

Grade 6 Routine Immunization Package



Grade 6 Immunizations - Fact Sheet

Vaccines have saved more lives in Canada in the last 60 years than any other medical intervention. Vaccines help your immune system to recognize and fight bacteria and viruses that cause diseases.

All Grade 6 students are offered hepatitis B, varicella (chickenpox), meningococcal conjugate ACWY-135 and human papillomavirus vaccines.

- All detailed vaccine fact sheets are available at: www.saskatchewan.ca/immunize/.
- Public health nurses review the immunization records of all Grade 6 students. If a student does not need a vaccine that a parent/caregiver has signed **YES** for, the nurse **will not** immunize the child with that vaccine.
- Students get the doses they need to complete a vaccine series during school visits by a public health nurse.

Vaccine	Fall	Spring
HB (2 doses)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Men-C-ACWY-135 (1 dose)	<input checked="" type="checkbox"/>	
HPV (2 doses)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Varicella (1 or 2 doses)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

What is hepatitis B (HB)?

- HB is a vaccine preventable disease. The HB vaccine has been given to Grade 6 students since 1995. Most HB cases occur in early adulthood.
- The HB virus infects the liver and can cause permanent scarring and damage (cirrhosis), liver cancer and death.
- The virus is found in body fluids (including blood, semen, vaginal fluids and saliva) of infected persons.

The HB virus is spread:

- By sharing personal items like razors, toothbrushes and dental floss.
- By reusing and/or sharing equipment used for tattooing, piercings, acupuncture or needles/equipment used to inject drugs or other substances (e.g. steroids).
- By being poked with an infected needle.
- Through unprotected sexual activity.
- From an infected mother to her baby during pregnancy.

What is varicella (chickenpox)?

- Varicella is caused by the varicella zoster virus and is a vaccine preventable disease.
- Complications include pneumonia (lung infection), encephalitis (swelling of the brain) and bacterial infections of the skin (flesh-eating disease).

The varicella virus is spread:

- In the air by sneezing and coughing or by direct contact with the fluid in the blisters.

NOTE:

- Very few children have had chickenpox since the vaccine was introduced in Saskatchewan in 2005.
- A history of disease is no longer accepted as evidence of immunity for people born after January 1, 2003. They require 2 doses of the varicella vaccine to be considered immune.
- Unless you have documented proof of your child's immunity to varicella from a blood test, your child should be vaccinated. There is no harm in vaccinating a child who may already be immune.

What is meningococcal disease?

- **NOTE: The Grade 6 meningococcal vaccine contains 4 bacterial strains and is different from the vaccine given at 1 year of age that contains 1 bacterial strain.**
- The meningococcal vaccine has been given to Grade 6 students since 2004.
- *Neisseria meningitidis* bacterial types A, C, Y and W-135 are vaccine preventable. Most cases occur in children, adolescents and young adults.
- Meningococcal disease can cause serious, life-threatening infections including meningitis (an infection of the lining that covers the brain), septicemia (an infection of the blood) and death within 24 hours.
- It starts with sudden symptoms like fever, chills, tiredness, and irritability. A severe headache, stiff neck and/or a tiny reddish-purple or bruise-like rash on the body occurs soon afterwards.
- Permanent complications include limb amputations, hearing loss, brain damage, seizures and skin scarring.
- Even with antibiotic treatment, 10-15% of people die.

Meningococcal bacteria are spread:

- Through coughing and sneezing, close face-to-face contact, through saliva (spit) and by kissing.
- Many people carry these bacteria in their nose and throat but do not become sick.

What is human papillomavirus (HPV)?

- HPV is **the most** common sexually transmitted infection (STI) and is spread through sexual activity and direct skin to skin contact.
- About 75% of sexually active females and males will have at least one HPV infection during their lifetime.
- **Abstinence is the only way to prevent a HPV infection.**
- There are over 100 types of HPV viruses and 9 high risk types are vaccine preventable.
- The HPV vaccine has been given to Grade 6 girls since 2008. Grade 6 boys can get the HPV vaccine starting in September 2017.
- Gardasil 9™ vaccine contains HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58 and is used for the Grade 6 program.
- Types 6 and 11 cause over 90% of genital warts.
- Types 16, 18, 31, 33, 45, 52 and 58 cause mouth, nose, throat and anal cancers in males and females; cervical and vaginal cancers in females; and penile cancer in males. 70% to 90% of these cancers can be prevented with immunization.

What can happen when a person has a HPV infection?

- Most people do not show any signs or symptoms and can pass HPV on to others without knowing it.
- Usually, a HPV infection will go away on its own but for some people, the body cannot fight the HPV infection and the infected cells can develop cancer.

NOTES:

- Females born since January 1, 1996 can get HPV vaccine for free (until they are 27 years old) by contacting Public Health.
- HPV vaccines are recommended for others but are not available for free. Individuals should talk with their healthcare provider about privately purchasing HPV vaccine. **The Ministry of Health does not reimburse any costs associated with privately purchased vaccines.**

If you have concerns that this student should not receive certain vaccines, speak with a public health nurse as some vaccines are not recommended for:

- Those who had a life-threatening allergic reaction to specific vaccines or vaccine ingredients.
- People who have an immune system weakened by a disease or medical treatment.
- People who received a blood product or an immune globulin.
- Pregnant females.

What are common reactions from these vaccines?

- Soreness, redness and swelling in the arm where the vaccines were given for 1-2 days.
- Temporary headache, mild fever and tiredness.
- About 2 weeks after getting varicella vaccine, a rash that looks like chickenpox but with fewer spots can occur. The rash is usually a few small blisters near the area where the needle was given but may sometimes appear on other parts of the body.
 - **Very rarely**, an immunized person who develops this rash after getting varicella vaccine can spread the virus from the vaccine to others. To prevent spreading, the rash should be covered until the blisters have dried and crusted over.

Acetaminophen (Tylenol, Tempra) may be given for fever or soreness. ASA (Aspirin) must NOT be given to anyone younger than 18 years old because of the risk of Reye syndrome.

Who should you report reactions to?

- Report any adverse or unexpected reactions to your local public health nurse, or your healthcare practitioner right away.
- Nurses stay at the school for 15-20 minutes after the last student has been immunized.
- There is an extremely rare possibility of a life-threatening allergic reaction called anaphylaxis. This may include hives, difficulty breathing, or swelling of the throat, tongue or lips. This reaction can be treated, and occurs in less than one in a million people who get the vaccine. **If this happens, call 911 or go to the nearest emergency treatment centre.**

Talk to a public health/community health nurse:

- If you have questions or concern; or
- If you had to take your child to a doctor, a hospital or a health centre with a symptom that might be related to immunization.

For more information contact your local public health office, your physician, Nurse Practitioner, HealthLine online or by calling 811.

Protecting the Privacy of Your Immunization Record

Your personal health information is confidential and the Regional Health Authorities and First Nations Jurisdictions that deliver public health services, along with the Saskatchewan Ministry of Health take great care to ensure that your health information is protected. Your immunization health information is kept in confidence and is only used or disclosed with your consent or as permitted by law. Immunization records are stored in Panorama, an electronic immunization registry used by the Ministry of Health, Regional Health Authorities, and some First Nations Jurisdictions to record and manage the immunization records of all Saskatchewan residents.

1. What is Panorama?

Panorama is a secure electronic health record system designed to record and store immunization related information. Your confidential immunization information is only available to authorized health care workers, such as members of your public health team, physicians, and nurse practitioners across the province using secure networks.

2. When is my immunization information recorded into Panorama?

Immunizations are recorded into Panorama every time you receive a vaccine from a Regional Health Authority or First Nations Jurisdiction that delivers public health services. Immunization information will also be recorded in Panorama if your immunization history is provided to Public Health by your physician or nurse practitioner. This information is recorded into Panorama to ensure the completeness and accuracy of your immunization record and promote client safety.

3. How is my immunization information used in Panorama?

The Ministry of Health, Regional Health Authorities, and First Nations Jurisdictions strive to reduce and control serious diseases that vaccines can prevent. Panorama provides the information needed by public health professionals to achieve the best possible immunization coverage rates in our communities and protect all Saskatchewan residents.

Information recorded in Panorama may be used to:

- Notify you if you or your child needs an immunization based on age, risk factors, or eligibility criteria.
- Communicate with other health care professionals that provide public health services; to control the spread of vaccine-preventable diseases; and assist with diagnosis and treatment of vaccine-preventable diseases.
- Manage your immunization records.
- Monitor how vaccines are preventing communicable diseases in your community.

4. What information is recorded in Panorama?

- Your full name, current address, date of birth, and health services number (we call this demographic information).
- Immunization information such as the vaccine name, immunization date, dosage, and the reason(s) you were immunized (eligibility criteria/risk factors). This will include routine vaccines and non-routine vaccines (those provided for individuals with chronic health conditions).
- While adverse events following immunization are rare, details of specific adverse events will be recorded in Panorama.

5. How is my privacy protected?

The following safeguards are in place to ensure only healthcare professionals involved in an individual's care can use the personal health information stored on Panorama:

- All healthcare providers are made aware of their security responsibilities and must agree to maintain the confidentiality of information and use it only on a need-to-know basis. All users must complete a confidentiality agreement before being allowed to use Panorama.

- Entry in to the system is only provided to authorized users who are involved in delivering immunization services.
- Authorized users are given unique user names and passwords which are not to be shared and all users receive training on when records can and cannot be used or disclosed.
- There are policies, practices, and computer systems in place that are designed to protect information from unauthorized use, error, and loss.
- Authorized users sign, and are legally bound by, all necessary confidentiality agreements.
- All authorized users have specific permissions based on their roles and these permissions restrict their use of the data in Panorama.
- In addition, network security systems are in place that are actively and routinely monitored and which permit auditing of any user's account activity.
- A person can request that their record on Panorama is made "not" viewable to other health care providers. If the individual presents for services and consents to have their record used, or there is an imminent health need to review the individual's record then the individual's record will be "flagged" and can be audited. All uses, including viewing, of any individual's health record in Panorama can also be audited.

6. How can I get more information on Panorama?

If you have additional questions or concerns about Panorama and the privacy of your immunization information, you can call your Regional Health Authority, First Nations jurisdiction, and/or your local public health nurse. Further Information is also available at www.ehealthsask.ca/panorama.

7. Is all of my child's immunization information, or my information, recorded into Panorama?

Yes. Information about vaccines that Public Health nurses and other healthcare providers give to you or your child is recorded in Panorama. This ensures that

your complete immunization record is available to authorized healthcare providers and yourself, wherever you live in Saskatchewan or wherever you seek public health services.

A complete immunization record is often required when a person attends university or college, applies for certain jobs, or chooses to travel in Canada or abroad. Sometimes, it is required when you present for urgent care at an emergency room.

If your immunizations are not complete, healthcare providers will recommend additional vaccines for you and your child to protect you and your child against serious diseases in the future.

8. What if I have a concern or complaint about the privacy of my personal health information in Panorama?

If you have concerns regarding the use of your personal health information, talk to your public health practitioner or immunization provider. If you still have concerns, talk to the appropriate supervisor or manager responsible for Public Health services within your Regional Health Authority or First Nations jurisdiction. If you wish to register a formal complaint regarding a privacy issue, you are encouraged to contact the Privacy Officer in your Health Region or First Nation health agency. Or, you can also contact the Ministry of Health and the Office of the Information and Privacy Commissioner.

9. How can I get a copy of my immunization record?

You have the right to read or request a copy of your immunization record. If you would like a copy of your, or your child's, immunization record, ask your public health practitioner or immunization provider.

School Immunization Consent Form Instructions

1. Read and keep the vaccine fact sheets for your information.

- The provincial immunization schedule and French vaccine information sheets are available at www.saskatchewan.ca/immunize.
- If you speak another language **and/or** need help to understand the information, contact the public health office noted in bullet #7.

2. Parents/guardians **must** complete the following sections of the consent form:

- Student's Personal Information
- Student's Health Checklist
- Consent for Immunization
- **Sign and date the required sections** on the front of the consent form.
- **A signature is required** even if you **DO NOT WANT** this student immunized.

3. Tear off the consent form and have your child return it to the school immediately. Parents/guardians may choose to put the consent form into an envelope before it is returned to school.

4. If this student received vaccines: outside of Saskatchewan; in a different community other than where they currently live; in a First Nation's community; from a Doctor, Pharmacist, or Nurse Practitioner; in a travel clinic; in an Emergency department; or that have been paid for, send a copy of the student's immunization record to the school for the public health nurse.

5. **Public health nurses review the immunization records of all students before they are immunized.** If a student does not need a vaccine that a parent/caregiver has signed for, the nurse **will not** immunize the child with that vaccine, and notify the parent/guardian on the *Notice of Immunization* form given to the student by the nurse.

6. As a general practice, upcoming school immunization dates are generally not shared with parents/guardians or students. Parents should speak to a public health nurse to discuss any concerns related to the student or if they want to have their child/children immunized at the health centre instead of at the school.

Notes:

- If your child has an unusual or severe reaction to the vaccine(s), seek medical attention and notify Public Health of the reaction.
- Parents/guardians are to notify the school Public Health Nurse of any changes to this student's health status after signing this consent form.
- Consent for immunization continues for the time period needed to give the required doses of the vaccine(s) or until this student turns 18 years old.
- A parent/guardian must contact the school Public Health Nurse to cancel consent for immunization for this student.
- If you have questions about the school immunization programs, contact your local public health office.

To ensure that a complete immunization record is maintained, every immunization administered to an individual will be documented by Public Health into the electronic provincial immunization registry, known as Panorama. Your immunization records may also be shared with health care professionals in order to provide public health services; assist with diagnosis and treatment; and to control the spread of vaccine preventable diseases. Panorama is a secure electronic system used in Saskatchewan to record and manage immunization records and the health information related to immunization for all Saskatchewan residents.

Consent for Routine Grade 6 Immunizations

- **STUDENTS MAY BE OFFERED FOUR (4) VACCINES: HEPATITIS B (HB); MENINGOCOCCAL CONJUGATE ACYW-135 (MENINGITIS); VARICELLA (CHICKENPOX); AND HUMAN PAPILOMAVIRUS (HPV).**
- **PARENTS/GUARDIANS: USE A PEN, PRINT CLEARLY, COMPLETE SECTIONS 1, 2 AND 3 AND RETURN THIS FORM TO THE SCHOOL.**

SECTION 1: STUDENT'S PERSONAL INFORMATION (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)

Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate
Health Card Number	Address/PO Box, Town, Postal Code		School
Parent/Guardian Name (Print)	Cell Phone <input type="checkbox"/> Text only plan? ()	Day Phone ()	Teacher
Your Relationship to this Student	Other Phone ()	Email Address	

SECTION 2: STUDENT'S HEALTH CHECKLIST (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)

- 1) Has this student ever had a serious or life-threatening or allergic reaction to a vaccine or a vaccine component?
No Yes **If yes,** describe:
- 2) Does this student have any medical conditions or severe drug allergies?
No Yes **If yes,** describe:
- 3) Has this student received a blood product or an immune globulin in the past year?
No Yes **If yes,** list product name(s) and date(s) given:
- 4) Is this student taking medication (e.g. prednisone), receiving treatment, or has a medical condition that lowers their immunity (e.g. cancer or HIV)? No Yes **If yes,** describe:
- 5) **Please check all that apply:** Has this student **ever** received a vaccine:

<input type="checkbox"/> Outside of Saskatchewan?	<input type="checkbox"/> In a different community other than where they currently live?
<input type="checkbox"/> In a First Nation's community?	<input type="checkbox"/> From a Doctor, Pharmacist, or Nurse Practitioner?
<input type="checkbox"/> In an Emergency department?	<input type="checkbox"/> That has been paid for? <input type="checkbox"/> In a travel clinic?

If **yes**, specify the vaccine(s), date(s) and location(s) of provider(s) if known and attach a copy of the record(s) if available:

SECTION 3: CONSENT FOR IMMUNIZATION (PARENT/GUARDIAN MUST READ THIS SECTION)

- I have read the information in the Ministry of Health immunization fact sheet(s) provided to me for the vaccine(s) listed below.
- I have had the opportunity to ask questions that were answered to my satisfaction.
- I understand the benefits and possible reactions for the vaccine(s), and the potential risks if my child is not immunized.
- I understand that in the rare occurrence of anaphylaxis, emergency treatment will be provided to my child.
- I understand that when a vaccine series requires more than one dose, my consent continues until all required doses of the vaccine have been provided to my child, unless I provide prior written or verbal revocation to the school Public Health Nurse.

As a parent/guardian of this child, I understand and acknowledge that it is my responsibility to:

- Seek medical attention should my child have an unusual or severe reaction following immunization. If this occurs, I will seek treatment for my child and notify public health immediately.
- Inform the school Public Health Nurse of any changes to my child's health status set out in Section 2 which arise after signing this consent form.

A PARENT/GUARDIAN MUST CHECK YES OR NO, AND THEN SIGN AND DATE FOR EVERY VACCINE LISTED BELOW (NOTE: The number of doses depends upon the student's immunization history).

I consent for my child to be immunized with the Hepatitis B vaccine series. <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____	I consent for my child to be immunized with the Meningococcal Conjugate ACYW-135 vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____
I consent for my child to be immunized with the Varicella vaccines series. <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____	I consent for my child to be immunized with the Human Papillomavirus vaccines series. <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____

Parents: please complete sections 1, 2 and 3 and return this form to the school.

SECTION 4: NURSE USE ONLY

Student's Name:

M

F

DOB

HCN#

Date consent directives entered into Panorama:

RN initials:

Use this section if Point of Service documentation is unavailable.

Date given	Vaccine	Dose #	Lot #	Dosage	Route	Site	RN signature	POS/ Entered
	HB			1.0 mL	IM	LA RA		
	HB			1.0 mL	IM	LA RA		
	HPV-9			0.5 mL	IM	LA RA		
	HPV-9			0.5 mL	IM	LA RA		
	Men-C-ACYW-135			0.5 mL	IM	LA RA		
	Varicella			0.5 mL	SC	LA RA		

Verbal consent obtained

Parent/guardian name:

Phone number:

Date & Time:

RN signature:

RN's Notes: