

Dear Parents / Guardians,

Date: 8 / 7 / 2020

**Human Papillomavirus (HPV) Vaccine**  
**For Primary 5 School Girls**

The School Immunisation Teams (SIT) under the Centre for Health Protection of the Department of Health (DH) will visit our school on 10 / 7 / 2020 (DD/MM/YY) to offer Human Papillomavirus (HPV) vaccine to Primary five (P.5) school girls.

Starting from the 2019/20 school year, the first dose of HPV vaccine will be given via outreach by DH's SIT to eligible P.5 female students aged 9 year or above at their schools, and a second dose will be given to the girls when they reach Primary Six in the following school year.

Parents should bring their girls to consult doctors for fitness for HPV vaccination and obtain written documentation beforehand if they have any of the following conditions:

- i) Immunocompromised (e.g. on chemotherapy, long-term steroid, etc.)
- ii) History of adverse reactions to a previous dose of HPV vaccine
- iii) Bleeding tendency

Please read the attached information carefully. For enquiries, please contact SIT at 2615 8585 or 2615 8563 during office hours (Monday to Friday 9am – 1pm, 2pm – 5:30pm; closed on Saturdays, Sundays and public holidays).

Please fill in **one of the reply slips below** (either the consent form or the refusal form) and return it to school together with **all original copies of immunisation records of the student.**

Yours faithfully,

( Headmaster / Headmistress )

**<Refusal Form>**

**Human Papillomavirus (HPV) Vaccine**

(Please put a '✓' against the appropriate )

● I have read and understood the attached **Information on Human Papillomavirus (HPV) vaccine.**

● I **do not agree** to let the student to receive HPV vaccine offered by the Department of Health. The reason(s) for refusal is / are that the student :

- has already **completed immunisation** of HPV vaccines as documented on immunisation record(s).
- will receive the vaccine from **private doctor.**
- has **health reason(s)** \_\_\_\_\_
- has **other reason(s)** \_\_\_\_\_

● I agree to let the school provide my own and my child's personal data to the Department of Health for use in accordance with the Statement of Purposes.

Class: \_\_\_\_\_ Class no.:

School: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Gender : \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YY)

Signature of Parent / Guardian: \_\_\_\_\_

Name of Parent / Guardian : \_\_\_\_\_

Tel. home: \_\_\_\_\_ office: \_\_\_\_\_

mobile: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this reply slip to the school together with all original copies of immunisation records.

**[Consent Form]**

**Human Papillomavirus (HPV) Vaccine**

(Please put a '✓' against the appropriate )

● I have read and understood the attached **Information on Human Papillomavirus (HPV) vaccine.**

● I **agree** to let the student to receive HPV vaccine offered by the Department of Health.

- I submit immunisation records of the student for checking.
- I **cannot submit** any immunisation records of the student but **still agree** to the student receiving the vaccine. (Please arrange reissue of immunisation record if lost.)

● I agree to let the school provide my own and my child's personal data to the Department of Health for use in accordance with the Statement of Purposes.

Class: \_\_\_\_\_ Class no.:

School: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Gender : \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YY)

Signature of Parent / Guardian: \_\_\_\_\_

Name of Parent / Guardian : \_\_\_\_\_

Tel. home: \_\_\_\_\_ office: \_\_\_\_\_

mobile: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this reply slip to the school together with all original copies of immunisation records.

## Information on Human Papillomavirus (HPV) vaccine

Human papillomavirus (HPV) is the name of a group of viruses that includes more than 150 types. Around 40 of these viruses infect the genital area of men and women. HPV can cause premalignant changes and malignant cancers of cervix, vagina, vulva and anus. Almost all cervical cancers are caused by persistent infection with one of the cancer-causing (or high-risk) HPV types.

《 Cervical cancer can be effectively prevented by immunisation with human papillomavirus vaccine 》

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### **(I) What are HPV vaccines?**

Human papillomavirus (HPV) vaccine (also named as cervical cancer vaccine) is a prophylactic vaccine to prevent cervical cancer as well as other HPV-related cancers and diseases. In Hong Kong, about 90% of cases of cervical cancer were caused by persistent infection with high-risk HPV-16, 18, 31, 33, 45, 52 and 58. All the above seven HPV types are included in the 9-valent HPV vaccine.

### **(II) Who should get this immunisation?**

Starting from the second semester of the 2019-2020 school year, the School Immunisation Teams of the Department of Health will visit schools to provide the first dose of 9-valent HPV vaccine to Primary Five female students at their schools. The second dose of HPV vaccine will be given to the girls when they reach Primary Six in the following school year.

### **(III) Students with the following conditions should not receive HPV vaccine**

- (1) Serious allergic reaction to any of the vaccine components or following a previous dose of HPV vaccine.
- (2) Aged below 9 years.
- (3) Pregnancy.

### **(IV) Points to note before immunisation**

- (1) Vaccination should be postponed in individuals suffering from an acute severe febrile illness. However, the presence of a minor illness, such as symptoms of mild upper respiratory tract infection (common cold, cough etc.), is not a contraindication for immunisation.
- (2) Currently there is no adequate scientific evidence to show an additional benefit of receiving 9-valent HPV vaccine for those who have completed vaccination with 2-valent or 4-valent HPV vaccine. Therefore, no further 9-valent vaccine would be offered for these students.
- (3) Parents should bring their girls to **consult doctors** for fitness for HPV vaccination and obtain written documentation beforehand if they have any of the following conditions:
  - Immunosuppression from diseases or treatment (e.g. on current cancer treatment such as chemotherapy and radiotherapy, taking immunosuppressive medicines such as high dose corticosteroid, etc.)
  - History of adverse reactions to a previous dose of HPV vaccine
  - Bleeding tendency
- (4) Student **aged 15 or above** who has never received HPV vaccine should inform School Immunisation Team on the day of vaccination as they require a different dosing schedule.

### **(V) Possible reactions after immunisation**

HPV vaccines are generally safe. Most students do not have serious reactions after receiving HPV vaccination. Common side effects are similar to those from other vaccinations, such as:

- (1) Mild and short-lasting side effects, including headache, dizziness, nausea and fatigue.
- (2) Soreness, redness or swelling at the injection site.

These can be readily managed by:

- (1) Sitting or lying down (for 15-20 minutes) after vaccination, which can help to prevent fainting and even falls or injuries.
- (2) Applying cold compress to relieve soreness and swelling at the injection site.

### **HPV vaccine cannot replace cervical cancer screening**

To know more about cervical screening, please visit [www.cervicalscreening.gov.hk](http://www.cervicalscreening.gov.hk)

School Immunisation Teams  
Centre for Health Protection  
Department of Health