

Human papillomavirus (HPV)

Recommended vaccine for girls in Year 7 of secondary school

Important information:

- Please read the information provided before completing the consent card.
- Local Council will be visiting your school soon for this immunisation program.
- If you have any questions or medical information that will assist council, please either contact your local council or note on the consent form.
- It is important that **all** cards are returned to school (even if your child is not being vaccinated) as this assists in monitoring the protection against human papillomavirus in Victoria.

immunisation for life
www.health.vic.gov.au/immunisation

How to complete the consent card after reading the information attached:

For all children

← Please complete with the details of the child.

Then

← Complete this section if you wish to have your child immunised.

Human papillomavirus (HPV) Immunisation consent card
Recommended vaccine for girls in Year 7 of secondary school

Please read both sides of the consent form and attached fact sheet before completing and signing.

| | | | | | | | | | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|------|--|
| Medicare no.: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (Number beside child's name) | | |
| Surname: | CITIZEN | | | | | | | | | | | First name: | MARY | |
| Residential address: | 20 BLOCK STREET | | | | | | | | | | | | | |
| | MELBOURNE | | | | | | | | | | | Postcode: | 3000 | |
| Date of birth: | 2 / 2 / 1997 | | | | | | | | | | | | | |
| Telephone: (BH) | 9876 5432 | | | | | (AH) | 9876 5432 | | | | | | | |
| School: | BLOCK HIGH SCHOOL | | | | Class level: | | | | Homegroup: | JOB | | | | |
| Is this person of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

Parent/guardian, please sign if you agree to your child receiving Human papillomavirus (HPV) immunisation.

YES: I have read and understand the information given to me about vaccination, including risks and side effects. I understand that I am giving consent for three doses of HPV vaccine to be administered over four to six months. I have been given the opportunity to discuss the risks and benefits of vaccination with an immunisation provider. I understand that consent can be withdrawn at any time before vaccination takes place. I understand that the immunisation provider will record vaccination details and that my child's vaccination details will be forwarded to the National HPV Vaccination Program Register.

I am authorised to give consent for the above child to be vaccinated.

Name of parent/guardian (please print): _____

Parent/guardian signature: _____ Date: _____

See the back of this card if the vaccine is not to be given.

Office use only:

Date of 1st dose: _____

Date of 2nd dose: _____

Date of 3rd dose: _____

OR

→ Complete this section if your child has previously been immunised for human papillomavirus and does not require vaccination

→ Complete this section if you do not wish to have your child immunised.

No, I do not consent to the vaccinations:
My daughter has already had the HPV vaccines (please sign and write dates when administered) and therefore does not need the vaccine.

| | | | |
|---------------------------|-----------|---|---|
| Parent/guardian signature | 1st dose: | / | / |
| | 2nd dose: | / | / |
| | 3rd dose: | / | / |

OR

No, I do not consent to the vaccinations:
After reading the information provided, I do not wish to have my daughter immunised with the HPV vaccines.

Parent/guardian signature: _____

Pre-immunisation checklist

Before you have your daughter immunised, check this list.
If any of the situations apply to your daughter, tell your doctor or nurse before immunisation in case the vaccine needs to be deferred or withheld:

- Has an allergy to any component of the vaccine
- Is pregnant
- Has a fever over 38.5°C on the day of immunisation

People who are receiving immunisation should remain at the place of immunisation for a period of 15 minutes.

If you require further advice or information, please contact your local council immunisation section or doctor.

Privacy statement

The information you provide on this consent card is for the sole purpose of monitoring immunisation programs by the State and Australian Governments. The data will be kept confidential and identifying information will not be disclosed for any other purpose. You can access this information by contacting your immunisation provider. Personal information will be sent to the National HPV Vaccination Program Register and used to evaluate the impact of the vaccine, cancer research and to contact vaccine recipients if booster doses are required.

Immunisation provider stamp:

October 2009 PH5018



No, I do not consent to the vaccinations:

My daughter has already had the HPV vaccines (please sign and write dates when administered) and therefore does not need the vaccine.

| | | | |
|---------------------------|-----------|---|---|
| Parent/guardian signature | 1st dose: | / | / |
| | 2nd dose: | / | / |
| | 3rd dose: | / | / |

OR

No, I do not consent to the vaccinations:

After reading the information provided, I do not wish to have my daughter immunised with the HPV vaccines

Parent/guardian signature

Pre-immunisation checklist

Before you have your daughter immunised, check this list.

If any of the situations apply to your daughter, tell your doctor or nurse before immunisation in case the vaccine needs to be deferred or withheld:

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Immunisation provider stamp:

Human papillomavirus (HPV)

Immunisation information

What is human papillomavirus?

HPV is the name for a group of viruses that cause skin warts, genital warts and some cancers.

Genital HPV is highly infectious and is spread during all types of sexual activity through direct skin contact with someone who has the virus. There are 11 types of genital HPV that are very common to men and women after they have started sexual activity. Many people will have at least one genital HPV infection over their lifetime.

Most people’s natural immunity clears that HPV infection within one to two years, however in some people infection can carry on and develop into cancer. With women, if the HPV infection carries on, it usually takes more than 10 years to develop into early signs of cervical cancer.

What is cervical cancer?

Cervical cancer is a disease where abnormal cells (that have been changed by HPV that has stayed in the system) grow in the cervix (a part of the female reproductive system) between the vagina and the uterus (womb).

Cervical cancer is not common in Australia, because of the success of most women having regular Pap tests which detects the abnormal cells. However, over two hundred women die each year in Australia from cervical cancer.

Can HPV infection be prevented?

Yes. A HPV vaccine called GARDASIL® can give protection against four of the most common types of HPV (Types 6,11,16 and 18). HPV types 6 and 11 cause 90% of genital warts. HPV types 16 and 18 cause 70% of cervical cancers. The HPV vaccine is nearly 100% effective in preventing infection caused by these four HPV types. Because there are other types of HPV that may also cause cancer there is still a 30% risk, so it is

important to understand that the HPV vaccine cannot protect females against cervical cancer and genital warts caused by other HPV types that are not in the vaccine.

Whether vaccinated against HPV or not, regular Pap tests are still essential for detecting cervical cell changes. This test should commence two years after becoming sexually active because the HPV vaccine does not prevent all cervical cancers.

How is the vaccine given?

The HPV vaccine is given as a series of three injections over six months, into the upper arm muscle.

How long will my daughter be protected?

Recent studies have shown good protection against HPV after follow-up. Studies are ongoing to determine if a booster dose is necessary to have continued protection.

How safe is the HPV vaccine?

The HPV vaccine has been tested and trialled around the world and is shown to be very safe and generally well tolerated.

What are the possible side effects of HPV vaccine?

Common side effects:

- Pain, redness and swelling at the injection site
- Low grade temperature
- Feeling unwell

- Headache
- Fainting (may occur five to 30 minutes following any vaccination)

Uncommon side effects:

- Rash or hives.

It is recommended that anyone who has a rash or hives after a vaccine should talk about this with their immunisation provider before having further doses of that same vaccine.

Rare side effect:

- Severe allergic reaction, i.e. facial swelling, difficulty breathing.

In the event of a severe allergic reaction, please seek immediate medical attention.

Common side effects can be reduced by:

- Placing a cold, wet cloth over the injection site
- Taking paracetamol for pain or fever

Who should not receive immunisation?

- A girl who has an allergy to any component of the vaccine which include: yeast, aluminium phosphate, L-histidine, polysorbate and sodium borate

- A girl who is pregnant

- A girl who has a fever over 38.5°C on the day of immunisation

Is it safe to have more than one vaccine on the same day?

Yes. Some girls may need to have one, two or three injections for different diseases on the same day. More than one injection does not increase the chance of a child having a reaction to the vaccines.

Girls being immunised should stay at the place of immunisation for a period of 15 minutes.

National HPV Vaccination Program Register (HPV Register)

A National HPV Vaccination Program Register (HPV Register) collects data about the program. Personal details identifying females will be kept confidential. The information collected will be used to evaluate the HPV Vaccination Program on cervical cancer rates, send reminders if your course of three doses is incomplete, send confirmation the course is complete and to contact females if booster doses are needed.

You can choose not to have your information sent to the HPV Register.

Further information

The following websites offer resources and further information

www.health.vic.gov.au/immunisation (including information in other languages)

www.health.gov.au/cervicalcancer

www.hpvregister.org.au

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|---|--------------------|------------------|
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| Surname: _____ | First name: _____ | |
| Residential address: _____ | | |
| Postcode: _____ | | |
| Date of birth: / / | | |
| Telephone: (BH) _____ | (AH) _____ | |
| School: _____ | Class level: _____ | Homegroup: _____ |
| Is this person of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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Detach and return consent card to school