

HPV (Human Papilloma Virus) vaccination for your child.

All pupils in year 8 are offered the HPV vaccination at their school. This is a national routine school age programme offered to all children of 12-13 years of age throughout the UK. This important vaccine protects against different **types of cancer**.

Despite COVID-19, the NHS and Public Health England (PHE) are still emphasizing the importance of children receiving their usual routine vaccines. These diseases have not gone away despite school closures, so it is important that children receive these vaccines when they are due.

Staff will be wearing PPE to protect pupils as much as possible and hand sanitiser will be available and should be used upon arrival.

We would ask that you complete the electronic consent form and click on the 'SUBMIT FORM' link at the bottom. This will automatically send it to your local school immunisation team. Printed names will be accepted as a signature on the electronic consent form.

The consent form and this information is also available on our website: www.schoolvaccination.uk

Please find enclosed some frequently asked questions (FAQs) about the HPV vaccine. In addition, further information can be obtained using the following link:

<https://www.nhs.uk/conditions/vaccinations/hpv-human-papillomavirus-vaccine/>

If you need further information you can also contact the school immunisation team on the email address or phone number below:

Dudley: 01902 682674 or vaccinationdudley@evguk.co.uk

Please complete the attached electronic consent form (one for each child) and return it to the team **within 1 week so your child can be given the vaccine in a timely way to protect them.**

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

To improve our service, we would be grateful if you would tell us your reason for refusal. Should you change your mind later, please feel free to contact us. The person who has parental responsibility must sign the consent form*

Information about the vaccination will be put on your child's health records, including records at their GP surgery. Please turn over for information on how we handle your child's data. Please share this information with your child.

Yours Sincerely,

Dudley School Immunisation Team

**The consent form needs to be signed by a person with parental responsibility which includes:*

- Mother: automatic
- Father: if married to the mother either when baby is born or marries subsequently
- Unmarried father: if name appears on birth certificate (since 1/12/03) or legally acquired
- Others: if parental responsibility is legally acquired
- Parental Responsibility Agreement: signed, properly witnessed and sent for registration to Principle Registry or the Family Division (High Court)
- Residence Order: granted by the Court

Please note that whilst we would always prefer that a decision about consent is reached in conjunction with parents or carers, young people under the age of 16 can give or refuse consent if considered competent to do so by nursing staff.

HPV Vaccine - Frequently Asked Questions

About the vaccine:

Gardasil activates the immune system to produce antibodies against 4 types of HPV (human papilloma virus). It does this by pretending to look like the virus. The vaccine does not contain any of the virus itself. It is highly effective and is endorsed by the World Health Organisation (WHO). More than 270 million doses of this vaccine have been given globally.

Why is my child being offered this vaccination?

The vaccine works best when given at age 12-13, when the immune system is strong and before your son or daughter becomes sexually active. Only two doses are needed (instead of three) if the vaccine is given before the age of 15. Both boys and girls need to get this vaccine because HPV infection is so common and some types of HPV cause cancer. Almost 90% of people get HPV infection if they are not vaccinated and there is no treatment for HPV infection. Most people's immune systems are able to clear HPV viruses in about 12 months and most people who catch HPV don't even know they have it. However, there are some types of HPV infection that can persist for decades, and these are the types that can cause cancers in both women and men. So, vaccinating people against HPV protects them from cancers caused by some types of HPV that don't clear up on their own.

What does the vaccine protect against?

In females: cervical cancer, vulvar and vaginal cancer, anal cancer, genital warts, cancers of the head and neck such as throat and oral cancers.

In males: it protects against anal cancer, genital warts, penile cancer and cancers of the head and neck such as throat and oral cancers.

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.

Researchers in the UK, the US, Scandinavia, Australia and several other countries have checked millions of medical records to see if people who get the HPV vaccine are more likely to suffer from rare health problems. They found that just as many unvaccinated people suffer from rare health problems as vaccinated people do. That means the vaccine can't be the cause of their health problems — even if they started very soon after vaccination. (1)

(1) WHO, Meeting of the GACVS, 7-8 June 2017. [Weekly Epidemiological Record 2017;28:393-404](#)

Why are there rumours that this vaccine can have serious side effects?

Some groups are claiming on social media that vaccination could cause autoimmune disorders, chronic fatigue syndrome, fibromyalgia, or chronic regional pain syndrome. There was also a rumour that it could cause early menopause or infertility. These health problems are very rare and usually start around the same age that HPV is given, so it is not surprising that people wonder if the vaccine caused the problem. However, independent scientists from all over the world have investigated and found that the rumours aren't true.

What side effects can be expected?

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 extremely rare reaction in the event it may happen.

Vaccination UK Privacy Notice 2020:**Who is collecting the data?**

Vaccination UK is collecting information about your child to ensure that we have up to date health information about their health at the time that you are consenting for them to receive an immunisation. Their demographic information is used to ensure that we identify their electronic health record accurately.

What data is being collected?

We ask for basic demographic data to allow us to identify them and their health record. The information about their health is utilised by the nurses to ensure that they can confirm that the immunisation is suitable for them.

What is the legal basis for processing the data?

Section 9 (2)(h) of the Data Protection Act 2018 allows for processing of your child's data for the provision of direct healthcare and the management of healthcare systems.

Will the data be shared with any third parties?

Your child's data will be shared with their General Practice (GP) and with the child health information system (CHIS) which holds immunisation and screening information for all children in the UK.

How will the information be used?

We collect data on consent forms to allow us to identify a person's health record if you have consented to their immunisation and to allow the nurses to make decisions about their care based on the most up to date information about their current health.

How long will the data be stored for?

The information will be stored on their electronic health record after their vaccination; this information will be then be available throughout their lifetime. Their paper records will be destroyed once they have been scanned on to their record.

What rights does the data subject have?

Data subjects have the right to request a copy of any data we request or record about them.

How can you contact us with queries or concerns about this privacy notice?

If you have any queries or concerns regarding the information that we hold about your child or have a question regarding this notice, please contact:

Our Data Protection Officer: James Hart, at: j.hart@vaccinationuk.co.uk



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 child to have the vaccine.

Information about the vaccine will be shared with Child Health and your child's GP surgery.

Child's full name: (first name and surname)		Date of Birth:
Home address:		Gender: Male / Female
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.

I have read the leaflet supplied.	I have read the leaflet supplied.
YES, I WANT my child to receive the full course of two HPV vaccinations:	NO, I DO NOT WANT my child to receive the full course of two HPV vaccinations:
Parent / Guardian name:	Parent / Guardian name:
Signature:	Signature:
Relationship to child:	Relationship to child:
Date:	Date:
	Reason for refusal:

Parent / Guardian to complete this section:

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

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

or email the form to consent.dudley@nhs.net

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: