

Human Papillomavirus Vaccine

Toronto Public Health offers free human papillomavirus vaccine for Grade 8 girls at school clinics.

Instructions for parents:

1. Read the vaccine fact sheet.
2. Complete the consent form and return it to your child's school.
3. Find your child's school clinic date at www.toronto.ca/health.
4. Have your child eat breakfast on the day of the clinic and wear a short-sleeved shirt.
5. Toronto Public Health will be in the schools several times per school year. If your child missed the vaccine, she can still get vaccinated at the next school clinic. Catch up clinics are also available at www.tphbookings.ca.

Human Papillomavirus Infection

Human papillomavirus infection can lead to cancers of the cervix and genitals. It can also cause genital warts. Human papillomavirus infection is very common; three out of four Canadians will have one infection in their lifetime. Most people will have no symptoms. Most will clear the infection on their own, but some may go on to develop cancer. The infection is spread through intimate skin to skin contact. It can also spread from an infected mother to her baby during birth.

There are over 100 strains of human papillomavirus; 70% of cervical cancers are caused by strains 16 and 18 and 90% of genital warts are caused by strains 6 and 11.

Vaccine Benefits

The human papillomavirus vaccine, Gardasil® protects against strains 6, 11, 16 and 18; it is highly effective to prevent infection caused by these strains.

Gardasil® has been licensed by Health Canada since 2006; in March 2015, a 2-dose schedule was approved for youth 9 to 13 years of age. Starting in September, the Ontario Ministry of Health has also modified their recommendations to a 2-dose schedule for Grade 8 girls. The change aligns with current scientific research and is consistent with Health Canada approved indications for use of the vaccine.

Two doses for this age group provide the same protection as a three-dose series. Three doses are still needed for individuals who receive their first dose on or after their 14th birthday; and persons with a weakened immune system.

The vaccine is also recommended for boys, but is not currently publicly funded in Ontario.

Vaccine Side Effects and Risks

The vaccine is safe, effective and well tolerated. Reactions are usually mild and go away in a few days. Common side effects include pain and redness where the vaccine was given, headache, fever, dizziness, nausea or feeling faint shortly after receiving the vaccine. In some rare cases, serious reactions such as trouble breathing, rash, swelling in the throat and face may occur and can be treated. These rare occurrences are usually temporary. Public health nurses observe students for 15 minutes following vaccination to monitor for any reactions.

Since Gardasil has been licensed, tens of millions of doses have been distributed worldwide. The safety profile of human papillomavirus vaccines has been reviewed by both the World Health Organization Global Advisory Committee on Vaccine Safety and the US Institute of Medicine. Worldwide safety reports continue to show that human papillomavirus vaccines are very safe.

People Who Should Not Get the Vaccine

The vaccine is not recommended if your child has had a serious reaction to any of the contents in the vaccine: alum or yeast protein. If your child has had a severe allergic reaction to any vaccine, Toronto Public Health can arrange to have the vaccine given by your health care provider. As a precaution, if your child is sick with more than a cold, delay getting the vaccine until your child is feeling better.

If your child has already received the full series of Gardasil® or Cervarix® vaccine, your child does not need to get the vaccine again. Fill out your child's previous vaccinations on the consent form so your child's vaccination record can be updated.

For More Information

- Talk to your health care provider for more information
- Watch the human papillomavirus vaccine video online at toronto.ca/health under "Communicable Disease Control"
- Call Toronto Public Health's Immunization Information Line at 416-392-1250
- For school clinic dates or to make an appointment for a catch up clinic, visit us at toronto.ca/health under "Immunization Services"; "Clinics"

Sources:

1. Canadian Immunization Guide, Evergreen Edition. Part 4 Active Vaccines: Human Papillomavirus Vaccine. Ottawa: Public Health Agency of Canada; June 2015. <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-hpv-vph-eng.php>
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Recommendations for human papillomavirus (HPV) vaccine schedule. Toronto, ON: Queen's Printer for Ontario; 2015. http://www.publichealthontario.ca/en/eRepository/HPV_Vaccine_Schedule_Recommendations.pdf

HUMAN PAPILOMAVIRUS VACCINE CONSENT FORM

1. STUDENT INFORMATION

Last Name		First Name		Ontario Health Card #	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Male	Female	Other
Birthdate	School		Class or Teacher's Name				
Year	Month	Day					
Parent / Legal Guardian Name (please print)			Relationship to Student		Home Phone:		Work or Cell:

2. CONSENT FOR VACCINATION

I have read the attached human papillomavirus vaccine fact sheet. I understand the expected benefits and possible risks and side effects of the human papillomavirus vaccine. I understand the possible risks to my child if not vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health.

Please choose one of the following options:

- Yes.** I authorize Toronto Public Health to administer a 2-dose series (or 3 doses if starting at age 14 and older) of human papillomavirus vaccine to my child. This consent is valid for two years. I understand that I can withdraw my consent at any time.
- No.** I do not authorize Toronto Public Health to vaccinate my child with human papillomavirus vaccine.

X

Signature of Parent or Legal Guardian

Date _____

3. STUDENT HEALTH HISTORY

My child has received the human papillomavirus vaccine. Circle which one: Gardasil® or Cervarix®	Dates vaccines were given:	
	<input type="text"/>	<input type="text"/>
Does your child have any allergies?	<input type="radio"/> YES <input type="radio"/> NO	If "yes," explain
Has your child ever reacted to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a history of fainting?	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a serious medical condition?	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a weak immune system or taking a medication that increases the risk of infection? (e.g. corticosteroids)	<input type="radio"/> YES <input type="radio"/> NO	

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.h.7. It is used to administer the Toronto Public Health Vaccine Preventable Diseases Program, including maintaining immunization records for students. The confidentiality of this information is protected. For more information, visit our Privacy Statement at tph.to/personalhealthinfo or contact Manager, Vaccine Preventable Diseases – 235 Danforth Ave., 2nd floor or by telephone at 416-392-1250.

July 2015

FOR TORONTO PUBLIC HEALTH USE ONLY**Student Name/Client ID:**

NURSING ASSESSMENT	DOSE 1	DOSE 2	DOSE 3 (if applicable)
3-dose schedule: Has it been a minimum of 28 days since dose one? 84 days since dose two? Or 168 days from dose one to dose three?	Not applicable	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
2-dose schedule: Has it been a minimum of 6 months (168 days) since dose one? Age 9 to 13 years at 1 st dose?	Not applicable	<input type="radio"/> YES <input type="radio"/> NO	Not applicable
1. Have you received any human papillomavirus vaccine from another health care provider?	Not applicable	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
2. Do you understand what the vaccine is for?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
3. Have you ever had a reaction to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
4. Are you allergic to yeast, alum, other?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
5. Has anything changed with your health recently?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
6. Are you sick today? Do you have a cold, or feeling worse?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
7. Do you think you might be pregnant?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

VACCINE INFORMATION**Human Papillomavirus Vaccine (Gardasil®)****Dosage: 0.5 mL****Route : IM**

Dose 1 <input type="radio"/> vaccine self loaded <input type="radio"/> vaccine loaded by: _____	Dose 2 <input type="radio"/> vaccine self loaded <input type="radio"/> vaccine loaded by: _____	Dose 3 <input type="radio"/> vaccine self loaded <input type="radio"/> vaccine loaded by: _____
DATE _____ TIME _____	DATE _____ TIME _____	DATE _____ TIME _____
LOT # _____ DELTOID: Left Right	LOT # _____ DELTOID: Left Right	LOT # _____ DELTOID: Left Right
SIGNATURE: Panorama entered by:	SIGNATURE: Panorama entered by:	SIGNATURE: Panorama entered by:

NOTES**July 2015**