

HPV- School Implementation Programme

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Background

- National Immunisation Advisory Committee (NIAC) recommended Human Papillomavirus (HPV) Vaccination for all girls aged 12 years of age.

January 2010

- Department of Health and Children announced implementation of a HPV Vaccination Programme in Ireland starting with girls in first year of second level schools in 2009/2010 and 2010/2011 academic years.

Kildare West Wicklow



Uptake HPV vaccine 2010/2011

Target cohort		HPV1 total	HPV1 %	HPV2 total	HPV2 %	HPV3 total	HPV3 %	% 3rd dose of those given 1st dose
National	59,235	49,779	84.0	48,627	82.1	48,501	81.9	97.4
DML	17,075	14,361	84.1	13,898	81.4	13,967	81.8	97.3
DNE	12,135	10,261	84.6	9,893	81.5	9,956	82.0	97.0
South	15,581	13,081	84.0	12,909	82.9	12,723	81.7	97.3
West	14,394	12,076	83.9	11,927	82.9	11,855	82.4	98.2

Kildare West Wicklow- 2011/12 (draft)

Total uptake 76.99%

Cohort	HPV 1	HPV2	HPV3
1 st Years	86.7%	85.71%	83.6%
6 th Years	72.3%	71.14%	68.86%



Overview

- Preparing for the Programme
- Training of HSE Vaccination Teams
- Liason with schools
- Vaccination Day
- Mop up clinics
- Risk Reduction Strategies summary



Preparing for the Programme

- Timely multidisciplinary meetings involving front line staff (doctors, nurses, clerical)- during summer months
- Establishment of Immunisation Team
- Update CPR & Anaphylaxis training
- Liason with schools (cohort numbers, named school support, dates of vaccines 1, 2 & 3)

Training of HSE Vaccination Teams

Programme developed with
clinical guidelines

- Epidemiology of HPV
- Vaccine efficacy and safety

Frequently Asked Questions
produced and updated

Medication protocols for nurses

School Immunisation Guidelines
for Staff



protect now
for the future

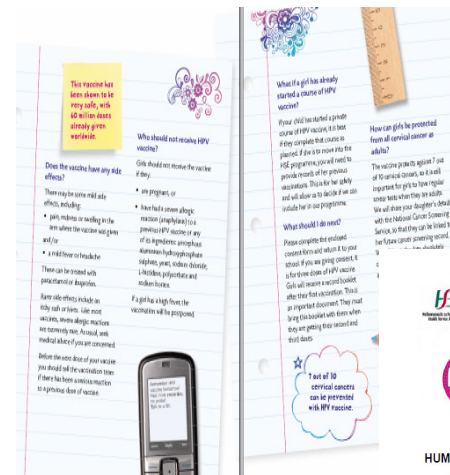
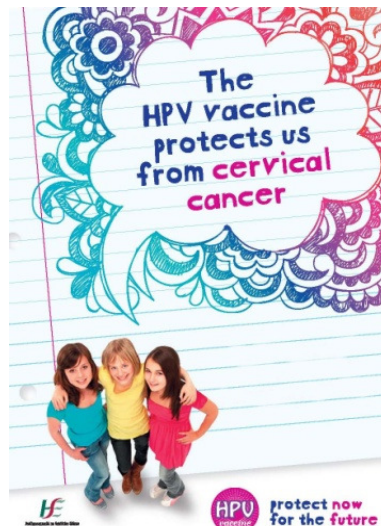
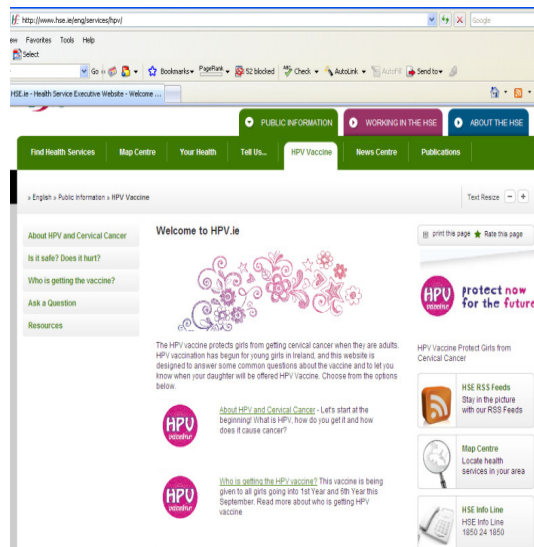
HUMAN PAPILLOMAVIRUS VACCINE
Frequently Asked Questions
for
Health Professionals

Produced by the National Immunisation Office in collaboration with the
Health Protection Surveillance Centre

Version 2- May 11th 2010



Resources & Communication



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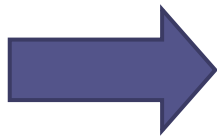


Liason with Schools-HSE Clerical Support

- Letters to Principals
- Vaccination dates given to school in June for upcoming programme in Sept
- Delivery of Consent Forms and Information Leaflets.
- Cohort Numbers
- Nominated school liason officer
- Facilities required

Vaccination Day

- Rural/Urban location
- Vaccine collection
- **School preparedness for HSE Staff**
- Maintaining Cold Chain
- Set up at location + *Risk Assessment*



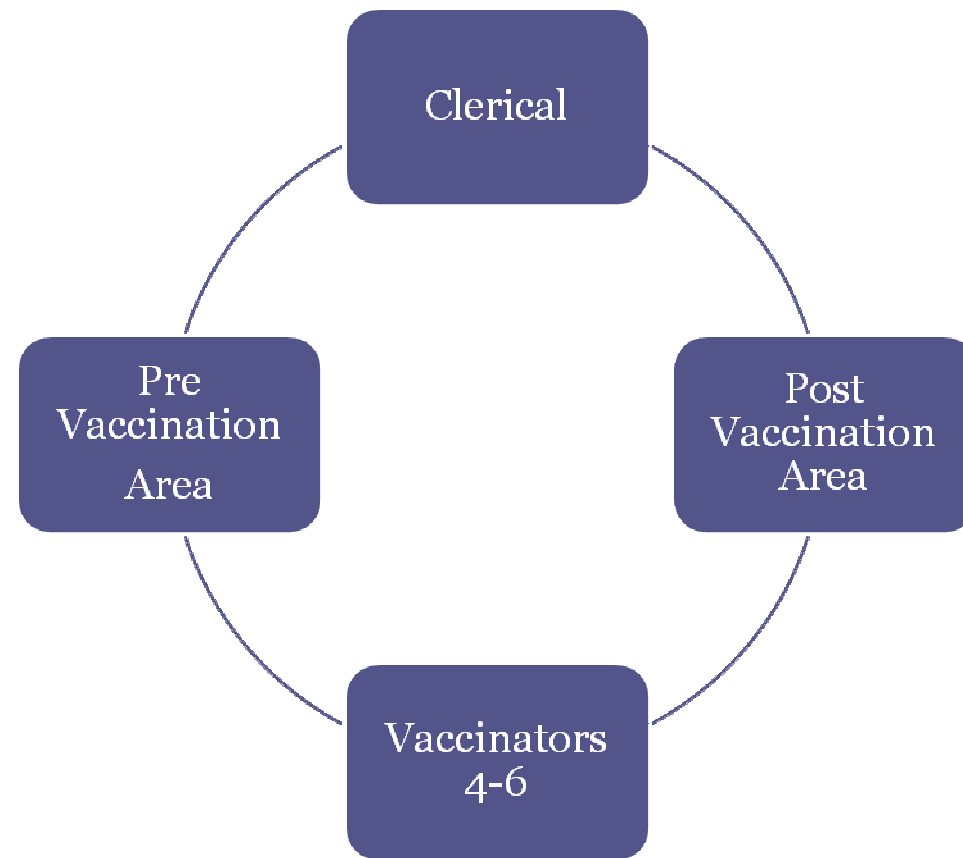
Pre & Post vaccination areas
Emergency Area
Clerical Station
Vaccinator Stations





Equipment

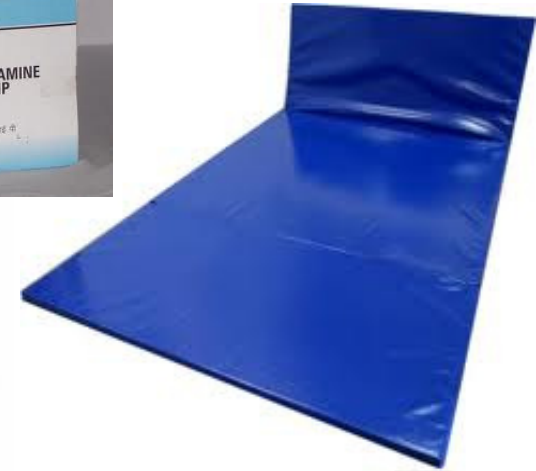
- Sharps Bins
- Clinical sheets
- Hand gel
- Dry swabs & Spot plasters
- Blue trays (for Gardasil) / Blue covers (HPV)
- Digital clocks
- Blue needles for clotting disorders
- Resuscitation equipment



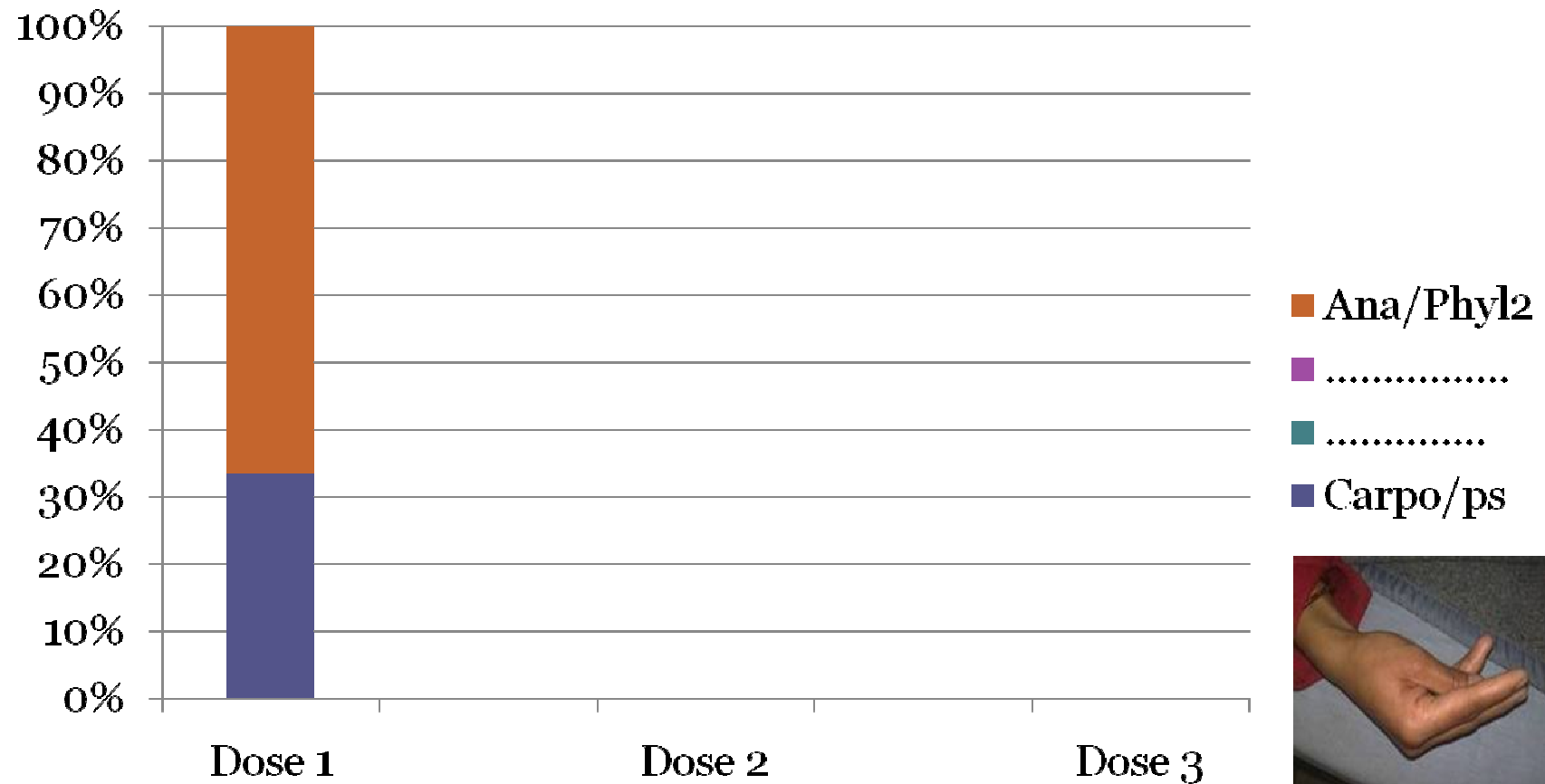
2 Vaccinator Set Up



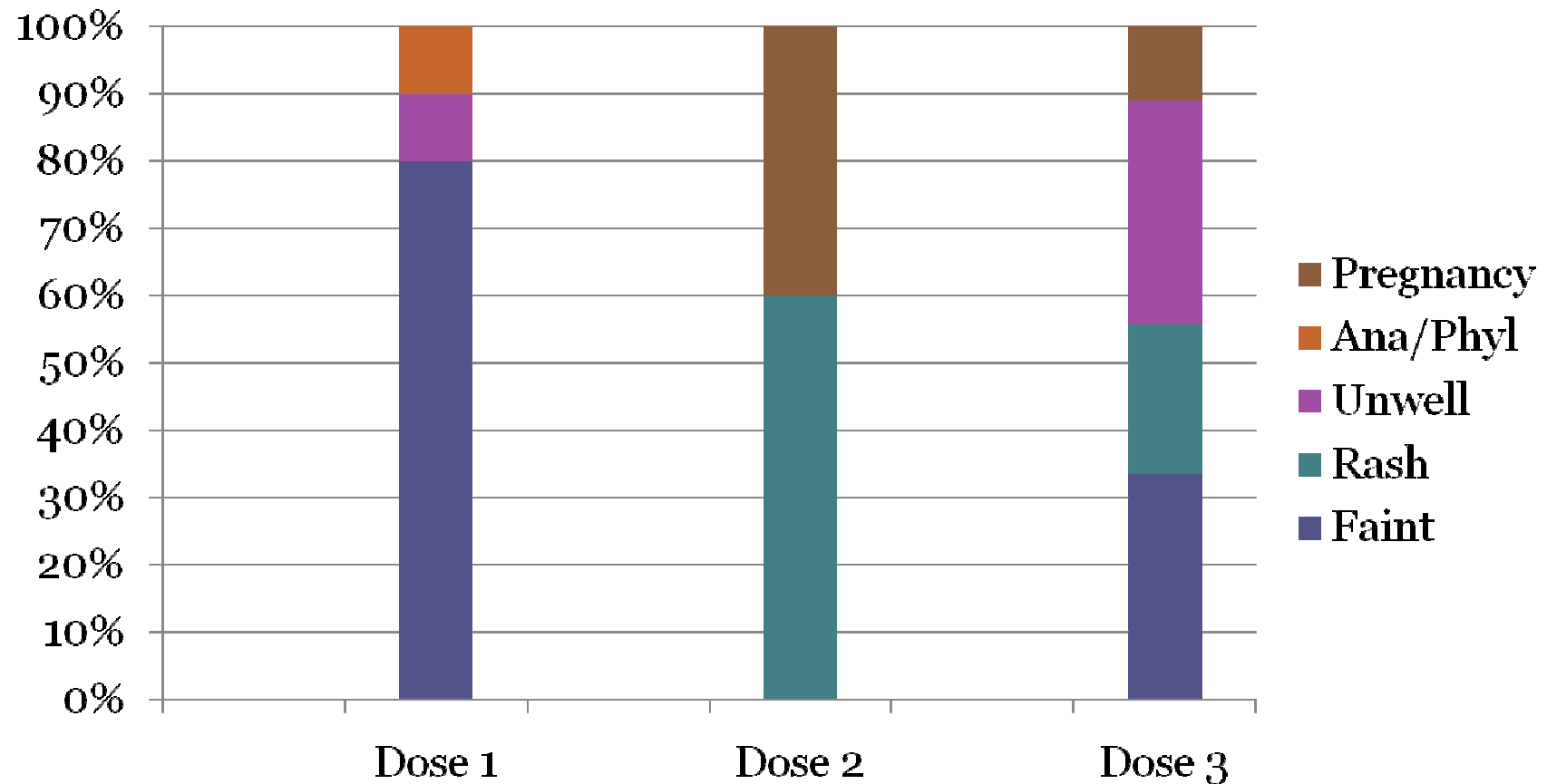
Emergency Area



Adverse Reactions: 2010-11



Adverse Reactions: 2011-12





Adverse Reaction- Pregnancy

- 3 DNA due to pregnancy (6th years)
- 1 DNA due to pregnancy (1st year aged 13)
- 3 became pregnant during vaccination schedule
- **ALL PREGNANCY ADVERSE REACTIONS NEED TO BE NOTIFIED TO IMB**

There is no evidence to suggest that administration of GARDASIL adversely affects fertility, pregnancy, or infant outcomes.

The Pregnancy Registry for GARDASIL® has been established by Merck & Co., Inc. to collect information on the pregnancy outcomes of women who inadvertently receive GARDASIL within 1 month prior to or at anytime during pregnancy.



Reporting of Adverse Reactions

Irish Medicines Board www.imb.ie

- 416 adverse events reported nationally (June 2011)
- Dizziness/headache/malaise/syncope/urticaria/injection site pain
- 6 reports of anaphylactoid reactions
- 5 had seizures (2 had epilepsy; 1 recently diagnosed)



Mop Up Clinics

- Held in 3 main locations (North Mid South)
- Health Centre based
- Letters of invite to parents given to students on the day whose vaccination was deferred in school
- Letters of invite to parents of DNAs left with the school to give to girls when they returned



Issues Identified from onset of Programme

- Misplaced record books
- Girls leaving post vaccination room early
- Pregnancy (*Adverse Reaction*)
- Signature on consent form
- Rooms not ready in schools
- Mop up clinics too early
- Girls being sent home from schools post vaccination



Issues identified (cont)

- Phone calls during vaccination sessions
- Private vaccinations in one school
- Adverse reactions
- Girls under age signing Consent Form
- Low uptake @ Mop Up Clinics (girls not giving letter of invite to parents)



Risk Reduction Strategies- KWW

- Staple record book to consent form (Dose 1 & 2)
- Information sheet given after Dose 1 & 2
- Record time of vaccination on information sheet
- Girl to put her initials beside –*I understand that this vaccine is not recommended in pregnancy*
- Log book of adverse events (including faints)
- Inform parent by phone that child has fainted
- Keep updated ‘*Immunisation Guidelines for Staff*’ on site



Recommendations

- Early multidisciplinary planning essential
- Good cooperation from schools vital
- Introduce strategies to reduce risk
- Pilot programmes must be managed separately
- Programme dates should adhere to guidance from NIO
- Follow up DNAs from Outreach Centres (Dose 2&3)



Recommendations

- 2 clerical persons are required in large schools to reduce error
- Report adverse events to IMB (including pregnancy)
- Record reason why vaccine was not given (refused, DNA, pregnant etc)
- Keep log book of incidents
- Letter of invite to Mop Up clinics to be posted from HSE



THANK YOU