

**Dr. Barbara Yaffe**  
Acting Medical Officer of Health

**Public Health**  
277 Victoria Street  
5<sup>th</sup> Floor  
Toronto, Ontario M5B 1W2

**Reply:** Immunization  
Monday to Friday 8:30 to 4:30 p.m.  
Tel: 416-392-1250  
Fax: 416-338-2487

September 2016

Dear Parent or Legal Guardian:

**Re: Human Papillomavirus vaccination for Grade 8 girls**

Ontario has expanded the human papillomavirus immunization program to include boys. Beginning this school year, the immunization program is shifting to the Grade 7 students. This will be the last school year we are offering the human papillomavirus vaccine to Grade 8 girls. The human papillomavirus vaccine is now 2 doses, given at least 6 months apart.

**What you need to do:**



**Read** the vaccine fact sheets. **Complete** and sign the attached consent form.



**Return** the consent form to your child's homeroom teacher by **September 16<sup>th</sup>**



If your daughter has already been vaccinated, please list the trade name of the vaccine and dates given on the consent form.

**For more information:**



Visit  
[toronto.ca/health](http://toronto.ca/health)



Call the Immunization Line  
**416-392-1250**

Sincerely,

*Christine Navarro*

Dr. Christine Navarro, MD, MSc, CCFP, FRCPC  
Associate Medical Officer of Health  
Toronto Public Health

# Human Papillomavirus Vaccine

Beginning this school year, the immunization program is shifting to the Grade 7 students, to include boys. This is the last school year we are offering the human papillomavirus vaccine to Grade 8 girls.

**Instructions for parents:**

1. Read the vaccine fact sheet
2. Complete the consent form and return it to your child's school
3. For missed clinics, make an appointment online at [www.tphbookings.ca](http://www.tphbookings.ca)

## Human Papillomavirus Infection

Human papillomavirus infection is very common. There are over 100 different types of human papillomavirus (HPV). Some strains of infection can lead to cancer of the cervix and other cancers of the genitals or head and neck; other strains can cause genital warts. The infection is spread by intimate skin to skin contact. It can also spread from an infected mother to her baby during birth.

Three out of four Canadians will have an infection in their lifetime. Most people will not have symptoms and may clear the infection on their own. However, every year in Ontario, 1,090 new cases of cancer and almost 15,000 new cases of genital warts are attributable to human papillomavirus infection.

## Vaccine Benefits

The Gardasil® vaccine is highly effective in preventing against infection caused by strains 6, 11, 16 and 18 of the human papillomavirus.

Gardasil® has been licensed by Health Canada since 2006. In 2015, a two-dose schedule was approved for youth 9 to 13 years of age. The vaccine is most effective in this age group. Two doses for this age group, given at least 6 months apart, provide the same protection as a three-dose series. This vaccine can be given on the same day as other vaccines.

Three doses are still needed for individuals who receive their first dose on or after their 14<sup>th</sup> birthday and for persons with a weakened immune system. This vaccine is now publicly funded for all students in Grade 7, including boys.

## **Vaccine Side Effects and Risks**

The vaccine is safe, effective and well tolerated. Reactions are usually mild and go away within 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 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.

## **Students 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 in the past, Toronto Public Health can arrange to have the vaccine delivered to your child's health care provider. As a precaution, if your child has a fever, delay getting the vaccine until your child is feeling better.

If your child has already received the full series of Gardasil® or Cervarix® vaccine, there is no need to get the vaccine again. Fill in your child's previous vaccination dates on the consent form and return it to the school.

## **For More Information**

- Talk to your health care provider
- Call our Immunization Line at 416-392-1250

## **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, Provincial Infectious Diseases Advisory Committee. Recommendations for human papillomavirus vaccine schedule. Toronto. Queen's Printer for Ontario, 2015.  
[http://www.publichealthontario.ca/en/eRepository/HPV\\_Vaccine\\_Schedule\\_Recommendations.pdf](http://www.publichealthontario.ca/en/eRepository/HPV_Vaccine_Schedule_Recommendations.pdf)

# HUMAN PAPILLOMAVIRUS 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
Birth Year	Month	Day	School	Class or Teacher's Name			
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 already received the human papillomavirus vaccine. Circle which one: Gardasil® or Cervarix®	Dates vaccines were given: <input type="text"/> <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. It is used to administer the Toronto Public Health Vaccine Preventable Diseases (VPD) Program, including maintaining immunization records for students. For more information, visit our Privacy Statement at [tph.to/personalhealthinfo](http://tph.to/personalhealthinfo) or contact VPD Manager at 416-392-1250.

Revised July 2016

**FOR TORONTO PUBLIC HEALTH USE ONLY**

Student Name/Client ID: \_\_\_\_\_

NURSING ASSESSMENT	DOSE 1	DOSE 2	DOSE 3 (if applicable)
<b>3-dose schedule:</b> 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
<b>2-dose schedule:</b> Has it been a minimum of 6 months (168 days) since dose one? Age 9 to 13 years at 1 <sup>st</sup> dose?	Not applicable	<input type="radio"/> YES <input type="radio"/> NO	Not applicable
1. Have you received HPV 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. Do you have a fever today?	<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	Dose 2	Dose 3
<input type="radio"/> vaccine self-loaded <input type="radio"/> vaccine loaded by: _____  <b>DATE</b> _____ <b>TIME</b> _____ <b>LOT #</b> _____ DELTOID: Left      Right SIGNATURE:	<input type="radio"/> vaccine self-loaded <input type="radio"/> vaccine loaded by: _____  <b>DATE</b> _____ <b>TIME</b> _____ <b>LOT #</b> _____ DELTOID: Left      Right SIGNATURE:	<input type="radio"/> vaccine self-loaded <input type="radio"/> vaccine loaded by: _____  <b>DATE</b> _____ <b>TIME</b> _____ <b>LOT #</b> _____ DELTOID: Left      Right SIGNATURE:
<b>Panorama entered by:</b>	<b>Panorama entered by:</b>	<b>Panorama entered by:</b>

**NOTES**

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