# **PUBLIC HEALTH NURSE USE ONLY**

## VACCINE ADMINISTERED

HPV DOSE ONE:							
Day	M	lonth	Year				
Date:							
Time:							
Batch number:							
	Day	Month	n Ye	ar			
Expiry date	):						
Administration site: right deltoid left deltoid							
Vaccinator's signature:							
Vaccinator	's name:						

#### **HPV DOSE THREE:**



#### VACCINE NOT ADMINISTERED / RESCHEDULED

HPV DOSE ONE:	HPV DOSE TWO:
Day Month Year Date:	Day Month Year Date:
Not vaccinated because:	Not vaccinated because:
Chose to attend GP, Student already vaccinated	Chose to attend GP, Student already vaccinated
Absent	Absent
Contraindicated	Contraindicated
Student unwell	Student unwell
Student refused vaccination	Student refused vaccination
Parent withdrew consent	Parent withdrew consent
HPV DOSE THREE:	Day Month Year
Day Month Year	Rescheduled date 1:
Date:	Vaccinator's signature:
Not vaccinated because:	Vaccinator's name:
Chose to attend GP, Student already vaccinated	
Absent	Day Month Year
Contraindicated	Rescheduled date 2:
Student unwell	Vaccinator's signature:
Student refused vaccination	
Parent withdrew consent	Vaccinator's name:

I	NHI Number:						
HPV DOSE TWO:							
Day	Month	Year					
Date:							
Time:							
Batch number:							
Day	y Month	Year					
Expiry date:							
Administration	site: rigł	nt deltoid	left del	toid			
Vaccinator's signature:							
Vaccinator's na	me:						

# **PUBLIC HEALTH NURSE USE ONLY**

DATE:	NOTES:

### FOR STUDENTS 16 YEARS +

The public health nurse is satisfied that this student either:

- information was given on HPV immunisations.
- Gives informed consent to receiving all three HPV vaccinations.

Signed (public health nurse):

#### **ADVERSE EFFECTS FOLLOWING IMMUNISATION (AEFI):**

CARM	notified
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- Serious and/or Severe AEFI (other) indicating contraindication
- Serious and/or Severe AEFI indicating caution
- Other AEFI or concern
- Serious and/or Severe AEFI with anaphylaxis indicating contraindication



Has read and understands the information set out in the HPV leaflet, which I have shown to her, or attended a session at school where

## The Public Health Nurses contact details are:

### Privacy of the information on the consent form

Under the Health Information Privacy Code 1994 and Privacy Act 1993, only authorised health professionals can see, use or change the information on the consent form, the School-Based Vaccination System (SBVS) or the National Immunisation Register (NIR). If you would like to see this information or correct any details, contact your doctor or the public health nurse. This information may be used for research purposes.

The public health nurses will use the information on the SBVS and the NIR to identify girls and young women who have missed a vaccination or are due for one. The SBVS and the NIR will also be used to identify girls and young women who declined to have the vaccinations, so that they are not contacted about missed vaccinations.

#### School-based Vaccination System (SBVS)

This is an electronic database that district health boards keep to record school-based vaccinations given by public health nurses. The information you provide on the consent form will be entered into the SBVS.

The information from the SBVS will also be recorded on the NIR.

#### National Immunisation Register (NIR)

The NIR is a computerised information system. The information you provide on the consent form will be entered into the NIR.

The information on the NIR helps public health nurses to make sure that girls and young women receive all three vaccinations. The NIR helps to measure the effectiveness of the vaccination programme. Information is entered into the NIR even if a girl or young woman's vaccination is rescheduled, cancelled or if there are medical reasons for not being vaccinated. If a girl or young woman does not have the vaccination, this is recorded on the NIR.

Information on the NIR may only be used by other authorised health professionals with your permission or to make sure that the right health care is given.

You can choose not to be included on the NIR. A girl or young woman may still be vaccinated at school even if their information is not included on the NIR. Information on the girl or young woman will still be recorded on the district health board's SBVS. Some information will remain on the NIR, such as the girl or young woman's NHI number, date of birth, district health board, and earlier immunisation events. All other information is removed.

This consent form is available from www.healthed.govt.nz or an authorised provider at your district health board. Order code: HE2044













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# (HPV) vaccine (the cervical cancer vaccine)

• • • • consent form for the school-based programme

The HPV vaccine, which protects against some types of HPV that can cause cervical cancer, is free to girls and young women. The information in this consent form is provided to help you choose whether to have the vaccine at school.

- Students are encouraged to discuss this information with their parents or guardians.
- Parents or guardians (or anyone authorised to consent on behalf of the student) must fill in and sign the consent form for students under 16 years.
- However, students aged 16 years and over may choose to fill in and sign this consent form for themselves.

# Dear student, parent / guardian

Girls and young women can receive a FREE vaccine to protect against infection with some types of Human Papillomavirus (HPV) that can cause cervical cancer. This vaccine, GARDASIL<sup>®</sup>, is offered at school to female students in Years 8–13 by a public health nurse. The vaccine is given by three injections into the upper arm over 6 months.

The information on this page and the next explain what GARDASIL® is, how it works, and what the benefits are, to help you to decide if you would like to consent to receiving the vaccine at school.

Girls and young women will only be vaccinated at school if this consent form is completed, signed and returned to school.

#### **GIVING CONSENT**

- Young women 16 years and over, may choose to fill in and sign this consent form for themselves.
- Girls and young women under 16 need a parent or guardian to fill in and sign the consent form.

If you have any questions about the vaccine or this consent form, the public health nurse will be able to help you. Their contact details are on the top of page 8. The public health nurse will contact you if they have any questions about the information you provide on the consent form.

# About the vaccine

#### What is the HPV vaccine?

The HPV vaccine is called GARDASIL<sup>®</sup>. It protects against four types of HPV: two types of HPV that cause 70% of cervical cancer and two types of HPV that cause 90% of genital warts.

#### What is cervical cancer?

Cervical cancer is cancer of the cervix. The cervix is the lower part of the uterus or womb.

#### What causes cervical cancer?

HPV is a very common virus that is spread through sexual contact. Four out of five people become infected at some time during their lifetime. Most HPV infections clear by themselves, but some infections can lead to cervical cancer many years later.

#### Why vaccinate?

Every year in New Zealand about 160 women are diagnosed with cervical cancer and 60 die from it. Vaccinating girls and young women against 2 types of HPV that can cause cervical cancer will reduce their chances of getting cervical cancer later in life. It also helps to prevent other health problems caused by the other 2 types of HPV, like genital warts.

#### How effective is the vaccine?

The vaccine is highly effective in preventing some of the types of HPV that can cause cervical cancer. Protection is expected for 5 years, but the exact period of protection is unknown. Ongoing studies will measure how long protection lasts.

The vaccine only prevents HPV infection before a person is exposed. Girls who are sexually active should still get the vaccine because it is unlikely they will have been exposed to all of the 4 types of HPV that the vaccine protects against that can cause cervical cancer or genital warts.

#### How safe is the vaccine?

The vaccine was shown to be safe during large clinical trials and is used in more than 100 countries. World-wide, over 26 million vaccinations have been given. The vaccine itself cannot cause HPV infection.

#### How is the vaccine given?

The vaccine is given as a series of three injections into the upper arm. These injections are given over 6 months at school.

#### What happens after each vaccination?

- The public health nurse will observe students for 20 minutes after each vaccination.
- The nurse will give students a form stating where and when the vaccination was given.
- Students may have a sore arm where the vaccination is given. This reaction is expected.

#### Other possible reactions include:

- a mild fever (feeling hot)
- redness or swelling at the injection site (hard and sore to touch)
- nausea (feeling sick), vomiting
- dizziness (light headedness), fainting
- headache.

In the unlikely event of a serious allergic reaction, the public health nurse can treat this.

#### All women should receive routine 3 yearly cervical smear tests from the age of 20

#### What if I change my mind?

If you have given consent and change your mind (before or after any of the three vaccinations) and do not want the vaccinations given at school, you must contact the public health nurse directly. Please **do not** contact the school.

#### How private will my consent form be?

The information provided on this consent form is confidential and is protected by the Health Information Privacy Code 1994 and Privacy Act 1993. Each vaccination will be recorded on the School-based Vaccination System (SBVS) held by district health boards and recorded on the National Immunisation Register (NIR).

#### There is more information about privacy on the back page.

#### Where can I get more information?

For more information about cervical cancer, HPV and GARDASIL®, phone 0800 IMMUNE (0800 466 863).

#### You can also visit these websites:

- HPV Cervical Cancer Vaccine (www.cervicalcancervaccine.govt.nz)
- Immunisation Advisory Centre (www.immune.org.nz)
- Medsafe, for information on the safety of the vaccination (www.medsafe.govt.nz)
- Ministry of Health's immunisation page (www.moh.govt.nz/immunisation)
- National Immunisation Register (www.moh.govt.nz/nir)
- National Screening Unit (www.nsu.govt.nz).

#### Contact the public health nurse directly if you:

- would like more information about filling in this consent form
- are a parent or guardian and would like to be at school when your child receives her vaccinations
- change your mind after giving consent (before or after any of the three vaccinations) and do not want the vaccinations given at school. Please **do not** contact the school.

# **CONSENT FORM FOR RECEIVING THE HPV VACCINE**

#### HOW TO COMPLETE THIS FORM

This consent form is for all three vaccinations.

Students 16 and over and parents or guardians should read the information on pages 1, 2, 3 and 8 before completing this form.

Once you have read the information:

- (1) fill in this page (page 4) in **English**
- (2) fill in the **HISTORY** part on the next page (page 5) in **English**
- (3) fill in and sign the **AGREE** or **DO NOT AGREE** part on the next page (page 5) in **English**

(4) Tear off and return this page and the next (pages 4 and 5) to school. Please keep the other section (pages 1-3) for your information. Do not fill in pages 6-7. These will be filled in by the public health nurse.

If you want to receive the vaccinations from your family doctor, practice nurse or alternative health provider instead of at school, please complete the **DO NOT AGREE** section and return the form to school.

The information provided on this consent form is confidential and is protected by the Health Information Privacy Code 1994 and Privacy Act 1993. Contact the public health nurse if you would like help with filling in this form.

School:					Room:		
School year:							
Student's family name (last name):							
stadent's lamity hame (last hame).							
Student's first name:							
Student's middle name(s):							
Other name(s) student is known by	/·						
Date of birth: Day Month	h Year						
Home address: Street number	Flat number		1	Rural number			
Street name							
Suburb or rural locality							
Suburb of Tural locality							
own or city or district							
Phone: Day	Evenir	ıg		Mobi	е		
Vith which ethnic group does the s	student most close	ely identify? (Y	ou may tick m	ore than one.)			
NZ European Maori	Samoan		lands Maori	Tongan	Niuean	Chinese	India
NZ EUTOPean IVIAON							
	an) Please state.						
Other (such as Dutch, Japanese, Tokelaua	an) Please state:						
Other (such as Dutch, Japanese, Tokelaua	an) Please state:						
Other (such as Dutch, Japanese, Tokelaua Student's family doctor's name:	an) Please state:						
Dther (such as Dutch, Japanese, Tokelaua Student's family doctor's name: Medical centre name:	an) Please state:						
Dther (such as Dutch, Japanese, Tokelaua Student's family doctor's name: Medical centre name:	an) Please state:						
Other (such as Dutch, Japanese, Tokelaua Student's family doctor's name: Medical centre name: Medical centre address:	an) Please state:						
Dther (such as Dutch, Japanese, Tokelaua Student's family doctor's name: Medical centre name: Medical centre address: Medical centre phone number: NHI number, if known:	an) Please state:						

There is more information about the NIR on page 8.

#### HISTORY

Has the student already received a cervical	cancer vaccine?	Yes	No			
If you are unsure, ask your family doctor or p	practice nurse.					
If yes:						
(1) Please list the date(s) the student has been given the vaccine:						
Vaccination 1	Vaccination 2			Vaccination 3		
(2) What was the vaccine called? GARDASIL® / Cervarix®						
(3) Please name the clinic where the vaccine	e was given:					

#### AGREE (CONSENT)

FYOU WANT TO RECEIVE THE VACCINE AT SCHOOL, PLEASE COMPLETE THIS PART OF THE FORM.						
Yes, will have	three vaccinations of GARDASIL® at school.					
(1) Has the student ever had any serious reaction to any previous vacc	inations? Yes No					
If yes, please describe the reaction:						
2) Does the student have a bleeding disorder or is immune compromised? Yes No						
If yes, please describe the condition:						
(3) Does the student have any other serious medical conditions?	Yes No					
f yes, please describe the condition:						
(4) Does the student have any severe allergies to food or medication? Yes No						
If yes, please describe the allergy:						
FOR PARENTS OR GUARDIANS	FOR STUDENTS 16 AND OLDER					
Yes, I agree to all three vaccinations of GARDASIL® being given at school.	Yes, I agree to all three vaccinations of GARDASIL <sup>®</sup> being given at school.					
Print family or legal guardians' name:	Print full name:					
Relationship to student:	Date of birth:					
Signature:	Signature:					
Date:	Date:					

#### DO NOT AGREE (DO NOT CONSENT)

IF YOU DO NOT WANT TO RECEIVE THE VACCINE AT SCHOOL, PLEASE COMPLETE THIS PART OF THE FORM.							
FOR STUDENTS 16 AND OLDER							
No, I do not agree to the three vaccinations of GARDASIL <sup>®</sup> being given at school because: (tick one)							
ealth provider,							
USE: (optional)							
Date of birth:							
2							