HPV VACCINATIONS

The cervical cancer ‘jabs’
What is cancer?

- Cancer is a term used for diseases in which abnormal cells divide and can damage and invade other tissues.

- Cancer is not just one disease but many diseases. There are more than 100 different types of cancer. Most cancers are named for the organ or type of cell in which they start - for example, cancer that begins in the cervix is called cervical cancer.
What is cervical cancer?

- It develops in the cervix (entrance to the womb) and is nearly always caused by the HPV virus.
- It can be very serious – in the UK 3,000 women are diagnosed with cervical cancer every year and about 1,000 die from it.
- Young women can develop cervical cancer too.
What and where is my cervix?
How is it caused?

- 99% of cervical cancers are caused by the HPV virus
- This virus spreads though intimate contact with someone who has the infection already
- The virus is very common
HPV Vaccination

To protect you from developing cervical cancer we offer you the HPV (cervical cancer) vaccination.

This involves an injection of a vaccine called “Gardasil” whose injection is called Gardasil.
HPV Vaccination

For year 8 girls
- You need 2 injections 6 to 24 months apart

*This will give you the protection you need*

For girls over the age of 15 years
- You will need 3 injections over 6 to 12 months

*You need 3 as your immune system does not make enough protection against HPV with just 2 injections*
Why do I need more than 1 injection?

• The first wave of builders makes the framework for protection

• The second wave of builders are sent in after 6 months to finish the protection and make it last
How do I get the injection?

- The injection will be offered to you in school
- It will be given into the muscle at the top of your arm
- The needle is very small (same size as when you were a baby having injections)
- The nurses will look after you and talk to you before you have the injection to make sure you are okay

*if you are away from school on the day don’t worry – we will come back to see you*.
• This shows what to expect when you come to see us.
• You will sit down with your own nurse to look after you
Side effects of the injection

- Your arm may feel a little sore or achy for a couple of days
- Serious side effects are very very rare!
What you need to do

- Your form teacher will give you a consent form and a leaflet telling you all about the vaccination
  - Take these home
  - Read them and discuss them with your parent/guardian
  - Get your parent/guardian to fill the form in
  - Bring it back to school and give it to your form teacher
Dear Parent or Guardian,

Beating Cervical Cancer - HPV Vaccination

The Human Papilloma Virus (HPV) vaccine that protects against cervical cancer is being offered to girls when they are in school year 8 (aged 12-13 years).

The Health Visitor will visit your home to explain further information about the HPV vaccine.

To get the best protection, it is important that girls receive two injections. The first injection will take place at your daughter's school in the autumn term 2017. The second injection will be offered if your daughter is at school in the spring term 2018. The interval between the first injection and the second injection will be up to 12 months at the earliest.

Please discuss this vaccination with your daughter and then complete the Consent Form. If you decide not to give consent, please return it to school.

The Consent Form is signed by a parent or guardian who has legal responsibility.

Your child's school

[Signature]

Parent/Guardian

Date

Vaccination Consent Form

Name of Child:

Date of Birth:

School:

Address:

Parent/Guardian's Name:

About your child:

Has your child already had any HPV vaccinations?

Yes (Y) No (N)

Has your child had any previous reactions to any vaccinations?

Yes (Y) No (N)

Has your child had any medical problems, allergies or any other treatments?

Yes (Y) No (N)

Does your child take any medication/medicine/prepared medicines?

Yes (Y) No (N)

Please ensure that this form is signed in the appropriate box by a parent/guardian who has legal responsibility.

I have received the consent pack and understand the information in it. As the parent with legal parental responsibility, I give my child to receive the HPV vaccination.

Date:

Signature:

[Handwritten signature]
There is more information in the leaflet with website addresses

If you wish to speak to one of the nurses you can contact us on 01204 463170.

You can telephone us between 08:00am and 4:00pm Monday to Friday.
Thank you for listening

Any questions?