

Immunize for life



HPV

HUMAN PAPILLOMAVIRUS (HPV) VACCINE PROGRAM

**NEW THIS YEAR: FOR ALL GRADE 7
STUDENTS AND GRADE 8 FEMALES(Gardasil®)**

WHAT IS HPV?

HPV is a very common virus that can cause many types of cancers; including cervical, other genital cancers as well as genital warts. New research is also linking HPV to head and neck cancers. About 3 out of 4 people will have at least one HPV infection in their lifetime.

HOW IS HPV SPREAD?

HPV is most commonly spread during intimate skin-to-skin contact (including sexual activity) with a person that has HPV. An infected mother can also pass HPV to her child at birth.

You cannot get HPV from casual contact such as hugging, or from using the same dishes as an infected person. It is not passed on when someone with HPV coughs or sneezes.

WHAT ARE THE SYMPTOMS OF HPV?

Most people that get HPV don't have any signs or symptoms but can develop cervical abnormalities, cervical cancer, other cancers, or genital warts. There is no way of knowing how you'll be affected. This means you could be infected by someone else without knowing it.

HOW EFFECTIVE IS THE HPV VACCINE?

The vaccine is almost 100% effective against the four HPV types that it targets. This includes type 16, 18, 6, and 11.

These four types of HPV are known to cause 70% of cervical cancer and 90% of genital warts. Studies have shown that the vaccine has provided good protection for 10 years after vaccination and that there is no evidence of weakened protection over time.

You cannot get a HPV infection from the vaccine.

HPV can be prevented by having your child vaccinated with the HPV vaccine.

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www.wechu.org | 519-258-2146 ext. 1222



WHO SHOULD GET THE HPV VACCINE?

The HPV vaccine is approved for females aged 9 to 45 years old and for males 9-26 years old. The provincial government is funding the voluntary HPV vaccination program for all Grade 7 students in Ontario. This means that all students starting in grade 7 can get the vaccine **free** from the Health Unit. If you want your child to be vaccinated by your doctor, the 2 to 3 shots of the HPV vaccine cost between **\$300 to \$500**. Grade 7 was chosen as the age for vaccination because the HPV vaccine is most effective if given to individuals before they become sexually active.

HOW IS THE PUBLICALLY FUNDED HPV VACCINE PROGRAM DELIVERED TO MY CHILD'S SCHOOL?

Based on age, public health nurses will give students **2 to 3 separate injections, at specific intervals**. The nurse **may** delay giving the vaccine to anyone who has a fever or any other illness more serious than a minor cold.

ON THE DAY OF THE CLINIC

Wear a short sleeve shirt or one that can easily be pulled above the shoulder.

Eat a healthy breakfast or lunch.

WHO SHOULD NOT GET THE HPV VACCINE?

Your child should **not** get the HPV vaccine if they:

- Had a serious reaction to the HPV vaccine.
- Are pregnant.

Check with your health care provider if your child has an allergy or has had an allergic reaction to another vaccine, aluminum, yeast, or sodium chloride. The risk of serious illness from HPV virus is much greater than the risk of complications from the HPV vaccine.

ARE THERE SIDE EFFECTS FROM THE VACCINE?

The vaccine has been used in Canada since 2006 and is safe and effective. It may cause minor side effects, that can last a day or more, such as:

- Redness, warmth, or slight swelling at the site of the injection.
- Tiredness.
- Slight fever.

If more serious reactions occur within 15 days of injection report them to your health care provider or local Health Unit.

Serious reactions are rare and require immediate care. These reactions may include:

- difficulty breathing,
- swelling of face or mouth,
- fever over 39°C,
- hives, or a rash.

All personal (health) information collected and used is kept confidential and may be disclosed only as permitted under the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and the *Personal Health Information Protection Act, 2004 (PHIPA)*. Information is collected under the Health Protection and Promotion Act for the purpose of delivering the Healthy Schools programs and services, and may be used for evaluation or statistical/research purposes. The information collected on this form will be entered in to the provincial computerized database. You have the right to view and correct this information, or withhold or revoke your consent. If you have any questions about our policy, please contact the Privacy Officer at 519-258-2146.

FOR MORE INFORMATION

wechu.org | health.gov.on.ca/en/ms/hpv | hpvinfo.ca | merck.ca | gardasil.ca | immunize.ca

CONSENT FORM FOR HPV IMMUNIZATION



STEP 1 FILL OUT STUDENT INFORMATION

Student's Name: _____
LAST FIRST

Birth Date: _____
YEAR MONTH DAY

Address: _____
NUMBER STREET APT# CITY/TOWN POSTAL CODE

Phone: _____ Phone: _____
HOME CELL / WORK

Health Card #: _____ Teacher: _____
OPTIONAL

School: _____

STEP 2 LIST ALL HPV VACCINES YOUR CHILD HAS HAD

If your child has been immunized for HPV, please write the dates they were given below.

NAME OF VACCINE	YEAR	MONTH	DAY
_____ Dose 1:	_____	_____	_____
_____ Dose 2:	_____	_____	_____
_____ Dose 3:	_____	_____	_____

STEP 3 PARENT/LEGAL GUARDIAN MUST COMPLETE ONLY ONE SECTION (YES/NO)

CONSENT FOR IMMUNIZATION

YES, I want the Health Unit to give the HPV vaccine series to my child. Unless cancelled, this request is valid until the vaccine series is complete.
 I have read or had explained to me the information about the vaccine. Any questions I had have been answered to my satisfaction. **My child has not had a serious allergic reaction to a vaccine, aluminum, yeast, or sodium chloride.**

Signature: _____ Date: _____
PARENT / LEGAL GUARDIAN YEAR MONTH DAY

Relationship to student _____

OR

DECLINE IMMUNIZATION

No, I don't want the Health Unit to give the HPV vaccine to my child. I have read the information attached to this consent form. I understand the possible consequences if my child is not vaccinated with the vaccine.

Signature: _____ Date: _____
PARENT / LEGAL GUARDIAN YEAR MONTH DAY

Relationship to student _____

Complete Step 4 on the reverse side. →

STEP 4 ANSWER QUESTIONS ABOUT YOUR CHILD

	PARENT		NURSE ONLY		
	YES	NO	DOSE 1	DOSE 2	DOSE 3
Does your child understand what the HPV vaccine is for?	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N
Is your child allergic to any of the following: - Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N
<i>Note: There is NO antibiotic, preservative, latex, or thimerosal in this vaccine.</i> - Yeast	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N
- Sodium chloride	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N
List other allergies: _____					
Does your child have any serious health issues? (e.g., thrombocytopenia, coagulation disorders, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N
If yes, what? _____					
Is your child on any medications that may lower their immune system? (e.g., high doses of prednisone)	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N
If yes, what? _____					
Has your child ever had a reaction to any shots in the past?	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N
If yes, what type of reaction? _____					

STEP 5 RETURN COMPLETED CONSENT FORM TO YOUR CHILD'S SCHOOL

NURSING ASSESSMENT QUESTIONS (FOR NURSES USE ONLY) Vaccine: Gardasil (GD): 0.5 mL/Dose	DOSE 1	DOSE 2	DOSE 3* (as required)
Did you have a reaction to the 1st or 2nd HPV shot?	Y N	Y N	Y N
Are you sick today with anything more than a cold?	Y N	Y N	Y N
Do you have a fever?	Y N	Y N	Y N
Do you think you're pregnant?	Y N	Y N	Y N
Immunization Record given:	Y N	Y N	Y N
Nursing Notes:	GD 0.5mL IM	GD 0.5mL IM	GD 0.5mL IM
	R / L deltoid	R / L deltoid	R / L deltoid
	Date: _____	Date: _____	Date: _____
	Time: _____	Time: _____	Time: _____
	Lot #: _____	Lot #: _____	Lot #: _____
	Nurse Signature	Nurse Signature	Nurse Signature
	Documented in Panorama <input type="radio"/> Yes	Documented in Panorama <input type="radio"/> Yes	Documented in Panorama <input type="radio"/> Yes