

Protect your daughter against human papillomavirus (HPV)

For Grade 7 girls



Why your daughter should get vaccinated against HPV now...

- To protect her from getting human papillomavirus (HPV), which is the leading cause of cervical cancer.
- To protect her against the viruses responsible for 90 per cent of all genital warts.
- To ensure she receives the maximum benefit from the HPV vaccine. It is most effective when given to girls aged 10 to 15 and BEFORE becoming sexually active.

Who should get this vaccine?

Girls in Grade 7.

Who should NOT get this vaccine?

- Girls who are allergic to any part of the vaccine or its packaging.
- Pregnant women.

What you should know about HPV...

- HPV is very common.
- There are more than 100 types of HPV.
- About 70 per cent of the adult population will have had a genital HPV infection at some stage in their life.
- Genital HPV is spread through skin-to-skin contact during sex.
- Signs and symptoms are not always visible.
- HPV can cause genital warts, cervical cancer, other genital cancer and cancer of the mouth.
- Most people are infected during the first two to five years after becoming sexually active.

What you can do to help protect your daughter against HPV...

- Encourage her to get vaccinated NOW.
- Talk with her about how to make informed sexual health decisions by discussing the following:
 - delaying sexual activity until she is older;
 - limiting the number of sexual partners;
 - being aware of her partner's sexual history;
 - using condoms to protect her from HPV and other sexually transmitted infections; and
 - being aware that the virus can be found on skin that is not covered by a condom.

DID YOU KNOW?

HPV has been found to be present in 99.7 per cent of cervical cancers.



Natalie Arsenault (Bessborough School)

What you should know about the HPV vaccine...

The vaccine...

- is **SAFE** and very effective in preventing disease.
- is given in two doses at least six months apart.
- girls with a weakened immune system should receive three doses of HPV vaccine. Please talk to your healthcare provider.
- all doses need to be given to ensure protection.

What to expect following HPV immunization...

- Common side effects** are pain, redness, itching or swelling at the site of the injection.
- Other possible side effects are mild fever, nausea, vomiting, dizziness and headache.

Please note: As is the case with any vaccine, there is a small risk that a serious allergic reaction may occur. **Therefore, your daughter will be asked to remain on site for at least 15 minutes after the vaccine is given so that possible immediate reactions can be monitored and treated.**

DID YOU KNOW?

Cervical cancer kills 250,000 women worldwide each year.

How to treat fever and pain...

- A cold compress on the injection site may reduce discomfort.
- You may give your daughter *acetaminophen* (e.g., Tylenol®) or *ibuprofen* (e.g., Advil®).
- Acetylsalicylic acid* (ASA or Aspirin®) should **NOT** be given to children younger than 18 due to its link to Reye's syndrome.

What else you should know...

- If your daughter has a fever or illness other than a minor cold, the nurse may delay giving this vaccine.
- If your daughter's immune system is affected by illness, steroid medication or cancer treatments, the decision to immunize must be made in consultation with your family physician.
- It is important to record your daughter's allergies on the consent form.
- If your daughter has had an allergic reaction to a vaccine in the past, or if you have any questions, please contact your local Public Health office.
- Adverse reactions especially severe or unusual reactions in the four weeks following immunization should be reported to the local Public Health office. Please see your doctor if your daughter has a severe reaction.
- Further information is available at www.gnb.ca/publichealth

How to register your daughter for this program...

- Complete** and **sign** the consent section of the brochure.
- Return** the completed consent section to the school *even if you do not wish your daughter to be immunized.*
- Keep** the rest of the brochure for your information.
- Once all doses have been given, the nurse will complete the immunization information on your daughter's **Personal Immunization Record** and return it to your daughter.

Consent form for human papillomavirus immunization

PLEASE COMPLETE AND RETURN THIS PORTION TO THE SCHOOL

School _____
 Grade _____ Home room/teacher _____
 Student's name _____ Birth date YYYYMMDD
 Student's Medicare number _____

Daytime telephone number _____ Other daytime telephone number _____

Allergies

YES NO Please specify _____

Health problems

YES NO Please specify _____

I have read or had explained to me the information on the vaccine, and I believe I understand its benefits, risks, side-effects and reasons why my daughter may or may not receive the vaccine. I have had the opportunity to ask questions to a health-care provider that were answered to my satisfaction

Yes, I **AGREE** to allow my daughter to receive two doses of the human papillomavirus vaccine.

Signature of parent/guardian _____ Date _____

No, I **DO NOT AGREE** to allow my daughter to receive two doses of the human papillomavirus vaccine.*

Signature of parent/guardian _____ Date _____

* Reason for refusal Nurses Use Only

1. Date	Vaccine Name	Manufacturer & Lot No.
1. Dose	Route/Site	Nurse's Initials
2. Date	Vaccine Name	Manufacturer & Lot No.
2. Dose	Route/Site	Nurse's Initials



Personal immunization record for human papillomavirus immunization

Student's name _____ Birth date YYYYMMDD
 Student's Medicare number _____

This section is to be completed by the Public Health nurse

Name of vaccine _____
 Dose1: Date immunized YYYYMMDD Nurse's signature _____ Vaccination Time _____
 Dose2: Date immunized YYYYMMDD Nurse's signature _____ Vaccination Time _____

This immunization record will be given to your daughter after she receives two doses. Please keep this record with your daughter's personal health files.