

# Grade 8 Immunization Package

# Tetanus, Diphtheria, Pertussis Vaccine

**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.**

## **Tetanus, diphtheria and pertussis are vaccine preventable diseases.**

**Tetanus** ('lockjaw') is caused by bacteria found in the soil worldwide. The bacteria make a strong toxin within 3-21 days after entering the body through a cut or injury to the skin. The toxin causes painful tightening of muscles in the body. In severe cases, breathing muscles are affected. Without treatment, up to 8 in 10 people who get tetanus could die. It cannot be spread from person to person.

**Diphtheria** is rare in Canada; however, this serious disease occurs in many countries worldwide. The bacteria spread through the air by sneezing or coughing, and direct skin contact. Symptoms include a mild fever, sore throat, difficulty swallowing, tiredness and loss of appetite. A grayish white membrane appears in the throat within 2 to 3 days of illness which causes severe breathing problems like airway obstruction and suffocation. Within 2 to 5 days, the bacteria produce a strong toxin that can cause heart failure and paralysis. Without treatment 1 in 10 people could die.

**Pertussis**, or "whooping cough", is a serious bacterial infection of the lungs and throat. Pertussis can cause pneumonia, convulsions, brain damage or death. These complications are seen most often in infants. The bacteria are easily spread by coughing, sneezing or close face-to-face contact. Pertussis can cause severe coughing that often ends with a whooping sound before the next breath. This cough can last several months and occurs more often at night. 1 in 200 infants who get pertussis could die.

## **How can these diseases be prevented?**

- Be immunized. When you and your child are immunized, you help protect others as well.
- Practice good hygiene (e.g. hand washing).

## **Who can get this vaccine for free?**

- Grade 8 students as a **booster dose** (unless they have received it since becoming 11 years old).
- Pregnant women in every pregnancy (ideally between 27-32 weeks gestation) to provide passive, temporary protection against pertussis to the infant.
- Other adults can receive 1 dose of this vaccine (in their lifetime) when they get their next 'tetanus booster' (recommended every 10 years).
- Caregivers of babies younger than 6 months old may be eligible to receive this vaccine once if they have not previously received it as an adult.
- NOTE: For young children, immunization for tetanus, diphtheria and pertussis is combined with other vaccines, such as polio and *Haemophilus influenzae* type b. These are given as a series of injections.

## **Who should not get this vaccine?**

- Individuals who have a serious illness, with or without a fever, should delay immunizations.
- Persons who had a life-threatening reaction to a previous dose of tetanus, diphtheria, or pertussis vaccine, or any components of the vaccine.
- People younger than 4 years of age.
- People who developed Guillain-Barré Syndrome (GBS) within 6 weeks of getting a tetanus-containing vaccine should not get the vaccine. GBS is a rare condition that can result in weakness and paralysis of the body's muscles.
- People who developed encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) within 7 days of a previous dose of a pertussis-containing vaccine that is not attributable to another identifiable cause is a contraindication to vaccination with any pertussis-containing vaccine.
- Individuals who have experienced transient thrombocytopenia or other neurological complications following an earlier immunization against diphtheria and/or tetanus.

## What are common reactions to this vaccine?

- **Vaccines are very safe and effective. It is much safer to get this vaccine than to get any of these serious diseases.**
- Pain, redness and swelling at the injection site.
- Some individuals may experience fatigue, headache, mild fever, dizziness, body aches or nausea.
- These reactions are mild and generally last 1 to 2 days.
- Numbness, tingling, brachial neuritis (pain in arm and shoulder nerve), facial paralysis, convulsions, myelitis (inflammation of the spinal cord) and myocarditis (inflammation of the heart) have been reported as rare events after immunization.
- Only treat a child's fever (at least 6 to 8 hours after immunization) if they are uncomfortable, refusing fluids and not sleeping.

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.

It is important to stay in the clinic for 15 minutes after getting any vaccine because 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. **If this happens after you leave the clinic, call 9-1-1 or the local emergency number.** This reaction can be treated, and occurs in less than one in one million people who get the vaccine.

## Who should you report reactions to?

- Report any adverse or unexpected reactions to 811, your local public health nurse, your doctor, or nurse practitioner as soon as possible.

### Talk to a public health nurse:

- If you have questions or concerns about your or your child's reaction to an immunization.

- If you or your child had to go to a doctor, a hospital or to a health centre with a symptom that might be related to immunization.

## What does this vaccine contain?

**BOOSTRIX®** contains diphtheria toxoid, acellular pertussis toxoid, filamentous haemagglutinin, pertactin, tetanus toxoid, aluminum salts, sodium chloride and water for injection. Residues: disodium phosphate, formaldehyde, glutaraldehyde, glycine, monopotassium phosphate, polysorbate 80, and potassium chloride. Thimerosal-free. Latex-free. Antibiotic-free.

**ADACEL®** contains tetanus toxoid, diphtheria toxoid, acellular pertussis toxoid, filamentous haemagglutinin, pertactin and fimbriae types 2 and 3, aluminum phosphate, 2-phenoxyethanol and trace amounts of formaldehyde and glutaraldehyde. Thimerosal-free. Latex-free. Antibiotic-free.

## Mature Minor Consent

It is recommended that parents/guardians discuss consent for immunization with their children. Efforts are first made to get parental/guardian consent for immunizations. However, children at least 13 years of age up to and including 17 years of age, who are able to understand the benefits and possible reactions for each vaccine and the risks of not getting immunized, can legally consent to or refuse immunizations in Saskatchewan by providing mature minor informed consent to a healthcare provider.

Provincial immunization fact sheets are available at [www.saskatchewan.ca/immunize](http://www.saskatchewan.ca/immunize).

**For more information, contact your local public health office, your physician, nurse practitioner, HealthLine online or by calling 811.**

References: Product monographs (BOOSTRIX® 2021; ADACEL® 2021).

# 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](http://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 8 Immunization

**STUDENTS ARE DUE FOR THEIR TETANUS, DIPHTHERIA AND PERTUSSIS (WHOOPIING COUGH) VACCINE ('BOOSTER DOSE').**

**Parents/Guardians: Use a pen, print clearly, and return this completed form to the school.**

SECTION 1: STUDENT'S PERSONAL INFORMATION (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)			
Student's Last Name	Student's First Name	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 <b>If yes, describe:</b> _____
2) Does this student have any medical conditions or severe allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, describe:</b> _____
3) Has this student <b>ever</b> 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 <b>yes</b> , 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"> <li>I have read the information in the Ministry of Health immunization fact sheet(s) provided to me for the vaccine(s) listed below.</li> <li>I have had the opportunity to ask questions and they were answered to my satisfaction.</li> <li>I understand the benefits and possible reactions (side effects) for the vaccine.</li> <li>I understand the potential disease risks to my child if they do not get immunized.</li> <li>I understand that in the rare occurrence of anaphylaxis, emergency treatment will be provided to my child.</li> <li>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.</li> </ul> <p><b>As a parent/guardian of this child, I understand and acknowledge that it is my responsibility to:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>NOTE: It is recommended that parents/guardians discuss consent for immunization with their children. Efforts are first made to get parental/guardian consent for immunizations. However, children at least 13 years of age and older who are able to understand the benefits and possible reactions for each vaccine and the risks of not getting immunized, can legally consent to receive or refuse immunizations in Saskatchewan by providing mature minor informed consent to a healthcare provider.</li> </ul>

A PARENT/GUARDIAN MUST CHECK YES OR NO, AND THEN SIGN AND DATE FOR THE VACCINE LISTED BELOW
I CONSENT FOR MY CHILD TO GET IMMUNIZED WITH THE <u>TETANUS, DIPHTHERIA AND PERTUSSIS VACCINE.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE _____ DATE _____ YY/MM/DD
<b>Parents - Complete sections 1, 2 and 3 of this form and return it to the school.</b>

SECTION 4: <u>NURSE USE ONLY</u>								
<b>Student's Name:</b> _____			<b>DOB</b> <small>YY/MM/DD</small> _____		<b>HCN#</b> _____			
<b>Date consent directive entered into Panorama:</b> <small>YY/MM/DD</small> _____						<b>Nurse initials:</b> _____		
Use this section if Point of Service documentation is unavailable.								<b>POS / Entered</b>
Date given <small>YY/MM/DD</small>	Vaccine	Dose #	Lot #	Dosage	Route	Site	Nurse signature	
	Tdap			0.5 mL	IM	LA RA		
<b>Verbal consent obtained</b> <input type="checkbox"/>			<b>Mature minor consent obtained</b> <input type="checkbox"/>			Notes:		
Parent/Guardian name			Student signature					
Phone number			Date & time <small>YY/MM/DD</small>					
Date & time <small>YY/MM/DD</small>			Nurse signature					