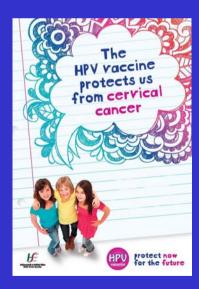
Human Papillomavirus (HPV) Vaccination

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National Immunisation Office



Objectives

- Project Governance
- Draft procedures/processes
- School packs, client held record card.
- Consent issues
- Data sharing and Data protection.
- May/July vaccinations.
- Planned IT system.

Governance Structure

National Immunisation Steering Group

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National Schools Implementation Group





ICT Subgroup

Training & Development

Communications

Local Implementation

Planning

- Identify all schools with first year female pupils.
- Set up on IT system using Department of Education and Science Roll Number.
- Define strategy for each school based on pupil numbers.
- Set up vaccine batches etc. on IT system.

School Vaccinations

- Contact school and request pupil numbers (and demographic details if possible).
- Enter pupil details onto IT system.
- Arrange vaccination visit schedule.
- Send out information packs to school.

School Vaccinations

- Get completed consent forms from schools.
- Enter details onto IT system.
- Print vaccination list and pull consent/record cards
- Bring parent/child immunisation record card to schools along with consent/record card.

School Vaccinations

- Record (realtime or office based) vaccination data.
- Ensure pupils are given return appointment date/location. LHOs should create a follow up appointment letter / form to be given to the child at the first vaccination event.
- Consider sending out SMS for July appointment.

Defaulters

- Arrange follow up for any pupils not vaccinated on the day.
- LHOs should ensure that there is an agreed process for dealing with situations where consenting children are not vaccinated due to absence, illness, contraindications or refusal by the child. Letters may need to be created for these purposes.
- Make appointment for mop up clinics as required.

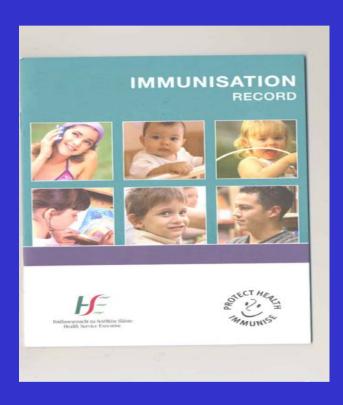
Clinic

- Arrange clinic location and dates.
- Set up appointment system.
- Book in pupils from schools not being visited.
- Book in appointments for defaulters.
- Enter vaccination data once completed.

School Pack

- Should consist of
 - Fact sheet
 - Consent Form x 2
 - Supplied in a plastic unsealed envelope.
 - A standardised parent letter will be supplied which may be added to the pack before sealing.
 - Packs should not include a patient information leaflet – available on www.hpv.ie.

Immunisation Record Card



Please use Immunisation Record Card Schools Immunisation page to record Vaccination details for the child/parent.

A supply of these will be sent to the LHO for the May cohort.

Using this card will allow the HPV programme recording to be integrated with the current school vaccination programmes



Human Papillomavirus (HPV) Vaccination Consent Form



If you wish to give consent please fill in Parts 1, 2 and 3 If you do not wish to give consent please fill in parts 1, 2 and 4			
PART 1	Complete this part for a	ıll children	
Child's Forename:		Middle Name:	Surname:
Child's Personal Pu	ublic Services Number (PF	5N):	Birth date: D D M M Y Y Y Y
Child's surname at birth: Mother's maiden name:			
Address:			
Parent home phon		Parent mobile:	
School or college name: Class or year:			
If not at school or college (please tick): Home schooled Outside School System			
GP name and address:			
PART 2 Complete this part if your child has previously been given a HPV vaccine			
Vaccine Name (G	Sardasil or Cervarix)	Batch Number	Date Given
PRIVACY STATEMENT: We will use the information you provide to monitor the HPV vaccination programme and health care provision. We will send personal information to the National Cancer Screening Service to enable cancer screening services to be offered to this child when she is older. HSE staff are aware of their obligations under the Data Protection Acts, 1988 and 2003. If you do not wish to have your or your child's information recorded by us or by the National Cancer Screening Service, you have the right to write to the local immunisation office to ask for the record to be removed.			
PART 3 Complete this part if you want to have your child vaccinated			
that I am giving co be recorded on the	nsent for three doses of e HSE immunisation syste r the above child/myself	Gardasil over 6 -12 months. I understand ems and will be shared with the National	ncluding risks and side effects. I understand that my child's details and vaccination will Cancer Screening Service. I am authorised of age are legally entitled to consent/refuse
Name (please print): (Please tick): Parent Guardian Self			
Signature:		Date: D	D M M Y Y Y Y
PRE-IMMUNISATION CHECKLIST: Before the person is vaccinated, please check this list. The doctor or nurse may decide to vaccinate, delay or withhold vaccination.			
Is the person allergic to aluminium hydroxyphosphate sulphate, L-histidine, Polysorbate 80, yeast? Yes No			
Has the person had a previous severe reaction to the Gardasil vaccine?			Yes No
Is the person pregnant?			Yes No

Data Sharing and Protection

- The intention is to share personal data with the National Cancer Screening Service for all clients. This is stated on the consent form.
- Parents will have the option to opt out by writing in to the local immunisation office requesting removal of the record. A process will have to be agreed as to what will happen to these records for September.
- It has been requested that records on the IT system be restricted as viewable to the creator LHO only. Some staff members with higher level security privileges will be able to access all records to allow children who cannot be found to be searched for.

Consent Issues

- Informed consent: To ensure that the consent is informed consent parents will receive a fact sheet along with the consent form.
- Parents will be asked to:
 - Consent for three doses of Gardasil.
 - Will be requested to provide demographic details and to sign the consent form if they do not wish to have their child vaccinated.
 - Provide PPSN
 - Asked to supply details of any previous HPV vaccinations on the consent form.
- Consent will remain valid unless withdrawn in writing.
- Persons over 16 years of age have the right to consent/refuse consent for themselves.
- Consent also incorporates consent to retain an electronic record and to share data with the National Cancer Screening Service.

May Vaccination Events

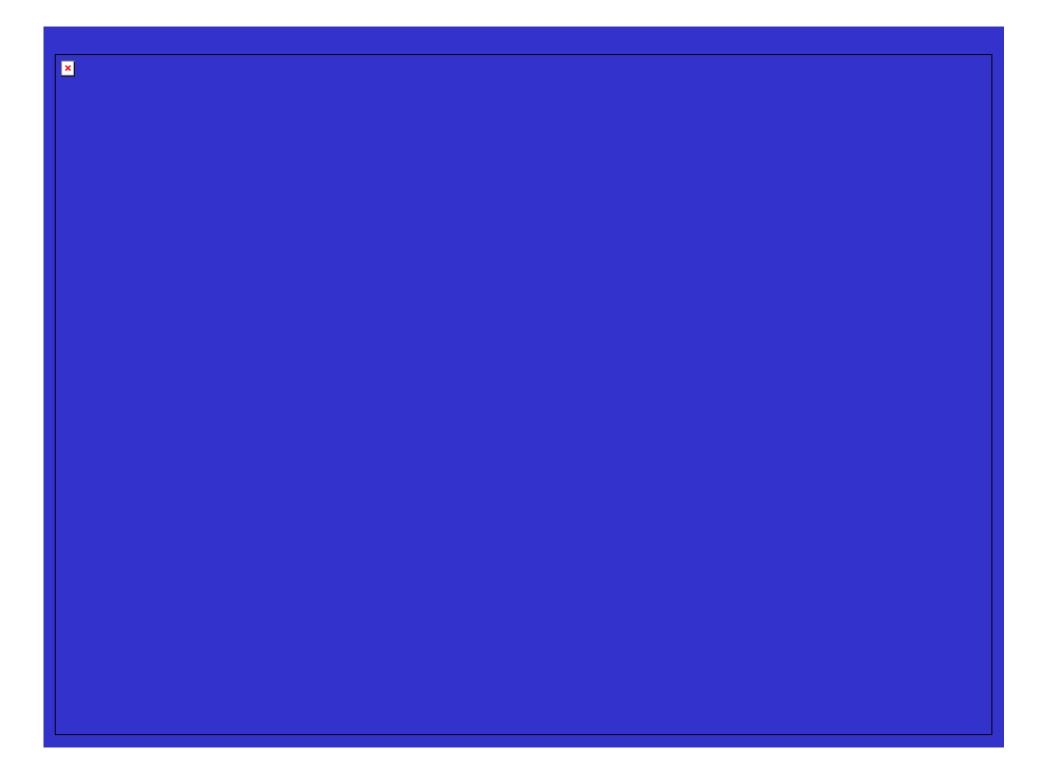
- Allows for lesson to be learned
- Review of all documentation will take place and improvements made where possible before September.
- Initially HPV programme will be by the usual doctor led teams. A medication protocol similar to that used for the H1N1 Pandemic vaccination programme is being finalised which will in time form the basis for nurses vaccinating under medication protocol.
- No IT system will be in place for May or July.
- HPV vaccination <u>data from May, July should be kept manually</u> only until a system becomes available and then entered.

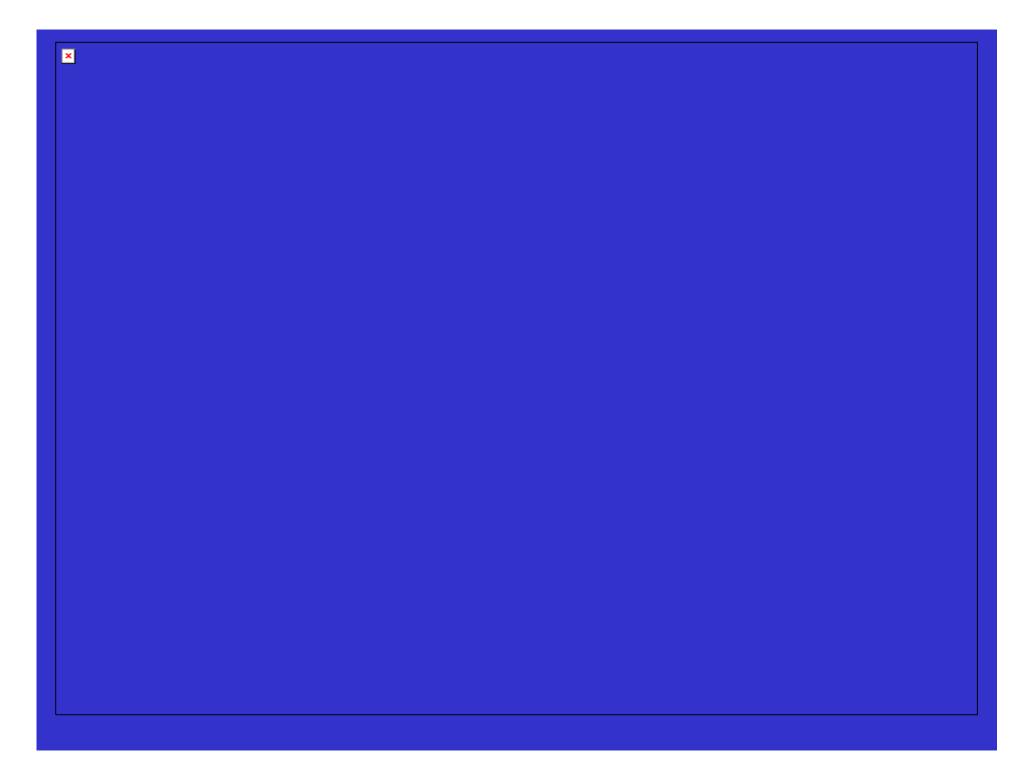
Planned ICT System

- A national schools immunisation ICT system is planned.
- The system is envisaged to be used real-time where possible in the school setting but can be used off line (back office) if desired.
- System functionality requested to include:
 - Vaccination Administration Recording
 - Schools Setup and vaccination session scheduling
 - Client Setup and client vaccination scheduling
 - Clinic Setup and appointment scheduling
 - Client and school documentation creation and printing by client, school or class
 - Reports and editable letter creation and printing
- Type of data fields to be entered should consist of
 - Patient demographics
 - School and class details or Clinic details
 - GP details
 - Previous HPV vaccine administrations
 - Consent (+ Pre-immunisation details)
 - Vaccination event details
 - Scheduled vaccination events

THANK YOU











Data Entry Standards

Surname Data Entry Convention to be followed for Surname

- Names prefixed with AI should be entered as AI (space) Hussain i.e. AI Hussain
- Names prefixed with MC should be entered with space i.e. Mc Carthy
- Names prefixed with MAC should be entered with space i.e. Mac Amhlaigh
- Names prefixed with O' should be entered with O and space i.e. O Connor
- Names prefixed with D' should be entered with D and space i.e. D Eathe
- Names prefixed with **Ní** should be entered with Ni and space i.e. **Ni Bhroin**
- Names prefixed with Nic should be entered with Nic and space i.e. Nic Ailin
- Names prefixed with De should be entered with a space i.e. De Burca
- **Double barrel names** should be entered with a space between names
- i.e. Tierney Monahan

First and middle name Data Entry Convention to be followed:

- Firstnames and Middle name must be entered in full.
- Ensure that the **proper** First name is given and recorded not the "known as" name i.e. **Margaret**
- rather than Peggy. If a client uses an alias name which differs considerably form their
- official name, this may need to be recorded in such cases, the alias name should be typed in brackets
- directly after the official firstname e.g. Margaret (Peggy).
- Where the suffix is used in a clients name, it must be typed in full with brackets directly after
- the firstname e.g. Michael (Junior).

Data Entry Standards

Date of Birth should be entered in the European way e.g. DD/MM/YYYY

Mobile Numbers may be used to send short SMS messages therefore it is important that they are collected and recorded accurately. Enter number as nnn nnnnnnn e.g. 086 2549801 (do not enter anything else into this field).

Address No abbreviations for addresses are acceptable.

The following common address must be entered in full. E.g.: Avenue, Cottages, Court, Garden, Terrace.

Apartment No. If the client address contains an apartment number type the word APARTMENT and the appropriate number in the APARTMENT field e.g. APARTMENT 7