



Hamilton

Vaccine Program
www.hamilton.ca/vaccines
Phone: 905-540-5250
Mail: Vaccine Program PO Box: 897
Hamilton, Ontario L8N 3P6

Dear Parent/Guardian,

Hamilton Public Health will be offering routine vaccination in schools for grade 7 students in the Fall of 2024 and Spring of 2025.

Vaccines Offered

Meningitis vaccine

- Is a single dose, and provides additional protection than the meningitis vaccine your child received as an infant
- Students in Ontario between the ages of 4 and 17 are required by law to be immunized against meningitis **unless there is a valid exemption**
- Not receiving this vaccine may put student at risk for a future suspension

Hepatitis B vaccine and Human Papillomavirus (HPV) vaccine

- These vaccines require 2 doses
- Hepatitis B and HPV vaccines are not required to attend school but are highly recommended
- Hepatitis B vaccination is free if given before the end of grade 8 and HPV vaccination until the end of grade 12. After this, they may no longer be publicly funded and would need to be purchased

School Vaccination Form

- Please review the attached fact sheet with your child
- Complete the attached School Vaccination Form and return it to your child's teacher
- You may receive a call from Public Health if there are any questions to clarify
- You can see the dates of your child's school vaccine clinic here:

www.hamilton.ca/schoolclinics

Reporting Vaccines

Parents must report their child(s) vaccination records to public health, please visit:

www.hamilton.ca/reportingvaccines

For help reporting your child(s) vaccination record, filling out forms or questions about the vaccines, please call a nurse at 905-540-5250, or you can email vaccineteam@hamilton.ca

Thank you,

Rosemarie Maver, RN CCHN(C), BScN, MBA
Manager, Vaccine Program – Community Vaccination &
School Clinics, City of Hamilton



Grade 7 Vaccinations

QUICK FACTS

- ✓ There are three vaccines offered in grade 7: Meningitis, Hepatitis B and HPV-9⁷
- ✓ These vaccines are provided by nurses from Hamilton Public Health
- ✓ Vaccines help protect your child from harmful infections as well as protect other children around them³
- ✓ Vaccines are safe and go through years of testing before they become publicly available¹
- ✓ It is safe to give multiple vaccines at one time¹
- ✓ The most common side effects are feeling tired, soreness of the arm, and redness and swelling where the vaccine was given¹

HOW CAN I PREPARE MY CHILD?

- Talk to your child about the vaccine(s)
- Review helpful ways to deal with fear and anxiety (e.g., look away, listen to music, watch a video)
- Ensure your child wears a short sleeve shirt or sleeves that can be rolled up on clinic day
- Have your child eat a good breakfast, and bring food for the school day

WHAT IF I DECIDE NOT TO VACCINATE?

- The Men-C-ACYW-135 vaccine is required by law (Immunization of School Pupils Act, 1990). If your child does not receive the vaccine, and does not have a valid exemption, they could be suspended⁸
- The Hepatitis B and HPV-9 vaccines are not required by law (Immunization of School Pupils Act, 1990) but are highly recommended⁸. If you decide to wait to vaccinate your child, you may need to pay to complete the series



**If you have any questions or concerns regarding vaccines, please call
Public Health Services to speak to a nurse at 905-540-5250.**



Hamilton



School Immunization Information

MENINGITIS

Vaccine Name: Men-C-ACYW-135
Vaccine Brand: Nimenrix® or Menactra®

- In Ontario, the first meningitis vaccine is given at 12 months (Men-C-C) protecting your child against one strain. This grade 7 vaccine (Men-C-ACYW-135) protects against 4 strains of meningitis²
- **What is Meningitis?** It is an infection that can cause swelling of the lining of the brain and spinal cord, leading to brain damage, deafness, seizure and even death⁴. It is very contagious.
- **How does it spread?** Through saliva and bodily fluids (e.g., kissing, sneezing, coughing, and sharing food, drinks or eating utensils)⁴
- **Effectiveness:** This vaccine is 80%-85% effective in teens²
- **Dose:** 1 dose given in grade 7
- **This vaccine is required to attend school, unless there is a valid exemption**

HEPATITIS B

Vaccine Name: Hepatitis B
Vaccine Brand: EngerixB® or Recombivax-HB®

- **What is Hepatitis B?** It is a virus that can cause liver cancer and it can lead to liver failure⁵
- **How does it spread?** Through bodily fluids such as blood, semen, and vaginal fluids⁵. You can also get it from contaminated needles or razors⁵
- **Effectiveness:** This vaccine is 95%-100% effective in teens when the series is completed⁷
- **Dose:** 2-dose series given between 11-16 years of age (otherwise a 3-dose series)
- **Cost:** No cost if given before the end of grade 8. After grade 8, may need to be purchased
- **This vaccine is not required to attend school, but is highly recommended**

HUMAN PAPILLOMAVIRUS (HPV)

Vaccine Name: HPV-9
Vaccine Brand: Gardasil-9®

- **What is Human Papillomavirus?** It is a virus that can cause genital warts and cancer (cervical, anal, genital, mouth, and throat)⁶
- **How does it spread?** Through sexual skin-to-skin contact⁶
- **Effectiveness:** This vaccine prevents 60%-70% of HPV related cancers and about 90% of genital warts⁶
- **Dose:** 2-dose series given if under 15 years of age (otherwise 3-dose series)
- **Cost:** No cost if given before the end of grade 12. After grade 12, may need to be purchased
- **This vaccine is not required to attend school, but is highly recommended**

References

¹National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition). Part 2 Vaccine Safety. Ottawa: Public Health Agency of Canada; April 2023

²National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition). Part 4 Active Vaccines: Meningococcal Vaccine. Ottawa: Public Health Agency of Canada; June 2023.

³Ministry of Health. (2023, September 27). Vaccines for Children at School. Vaccines for children at school | ontario.ca.

⁴Moore, D. Meningococcal Disease (pp. 223-246). In: Your Child's Best Shot (4th ed.). Canadian Pediatric Society; 2015.

⁵Kwong JC et al. Ontario Burden of Infectious Disease Study (ONBIDS): An OAHPPICES Report. Toronto: Ontario Agency for Health Protection and Promotion, Institute for Clinical Evaluative Sciences; 2010.

⁶National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition). Part 4 Active Vaccines: Human Papillomavirus Vaccine. Ottawa: Public Health Agency of Canada; September 2021.

⁷National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition). Part 4 Active Vaccines: Hepatitis B Vaccines. Ottawa: Public Health Agency of Canada; February 2023.

⁸Immunization of School Pupils Act, R.S.O. 1990, c. I.1. (Online). Toronto: Government of Ontario; 2019.



SCHOOL VACCINATION CONSENT FORM

INSTRUCTIONS FOR PARENT/GUARDIAN

- 1. Read the attached information about the Hep B, HPV-9 and Men-C-ACYW-135 vaccines.
- 2. Complete the **front page only**.
- 3. Return this signed consent to your child's teacher. **6-1 SEP 23 2024**

1. STUDENT INFORMATION

Last Name		First Name		☐ Male ☐ Female ☐ Other	
Birthday Year Month Day		School			
Parent/Guardian Name and Relationship to Student		Daytime Phone		Work or Cell	

2. STUDENT HEALTH HISTORY

If yes, please explain:

Does your child have any allergies?	☐ Yes ☐ No	
Has your child ever reacted to a vaccine?	☐ Yes ☐ No	
Does your child have a history of fainting or seizures?	☐ Yes ☐ No	
Does your child have a serious medical condition or take any medication that weakens the immune system?	☐ Yes ☐ No	

3. VACCINATION HISTORY

Has your child received any of these vaccines before? If yes, please complete the table below.

Meningococcal Conjugate A-C-Y-W-135 *	☐ Menactra® ☐ Menveo® ☐ Nimenrix®	Single dose: YYYY / MM / DD
Hepatitis B	☐ INFANRIX-hexa® ☐ Engerix®-B ☐ Recombivax-HB® ☐ Twinrix® Jr.	Dose 1: YYYY / MM / DD Dose 2: YYYY / MM / DD Dose 3: YYYY / MM / DD
Human Papillomavirus Vaccine	☐ Gardasil® ☐ Gardasil®-9 ☐ Cervarix®	Dose 1: YYYY / MM / DD Dose 2: YYYY / MM / DD

*Please note, the Men-C-ACYW-135 offered in Grade 7 is a different vaccination from the Men-C-C that is routinely given to children at 1 year of age.

4. PERMISSION FOR VACCINATION

I have read or had explained to me the attached information about the Hepatitis B, HPV-9 and Men-C-ACYW135 vaccines. This permission form is valid until August 31st, 2026. However, I understand that I can withdraw permission at any time by calling Hamilton Public Health at 905-540-5250

Meningitis Vaccine		
I give Hamilton Public Health permission to administer 1 dose of Men-C-ACYW135 vaccine. <i>This vaccine is required for school attendance.</i>	☐ YES ☐ NO	☐ YES ☐ NO
Hepatitis B Vaccine		
I give Hamilton Public Health permission to administer 2 doses of Hepatitis B vaccine given at least 6 months apart.	☐ YES ☐ NO	☐ YES ☐ NO
HPV Vaccine		
I give Hamilton Public Health permission to administer 2 doses of Human Papillomavirus vaccine given at least 6 months apart.	☐ YES ☐ NO	☐ YES ☐ NO

X _____ X _____
Signature of Parent/Guardian Printed Name of Parent/Guardian Date

COLLECTION AND USE OF PERSONAL HEALTH INFORMATION

The personal health information on this form is collected under the *Personal Health Information Protection Act, 2004*. The City of Hamilton Public Health Services (PHS) will use the information you provide for purposes permitted or required by law like to help treat and care for you and to plan, administer and evaluate PHS programs and services.
If you have any questions about the collection or use of your information or if you would like to withdraw your consent, please contact PHS Vaccine Program by phone at (905) 540-5250 or by mail at 110 King St. W, 2nd Floor, Hamilton, Ontario, L8N 4S6.

FOR NURSES USE ONLY

Men-C-ACYW135		Hepatitis B		HPV-9	
Has the parent given permission?	Dose 1: ☐ Yes ☐ No	Dose 1: ☐ Yes ☐ No	Dose 2: ☐ Yes ☐ No	Dose 1: ☐ Yes ☐ No	Dose 2: ☐ Yes ☐ No

NURSE'S ASSESSMENT (Ensure initials are being used to indicate each answer)

	Dose 1	Dose 2	Notes:
Do you have a fever or are you sick today?	☐ Yes ☐ No	☐ Yes ☐ No	
Has anything changed with your health recently?	☐ Yes ☐ No	☐ Yes ☐ No	
Did you react to a previous dose of a vaccine?	☐ Yes ☐ No	☐ Yes ☐ No	
Do you understand what the vaccines are for? Health teaching provided as needed.	☐ Yes ☐ No	☐ Yes ☐ No	
Do you have any questions? Health teaching provided as needed.	☐ Yes ☐ No	☐ Yes ☐ No	

CONSENT FOR VACCINATION

☐ Student ☒ Student ☐ Substitute Decision Maker (SDM) (check only if SDM has given permission written or verbally)

Round #1 Signature

Round #2 Signature

VACCINE INFORMATION

The following vaccines were administered intramuscularly as per the EW&CDC Medical Directives 01-03-01 Meningococcal Conjugate A-C-Y-W-135 Vaccine, 01-03-11 Hepatitis B Vaccine and 01-03-12 Human Papillomavirus Vaccine authorized by Dr. Richardson, Dr. Harvey, and Dr. Lew.

Meningococcal Conjugate A-C-Y-W-135 Vaccine						
1	Date & Time	Lot #	Vaccine	Site*: Deltoid	Panorama Entry Date & Initial	
			☐ Menactra@ 0.5mL ☐ Nimenrix@ 0.5mL	LS RS LI RI		
Hepatitis B Vaccine						
	Date & Time	Lot #	Vaccine	Site*: Deltoid	Signature	Panorama Entry Date & Initial
1			☐ Engerix®-B 1mL ☐ Recombivax HB® 1mL	LS RS LI RI		
2			☐ Engerix®-B 1 mL ☐ Recombivax HB® 1mL	LS RS LI RI		
Human Papillomavirus Vaccine						
	Date & Time	Lot #	Vaccine	Site*: Deltoid	Signature	Panorama Entry Date & Initial
1			☐ Gardasil®9 0.5mL	LS RS LI RI		
2			☐ Gardasil®9 0.5mL	LS RS LI RI		

NOTES:

* LS = Left Superior, LI = Left Inferior, RS = Right Superior, RI = Right Inferior