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 over-dressing 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. If reactions are severe or persistent, or if you are worried, contact your doctor or hospital.

**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 (temperature over 38.5°C)
- Has had a severe reaction to any vaccine
- Has any severe allergies such as an anaphylactic reaction to yeast
- Is pregnant.

After vaccination wait at the place of vaccination a minimum of 15 minutes.

**Further information**
- (including translations in other languages)
- www.betterhealth.vic.gov.au
- www.hpvvaccine.org.au
- www.cancerscreening.gov.au
- www.hpvregister.org.au
- immunehero.health.vic.gov.au

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**Human papillomavirus (HPV) vaccine consent form**

**Recommended for children in Year 7 of secondary school**

Please read the information.

Complete the form **even if the vaccine is not to be given**.

Detach the form and return it to school.

**For all children**

Please complete with the details of the child.

Then

Complete this section if you wish to have your child vaccinated.

Or

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

To receive this document in an accessible format email: immunisation.health.vic.gov.au

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Human papillomavirus (HPV) vaccine consent form

Recommended for children in Year 7 of secondary school

Please read the information.

Complete the form even if the vaccine is not to be given.

Detach the form and return it to school.

Student details

Medicare no.: _______ _______ _______ _______ [number beside child’s name]
Surname: __________________________ First name: __________________________
Residential address:
Postcode: _______ Date of birth: _______ / _______ Sex: [ ] Female [ ] Male
School: __________________________ Homegroup: __________________________

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

Parent or guardian contact details

Surname: __________________________ First name: __________________________
Email: __________________________
Daytime phone number: __________________________ Mobile: __________________________

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

I have read and understand the information given to me about vaccination, including the risks of disease and side effects of the vaccine. 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 vaccine 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.

[ ] YES, I CONSENT to Human papillomavirus (HPV) vaccination (please tick)

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

Parent/guardian name (please print): __________________________
Parent/guardian signature: __________________________ Date: _______ / _______ / _______

No. I do not consent to the HPV vaccinations.

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

Parent/guardian signature: __________________________ Date: _______ / _______ / _______

Privacy statement. The school vaccination program is funded by the Australian and Victorian governments and delivered by local councils. Councils are responsible for immunisation services under the Public Health and Wellbeing Act 2008. The information you provide on this consent form will assist in the planning and provision of appropriate and improved health care and services. Aggregate immunisation data may be disclosed to Victorian and Australian government agencies, this information does not identify an individual. Schools are authorised to share information with councils to assist councils in providing immunisation services. Councils are committed to protecting the privacy, confidentiality and security of personal information, in accordance with the Information Privacy Act 2000 and the Health Records Act 2001. Personal information is not disclosed to third parties. You can access your data by contacting your local council, using the details provided.

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: Nurse initials: Date of 2nd dose: Nurse initials: Date of 3rd dose: Nurse initials: