

Human Papillomavirus (HPV) Vaccination Guide and Consent Form

(For those between the ages of 13-15 years old who are not accompanied by a parent or guardian)

- **Parents and guardians, please ensure to read this document.**

Until now, children have always required the accompaniment of a parent or guardian when receiving a vaccination. However, children aged 13 years or older can receive the HPV vaccination without parental supervision, providing their parent or guardian has thoroughly read and understood this guide, and signed the consent form and pre-vaccination medical questionnaire on the reverse of this document permitting their child to be vaccinated. Please make sure your child brings this document and the pre-vaccination medical questionnaire on the day of vaccination.

Please only sign the consent form and pre-vaccination medical questionnaire once you have dispelled any doubts or concerns you may have regarding the receipt of the HPV vaccination by consulting your physician or local Health Promotion Division or Public Health Promotion Division in advance, and fully understand the benefits and risks of vaccination.

1 Symptoms of HPV infection

The human papillomavirus infects the skin and mucus membranes of the human body and over 200 different types have been identified to date. Amongst these, the types that mainly infect mucus membranes enter the body through small superficial cuts caused during sexual intercourse and invade the genital mucus membranes. It is estimated that more than 50% of sexually active women abroad will be infected by these viruses at least once in their life.

Amongst the different strains of HPV which infect mucus membranes, at least 15 types are detected in cervical cancers and are referred to as "high-risk HPV types". Types 16 and 18 are particularly high-risk with a high frequency rate and studies indicate that these two viruses are involved in about 70% of cervical cancer incidences abroad. In addition to cervical cancer, at least 90% of anal cancer and 40% of vaginal, vulvar, and penile cancer incidences detected abroad are suspected to be connected with these two strains. Viruses not classified into high-risk categories are confirmed to cause benign anogenital warts (condyloma acuminatum).

2 Benefits and side effects of vaccination

The vaccine includes viral components of several types of HPVs and vaccinated children will acquire immunity to these viruses, subsequently protecting from HPV infections.

However, vaccination occasionally causes mild side effects, and very rarely may cause serious side effects.

Main side effects of the HPV vaccine

(1) Common side effects which are considered to be related to the vaccine are listed below.

Frequency of Incidence	Cervarix® Bivalent Vaccine	GARDASIL® Quadrivalent Vaccine	SILGARD®9 Nonavalent Vaccine
50% or more	Pain, redness, swelling, fatigue	Pain	Pain
10~49%	Itchiness, abdominal pain, muscle pain, joint pain, headaches	Erythema, swelling	Swelling, erythema, headaches
1~9%	Rash, dizziness, fever	Headaches, itchiness, fever	Dizziness, nausea, diarrhea, itchiness, fever, fatigue, internal bleeding
Less than 1%	Abnormal sensations at the site	Diarrhea, abdominal pain, limb	Nausea, stomach pain,

	of injection, numbness, weakness throughout body	pain, musculoskeletal pain, skin hardening, bleeding, feelings of discomfort, fatigue	muscle pain, Joint pain, bleeding, hematoma, fatigue, skin hardening
Frequency Unknown	Limb pain, fainting, inflammation of lymph nodes	Fainting, nausea, joint pain, muscle ache, fatigue	Numbness, fainting, limb pain

- (2) In rare instances, one may experience a hypersensitive reactions; such as an anaphylactic reaction, or anaphylaxis- like reaction (difficulty breathing, swelling around the eyes or lips, tracheal spasm (episodic shortness of breath), rash), Guillain-Barre Syndrome (ascending paralysis of both legs), immune thrombocytopenic purpura (ITP) (purple spots, nose bleeds, bleeding of the gums), or acute disseminated encephalomyelitis (ADEM) (paralysis, sensory impairment, motor impairment). If you experience any of the above, please consult with your physician immediately.

3 Compensatory System for those Experiencing Health Complications related to Vaccination

- (1) Those who experience health complications that require medical treatment or develop an impairment affecting their daily life as a result of a routine vaccination can be compensated under the Preventive Vaccination Act.
- (2) Depending on the severity of the health complications experienced, compensation under law is provided for medical expenses, medical allowance, child-rearing pension for disabled children, disability pension, lump-sum death benefit, funeral expenses, and caregiving allowance. Apart from lump-sum death benefits and funeral expenses, these benefits will be paid until the conclusion of treatment for the illness or the period of treatment in the case of impairment.
- (3) However, to receive compensation, a national review committee composed of experts in fields such as vaccination and the treatment of infectious diseases, as well as legal experts, must determine if the health complications are experienced as a direct result of vaccination or if there are other attributing factors (such as infection contracted prior or following vaccination). If it can be proven that the health complications were caused by vaccinations, then you will be eligible to receive compensation.

※For queries regarding compensation applications, please contact the Public Health Promotion Division (053-453-6119) .

4 Cautions for Vaccination

Vaccination are generally administered to a child in good health. If your child is unwell, please consult your physician and decide whether your child should be vaccinated.

If your child is experiencing any of the following, they cannot receive a vaccination:

- (1) Those with an obvious fever (of 37.5°C or above).
- (2) Those suffering from a severe acute disease.
- (3) Those with a history of hypersensitivity to vaccine ingredients.
- (4) Those who have been advised by a physician to not receive the vaccination.

We ask those who are currently pregnant to consult their physician regarding the best course of action.

○ Parents and guardians, please ensure to read the following

Please only decide to vaccinate your child after carefully reading and fully understanding the content written above. If you decide on vaccination, please sign the consent form and pre-vaccination medical questionnaire below and select your desired vaccine.

Without your signature, your child is not permitted to be vaccinated.

Consent Form

I confirm that I consent to having my child vaccinated after having read the explanation regarding the vaccination against human papilloma virus (HPV) infection and understanding the benefits and risks of serious side effects of the vaccine, as well as the compensatory system for those experiencing any health complications caused by the vaccine.

I understand that this document has been created with the express purpose to aid parents' and guardians' understanding of vaccinations and consent to this form being submitted to Hamamatsu City.

Signature of Parent/Guardian _____ :

Address _____ :

Emergency contact number _____ :

Desired vaccine SILGARD®9 • GARDASIL® • Cervarix® :

※Please circle your desired vaccination.

* Submission of this form is necessary for your unaccompanied child to be vaccinated against HPV infection. If your child is aged between 13-15 years and receiving the vaccine unaccompanied, please ensure they submit this form and the pre-vaccination medical questionnaire to the medical facility.

If this form and the pre-vaccination medical questionnaire are not signed by the parent or guardian, then the child will not be able to receive the vaccine unaccompanied.