

Dear Parent/Guardian,

HPV (Human Papilloma Virus) vaccination for your daughter.

All girls in year 8 are offered the HPV vaccination at their school. This is a national routine school age programme offered to all girls throughout the UK. HPV is an important vaccination to help protect girls against cervical cancer.

Please find enclosed some frequently asked questions (FAQs) about HPV and your child, in addition, leaflets explaining the programme and further information can be obtained using the following links:

**If you need further information you can also contact us by phone or email –
Please ensure you contact the team in the area that your child's school is located in:**

- **Barking and Dagenham** 0203 432 1464 *or* barkinganddagenham@vaccinationuk.co.uk
- **Hackney & City** 0207 613 8374 *or* hackneyandcity@vaccinationuk.co.uk
- **Haringey & Islington** 0208 017 7925 *or* haringeyandislington@vaccinationuk.co.uk
- **Havering** 0203 432 1971 *or* havering@vaccinationuk.co.uk
- **Newham** 0208 214 1394 *or* newham@vaccinationuk.co.uk
- **Redbridge** 0203 432 1537 *or* redbridge@vaccinationuk.co.uk
- **Tower Hamlets** 0207 613 9422 *or* towerhamlets@vaccinationuk.co.uk
- **Waltham Forest** 0208 214 1194 *or* walthamforest@vaccinationuk.co.uk

Please complete the enclosed consent form (one for each child, as applicable) and return it to the school within 1 week so your child can be given the vaccine in a timely way to protect them.

Please note if the consent form is returned after this date we cannot guarantee your child will be able to have the vaccine.

It is really important to complete and return the form even if the recommended vaccination is refused.

We look forward to hearing back from you soon.

Please share this information with your daughter.

Yours Sincerely,

The School Immunisation Team

HPV Vaccine - Frequently Asked Questions

Why is my daughter being offered this vaccination?

All girls aged 12 to 13 (year 8) are offered HPV (human papilloma virus) vaccination as part of the NHS childhood vaccination programme. The vaccine protects against cervical cancer. It's usually given to girls in year 8 at schools in England.

What is HPV and how effective is the HPV vaccine?

The human papilloma virus (HPV) is the name given to a family of viruses. Some types of HPV are considered high risk, such as the types that may cause cervical cancer. The vaccine is 99% effective in preventing cervical abnormalities associated with HPV types 16 and 18 in women who have not already been infected and in those who complete the course of 2 doses.

What else will the vaccine protect against?

A bonus of using Gardasil to prevent cervical cancer is that it may prevent some of these too:

- Genital warts: these are the most common viral sexually transmitted infection (STI) in the UK
- Vaginal cancer (although this type of cancer is rare)
- Anal cancer or cancer of the penis
- Some cancers of the head and neck
- Warts on the voice box or vocal cords

How safe is the vaccine?

The HPV vaccination is very safe. This has been established through rigorous testing of many millions of doses throughout the world. As with any medicine some people may experience side effects, but these are generally mild and of short duration and far outweighed by the benefit of vaccination.

What side effects can I expect?

The most common side effect is a mild swelling, tenderness or redness at the injection site. Other mild effects may possibly include a slight temperature, feeling achy, or nausea and diarrhoea. Very rarely some people have allergic reactions soon after immunisation called anaphylaxis. This type of reaction is *extremely rare* and the nurses are trained to deal with this reaction in the event it may happen.

Is there any reason my daughter cannot receive the vaccine?

There are very few individuals' who cannot receive the HPV vaccine. A girl who has had a confirmed anaphylaxis (an extreme allergic reaction) to a previous dose should not have any further doses. Minor side effects are not valid reasons to postpone the vaccine and may expose your child to risk of disease. Girls whose immune system is compromised due to either disease or medication can still receive the HPV vaccine. However, the response to immunisation may not be quite as effective and a 3 dose schedule may therefore need to be considered.



Human Papillomavirus (HPV) Immunisation VACCINATION CONSENT FORM



Please complete this form and return to school as soon as possible, even if you do not wish for your daughter to have the vaccine.

Information about the vaccine will be shared with Child Health and your daughters GP surgery.

Child's full name: (first name and surname)		Date of Birth:
Home address: Postcode:		Emergency contact number for parent/guardian:
Email:		Religion:
NHS number (if known):		Ethnicity of child:
GP name and address:		GP telephone number:
School:		Year Group/Class:

Further information on the vaccine can be found at:

<http://www.nhs.uk/Conditions/vaccinations/Pages/hpv-human-papillomavirus-vaccine.aspx>

PARENT / GUARDIAN: Please read the leaflet supplied then sign ONE box only.

*THE PERSON WITH PARENTAL RESPONSIBILITY MUST SIGN THIS FORM – for more information, please go to:
<https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

Please note: young people under the age of 16 can give or refuse consent if considered competent to do so by nursing staff.

<p style="text-align: center;">I have read the leaflet supplied.</p> <p>YES, I WANT my daughter to receive the full course of two HPV vaccinations:</p> <p>Parent / Guardian name:.....</p> <p>Signature:.....</p> <p>Relationship to child:.....</p> <p>Date:.....</p>	<p style="text-align: center;">I have read the leaflet supplied.</p> <p>NO, I DO NOT WANT my daughter to receive the full course of two HPV vaccinations:</p> <p>Parent / Guardian name:.....</p> <p>Signature:.....</p> <p>Relationship to child:.....</p> <p>Date:.....</p>
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Parent / Guardian to complete this section:

Parent / Guardian PLEASE ANSWER THE QUESTIONS BELOW:	PARENT / GUARDIAN <i>(please circle, if YES please give details *)</i>	NURSE USE ONLY 1 st HPV	NURSE USE ONLY 2 nd HPV
Has your daughter got any allergies?	Yes / No	Y / N	Y / N
Does your daughter have a bleeding disorder?	Yes / No	Y / N	Y / N
Has your daughter had 2 doses of the MMR vaccine?	Yes / No		

*If you answered **yes** to any questions please give details here:

FOR OFFICE USE ONLY

For completion by immunisation nurses

First HPV Vaccination		
Batch:		Expiry:
Date/time given		
Site administered	LA	RA
Route:	IM	SC
Given by: (Name / Signature)		

Second HPV Vaccination		
Batch		Expiry:
Date/time given		
Site administered	LA	RA
Route:	IM	SC
Given by: (Name / Signature)		

HAS THIS VACCINE BEEN GIVEN WITH VERBAL CONSENT

Yes / No

Name of Parent / Guardian giving consent: _____

Has consent been given by the young person using Gillick competence?

No / Yes – *form attached*

Nurse Comments: