

Hepatitis B Vaccine (Recombivax HB® or Engerix-B®)

Information on vaccines for school-aged children.

Instructions for parents

1. Read this information sheet.
2. Complete the consent form and return the form to your child's school.
3. Make sure your child eats on the day of the clinic.
4. Make sure your child wears a short sleeve shirt on the day of the clinic.
5. If your child needs doses, book an appointment at Public Health Sudbury & Districts.

What is the hepatitis B virus?

The virus causes inflammation of the liver and in some cases long lasting liver disease. The liver aids in the digestion of food and removing toxins from the body. About 10% of people with hepatitis B will carry the virus for life and could infect others. The virus is in blood, semen, vaginal fluid, and saliva.

Symptoms may include tiredness, loss of appetite, stomach discomfort, and yellow skin (jaundice).

How is hepatitis B spread?

A person can be infected through:

- contact with blood and some body fluids of an infected person;
- sharing needles to inject drugs, tattooing, piercing;
- contact with a mother's blood or body fluids at birth.

What is the hepatitis B (Recombivax HB® or Engerix-B®) vaccine?

It is a safe and effective vaccine that offers protection against serious infection of the liver caused by the hepatitis B virus. For full protection against hepatitis B, two doses of the vaccine are needed.

Who should get the hepatitis B vaccine?

The vaccine is recommended and is available at no cost for all Grade 7 to 8 students at Public Health Sudbury & Districts.

Who should not get the hepatitis B vaccine?

- students who have a fever or any illness more serious than a minor cold on the day of the clinic
- students with allergies to latex, yeast, sodium chloride, sodium borate, formaldehyde, disodium phosphate dihydrate, polysorbate 20, sodium dihydrogen phosphate dihydrate

What are the possible side effects of this vaccine?

The most common reported side effects are:

- redness, warmth or slight swelling at the injection site
- slight fever
- decreased energy

Severe reactions are rare.

Call your health care provider if your child has any of the following reactions:

- trouble breathing
- swelling of the face or mouth
- fever over 40°C (104°F)
- hives or rash
- any other serious problem

A nurse will keep an eye on your child for 15 minutes after vaccination.

Your child may not need vaccination if they completed hepatitis B immunization or received the complete series of Recombivax HB®, Engerix-B®, or Twinrix®.

Visit phsd.ca/studentvaccines for information or to report vaccinations given by other health care providers.



Consent for Hepatitis B Vaccine (Recombivax HB® or Engerix-B®)

Available at no cost for Grade 7 and 8 students only.

All signed consent forms are to be returned to school with **one** of the three options selected.

Last name: _____ First name: _____

Date of birth: (y/m/d) _____ Gender: Male Female Other: _____

School: _____

Primary phone #: _____ Secondary phone #: _____

I request that this child receives the hepatitis B vaccine.
I have read, or have been informed about hepatitis B vaccine. I have had the chance to ask questions and I understand the benefits and risks of the vaccine. Any questions that I asked have been answered to my satisfaction. This consent is valid for the period required to give the vaccine (up to 24 months), unless cancelled in writing.
Date: _____ Parent/guardian signature: _____

I do not want this child to receive the hepatitis B vaccine.
Parent/guardian signature: _____

This child has already received the hepatitis B vaccine on these dates:
1st dose date: _____ 2nd dose date: _____
Parent/guardian signature: _____

Nurse's use only

1st dose date: _____ 2nd dose date: _____

RN initial: _____ RN initial: _____

Administered under the current medical directive for Recombivax HB®/ Engerix-B® vaccine signed by Dr. P. Sutcliffe (Medical Officer of Health for Public Health Sudbury & Districts).

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There is a cost for the hepatitis B vaccine for students no longer in Grade 7 to 8.

Personal information contained on this form is collected under the authority of one or more of the following: the Health Protection and Promotion Act, R.S.O. 1990, c.H.7: Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4 (formerly The Health Disciplines Act); the Immunization of School Pupils Act, R.S.O.1990, c.I.1; the Regulated Health Professions Act, 1991, S.O. 1991, C.18.; and is in compliance with the Municipal Freedom of Information and Privacy Protection Act, R.S.O. 1990, C.M.56; and the Personal Health Information Protection Act, 2004, c.3, Schedule A. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept. Questions about this collection should be directed to the Information & Privacy Officer at 705.522.9200.

