

Questions & Answers (Q&A) about HPV Vaccination Program 2008

A Prevention Strategy for Cervical Cancer

Q. What is HPV?

A. Human papillomavirus (HPV) is the name given to a group of viruses that cause skin warts, genital warts and some cancers. HPV infection is usually without symptoms.

For more information visit www.ncirs.usyd.edu.au

Q. What is the link between HPV and cervical cancer?

A. Two particular types of HPV are responsible for causing up to 80% of cervical cancers (cancer of the cervix) in Australia.

Women can be infected with HPV through sexual contact and it is estimated that up to 79% of women in Australia will be infected with HPV at some point in their lives.

Most women who have HPV clear the virus naturally and do not develop cervical cancer.

Q. How is HPV spread?

A. HPV can be transmitted during sex and genital skin-to-skin contact with a person who has the virus. The virus passes through tiny breaks in the skin. HPV is not spread through blood or other body fluid. Condoms offer limited protection, as they do not cover all of the genital skin.

Q. Why should my daughter be vaccinated?

A. The vaccine is very effective in preventing the main types of HPV infection.

There is no cure for HPV infection but there is treatment available for the effects of the virus, such as genital warts and abnormal changes to cells in the cervix.

HPV vaccination is most effective when it is given to females before they are exposed to the virus.

Even if young women have started sexual activity, there is a benefit to being vaccinated, as most will have had few partners, which means they are less likely to have been in contact with the types of HPV that are prevented by the vaccine.

Q. Who is eligible for free HPV vaccine?

A. The school-vaccination program will offer HPV vaccine to all girls in NSW high schools in 2007 and 2008.

Q. Will boys be vaccinated at school?

A. No. Research into the effectiveness of HPV vaccine preventing HPV infection in males has not been completed.

Q. Is vaccination compulsory for this campaign?

A. No. All parents/guardians will receive the information package. Parents/guardians can choose whether or not to sign the consent form and have their child vaccinated. Only those children with a consent form completed and signed by a parent/guardian will be vaccinated.

Do not return the consent form if you do not wish your daughter to be vaccinated.

Q. What does HPV vaccine contain?

A. The HPV 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 or to act as a preservative. It does not contain 'live' virus.

Q. How many doses are required and how long does the vaccine last?

A. HPV vaccine is given as a series of three injections into the upper arm muscle. It is usually given over a six-month period. The timing of this schedule may change slightly depending on when the service provider visits your daughter's school.

To have the best protection against the virus, it is essential that all three vaccinations are administered within 12 months. Protection following complete (3 doses) vaccination for HPV is at least 5 years. At this stage it is not known if booster doses are required.

Q. What are the side effects of HPV vaccination?

A. HPV vaccine is generally well tolerated. Side effects of HPV vaccination are mild and usually involve pain, swelling and redness at the injection site. Serious side effects are extremely rare.

Further information on a range of adverse events that have been reported in relation to HPV vaccine is available at: <http://www.csl.com.au/Gardasil.asp>

A cold damp cloth at the injection site and paracetamol can be given to relieve any discomfort following vaccination. Paracetamol can be given to lower fever or to relieve discomfort. If fever persists or any reaction occurs that you consider serious or unexpected, seek medical advice.

Q. What is Anaphylaxis?

A. Anaphylaxis is a severe allergic reaction that may result in unconsciousness and death if not treated quickly. **It occurs rarely after vaccination.** The nurses are fully trained in the treatment of anaphylaxis.

Q. Should the vaccine be given to a young woman who is or thinks she may be pregnant?

A. No. Any young woman who is, or thinks she may be pregnant should not be vaccinated.

On the day of the clinic the vaccination nurse will ask your daughter if she is or thinks she might be pregnant. If your daughter answers yes to this question, she will not be vaccinated.

Your daughter will be urged to immediately discuss the issue with her parent/guardian and to seek medical help. She will also be provided with contact details for a health referral service that will provide advice, support and guidance.

Q. Will my daughter's information be transferred to any other organisation?

A. Your daughter's health information will be transferred to the National HPV Vaccination Program Register and linked to the National Cervical Screening Program. Collection of such information requires provision of your daughter's Medicare Number.

By signing the consent form, you are agreeing to disclose your daughter's health information for collection and transfer to the National HPV Vaccination Program Register and linkage to the National Cervical Screening Program.

Q. Why will my daughter's health information be linked to the National HPV Vaccination Register and National Cervical Screening Program?

A. Health Information collected will be used to evaluate the impact of the HPV Vaccination Program on cervical cancer rates.

Q. Will Pap smears still be necessary after vaccination?

A. Yes. Regular Pap smears are still important, as the HPV vaccine does not protect against all types of HPV that can cause cervical cancer. All females who have been vaccinated against HPV will still require regular Pap smears from the age of 18 or within 2 years of first having sex, whichever is later.

Q. What can I do if my child missed out on the vaccine at school because of illness or absence on the day the nurses' visit?

A. You should contact your local Public Health Unit for advice regarding catch-up vaccination for doses missed at school.

Q. Should I give my daughter a dose of paracetamol before going to school on the day of the clinic?

A. No. This is not necessary.

Q. What if my daughter has asthma and takes cortisone or prednisone by a "puffer"?

A. It is safe to vaccinate someone who has asthma with HPV vaccine, no matter which medications they are taking.

Q. Do homoeopathic preparations protect against HPV?

A. No. There is no evidence that homoeopathic preparations prevent HPV disease.

Q. Will I receive a record of the vaccinations that my daughter has received?

A. Your child will be given a record of vaccination. You should not assume that your daughter has been vaccinated if you do not receive this record of vaccination. It is important that you advise your GP that this vaccination has been given.

Please store this record in a safe place for future reference.

Q. Where can I find more information about immunisation?

A. The *Australian Immunisation Handbook* (current Edition) provides detailed information about immunisation. It can be found at:
www.immunise.health.gov.au

For more on NSW Immunisation programs visit the NSW Health website on **www.health.nsw.gov.au**.

Q. Who can I contact if I wish to find out more information?

A. Contact your local Public Health Unit:

Greater Southern

(02) 6124 9942 or (02) 6021 4799
Queanbeyan Office Albury Office

Greater Western

(02) 6339 5601 or (02) 6841 5569
Bathurst Office Dubbo Office

(08) 8080 1499
Broken Hill Office

Hunter New England

(02) 4924 6477 or (02) 6767 8630
Newcastle Office Tamworth Office

North Coast

(02) 6588 2750 or (02) 6620 7500
Port Macquarie Office Lismore Office

Northern Sydney & Central Coast

(02) 9477 9400 or (02) 4349 4845
Hornsby Office Gosford Office

South Eastern Sydney & Illawarra

(02) 9382 8333 or (02) 4221 6700
Randwick Office Wollongong Office

Sydney South West

(02) 9828 5944 or (02) 9515 9420
Liverpool Office Camperdown Office

Sydney West

(02) 9840 3603 or (02) 4734 2022
Parramatta Office Penrith Office

Or visit: www.health.nsw.gov.au

HPV Record of Vaccination- Dose 1

Parent/Guardian to complete

Child's Full Name:

Nurse to complete

Left Arm Right Arm

Vaccine batch number:

Nurse Signature:

Next dose due:

STAMP

HPV Record of Vaccination – Dose 2

Parent/Guardian to complete

Child's Full Name:

Nurse to complete

Left Arm Right Arm

Vaccine batch number:

Nurse Signature:

Next dose due:

STAMP

HPV Record of Vaccination – Dose 3

Parent/Guardian to complete

Child's Full Name:

Nurse to complete

Left Arm Right Arm

Vaccine batch number:

Nurse Signature:

STAMP

DOSE 1

Parent to complete

Child's Full Name:

OFFICE USE ONLY

Nurse to complete

Left Arm Right Arm

Vaccine batch number:

Nurse Signature:

STAMP

DOSE 2

Parent to complete

Child's Full Name:

OFFICE USE ONLY

Nurse to complete

Left Arm Right Arm

Vaccine batch number:

Nurse Signature:

STAMP

DOSE 3

Parent to complete

Child's Full Name:

OFFICE USE ONLY

Nurse to complete

Left Arm Right Arm

Vaccine batch number:

Nurse Signature:

STAMP

Consent for HPV Vaccination A Prevention Strategy for Cervical Cancer

Dear Parent/Guardian,

Teams of specially trained registered nurses will be visiting your daughter's school to offer free human papillomavirus (HPV) vaccine.

If you wish to have your daughter vaccinated please complete all parts of this Consent Form and return it to the school.

The nurses will check your daughter on the day of the vaccination clinic. Children who are suffering from an acute illness with a fever will not be vaccinated.

If you have any questions regarding HPV vaccination or completing this form please contact your local Public Health Unit (listed in the Q&A in the 'Parent Information Kit').

INSTRUCTIONS

Please complete all sections of this form with a blue/black pen.

Photocopies of this form will not be accepted.

If you wish your daughter to be vaccinated, complete all sections of this form and return it to the school within one week.

If you **DO NOT** wish to have your daughter vaccinated **DO NOT** return this form.

Please **DO NOT** remove any sections from this form prior to returning it to your daughter's school.

NSW HEALTH

IMMUNISE
AUSTRALIA PROGRAM

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Human Papillomavirus (HPV) Vaccination

HPV

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Two particular types of HPV are responsible for causing up to 80% of cervical cancers (cancer of the cervix) in Australia.

The vaccine is very effective in preventing the main types of HPV infection. HPV vaccination is most effective when it is given to females before they are exposed to the virus.

HPV Vaccination

A full course of HPV vaccination consists of 3 injections given over a six-month period. HPV vaccine may be given at the same time as other vaccines offered in the NSW Adolescent Vaccination Program (hepatitis B and varicella [chickenpox] vaccines).

Consent

By signing the HPV consent form, you are consenting to a **course** of HPV vaccination.

Your daughter's health information will be transferred to the National HPV Vaccination Program Register and linked to the National Cervical Screening Program. Collection of such information requires the provision of your daughter's Medicare number. By signing this consent form, you are agreeing to disclose your daughter's health information to be transferred to the National HPV Vaccination Program Register and linked to the National Cervical Screening Program.

Side Effects

Side effects of HPV vaccination are mild and usually involve pain, swelling and redness at the injection site. Serious side effects are extremely rare.

Withdrawal of Consent

As you have consented to a full course of vaccine, you may withdraw your consent at any time by providing written notification to your daughter's school. This information will be provided to the nurse prior to the vaccination clinic.

The procedure for withdrawal of consent can be found at www.health.nsw.gov.au - follow the links through the Immunisation Program button.

HPV Vaccination Consent Form

Parent/Guardian to complete in blue/black ink

Child's Surname

Child's Given Names Date of Birth

School

Grade / Class Medicare Number

I have read and understood the information provided in the *Parent Information Kit* regarding HPV vaccination, and, understand that my daughter/ward's health information will be collected and transferred to the National HPV Vaccination Program Register and linked to the National Cervical Screening Program.

I hereby give consent for my daughter/ward, named above, to receive a 3-dose course of HPV vaccine, and, for her health information to be transferred to the National HPV Vaccination Program Register and linked to the National Cervical Screening Program.

I declare that my daughter/ward:

- (a) Has not had an anaphylactic reaction following any vaccine
- (b) Does not have an anaphylactic sensitivity to any of the vaccine components (listed in the Q&A in the *Parent Information Kit*).
- (c) Is not pregnant.

NAME of PARENT/GUARDIAN
(please print clearly)

SIGNATURE of PARENT/GUARDIAN

Home Address

Suburb Post Code

Phone Home Work

Mobile Date

POST-VACCINATION INSTRUCTIONS

Please keep this Record of Vaccination as you may be required to provide the information at a later date.

Advise your GP of the date that this vaccine was given so that your daughter's records are kept up to date.

What to do if reactions occur

A cold damp cloth on the sore spot may help to relieve pain and tenderness. Paracetamol may be given for pain. Give extra fluids to drink. If your daughter suffers a reaction or you are concerned, please contact your local doctor

Contact your daughter's school and advise if your child suffers a reaction following any dose of the vaccine. This information will be provided to the nurse prior to the next vaccination clinic.

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