Protect your daughter against human papillomavirus (HPV)

For Grade 7 girls

What you should know about HPV and the HPV vaccine

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 can spread through skin-to-skin contact during sex.
• Signs and symptoms are not always visible.
• HPV can cause genital warts, cervical cancer, other genital cancers 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.

What to expect following HPV vaccination...

• 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 vaccination, there is a small risk that a serious adverse 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.

What you should know about the HPV vaccine...

The vaccine...

• is SAFE and very effective in preventing disease.
• is given in three doses over six months, the second and third doses are given two and six months after the first dose.
• all doses need to be given to ensure protection.

To report suspected adverse reactions...

• Visit www.health.gov.nu/healthproblems to report any adverse reactions to your local Public Health office.
• 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.
• Please inform your family physician.

How to register your daughter for this program...

• Complete and sign the tear-off section of the brochure.
• Return the completed tear-off 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 three doses have been given, the nurse will complete the immunization information on your daughter’s Personal Immunization Record and return it to your daughter.

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.

If your daughter has a fever or illness other than a minor cold, the nurse may delay giving the vaccine.

What you should know about the HPV vaccine...

• HPV vaccine is most effective when given to girls aged 9-17.
• HPV vaccine is given in three doses over six months; the second and third doses are given two and six months after the first dose.
• All doses need to be given to ensure protection.

What you should know about the HPV vaccine...

• It is important to record your daughter’s allergies on the Personal Immunization Record.
• Remember to record your daughter’s allergies on the Personal Immunization Record.
• HPV vaccine is given in three doses over six months; the second and third doses are given two and six months after the first dose.
• All doses need to be given to ensure protection.

Did you know? HPV has been found to be present in 99.7 per cent of cervical cancers.

DID YOU KNOW? Cancer kills 250,000 women worldwide each year.

Consent form for human papillomavirus immunization

School Grade Student name\h__\f__\l
Dose1: Date immunized \f__\l\nNurse’s signature \\l\Vaccination Time
Name of vaccine
Student’s Medicare number
Student’s name
Birth date
Grade
Home room/teacher
School
Consent form for human papillomavirus immunization

PLEASE COMPLETE AND RETURN TWO FORMS TO YOUR SCHOOL.

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

I DO NOT AGREE

Reason for refusal

Signature of parent/guardian

Date

Signature of parent/guardian

Date

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

Reason for refusal

Signature of parent/guardian

Date

I DO NOT AGREE

Reason for refusal

Signature of parent/guardian

Date

I AGREE

Reason for refusal

Signature of parent/guardian

Date

Dose1: Date immunized \f__\l\nNurse’s signature \\l\Vaccination Time
Name of vaccine
Student’s Medicare number
Student’s name
Birth date
Grade
Home room/teacher
School

This section is to be completed by the Public Health nurse.

Name of vaccine

Dose 1: Name of vaccine 

Date 

Nurse’s signature

Vaccination Time

Dose 2: Name of vaccine

Date

Nurse’s signature

Vaccination Time

Dose 3: Name of vaccine

Date

Nurse’s signature

Vaccination Time

This immunization record will be given to your daughter after her immunization. Please keep this record with your daughter’s personal health files.

DID YOU KNOW? HPV has been found to be present in 99.7 per cent of cervical cancers.

DID YOU KNOW? Cancer kills 250,000 women worldwide each year.

This section is to be completed by the Public Health nurse.

Cervical cancer kills 250,000 women each year.