Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – GARDASIL 9 Vaccination

Before you decide to accept the GARDASIL 9 - cervical cancer vaccine (henceforth "vaccines") for yourself or your children, please read the following information:

1. Primary Use

1.1. Cervical cancer is caused by High-risk Human Papillomavirus (hrHPV). GARDASIL 9 protects from HPV types 6, 11 16, 18, 31, 33, 45, 52 & 58 and it helps protect against certain HPV-related: cervical cancer, vulvar cancers, vaginal cancers, anal cancer and genital warts.

2. Who should get GARDASIL 9 vaccinated?

2.1. The vaccine is prophylactic in nature and should be given prior to exposure to the vaccine-specific HPV types 16, 18, 31, 33, 45, 52 & 58. In order words, it is best given to clients before onset of sexual activities. If vaccinated before onset of sexual activity, the risk of cervical cancer may be reduced up to 70%-90%. If vaccinated after the onset of sexual activity, the level of effectiveness varies individually and may not reach 70%-90%. The vaccine is not effective for the treatment of pre-existing CIN or cervical cancer.

3. Schedule of GARDASIL 9 vaccination

3.1. **15 years old or above:** GARDASIL 9 is given using a 3-dose schedule; the second shot should be given 2 months after the first shot and the third shot should be given 6 months after the first shot.

3.2. **9 – 14 years old:** GARDASIL 9 is given using a 2-dose schedule; the second shot should be given 5 - 13 months after the first shot.

4. Who should not get GARDASIL 9 vaccinated?

4.1. Allergic to a previous dose of GARDASIL 9 or GARDASIL

4.2. Allergic to Yeast (severe allergic reaction)

4.3. Allergic to Amorphous aluminum hydroxyphosphate sulfate

4.4. Allergic to Polysorbate 80

4.5. Person with thrombocytopenia or any coagulation disorder

4.6. Weakened immune system, for example due to a genetic defect or Human Immunodeficiency Virus (HIV) infection

5. Who should postpone vaccination?

5.1. Currently or suspected to be pregnant or planning to be pregnant in the coming 9 months;

5.2. Please inform doctor if currently on medications or planning to take any medications including over-the-counter drugs;

5.3. Any illness with a fever higher than 100° F / 37.8°C.

6. The side effects of the vaccine

6.1. The most common side effects seen with GARDASIL 9 are pain, swelling, redness, itching, bruising, bleeding, and a lump where you got the shot, headache, fever, nausea, dizziness, tiredness, diarrhoea, abdominal pain and sore throat.

6.2. The uncommon side effects seen with GARDASIL 9 are swollen glands (neck, armpit, or groin), joint pain, unusual tiredness, weakness, or confusion, chills, generally feeling unwell, leg pain, shortness of breath, chest pain, aching muscles, muscle weakness, seizure, bad stomach ache, bleeding or bruising more easily than normal, skin infection and fainting.

7. Risk of vaccination

7.1. Drug allergy: signs of an allergic reaction: difficulty breathing, wheezing (bronchospasm), hives and rash.

7.2. Should you have any questions, please discuss with your doctor.

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8. Details of vaccination

8.1. You are advised to rest in the clinic for approximately 15 minutes after vaccination before you leave;

8.2. Effective contraceptive measures need to be taken with any sexual activities during and three months after the last shot of vaccination. If you become pregnant during the vaccination period, please notify medical staff immediately.

8.3. You may start planning to get pregnant three months after the completion of all shots.

8.4. After started the vaccination, payments are non-refundable in any circumstances.

9. Do I still need cervical cancer screening after GARDASIL 9 vaccination?

9.1. Yes, women who have received GARDASIL 9 vaccination still need regular cervical cancer screening because it does not protect against infection by the HPV types that are not included in the vaccines.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____