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## **Toronto Public Health (TPH) School Immunization Program in Secondary Schools**

### **Frequently Asked Questions** (Updated Jan. 6, 2023)

#### **1. What are the School Immunization Program (SIP) vaccines?**

- The School Immunization Program vaccines include:
  - Hepatitis B vaccine (prevents liver disease and cancer),
  - Human Papillomavirus (HPV) vaccine (prevents cancers), and
  - Meningococcal vaccines (prevents meningitis)
- See [Hepatitis B](#), [HPV](#), and [Meningococcal-quadrivalent](#) Vaccine Fact Sheets for more information.

#### **2. Can students still attend school without getting the SIP vaccines?**

- Under Ontario's Immunization of School Pupil Act (ISPA), all students are required to be up-to-date with Meningococcal vaccine or have a [valid exemption](#) to avoid school suspension.
- Hepatitis B and HPV vaccines prevent cancers and are highly recommended but voluntary for school attendance.

#### **3. How many doses of these vaccines are required to be protected? How can students receive additional doses?**

- [Meningococcal-quadrivalent vaccine](#): Students in Grade 7-12 require **one dose** of the Meningococcal-quadrivalent vaccine to be protected.
- [Hepatitis B vaccine](#): Students, ages 11 to 15 need **2 doses**, given 6 months apart. Students with a weak immune system or ages 16 and older will need a **third dose**.
- [HPV \(Gardasil 9®\) vaccine](#): Students under 15 years of age need **2 doses**, given 6 months apart. Students with a weak immune system or 15 years and older will need a **third dose**.
- Even if a student received their first dose(s) of hepatitis B or HPV vaccines from a health care provider, TPH can administer any missing doses at the school clinic if a signed consent form is received. Public Health nurses will assess students' immunization records and the consent form and provide all vaccines that they are eligible for.
- On the day of the clinic, a notice will be sent home with each immunized student outlining the vaccine(s) administered at the clinic and the number of doses of Hepatitis B and HPV vaccine that are still required based on the student's age.
  - If the student requires additional doses of the vaccines, or if they miss their school clinic, these vaccines are also available for eligible students, free of cost, at [City of Toronto Immunization Clinics](#). Walk in or make an appointment online at [www.TPHBookings.ca](http://www.TPHBookings.ca).

#### **4. My child already received a meningococcal vaccine. Do they need another one?**

- Meningococcal vaccination or a valid exemption is required for school attendance. The meningococcal conjugate C vaccine (trade names: Menjugate, NeisVac) is indicated for students under 12 years of age. The [Meningococcal-quadrivalent vaccine \(ACYW-135\)](#) (trade names: Menactra, Menveo, Nimenrix) is indicated for students in grade 7 to 12.
- The [Meningococcal-quadrivalent vaccine \(ACYW-135\)](#) vaccine or a valid exemption is required for students 12 years of age and older for school attendance, even if the student already received a meningococcal-C (Men-C-C) vaccine.

#### **5. Is it safe for students to receive all three vaccines?**

- Yes, it is safe for students to receive all three vaccines on the same day. The vaccines are safe, effective and well tolerated.

#### **6. Who is eligible for the vaccines offered through the School Immunization Program?**

- Students in Grades 7 to 12 are eligible for the Meningococcal ACYW135, Hepatitis B and HPV vaccines regardless of their age. TPH will be going to elementary and secondary schools to offer the vaccine at school based clinics.
- There is also expanded eligibility for some age groups. Please visit our [webpage](#) for more details. These vaccines are also available for [eligible individuals](#), free of cost, at City of Toronto immunization clinics. To book an appointment at a City of Toronto immunization clinic, click [here](#).

#### **7. How can students receive these services, do I need to book an appointment?**

- This is an on-site, school-based vaccine clinic offered during school hours. No appointment is needed. Students and families are encouraged to view upcoming clinic sites through the [School Immunization Program webpage](#).

#### **8. Which schools will host a School Immunization Program clinic?**

- School Immunization Program clinics will operate at various school sites.
- Information regarding School Immunization Program clinics in your school will be provided to you on an accompanying poster and letter. The schedule for School Immunization Program clinics is also available on our [webpage](#).

#### **9. What are the hours for the clinic?**

- Clinics will be held on-site during school hours. Information on when the clinic will operate in your school and hours of operation will be provided on the accompanying poster and letter.

#### **10. Can students from surrounding schools attend the clinic?**

- Please note, these school-based clinics are offered during instructional school hours, and therefore only offered to students who attend the host school. These clinics are **not open** to the public. Visit [TPHBookings.ca](https://www.tphbookings.ca) to find out about other City Immunization clinics that are open to the public and offer School Immunization Program vaccines.

## 11. How should parents/guardians and students prepare for the clinic?

- Review the vaccine Fact Sheets that are provided in the consent package: [Hepatitis B](#), [HPV](#), and [Meningococcal-quadrivalent](#).
- Fully complete, sign and return the [School Immunization Consent Form](#) for each student being immunized. Schools will provide instructions for returning the consent form. See [question 22](#) for how to fill out the consent.
  - Students under 14 years of age require a signed consent from a parent/guardian.
  - Students who are 14 years of age and older who are capable of making the decision can give informed consent. This means they must understand information about the vaccine, why it is being recommended and what will happen if they accept or refuse vaccination.
    - **Note:** Independent/private schools may have their own policies for consent, and may require parent/guardian consent for students over 14 years of age. Refer to your school's administrator for details about their specific consent policy.
- On the day of the clinic, students should:
  - Bring a health card and/or another form of identification
  - Bring a copy of their immunization record, if available.
  - Eat a snack before their appointment and wear a short sleeve shirt.
  - Wear a mask.

## 12. I do not know if I have/my child has received these vaccines. How can I find out?

- These vaccines are usually given for free by public health in grade 7 and 8. Students may have received one of these vaccines if they purchased the vaccine (e.g. due to travel) or if they were vaccinated in another country.
  - You can refer to the student's yellow card or vaccination record. If you are unable to locate the vaccination record, you can check with the student's health care provider or visit [Immunization Connect](#) (ICON) to access or report the student's immunization information.
- If the student has received these vaccines previously, complete the information on the consent form. If possible, also bring a copy of the student's immunization records to the clinic. If the records are not in English, please provide a translated version.
- If you are unsure which vaccines the student needs, **please still sign and return the consent form**. Toronto Public Health nurses will determine if the student is up-to-date with their vaccinations or if additional doses are needed.

**13. Can students/parents/guardians select which vaccine(s) to receive?**

- Yes. Each vaccine is dosed separately, so students/parents/guardians can choose which of the vaccines to receive.

**14. What are the common side effects of School Immunization Program vaccines?**

- The vaccines are safe, effective and well tolerated. Reactions are usually mild. Common side-effects include pain and redness where the vaccine was given, headache, fever, dizziness, nausea or feeling faint shortly after receiving the vaccine.
- In rare cases, serious allergic reactions such as trouble breathing, rash, swelling in the throat and face may occur. Allergic reactions can be treated and are usually temporary. Public health nurses will observe students for 15 minutes after vaccination to watch for reactions.
- There are no long-term side-effects or chronic medical conditions associated with these vaccines.

**15. Can students who have had a previous allergic reaction to a vaccine be immunized at this clinic?**

- No. Students who have had a serious allergic reaction to any vaccine in the past should contact their healthcare provider and should not receive a vaccine at the school clinic.

**16. My Grade 9 child missed a dose of Hepatitis B vaccine when he was in Grade 7. Does he need to restart the series?**

- No. Your child will not need to restart the series. Toronto Public Health nurses will assess which dose(s) your child needs.

**17. What other options are available for students to receive the School Immunization Program vaccines?**

- If students did not receive one or all of the School Immunization Program vaccine doses at an in-school clinic (for example, if they are a virtual learner, if they missed the clinic, or if a clinic was not offered at their school):
  - **Students can get vaccinated at a [City of Toronto Clinic](#).** These vaccines are free for students in grades 7 to 12. OHIP is not required. Book an appointment online at [www.TPHBookings.ca](http://www.TPHBookings.ca), or:
  - **Make an appointment with your health care provider.** Health care providers can [order vaccines](#) from TPH to vaccinate their eligible patients. If the student receives a vaccine from their healthcare provider, please [report their vaccinations](#) to TPH. Health care providers do not have this responsibility.

**18. How do I report immunizations to TPH?**

- Every time a student receives a vaccine from their health care provider or a public health unit outside of Ontario, [report their vaccination\(s\)](#) to Toronto Public Health online.

- Visit [Student Immunization & Reporting](#) for more information on submitting vaccination information.

#### **19. Will COVID-19 vaccines be offered at this clinic?**

- No, only the School Immunization Program vaccines for Grades 7 and 8 students (Meningococcal ACYW135, Hepatitis B and HPV vaccines) are being offered at these clinics. COVID-19 vaccines will not be available.

#### **20. Where can students get vaccinated for COVID-19?**

- Parents/guardians/students can [book appointments](#) for children to receive a COVID-19 vaccine, including the [pediatric COVID-19 vaccine](#) at a [City-run](#) or hospital immunization clinic using the Province's registration system or by calling 1-833-943-3900 (TTY 1-866-797-0007). Vaccines are also available at [pop-up clinics](#), pharmacies and some family doctors.
- Visit [COVID-19: Vaccines for Infants, Children & Youth](#) to learn more about COVID-19 vaccines for children.

#### **21. Where can I find more information about the School Immunization Program?**

- For more information on the School Immunization Program, please visit our webpage [here](#).
- For additional support, please call Toronto Public Health: 8:30 a.m. – 4:30 p.m., Monday – Friday at 416-338-7600 or email [PublicHealth@toronto.ca](mailto:PublicHealth@toronto.ca)

#### **22. How do I fill out the consent forms?**

- To see examples of complete and incomplete consent forms, please refer to the pages below.
- For more information about how to complete the consent form, please also see also review the [School Immunization Program Parent & Student Checklist for Secondary Schools](#).

Sample A: Incomplete Consent Form



CONSENT FORM

Step 1. Student Information

Last Name Antonio			First Name Ochoa			Ontario Health Card #	Sex
First name in wrong section			Last name in wrong section				
Birth Year 2010	Month 01	Day 01	School TMS	Please write full name of school		Class or Teacher's Name 7A	Please write teacher's name
Parent / Legal Guardian Name (please print) Sofia Ochoa						Parent / Legal Guardian Phone Please write your phone number in case we need to contact you	

Step 2. Student Vaccination History

If the student has already received the following vaccine(s), please choose the trade name and provide date the vaccine was given	Date vaccine was given		
	DOSE 1	DOSE 2	DOSE 3
1. Meningococcal-ACYW vaccine (special purchase e.g. for travel) <input type="checkbox"/> Menactra® <input type="checkbox"/> Menveo™ <input type="checkbox"/> Nimenrix®	_____ yyyy/mm/dd		
2. Human papillomavirus (HPV) vaccine (2 or 3 dose series) <input type="checkbox"/> Gardasil® <input type="checkbox"/> Gardasil-9® <input type="checkbox"/> Cervarix®	_____ yyyy/mm/dd	_____ yyyy/mm/dd	_____ yyyy/mm/dd
3. Hepatitis B (or combination) vaccine (2, 3 or 4 dose series) <input type="checkbox"/> Engerix®-B <input type="checkbox"/> Recombivax-HB® <input type="checkbox"/> Twinrix® Jr <input type="checkbox"/> Twinrix® <input type="checkbox"/> INFANRIX-hexa®	_____ yyyy/mm/dd _____ yyyy/mm/dd	_____ yyyy/mm/dd _____ yyyy/mm/dd	_____ yyyy/mm/dd _____ yyyy/mm/dd

Step 3. Health History

		If "yes", explain
a) Is the student allergic to yeast, alum, latex, diphtheria or tetanus toxoid protein? Any other allergies?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b) Has the student ever had a reaction to a vaccine?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c) Does the student have a history of fainting?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Yes or No should be checked off
d) Does the student have a serious medical condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Yes or No should be checked off
e) Does the student have a weak immune system, or on a medication that weakens the immune system or increases the risk of infection?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Step 4. Consent for vaccination

I have read the attached vaccine information. I understand the expected benefits and possible risks and side effects of the vaccines. I understand the possible risks of not getting vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health. This consent is valid for two years. I understand that I can withdraw my consent at any time. I understand that my child may receive up to three needles in one day.

**YES** I authorize Toronto Public Health to administer the following vaccines:  
Check ☒ all the vaccines you give permission for the student to receive.

Note: Toronto Public Health will review the student's vaccination history (see Step 2) and vaccinate only if the student requires it.  
Please put a checkmark next to the vaccines you give permission for your child to receive

☐ meningococcal vaccine (1 dose)    ☐ human papillomavirus vaccine (2 or 3 doses)    ☐ hepatitis B vaccine (2 or 3 doses)

**NO** I do not authorize Toronto Public Health to administer the following vaccines to the student:  
Check ☒ for each vaccine you do not want the student to receive: Please put a checkmark next to the vaccines you DO NOT give permission for your child to receive

☐ meningococcal vaccine    ☐ human papillomavirus vaccine    ☐ hepatitis B vaccine

X

Sofia Ochoa

Signature of Parent/Legal Guardian/Student Over 14 years old

☒ Parent

☐ Legal Guardian

Relationship to Student

Please write date when this form was signed

Date

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act. It is used to administer the TPH Vaccine Preventable Diseases (VPD) Program, including maintaining immunization records for students. For more information, visit <https://www.toronto.ca/community-people/health-wellness-care/information-practices-statement/> or contact 416-338-7600.



Sample B: Complete Consent Form



Step 1. Student Information

Last Name Ochoa			First Name Antonio	Ontario Health Card # 1234-567-890	Sex Male
Birthday Year 2010	Month 01	Day 01	School Toronto Middle School	Class or Teacher's Name 7A, Mrs. Xiang	
Parent / Legal Guardian Name (please print) Sofia Ochoa				Parent / Legal Guardian Phone 416-123-4567	

Step 2. Student Vaccination History

If the student has already received the following vaccine(s), please choose the trade name and provide date the vaccine was given	Date vaccine was given		
	DOSE 1	DOSE 2	DOSE 3
1. Meningococcal-ACYW vaccine (special purchase e.g. for travel) <input type="checkbox"/> Menactra® <input type="checkbox"/> Menveo™ <input type="checkbox"/> Nimenrix® _____ yyyy/mm/dd			
2. Human papillomavirus (HPV) vaccine (2 or 3 dose series) <input type="checkbox"/> Gardasil® <input type="checkbox"/> Gardasil-9® <input type="checkbox"/> Cervarix® _____ yyyy/mm/dd	_____ yyyy/mm/dd	_____ yyyy/mm/dd	_____ yyyy/mm/dd
3. Hepatitis B (or combination) vaccine (2, 3 or 4 dose series) <input checked="" type="checkbox"/> Engerix®-B <input type="checkbox"/> Recombivax-HB® <input type="checkbox"/> Twinrix®Jr <input type="checkbox"/> Twinrix® <input type="checkbox"/> INFANRIX-hexa® _____ yyyy/mm/dd	2011/01/01 _____ yyyy/mm/dd	2011/02/01 _____ yyyy/mm/dd	2011/07/01 _____ yyyy/mm/dd

Step 3. Health History

		If "yes", explain
a) Is the student allergic to yeast, alum, latex, diphtheria or tetanus toxoid protein? Any other allergies?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Peanuts, Penicillin
b) Has the student ever had a reaction to a vaccine?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c) Does the student have a history of fainting?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d) Does the student have a serious medical condition?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
e) Does the student have a weak immune system, or on a medication that weakens the immune system or increases the risk of infection?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Step 4. Consent for vaccination

I have read the attached vaccine information. I understand the expected benefits and possible risks and side effects of the vaccines. I understand the possible risks of not getting vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health. This consent is valid for two years. I understand that I can withdraw my consent at any time. I understand that my child may receive up to three needles in one day.

<b>YES</b> I authorize Toronto Public Health to administer the following vaccines: Check <input checked="" type="checkbox"/> all the vaccines you give permission for the student to receive. Note: Toronto Public Health will review the student's vaccination history (see Step 2) and vaccinate only if the student requires it.		
<input checked="" type="checkbox"/> meningococcal vaccine (1 dose)	<input checked="" type="checkbox"/> human papillomavirus vaccine (2 or 3 doses)	<input type="checkbox"/> hepatitis B vaccine (2 or 3 doses)
<b>NO</b> I do not authorize Toronto Public Health to administer the following vaccines to the student: Check <input checked="" type="checkbox"/> for each vaccine you do not want the student to receive:		
<input type="checkbox"/> meningococcal vaccine	<input type="checkbox"/> human papillomavirus vaccine	<input checked="" type="checkbox"/> hepatitis B vaccine

X	<i>Sofia Ochoa</i>	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	September 12, 2022
Signature of Parent/Legal Guardian/Student Over 14 years old		Relationship to Student	Date