

H17/79849

Dear Parent/Carer

Adolescent human papillomavirus (HPV) vaccination program

In early 2017 parents of Year 7 students were asked to provide consent for their children to receive three doses of HPV vaccine in the NSW School Vaccination Program.

I am pleased to advise that most¹ Year 7 students who have received two doses of HPV vaccine are considered to be fully vaccinated and do not require a further dose.

This is based on recent international studies that show for children aged 9 to 14 years of age, two doses of HPV vaccine provide the same protection as three doses, as long as the second dose is given at least six months after the first dose. Based on this evidence, the World Health Organization (WHO) now recommends a two-dose HPV schedule, and this has already been adopted in comparable countries (i.e. the UK, Canada, the United States and New Zealand) and is now being adopted in Australia.

In 2017 Year 7 students were given the second dose of HPV vaccine at least six months after the first dose to accommodate the urgent roll-out of the Meningococcal W Response Program to Year 11 and 12 students. Year 7 students who have received only one dose of HPV this year will be offered their second dose in 2018, at least six months after the first dose.

A small number of students are still recommended to have three doses of HPV vaccine.¹ Parents of these students should make arrangements to receive these vaccines from their general practitioner (GP) or by calling their local public health unit on 1300 066 055.

Parents whose children were vaccinated in 2017 but who still wish for their child to receive a third dose of HPV vaccine can access a free dose from their GP.

More information is available on the NSW Health website at www.health.nsw.gov.au/hpv or by calling your local public health unit on **1300 066 055**.

Yours sincerely



Dr Vicky Sheppeard
Director, Communicable Diseases Branch
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¹ Children who still need a three-dose schedule are: those who received their first dose of HPV vaccine at 15 years of age or older, and those with significant immunocompromise (those with primary or secondary immunodeficiencies (B lymphocyte antibody and T lymphocyte complete or partial deficiencies); HIV infection; malignancy; organ transplantation; autoimmune disease; or significant immunosuppressive therapy (excluding asplenia or hyposplenia)).