



Protecting and improving the nation's health

# Protecting children during outbreaks: immunisation in schools

Schools are the ideal setting to deliver immunisation programmes aimed at children from four years of age. Programmes delivered in schools achieve higher uptake than other settings because they are convenient and acceptable for both parents and students. We also have evidence that school-based delivery has reduced inequalities for example by reaching children who are not registered with a GP practice. Data analysis from the first three years of the routine HPV programme concluded that school-based delivery appears to be successful at achieving high and equitable coverage, and should, in due course, reduce inequalities in cervical cancer control in England.<sup>1</sup>

## Outbreaks

When outbreaks of an infectious disease like measles occur in a school setting there is an urgent need to offer children who are partially immunised or unimmunised the opportunity to be vaccinated. Offering immunisation in the school setting is the best way to achieve high uptake quickly, to protect individual children but also interrupt transmission in the school.

## Obtaining consent for immunisation during outbreaks

Informed consent can be written or verbal and in addition some young people are able to self-consent.

**1. Written consent:** In the routine school-based immunisation programmes an information leaflet and consent form is usually sent to the parent to complete and return as they are not present at the time of vaccination. In outbreak settings this process can be used and may be expedited by using email or electronic forms of consent. Consent forms should not act as a barrier to immunisation, they should be as simple to complete as possible.

Any information being collected about the child such as their health and immunisation status or medications being taken should be relevant to the immunisation being offered. Many teams report that schools have been willing to help in an outbreak situation by sending information and consent forms out on their email distribution lists. Email may also be a useful option for parents to return completed consent forms

**2. Verbal consent:** In outbreak situations, due to the quick turnaround time many children may not have written consent available on the day of the immunisation session. On the day school immunisation teams should attempt to make contact with the parent /guardian of the child and obtain consent over the phone. This approach has been very successfully implemented by some school immunisation teams and is a great way to maximise uptake. This strategy also has the added benefit of reducing inequalities by including people who are unable to complete written consent forms due to language or literacy issues. This is also a more efficient approach as it reduces the need for additional immunisation sessions at the school.

If an outbreak occurs in a community with a high proportion of non-English speakers, one option worth considering is holding an information session in a school or community venue with the support of community leaders and language services as appropriate. If feasible, immunisation could be delivered after the information session with the verbal consent of the parent.



**3. Self-consent:** As clearly outlined in the Green Book<sup>2</sup> some young people can self-consent. If a parent cannot be reached on the phone at the time of the immunisation session, self-consent should be used, where appropriate, to ensure the child is protected:

- **Young people aged 16 and 17** are presumed, in law, to be able to consent to their own medical treatment.
- **Younger children** who understand fully what is involved in the proposed procedure (referred to as ‘Gillick competent’) can also give consent, although ideally their parents will be involved. Although there is no lower age for Gillick competency as this will vary from child to child, some teams choose to reserve this option for senior school children.
- **If a person aged 16 or 17 or a Gillick-competent child** consents to treatment, a parent cannot override that consent.
- If the health professional taking consent felt a child was not Gillick-competent then the consent of someone with parental responsibility would be sought.
- **If a person aged 16 or 17 or a Gillick-competent child** refuses treatment that refusal should be accepted. It is unlikely that a person with parental responsibility could overrule such a refusal.

A number of local areas are already successfully using self-consent for young people aged 16-17 and Gillick-competent children in their school based programmes. Some teams advise parents in the information provided, that the young person will be offered the opportunity to self-consent if the completed consent form is not returned. Self-consent can also increase inclusion where parents have language or literacy issues and could also reduce the need for additional immunisation sessions at the school.

Where there is no record or it is unclear if the young person has previously received a dose of vaccine you should go ahead and immunise, as the benefit of protection is high and there is no harm in giving additional doses of vaccine.



## **i**mmunisation

Helping to protect everyone at every age

### References

1. Hughes A, Mesher D, White J, Soldan K. Coverage of the English National human papillomavirus (HPV) Immunisation Programme among 12 to 17 year-old females by area-level deprivation score, England, 2008 to 2011. *Euro Surveill.* 2014;19(2);pii=20677. <https://doi.org/10.2807/1560-7917.ES2014.19.2.20677>
2. The Green Book [www.gov.uk/government/publications/consent-the-green-book-chapter-2](http://www.gov.uk/government/publications/consent-the-green-book-chapter-2)

### Further information and resources

- Reference guide to consent for examination or treatment, Department of Health, published 4 August 2009. [www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition](http://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition)
- PHE School-aged immunisation PGDs: [www.gov.uk/government/collections/immunisation-patient-group-direction-pgd#school-age-immunisations](http://www.gov.uk/government/collections/immunisation-patient-group-direction-pgd#school-age-immunisations)
- Posters including Romanian, Czech, Arabic and Spanish language versions [www.gov.uk/government/publications/measles-outbreak](http://www.gov.uk/government/publications/measles-outbreak)

