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Free



Facts and Information about the

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Hepatitis B Immunization Program
in your child's grade this year

Dear Parent/Guardian,

Each year, Alberta Health and Wellness, with the regional health authorities, offers a program to provide hepatitis B vaccine to all students in Grade five. Most other provinces in Canada also offer hepatitis B vaccine to students in elementary school.

Hepatitis B is a virus that attacks the liver. It can cause permanent liver damage and scarring, and in some cases, even death. It is the number one cause of liver cancer in the world.

Hepatitis B immunization involves a series of injections given by a public health nurse at your child's school. With your permission, your child will receive three separate injections over a six-month period during the school year.

How can hepatitis B spread?

It is uncommon for a child to contract hepatitis B. However, exposure of a child to blood or discarded needles in a school yard or playground is possible. Hepatitis B can be spread by contact with blood or bodily fluids of an infected person. About half the people who catch hepatitis B never feel sick and can spread the disease without knowing it. In Alberta, many new cases are the result of sexual relations with an infected person. In most cases, no obvious source of infection can be found. Hepatitis B can also be spread by injection drug use. An infected mother may also pass the disease to a newborn during birth.

Why offer hepatitis B vaccine to my child?

In Alberta, most new cases occur in young adulthood. Immunization is being offered to students in grade five to ensure they are protected well before they become adults.

How can I be sure the vaccine is safe?

Hepatitis B vaccine is one of the safest vaccines used today. It has been in Canada for over 10 years. More than 30 million doses have been given worldwide with no serious effects. Hepatitis B vaccine does not contain blood products or living viruses.

Will my child suffer serious side effects?

Hepatitis B vaccine usually has no side effects. Your child may, however, experience minor reactions such as redness, warmth or swelling at the injection site, tiredness or slight fever lasting one or two days.

More serious reactions such as allergic responses, severe pain or swelling are very rare and should be reported to your public health nurse or family doctor. The risk from this vaccine is far less than the risk from hepatitis B disease.



**PLEASE SIGN AND RETURN
THE ENTIRE YELLOW CONSENT FORM
TO SCHOOL.**

IMPORTANT MESSAGE

If your child has a fever or illness other than a minor cold, the public health nurse will delay the hepatitis B vaccine. For more information on hepatitis B, call your public health nurse in your region.

PLEASE SIGN AND RETURN THE CONSENT FORM TO SCHOOL.

A complete record of your child's hepatitis B immunization will be sent to you after the series of three injections is completed.

FACTS ABOUT HEPATITIS B

The number of new hepatitis B cases have been increasing steadily since 1980 across Canada.

- Symptoms include tiredness, fever, loss of appetite, yellow skin and eyes (jaundice).
- Symptoms may last for weeks and months.
- Most people with hepatitis B do not know they have it.
- Once you have Hepatitis B, there are no drugs to treat it.
- Most people recover from the disease. However, up to 10% of people who get hepatitis B become carriers. This means they can develop permanent liver damage or even liver cancer.
- It is **not** spread by sneezing, coughing, hugging or using the same dishes or cutlery.

FOR FURTHER INFORMATION CONTACT:



This resource is a part of Alberta's public health strategy of promotion, prevention, protection and community care.

Adapted with permission from
the B.C. Ministry of Health.

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Hepatitis B Immunization Record

Name _____

Birth Date _____

1. _____
2. _____
3. _____

Please return the entire yellow form to the school. This portion will be returned to you after the series is completed.

Request for Hepatitis B Immunization

Student _____

Child's Health Care Number _____

Parent/Guardian _____ Phone Number _____

School _____ Classroom _____

Any known allergies: yes no

If yes, please list: _____

I have read or had explained to me the information about the vaccine, and I believe I understand its benefits, risks, and side-effects. I have had the opportunity to ask questions that have been answered to my satisfaction. I request the above named be immunized against hepatitis B (3 doses).

Date _____ Signature _____

This consent is valid for two years unless cancelled.

My child has already received hepatitis B vaccine on these dates:

#1. _____ #2. _____ #3. _____

Date _____ Signature _____