

Questions & Answers (Q&A) about Hepatitis B Vaccination

Q. What is hepatitis B disease?

A. Hepatitis B is a disease caused by a virus, which can be transmitted through blood-to-blood or sexual contact with an infected person and can lead to severe disease (cirrhosis) or cancer of the liver.

Some people can develop hepatitis B disease and not be aware that they are infected. These people can pass on the disease without knowing it.

Q. How is hepatitis B spread?

A. Hepatitis B can be spread through:

- Sharing injecting equipment
- Tattooing or body piercing with un-sterile equipment
- Needle stick injury
- Unsafe sex
- From infected mother to her baby at birth and through breastfeeding
- Child-to-child, usually through contact between open sores or wounds.

Q. Should my child be vaccinated?

A. The National Health and Medical Research Council recommends that all children between 10 to 13 years of age receive hepatitis B vaccination ***unless they have already received a course of the vaccine as a baby/child.***

Q. How many doses are required for this course?

A. In this school program, hepatitis B vaccine will be given in a 2-dose course with the second dose given four to six months after the first.

Q. What are the components of the vaccine?

A. The vaccine contains hepatitis B protein, aluminium hydroxide and yeast.

Q. What are the side effects of hepatitis B vaccine?

A. Side effects are minor and include; soreness at the injection site (5%), low grade fever (2-3%), nausea, dizziness, muscle and joint pain.

Q. What is “anaphylaxis”?

A. “Anaphylaxis” is a severe allergic reaction that may result in unconsciousness and death if not treated quickly. It occurs *rarely* after vaccination. The nurses are fully trained in the treatment of anaphylaxis.

Q. How long does the vaccine course last and are booster doses necessary?

A. The course of hepatitis B vaccine provides long lasting protection and booster doses are not necessary.

Q. Will my child be protected against hepatitis B if he/she only receives one dose of hepatitis B vaccine?

A. No. Adolescents require two adult doses of vaccine to be protected against hepatitis B disease.

Q. What should I do if I have no records or I cannot remember if my child has already received a course of hepatitis B injections?

A. It is safe for your child to receive another course of hepatitis B vaccine.

Q. My child has already received a three-dose course of hepatitis B injections. Does he/she need another dose?

A. No. One course of vaccine is all that is required.

Q. My child has received a Hib vaccine. Will this protect my child against hepatitis B?

A. No. Hib vaccine protects against *Haemophilus influenzae* type b and therefore will not protect your child against hepatitis B.

Q. What can I do if I do not wish my child to be vaccinated at school or if my child missed out on vaccine at school because of illness or absence on the day of the nurses’ visit?

A. Whilst your child is in year 7 you can take your child to your GP to receive a three-dose course of vaccines (child preparation) over a 6-month period. It is advisable to inform the practice that your child requires hepatitis B vaccination when making the appointment.

Q. Is vaccination compulsory for this campaign?

A. No. Parents can choose whether or not to sign the Consent Form and have their child vaccinated. Only those children with a Consent Form completed and signed will be vaccinated.

All Parents/Guardians are asked to read the information provided and return the *signed* Consent Form. DO NOT return the form if you DO NOT wish your child to be vaccinated.

Q. Should I give my child a dose of paracetamol before going to school on the day of the clinic?

A. No. This is not necessary.

Q. What if my child has asthma and takes cortisone or prednisone by a “puffer”?

A. It is safe to vaccinate children with hepatitis B vaccine if they use a “puffer” for asthma.

Q. Should the vaccine be given to a young woman who is or thinks she may be pregnant?

A. No. Any young woman who is or thinks she may be pregnant should not be vaccinated.

Q. Do homoeopathic preparations protect against hepatitis B?

A. No. There is no evidence that homoeopathic preparations prevent hepatitis B disease.

Q. Will I receive a record of the vaccinations that my child received?

A. Your child will be given a record after the first dose and another after the second dose. It is important that you advise your GP that these vaccinations have been given, as universities, colleges, workplaces and other countries often require this information.

Please store this record in a safe place for future reference.

Q. Where can I find more information about immunisation?

A. *The Australian Immunisation Handbook* (current Edition) provides detailed information about immunisation. It can be found at www.immunise.health.gov.au

Q. Who can I contact if I wish to find out more information?

A. Contact your local Public Health Unit:

Greater Southern

(02) 6124 9942 or (02) 6021 4799
Queanbeyan Office Albury Office

Greater Western

(02) 6339 5601 or (02) 6841 5569
Bathurst Office Dubbo Office

(08) 8080 1499
Broken Hill Office

Hunter New England

(02) 4924 6477 or (02) 6767 8630
Newcastle Office Tamworth Office

North Coast

(02) 6588 2750 or (02) 6620 7500
Port Macquarie Office Lismore Office

Northern Sydney & Central Coast

(02) 9477 9400 or (02) 4349 4845
Hornsby Office Gosford Office

South Eastern Sydney & Illawarra

(02) 9382 8333 or (02) 4221 6700
Randwick Office Wollongong Office

Sydney South West

(02) 9828 5944 or (02) 9515 9420
Liverpool Office Camperdown Office

Sydney West

(02) 9840 3603 or (02) 4734 2022
Parramatta Office Penrith Office

Or visit: www.health.nsw.gov.au

Information about hepatitis B disease

Hepatitis B virus is usually spread through the blood of an infected person or from mother to child at birth. The virus can also be spread through unsafe sex, injecting drug use, tattooing or body piercing. About 1 in 4 people with chronic hepatitis B will develop cirrhosis or liver cancer.

Side effects of hepatitis B vaccine

Side effects after hepatitis B vaccination may only last a few days and are minor. They include soreness at the injection site, mild fever, nausea, dizziness, muscle and joint pain.

Serious side effects (such as anaphylaxis) are very rare.

What to do if reactions do occur

A cold damp cloth on the sore spot may help to relieve pain and tenderness. Paracetamol may be given for pain. Give extra fluids to drink.

If your child suffers a reaction or you are concerned, please contact your local Doctor.

Consent For Hepatitis B Vaccination First Dose of 2 Dose Course

Dear Parent / Guardian,

Teams of specially trained registered nurses will be visiting your child's school to offer a course of free hepatitis B vaccine.

Hepatitis B vaccine is recommended for all children between 10 to 13 years of age unless they have already received a course of the vaccine.

The nurses will check your child on the day of the vaccination clinic. Children who are suffering from an acute illness with a fever will not be vaccinated.

If you have any questions regarding hepatitis B vaccination or completing this form please contact your local Public Health Unit (listed in Q&A in 'Parent Information Kit').

INSTRUCTIONS:

Please complete all sections of this form with a blue/black pen.

Photocopies of this form will not be accepted.

If you wish to have your child vaccinated, complete all sections of this form and return it to the school within one week.

If you **DO NOT** wish to have your child vaccinated **DO NOT** return this form.

Hepatitis B Vaccination Consent Form

First Dose of a 2 Dose Course

PARENT / GUARDIAN TO COMPLETE

Child's Surname

Child's Given Names Date of Birth

Name of School

Grade / Class

I have read and understood the information provided regarding the benefits and the possible side effects of the hepatitis B vaccine and I hereby give consent for my child, named above, to be vaccinated.

I declare that my son / daughter / ward:

- a) Has not had an anaphylactic reaction following any vaccine
- b) Does not have an anaphylactic sensitivity to yeast or any of the hepatitis B vaccine components (listed in Q&A in the 'Parent Information Kit').
- c) Is not pregnant

NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

Home Address

Suburb Postcode

Phone Home Work

Mobile Date

Office Use Only – Nurse to complete and retain this section

Batch Number

Nurse Signature

Left Arm Right Arm

STAMP

Hepatitis B Record of Vaccination

First Dose of a 2 Dose Course

PARENT / GUARDIAN TO COMPLETE

Child's Surname

Child's Given Names

Name of School

Office Use Only

Left Arm

Right Arm

STAMP

Vaccine Batch Number

Nurse Signature

INSTRUCTIONS:

Please keep this Record of Vaccination as you may be required to provide the information at a later date.

Advise your GP of the date that this vaccination was given so that your child's records are kept up to date.