

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.

All Grade 6 students are offered hepatitis B (HB), varicella (chickenpox) and meningococcal conjugate ACWY-135 vaccines (Men-C-ACYW-135). The human papillomavirus (HPV) vaccine is only for Grade 6 girls.

- All Grade 6 vaccine fact sheets are available at: www.saskatchewan.ca/immunize
- Public health nurses review the immunization records of all students. If a nurse sees that 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 – girls only (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. Most 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 chickenpox blisters.

NOTES:

- Most children in Saskatchewan no longer get chickenpox disease because of the success of the childhood varicella immunization program.
- A history of chickenpox 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 to chickenpox.
- Unless you have documented proof of your child's immunity to varicella from a blood test, your child should be vaccinated. If there is any doubt about their immunity, it is best to vaccinate them. There is no harm in vaccinating a child who may already be immune.

What is meningococcal disease?

- **NOTE:** The Grade 6 vaccine contains 4 meningococcal bacteria strains and is different from the vaccine given at 1 year of age that contains 1 bacterial strain.
- *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) and septicemia (an infection of the blood).
- 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.
- Complications include limb amputations, permanent hearing loss, permanent 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 and by kissing.
- Many people carry these bacteria in their nose and throat but do not become sick.

Acetaminophen (Tylenol®, Tempra®) can be given for fever or soreness. ASA (Aspirin®) should NOT be given to anyone under 20 years of age due to the risk of Reye's syndrome.

What is human papillomavirus (HPV)?

- HPV is one of the most common sexually transmitted infections (STIs). There are over 100 types of HPV.
- HPV types 6, 11, 16 and 18 are vaccine preventable. The Gardasil™ brand of HPV vaccine contains these 4 types and is used for the grade 6 immunization program.
- HPV types 6 and 11 cause over 90% of genital warts in females and males.
- HPV types 16 and 18 can cause mouth, nose, throat and anal cancers in males and females, cervical and vaginal cancers in females and penile cancer in males.

How is HPV spread?

- **Abstinence is the only way to prevent a HPV infection.**
- Anyone who is sexually active can get a HPV infection.
- About 75% of sexually active females and males will have at least one HPV infection during their lifetime.

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. For some people, the body cannot fight the HPV infection and the infected cells can develop cancer.

NOTES:

- Females born since January 1, 1996 who did not get HPV vaccine in Grade 6 can get it for free (until they are 27 years old) by contacting Public Health.
- HPV vaccines are recommended for others (e.g., adolescent boys), but are not available for free. Individuals should talk with their healthcare provider about privately purchasing HPV vaccine. **The Saskatchewan Ministry of Health does not reimburse any costs associated with privately purchased vaccines.**

Who should not get a vaccine?

- If you have concerns that this student should not receive a vaccine, speak with your health care provider.

Some vaccines are not recommended for the following:

- Those who had a life-threatening allergic reaction to a previous dose or to any component of the vaccine, including yeast (in HB and HPV vaccines), latex (in some HB vaccines), and neomycin or gelatin (in some chickenpox vaccines).
- Some people who have an immune system weakened by a disease or medical treatment should not receive varicella vaccine.
- People who received a blood product or an immune globulin may need to wait up to 1 year before receiving the varicella vaccine.
- Pregnant females should not receive varicella or HPV vaccines.

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

What are common reactions from the grade 6 vaccines?

- Soreness, redness and swelling in the arm where the vaccines were given for 1-2 days.
- Headache, mild fever and tiredness may also occur.
- 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 virus to others, the rash should be covered until the blisters have dried and crusted over.

Who should you report reactions to?

- Report any adverse or unexpected reactions to your local public health nurse, or your healthcare practitioner right away.
- 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.
- 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. 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. Immunization records may be shared with other health care professionals to provide public health services; assist with diagnosis and treatment; and to control the spread of vaccine preventable diseases. Information about Panorama is detailed in the “*Protecting the Privacy of Your Immunization Record*” fact sheet available at: www.saskatchewan.ca/immunize.

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.

Immunization Consent Form Instructions

PLEASE FOLLOW THESE DIRECTIONS TO COMPLETE THE IMMUNIZATION CONSENT FORM

1. **Read and keep all of the vaccine fact sheets for your information.**
 - The provincial immunization schedule and French vaccine information sheets are available online at www.saskatchewan.ca/immunize.
 - **If you speak another language and need help to understand the information, please contact the public health office noted in bullet #8.**
2. **Parents/guardians **must** complete these sections of the consent form:**
 - a. Student's Personal Information
 - b. Student's Health Checklist
 - c. Consent for Immunization - **A signature is required even if you **DO NOT WANT** this student immunized.**
 - d. **Please sign and date the required sections on the front of the consent form.**
 - e. **Tear off the consent form and have it returned to the school.**
3. If this student has received vaccines (outside of Saskatchewan Public Health) 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; outside of Saskatchewan; or that have been paid for (e.g., Twinrix®, chickenpox vaccine), give a copy of the student's immunization record to the school for the public health nurse.
4. The student **must return** the completed consent form to the school **immediately**. Parents/guardians may choose to put the consent form into an envelope before it is returned to school.
5. **Public health nurses always review the immunization records of students before they are immunized.** If a nurse notices that 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 make note of this on the *Notice of Immunization* form given to the student.
6. Please be aware that parents/guardian/individuals **are responsible** to contact Public Health to get missed or refused vaccines if they are needed in the future (e.g., for post-secondary education, work, travel, etc.).
7. 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.
8. 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 Grade 6 Immunizations

PARENTS: USE A PEN, PRINT CLEARLY, AND RETURN THE COMPLETED FORM TO THE SCHOOL.

ALL STUDENTS: Hepatitis B, Meningococcal Conjugate ACYW-135 and Varicella (chickenpox) vaccines.

FEMALES ONLY: Human papillomavirus vaccine

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

Last Name	First Name	Male Female	Birthdate (YYYY/MM/DD)
Health Card Number	Mailing Address, Town, Postal Code		School
Parent/Guardian Name (Print)	Your Relationship to this Student	Evening Phone ()	Teacher
Day Phone ()	Cell Phone ()	Text only? Yes <input type="checkbox"/>	Email Address (optional)

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) Has this student ever received vaccines (outside of Saskatchewan Public Health) 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; outside of Saskatchewan; or that has been paid for?
No Yes If yes, specify 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 understand the information in the immunization fact sheet(s) provided to me. My questions have been answered to my complete satisfaction. I understand the proven benefits and possible reactions for these vaccines and the possible risks for this student if they are not immunized. If this student has an adverse reaction to these vaccines, medical attention will be sought and public health informed. **Unless cancelled in writing, this consent is valid for the time period needed to give all required doses of the vaccines noted below.**

Parents/guardian/individuals are responsible to contact Public Health to get missed or refused vaccines if they are needed in the future (e.g., for post-secondary education, work, travel, etc.).

CIRCLE YES OR NO, THEN SIGN AND DATE FOR EACH VACCINE (PARENT / GUARDIAN MUST COMPLETE THIS SECTION)

I CONSENT FOR THIS STUDENT TO BE IMMUNIZED WITH HEPATITIS B VACCINE: Yes No Signature _____ Date YY/MM/DD	I CONSENT FOR THIS STUDENT TO BE IMMUNIZED WITH MENINGOCOCCAL CONJUGATE ACYW-135 VACCINE: Yes No Signature _____ Date YY/MM/DD
I CONSENT FOR THIS STUDENT TO BE IMMUNIZED WITH VARICELLA VACCINE: Yes No Signature _____ Date YY/MM/DD	I CONSENT FOR THIS FEMALE STUDENT TO BE IMMUNIZED WITH HUMAN PAPILOMAVIRUS VACCINE: Yes No Signature _____ Date YY/MM/DD

SECTION 4: NURSE USE ONLY

Student's Name: _____ M F DOB _____ HCN# _____

Date consent directives entered into Panorama: _____ RN initials: _____

Date given	Vaccine	Dose #	Lot #	Dosage	Route	Site	RN signature	Entered
	Men-C-ACYW-135	1		0.5 mL	IM	LA RA		
	HB	1		1.0 mL	IM	LA RA		
	HB	2		1.0 mL	IM	LA RA		
	Varicella	1		0.5 mL	SC	LA RA		
	Varicella	2 if req.		0.5 mL	SC	LA RA		
	HPV-4	1		0.5 mL	IM	LA RA		
	HPV-4	2		0.5 mL	IM	LA RA		
	HPV-4	3 if req.		0.5 mL	IM	LA RA		

Telephone consent

Parent/guardian name

RN's Notes:

Phone number

Date & Time

RN signature

Parents - Complete sections 1, 2 and 3 on the first page of this form and return it to the school.