

Year 8 female students

Human Papillomavirus (HPV) Vaccination

As part of Queensland Health's School Based Vaccination Program every female year 8 student in Queensland is being offered free HPV vaccination to protect against cervical cancer. The vaccination is given in three doses over a six month period. This is part of the National Immunisation Program

HPV vaccination is only recommended if your child has not already been vaccinated. If your child has already been vaccinated, please still fill out the student's details and 'no' consent section of the form and return it to the school. This will help us know who is already protected.

A team of health professionals will visit your child's school to offer this free vaccination. The vaccination team may be from Queensland Health, your local Council or another health provider contracted by Queensland Health.

Consent of a parent/legal guardian is needed before any student can be vaccinated. The consent will cover the full course of three doses of HPV vaccination. There will not be additional forms for each dose.

You may withdraw consent at any stage by contacting the service provider in writing. If your child has a reaction following a dose of the vaccine, you should contact the service provider. Only students with a completed and signed consent form will be vaccinated.

What do I have to do?

1. Both student and parent/legal guardian must read the information in this consent form about Human Papillomavirus and common side effects of the vaccine.
2. Tear off page 1 and keep. Return the completed and signed consent form to the school.

If a student arrives to be vaccinated without a signed consent form, an attempt may be made to contact the parent/legal guardian. This is at the service provider's discretion.

About consent

For consent to be valid the consent must:

- be given freely and voluntarily;
- be for the specific procedure (vaccination) to be performed;
- and be given by a person with capacity to give consent.

In addition, the person giving consent must have sufficient information about the vaccination, including

its risks and benefits, to enable them to make an informed decision.

If after reading the information in this form, you feel that you do not have enough information to make a fully informed decision about whether to give consent, refer to the 'further information' sources on page 2 before you make your decision.

What if my child can't be vaccinated at school or misses out because of illness or absence?

If your child can't be vaccinated at school:

- they can attend a catchup-session if offered by the same service provider in the **same calendar year**, (ask service provider for details); or
- if your daughter received the first or second HPV vaccination at school you can take your child to your doctor **before the end of the following year**, however be aware that you may have to pay a consultation fee. The vaccine is free. When you call for an appointment, advise the practice reception what vaccination you require so they can order the vaccine.

Will the student's details be kept private?

Queensland Health is committed to safeguarding the privacy of client information in accordance with the National Privacy Principles set out in *Information Standard 42A: Information Privacy for the Queensland Department of Health*.

As part of the school program the service provider will record vaccination details which will be forwarded to Queensland Health for inclusion on a vaccination database. In addition, Queensland Health will forward vaccination details to the National HPV Vaccination Program Register. At all times, your child's personal details will be subject to strict confidentiality and privacy protections contained in State and Commonwealth legislation.

The information collected by the HPV Register will be used to evaluate the HPV Vaccination Program, send reminders if the vaccination course is incomplete, send confirmation when the course is complete, and contact women if booster doses are needed.

If you wish to access your child's vaccination records, you can contact the National HPV Vaccination Program Register 1800 HPV REG (1800 478 734).

Make sure you keep the record provided to your child by the school program at the time of vaccination for your child's and your doctor's records.

Please read the following information

What is the Human Papillomavirus or HPV?

Human papillomavirus (HPV) is the name for a group of viruses that cause skin warts, genital warts and some cancers, like cervical cancer.

HPV is spread by direct skin to skin contact with a person who has the virus. For cervical cancer and genital warts, HPV is spread by all types of sexual activity.

Anyone who has ever had sexual contact may have HPV – it's so common that four out of five people will have genital HPV infection at some time in their lives. Most genital infections with HPV do not cause any symptoms and people usually do not know they have the infection.

What is cervical cancer?

Cervical cancer (cancer of the cervix) is a disease where cancer cells grow and spread quickly throughout the body from the cervix. HPV can cause changes in cervical cells that may develop into cervical cancer. This usually takes more than 10 years to develop. Most women who have HPV clear the virus naturally and do NOT develop cervical cancer.

Each year in Australia, more than 700 women are diagnosed with cervical cancer and over two hundred women die from the disease.

Can HPV infection be prevented?

Yes, some types of HPV infection can be prevented. The vaccine currently used in the national program can prevent infection caused by four types of HPV. Two of these types cause seven out of 10 cervical cancers. The other two types cause nine out of 10 cases of genital warts. The vaccine does not protect against cervical cancer and genital warts caused by other HPV types not included in the vaccine.

Why should girls be vaccinated with HPV vaccine?

The vaccine protects against the most common types of HPV infection that cause cervical cancer.

Vaccination with HPV vaccine is most effective when it is given to females in Year 8 because at this age the vaccine gives optimum protection. In addition, it is given at an age before females are likely to be exposed to HPV. That is, before they start having sexual contact. The vaccine is not effective in women who have already been infected with the HPV types in the vaccine.

Even if young women in this age group have started sexual activity, there is a benefit to being vaccinated as they are likely to have had only a few partners and therefore a lower risk of exposure to HPV.

Regular Pap smears are still essential because the HPV vaccine does not prevent all cervical cancers. Pap smears detect abnormal changes to cells in the cervix so treatment can start before cancer develops.

Where can I get further information?

- You can contact **13 HEALTH (13 43 25 84)**
- You can visit Queensland Health's Immunisation website: **www.health.qld.gov.au/immunisation**
- Visit the Immunise Australia website: **www.immunise.health.gov.au**
- Contact your doctor

What does HPV vaccine contain?

In addition to virus-like particles which protect against HPV, the vaccine contains yeast, aluminium adjuvant, sodium chloride, L-histidine, polysorbate and sodium borate. These ingredients are included in the vaccine in very small amounts to either assist the vaccine to work more efficiently or to act as a preservative. The vaccine does not contain 'live' virus and will not cause infection with HPV.

Contact your doctor before completing the consent form if you are concerned about vaccination in the case of existing severe allergies.

What are the possible side effects of HPV vaccine?

HPV vaccine is generally well tolerated. The vaccine was shown to be safe during large clinical trials. All medicines and vaccines used in Australia must be approved by the Therapeutic Goods Administration (TGA) which assesses safety.

Common side effects:

- Pain, redness and swelling at the injection site
- Low grade temperature
- Feeling unwell
- Headache
- Fainting (the most common immediate reaction to any vaccination in older children, may occur five to 30 minutes following vaccination)

Uncommon side effects:

- Itchy rash or hives.

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

Rare side effect:

- Severe allergic reaction, ie. facial swelling, difficulty breathing. In the event of a severe allergic reaction, please seek immediate medical attention.

How is the HPV vaccine given?

The recommended schedule for HPV vaccine is three injections given in the upper arm at 0, 2 and 6 months.

The timing of this schedule may change slightly depending on when the service provider visits the school. The vaccine is most effective when all three doses have been given. Missed doses should be given as soon as possible. The need for booster doses is under review.

The vaccine may be given at the same time as the hepatitis B and chickenpox vaccines. These vaccinations are also offered to Year 8 students in the school program. Whether more than one vaccine is given at the same visit will be up to the service provider and how they schedule their visits to the schools.

Parent/legal guardian checklist

- I have read the information in this consent form and discussed it with my child
- I have completed the consent form, ticked the 'Yes' or 'No' box and signed it
- I have completed the take home record on page 4
- I have torn off the completed and signed consent form and will return it to the school

HPV Vaccination Consent for doses 1, 2 and 3

PLEASE RETURN THE REMAINING TWO SECTIONS INTACT TO THE SCHOOL

STUDENT DETAILS *(of person being vaccinated) for parent/legal guardian to complete. Please use a black or blue pen*

Surname:		Given names:	
Date of birth: □□/□□/□□		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Medicare number □□□□□□□□□□		Reference number on card <input type="checkbox"/>	
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal & Torres Strait Islander (TSI) <input type="checkbox"/> TSI <input type="checkbox"/> Not Aboriginal or TSI <input type="checkbox"/> Not stated/Unknown			
Address:			Postcode:
School:		Year:	Class:
Parent/legal guardian full name:			
Email address for parent/legal guardian:			
Daytime telephone:		Parent/legal guardian mobile phone:	
My relationship to the student is: Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/>			

PRE-VACCINATION CHECKLIST *for parent/legal guardian to complete*

Please ensure every question is answered otherwise your child may not be vaccinated

Has the student:

- ever had a **severe** reaction following a vaccine?
 No Yes—describe
- ever had any **severe** allergies?
 No Yes—describe
- ever had an allergy to any component of the HPV vaccine?
 No Yes—describe.....
- Is the student pregnant?
 No Yes

If you are unsure of medical details, please check with your doctor. On the day of vaccination, each student will be checked by a health professional. Students will not be vaccinated if they are suffering an acute illness with a high fever. If there is any change in the information on the consent form and/or your child's medical condition, please advise the service provider on the day of vaccination.

CONSENT FOR VACCINATION *for parent/legal guardian to complete*

I have read and understand the information given to me about HPV vaccination, including risks and side effects. I understand that I am giving consent for three doses of HPV vaccine. I have been given the opportunity to discuss the risks and benefits of vaccination with my doctor or by telephoning 13 HEALTH (13 43 25 84). I am authorised as the parent or legal guardian of the above child to give consent for the child to be vaccinated. I understand that consent can be withdrawn at any time before vaccination by making a written request to the school program service provider. I understand Queensland Health will record vaccination details and will transfer vaccination details to the National HPV Register. I also understand the National HPV Register may transfer vaccination details to the Queensland Health Pap Smear Register for the purposes of measuring the effectiveness of the vaccine in preventing cervical cancer.

YES, I CONSENT to the Human Papillomavirus vaccinations (Please tick)
I give my consent for my child/ward to receive the three doses of Human Papillomavirus vaccine.

Signature: **Date:** □□/□□/□□
(Parent/legal guardian signature required for vaccination)

OR

NO, I DO NOT CONSENT to the Human Papillomavirus vaccinations (Please tick)
My child/ward does not require vaccination because:
 she has already completed a course of vaccinations
 I have other reasons. Please give details (optional)

Signature: **Date:** □□/□□/□□
(Parent/legal guardian signature required)

Please return signed completed form to the school (even if you have not given consent)

DO NOT DETACH

Parent to complete student details
HPV Vaccination Record Dose 3
Surname:
Given Names:
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Service provider to complete
Date of Vaccination: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Batch Number:
Vaccinator's Signature/Stamp

Record of Vaccination – Student to take home

Parent to complete student details
HPV Vaccination Record Dose 2
Surname:
Given Names:
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Service provider to complete
Date of Vaccination: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Batch Number:
Vaccinator's Signature/Stamp

Record of Vaccination – Student to take home

Parent to complete student details
HPV Vaccination Record Dose 1
Surname:
Given Names:
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Service provider to complete
Date of Vaccination: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Batch Number:
Vaccinator's Signature/Stamp

Record of Vaccination – Student to take home

CARE AFTER VACCINATION

- For redness or swelling at the injection site, apply a cold compress.
- To lower temperature or relieve discomfort, paracetamol may be given.
- If fever persists, consult your doctor.
- If any reaction occurs that you consider serious or unexpected, seek medical advice.
- Contact the service provider if your child has a reaction following any dose of the vaccine.

CARE AFTER VACCINATION

- For redness or swelling at the injection site, apply a cold compress.
- To lower temperature or relieve discomfort, paracetamol may be given.
- If fever persists, consult your doctor.
- If any reaction occurs that you consider serious or unexpected, seek medical advice.
- Contact the service provider if your child has a reaction following any dose of the vaccine.

CARE AFTER VACCINATION

- For redness or swelling at the injection site, apply a cold compress.
- To lower temperature or relieve discomfort, paracetamol may be given.
- If fever persists, consult your doctor.
- If any reaction occurs that you consider serious or unexpected, seek medical advice.
- Contact the service provider if your child has a reaction following any dose of the vaccine.

OFFICE USE ONLY School Based Vaccination Program service provider

Pre-vaccination assessment for HPV, Dose 3:

Is the student:

- feeling unwell today? Yes No
- allergic to anything? Yes No
- pregnant? Yes No

Date of vaccination: / /

Left arm Right arm

Batch number:

Catch up required: Yes No

Comments:

Reason for student not vaccinated:

- Absent
- Refused
- Unwell
- No consent
- Other:

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Signature:
 (Vaccinator's Signature)

OFFICE USE ONLY School Based Vaccination Program service provider

Pre-vaccination assessment for HPV, Dose 2:

Is the student:

- feeling unwell today? Yes No
- allergic to anything? Yes No
- pregnant? Yes No

Date of vaccination: / /

Left arm Right arm

Batch number:

Catch up required: Yes No

Comments:

Reason for student not vaccinated:

- Absent
- Refused
- Unwell
- No consent
- Other:

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Signature:
 (Vaccinator's Signature)

OFFICE USE ONLY School Based Vaccination Program service provider

Pre-vaccination assessment for HPV, Dose 1:

Is the student:

- feeling unwell today? Yes No
- allergic to anything? Yes No
- pregnant? Yes No

Date of vaccination: / /

Left arm Right arm

Batch number:

Catch up required: Yes No

Comments:

Reason for student not vaccinated:

- Absent
- Refused
- Unwell
- No consent
- Other:

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Signature:
 (Vaccinator's Signature)