

HPV Vaccine

(Human Papillomavirus Vaccine)

Helps prevent cancers caused by HPV infection

Parent Consent Form

Please sign and return the form to school.



immunise

their best protection

हिन्दी

繁體中文

COOK ISLANDS
MĀORI

SAMOAN

TONGAN

MĀORI

ENGLISH

HPV Vaccine Parent Consent Form

All year 8 students are being offered a free vaccine at school to help protect them against infection from nine types of human papillomavirus (HPV) that can lead to a range of cancers later in life.

This form provides you with information about the HPV vaccine and seeks your permission for your child to be immunised at school.

This form has two sections. The first is an information section for you to read and keep. The second section is the consent form which needs to be filled in and returned to your school.

What is HPV?

HPV is a common virus that spreads through intimate skin to skin contact. Without immunisation, most people will have an HPV infection at some point in their lives. Most HPV infections get better on their own and don't cause any obvious symptoms. But some HPV infections don't get better, and can lead to cancer many years later if they aren't detected and treated first.

Some types of HPV are more likely to cause cancer than others and other types of HPV cause warts. The seven HPV types most likely to cause cancer and the two HPV types that cause most genital warts can be prevented by immunisation.

Cancers caused by HPV

Cancers caused by HPV affect both men and women. HPV can cause cancer in various parts of the body, particularly the genital area, throat or mouth. The most common is cervical cancer, which is cancer of the lower part of the uterus or womb. Each year in New Zealand, around 160 women are diagnosed with cervical cancer and around 50 women die from it.

What is the vaccine and how does it work?

The HPV vaccine is called Gardasil® 9. It protects against nine types of HPV – seven that can cause cancer and two that cause warts. The vaccine works

by causing the body to make antibodies that fight HPV. If an immunised person comes into contact with HPV, the antibodies in their blood will fight the virus and protect them against being infected. It usually takes several weeks after vaccination to develop protection against HPV.

The vaccine cannot cause HPV infection or cancer.

How well does the HPV vaccine work?

The vaccine is very effective in preventing infection from the nine types of HPV responsible for around 90 percent of the cancers caused by HPV. Protection is expected to be long-lasting. In studies, almost everyone who received the vaccine was protected against HPV infection and disease.

Over the past 11 years, the number of HPV infections and diseases has fallen significantly among young people in countries offering HPV immunisation, including New Zealand.

For this vaccine to be most effective, people should be immunised before they are exposed to HPV, which means well before they start having any sexual contact.

People also need to have all the recommended number of vaccine doses for their age. Younger people need fewer doses (two instead of three) of the vaccine to be protected because they respond better to the vaccine than older people.

How safe is the vaccine?

HPV vaccine has an excellent safety record. More than 100 million doses of HPV vaccine have been given over the past 11 years, and the best evidence to date shows no increase in reactions over any other childhood vaccine. For a list of possible reactions, see the common reactions section.

For more information on the vaccine's safety, visit www.health.govt.nz/hpv, www.immune.org.nz or see the Consumer Medical Information published at www.medsafe.govt.nz/consumers/cmi/g/gardasil9.pdf

**Immunising
your child on time
against HPV helps
protect them
from a range
of cancers.**

**Those
immunised at
a younger age
develop stronger
immunity**

Who shouldn't be immunised?

There are very few children who shouldn't be immunised. If your child has had a serious reaction to a vaccine in the past, you should talk to your doctor, specialist or nurse before signing this consent form.

Children with asthma or allergies, or who are recovering from an illness such as the common cold can still be immunised.

If immunised, will girls still need to have cervical screening when they are older?

Yes. Regular cervical screening is still needed following HPV immunisation. The vaccine protects against most cancer-causing HPV types, but people can still become infected with another HPV type not included in the vaccine. For more information about the cervical screening programme see the National Screening Unit's website at www.nsu.govt.nz

How is the vaccine given?

HPV vaccine is given as an injection in the upper arm. People aged 14 years or younger need two injections. The second injection is given at least 6 months after the first injection. Older people need three injections.

Common reactions

As with any immunisation, your child is likely to have a sore arm and get redness, pain or swelling at the injection site. Other reactions that can occur, usually within one or two days, include:

- headache
- a fever (feeling hot)

- nausea (feeling sick)
- fainting, dizziness (light-headedness). Having a good breakfast or lunch before immunisation can prevent fainting or dizziness
- general discomfort (feeling unwell, aches and pains).

Anaphylaxis is a serious allergic reaction which can occur with any vaccine. It happens rarely, to around three people out of every million vaccines given, and usually within minutes of a vaccine being given. Every vaccinating nurse is trained and able to deal with such a reaction. The nurse will watch your child for 20 minutes after each immunisation. This is standard practice following any immunisation.

The nurse will also give your child advice about what to do after the immunisation.

What alternatives are there to having the immunisation at school?

HPV immunisation is also available from family doctors and local health centres. If you change your mind about whether your child should receive HPV vaccine at school (before or after any of the vaccines are given), please contact the public health nurse directly – their contact details are on the final page of the information section of this form.

Delaying the vaccine may mean your child needs more injections to be protected, as people aged 15 years and older need three injections.

Where can I get more information?

- **Speak to the public health nurse or your doctor or practice nurse**
- Visit www.health.govt.nz/hpv
- See the Consumer Medical Information published at www.medsafe.govt.nz/consumers/cmi/g/gardasil9.pdf
- Freephone **0800 IMMUNE (0800 466 863)**

Contact the public health nurse directly if you would like more information about filling in the Parent Consent Form or if you would like this information in another language.

Consent form to indicate whether you **DO** or **DO NOT** want your child to receive HPV immunisations at school

Please complete this consent form, tear off and return to school.

If you **DO want** your child to have the HPV immunisations, please fill out all of **Section A**

If you **DO NOT want** your child to have the HPV immunisations, please fill out **Section B**

A Section A1 – Yes, I do want my child to have both HPV immunisations at school

Your child's personal details

School:

Room name or number:

Surname (last or family name):

First name:

Middle name(s):

Your child's date of birth:

Other surnames your child has had:

Is your child:

☐ Male ☐ Female ☐ Gender diverse

Home address:

Postcode:

Phone: (day)

(evening)

(mobile)

Email (only provide if you are happy for us to contact you by email):

With which ethnic group does your child most closely identify? (You may tick more than one.)

☐ NZ European ☐ Māori ☐ Samoan ☐ Cook Islands Māori ☐ Tongan ☐ Niuean ☐ Chinese ☐ Indian

Other (such as Dutch, Japanese, Tokelauan) please state:

Section A2 – Your child's medical history

Doctor's name:

NHI number* (if known):

Medical centre name:

Phone number:

Medical centre address:

* An NHI (National Health Index) number is a unique number assigned to each person who accesses publicly-funded health services in New Zealand.

Have they had a serious reaction to any immunisation before?

Yes ☐ No ☐

If yes, please describe:

Do they have any serious medical conditions? Eg: bleeding disorder, epilepsy, is HIV positive, has cancer.

Yes ☐ No ☐

If yes, please describe:

Do they have any severe allergies to food or medicines?

Yes ☐ No ☐

If yes, please describe:

Do they take any regular medication?

Yes ☐ No ☐

If yes, please list:

Section A3 – Declaration

I confirm that I want my child to have both Gardasil® 9 immunisations (injections) at school.

Please tick one

I am: ☐ Mother ☐ Father ☐ Guardian

Your full name:

Your signature: Date of consent: (day / month / year)

A day-time / emergency contact name: A day-time / emergency phone number:

Thank you. Please return this consent form to school.

The public health nurse may contact you if they have any questions about the information you have provided in this form.



Section B – No, I do not want my child to have the HPV immunisations at school

Your child's personal details / Declaration

School: Room name or number:

Surname (last or family name): First name:

Middle name(s): Child's date of birth:

With which ethnic group does your child most closely identify? (You may tick more than one.)

☐ NZ European ☐ Māori ☐ Samoan ☐ Cook Islands Māori ☐ Tongan ☐ Niuean ☐ Chinese ☐ Indian

Other (such as Dutch, Japanese, Tokelauan) please state: Is your child: ☐ Male ☐ Female ☐ Gender diverse

Doctor's name: NHI number (if known):

Medical centre name: Medical centre phone number:

☐ No, I do not want my child to have any Gardasil® 9 immunisations (injections) at school.

Reasons for declining the immunisation – OPTIONAL

- ☐ I will take my child to the family doctor or another health provider to be immunised
☐ My child has already received the HPV immunisations ☐ I do not consent to immunisation
☐ Other

Please tick one

I am: ☐ Mother ☐ Father ☐ Guardian

Your full name:

Your signature: Date (day / month / year):

Thank you. Please return this consent form to school.

This is so the public health nurse knows you do not want HPV immunisations given at school and does not need to contact you. The immunisation may be offered by your general practice at a later date.

National Immunisation Register

Immunisations are recorded on the National Immunisation Register so that authorised health professionals can find out what immunisations have been given. It helps identify people who are due for immunisations or who have missed out. For more information, see the Privacy section.

If you do not want your child's immunisations recorded on the National Immunisation Register, please inform the public health nurse. If you do this, your child's doctor will not have access to your child's immunisation records. The register will still keep the National Health Index (NHI) number, date of birth, district health board and records of any earlier immunisations.

Student's Name

Vaccine administered

HPV dose one:

Date (day / month / year):

Batch number:

Expiry date (day / month / year):

Administration site:

Right deltoid ☐ Left deltoid ☐

Time:

Vaccinator's signature:

Vaccinator's name:

HPV dose two:

Date (day / month / year):

Batch number:

Expiry date (day / month / year):

Administration site:

Right deltoid ☐ Left deltoid ☐

Time:

Vaccinator's signature:

Vaccinator's name:

Vaccine not administered / rescheduled

HPV dose one:

Date (day / month / year):

Not vaccinated because:

- ☐ Chose to attend doctor
- ☐ Student already received HPV
- ☐ Absent
- ☐ Contraindicated
- ☐ Student unwell
- ☐ Student refused vaccination
- ☐ Consent withdrawn
- ☐ Moved
- ☐ Other:

Vaccinator's / Administrator's signature:

Vaccinator's / Administrator's name:

HPV dose two:

Date (day / month / year):

Not vaccinated because:

- ☐ Chose to attend doctor
- ☐ Student already received HPV
- ☐ Absent
- ☐ Contraindicated
- ☐ Student unwell
- ☐ Student refused vaccination
- ☐ Consent withdrawn
- ☐ Moved
- ☐ Other:

Vaccinator's / Administrator's signature:

Vaccinator's / Administrator's name:

Public Health Nurse use only

Adverse effects following immunisation (AEFI)

- | | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | CARM notified |
| <input type="checkbox"/> | Other AEFI or concern |
| <input type="checkbox"/> | Severe AEFI with anaphylaxis |
| <input type="checkbox"/> | Severe AEFI (other) |
| <input type="checkbox"/> | ACC form completed |

Summary Consumer Medicine Information

- Gardasil® 9 is a vaccine that helps prevent the following diseases caused by human papillomavirus (HPV) types 6, 11, 16, 18, 31, 33, 45, 52 and 58: cervical, vulvar, vaginal and anal cancer, abnormal and precancerous cervical, vulvar, vaginal, genital and anal lesions, genital warts, HPV infection and other HPV cancers.
- Each 0.5 mL dose contains 30 micrograms (mcg) of HPV 6 L1 protein, 40 mcg of HPV 11 L1 protein, 60 mcg of HPV 16 L1 protein, 40 mcg of HPV 18 L1 protein, 20 mcg of HPV 31 L1 protein, 20 mcg of HPV 33 L1 protein, 20 mcg of HPV 45 L1 protein, 20 mcg of HPV 52 L1 protein, and 20 mcg of HPV 58 L1 protein.
- Each 0.5 mL dose also contains sterile water and tiny amounts of aluminium, salt (sodium chloride), L-histidine, polysorbate 80, and sodium borate. These ingredients are all used commonly in other medicines and vaccines.
- The vaccine does not contain preservatives, antibiotics, or any human or animal materials.
- The vaccine is manufactured using yeast culture and may contain traces of yeast (*Saccharomyces*).
- Your child should not have the vaccine if they have an allergy to Gardasil® 9 or any of its ingredients.
- The safety of Gardasil® 9 in pregnancy is unknown. Published data have not found any safety concerns among pregnant women who have been inadvertently vaccinated.
- If your child has any of the following conditions, please discuss with the public health nurse, your doctor or practice nurse before consenting to immunisation: any blood or bleeding diseases or a weakened immune system due, for example, to a genetic defect or Human immunodeficiency virus (HIV) infection.
- Common reactions are listed overleaf. Other reactions might occur rarely. Reported adverse events are listed in the full Consumer Medicine Information and data sheet available from the Medsafe website.
- If your child has any unusual or severe symptoms after receiving Gardasil® 9, please contact your family doctor or the public health nurse. Health professionals should report reactions that happen after immunisation to the Centre for Adverse Reactions Monitoring (CARM). You can also report them directly through the CARM website (www.otago.ac.nz/carm).

Further information is available from Medsafe:
www.medsafe.govt.nz/consumers/cmi/g/gardasil9.pdf

Consumer rights

The Code of Health and Disability Services Consumers' Rights applies to all health and disability services in New Zealand. For more information, visit www.hdc.org.nz or call 0800 555 050.

Privacy

Schools may have provided some information such as students' names, room numbers, dates of birth, addresses and ethnicities. Your school should have notified you before doing so. This information, together with the information you provide on the Parent Consent Form, is used to help administer this immunisation programme.

Information from the consent form and details of each immunisation given or declined will be recorded by your district health board, and some of it will be passed to the National Immunisation Register.

The National Immunisation Register is a national database, held by the Ministry of Health, which records immunisations given in New Zealand.

This information is protected by the Health Information Privacy Code. Only authorised health professionals will see, use, or change it. However, you may see your child's information and correct any details; if you would like to do so, contact your public health nurse, doctor or health centre.

Public health nurses will use this information:

- to contact your doctor or health centre if they need to check which immunisations your child has already been given

- if your child has any health concerns
- to inform the school of whether or not your child was immunised
- to help assess this immunisation programme and plan future programmes, or
- to refer your child to your family doctor or practice nurse for the immunisation if they missed it at school.

The National Screening Unit will use this information to support efforts to reduce cancer.

Information that does not identify individuals may be used for research purposes or to plan new services.

For more information about school roll sharing, privacy and the use of information, see your district health board's privacy policies. If you have any questions about privacy, you can email enquiries@privacy.org.nz or contact the Privacy Commissioner's free helpline on 0800 803 909.

Public Health Nurse contact details:



New Zealand Government

