What is human papillomavirus?
HPV is a very common virus in men and women. It is very common to be infected with one or more types of HPV shortly after sexual activity starts. Most HPV infections cause no symptoms and are cleared from the body in less than a year without the person knowing they were infected. Some types of HPV can cause genital warts and some cancers. These cancers include cervical cancer in women, cancers of the genital area in men and women, and some cancers of the mouth and throat.

What are the benefits of receiving the HPV vaccine?
The HPV vaccine GARDASIL® protects against two HPV types which cause 70 per cent of cervical cancer in women and 90 per cent of HPV-related cancers in men. It also protects against an additional two HPV types which cause 90 per cent of genital warts. The vaccine provides best protection when it is given to someone before they become sexually active. The vaccine prevents disease but does not treat existing HPV infections.

How is the vaccine given?
The HPV vaccine consists of three injections given into the upper arm over a six month period.

How long will vaccine protection last?
Recent studies have shown good continuing protection against HPV. Studies are ongoing to determine if a booster dose will be necessary in the future.

How safe is the HPV vaccine?
It is safe and well tolerated. Worldwide millions of doses have been given. The vaccine does not contain HPV but appears similar enough to the virus so that the body produces antibodies, which prevent HPV infection.

Will girls need Pap tests later in life?
Yes, because the vaccine doesn’t prevent all types of HPV infection that cause cervical cancer, Pap tests are still essential for women later in life. Pap tests are recommended for all women every two years, starting at age 18 or two years after first becoming sexually active, whichever is later. Having regular Pap tests further reduces the risk of developing cervical cancer.

What are the possible side effects?

Common side effects
• Pain, redness and swelling at the injection site
• A temporary small lump at the injection site
• Low grade fever
• Feeling unwell
• Headache
• Fainting may occur up to 30 minutes after any vaccination.
If mild reactions do occur, side effects can be reduced by:
• drinking extra fluids and not overdressing if the person has a fever
• placing a cold wet cloth on the sore injection site
• taking paracetamol to reduce discomfort.
Uncommon side effects

- Rash or hives

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

Rare side effect

- A severe allergic reaction, for example facial swelling, difficulty breathing

In the event of a severe allergic reaction, immediate medical attention will be provided.

Pre-immunisation checklist

Before your child is immunised, tell your doctor or nurse if any of the following apply.

☐ Is unwell on the day of immunisation with a fever over 38.5 °C.
☐ Has had a severe reaction to any vaccine.
☐ Has an anaphylactic allergy to yeast.
☐ Is pregnant.

How to complete the consent form 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.

Or

Complete this section if your child has previously been immunised for human papillomavirus.

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

It is important to return the form to school even if your child is not being vaccinated.

After immunisation wait at the place of immunisation for 15 minutes.

Some children may need to have two or three injections for different diseases on the same day. If more than one injection is given it does not increase the chance of a child having a reaction to the vaccines.

Further information

(including translations in other languages)

www.betterhealth.vic.gov.au

www.hpvvaccine.org.au

www.cancerscreening.gov.au

www.hpvregister.org.au

Translating and interpreting service
Call 131 450
Recommended vaccine for boys and girls in Year 7 of secondary school

Please read the information provided before completing and signing.

<table>
<thead>
<tr>
<th>Student details</th>
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</thead>
<tbody>
<tr>
<td>Medicare no.:</td>
</tr>
<tr>
<td>Surname:</td>
</tr>
<tr>
<td>First name:</td>
</tr>
<tr>
<td>Residential address:</td>
</tr>
<tr>
<td>Postcode:</td>
</tr>
<tr>
<td>Date of birth:</td>
</tr>
<tr>
<td>Sex: Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>School:</td>
</tr>
<tr>
<td>Homegroup:</td>
</tr>
</tbody>
</table>

Is this person of Aboriginal or Torres Strait Islander origin? (please tick)
- [ ] No
- [ ] Aboriginal
- [ ] Torres Strait Islander
- [ ] Aboriginal and Torres Strait Islander

<table>
<thead>
<tr>
<th>Parent or guardian contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Daytime phone number:</td>
</tr>
<tr>
<td>Mobile:</td>
</tr>
</tbody>
</table>

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

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 or guardian (please print):

Parent/guardian signature: Date: / / 

OR NO, I do not consent to the vaccinations.

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

1st dose: / / 2nd dose: / / 3rd dose: / /

Parent/guardian signature:

NO, I do not consent to the vaccinations.

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

Parent/guardian signature:

Privacy statement. The information you provide on this consent card will be used by the State and Australian Governments to monitor immunisation programs. Your contact details might be used by the local council to send reminders about the program. 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, for cancer research and to contact vaccine recipients if booster doses are required.

National HPV Vaccination Program Register (HPV Register)
The HPV Register collects information about the program. Personal identifying details will be kept confidential. The information collected is used to administer the program effectively, through sending reminders, a completion statement once all three doses are received and notifying recipients in the future should booster doses be required. Information is also used to evaluate the effectiveness of the program, through monitoring vaccine uptake and eventually by linking vaccination history to Pap test and cancer registers. You can choose not to have your information sent to the HPV Register.

Office use only:

Date of 1st dose: Date of 2nd dose: Date of 3rd dose: