

Grade 6 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.

Grade 6 students are due for hepatitis B, meningococcal conjugate ACWY-135 and human papillomavirus vaccines.

- Public Health Nurses review the immunization records of all Grade 6 students.
- Students get the doses they need to complete a vaccine series during school visits by a public health nurse. This may extend into the next grade if necessary.

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

- If a student does not need a vaccine that a parent/caregiver has checked YES for, the nurse will not immunize the child with that vaccine.

What is hepatitis B (HB)?

- HB is a vaccine preventable disease. 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 meningococcal disease?

- *Neisseria meningitidis* bacterial types A, C, Y and W-135 are vaccine preventable.
- 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.
- Most cases occur in children, adolescents and young adults.
- 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.
- 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.

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), causes many types of cancers and spreads through sexual activity and direct skin-to-skin contact.
- About 75% of sexually active people will have at least one HPV infection in their lifetime.
- There are over 100 types of HPV viruses and 9 high risk types are vaccine preventable.
- 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.

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.

Individuals who have a mild illness, with or without a fever, may be asked to defer their routine immunization based on current COVID-19 screening criteria.

Provincial immunization fact sheets are available at <https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services>

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.

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 to ensure no serious reactions have occurred.
- 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.**

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.

Talk to a public health/community health nurse:

- If you have questions or concerns; 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.

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 below.
- 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 section** on the front of the consent form. **A signature and date is required on every consent form.**
- 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 an Emergency department; that were paid for; in a travel clinic; from a Doctor, Pharmacist, or Nurse Practitioner; or in a different First Nations community other than where they currently live (if applicable), it is important to **send a copy of the student's immunization record to the school for the nurse to review.**
- 5. The 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 will 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 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).
- 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 below.

To ensure that a complete immunization record is maintained, immunizations administered by Public Health will be documented into the electronic provincial immunization registry, known as Panorama. These 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 DUE FOR **3 VACCINES**: HEPATITIS B (HB); MENINGOCOCCAL CONJUGATE ACYW-135 (MENINGITIS); 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)				
Student's Last Name (print)	Student's First Name (print)	Student's Gender M F Other: _____		Birthdate YY/MM/DD
Health Card Number	Address/PO Box, Town, Postal Code		School	
Parent/Guardian Name (print)	Cell Phone ()	May we text you? Yes No	Preferred Phone Number ()	Teacher
Your Relationship to this Student (e.g., mother)		Parent/Guardian 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____
2) Does this student have any medical conditions or severe allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____
3) Has this student ever received vaccines: <input type="checkbox"/> Outside of Saskatchewan? <input type="checkbox"/> In an Emergency department? <input type="checkbox"/> That were paid for? <input type="checkbox"/> In a travel clinic? <input type="checkbox"/> From a Doctor, Pharmacist, or Nurse Practitioner? <input type="checkbox"/> In a different First Nations community other than where they currently live (if applicable)? 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)
<ul style="list-style-type: none"> 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 and they were answered to my satisfaction. I understand the benefits and possible reactions for the vaccine(s). I understand the potential disease risks to my child if they do not get 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 let the school Public Health Nurse know that I cancel my consent. <p>As a parent/guardian of this child, I understand and acknowledge that it is my responsibility to:</p> <ul style="list-style-type: none"> 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 nurse of any changes to my child's health status set out in Section 2 that arise after signing this consent form.

A PARENT/GUARDIAN MUST CHECK YES OR NO, AND THEN SIGN AND DATE THIS SECTION.	
I consent for my child to get immunized with the following vaccines:	
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Human Papillomavirus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal Conjugate ACYW-135	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature _____	Date _____ YY/MM/DD

Parents - Complete sections 1, 2 and 3 and return this form to the school.

Consent for Routine Grade 6 Immunizations

SECTION 4: NURSE USE ONLY

Student's Name: _____ DOB YY/MM/DD HCN# _____

Date consent directives entered into Panorama: YY/MM/DD Nurse initials: _____

Use this section if Point of Service documentation is unavailable.

Date given <small>YY/MM/DD</small>	Vaccine	Dose #	Lot #	Dosage	Route	Site	Nurse 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		

Verbal consent obtained

Parent/guardian name: _____

Phone number: _____

Date & Time: YY/MM/DD

Nurse signature: _____

Notes: