



September 2016

Dear Grade 8 Girls and Parents:

Parents play an important role in helping children make decisions about their health. We encourage you and your child to read the attached fact sheet and consent form about the Human Papillomavirus vaccine (HPV) for this year's school immunization program.

This vaccine is free only through the health unit school immunization program and not at your family doctor.

How can your child participate in the school immunization program?

Under the Health Care and Consent Act, we require the student's permission to give them the vaccine. By grade 8 most students have the ability to make informed decisions and give informed consent. As health care providers we have a legal and ethical responsibility to ensure this happens.² If a nurse decides a student is not able to understand the information, the nurse will contact the student's parent or guardian.

What do you need to send back? A completed consent form filled out by:

Students: Please check YES or NO for the vaccinations that are being offered and sign your name, then bring your completed consent form back to school before the school clinic. Bring us your consent form even if you are choosing **not** to get the vaccine. Only those students who return a completed consent form showing they wish to be vaccinated will be immunized at the school clinic

Parents: Please sign the consent form showing that you have read the fact sheet and are aware that if your child wishes to be vaccinated, they will be offered these vaccines at a school based clinic.

For more information, visit www.smdhu.org or call 705-721-7520 or 1-877-721-7520 to speak with a nurse.

Sincerely,

Colin Q-T Lee, MD, MSc, CCFP(EM), FRCPC
Associate Medical Officer of Health
Attch. (2)

¹Health Care Consent Act, 1996

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm

²College of Physicians and Surgeons of Ontario Consent to Medical Treatment Policy
<http://www.cpso.on.ca/policies/policies/default.aspx?ID=1544>

Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

Gravenhurst:
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

Midland:
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091



School Immunization Program

Human Papillomavirus Vaccine – Gardasil®

What is human papillomavirus (HPV)?

HPV is short for human papillomavirus. HPV can cause genital warts and cancer (cervical, anal, genital, mouth and throat)

How can I get HPV?

- Through skin-to-skin contact (kissing or touching) with the genital areas (including the penis, scrotum, vagina, vulva or anus) or a person who has the HPV infection.
- It is not necessary to have intercourse to get HPV.
- Many people with HPV don't know they have the virus and may go on to infect others.

How can I protect myself from HPV?

- Get the vaccine.
- Practice abstinence.
- If you are considering being sexually active, there are ways to protect yourself against HPV, talk to your parents, health care provider or go to www.simcoemuskokahealth.org for more information.
- Get tested! Although there is not routine diagnostic test for HPV, pap tests can detect cancers of the cervix early.

What is the benefit of getting the HPV vaccine (Gardasil®)?

- Research has shown that **Gardasil®** can prevent most cases of cervical cancer if all doses are given before a person becomes sexually active. It is also effective in preventing some other cancers, such as penile cancers in males, as well as genital warts, throat cancer in females and males.

What is the HPV vaccine?

Gardasil® Contents	Where else are they found?
HPV proteins	Human papillomavirus
Sodium chloride	Human body, salt
Aluminium	Vegetables, cereal, deodorant
L-histidine	Human body, beans, fish, milk
Polysorbate 80	Ice cream, cottage cheese
Sodium borate	Water, soil
Yeast	Human body, bread, bagels

How do I know that Gardasil® is safe?

- Gardasil® was approved for use in the US since 2006 and in Canada since 2007.
- Each dose given is monitored and reactions are reported by nurses and doctors to provincial and federal vaccine reporting systems.
- You cannot get HPV from the vaccine.

What are the side effects from Gardasil®?

Most Common	Less Common	Very Rare and Serious
Redness, pain and/or swelling at the site, especially during the first 24 hours	Tiredness, headache and/or slight fever	Trouble breathing, swelling of the face or mouth, hives
Treatment: Apply ice to the area where you got the vaccine and/or take acetaminophen (e.g. Tylenol™)		Clinic nurses are trained to treat severe side effects

Compare the risks – the virus or the vaccine?

HPV Virus Risk	HPV Vaccine Risk
About 75% of people could be exposed to an HPV infection at some point in their lives	Sore arm – 8 in 10 people
14,700 cases of genital warts diagnosed per year in Ontario	Headache or feeling tired – up to 2 in 10 people
630 women diagnosed with cervical cancer per year in Ontario	Serious reactions VERY rare
150 deaths per year in Ontario	Death – Zero

New in 2016

This publicly funded (free) vaccine is now being offered to boys and girls and moving from grade 8 to grade 7.

This change aligns with current scientific and expert recommendations to help protect more youth from HPV infection and related cancers. The immunization of boys is also recommended by expert groups such as the National Advisory Committee on Immunization.

Note: Girls in grade 8 in 2016-2017 school year will be offered the HPV vaccine.

How can I prepare for the vaccine?

- Talk to your parent or guardian about the vaccine.
- Learn ways to deal with your worry about the vaccination (focus on breathing, look away from needle, count to ten, etc).
- Wear a short sleeve shirt.
- Eat breakfast and have an extra juice or small snack.

Did you know that Ontario has a Health Care Consent Act?

If a nurse finds that you are capable of understanding the benefits of receiving the vaccination, possible side-effects and the risks of not getting immunized, you can legally make the decision to get or not get the vaccine. However, it is recommended that you talk with your parent/guardian and ideally both you and your parent/guardian should sign the consent form before the vaccine is given at school.

STEP 1 - STUDENT INFORMATION

Last Name	First Name	Ontario Health Card #	<input type="radio"/> Female	<input type="radio"/> Other
Birthdate yyyy/mm/dd	School		Class or Teacher's Name	
Name of Parent / Guardian	Relationship to Student	Home Phone	Work or Cell	

STEP 2 - STUDENT HEALTH HISTORY
IF YES, PLEASE EXPLAIN

Do you have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Have you ever had an allergic reaction to a vaccine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you have a history of fainting or seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you have any serious medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you taking any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is there a possibility you might be pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Have you ever received Human Papillomavirus vaccine before? IF YES, PLEASE INDICATE THE DATES					
Gardasil®			Cervarix®		
yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd

STEP 3 - PARENT/LEGAL GUARDIAN AWARENESS

<p>The Health Care Consent Act states that all persons, regardless of age, may consent to medical treatment, provided they understand the benefits and risks of the treatment as well as the benefits and risks of not having the treatment. There is no minimum age in Ontario for informed consent. Students will be assessed by a nurse at the school clinic, based on the principles of the Health Care Consent Act, to ensure that informed consent can be obtained. Parents/Legal guardians are encouraged to talk with their children about the benefits/risks of immunization prior to the clinic. You can find more about the Health Care Consent Act at http://www.e-laws.gov.on.ca/</p>	
Parent / Guardian Signature:	Date: yyyy/mm/dd

STEP 4 – STUDENT CONSENT I have read or had explained to me the information about the Human Papillomavirus vaccine. I understand the benefits, side effects and risks. Please circle **YES** or **NO**. Unless cancelled in writing, this consent is valid until the series is completed.

HPV vaccine series	
I want this vaccine <input type="checkbox"/> YES	I do not want this vaccine <input type="checkbox"/> NO
Student Signature:	Student Signature:
Date: yyyy/mm/dd	Date: yyyy/mm/dd

This information is being collected pursuant to the *Health Protection and Promotion Act*, R.S.O.1990, c.H.7 and will be retained, used, disclosed and disposed of in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O.1990, c.M.56, the *Personal Health Information Protection Act*, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure and disposal of information. This information may be shared with other health care providers.

PUBLIC HEALTH USE ONLY - TELEPHONE Parental Awareness				
Obtained from:	FOR:		Phone number called:	Date: yyyy/mm/dd
Relationship to student:	HPV	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Nurse Signature: Time:

NURSING INTERVENTIONS

PUBLIC HEALTH USE ONLY - Completed by nurse ONLY in the event of Panorama disruption i.e. connectivity						
	Dose	Site	Lot Number	Date Administered	Time Administered	Administered By
Gardasil® Vaccine	0.5mL IM	L or R Deltoid		yyyy/mm/dd		
	0.5mL IM	L or R Deltoid		yyyy/mm/dd		

PROGRESS NOTES

Date & Time	SOAIP	S – family / individual / group perception of problem O – nurses observations A – assessment I – intervention P – plan of action