



Year 7 ACT High School Immunisation Program 2024 Information

The Child and Adolescent Immunisation Team provide this **free immunisation program and will be visiting your child's school during 2024.**

All Year 7 students are offered the following vaccines:

- **Human Papillomavirus (HPV)**
(1 dose required)
- **Diphtheria-Tetanus-Pertussis (dTpa)** (1 dose required)

To do:

1. **Read** the information. This information card can be detached and retained for your reference.
2. **Sign** the consent card, even if your child is not being vaccinated at school.
3. **Return** the consent card to school **as soon as possible.**
4. **Talk** to your child about vaccination.

Please advise the Child and Adolescent Immunisation Team on 02 5124 1585 if your child changes schools throughout the year or if you wish to change your consent.

Diphtheria

- Diphtheria is an acute infectious disease caused by bacteria that infects the mouth, nose and throat.
- It is easily spread through coughing and sneezing from an infected person and may cause a sore throat, hoarseness, fever, and difficulty breathing/swallowing.
- Major heart and nervous system complications can occur sometimes resulting in death.

Tetanus

- Tetanus disease is caused when a bacteria enters the body through a cut or a wound and causes the production of a harmful toxin.
- Symptoms may include painful muscle spasms, convulsions and lock jaw.
- It can cause serious medical complications including death.

Pertussis (Whooping Cough)

- Pertussis is a highly contagious respiratory disease.
- It is spread through respiratory droplets from sneezing and coughing.
- Complications include, pneumonia, convulsions and brain damage.
- Every year in Australia, an average of 1 death and more than 200 hospitalisations related to pertussis occurs in babies less than 6 months old.

Diphtheria-Tetanus-Pertussis (dTpa) Vaccine

- The dTpa vaccine provides protection for all three diseases.
- This dose in Year 7 is a booster dose from those given in early childhood
- Common side effects of the vaccine include fever, nausea, headaches and aching muscles as well as redness, soreness and swelling at the injection site.

Human Papillomavirus (HPV)

- HPV is the name of a group of viruses that can cause genital warts and lead to some cancers in both males and females.
- It is spread by skin contact during all types of sexual activity.
- Genital warts may develop however there are often no symptoms of HPV. HPV can be detected through cervical screening.

Human Papillomavirus (HPV) Vaccine

- Vaccination can help protect everyone from some of the most common types of HPV.
- The vaccine is most effective when given before a person becomes sexually active.
- Common side effects of the vaccine include headache, fever, dizziness/fainting, nausea and vomiting as well as redness, soreness and swelling at the injection site.

Important

Does my child still need the dTpa vaccine if they have recently received a tetanus booster vaccine after an injury?

An ADT Booster (Adsorbed Diphtheria and Tetanus) Vaccine given after an injury does not protect against Pertussis. Therefore it is recommended and safe for the student to still receive this dTpa vaccine.

Where can I get more information?

ACT Health Immunisation Unit
Monday to Friday 8.30am - 4.30pm
Phone: 02 5124 9800
Website: www.health.act.gov.au/services/immunisation

Canberra Health Services High School Immunisation Program
Monday to Friday 8am - 4pm
Phone: 02 5124 1585
Website: www.health.act.gov.au/services-and-programs/immunisation/adolescents (or use QR code on the right)



Vaccine information

- Vaccines are administered by an injection to the upper arm.
- All vaccines can cause mild reactions. They are usually short lasting and do not require any special treatment.
- Very rarely an individual may experience a severe allergic reaction to a vaccine. The registered nurses in the Child and Adolescent Immunisation Team are trained to recognise and manage any immediate severe reactions. These generally occur within the first 15 minutes after receiving a vaccine. All students are monitored closely by the registered nurses during this time.

Program information

What if my child is absent or refuses the vaccines on the day that the nurses visit the school?

If you have completed and returned a consent card with 'yes' consent, you will receive a letter (via MyDHR or post) advising you of any missed vaccines and how to catch up at either your GP or participating pharmacy.

What if my child is not participating in the High School Immunisation Program?

Please still complete the consent card and return it to your school as soon as possible. You will be able to access this vaccine FREE from your GP or participating pharmacy up until your child's 20th birthday for dTpa and 26th birthday for the HPV vaccine. Some GPs and pharmacies may charge a consultation fee.

What will happen to my child's information?

Information is shared with the ACT Health Immunisation Unit in the event of an Adverse Event Following Immunisation and for surveillance of immunisation coverage. Please see our websites for more details.

How will I receive a record of my child's immunisation?

Students will receive a card with post vaccination information on the day. All vaccines given to students through the High School Immunisation Program will be uploaded to the **Australian Immunisation Register (AIR)**. To access an official immunisation record, please visit your MyGov account, or download the Medicare Express Plus app on your mobile phone.



Accessibility (how to get this information in other ways)

If you want to receive this information:

 **in larger print**

 **or hear it on audio**

please telephone (02) 5124 0000.



Ph 131 450

www.health.act.gov.au | Phone: 132281

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Consent Card

Year 7 ACT High School Immunisation Program 2024

Parent/Guardian to complete **all** fields in **CAPITAL** letters using a **black** or **blue** pen.

Student details

Surname

Given and Middle Name/s

Date of Birth: / / Gender: Male Female Other

Country of Birth

Residential Street Address

Suburb Postcode

Name of School

Medicare Number Number beside your child's name on the Medicare Card



Please register for My DHR by using the QR code otherwise all correspondence will be sent by post.

Indigenous status

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander Decline to answer

Preferred language

English Other

Details of parent or legal guardian signing consent

I have legal parental responsibility of this child as:

Parent Legal Guardian

Name of Parent/Legal Guardian (e.g. JACK SMITH)

Mobile Number Best Alternative Number

Office use only: Complete details or affix label

URN:
Family Name:
Given Names:
DOB: Sex:

Pre-vaccination checklist*

Please tick the appropriate box(es) if the student:

- has ever fainted when given an injection
- has received a vaccine in the last 4 weeks
- has any severe allergies
- has a Severe Allergy/Anaphylaxis Care Plan
- has previously had a reaction to a vaccine
- is pregnant or breastfeeding
- has a medical condition (e.g. epilepsy, asthma, diabetes, including previous Guillian-Barre syndrome and blood borne illness)

If you have ticked any box above, please describe:

*This consent card may be viewed by school staff. If there is any sensitive information you wish to confidentially discuss with nursing staff, please contact the Child and Adolescent Immunisation Team on 02 5124 1585.

Parent or legal guardian consent

I have read and understood the information provided regarding the benefits and possible side effects of the **HPV vaccine** and **dTpa vaccine** and note that I can **withdraw consent** at any time.

Human Papillomavirus (HPV) Vaccine

Yes I give consent for my child to receive the HPV vaccine at school.

Signature _____ Date _____

No I do not consent for my child to receive the HPV vaccine at school.

No my child has already received the HPV vaccine.

Signature _____ Date _____

Diphtheria-Tetanus-Pertussis (dTpa) Vaccine

Yes I give consent for my child to receive the dTpa vaccine at school.

Signature _____ Date _____

No I do not consent for my child to receive the dTpa vaccine.

No my child has already received the dTpa vaccine on/...../..... (date)

Signature _____ Date _____

