

# 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](http://www.gnb.ca/publichealth)

### 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 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 YYYY|MM|DD  
 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 YYYY|MM|DD

Student's Medicare number \_\_\_\_\_

This section is to be completed by the Public Health nurse

Name of vaccine	Date immunized	Nurse's signature	Vaccination Time
<u>YY</u> <u>YY</u> <u> </u> <u>MM</u> <u> </u> <u>DD</u>	<u>YY</u> <u>YY</u> <u> </u> <u>MM</u> <u> </u> <u>DD</u>		
<u>YY</u> <u>YY</u> <u> </u> <u>MM</u> <u> </u> <u>DD</u>	<u>YY</u> <u>YY</u> <u> </u> <u>MM</u> <u> </u> <u>DD</u>		

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.