

Hepatitis B School Immunization Program Fact Sheet / Consent Form

What is hepatitis B?

Hepatitis B is a viral infection of the liver. Chronic hepatitis B infection can cause scarring or cirrhosis of the liver and liver cancer. On average, hepatitis B infection causes over 300 deaths in Ontario each year. The hepatitis B virus is up to 100 times more contagious than HIV. The virus can live on surfaces for days and can still infect. It can be prevented by getting the hepatitis B vaccine.

How can someone get hepatitis B?

Hepatitis B is spread through contact with blood or body fluids from an infected person. It can be spread by:

- sharing toothbrushes, razors, nail files or other personal care items;
- through a human bite where the saliva is blood-tinged;
- having sex with someone who has the virus;
- sharing dirty needles or getting a tattoo or body piercing if dirty equipment is used;
- passing on the virus from an infected mother to her baby in the womb, or at birth.

What are the symptoms of hepatitis B?

More than half of those who get the virus will have no symptoms and do not know they are infected. They can still pass the virus to others. Those who do get symptoms feel tired, have a fever, and sometimes have yellow eyes and skin and dark coloured urine.

What can happen when someone gets hepatitis B infection?

Children infected with hepatitis B virus are more likely to develop a chronic infection, have future liver problems, or develop cancer later in life.

Is there a vaccine to prevent hepatitis B disease?

Yes. Hepatitis B vaccines have been used in school immunization clinics for almost 20 years and are very safe. Over 95% of grade 7 students who receive the two doses of vaccine (Engerix-B® or Recombivax HB®) will be protected for life.

Who can get hepatitis B vaccine for free?

The hepatitis B vaccine is free for grade 7 students at school or Health Unit clinics. Grade 8 students who missed this vaccine in grade 7 remain eligible to receive it until the end of grade 8.

(continued over)

HEPATITIS B VACCINE CONSENT FORM

STUDENT INFORMATION:

Last Name _____ First Name _____ male female
 Birth Date: year _____ month _____ day ____ School _____ Room/Teacher _____
 Ontario Health Card # _____

PLEASE CHECK ALL THAT APPLY:

- YES**, I ask that the student named above be vaccinated with the Hepatitis B vaccine (2 doses).
- NO**, I do **not** wish the above student to be vaccinated with the Hepatitis B vaccine.
- The above student **has** received one or more doses of Hepatitis B vaccine (**COMPLETE DATES ON REVERSE....**)

I have read or had explained to me the information about the Hepatitis B vaccine. I have had the chance to ask questions which were answered to my satisfaction. I understand the risks and benefits of receiving the Hepatitis B vaccine.

Date _____ Signature _____ Name (please print) _____
 Home Phone () _____ Work or Cell Phone () _____

