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## Hpv cdc vis pdf

Immunization Action Coalition Sign up for the HPV email newsletter (Human Papillomavirus) VIS October 30, 2019 Interim VIS issued by the CDC on 10/30/19 will be replaced by a final version, which is expected at the end of 2020. At that time, IAC will provide translations into Spanish, Arabic, Burmese, Chinese (simplified and traditional), French, Russian, Somali and Vietnamese. The CDC states that it is acceptable to use outdated VIS translations as there have been no significant changes to the content in the interim version compared to previous VIS. The CDC states that the correspondingly updated VIS in English must also be provided when an outdated translation is provided. IAC announces translations into IAC Express, our weekly email newsletter. This page was updated on July 22, 2020. This page was revised on October 30, 2019. An allergic reaction may occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (urticaria, swelling of the face and throat, shortness of breath, rapid heartbeat, dizziness or weakness), call 9-1-1 and take the person to the nearest hospital. For other signs that concern you, call your healthcare provider. Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). The healthcare provider will usually file this report, or you can do it yourself. Visit the external icon of the VAERS website or call 1-800-822-7967. VAERS is only for reporting reactions and VAERS staff do not provide medical advice. Immunization Action Coalition Sign up for IAC Home email newsletter | Vaccine Information Statements About Vaccine Information Statements Vaccine Statements Statements (VIS) are sheets of information produced by the Centers for Disease Control and Prevention (CDC). The VIS explains both the benefits and risks of a vaccine for adult vaccine recipients and parents or legal representatives of vaccinated people who are children and adolescents. Federal law requires VIS to be handed out whenever certain vaccinations are administered (before each dose). NOTE: All VISs on this site are in PDF format. You'll need Adobe Reader to view them. PDF versions of these documents are the same as versions you would receive by direct ordering from the CDC or your local health department. These documents are suitable for reproduction as documents for patients. This page was updated on November 19, 2020. This page was revised on 28 July 2020. The date, in red, next to each VIS is the latest version. The interim version must be used until the final version is available. See What's new to find out when the final version should be available. Note: The Federal Law allows the use of a new VIS 6 months. Download all ZIP VISs[6.79 MB] CDC maintains a current English VIS for each vaccine. You and your patients can view and display the Download and print PDF file import the RTF (text) file into an electronic system View on a smartphone, tablet or other Non-routine mobile device All content below is taken entirely from the CDC HPV Vaccine Information Statement (Human Papillomavirus) (VIS): [www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html). CDC review information for HPV (Human Papillomavirus) VIS: Last revised page : 29 October 2019 Last updated page: 30 October 2019 Issue date VIS: 30 October 2019 Content source: National Center for Immunization and Respiratory Diseases Information Why are vaccinated? Hpv (Human Papillomavirus) vaccine can prevent infection with some types of human papillomavirus. HPV infections can cause certain types of cancer, including: cervical, vaginal and vulvar cancers in women. Penis cancer in men. cancers in both men and women. The HPV vaccine prevents infection from HPV types that cause more than 90% of these cancers. HPV is spread through intimate contact between the skin and the skin or sex. HPV infections are so common that almost all men and women will receive at least one type of HPV at some point in their lives. Most hpv infections disappear by themselves within 2 years. But sometimes HPV infections will last longer and can cause cancers later in life. The HPV vaccine is commonly recommended for adolescents aged 11 or 12 years to ensure that they are protected before being exposed to the virus. The HPV vaccine can be given from the age of 9 years to the age of 45. Most people over the age of 26 will not benefit from HPV vaccination. Talk to your healthcare provider if you want more information. Most children who receive the first dose before the age of 15 need 2 doses of HPV vaccine. Anyone who receives the first dose at or after the age of 15, and younger people with certain immunocompromised conditions, need 3 doses. The provider can provide you with more information. The HPV vaccine can be given at the same time as other vaccines. Talk to your healthcare provider Tell your vaccine provider if the person who received the vaccine: Had an allergic reaction after a previous dose of HPV vaccine or has severe, life-threatening allergies is pregnant In some cases, your provider may decide to postpone HPV vaccination for a future visit. People with minor illnesses, it would be a cold, they can be vaccinated. People who are moderately or seriously ill should usually wait until they recover before receiving the HPV vaccine. The provider can provide you with more information. Risks of a vaccine reaction Soreness, redness, or swelling if shot is given may occur after the HPV vaccine. Fever or headache may occur after the HPV vaccine. Sometimes people faint after medical procedures, including vaccination. Tell your supplier if you feel feeling daunted or have changes in your or ringing in the ears. As with any drug, there is a very distant chance that a vaccine will cause a severe allergic reaction, other serious injuries or death. What if there is a serious problem? An allergic reaction may occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (urticaria, swelling of the throat, shortness of breath, rapid heartbeat, dizziness, or weakness), call 9-1-1 and take the person to the nearest hospital. For other signs that concern you, call your supplier. Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). The provider will usually submit this report or you can do it yourself. Visit the VAERS ([vaers.hhs.gov](http://vaers.hhs.gov)) website or call 1-800-822-7967. VAERS is only for reporting reactions and VAERS staff do not provide medical advice. The National Vaccine Damage Compensation Program The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP ([www.hrsa.gov/vaccine-compensation/index.html](http://www.hrsa.gov/vaccine-compensation/index.html)) website or call 1-800-338-2382 to learn more about the program and submit an application. There is a deadline for lodging a claim. Can I find out more? Ask your supplier. Call the local or state health department. Contact Centers for Disease Control and Prevention (CDC) by calling 1-800-232-4636 (1-800-CDC-INFO) or by visiting the CDC vaccine website. References Centers for Vessel Control and Prevention website. [hpv \(human papillomavirus\)](http://hpv.humanpapillomavirus.org). [www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html). Updated on October 30, 2019. Accessed November 1, 2019. This page provides the latest information about vaccine information statements currently under development or newly released. An updated VIS for the hepatitis A vaccine was posted on July 28, 2020. We encourage suppliers to start using this VIS immediately, but stocks from the previous edition can be used until they are exhausted. VISs updated for DTaP (Diphtheria, Tetanus, and Pertussis), Td (Tetanus and Diphtheria), Tdap (Tetanus, Diphtheria, and Pertussis), Yellow Fever, and Your Child's first Multi-Vaccine SISs vaccines were posted. We encourage suppliers to start using these VIOs immediately, but stocks of previous editions can be used until they are exhausted. Updated statements of vaccine information for adenovirus, anthrax, and rabies vaccines were posted on January 8, 2020. They can be used immediately. Updated Vis for shingles/zoster zone (live), zoster/zoster (recombinant), pneumococcal conjugate (PCV13), pneumococcal polysaccharide (PPSV23), poliomyelitis, HPV (human papillomavirus), Hib (Haemophilus influenzae type b), rotavirus, cholera and typhoid fever were posted. We encourage suppliers to start using these VIOs immediately, but stocks of previous editions can be used until they are exhausted. Hepatitis B VIS received a minor update, noting that a series of 2 doses is available. Existing edition stocks (7/20/16) can be used before moving on to this updated edition. Updated statements on on vaccines for acWY meningococcal vaccine and DTaP vaccine were posted on 24 August 2018. These new intermediate versions can be used immediately, although stocks of previous editions can still be used until exhaustion. Exhaustion, the new MenACWY VIS eliminates the reference to the meningococcal polysaccharide vaccine (MPSV4) which is no longer available in the United States. Otherwise, changes to this VIS are minimal. The new DTaP VIS reflects the changes made to the recommendations of the Advisory Committee on Immunisation Practices with regard to contraindications and precautions for vaccination. An updated information statement on vaccines for anthrax was posted on 21 March 2018. It can be used starting immediately. The VIS rotavirus has been updated to replace an outdated link to information about porcine circovirus. No further changes have been made to the VIS. Although we encourage suppliers to start using the updated VIS as soon as possible, stocks of the previous edition can continue to be used until exhaustion. An information statement on the vaccine for the recombinant shingles vaccine was posted on 12 February 2018 and can be used immediately. VISs updates for live shingles, MMR, MMRV and chickenpox vaccines were also posted. We encourage suppliers to start using these VIOs immediately, but stocks of previous editions can be used until they are exhausted. An information statement on cholera vaccine vaccine was posted on 6 July 2017. It can be used starting immediately. Now that Gardasil-4 is no longer available for use in the United States since the last doses expired on May 1, 2017, Gardasil-4 VIS has been removed from the website. Providers should use Gardasil-9 VIS when administering the HPV vaccine. TD VIS has been updated to correct an error. The first bullet under Talk to your doctor... section 3 (convulsions or another nervous system problem) has been eliminated. This precaution applies to the Tdap vaccine, but not Td. Suppliers who continue to use existing stocks of the exit VIS (2/24/2015) should be aware that this is not a precautionary measure for Td. An updated VIS has been launched for Gardasil-9, which contains information about the recently approved 2-dose scheme. Otherwise, it is the same as the existing gardasil-9 VIS. While this updated VIS should ideally start to be used now, existing stocks of current VIS can continue to be used, especially for patients using the 3-dose program. Note that VIS no longer specifies Gardasil-9. This is because Gardasil-9 will soon be the only HPV vaccine available in the US, as Cervarix and Gardasil (HPV quadrivalent vaccine) will no longer be sold in the United States. Appropriate VIOs should continue to be used for these two vaccines as long as unexpired doses remain available. An updated edition of the MenB VIS Vaccine has been posted. This VIS is now the final, as opposed to the interim edition. While we encourage immediately start using this VIS, stocks of the previous edition may continue to be used until exhaustion. ANTI-flu are no longer updated every year. The edition dated 8.07.2015 should be used for the current flu season. Updated editions of hepatitis A, hepatitis B and polio myomyelitis VISs have been posted. These VIOs are now final, unlike intermediate, editions. While we encourage suppliers to start using these VIOs immediately, stocks of previous editions can still be used until they are exhausted. Updated editions of Meningococcal (quadrivalent, ACWY) and HPV-9 VISs were posted. None differ significantly from the existing VIS, but both are now final, unlike intermediate editions. We encourage suppliers to start using these VIOs immediately, but stocks of previous editions can still be used until they are exhausted. Exhausted.