**Diphtheria, tetanus and whooping cough information**

**PART B**

**Year 7 Secondary School Immunisation Program**

**Parent or guardian information** – read, remove and keep

**Diphtheria**

Diphtheria is a serious bacterial disease that causes inflammation of the [nose, throat](https://www.betterhealth.vic.gov.au/conditionsandtreatments/ear-nose-and-throat) and trachea (windpipe). The bacteria produce toxins that cause an abnormal membrane to grow in the throat, making it difficult to swallow, breathe and can even lead to suffocation.

1. Read the information provided in PART B.
2. Complete PART A and sign if a Yes, for each of the two vaccine programs.
3. Remove PART A and return it to the school, even if you do not want your child to be vaccinated.

Contact your local council for more information. Details on back.

The bacteria produce a poison which can spread around the body and cause serious complications such as paralysis and heart failure. Around 10 per cent of people who contract diphtheria die from it.

Diphtheria can be caught when you inhale the cough or sneeze droplets from an infected person.

**Tetanus**

Tetanus is caused by bacteria which are live in soils, dust and manure. The bacteria can enter the body through a wound which may be as small as a pin prick. Tetanus cannot be passed from person to person.

Tetanus is a serious disease that causes muscle spasms and breathing problems. The bacteria produce toxins that affect the nervous system. It causes muscle spasms first felt in the neck and jaw muscles. Tetanus can lead to breathing difficulties, painful convulsions and abnormal heart rhythms. Around one in 10 people infected with the bacterium that causes tetanus will die.

Tetanus is uncommon in Australia because of the widespread use of the tetanus vaccine. Adolescents who have not been immunised against tetanus or who have not had a booster are at risk.

**Whooping cough**

Whooping cough is a highly contagious disease which affects the air passages and breathing. The disease causes severe coughing spasms. Coughing spasms are often followed by vomiting and the cough can last for months.

Whooping cough can be caught when you inhale the cough or sneeze droplets from an infected person.

Protection against whooping cough both from the disease and the vaccine decreases over time. Therefore, a booster dose of whooping cough vaccine is recommended for adolescents aged between 12 and 13 years to maintain immunity into adulthood.

**Diphtheria-tetanus-whooping cough booster vaccine**

The diphtheria-tetanus-whooping cough booster vaccine contains a small amount of diphtheria and tetanus toxins which are modified to make them harmless, small parts of purified components of whooping cough, a small amount of aluminium salt and preservative.

**What is the National Immunisation Program?**

The [National Immunisation Program schedule](https://www.health.gov.au/topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule) sets out free vaccinations for children, school programs, adults, Aboriginal and Torres Strait Islander peoples and other people at risk. As part of the program, free vaccines are recommended for adolescents aged 12 to 13 years or in Year 7 of secondary school. The following people who are eligible for [National Immunisation Program (NIP)](https://www.health.gov.au/topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule) vaccines can catch up on a range of free vaccines missed in childhood:

* all people under 20 years of age
* people aged 25 years and under who have missed human papillomavirus (HPV) vaccination
* refugees and humanitarian entrants of any age.

**Consent for immunisation:**

Consent for each vaccine must be provided by parents, guardians or other medical treatment decision makers for students to receive free vaccinations at school.

Consent can be completed using a consent card or online (some schools) for the routine school vaccinations.

**Human papillomavirus (HPV) information**

**What is human papillomavirus?**

Human papillomavirus (HPV) is the name given to a group of viruses that affect both females and males. It is very common to be infected with one or more types of HPV shortly after sexual activity starts. While the body usually clears HPV infection naturally and there are no symptoms, HPV can cause serious illness; including almost all cervical cancers, cancers of the genital area and 60% of cancers of the mouth and throat.

**What are the benefits of receiving the HPV vaccine?**

The HPV vaccine GARDASIL®9 protects against nine high risk HPV types that can cause cell abnormality and certain cancers. The benefits of HPV vaccines are greatest when given before exposure to the virus. If a vaccinated person comes into contact with these infections, their immune system is able to respond more effectively, preventing the disease developing or greatly reducing its severity. This is why we give the vaccine to young people in early high school before they become sexually active.

**How is the vaccine given?**

The HPV Gardasil®9 vaccine is given as a single injection into the upper arm for most people. Some adolescents need a three-dose course of Gardasil®9 vaccine. Three doses of Gardasil®9 vaccine is recommended for:

* a person who has a disease or is having treatment which causes low immunity (for example [**HIV/AIDS**](https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/hiv-and-aids), [**rheumatoid arthritis**](https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/rheumatoid-arthritis), cancer, [**radiotherapy**](https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/cancer-treatments-radiotherapy), [**chemotherapy**](https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/cancer-treatments-chemotherapy) or significant immunosuppressive treatment).

If a three dose course is required, see your [**GP**](https://www.betterhealth.vic.gov.au/health/serviceprofiles/general-practitioner-services) or a local council immunisation service.

**How safe is the HPV vaccine?**

The HPV vaccine is safe and well tolerated. Vaccines used in Australia are safe and must pass strict safety testing before being approved by the [Therapeutic Goods Administration (TGA)](https://www.tga.gov.au/). In addition, the TGA monitors the safety of vaccines once they are in use. Side effects after receiving the HPV vaccine are usually only very mild.

**Will cervical screening tests be needed later in life?**

Regular [cervical screening](https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/cervical-screening-tests) (previously called a Pap smear) is still important for vaccinated women and people with a cervix, as the HPV vaccine does not protect against all types of HPV that can cause cervical cancer.

**What are the possible vaccine side effects?**

**Common vaccine side effects**

* Pain, redness and swelling at the injection site
* A temporary small lump at the injection site
* Low grade fever
* Feeling unwell
* Headache

If mild reactions do occur, the side effects can be reduced by:

* drinking extra fluids and not over-dressing if the person has a fever
* taking paracetamol and placing a cold, wet cloth on the sore injection site.

If a student is known to faint or be very anxious, it may be better for them to be vaccinated with a GP rather than at school.

**Uncommon side effects**

* Rash or hives

If the student has a history of hives after a vaccine it is important that they tell their immunisation provider before vaccination.

**Rare side effect**

* A severe allergic reaction, for example facial swelling, difficulty breathing.

In the event of a severe allergic reaction, immediate medical attention will be provided. If reactions are severe or persistent, or if you are worried, contact your doctor or hospital.

**Pre-immunisation checklist**

Some children may need a three-dose course of Gardasil®9 vaccine. To ensure your child receives the correct spacing of the three doses, your child should attend their GP or a local council immunisation service.

Three doses of Gardasil® 9 vaccine are recommended for:

* a child who has a disease or is having treatment which causes low immunity (for example HIV/AIDS, rheumatoid arthritis, cancer, radiotherapy, chemotherapy or significant immunosuppressive treatment).

It is important that students tell their immunisation provider if any of the following apply.

* Are unwell on the day of immunisation (temperature over 38.5°C)
* Previously had a severe reaction to any vaccine
* Have any severe allergies such as an anaphylactic reaction to yeast or latex
* Have a disease or are having treatment which causes low immunity.
* Have a known hypersensitivity to diphtheria toxoid
* Are pregnant.

**After vaccination wait at the place of vaccination a minimum of 15 minutes.**

**Further information**

**PART A**

**Year 7 Secondary School Immunisation Program**

**Consent card** – complete, sign and return to school

If you require further advice or information, please contact your local council immunisation service or local doctor

 Your local council is:

Remove PART A and return it to the school, after completing required information.

Or visit the following websites:

* Better Health Channel –<https://www.betterhealth.vic.gov.au/health/healthyliving/immunisation-in-secondary-schools>.
* Australian Government Department of Health –

 <https://www.health.gov.au/health-topics/immunisation>

* Translated resources –

 Contact:



|  |  |
| --- | --- |
|  | Translating and interpreting service Call 131 450 |

1. Read the information provided in PART B.
2. Complete PART A and sign if a Yes, for each of the two vaccine programs.
3. Remove PART A and return it to the school, even if you do not want your child to be vaccinated.

 Contact your local council for more information. Details on back.

**Accessibility**

To receive this publication in an accessible format, email immunisation@health.vic.gov.au

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health, January 2024. Printed by Gunn & Taylor, Glen Waverley (2301338)

|  |
| --- |
| **Student details (as recorded on the Medicare card)** |
| Medicare Number (non-Medicare cardholders are also eligible for these vaccine)\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ (Number beside child’s name) |
| Surname \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |
| First name \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |
| Postal address \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |
| \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Postcode \_\_ \_\_ \_\_ \_\_ |
| Date of birth \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ Gender\_\_ \_\_ \_\_ \_\_ \_\_  |
| School name \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |
| \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Class |
| Is this person of Aboriginal or Torres Strait Islander origin? No oYes, Aboriginal origin o Yes, Torres Strait Islander origin o (tick both if both apply) |
| **Parent or guardian contact details**  |
| Name of parent/guardian \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| Daytime phone \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |
| Mobile \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| Email \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |

**The vast majority of people complete and return this card.**

**Thank you for returning yours.**

***Continues overleaf***

**Privacy statement**

The Year 7 Secondary School Immunisation Program is funded by the Australian and Victorian governments and delivered by local councils. Under the Public Health and Wellbeing Act 2008, local councils are responsible for coordinating and providing immunisation services to children being educated within the municipal district. Local councils are committed to protecting the privacy, confidentiality and security of personal information, in accordance with the Privacy and Data Protection Act 2014 and the Health Records Act 2001.

Local councils report vaccines given through school programs to the Australian Immunisation Register (AIR). Personal identifying details will be kept confidential. These details are for the purpose of providing targeted improved health services for all Victorian children. In addition, the details enable tools such as recall and reminder systems to improve vaccination rates. This is important to improve immunisation rates overall. Individuals will have access to their record of all vaccines recorded in the AIR. Aggregate immunisation data may be disclosed to the Victorian government for the purpose of monitoring, funding and improving the Year 7 Secondary School Immunisation Program. This information does not identify any individual.

Information related to you or your child will be used or disclosed for purposes directly related to your child’s immunisation, and in ways that you would reasonably expect. This may include the transfer or exchange of relevant information to your GP, to your child’s GP, to another treating health service or hospital or another local council. The local council may provide you with information related to the school vaccine program via SMS or email. You can access your child’s data by contacting the local council where your child attends school.

**What is the National Immunisation Program?**

An Australian government, state government and local council initiative, the National Immunisation Program aims to protect the community from vaccine preventable diseases. As part of the program, free vaccines are offered to, and recommended for, Year 7 secondary school students.

The following vaccines are recommended for Year 7 secondary school students:

* Human papillomavirus (HPV)
* Diphtheria-tetanus-whooping cough

Vaccines are administered by immunisation nurses, employed by local council immunisation services, who visit Victorian secondary schools.



**PART A**

Declaration: I am authorised to give consent or non-consent for my child to be vaccinated and by giving consent, I understand my child will be given separate vaccines for diphtheria-tetanus-whooping cough, and human papillomavirus. I have read and I understand the information given to me about vaccination, including the risks of not being vaccinated and the side effects of vaccines. I understand I can discuss the risks and benefits of vaccination with my local council or doctor. I understand that consent can be withdrawn at any time before vaccination takes place.

[ ]  **NO,** I do not consent to my child receiving the HPV vaccine at

 this time.

 ***OR***

[ ]  **NO,** my child has had the HPV

 vaccines elsewhere.

***OR***

[ ]  **YES**, I consent to my child receiving the HPV vaccine.

**Parent or guardian signature**

*X* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Human papillomavirus (HPV) vaccine**

**Diphtheria-tetanus-whooping cough booster vaccine**

[ ]  **YES,** I consent to my child receiving the diphtheria-tetanus-

 whooping cough booster vaccine.

**Parent or guardian signature**

*X* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Diptheria-tetanus-whooping cough booster vaccine**

***OR***

[ ]  **NO,** I do not consent to my child receiving the diphtheria-

 tetanus-whooping cough booster vaccine at this time.

 ***OR***

[ ]  **NO,** my child has had the diphtheria-tetanus-whooping cough

 booster vaccine

*OR*

**PART A**

If your child is being vaccinated, please note any pre-existing medical condition, severe allergies or previous severe reaction to vaccination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remove PART A and return it to the school, after completing required information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

**Student name:**

**Dates:**  Dose 1 -

 Dose 2 -

 Dose 3 -

 *(if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine** | **Vaccination Date** | **Nurse Initials** | **Site:****L/R Arm** |
| **HPV**  |  |  |  |
| **Diphtheria-tetanus-whooping cough**  |  |  |  |

**Diphtheria-Tetanus-Whooping cough**

This booster vaccine has lower concentrations particularly of diphtheria and whooping cough components compared with the children’s vaccine. The vaccine is safe and well tolerated in adolescents. This combination vaccine can be given at least 4 weeks after a recent tetanus-containing vaccine is given.

**Possible side effects of diphtheria-tetanus-whooping cough booster vaccine**.

**Common vaccine side effects**

* Pain, redness and swelling at the injection site
* A temporary small lump at the injection site
* Low grade fever
* Feeling unwell
* Headache

If mild reactions do occur, the side effects can be reduced by:

* drinking extra fluids and not over-dressing if the person has a fever
* taking paracetamol and placing a cold, wet cloth on the sore injection site.

If a student is known to faint or be very anxious, it may be better for them to be vaccinated with a GP rather than at school.

**Uncommon side effects**

* Rash or hives

**Rare side effect**

* A severe allergic reaction, for example facial swelling, difficulty breathing.

In the event of a severe allergic reaction, immediate medical attention will be provided.

**Pre-immunisation checklist**

Before your child is immunised, tell your doctor or nurse if any of the following apply.

* Is unwell on the day of immunisation (temperature over 38.5°C)
* Has any severe allergies
* Has had a severe reaction to any vaccine
* Is pregnant.

**After vaccination wait at the place of vaccination a minimum of 15 minutes.**