

A university teaching and research-active Trust
Bridge Park Plaza
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Thurmaston
Leicester
LE4 8PQ

www.leicspart.nhs.uk

July 2020

Dear Young Person and Parent / Carer,

Human Papillomavirus (HPV) vaccination to protect against various cancers

As part of the national vaccination programme, Leicestershire Partnership NHS Trust's Community Immunisation Service would like to offer to all young people in school year 8 (aged 12 to 13 years) the Human Papillomavirus (HPV) vaccination in school.

From 2019-20 both boys and girls in school year 8 are eligible for the HPV vaccine. The vaccination offers protection against high risk HPV strains, including 16 and 18, which can cause cervical cancer and are linked to various cancers that can affect men. The vaccination also protects against HPV types 6 and 11 which are responsible for infections.

It is important to receive the vaccinations at this age as it gives the best protection during the teenage years and beyond.

To be given the vaccination in school you need to complete an ONLINE consent form by visiting: <https://www.leicsandrutlandimms.co.uk/Forms/HPV>

You will need a code for your school. For **Tudor Grange Samworth Academy A church of England School** the code is **LE144479**

Top tip: Ensure that the email addresses match and that there are no spaces or punctuation before or after the email address and the school code.

You will need to fully complete the consent form as soon as possible of receiving this letter.

If you are unable to complete this online, please ring us to complete this over the phone on 0300 300 0007 (select option 1 then option 4).

The HPV vaccination is a two dose course and will be given as an injection in the upper arm, given 6 to 12 months apart. To read the patient information leaflet about the HPV vaccination, visit: www.tiny.cc/hpvleaflet

For information about the national vaccination programme, visit: www.nhs.uk/conditions/vaccinations

The team offer the vaccination in schools. We are working closely with your child's school to ensure that all appropriate Covid safety measures are in place to ensure the safe delivery of the vaccine.

If a family member you live with is self-isolating or if you are experiencing any of the symptoms listed below on the day of the session then **please do not attend**.

- **High temperature – you feel hot to the touch on your chest or back**
- **A new continuous cough – this means you have started coughing repeatedly.**
- **A loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.**

If you are absent on the day, an additional opportunity will be made available for the vaccination. Please note this vaccine will not be routinely offered by your GP.

We recognise that an alternative venue may need to be offered if we are unable to fully complete the vaccination session in school. The service will ensure that you are kept fully informed should this be the case.

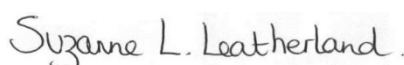
You can watch a short animation which explains the facts about the HPV vaccine by visiting: www.healthforteens.co.uk/health/immunisation The website is also a wonderful resource for young people aged between 11-16 years and offers health advice through interesting articles, films and interactive content.

Should you have any questions or wish to discuss any additional support that may be required during the vaccination you can contact the team, by telephone: 0300 300 0007, or by e-mail: communityimms@leicspart.nhs.uk

Yours faithfully,



Dr Tim Davies
Consultant Lead for Screening and
Immunisation
NHS England and NHS Improvement –
Midlands



Suzanne Leatherland
Immunisation Service Manager
Leicestershire Partnership NHS Trust

NOTES ON COMPLETING THE ONLINE CONSENT FORM

Visit: www.leicsandrutlandimms.co.uk/Forms/HPV

Enter and confirm your email address

Enter your school code: LEI44479 and click find school. Your school name should appear.

Top tip: Ensure that the email addresses match and that there are no spaces or punctuation before or after the email address and school code.

PART 1: Patient Information and Contact Details

PART 2: Medical History

Complete the questions regarding vaccination history and any support required during vaccination.

PART 3: Consent Declaration

Complete this to give consent to the full course of HPV vaccinations.

The young person may be able to consent for themselves to have this vaccination without your agreement and health professionals will assess their ability to make an informed decision.

Sharing information: After the vaccination at school, a notification will be provided and the information will be added to the young person's NHS health records.

To translate the information on the NHS website into a different language visit:
www.nhs.uk/accessibility/health-information-in-other-languages