



Year 7 School-based immunisation program – information for parents

Why is immunisation important?

Immunisation protects people from infectious diseases which carry a high risk of serious illness, disability and death. Vaccines trigger an immune response which protects people if they come into contact with the disease again in the environment.

All vaccines currently available in Australia must pass stringent safety tests before being approved. Vaccines are continually monitored for safety and effectiveness. Read more about vaccine safety and common and rare side effects: healthywa.wa.gov.au/immunisation

School-based immunisation program

Through this program, your child is offered free vaccines to protect against:

- diphtheria, tetanus, pertussis (whooping cough) – 1 injection
- human papillomavirus (HPV) – 2 injections at least 6 months apart. It is important your child receives both doses for best protection.

You can read more about these diseases and the vaccines used to protect against them at: healthywa.wa.gov.au/immunisation

What you need to do

The immunisation consent pack contains information and a consent form.

As a parent or guardian, you are required to:

- read the enclosed consent form and vaccine fact sheet carefully, and visit healthywa.wa.gov.au/immunisation or contact your school nurse if you need more information
- tick the red or green box in the consent form, to indicate which vaccines you are consenting to, and any you are not, then sign in the space provided
- provide information on the consent form about medical problems that may affect your child's response to immunisation.
- return the completed form to school, **even if you are declining immunisation.**

You may be contacted by the nurse if they require further information.

Only students with a signed, completed form will be vaccinated.

If your child did not receive their immunisation on the day, you will be notified, and alternative immunisation options will be offered.

Before your child is vaccinated

Mild, common illness, such as a cold with a low-grade fever, should not delay immunisation. However in some cases it is recommended that immunisation be withheld or delayed due to underlying medical conditions. Let your immunisation nurse or school know if your child:

- has had a severe reaction following any past immunisation
- has a history of severe allergy where immunisation is not recommended
- has had a live vaccine within the last month (e.g. tuberculosis, measles, yellow fever)
- has had an injection of immunoglobulin or whole blood transfusion in the last three months
- has a disease that lowers immunity, (e.g. leukaemia, cancer, HIV/AIDS) or is having treatment which lowers immunity (e.g. steroid drugs such as hydrocortisone or prednisolone, radiotherapy, chemotherapy)
- lives with someone who has a disease that lowers immunity or who is having treatment that lowers immunity
- is unwell at the time of immunisation.

Care after immunisation

The injection site may be red and swollen – apply a cool damp cloth.

There may be some pain, fever, headache or tiredness. For headache and pain, give paracetamol as directed on the label. If fever persists, consult your doctor.

Visit healthywa.wa.gov.au/immunisation for more information about common and rare side effects to vaccines.

Immediately seek medical advice if there is a reaction that you think is serious or unexpected.

All immunisation providers in WA are required by law to report an adverse reaction following immunisation. Parents can also report concerns about any serious reactions after immunisation. Learn more at healthywa.wa.gov.au/WAVSS or call 6456 0208.

Immunisation records

Following immunisation, students will receive a record of the vaccines they have received.

All vaccines administered through the school-based program are recorded in the Australian Immunisation Register (AIR).

Contacts

Your local doctor

Your local community health centre, hospital or public health unit

healthywa.wa.gov.au/publichealthunits

healthdirect Australia

Phone: 1800 022 222

More information

Department of Health

healthywa.wa.gov.au/immunisation

Immunise Australia Program

1800 671 811 or

immunise.health.gov.au



This document can be made available in alternative formats on request for a person with disability.

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Vaccine information

Read the information below carefully before signing the consent form. To learn more visit healthywa.wa.gov.au/immunisation

Human Papillomavirus (HPV)

What is the disease?

Human papillomavirus (HPV) is a common virus that affects both males and females. HPV is highly contagious and up to 90% of people who are sexually active will be infected with HPV at some point in their lives. The body usually clears the infection naturally and with most types of HPV, there are no symptoms. However, some types of HPV can cause genital warts and some types of the virus can persist in the body and over many years, cause cancers of the cervix, genital areas (vagina, vulva, penis) anus, and mouth and throat.

How is the disease spread?

HPV is spread through genital-skin to genital-skin contact during sexual activity with someone who has the virus. HPV virus is microscopic so can pass through tiny breaks in the skin. It is not spread through blood. Condoms offer limited protection against HPV, because they do not cover all of the genital skin.

Diphtheria-tetanus-pertussis (dTpa)

Diphtheria is a contagious and potentially life-threatening bacterial infection that causes severe breathing difficulties, heart failure and nerve damage.

Tetanus is a severe, often fatal bacterial disease that affects the nervous system. People with tetanus suffer severe painful muscle spasms, convulsions and lockjaw. These spasms may affect the whole body, causing suffocation and heart failure. Even with modern intensive care as many as one in 50 people who get tetanus will die.

Pertussis, or whooping cough, is a highly infectious respiratory disease that can be life threatening in babies. About one in 125 babies under six months of age who catch pertussis will die from pneumonia or brain damage. Adolescents and adults with pertussis will suffer cold-like symptoms and can have a severe cough for up to three months.

Diphtheria bacteria can live in the mouth, nose, throat or skin on infected individuals. People can get diphtheria by breathing in the bacteria after an infected person has coughed or sneezed. People can also get diphtheria from close contact with discharges from an infected person's mouth, nose, throat or skin.

Tetanus is caused by bacteria found in soil and manure. The bacteria can enter the body through a wound as small as a pinprick. It cannot pass from person to person.

Pertussis, or whooping cough is very easily spread when an infected person coughs or sneezes the bacteria into the air which can then be inhaled by others close by. If untreated, a person with pertussis can infect others for up to three weeks after the onset of symptoms.

Human Papillomavirus (HPV)	Diphtheria-tetanus-pertussis (dTpa)
<p>Is the vaccine safe and effective?</p> <p>Yes, Over 270 million doses of HPV vaccine have been given worldwide over the last decade, it is recommended by the World Health Organisation, and is safe and well tolerated. HPV immunisation works best when given at a younger age because the immune response is strongest and it is most effective when it is received before sexual activity starts. The HPV vaccine is 85–100% effective in preventing the main types of HPV infection that cause cancers and genital warts. All females who have received the HPV vaccine will still require regular screening for cervical cancer because the vaccine does not cover every HPV type.</p> <p>Millions of doses of this vaccine have been given worldwide; it is safe and well tolerated.</p> <p>This is a 2 dose vaccine course. It is important your teen receives both doses to ensure they are fully protected.</p>	<p>The dTpa vaccine is very effective in preventing diphtheria and tetanus and about 80% effective in preventing pertussis.</p> <p>This booster vaccine has lower concentrations particularly of diphtheria and pertussis components compared with the vaccine given in early childhood. The booster vaccine is safe and well tolerated.</p>
<p>What are the possible side effects and what can we do if they occur?</p> <p>Common side effects</p> <p>Pain/redness/itchiness/a small lump in the arm where the injection was given.</p> <p>For relief, apply a cool, damp cloth on the affected area</p> <p>Less common side effects</p> <p>Low grade fever, feeling unwell, nausea, headache.</p> <p>For relief, affected people can take Paracetamol as directed on the label and drink extra fluids. If fever persists, see your GP.</p> <p>Extremely rare side effect</p> <p>Serious reactions are possible, but are rare. Examples include face swelling or difficulty breathing. As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.</p> <p>If reactions are severe or persistent, seek immediate medical attention, and contact your local hospital.</p>	<p>Common side effects</p> <p>Mild temperature (below 38°C)</p> <p>For relief, take Paracetamol as directed on the label and drink extra fluids.</p> <p>If fever persists, see your GP.</p> <p>Pain/redness/itchiness/a small lump in the arm where the injection was given.</p> <p>For relief, apply a cool, damp cloth on the affected area.</p> <p>Extremely rare side effects</p> <p>Brachial neuritis (inflammation of a nerve in the arm, causing weakness or numbness).</p> <p>Serious reactions are possible, but are rare. Examples include face swelling or difficulty breathing. As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.</p> <p>If reactions are severe or persistent, seek immediate medical attention, and contact your local hospital.</p>

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Year 7 School Based Immunisation Program

Dear Parent/Guardian

Please read all the enclosed information about the vaccines being offered to your child through the Year 7 School Based Immunisation Program, then complete this form in capital letters and tick appropriate boxes (using black ink) and return it to your child's school within the next week.

Student details. Please fill in this section whether you consent to your child receiving vaccines or not

Student's last name, Student's first name, Middle initial, Student's date of birth, Gender, Aboriginal, Medicare number, Reference number, Medicare card, Valid to, Name of school student attends

Parent/Legal guardian details. Please fill in this section whether you consent to your child receiving vaccines or not

Relationship to student, Parent/Guardian legal last name, Parent/Guardian legal first name, Mobile phone, Home phone, Work phone, Email, Parent/Guardian address (1), Parent/Guardian address (2)

Consent section - parent/guardian to complete

- I am authorised to give consent or non-consent for my child to be vaccinated. I have read and understand the information provided about vaccination, including the possible vaccine side effects. I understand I can discuss the risks and benefits of vaccination with my GP or call the school immunisation nurse.
I understand I may receive an SMS from the WA Dept of Health about my child's vaccination experience in order to monitor vaccine safety.
I understand the information provided on this form will be recorded on relevant State and Commonwealth immunisation registers. It will remain confidential and used to monitor immunisation rates and inform program improvement.

Please ensure you tick the green boxes for your child to be vaccinated.

If you do not want your child to receive a specific vaccine, tick the relevant red box.

Diphtheria, tetanus and whooping cough (1 dose of adolescent booster dTpa vaccine) Yes No Signature: Date:

Human Papillomavirus (total of 2 doses of HPV vaccine across the school year) Yes No Signature: Date:

Has your child ever had a serious reaction to any vaccine?
Does your child have any severe allergies?
Does your child have any long term medical conditions (e.g. diabetes, epilepsy etc)?
Has your child fainted when receiving an injection?



Immunisation provider comments

	Consent		Date given	Batch	Vaccinator	Site: Left arm	Site: Right arm	Record entered in AIR
	Yes	No						
HPV (1st dose)								
Diphtheria-tetanus-pertussis								
HPV (2nd dose)								

Notes

Telephone consent: Office use only

Verbal consent for vaccination was given Yes No

Time: Date / /

Signature

Name

Consent provided by (name)

Contact number

Relationship to child
(e.g. father, mother)

Data entry: AIR webPAS CHIS WINVAC MMEX

Comments
