

# Santé publique Public Health

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[www.vitalitenb.ca](http://www.vitalitenb.ca)

September 4, 2020

Dear Parent/Guardian:

**SUBJECT: Vaccination for boys and girls in grade 7 against tetanus, diphtheria and pertussis and human papillomavirus (HPV)**

During the school year, Public Health nurses will visit your child's school to vaccinate grade 7 students.

Please:

- Read attached fact sheets and consent form;
- Complete and **sign the consent form whether you accept or refuse** that your child be vaccinated;
- Return consent form to your child's teacher before September 16, 2020.

If you have any questions about the above-mentioned vaccines, you can:

- Call your Public Health office at XX,
- Consult the following website: Public Health Vitalité Health Network: [www.vitalitenb.ca-Services-Public-Health-Immunization-vaccines](http://www.vitalitenb.ca-Services-Public-Health-Immunization-vaccines), section on "Children and Adolescents in School".

We will provide you with the date for the vaccination clinic at a later time.

Thank you for your collaboration.

Isabelle Savoie  
Public Health Nurse  
Vitalité Health Network

# CONSENT FOR GRADE 7 IMMUNIZATIONS

TETANUS, DIPHTHERIA AND PERTUSSIS (Tdap) VACCINE  
HUMAN PAPILLOMAVIRUS (HPV) VACCINE

## PLEASE COMPLETE SECTIONS 1 AND 2

SECTION 1: STUDENT'S PERSONAL INFORMATION			
SCHOOL		GRADE	TEACHER (HOMEROOM)
LAST NAME		FIRST NAME	DATE OF BIRTH (YYYY / MM / DD)
BIRTH GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MEDICARE #	NAME OF PARENT / LEGAL GUARDIAN	
DAYTIME PHONE (work or home) <input type="checkbox"/> CELL		OTHER DAYTIME PHONE <input type="checkbox"/> CELL	PARENT'S / LEGAL GUARDIAN'S EMAIL
A L L E R T	DOES YOUR CHILD HAVE ALLERGIES? <input type="checkbox"/> NO <input type="checkbox"/> YES*		
	*IF YES, TO WHAT AND WHAT TYPE OF REACTION:		
	DOES YOUR CHILD HAVE A HEALTH PROBLEM? <input type="checkbox"/> NO <input type="checkbox"/> YES*		
	*PLEASE EXPLAIN:		
	DOES YOUR CHILD TAKE ANY MEDICATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES*		
	*PLEASE LIST :		

SECTION 2: PARENT / GUARDIAN CONSENT	
For the two vaccines, check YES or NO, sign and date.	
Your signature will confirm the following:	
<ul style="list-style-type: none"> <li>I have read the information I was given on the Human Papillomavirus (HPV) and the Tetanus, Diphtheria and Pertussis (Tdap) vaccines.</li> <li>I understand the benefits and possible reaction(s) for each vaccine and the risk of not getting immunized.</li> </ul>	
If you have any questions, please call your local Public Health office.	
<div> <div> <b>Tetanus, Diphtheria &amp; Pertussis (Tdap) Vaccine – 1 dose</b> </div> <div> <input type="checkbox"/> YES, vaccinate my child.  <input type="checkbox"/> NO, do not vaccinate my child.            If no, please specify : _____         </div> <div>           Has your child received a dose of Tetanus, Diphtheria and Pertussis Vaccine since January 2020? <span style="float:right">Date (YYYY / MM / DD)</span>  <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, give the date : _____         </div> <div>           Signature of parent/legal guardian <span style="float:right">Date (YYYY / MM / DD)</span> </div> </div>	
<div> <div> <b>Human Papillomavirus (HPV) Vaccine – 2 doses</b> </div> <div> <input type="checkbox"/> YES, vaccinate my child.  <input type="checkbox"/> NO, do not vaccinate my child.            If no, please specify : _____         </div> <div>           Signature of parent/legal guardian <span style="float:right">Date (YYYY / MM / DD)</span> </div> </div>	

## FOR PUBLIC HEALTH NURSE USE ONLY

SECTION 3 : TO BE COMPLETED BY PUBLIC HEALTH NURSE							
	Lot #	Site	Route	Dosage	Date (YYYY/MM/DD)	Time	Signature
<b>Tdap</b> <input type="checkbox"/> ADACEL <input type="checkbox"/> BOOSTRIX		<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	<input type="checkbox"/> IM	<input type="checkbox"/> 0.5 mL			
<b>HPV</b> <input type="checkbox"/> GARDASIL 9 DOSE 1		<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	<input type="checkbox"/> IM	<input type="checkbox"/> 0.5 mL			
<input type="checkbox"/> GARDASIL 9 DOSE 2		<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	<input type="checkbox"/> IM	<input type="checkbox"/> 0.5 mL			

SECTION 4: PERSONAL IMMUNIZATION RECORD			
This section is to be completed by the Public Health nurse. These immunization records will be given to your child after their immunization. Please keep these records with your child's personal health files.			
<b>Tetanus, Diphtheria and Acellular Pertussis (Tdap) Vaccine</b>		<b>Human Papillomavirus (HPV) Vaccine – DOSE 1</b>	
STUDENT'S NAME		STUDENT'S NAME	
DOB (YYYY / MM / DD)		DOB (YYYY / MM / DD)	
MEDICARE #		MEDICARE #	
NAME OF VACCINE:	DATE (YYYY / MM / DD)	NAME OF VACCINE:	DATE (YYYY / MM / DD)
<input type="checkbox"/> ADACEL <input type="checkbox"/> BOOSTRIX	TIME	<input type="checkbox"/> GARDASIL 9	TIME
NURSE'S SIGNATURE		NURSE'S SIGNATURE	
<b>Human Papillomavirus (HPV) Vaccine – DOSE 2</b>			
STUDENT'S NAME			
DOB (YYYY / MM / DD)			
MEDICARE #			
NAME OF VACCINE:	DATE (YYYY / MM / DD)		
<input type="checkbox"/> GARDASIL 9	TIME		
NURSE'S SIGNATURE			



# Protect your child against tetanus, diphtheria and pertussis

## Adolescent Dose

For Grade 7 students



### Why your child should get the tetanus, diphtheria and pertussis (Tdap) vaccine...

- The Tdap vaccine protects against three diseases: tetanus (lockjaw), diphtheria and pertussis (whooping cough).
- Early childhood vaccines against pertussis (whooping cough) tend to wear off during adolescence therefore, a booster dose is needed..
- To help reduce the incidence of pertussis (whooping cough) in the population and protect babies that are not fully immunized.

### Who should get this vaccine?

Grade 7 students.

### Who should NOT get this vaccine?

- Individuals allergic to any part of the vaccine or its packaging.
- Individuals who have already received the vaccine at age 12 or older.

### What you should know about tetanus, diphtheria and pertussis disease...

- Tetanus is caused by bacteria found in dirt, rust, manure and human feces. An individual becomes infected when bacteria enter an open cut.
- Diphtheria is caused by bacteria that infect the nose and throat. These bacteria release a poison that causes the disease symptoms. Diphtheria is spread by coughing and sneezing.
- Pertussis is caused by bacteria and begins like or in the same way as a cold. Pertussis is spread by coughing and sneezing.

### Possible Symptoms of the diseases

Tetanus	Diphtheria	Pertussis
<ul style="list-style-type: none"> <li>– muscle spasms</li> <li>– convulsions</li> <li>– sometimes death</li> </ul>	<ul style="list-style-type: none"> <li>– breathing problems</li> <li>– heart failure</li> <li>– paralysis</li> </ul>	<ul style="list-style-type: none"> <li>– severe coughing</li> <li>– choking</li> <li>– whooping cough</li> <li>– vomiting spells (lasting weeks or months)</li> <li>– sometimes death</li> </ul>

### What you should know about the Tdap vaccine... The vaccine...

- is SAFE and very effective in preventing di
- protects against these three diseases in on

### What to expect following tetanus, diphtheria and pertussis immunization...

- Common side effects are pain, redness, ar injection site, mild headache, fever and bo

**Please note:** As is the case with any vaccine, risk that a serious allergic reaction can occur. *students are asked to remain on site for at least after the vaccine is given so that possible immun can be monitored and treated.*

### How to treat fever and pain...

- A cold compress on the injection site may i discomfort.
- You may give your child acetaminophen (e: ibuprofen (e.g., Advil®).
- **NEVER** give Acetylsalicylic acid (ASA or Asf younger than 18 years because it can cause and brain disease called Reye's syndrome.

### What else you should know...

- If your child has a fever or illness other than the nurse may delay giving this vaccine.
- If your child's immune system is affected by medication or cancer treatments, the decision must be made in consultation with your family doctor.
- If your child has had an allergic reaction to a past, or if you have any questions, please call your Public Health office.
- Adverse reactions especially severe or unusual the four weeks following immunization should be reported to the local Public Health office. Please see your child has a severe reaction.
- Contact your health care provider if you have any questions about immunization.
- Further information is available at [www.gnb.ca/publichealth](http://www.gnb.ca/publichealth)

# Protect your child against human papillomavirus (HPV)

For Grade 7 students



## *Why your child should get vaccinated against HPV now...*

- To protect your child from getting human papillomavirus (HPV), which may cause genital warts, infections or cancer such as cervical cancer and oral cancer.
- To ensure the maximum benefit from the HPV vaccine. It is most effective when given to children aged 10 to 15 and BEFORE becoming sexually active.

## *Who should get this vaccine?*

Students in Grade 7.

## *Who should NOT get this vaccine?*

- Children who are allergic to any part of the vaccine or its packaging.
- Students who already received the vaccine.
- Pregnant women.

## *What you should know about HPV...*

- HPV is very common.
- There are more than 100 types of HPV.
- About 70 per cent of the adult population will have had a genital HPV infection at some stage in their life.
- Genital HPV is spread through skin-to-skin contact during sex.
- Signs and symptoms are not always visible.
- HPV can cause cervical cancer, other genital cancer, and cancer of the anus, head, neck, mouth and throat.
- Most people are infected during the first two to five years after becoming sexually active.

## *What you can do to help protect your child against HPV...*

- Encourage your child to get vaccinated NOW.
- Talk with your child about how to make informed sexual health decisions by discussing the following:
  - delaying sexual activity until an older age;
  - limiting the number of sexual partners;
  - being aware of a partner's sexual history;
  - using condoms for protection against HPV and other sexually transmitted infections; and
  - being aware that the virus can be found on skin that is not covered by a condom.

## *What you should know about the HPV vaccine...*

### *The vaccine...*

- is **SAFE** and a completed series is very effective in preventing disease.
- is given by a needle in two doses at least six months apart.
- children with a weakened immune system: three doses of HPV vaccine. Please talk to your provider.
- all doses need to be given to ensure protection.

## *What to expect following HPV immunization...*

- Common side effects are pain, redness, itching at the site of the injection.
- Other possible side effects are mild fever, malaise and headache.

**Please note:** As is the case with any vaccine, the risk that a serious allergic reaction may occur. *child will be asked to remain on site for at least 15 minutes after the vaccine is given so that possible immunization can be monitored and treated.*

## *How to treat fever and pain...*

- A cold compress on the injection site may reduce discomfort.
- You may give your child acetaminophen (e.g. ibuprofen (e.g., Advil®)).
- **NEVER** give Acetylsalicylic acid (ASA or Aspirin) to children younger than 18 years because it can cause a rare and brain disease called Reye's syndrome.

## *What else you should know...*

- If your child has a fever or illness other than the nurse may delay giving this vaccine.
- If your child's immune system is affected by medication or cancer treatments, the decision must be made in consultation with your family doctor.
- If your child has had an allergic reaction to a vaccine, or if you have any questions, please contact your Public Health office.
- Adverse reactions especially severe or unusual within the four weeks following immunization should be reported to the local Public Health office. Please see your child's health care provider if you have any questions about immunization.