

Hepatitis B School Immunization Program Fact Sheet / Consent Form

What is hepatitis B?

Hepatitis B is a viral infection of the liver. Chronic hepatitis B infection can cause scarring or cirrhosis of the liver and liver cancer. On average, hepatitis B infection causes over 300 deaths in Ontario each year. The hepatitis B virus is up to 100 times more contagious than HIV. The virus can live on surfaces for days and can still infect. It can be prevented by getting the hepatitis B vaccine.

How can someone get hepatitis B?

Hepatitis B is spread through contact with blood or body fluids from an infected person. It can be spread by:

- sharing toothbrushes, razors, nail files or other personal care items;
- through a human bite where the saliva is blood-tinged;
- having sex with someone who has the virus;
- sharing dirty needles or getting a tattoo or body piercing if dirty equipment is used;
- transmission of the virus from an infected mother to her baby in the womb, or at birth.

What are the symptoms of hepatitis B?

More than half of those who get the virus will have no symptoms and do not know they are infected. They can still pass the virus to others. Those who do get symptoms feel tired, have a fever, and sometimes have yellow eyes and skin and dark coloured urine.

What can happen when someone gets hepatitis B infection?

Children infected with hepatitis B virus are more likely to develop a chronic infection, have future liver problems, or develop cancer later in life.

Is there a vaccine to prevent hepatitis B disease?

Yes. Hepatitis B vaccines have been used in school immunization clinics for more than 20 years and are very safe. Over 95% of grade 7 students who receive the two doses of vaccine (Engerix-B® or Recombivax HB®) will be protected for life.

Who can get hepatitis B vaccine for free?

The hepatitis B vaccine is free for grade 7 students at school or public health clinics. Grade 8 students who missed this vaccine in grade 7 remain eligible to receive it until the end of grade 8.

(continued over)

HEPATITIS B VACCINE CONSENT FORM

STUDENT INFORMATION:

Last Name _____ First Name _____ male female
 Birth Date: year _____ month _____ day ____ School _____ Room/Teacher _____
 Ontario Health Card # _____

PLEASE CHECK ALL THAT APPLY:

- YES**, I ask that the student named above be vaccinated with the Hepatitis B vaccine (2 doses).
- NO**, I do **not** wish the above student to be vaccinated with the Hepatitis B vaccine.
- The above student **has** received one or more doses of Hepatitis B vaccine (**COMPLETE DATES ON REVERSE....**)

I have read or had explained to me the information about the Hepatitis B vaccine. I have had the chance to ask questions which were answered to my satisfaction. I understand the risks and benefits of receiving the Hepatitis B vaccine.

Date _____ Signature _____ Name (please print) _____
 Home Phone () _____ Work or Cell Phone () _____

What else do I need to know about the hepatitis B vaccine?

Two doses (4 to 6 months apart) are needed for full protection for students 11 to 15 years of age. Three doses of hepatitis B are given to all other age groups.
Doctors' offices do not routinely provide free hepatitis B vaccine to grade 7 students.

Who should NOT get this vaccine?

Anyone who:

- has already been vaccinated against the virus (Twinrix®, Engerix-B® , Recombivax HB®);
- has already been infected with the hepatitis B virus;
- has had an allergic reaction to a previous dose of the hepatitis B vaccine;
- is allergic to yeast, aluminum, latex, formaldehyde or 2-phenoxyethanol;
- is pregnant.
- Anyone who has a fever or is sick with anything more serious than a cold should wait until they are feeling better before getting the vaccine.

What are the possible side effects of getting the hepatitis B vaccine?

Some people may have redness or pain where the needle was given. A few may feel tired and have a slight fever after the shot. Tylenol® or ibuprofen may be taken afterwards, as directed, to reduce discomfort or fever.
Children under 19 years of age must NOT be given ASA, Aspirin® or salicylates.
Rarely, side effects include trouble breathing, a rash or swelling in the throat and face. See a health care provider if a serious reaction occurs following vaccination.

What to Do

Ensure you read and understand the information provided here. Complete the Consent Form on the front, remove it and return it to your child's school as soon as possible. Keep the rest of the sheet for your information. A record of the vaccine administered will be given to your child to bring home.

For More Information

Contact the Hastings Prince Edward Public Health Immunization Program at 613-966-5500 x313.
Toll Free 1-800-267-2803. TTY: Dial 711. Website: www.hpepublichealth.ca

Parental Awareness/Consent to Treatment

The Health Care Consent Act states that all persons, regardless of age, may consent to medical treatment, provided they understand the benefits and risks of the treatment as well as the benefits and risks of not having the treatment. There is no minimum age in Ontario for informed consent. Students will be assessed by a nurse at the school clinic, based on the principles of the Health Care Consent Act, to ensure that informed consent can be obtained. Parents/legal guardians are encouraged to talk with their children about the benefits/risks of immunization.

THE STUDENT NAMED ON THE FRONT HAS ALREADY RECEIVED hepatitis B vaccine:

(check one)

hepatitis B combined hepatitis A & B (Twinrix®)

on the following dates:

1st dose / / 2nd dose / / 3rd dose / /
 yyyy mm dd yyyy mm dd yyyy mm dd

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