

# Protect your child against Varicella (chickenpox)

For Grade 9 and 10 students



## Why your child should get the varicella (chickenpox) vaccine ...

- To protect your child from getting varicella.
- The protection your child received from the initial dose of varicella vaccine may be weakening; therefore a booster dose is required to provide continued protection against varicella.

## Who should get this vaccine?

Grade 9 and 10 students born in 2000 and 2001 who have not received two doses of varicella vaccine and who have not had chickenpox disease.

## Who should NOT get this vaccine?

- Individuals who are allergic to any part of the vaccine or its packaging.
- Women who are pregnant or who are planning to become pregnant less than one month of receiving the vaccine. It is safe for household contacts of pregnant women to receive the varicella vaccine.
- Individuals with a weak immune system (check with healthcare professional).
- Individuals with tuberculosis.
- Individuals who have received another live vaccine in the last month. However, varicella vaccine can be given on the same day as another live vaccine.
- Individuals who had a blood transfusion or a blood product in the last 3 to 11 months.

## What you should know about the varicella vaccine...

The vaccine is **SAFE** and very effective in preventing disease.



Becka Allen (Hampton Middle School)

## What you should know about chicken pox...

People who may have more severe symptoms and may be at high risk for complications include

- Adolescents
- Adults
- Pregnant women
- Individuals with a weak immune system

## Who can get chickenpox?

The disease can occur at any age.

## What to expect following the varicella immunization...

The most common reactions include soreness, redness and/or swelling where the vaccine was given and a mild fever. A rash may occur around the area where the vaccine was given within 5 to 26 days after immunization. The varicella (chicken pox) like blisters are not usually infectious and will disappear.

**Please note:** As is the case with any vaccine, there is a small risk that a serious allergic reaction can occur. **Therefore, students are asked to remain on site for at least 15 minutes after the vaccine is given so that possible immediate reactions can be monitored and treated.**

## How to treat fever and pain...

- A cold compress on the injection site may reduce discomfort.
- You may give your child acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil®).
- Acetylsalicylic acid (ASA or Aspirin®) should **NEVER** be given to children because it can cause a severe liver and brain disease called Reye's Syndrome.

## What else you should know...

- If your child has a fever or illness other than a minor cold, the nurse may delay giving this vaccine.
- If your child's immune system is affected by illness, steroid medication or cancer treatments, the decision to immunize must be made in consultation with your family physician.
- It is important to record any allergies on the consent form.
- If your child has had an allergic reaction to a vaccine in the past, or if you have any questions, please contact your local Public Health office.
- Adverse reactions especially severe or unusual reactions in the four weeks following immunization should be reported to the local Public Health office. Please see your doctor if your child has a severe reaction.

Further information is available at [www.gnb.ca/publichealth](http://www.gnb.ca/publichealth)

## How to register for this program...

- Complete** and sign the tear-off section of the brochure.
- Return** the completed tear-off section to the school even if you choose not to have your child immunized.
- Keep** the rest of the brochure for your information.
- Once your child is immunized, the nurse will complete the immunization information on your child's **Personal Immunization Record** and return it to him or her.

## Consent form for Varicella (chickenpox) immunization

PLEASE COMPLETE AND RETURN THIS PORTION TO THE SCHOOL

School \_\_\_\_\_

Grade \_\_\_\_\_ Home room/teacher \_\_\_\_\_

Student's name \_\_\_\_\_ Birth date

Student's Medicare number \_\_\_\_\_  Male  Female

Daytime telephone number \_\_\_\_\_ Other daytime telephone number \_\_\_\_\_

**Allergies**  
 YES  NO Please specify \_\_\_\_\_

**Health problems**  
 YES  NO Please specify \_\_\_\_\_

I have read or had explained to me the information on the vaccine, and I believe I understand its benefits, risks, side-effects and reasons why my child may or may not receive the vaccine. I have had the opportunity to ask questions to a health-care provider that were answered to my satisfaction.

Yes, **I AGREE** to allow my child to receive the Varicella (chickenpox) vaccination.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

No, **I DO NOT AGREE** to allow my child to receive the Varicella (chickenpox) vaccination.\*

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

\* Reason for refusal

**Nurses Use Only**

Date	Vaccine Name	Manufacturer & Lot No.
Dose	Route/Site	Nurse's Initials

## Personal immunization record for Varicella (chickenpox) vaccine

Student's name \_\_\_\_\_ Birth date

Student's Medicare number \_\_\_\_\_

**This section is to be completed by the Public Health nurse**

Name of vaccine \_\_\_\_\_

Date immunized \_\_\_\_\_

Nurse's signature \_\_\_\_\_ Vaccination Time \_\_\_\_\_

This immunization record will be given to your child after his/her immunization. Please keep this record with your child's personal health files.