

Dear Parent/Guardian,

British Columbia has had a higher rate of Hepatitis B than any other province in Canada. To protect your child, a Hepatitis B Immunization Program is available to students in your child's grade.

Hepatitis B is a virus that attacks the liver. It can cause permanent liver damage and scarring, and in some cases, even death. It is the number one cause of liver cancer in the world.

Hepatitis B immunization involves a series of injections given by a health nurse at your child's school. With your permission, your child will receive 2 separate injections over a 4-6 month period during the school year.

How is Hepatitis B Spread?

It can be spread by contact with blood or body fluids of an infected person. About half the people who catch Hepatitis B never feel sick and can spread the disease without knowing it. In B.C. most new cases are the result of sexual contact with an infected person. Hepatitis B can also be spread by intravenous drug use or by contact with infected blood, resulting from something as simple as a child being involved in a schoolyard fight or helping a friend bandage an open wound. An infected mother may pass the disease to a newborn at birth.

Why offer Hepatitis B Vaccine to My Child?

In B.C., most new cases occur in young adulthood. Immunization is being offered to your child's grade to ensure the students are protected well before exposure to the disease.

How can I Be Sure the Vaccine is Safe?

Hepatitis B Vaccine is one of the safest vaccines used today. It has been used in Canada for over 20 years. Hepatitis B Vaccine does not contain blood products or living viruses.

Will My Child Suffer Serious Side Effects?

Hepatitis B vaccine usually has no side effects. Your child may, however, experience minor reactions such as: redness, warmth or swelling at the injection site, tiredness or a slight fever lasting 1-2 days. More serious reactions such as allergic responses, severe pain or swelling are very rare and should be reported to your family doctor and local Health Unit. The risk from this vaccine is far less than the risk from Hepatitis B disease.



Facts about Hepatitis B Infection

Symptoms include: tiredness; fever; loss of appetite; yellow skin and eyes (jaundice). Symptoms may last for weeks or months. Many people with Hepatitis B do not know they have it.

Most people recover from the disease, however, up to 10% of people who get Hepatitis B become carriers. This means they can continue to spread the disease and can develop permanent liver damage or even liver cancer.

Hepatitis B is NOT spread by sneezing, coughing, hugging or using the same dishes or cutlery.

Possible Vaccine Reactions

Minor reactions such as tenderness, or pain with redness and/or swelling, may occur at the injection site. Fever, chills, mild headache, and fatigue may also occur within the first 24 hours after vaccination. These reactions are mild and short lasting.

More serious reactions such as severe pain, or swelling are very rare and should be reported to your local Health Unit.

With any vaccine or drug there is a possibility of a shock-like allergic reaction (anaphylaxis). This can be hives, wheezy breathing, or swelling of some part of the body. If this happens, particularly swelling around the throat, immediately go to your family doctor or hospital emergency. Please also report such reactions to the Health Unit.

See back of pamphlet for an important message prior to signing consent.

Date Hepatitis B Immunization Given

After immunization, this section will be returned to you for your personal health files.

Student Name _____

Birth Date _____ (YYYY/MM/DD)

Hepatitis B – Office Use Only

1. _____ 2. _____
IMMUNIZATION DATE (YYYY/MM/DD)

TO BE DETACHED BY PUBLIC HEALTH NURSE

Request for Hepatitis B Immunization – Consent Form

Student Name _____ Birth Date _____ (YYYY/MM/DD)

Personal Health Number (Child's CareCard Number) _____

School _____ Div: _____

Parent/Guardian _____ (PRINT NAME) Phone Number (_____) _____

I have read or had explained to me the information on the vaccine and I believe I understand the benefits, risks, contraindications and side effects. I have had the opportunity to ask questions that were answered to my satisfaction. I REQUEST THAT THE ABOVE NAMED INDIVIDUAL BE IMMUNIZED AGAINST Hepatitis B (2 DOSES)

Date _____ (YYYY/MM/DD) Signature _____ (PARENT/GUARDIAN)

This consent is valid for one year from the date of signature unless cancelled in writing. It is recommended that parents and students discuss this consent for immunization: Hepatitis B Vaccine – Office Use Only

Site	RA <input type="checkbox"/>	LA <input type="checkbox"/>	Site	RA <input type="checkbox"/>	LA <input type="checkbox"/>
DATE (YYYY/MM/DD)	LOT #	PROVIDER	DATE (YYYY/MM/DD)	LOT #	PROVIDER
#1			#2		

(Please sign and detach the entire Consent Form portion of this pamphlet and return it to the school)

Vancouver Coastal Health
5th Floor 132 West Esplanade
North Vancouver, BC V7M 1A2
Tel: 604-983-6700

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PLEASE SIGN, DETACH AND RETURN THE ENTIRE CONSENT FORM TO THE SCHOOL.

Personal information collected will be used by the health authority to update the student's immunization record and provide statistical information to the Ministry of Health Services for review, planning and analysis. The information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this personal information contact your local public health nurse at:

Important Message

Hepatitis vaccination may be delayed or withheld if:

- If your child has a moderate to severe acute illness on the day of the clinic
- If your child has had a shock-like allergic reaction (anaphylaxis) to a previous dose of a vaccine, any component of this vaccine the vaccine will not be given.

If you have any question or concerns, please contact the Child and Youth On-call nurse at (604)983-6700.

Please Note:

- It is recommended that parents and students discuss this consent and immunization.
- If you have any questions contact your local public health unit before signing the consent.
- This consent is valid for one year from the date of signature unless cancelled in writing.

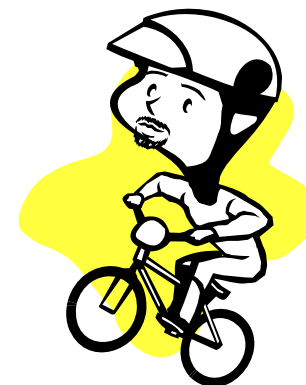
If you do NOT wish to have your child immunized, print your child's name and the word "Refused" and return the consent form to the school.

MATURE MINOR CONSENT

While every effort is made to seek parent/guardian consent prior to immunization, children under age 19 who are able to understand the benefits and risks of specific immunizations may consent or refuse each immunization regardless of the parental/guardian wishes. Appropriate steps are taken to avoid peer influence in these decisions. Parents/guardians and their minor children are advised to discuss consent issues.

01/08/2006

UB HB FREE Hepatitis B Immunization



Information about
Hepatitis B Immunization
for grade six students.

Please return this consent form to the school *right away*.