

Guidelines for Vaccinators

Human Papillomavirus (HPV) Vaccination to Prevent Cervical Cancer

Republic of Zambia

Ministry of Community Development,
Mother and Child Health



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Foreword

Zambia has the second-highest incidence of cervical cancer in the world, and cervical cancer is the most common cancer in women in Zambia. Cervical cancer represents a primary concern of the Ministry of Health and the Ministry of Community Development, Mother and Child Health.

The principal causatory agent of cervical cancer is well known: it is human papillomavirus (HPV), a sexually transmitted virus with many different types. Fortunately, there are vaccines that can prevent against diseases caused by this virus. The WHO recommends introduction of the HPV vaccine in all countries where material resources and finances permit it.

With the agreement of public and private partners, the government of Zambia has decided to introduce Gardasil, a vaccine made by Merck. The efficacy of Gardasil has been demonstrated worldwide to reduce diseases caused by HPV, and the use of Gardasil is expected to reduce the burden of cervical cancer among women in Zambia. The target aged group recommended by the WHO is between 9 and 13. Because HPV is spread primarily through intercourse, it is recommended that the vaccine be administered before exposure to the virus (that is, before the person becomes sexually active).

Given the high rates of school enrolment in Zambia, it has been decided to target girls in grade 4. For out-of-school girls, the targeted age is ten years old.

The present guide is a simple tool for vaccinators on the ground. It can also be used by other personnel such as teachers, who play a critical role in the organization of vaccination against HPV. The Zambian government plans to expand the HPV vaccination program as Zambia gains experience with the HPV vaccine. I strongly recommend that you familiarize yourself with this guide, so that you can provide the best possible services to protect girls in Zambia from this deadly disease.

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List of Abbreviations

AD syringes	Auto-Disable Syringes
AEFI	Adverse Events Following Immunisation
EPI	Zambia National Expanded Programme on Immunisation
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
MCDMCH	Ministry of Community Development, Mother and Child Health

Cervical Cancer and HPV: An Introduction

1.1 What is Cervical Cancer and what is Human Papillomavirus (HPV)?

The cervix is the lower part of the uterus, or womb. Cervical cancer is a serious disease of the cervix that can cause death. However, if recognized and treated early, cervical cancer can be easily prevented.

Almost all cases of cervical cancer are caused by a virus called human papillomavirus (HPV). HPV is a sexually transmitted virus. Human papillomavirus (HPV) causes almost all cervical cancers (99%). HPV is a very common virus that can infect both men and women. Four out of every five people will get HPV at least once in their lifetime. Almost all people with HPV do not have any signs or symptoms and are unaware of the infection.

1.2 Cervical Cancer in Zambia

- Cervical cancer is the most common cancer in Zambia.
- Cervical cancer is the most common cause of cancer death among women in Zambia.
- Cervical cancer screening and treatment services are currently available in certain areas of Zambia, and an expansion of these services throughout Zambia is ongoing.

1.3 Symptoms of Cervical Cancer

Many women with cervical cancer do not have any symptoms. However, the following symptoms may be present in women with cervical cancer:

Abnormal vaginal bleeding

- A woman bleeding after having sex with her husband
- An elderly woman having vaginal bleeding after stopping having periods
- Vaginal bleeding in between periods

Abnormal vaginal discharge

- Every woman releases some mucus from the vagina. However, an unpleasant-smelling discharge from the vagina, which may be pale, watery, pink, brown, or bloody, can be a sign of cervical cancer

Pain in the back, leg, or pelvis

1.4 What Other Diseases Does HPV Cause Besides Cervical Cancer?

HPV does not just cause cervical cancer. HPV can cause genital warts in both men and women. HPV can sometimes cause other cancers, including cancers of the anus, vagina, penis, vulva, and throat. These cancers are much less common than cervical cancer. HPV types 6 and 11 cause approximately 90% of all genital warts cases.



1.5 Types of HPV

More than 200 types of HPV exist. HPV types 6 and 11 cause most cases of genital warts. HPV types 16 and 18 cause about 70% of cervical cancers.

1.6 HIV and Cervical Cancer

HIV-infected women are more likely to get cervical cancer, and can get cervical cancer at a much younger age than other women.

Because HPV and HIV are both sexually transmitted and have similar names, they are sometimes confused. It is important to differentiate between HPV and HIV when educating patients.

The HPV Vaccine: What You Need to Know

2.1 Prevention of Cervical Cancer Using the HPV Vaccine



The HPV vaccine which will be used in Zambia is Gardasil, which is made by Merck, an American pharmaceutical company.

- Gardasil protects against HPV types 6, 11, 16, and 18. These types cause most cases of genital warts and cervical cancer.
- Gardasil does not contain live virus, and therefore cannot cause HPV infection. It is made of protein particles.
- The vaccine has been approved in over 100 countries worldwide and is WHO pre-qualified.
- The vaccine should be administered before exposure to HPV (that is, before a person has sex).
- Gardasil has already been used with great results all over the world, including Africa.

2.2 Storage and Packaging of Gardasil

- Each vial of Gardasil contains one 0.5 mL liquid dose of the vaccine.
- The vaccine does not need to be reconstituted.
- The recommended storage temperature is +2°C to +8°C, just like the tetanus vaccine.



Like any vaccine of this type, the HPV vaccine must not be frozen, and therefore should not be put directly against frozen icepacks. However, the HPV vaccine can be placed next to cool packs.

2.3 Who is Eligible for HPV Vaccination in Zambia?

The Zambian MCDMCH has identified 2 vaccination strategies: school-based vaccination targeting grade 4 girls and out-of-school girls aged 10 years old.

2.4 The Gardasil Vaccination Schedule in Zambia

For maximum protection, each girl must receive three doses of the Gardasil vaccine according to the calendar below.

Dose #	Dosage	When to administer the vaccine	Route of administration
1 st dose	0.5 ml	At first contact with the young girl	Intramuscular, in the deltoid region of the arm
2 nd dose	0.5ml	2 months after the first dose	Intramuscular, in the deltoid region of the arm
3 rd dose	0.5ml	4 months after the second dose	Intramuscular, in the deltoid region of the arm

2.5 Vaccine Safety

The HPV vaccine has a good safety profile. The most common normal reactions are pain, swelling, itching, redness, and soreness at the site of injection (the arm). These reactions are mild and they disappear within a few days after vaccination.

2.6 Contraindications to Gardasil

- Gardasil should not be administered to girls with known hypersensitivity (allergic reaction) to the components of the vaccine.
- Gardasil should not be administered to girls who develop symptoms of hypersensitivity after having received an earlier dose of the vaccine.

2.7 Precautions for Use

- Cases of syncope (fainting) have been reported after administration of the vaccine. Therefore, it is recommended that girls be observed for 15 minutes after receiving the vaccine.
- Pregnant girls: in case of known pregnancy, wait until after the pregnancy to administer Gardasil.
- Administer Gardasil with caution to girls who have blood clotting disorders (wait for several minutes to make sure the injection site clots).



Girls who are HIV-positive can still receive the Gardasil vaccine

2.8 Simultaneous Vaccination with Other EPI Vaccines

Gardasil can be administered simultaneously with other EPI vaccines without danger. It is recommended to administer the vaccines on different parts of the body (for example, one injection in the left arm and the other in the right arm).

Administering the Gardasil Vaccine against HPV

3.1 Preparation Checklist for Administering the Gardasil Vaccine

- Number of Gardasil doses:** The Gardasil vaccine has one dose per vial, so the number of vials to bring to the vaccination site corresponds to the number of girls to be vaccinated. It is recommended that the vaccinator bring an extra 5% of vials as a precaution (for example, in case a few bottles break).
- Number of syringes:** The number of syringes needed corresponds to the number of girls to be vaccinated. Bring an extra 5% of syringes (in case some syringes do not work).
- Number of safety boxes:** Equal to the number of syringes divided by 100.
- Other materials needed:** Emergency tray, cotton, cool boiled water, and soap to wash hands.
- Container:** A bin to collect empty vials and used cotton swabs.
- Monitoring tools:** The vaccine register, vaccination cards, the tally sheet (form 1a), and the case investigation form for AEFI.
- Social mobilization tools:** Posters, leaflets.

3.2 Step-by-Step Instructions for Administering the Gardasil Vaccine

- Step 1 Welcome the girl in a friendly manner and ask her if she has any questions about HPV vaccination. Answer all questions truthfully.
- Step 2 Ensure that the girl is eligible for the HPV vaccine. All girls currently enrolled in grade 4 are eligible. If the girl is not attending school, only vaccinate her if she is 10 years old.

- Step 3 Determine which dose is needed (first, second, or third) by looking at the vaccination card or the register.
- Step 4 Check for contraindications to vaccination by asking the girl about any current acute severe febrile illness or hypersensitivity to vaccine components. Caution should be exercised when vaccinating any girl who has a bleeding disorder or who is taking anticoagulant therapy. Bleeding may occur after an intramuscular injection in these individuals.
- Step 5 Wash and dry your hands before the immunisation session.
- Step 6 Hold the HPV vaccine vial between your thumb and middle finger. Check the vaccine vial for condition of the vial and expiry date. Inspect for particles and discoloration before administering the vaccine. If either is present, do not use the vaccine. Pick another vial.
- Step 7 Shake the vaccine vial until it is a white, cloudy liquid. This step is necessary to mix the vaccine.
- Step 8 Open the package for the 0.5 ml auto-disable syringe (AD syringe).
- Step 9 Draw all the contents of the HPV vaccine from the vial into the 0.5ml AD syringe. Pull the AD until you feel a click.
- Step 10 The vaccine should be given in the left arm, as the injection can cause discomfort such as soreness and swelling, which can increase if the arm is in constant movement. If the girl is left-handed, give the injection in the right arm.
- Step 11 Encourage the girl to relax her arm. The injection is less painful if the arm is relaxed.
- Step 12 Clean the injection site using a swab and clean water.
- Step 13 Inject the entire contents of the syringe in the **deltoid muscle of the upper left arm** (figure below), unless the girl is left-handed, in which case inject into the right arm. Injections should be given at a perpendicular angle (90 degrees). If there is reduced muscle mass, the needle can be inserted slightly obliquely, using an angle greater than 65 degrees.
- Step 14 Place a cotton ball on the injection site and ask the girl to press it hard on the site of injection to prevent bleeding. **Do not massage the site of injection.**
- Step 15 **Do not recap the used syringe and needle.** Put used syringes and needles in the safety box.

Step
16

Thank the girl, and tell her the dates for her next dose of Gardasil. If it is the third dose, congratulate her. Stress the importance of getting all three doses as indicated. Ask the girl to rest nearby for 15 minutes to observe if she is dizzy or feels faint.

Step
17

Wash hands before administering vaccine to every client, or whenever necessary.



An auto-disable syringe should be used for each injection.



Girls not in schools the day of the vaccination will be given a slip/note to get the vaccine at the health facility, and the vaccination will be recorded at that site.



Gardasil should be administered intramuscularly, into the deltoid muscle of the upper arm.

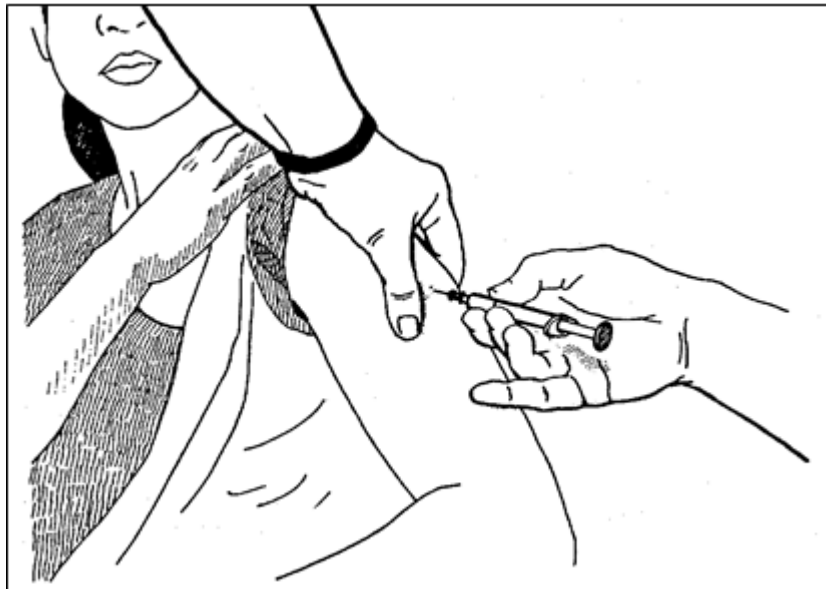
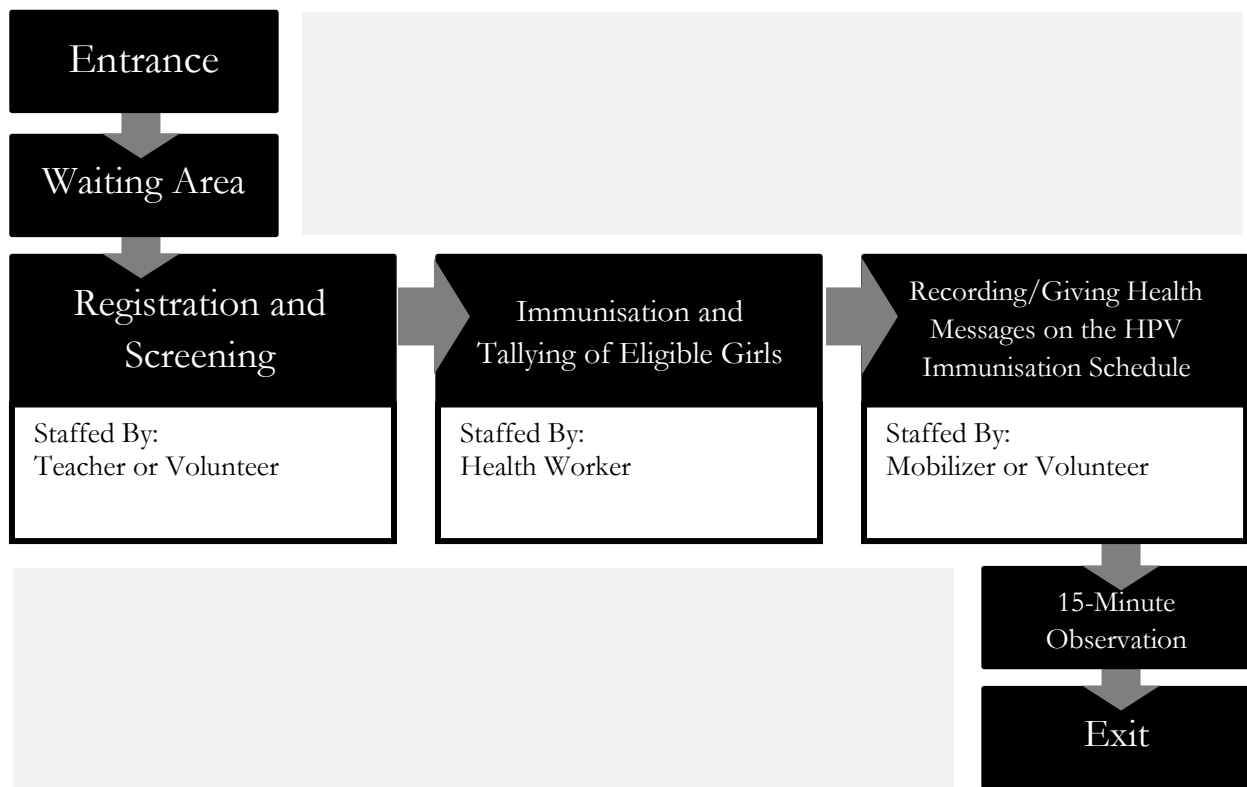


Illustration of a girl receiving the Gardasil vaccine against HPV

3.3 Example HPV Vaccination Flow



3.4 Short Messages for Girls and Parents Regarding HPV Vaccination

1. Tell the girl she is receiving the HPV vaccine that prevents cervical cancer.
2. Give her information on the number of doses (3) for her to be protected. Insist on the importance of completing all three doses according to the vaccination calendar.
3. Keep the arm relaxed to diminish the risk of swelling at the point of injection.
4. Remind the girl that nothing needs to be applied to the site of injection after vaccination. Swelling and pain might be present at the point of injection, but it is temporary.
5. **Observe the girl for at least 15 minutes after vaccination.**
6. Give the dates of the next doses.
7. Thank the girl for coming for the vaccine. When she finishes the third dose, congratulate her.

3.5 Safety of Injections during the Administration of Gardasil

Unsafe injections can transmit bloodborne diseases such as HIV/AIDS and hepatitis B. According to the WHO, a safe injection:

- Does not harm the recipient.
- Does not expose the provider to any avoidable risk.
- Does not result in any waste that is injurious to the community.

To ensure the safety of injections during the administration of Gardasil, please adhere to the following guidelines:

- Organize the vaccination materials on the table (vaccine carrier, AD syringes, cool boiled water, and cotton balls).
- Wash hands before beginning the vaccination session.
- Use a cotton ball soaked with cool boiled water to wash the girl's arm.
- Use a new syringe and needle for each girl.
- Carefully inspect the packaging of each syringe. Throw away all syringes with damaged packaging.
- Observe the non-touch technique (see figure below). Do not touch any part of the needle that has to come into contact with the vaccine or the client. Discard a needle that has touched any non-sterile surface.
- Draw the vaccine into the syringe only when the girl is ready for vaccination.
- Do not load multiple syringes in advance, in anticipation that many girls will come to the vaccination session.
- Avoid giving injections in places where there are wounds or signs of infections on the skin.
- Give the intramuscular injection according to recommendations (deltoid region of the arm).
- **Do not ever recap needles after use.**
- All syringes and needles should be immediately thrown away in the safety box.
- Avoid completely filling the safety box. Fill it only until it is $\frac{3}{4}$ full.
- Do not put cotton balls or used vials in the safety box.
- The filled safety boxes and other injection materials generated during the vaccination sessions must be taken to the incinerator at the district for proper disposal.
- Every vaccination location (static or outreach) should be left clean.

For more information on injection safety, refer to the "EPI Vaccination Manual."

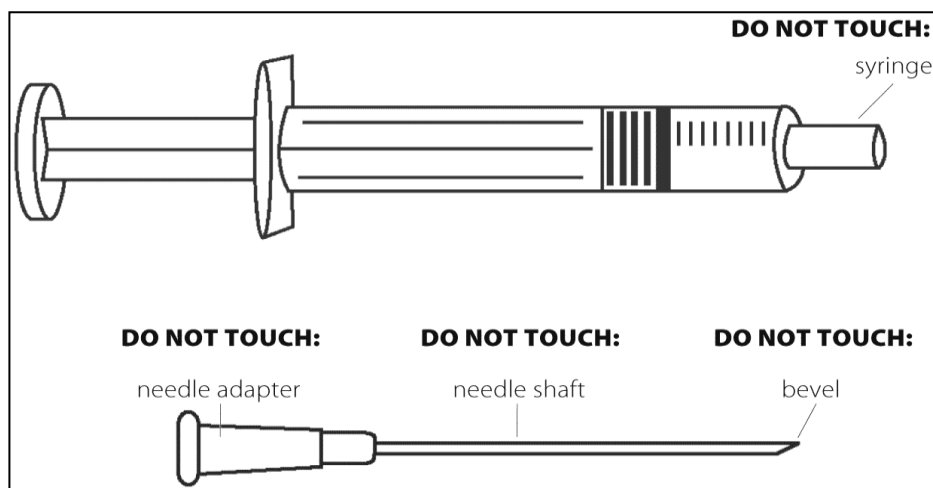


Figure: Parts of a needle and syringe that must never be touched

Adverse Events Following Immunization (AEFI)

4.1 What are AEFI?

The WHO defines AEFI as medical events that take place after immunization, cause concern, and are believed to be caused by immunization. Like all vaccinations, those who receive the Gardasil vaccine can present with AEFI in rare cases.

4.2 Important Notes on AEFI

- The vast majority of AEFI are not caused by the vaccine itself. Events linked to vaccination by coincidence can be falsely attributed to vaccination.
- Among the AEFI linked to vaccination, the most common are linked to programmatic errors.
- Most AEFI are minor.
- In rare cases, serious manifestations can result, and may be fatal.
- Whatever the severity of AEFI, it is important to treat them seriously. This applies to both medical treatment and communication, because AEFI can be the source of rumours about the vaccine programme which can compromise vaccination as a whole.

4.3 Your Role as a Health Worker at the Onset of an AEFI

1. Initiate care and immediate relief.
2. Speak directly and openly without being defensive to parents or teachers, and without admitting guilt (because the AEFI may have nothing to do with vaccination or the vaccine).
3. Inform your supervisor immediately (as soon as possible) by telephone, and fill out the case investigation form for AEFI (see chapter 5).
4. Obtain the basic information of the girl (medical history, family history, and personal history).

4.4 List of Emergency Drugs to Have

Most AEFI are minor, like headaches, muscle aches, nausea, or local reactions (redness, swelling, pain at the injection site) which can be resolved using Tylenol (Paracetamol) or other over-the-counter medications. In extremely rare cases, severe AEFI which necessitates immediate hospitalization can result, causing severe handicaps or even death of the patient. To prepare for major incidents, it is recommended that each vaccination session have an emergency tray with the following drugs. The District Medical Office should ensure these emergency trays are available at the health posts.

Table 6: List of Proposed Emergency Drugs for the Emergency Tray

Drugs	Supplies
Adrenaline (injectable)	Drinking water
Paracetamol	Needles and syringes
Chlorpheniramine	Intravenous cannulas
Hydrocortisone (HC IV)	Normal saline
Diazepam	5% Dextrose

Ensuring Vaccine Coverage

5.1 Monitoring HPV Vaccination

At least two weeks before the date of vaccination, the health workers should know the number of girls in grade 4 at each school, to calculate the doses of Gardasil needed to bring to the vaccination session. The day of vaccination, the school should have a complete list of girls in grade 4. This list should include each girl's name, date of birth, and name of household head. This will permit good organization of the vaccination session, ensure that all the girls are vaccinated, and ensure that only the girls who are supposed to be vaccinated are vaccinated.

5.2 HPV Vaccination Cards and Forms

It is important that all administered doses are correctly recorded to measure the progress of the vaccination program. You should use the following tools to collect data.

HPV vaccination card

There will be an HPV vaccination card for each girl who receives the HPV vaccine. The card will stay at the school and will be given to the girl after she receives all three vaccine doses. Cards for girls attending community school and cards for out-of-school girls will be kept at the health centre.

HPV vaccination register

You should create an HPV vaccination register for each school or immunization post, using the list of students eligible for vaccination. The register should be used to record the information on the vaccinations received by each girl. The register will be kept at the health facility. The register needs to be brought to each vaccination session. At the time of the second dose, bring the original register to the vaccination session to verify the girls that need their second dose. Any new girls beginning the three doses at this time will be added to the bottom of the register for that vaccination post. Remember to clearly mark the date of vaccination for dose one for every girl.

Form 1a: Tally sheet for HPV vaccination

For each girl who receives the vaccine, the dose is recorded on the tally sheet under her age. At the end of the vaccination session, the total administered doses in each age are calculated, and the numbers of doses wasted due to contamination or breakage are listed at the bottom of the tally sheet.

Each girl who receives the vaccine is represented by striking one zero on the tally sheet at the time of vaccination. Do not merely mark the vaccine doses used, as this would include any wasted doses and result in an inaccurate tally.

Form 1b: Health facility report form

This form is filled by the health facility in-charge to summarise the number of girls vaccinated by age. It is derived from form 1a (the tally sheets).

Form 1c: District report form

This form is filled by the district EPI focal person to summarise the number of girls vaccinated by age for the entire district. It is derived from form 1b (the health facility report form).

Case Investigation Form for AEFI

This form should be carried to all immunization sessions in case an AEFI occurs (see chapter 4).

Samples of the forms can be found in the following pages.

HPV VACCINATION REGISTER

District: _____

Name of school, outreach, or facility: _____

Serial No.	Child's Name	Date of Birth	Household Head Name	Village/ Residential Area	Class in School	Age at Dose 1	Date (dd/mm/yy) for		
							HPV1	HPV2	HPV3

FORM 1a: HPV TALLY SHEET

Use a separate tally sheet each day of vaccination. Tally sheet to record the number (No.) of HPV doses given on a single vaccination and ages of the girls.

Date of vaccination (DD/MM/YYYY):	District: _____ Health facility: _____ Vaccination post/outreach/school name: _____		
Age (years)	No. of HPV1 doses given	No. of HPV2 doses given	No. of HPV3 doses given
9	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000
	Subtotal 9yrHPV1=	9yrHPV2=	9yrHPV3=
10	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000
	10yrHPV1=	10yrHPV2=	10yrHPV3=
11	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000
	11yrHPV1=	11yrHPV2=	11yrHPV3=
12	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000
	12yrHPV1=	12yrHPV2=	12yrHPV3=
13	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000
	13yrHPV1=	13yrHPV2=	13yrHPV3=
14	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000
	14yrHPV1=	14yrHPV2=	14yrHPV3=
≥15	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000
	15yrHPV1=	15yrHPV2=	15yrHPV3=
Unknown	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000
	UknHPV1=	UknHPV2=	UknHPV3=
<i>OPTIONAL CHECK ROW(sum up columns)</i>	=	=	=

Wastage: i) Number of vials contaminated..... ii) Number of vials broken..... iii) Other.....

Number of vials taken from health centre..... Number of vials returned to health centre.....

Name of vaccinator..... Signature of vaccinator.....

FORM 1b: HEALTH FACILITY REPORT FORM

In-school girls

Date of vaccination report (DD/MM/YYYY):	District: _____ Health facility name: _____ HPV dose being reported: _____								
	8 years or below	9 years	10 years	11 years	12 years	13 years	14 years	15 and above	Unknown
HPV 1									
HPV 2									
HPV3									
	Notes/comments:								

Wastage: i) Number of vials contaminated: _____ ii) Number of vials broken: _____ iii) Other: _____

Total number of eligible girls in school: _____ Number of girls vaccinated in school: _____ Coverage: _____ (%)

Out-of-school girls

Date of vaccination report (DD/MM/YYYY):	District: _____ Health facility name: _____ HPV dose being reported: _____								
	8 years or below	9 years	10 years	11 years	12 years	13 years	14 years	15 and above	Unknown
HPV 1									
HPV 2									
HPV3									
	Notes/comments:								

Wastage: i) Number of vials contaminated: _____ ii) Number of vials broken: _____ iii) Other: _____

Total number of eligible girls in school: _____ Number of girls vaccinated in school: _____ Coverage: _____ (%)

Name and signature of the person compiling report: _____

Name and signature of the health facility in charge: _____

FORM 1c: DISTRICT REPORT FORM

In-school girls

Date of vaccination report (DD/MM/YYYY):	District: _____ Health facility name: _____ HPV dose being reported: _____								
	8 years or below	9 years	10 years	11 years	12 years	13 years	14 years	15 and above	Unknown
HPV 1									
HPV 2									
HPV3									
	Notes/comments:								

Wastage: i) Number of vials contaminated: _____ ii) Number of vials broken: _____ iii) Other: _____

Total number of eligible girls in school: _____ Number of girls vaccinated in school: _____ Coverage: _____ (%)

Out-of-school girls

Date of vaccination report (DD/MM/YYYY):	District: _____ Health facility name: _____ HPV dose being reported: _____								
	8 years or below	9 years	10 years	11 years	12 years	13 years	14 years	15 and above	Unknown
HPV 1									
HPV 2									
HPV3									
	Notes/comments:								

Wastage: i) Number of vials contaminated: _____ ii) Number of vials broken: _____ iii) Other: _____

Total number of eligible girls in school: _____ Number of girls vaccinated in school: _____ Coverage: _____ (%)

Name and signature of the person compiling report: _____

Name and signature of the health facility in charge: _____

CASE INVESTIGATION FORM FOR AEFI

Identification / Address

Case number:			
Patient's first name:		Family name:	
Address:			
Date of birth:	Age (if no DOB):	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Immunization History and Procedures

Date of vaccination:		Vaccination post (if applicable):	
Health facility:		Name of vaccinator:	
Vaccines given that day to the patient:	Manufacturer:	Batch number:	Expiry date:
1.			
2.			
3.			
Were the vaccines handled correctly at all times?		YES	NO
If no, please explain:			
Was the vaccination technique adequately sterile?		YES	NO
If no, please explain:			
How many other people received vaccine from the same batch?			

Medical History (tick which applies)

Local Reactions	Systemic reaction
Injection site abscess	Anaphylaxis
Severe local reaction (swelling extending >5cm from the injection site, or redness and swelling for more than 3 days)	Hospitalization thought to be related to vaccination
	Shock or collapse within 48 hours of vaccination
	Fever of >40.5 within 48 hours of vaccination
	Seizures within 3 days
	All deaths thought to be related to vaccination
	Other (please describe)
Details of symptoms:	
Date and time of onset of symptoms:	
Laboratory findings:	
Any history of reactions to previous vaccines, drug allergies, etc.?	
Treatment given and outcome:	
Information given to parents/caretakers:	

Cluster Details

Is this AEFI part of a cluster?	YES	NO
If yes, how many people who received vaccine from the same batch, post, or vaccinator fell ill?		
How many people fell ill at other immunization posts?		
AEFI investigated by (name):		
Health facility or district:		
Designation:		Date: