPATITIS B

### How is hepatitis B transmitted?

**L'hépatite B** is transmitted by 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 a condom);
- when sharing needles or any other injection material among drug users;
- during tattooing or body piercing sessions if the equipment used is not sterile.

### What are the possible complications of hepatitis B?

**Possible complications of hepatitis B are:**

- serious liver disease;
- chronic liver infection;
- cirrhosis;
- liver cancer;
- death (1% of cases).

## HEPATITIS A

### How is hepatitis A transmitted?

**L'hépatite A** is transmitted when you drink water or eat raw or undercooked food contaminated by the stools of an infected person. This could happen, for example, if an infected person did not wash their hands after going to the bathroom and then prepared food.

### What are the possible complications of hepatitis A?

**Possible complications of hepatitis A are:**

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

# HEPATITIS B AND A VACCINE

## How can people protect themselves against hepatitis B and hepatitis A?

Vaccination provides the most effective protection against these two diseases and their complications.

## What does the Grade 4 elementary school hepatitis B vaccination program involve?

The program's main goal is to **protect children against hepatitis B and its complications.**

A combined vaccine is used – that is, one that protects against both hepatitis B and hepatitis A.

The vaccination includes two children's doses of the combined vaccine at an interval of six months given exclusively to children in elementary school Grade 4.

## How long does protection last?

For people in good health, complete vaccination provides protection against hepatitis B and hepatitis A for at least 20 years. Currently, nothing indicates that a booster dose needs be given later in life.

### Is it recommended that my child receive the combined vaccine in the following situations?

| Situation                                     | Combined vaccine | Reason                                                                                  |
|-----------------------------------------------|------------------|-----------------------------------------------------------------------------------------|
| If my child has already had hepatitis B?      | Yes              | To benefit from protection against hepatitis A.                                         |
| If my child has already had hepatitis A?      | Yes              | To be protected against hepatitis B, which is the main goal of the vaccination program. |
| If my child has received hepatitis B vaccine? | Yes              | To benefit from protection against hepatitis A.                                         |
| If my child has received hepatitis A vaccine? | Yes              | To be protected against hepatitis B, which is the main goal of the vaccination program. |

If you do not wish your child to be given the combined vaccine, you can have him or her vaccinated against hepatitis B only free of charge. For information on the options available, contact your CLSC.

## How will my child's vaccination be carried out?

The vaccine will be administered by CLSC nurses at your child's school. Two doses will be given: the first in the fall and the second in the spring. Girls will also receive, at the same times, the first two doses of human papillomavirus (HPV) vaccine.

## What are the side effects of the vaccine?

Most children will not experience any side effects after receiving the vaccine. However, others (less than 50%) could experience soreness, swelling or redness around the vaccine injection site. Severe reactions around the injection site are rare.

Some children (fewer than 10% of those vaccinated) will have fever, headache, malaise, fatigue, nausea or vomiting. All the symptoms generally disappear by themselves within a few days.

There is a very small risk of serious allergic reaction after receiving a vaccine. This type of reaction generally occurs within minutes of receiving the injection, and the nurse can take appropriate action immediately.

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



## What should I do if my child has side effects?

A cold wet compress can relieve reactions around the vaccine injection site.

You can use a medication for fever or discomfort if needed.

You can also consult Info-Santé by calling 8-1-1, or a doctor, depending on the severity of the symptoms.

## SUMMARY

Québec's hepatitis B vaccination program is aimed at preventing hepatitis B using a combined vaccine which adds protection against hepatitis A and reduces the number of doses required.

Agreeing to have my child vaccinated against hepatitis and hepatitis A will provide him or her with good protection against both diseases.

**For more information, go to:**

**[www.msss.gouv.qc.ca/vaccination](http://www.msss.gouv.qc.ca/vaccination)**

If you are the parent of a boy, you can read the following section for information, or go to the end of the brochure and complete the consent form for hepatitis B and A vaccine.

# “Vaccination against HPVs

for girls in elementary  
school Grade 4”

**A vaccine that protects  
against some cervical cancer  
and other diseases associated  
with HPVs**

# HPVs

## What is HPV?

HPV stands for human papillomavirus. HPVs are amongst the most common viruses in the world and are very numerous. There are more than 100 types that can infect different parts of the body.

A person can be infected by more than one HPV at a time, and more than once in a lifetime. HPVs are the cause of most cervical cancers and can cause condylomas, also known as ano-genital warts.

## How do HPVs spread?

Any person who engages in sexual activity, even without penetration, can catch an HPV. HPVs are transmitted during intimate skin-to-skin contact with or without penetration. HPV infection is the most common sexually transmitted infection (STI).

## Who's infected by HPV?

Between 70% and 80% of men and women will be infected by an HPV at least once in their lifetime.

## What are the signs of HPV infection?

People often do not realize they have been infected by an HPV because there are no signs or symptoms. This means that they can pass on the virus without knowing it.

Some people with condylomas, don't know they have them as not all ano-genital warts are visible to the naked eye. Every year in Québec, 14,000 men and women are diagnosed with ano-genital warts which can require several visits to the doctor and painful treatments.

## What are the complications of HPV infection?

Although an infection may disappear in time without treatment in most cases, it can persist for months without causing signs or symptoms. When this happens, HPVs can affect the cervix and cause lesions.

## What happens when HPV causes lesions in the cervix?

Cervical lesions caused by HPVs may become cancerous. That's why it's important to detect them with cervical cancer screening test so lesions can be treated. The most common type of screening test to detect cervical cancer is the Pap test, or cervical smear. However, this test only detects lesions caused by HPVs about once out of every two times. This is why it is preferable to protect oneself against these viruses rather than run the risk of catching them.

In Québec, each year,

- about 53,000 women have abnormal cervical cancer screening results that require further appointments or treatment;
- several hundred women are treated for cervical cancer;
- 1 in 4 women with cervical cancer die from it.

70% of cervical cancers are caused by HPVs 16 or 18, which the vaccine protects against.

Others rarer forms of cancers can be prevented by HPV vaccination, such as those of the vulva, vagina and anus.

## How can HPV infections and their complications be avoided?

HPV vaccination before the onset of sexual activity and cervical cancer screening are excellent ways to avoid cervical cancer.

Condoms remain the best way of preventing sexually transmitted infections (STI). But since they do not cover the skin around the genitals, transmission of HPVs remains possible.



# HPV VACCINE

## What does the HPV vaccine consist of?

The vaccine used in the Québec vaccination program protects against four HPV that are associated mainly with two diseases:

| HPV       | Associated diseases                   |
|-----------|---------------------------------------|
| 16 and 18 | 70% of cervical cancers               |
| 6 and 11  | 85% of ano-genital warts (condylomas) |

The vaccine does not contain HPVs and cannot cause infection. Its role is to prepare the body's defences (antibodies) against these four HPVs.

## How effective is the vaccine against those four HPVs?

For anyone not already infected with one of the four HPVs targeted by the vaccine, protection is more than 95% against lesions that can become cancerous and cancers of the cervix caused by HPV 16 and 18 and against ano-genital warts caused by HPV 6 and 11.

This is why vaccination is recommended before the onset of sexual activity.

## **Does the vaccine replace the need for cervical cancer screening?**

No. The vaccine is a method of prevention that protects against the HPVs that cause 70% of cervical cancers and against the HPVs that cause 85% of ano-genital warts. Cervical cancer screening is the only way of detecting abnormal cells in the cervix that could later turn cancerous. Screening tests are unnecessary before the onset of sexual activity and rarely before the age of 21.

## **Why should my daughter be vaccinated in Grade 4?**

Québec's HPV vaccination program is offered to girls in elementary school Grade 4 for the following reasons:

- The immune system responds best to the vaccine between the ages of 9 and 11;
- The vaccine is most effective when the person is not already infected. Since infection usually occurs during the first years of sexual activity, it is preferable that girls be vaccinated before their first sexual relations;
- There is already a vaccination program in Grade 4 against, hepatitis B, thus avoiding undue hassle for parents.
- In Grade 4, two doses of vaccine are sufficient, whereas a teenager or young woman requires three doses.

Girls who are not vaccinated in Grade 4 can receive the vaccine free of charge in Secondary 3. Girls under the age of 18 can be vaccinated at no cost by making an appointment at the CLSC or with their doctor and will receive three doses over a six-month period.

## **How many doses are administered?**

Two doses of the vaccine (one dose in the fall and one dose in the spring) administered to girls in the fourth Grade are sufficient to protect them against HPV.

## How long does protection last?

The vaccine will provide protection for several years. Studies are being conducted around the world to evaluate long-term protection. If necessary, a booster dose will be given later to prolong protection.

## What are the side effects of the vaccine?

The vaccine is safe. Most reactions are harmless and do not last long.

Many people (more than 50%) feel pain at the injection site. Some people (less than 50%) may experience redness or swelling at the injection site, and some (less than 10%) may develop a localized rash, fever, discomfort or joint pain.

Allergic reactions to the vaccine are very rare. They generally begin a few minutes after the vaccination, and the nurse will be able to treat this reaction immediately.

Other, rarer reactions have been reported, but it has not been conclusively linked to the vaccine.

### **What should I do if my child has side effects?**

You can apply a cold damp compress at the injection site in order to soothe pain, redness, and swelling. You can give your child's acetaminophen or ibuprofen as needed for reactions such as fever or joint pain.

You can also consult the person who administered the vaccine, Info-Santé at 8-1-1, or a doctor, depending on the severity of the symptoms.

**My daughter will therefore receive two vaccines the same day, a combined vaccine against hepatitis A and B and a vaccine against HPV.**

### **Is this risky?**

No. There are no added risks to receiving these two vaccines on the same day. Administering multiple vaccines at one time is safe and commonly practiced around the world.

### **Are the side effects worse?**

No. The minor side effects that the vaccines may cause are limited to a single vaccination session, but are no more severe.

## Do similar vaccination programs exist elsewhere?

Yes. All Canadian provinces and many countries have included this vaccine in their vaccination program based on the recommendations from the World Health Organization (WHO) and many international experts. Vaccination programs may vary from one province to another and from one country to another.

## Why aren't boys vaccinated?

When the program began, the vaccine was solely intended to prevent cervical cancer and thus only girls were given the vaccine. Since then, many scientific studies show that the vaccine also protects boys against condylomas and a form of cancer of the anus associated with HPVs. We don't yet know if vaccinating males prevents cervical cancer in their female partners. However, vaccinating a large portion of the female population results in fewer cases of condylomas for males. Canadian experts do recommend vaccinating boys against HPVs, but this is not offered free of charge in the majority of provinces, including Québec.

## IN SUMMARY

Agreeing to have my daughter vaccinated against HPVs will give her good protection against cervical lesions, cervical cancer and ano-genital warts (condylomas).

Grade 4 is a good time to give the vaccine because the immune system responds best to the vaccine at this age.

In Grade 4, two doses are sufficient whereas a teenager or young woman requires three doses.

As a parent, I am giving my daughter additional protection against viruses that most women will be exposed during their lifetime.

### **For more information on HPVs or for details of the program:**

Ministère de la Santé et des Services sociaux du Québec:

**[www.msss.gouv.qc.ca/vaccination](http://www.msss.gouv.qc.ca/vaccination)**

**[www.sante.gouv.qc.ca](http://www.sante.gouv.qc.ca)**

Society of Obstetricians and Gynaecologists of Canada:

**[www.infovph.ca](http://www.infovph.ca)**

**[www.masexualite.ca](http://www.masexualite.ca)**

Public Health Agency of Canada:

**[www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)**

Health Canada:

**[www.hc-sc.gc.ca/index-eng.php](http://www.hc-sc.gc.ca/index-eng.php)**

**For any additional information, contact the**

**CLSC of your health and social services centre (CSSS).**

“Remember to have  
your child bring  
their vaccination record  
with them”



# Authorization for vaccination against hepatitis B and A and against HPV

for Grade 4 elementary  
school students

IMPORTANT

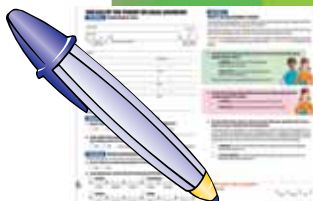


AUTHORIZATION FORM

## STEPS REQUIRED FOR CONSENT

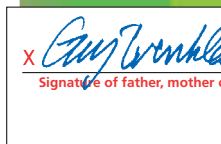


### COMPLETELY FILL



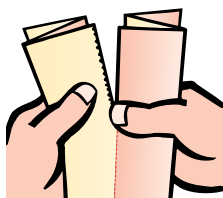
every section  
of the form.

### 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

SEX

GIVEN NAME

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

## 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

\* If he has been vaccinated before the age of 12 months, it is recommended that he receives another dose at 12 months or more to be protected.
2. If your 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

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

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 your 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 your 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)



**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<br><input type="checkbox"/> Right arm |
| <input type="checkbox"/> Gardasil |            | <input type="checkbox"/> 1 ml, IM<br><input type="checkbox"/> 0,5 ml, IM | <input type="checkbox"/> Left arm<br><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<br><input type="checkbox"/> Right arm |
| <input type="checkbox"/> Gardasil |            | <input type="checkbox"/> 1 ml, IM<br><input type="checkbox"/> 0,5 ml, IM | <input type="checkbox"/> Left arm<br><input type="checkbox"/> Right arm |

Comments: |

HOURS MINUTE

SIGNATURE OF VACCINATOR

(Please use ink)

YEAR MONTH DAY

[www.msss.gouv.qc.ca/vaccination](http://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.

14-291-02A