

## Howard S. Billings Regional High School

### Letter to 14 to 16-year olds and parents

Subject: Information on vaccination schedules

Dear Parents and Students,

In Quebec, the legal age of consent for healthcare is 14 years. Your child is therefore able to consent to the vaccination provided at school. We are providing this information so that you can support him/her in this process.

#### **Vaccination will take place at school on February 18-19, 2019**

In Secondary III, all students are scheduled for a dose of **Tdap** vaccine that protects against diphtheria, pertussis (whooping cough) and tetanus. Even if your child has been given a dose of the diphtheria and tetanus (d<sub>2</sub>t<sub>5</sub>) vaccine in the last 5 years as a result of an injury, bite or trip, for example, the Tdap vaccine is recommended to protect against pertussis.

A dose of vaccine against **meningococcal serogroup C** infections is provided for everyone. Meningococcus is a bacterium that can cause severe infections such as meningitis or blood infection. The purpose of this addition to the vaccination schedule is to maintain the individual and collective protection (group immunity) conferred by the vaccine.

In addition, the nurse will check your child's vaccination record and ensure that he/she has received all vaccine doses indicated for his/her age against the following diseases: diphtheria, pertussis, tetanus, polio, measles, rubella, mumps, chicken pox, hepatitis B and HPV (for girls only). The nurse can administer the missing vaccines so that the child is well protected.

#### **Since September 2018**

##### **Additional vaccine: HPV for boys**

The HPV vaccine will be available to all boys in Secondary 3 and to girls who didn't receive 2 doses of the vaccine in Secondary 4.

Human papillomavirus (HPV) viruses are amongst the most prevalent and numerous in the world. There are over 100. They may cause condyloma (anal or genital warts), precancerous lesions on the genitals and cervix, and cancers of the cervix, vagina, vulva, penis, anus and throat.

##### **For more information on these vaccines and vaccination in general, visit these websites:**

- Ministère de la santé et des services sociaux:  
[www.msss.gouv.qc.ca/sujets/santepub/vaccination/index.php?accueil](http://www.msss.gouv.qc.ca/sujets/santepub/vaccination/index.php?accueil)
- Public Health Agency of Canada: [www.phac-aspc.gc.ca/std-mts/faq-fra.php#vph](http://www.phac-aspc.gc.ca/std-mts/faq-fra.php#vph)
- Society of Obstetricians and Gynecologists of Canada: [www.infovph.ca/](http://www.infovph.ca/)

You need to:

1. **Complete the first 2 sections of the attached form (ID and medical information) if not already done in class**
2. **Return the form and vaccination card to the school tomorrow**

For the day of vaccination, it's best to eat well, wear a short-sleeved top and **it's essential to bring the vaccination card** (if not submitted in advance).

In case of absence for the vaccination, you must make an appointment at the appointment centre of  
CLSC Châteauguay at 450-699-3333

CLSC Kateri at 450-659-7661

CLSC Jardins-du-Québec at 450-454-4671

Thank you for your collaboration.

School Nurse

CLSC Châteauguay

CLSC Kateri

CLSC Jardins-du-Québec

450-699-3333, ext. \_\_\_\_\_

450-659-7661, ext. \_\_\_\_\_

450-454-4671, ext. \_\_\_\_\_

# Human Papillomavirus (HPV) Vaccines

Vaccination,  
the best protection

September 2018

Vaccination is the best protection against infections caused by HPV and their complications. HPV types included in the vaccines are responsible for the majority of cervical cancers, cancers of the vagina, the vulva, the penis, the anus and throat. Gardasil and Gardasil 9 also protect against infections from HPV types, which cause anal and genital warts (condylomas). Condylomas are the most frequent sexually transmissible infections in Canada. When someone is infected by an HPV, he or she often does not know because the infection goes undetected.

Disease	Signs and symptoms	Possible complications
HPV infections	<ul style="list-style-type: none"><li>Anal and genital warts (approximately 14,000 cases a year in Québec before vaccine arrival)</li><li>Precancerous lesions of the uterine cervix, the vagina, the vulva, the penis, the anus or the throat if the infection persists</li></ul>	<ul style="list-style-type: none"><li>Cervical cancer (approximately 280 cases a year in Québec)</li><li>Cancers of the vagina, the vulva, the penis or the anus (approximately 115 cases a year in Québec)</li><li>Cancers of the throat (approximately 185 cases a year in Québec)</li><li>Death (cervical cancer causes approximately 70 deaths a year in Québec)</li></ul>

## The vaccines

Vaccination is the best protection against HPV infections and their complications. More than one dose of the vaccines is required to obtain the best protection possible. Ideally, vaccination should be performed before the start of sexual activity.

The vaccines are indicated even for someone who has already contracted an HPV infection. However, the HPV vaccine do not clear existing infections and show no therapeutic effect on already existing lesions at the time of vaccination.

Vaccinated women should continue to follow the recommendations for cervical cancer screening.

## Symptoms after vaccination

Some symptoms may be caused by the vaccines (e.g. redness at the injection site). Other problems may occur by chance and are not related to the vaccines (e.g. cold, gastro, headache).

HPV vaccines are safe. Most reactions are harmless and do not last long.

Frequency	Known reactions to these vaccines	What to do
In most cases (more than 50% of people)	<ul style="list-style-type: none"><li>Pain at the injection site</li></ul>	<ul style="list-style-type: none"><li>Apply a cold, damp compress at the injection site.</li><li>Use medication for fever or discomfort if needed.</li><li>See a doctor if symptoms are severe.</li></ul>
Very often (less than 50% of people)	<ul style="list-style-type: none"><li>Redness and swelling at the injection site</li></ul>	
Often (less than 10% of people)	<ul style="list-style-type: none"><li>Itching at the injection site, fever</li></ul>	

The Cervarix vaccine causes slightly more pain, swelling and redness at the injection site than the Gardasil 9 vaccine.

We recommend that you stay at the clinic for at least 15 minutes after vaccination because allergic reactions may occur. If an allergic reaction occurs, the symptoms will appear a few minutes after the vaccination. The person giving the vaccine will be able to treat this reaction immediately.

**For any questions, contact the person giving the vaccine,  
or Info-Santé 8-1-1 or your doctor.**

Installation : \_\_\_\_\_

Dossier : \_\_\_\_\_

Nom, Prénom : \_\_\_\_\_

Date de naissance : \_\_\_\_\_  F  M  
AAAA-MM-JJ

NAM : \_\_\_\_\_ Exp. \_\_\_\_\_  
AAAA-MM

Nom de la mère : \_\_\_\_\_

## CONSENT TO SCHOOL VACCINATION 14-16 YEARS OLD

If you are 14 years old and over, you may give your own consent to receive a vaccine. For any additional information you may contact **your school nurse or Info-Santé by dialing 811.**

<b>IDENTIFICATION</b>	
ADDRESS : _____	CITY : _____
POSTAL CODE : _____	PHONE NUMBER : (    ) _____ - _____

<b>MEDICAL INFORMATION</b>		
<i>It is necessary to answer all questions.</i>		
	YES	NO
1. Have you noticed any changes in your health today ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had an allergic reaction severe enough to require emergency medical care? If yes to what? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. After receiving a vaccine, have you ever had a severe reaction enough to require medical assistance? If so, to which vaccine? _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have blood coagulation problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have immune system problems? (due to medication or disease)	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive a blood transfusion or an injection of gammaglobulins or a vaccine in the last 11 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you have the chickenpox after the age of one year? If not, you received a vaccine against the chickenpox?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

<b>CONSENT</b>				
<i>I agree to receive the following vaccines if required:</i>		<i>I consent I refuse</i>		
<input type="checkbox"/>	Against group C meningococcus	<input type="checkbox"/>	<input type="checkbox"/>	To receive the vaccine
<input type="checkbox"/>	Against diphtheria, tetanus and pertussis (whooping cough)	<input type="checkbox"/>	<input type="checkbox"/>	To receive the vaccine
<input type="checkbox"/>	Against poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	To receive the vaccine
<input type="checkbox"/>	Against mumps, measles, and rubella	<input type="checkbox"/>	<input type="checkbox"/>	To receive the vaccine
<input type="checkbox"/>	Against chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	To receive the vaccine
<input type="checkbox"/>	Against hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	To receive the vaccine
<input type="checkbox"/>	Against hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	To receive the vaccine
<input type="checkbox"/>	Against human papilloma virus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	To receive the vaccine

Signature : \_\_\_\_\_  
User's signature 14 and over

Date : \_\_\_\_\_  
YYYY-MM-DD

Signature : \_\_\_\_\_  
Of parent or guardian if the user is less than 14 years old

Date : \_\_\_\_\_  
YYYY-MM-DD

## À L'USAGE DE L'INFIRMIÈRE ET DU VACCINATEUR

Vaccin(s) à administrer suite à l'évaluation de l'infirmière		Lieu de dispensation de services : _____				
Agent	Vaccins à administrer	Administré no de lot :	Site :		Signature du vaccinateur et numéro de pratique professionnel	Date AA/MM/JJ Heure
Men C-C	<input type="checkbox"/> Menjugate <input type="checkbox"/> Neisvac-C 0,5 mL IM	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :
dcaT	<input type="checkbox"/> Adacel 0,5 mL IM	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :
dcaT-VPI	<input type="checkbox"/> Adacel Polio 0,5 mL IM	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :
VPI	<input type="checkbox"/> Immovax-Polio 0,5 MmL SC	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :
Saisir V09	1 <sup>ière</sup> dose : RRO <input type="checkbox"/> Priorix 0,5 mL SC	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :
	2 <sup>ième</sup> dose : RRO <input type="checkbox"/> Priorix 0,5 mL SC	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :
	1 <sup>ière</sup> dose RRO-VAR <input type="checkbox"/> Proquad 0,5 mL SC	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :
	2 <sup>ième</sup> dose RRO-VAR <input type="checkbox"/> Proquad 0,5 mL SC	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :
1 <sup>ière</sup> dose : Var <input type="checkbox"/> Varivax III 0,5 mL SC	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :	
2 <sup>ième</sup> dose : Var <input type="checkbox"/> Varivax III 0,5 mL SC	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :	
1 <sup>ière</sup> dose : HA <input type="checkbox"/> Havrix 0,5 mL IM	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :	
1 <sup>ère</sup> dose : HAHB <input type="checkbox"/> Twinrix 0,5 mL IM	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :	
1 <sup>ière</sup> dose : HB <input type="checkbox"/> Engerix <input type="checkbox"/> Recombivax 0,5 mL IM	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :	
2 <sup>ième</sup> dose : HB <input type="checkbox"/> Engerix <input type="checkbox"/> Recombivax 0,5 mL IM	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :	
1 <sup>ière</sup> dose : VPH <input type="checkbox"/> Gardasil 9 0,5 mL IM	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :	
2 <sup>ième</sup> dose : VPH <input type="checkbox"/> Cervarix 0,5 mL IM	<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :	
Autre : <input type="checkbox"/>		<input type="checkbox"/> _____	<input type="checkbox"/> BD	<input type="checkbox"/> BG	_____	/ / :
Commentaire : _____ _____ Signature de l'infirmière : _____ Date : ____ / ____ / ____ AAAA / MM / JJ heure : ____ : ____		Commentaire du vaccinateur : _____ _____ _____ Signature : _____ Date : ____ / ____ / ____ AAAA / MM / JJ				

 Saisie SI-PMI \_\_\_\_\_

# Meningococcal Serogroup C Conjugate Vaccine

Vaccination is the best protection against meningococcal serogroup C infections and their complications. Meningitis (infection of the brain lining) and meningococemia (infection of the blood) are 2 serious infections caused by serogroup C meningococcus. There are different serogroups (or types) of meningococcus, among other serogroups A, B, C, W and Y. This vaccine protects against serogroup C.

Disease	Signs and symptoms	Possible complications
<b>Serogroup C meningococcal infections</b>	<ul style="list-style-type: none"> <li>• High fever</li> <li>• Severe headache</li> <li>• Nausea and vomiting</li> <li>• General feeling of illness</li> <li>• Red marks or tiny pin-size hemorrhages or bruises on the skin</li> </ul>	<ul style="list-style-type: none"> <li>• Permanent brain damage</li> <li>• Amputation of hands or feet (10 to 15% of cases)</li> <li>• Death (10 to 15% of cases)</li> </ul>

## The vaccine

Vaccination is the best protection against meningococcal serogroup C infections and their complications. In Québec, this vaccine is recommended for children at the age of 1, and Secondary 3.

## Symptoms after vaccination

Some symptoms may be caused by the vaccine (e.g. redness at the injection site). Other problems may occur by chance and are not related to the vaccine (e.g. cold, gastro, headache).

Meningococcal serogroup C conjugate vaccine is safe. Most reactions are harmless and do not last long.

Frequency	Possible reactions to the vaccine	What to do
In most cases (more than 50% of people)	<ul style="list-style-type: none"> <li>• Pain at the injection site</li> </ul>	
Very often (less than 50% of people)	<ul style="list-style-type: none"> <li>• Redness and swelling at the injection site</li> <li>• Fever, drowsiness (sleepiness) and irritability, especially among children under 5</li> <li>• Headache, discomfort, muscle pain and joint pain, especially in people age 11 or older</li> <li>• Loss of appetite, nausea, vomiting, diarrhea</li> </ul>	<ul style="list-style-type: none"> <li>• Apply a cold, damp compress at the injection site.</li> <li>• Use a medication for fever or discomfort if needed.</li> <li>• See a doctor if symptoms are severe.</li> </ul>

We recommend that you stay at the clinic for at least 15 minutes after vaccination because allergic reactions may occur. If an allergic reaction occurs, the symptoms will appear a few minutes after the vaccination. The person giving the vaccine will be able to treat this reaction immediately.

**For any questions, contact the person giving the vaccine, or Info-Santé 8-1-1 or your doctor.**

# Tdap Vaccine

Combined tetanus, diphtheria, pertussis, (whooping cough) vaccine

Vaccination,  
the best protection

April 2018

Vaccination is the best protection against tetanus, diphtheria, whooping cough and their complications.

Diseases	Signs and symptoms	Possible complications
<b>Tetanus</b>	<ul style="list-style-type: none"><li>• Muscle spasms in the jaw</li><li>• Vocal chords spasms</li><li>• Muscle spasms throughout the body</li></ul>	<ul style="list-style-type: none"><li>• Respiratory and cardiac problems</li><li>• Death (10 to 80% of cases)</li></ul>
<b>Diphtheria</b>	<ul style="list-style-type: none"><li>• Serious sore throat</li><li>• High fever</li><li>• Respiratory problems</li></ul>	<ul style="list-style-type: none"><li>• Cardiac problems</li><li>• Paralysis</li><li>• Death (5 to 10% of cases)</li></ul>
<b>Whooping cough</b>	<ul style="list-style-type: none"><li>• Violent fits of coughing that can persist for months</li><li>• Difficulty eating, drinking and breathing</li></ul>	<ul style="list-style-type: none"><li>• Ear infection</li><li>• Pneumonia</li><li>• Convulsions</li><li>• Brain damage (1 case in 11,000)</li><li>• Death, especially before the age of 3 months</li></ul>

## The vaccine

Vaccination is the best protection against tetanus, diphtheria, whooping cough, and their complications. Tdap vaccine is given to people aged 4 and older who require protection against these 3 diseases. This vaccine is usually given in Secondary 3.

## Symptoms after vaccination

Some symptoms may be caused by the vaccine (e.g. redness at the injection site). Other problems may occur by chance and are not related to the vaccine (e.g. cold, gastro, headache).

Tdap vaccine is safe. Most reactions are harmless and do not last long.

Frequency	Possible reactions to the vaccine	What to do
In most cases (more than 50% of people)	<ul style="list-style-type: none"><li>• Pain at the injection site</li><li>• Fatigue, headache</li></ul>	<ul style="list-style-type: none"><li>• Apply a cold, damp compress at the injection site.</li><li>• Use a medication for fever or discomfort if needed.</li><li>• See a doctor if symptoms are severe.</li></ul>
Very often (less than 50% of people)	<ul style="list-style-type: none"><li>• Redness and swelling at the injection site</li><li>• Discomfort, dizziness, nausea, diarrhea, shivering</li></ul>	
Often (less than 10% of people)	<ul style="list-style-type: none"><li>• Fever</li><li>• Loss of appetite, vomiting</li><li>• Irritability, drowsiness (sleepiness)</li><li>• Skin rash</li><li>• Swollen lymph nodes</li></ul>	
Sometimes (less than 1% of people)	<ul style="list-style-type: none"><li>• Small lump for a few weeks at the injection site</li></ul>	
Very rarely (less than 1 person in 10,000)	<ul style="list-style-type: none"><li>• Sterile abscess at the injection site</li><li>• Intense pain and weakness in the arm for several weeks</li></ul>	

We recommend that you stay at the clinic for at least 15 minutes after vaccination because allergic reactions may occur. If an allergic reaction occurs, the symptoms will appear a few minutes after the vaccination. The person giving the vaccine will be able to treat this reaction immediately.

**For any questions, contact the person giving the vaccine, or Info-Santé 8-1-1 or your doctor.**