

Human Papillomavirus (HPV) Vaccination

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What is Cervical Cancer?

Cervical cancer is the cancer of the lower end of the uterus, also known as the cervix.

About 99.7% of cervical cancers are caused by **persistent infection of the genital tract** by high-risk types of human papillomavirus.

HPV is the **most common viral infection** of the reproductive tract. While the majority of HPV infections are **asymptomatic and resolve spontaneously**, persistent infection with HPV may result in cervical cancer.

The global strategy to eliminate cervical cancer by 2030

- A vision of a world where **cervical cancer is eliminated** as a public health problem.

- A threshold of **4 cases per 1,00,000 women-years for elimination** as a public health problem.

- **90-70-90 targets must be met by 2030** for countries to be on the path towards cervical cancer elimination.

90%

of girls fully vaccinated with HPV vaccine by age 15 years.

70%

of women are screened with a high-performance test by 35 years of age and again by 45 years of age.

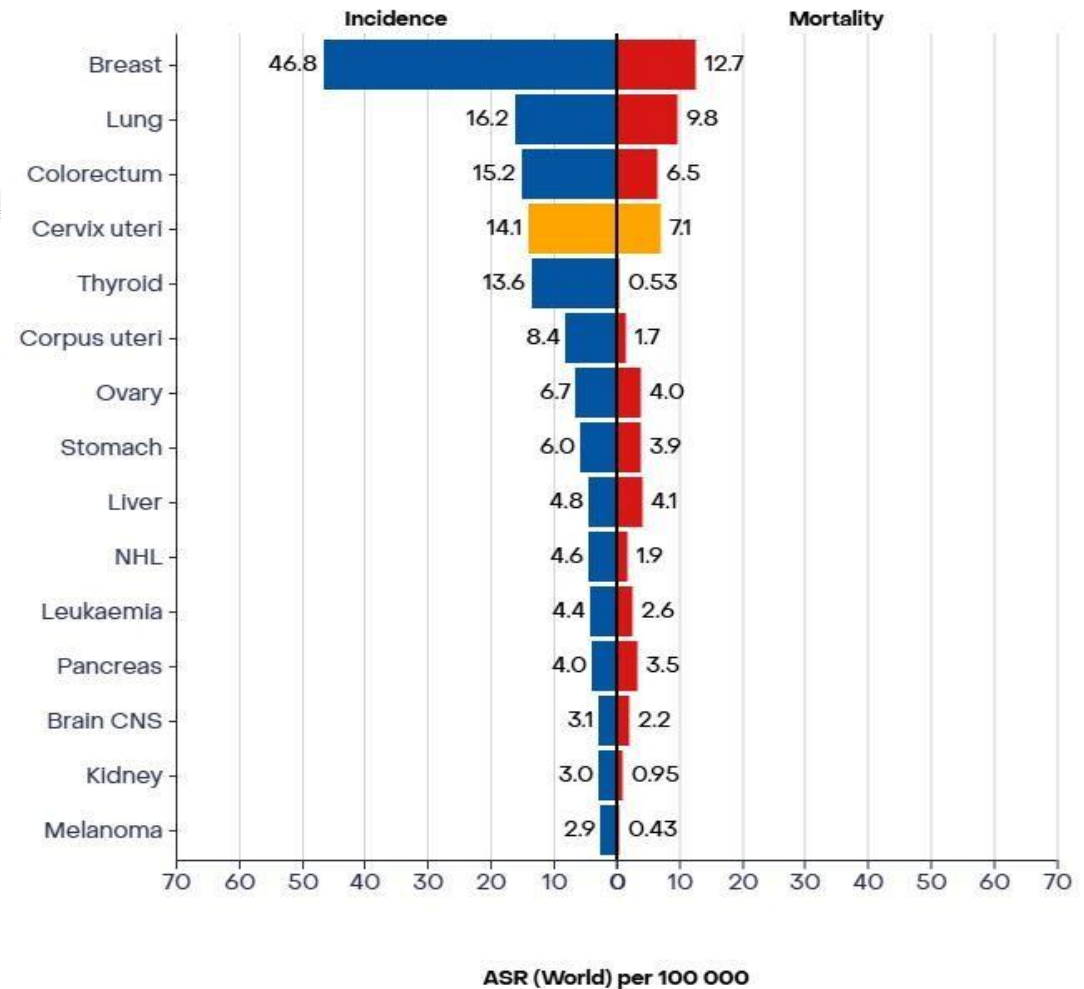
90%

of women identified with cervical disease receive treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed).



Global Scenario: Cervical Cancer- Globocan, 2022

- Globally, cervical cancer is the **fourth most common cancer among women** after breast, lung and colorectal cancer.
- Age-standardized estimates for cervical cancer (2022) were:
 - **Incidence:** 14.1 per 1,00,000 women years.
 - **Mortality:** 7.1 per 1,00,000 women years.
- Estimated **6,62,300** new cases and **3,48,874** deaths in 2022.
- Many of these cases will be in developing countries.
- Unless prevention and control measures for cervical cancer are **successfully implemented**, it is estimated that by 2030 , approximately **8,00,000** new cases of cervical cancer will be diagnosed annually.



ASR (World) per 100 000

Source: Globocan 2022. (Available at <http://gco.iarc.fr/>)

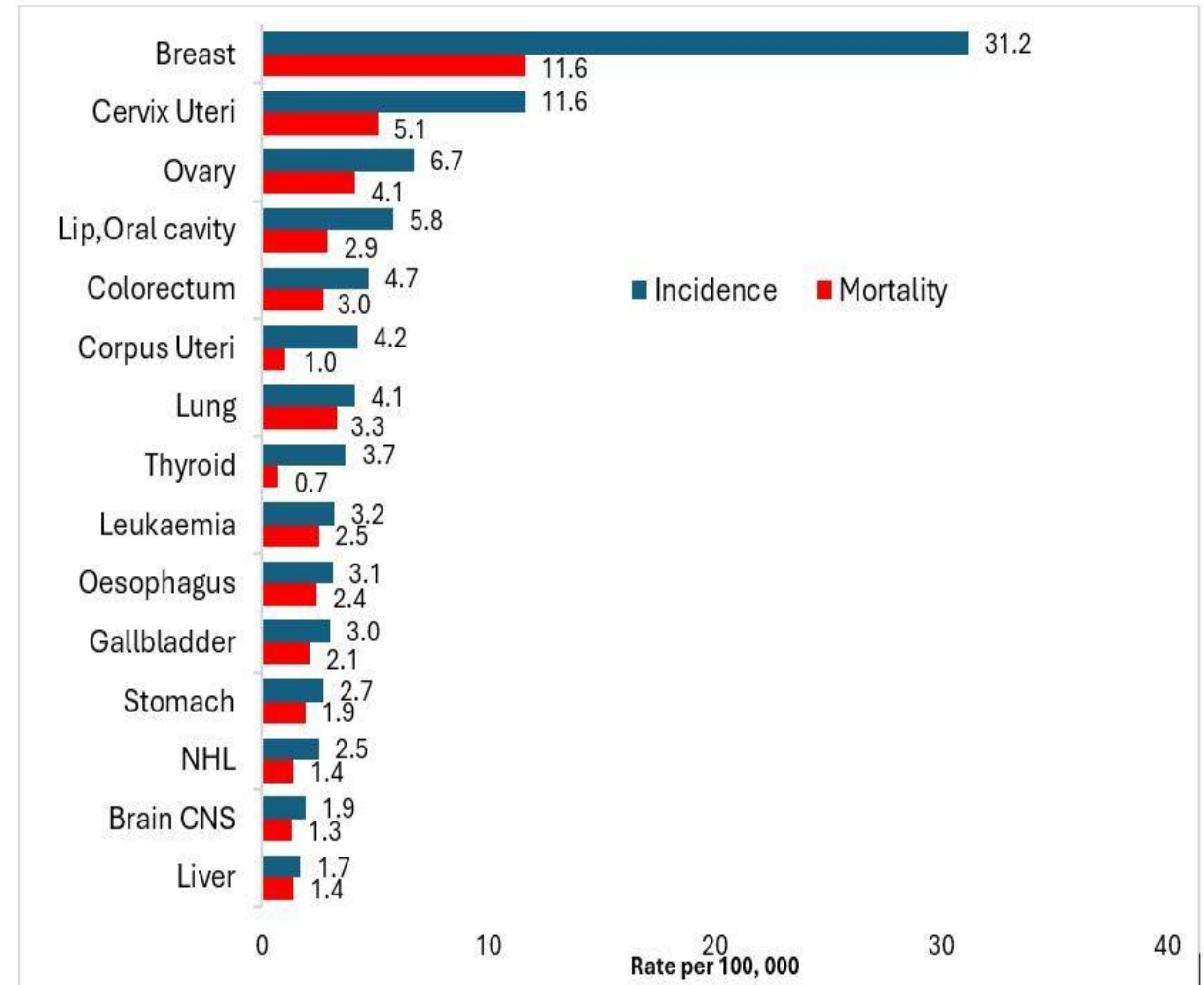


Click to Protect Lives



Indian Scenario: Cervical Cancer (NCRP-ICMR, 2022)

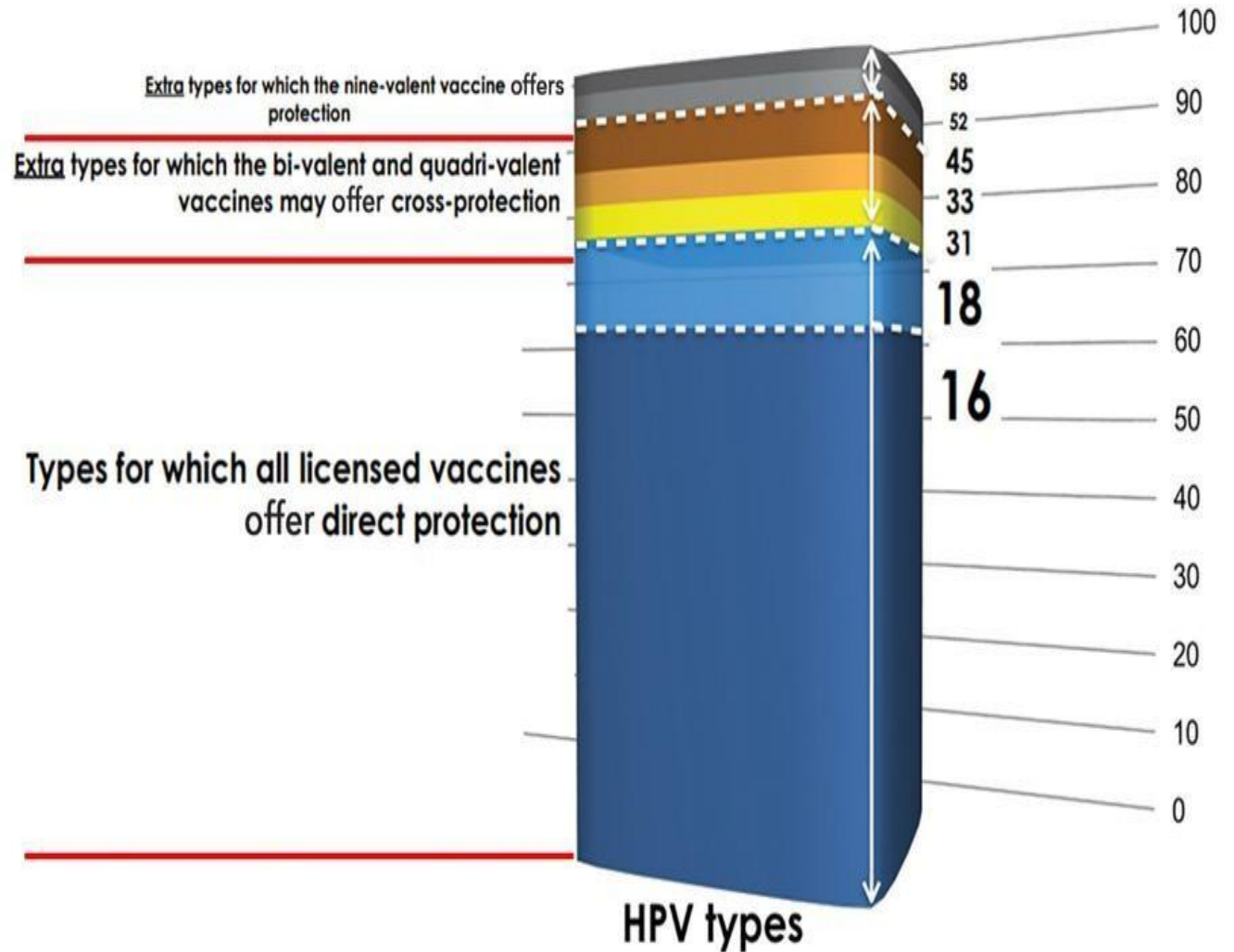
- The **2nd leading cancer** among women in India.
- Age-standardized estimates for **cancer of the cervix (2022)** were:
 - **Incidence:** 11.6 per 1,00,000 women years.
 - **Mortality:** 5.1 per 1,00,000 women years.
- In 2022, there were an estimated **79,103 new cases** and **34,805 deaths** due to cervical cancer.



Source: Sathishkumar K, Chaturvedi M, Das P, Stephen S, Mathur P. Cancer incidence estimates for 2022 & projection for 2025: Result from National Cancer Registry Programme, India. Indian J Med Res. 2022 Oct-Nov;156(4&5):598-607. doi: 10.4103/ijmr.ijmr_1821_22.

Human Papillomavirus (HPV)

- Belongs to the family *Papoviridae*
- Non-enveloped & contain a **double-stranded DNA genome**.
- More than 200 types:
 - **Low-risk types**
 - **High risk types: Currently 17 HPV types** are defined as high-risk (oncogenic) [16, 18, 45, 33, 58, 31, 52, 35, 59, 39, 56, 51, 68, 73, 26, 69, 82]
 - **HPV16 being the most oncogenic.** HPV16 and HPV18 together are responsible globally for **77%** of cases of cancer of the cervix in women.
 - In India, the attributable fraction of these two types is higher at **83%**, which makes it likely to have an even **better response with the quadrivalent HPV vaccines** than the global experience.



Vaccination Strategy

○ Vaccine:

- Gardasil 4 (quadrivalent: 6,11,16,18), +2° to +8°C, freeze sensitive, VVM 30, single-dose schedule, 0.5 ml IM, left upper arm.

○ Vaccination platform:

- **Government Health Facilities only** [AAM-PHCs, U-PHCs, CHCs, SDH, DH, GMC&H] with CCP, MO, Internet, Printer, Desktop/Laptop.

○ Vaccination Duration:

- HPV Campaign of 3 month on every day followed by only on routine session days at the same Health Facilities.

○ Target Population:

- Girls aged 14 years (those who have celebrated their 14th birthday but have not yet celebrated their 15th birthday). (During the campaign period - Age is 14 yrs to 15yrs + 90 days)
- 1% of the total population=Girls aged 14 years

○ Vaccination Team:

- Vaccinator (ANM/LHV/Nurse), Mobilizers (ASHA/AWW/Link worker), Verifier (Health Facility Staff), Volunteer (Field Monitor/Mahila Arogya Samiti/Jan Arogya Samiti/health staff).



Vaccination Strategy: Key Points

- **HPV vaccine is not a live virus vaccine:**
 - A non-live, recombinant vaccine; Contains Virus-like particles (VLPs), made from the outer shell of the HPV virus, but not the actual virus, non-infectious structures that mimic the outer shell of a virus, like the HPV virus, but lack the viral genetic material. Non live or attenuated virus so it cannot cause HPV infection.
- **Exclusion Criteria:**
 - Girls out of the target age group range under the current HPV vaccination programme
 - Pregnancy
 - Previously vaccinated (Gardasil/Cervavac/Cervarix 1 dose or 2 dose): but capture the status in U-WIN
 - Prior severe allergic reaction to the vaccine or any of its components (yeast)
 - Moderate to severe illness: vaccination should be postponed until they recovered
- **Why left arm for vaccination:** non-dominant arm and to maintain uniformity.
- **HPV vaccine may be given (co-administered)** at the same time with other routine vaccines (Td, MR, JE).
- HPV vaccine can be given to **any eligible girls (may be from different State)** who presents herself with parent/guardian at Vaccination Site for vaccination.
- **Finger Marking:** mark left index finger after vaccination.
- Girls & parents to be advised that **girls not to come on an empty stomach** to help prevent syncope (fainting).



Immunogenicity

- For a single-dose schedule, antibody titres have been shown to be stable for over 10 years, and the follow-up studies are ongoing. There is no evidence to suggest that a booster dose is needed after primary HPV vaccination.
- In clinical trials, a peak serum antibody titre was observed 4 weeks after the last dose.
- HPV vaccines are highly immunogenic and 93-100% effective in preventing cervical cancer. The serological response to vaccination is much stronger than the response after natural infection.

Details of HPV Vaccine

Brand name: Gardasil

Valency: Quadrivalent

Serotypes included: 6, 11, 16 and 18

Manufacturer: MSD

Date of WHO prequalification: 20 May 2009

Dose: 0.5 mL

Route: IM

Site: In left upper arm



Common adverse events following immunization (AEFIs) with HPV vaccine:

Minor AEFIs are very common, mild in severity, self-limiting, and resolve on their own within 2-3 days. Some examples are local pain, redness, and swelling at the injection site, fever, malaise, weakness, etc. Paracetamol in appropriate doses will provide relief. Severe and serious reactions are very rare.

Current status of the HPV Vaccination campaign

- Currently, HPV vaccination drive is going on in the following 5 health centres of the district:

1. Ayushman Arogya Mandir (AyAM) Molarband - MPCC Building Meethapur Chauk Near Hanuman Mandir Meethapur Badarpur Delhi-110044

2. DGD Sangam Vihar - D1 block Sangam Vihar

3. AyAM Gautampuri Molarband - M& CW gautampuri B Block Behind Aiims Ayurveda New Delhi 110044

4. SPUHC Tughlakabad Ext. - Tughlakabad Ext.

5. AyAM Srinivaspuri Maternity Home - Maternity Home, Behind Police Station Srinivaspuri, Srinivaspuri, Delhi - 110065.

. The HPV campaign will be conducted in all government dispensaries/health centres that have been allotted areas, details of which will be given later.

Roles & Responsibility - School

Step 1. Nomination of a nodal teacher for the campaign, awareness activities & dissemination of information regarding HPV vaccination among parents and students through school assemblies, WhatsApp groups and other appropriate communication channels. (Please go through the FAQs section)

Step 2. Coordination between nodal teacher & Medical officer In-charge (MOI/C)/nodal person of the tagged health centre (Tagging & details of tagged health centres will be shared again.

Step 3. Preparation of a line list of all eligible girls as per given age category studying in the school in the prescribed format and it must be mailed to tagged health centre & District Immunization Officer (DIO)

Step 4. Distribute and collect consent form from parents/guardians of eligible girls and ensure that the signed consent form and one Identity Card (Id) (Preferably Aadhar Card) must be available during the vaccination session. One Id Card is mandatory



Roles & Responsibility - School

Step 5. Finalize vaccination day with coordination with the MOI/C)/nodal person of the tagged health centre and inform the parents and eligible girls about the same.

Step 6. Vaccination of the eligible girls at the tagged health centre on the preplanned day of vaccination

HPV VACCINATION FAQs





What is cervical cancer?

- Cervical cancer is the **cancer of the lower end of the uterus, also known as the cervix.**
- **Around 99 . 7 %** of cervical cancers are due to the **Human Papilloma Virus (HPV)**. While majority of the HPV infections are asymptomatic and resolve spontaneously, persistent infection with HPV may lead to cervical cancer.



What are the signs and symptoms of cervical cancer?

Early-stage cervical cancer generally produces no signs or symptoms.

The earliest clinical features are:

- Vaginal bleeding after intercourse, between periods or after menopause
- Watery, bloody vaginal discharge that may be heavy and have a foul odor
- An unhealthy appearance on examination, irregular surface, bleeding on touch

Signs and symptoms of more advanced cervical cancer include:

- A frank growth on the cervix, which may extend to the vagina
- Pelvic pain or pain during intercourse
- Fistula formation
- Sciatic pain

What is the burden of cervical cancer in India?

- Cervical cancer is the **second leading** cancer amongst women in India.
- In 2022, there were an estimated **79,103 new cases** and **34,805 deaths** due to cervical cancer. (Source: NCRP-ICMR, 2022)
- The age-standardized estimates for cancer of the cervix (2022) were:
 - Incidence: **11.6 per 1,00,000** women years
 - Mortality: **5.1 per 1,00,000** women years



What is HPV and what are the types?

- HPV belongs to the family Papillomaviridae.
- It is a double-stranded **DNA virus**.
- More than **200 HPV types** are classified in high risk vs low-risk types.
- Currently **17 HPV types are defined as high-risk** (oncogenic) and cause cancer in humans (types 16, 18, 45, 33, 58, 31, 52, 35, 59, 39, 56, 51, 68, 73, 26, 69, and 82).
- HPV 16 and HPV18 together are responsible globally for 77% of cases of cervical cancer & **83% cases of cervical cancer in India**.



What is HPV infection?

- **Most common sexually transmitted infection (STI) of the reproductive tract &** causes a range of conditions in men and women.
- Most infections are asymptomatic & clear up without intervention within 1-2 years. Small percentage of infections with specific HPV types may persist & result in morphological lesions ranging from normal to different stages of pre cancer (cervical intraepithelial neoplasia: CIN-1, CIN-2, CIN-3) and invasive cervical cancer.
- Apart from cervical cancer, HPV infection can cause **anal cancer, oropharyngeal, vulvar, vaginal, penile cancers.**



How does the HPV infection spread?

- HPV infection passes easily between sexual partners. It can be transmitted through any intimate skin-to-skin genital contact, including vaginal, anal, or oral.
- HPV is presumed to be communicable during both acute and persistent infections.



Can HPV be passed from a mother to her child during pregnancy?

Though rare, HPV infection can pass through mother-to-child transmission when the infant passes through an infected birth canal. This usually clears through innate immunity but in some cases may result in recurrent respiratory papillomatosis in the larynx.



Why does the Global Strategy recommend HPV vaccines to be included in national immunization programmes?

- The priority purpose of HPV immunization is the prevention of **cervical cancer, which accounts for 82% of all HPV-related cancers.**
- Prevention of cervical cancer is best achieved through the immunization of girls before they become sexually active. It is estimated that implementation of this strategy could **prevent 6 Cr. cervical cancer cases and 4.5 Cr. deaths** over the next 100 years.



Can cervical cancer be prevented?

- The risk of cervical cancer **can be reduced by timely HPV vaccination and cervical screening**. The Human Papillomavirus (HPV) vaccine is being introduced to protect women from cervical cancer.
- HPV vaccine primarily prevents cancers caused by high-risk types – especially types 16 and 18, **which accounts for approximately 83% of cervical cancer cases in India**.



How does the HPV vaccine work?

The HPV vaccine (virus-like particles -VLPs), like any other vaccine, once introduced triggers an immune response, creating antibodies that protect against future infection by specific cancer-causing HPV types.



Does HPV vaccination provides Herd Effect/Herd Protection/Indirect Vaccine Effect?

Yes, HPV vaccine leads to a herd effect as per the evidence. When there is good coverage with HPV vaccine it leads to a herd effect, providing indirect protection to unvaccinated individuals by reducing the spread of the specific HPV-types.

- There is evidence of indirect protection of unvaccinated females through herd effects.
- In a number of countries, substantial decreases in cases of genital warts have occurred following the introduction of a national HPV immunization programme using quadrivalent vaccine, with reductions observed in unvaccinated young men in settings with female-only programmes, indicating herd protection.^{3,4}
- Achieving over 80% coverage in girls also reduces the risk of HPV infection for boys.



Does HPV vaccine provide lifelong protection against cervical cancer?

HPV Vaccine has been in the market since 2006. Data so far show that it offers long lasting protection, with current studies showing its effectiveness for over 12 years and potentially much longer with the initial proof-of-concept studies. The antibody levels plateau after 7 months in all studies and there is no evidence to suggest that a booster dose several years after the primary HPV vaccination is needed. However, data continues to be evaluated.

Analysis of a large multicentre, prospective, cohort study comparing 1-, 2- and 3-dose regimens of quadrivalent (Gardasil) vaccine in females aged 10–18 years, VE against HPV16/18 infections was high (>90%) for a median follow-up of 12 years post vaccination for all schedules.



How long does it take for antibodies to develop after receiving HPV vaccine?

In clinical trials, a peak serum antibody titre was observed 4 weeks after the last dose.



Which type of HPV infection can be prevented by the Quadrivalent HPV vaccine?

The Quadrivalent HPV vaccine protects against infection from **four HPV types**, including two **high-risk types** that cause most HPV related cancers (**types 16 & 18**) and two low-risk types that cause most genital warts (**types 6 & 11**).



Does the HPV vaccine prevent all types of cancer?

No. It primarily prevents cancers caused by high-risk HPV types — especially types 16 and 18, which account for approximately 83% of cervical cancer cases in India.



Can the quadrivalent vaccine treat HPV infections or HPV-related cancers?

No, the HPV vaccine is preventive. It does not treat HPV infection or HPV-related cancers and diseases.

Is the HPV vaccine a live vaccine?

- No, HPV vaccine is not a live virus vaccine.
- It is a non-live, recombinant vaccine which contains Virus-like particles (VLPs), but not the actual virus & lacks the viral genetic material.
- It cannot cause HPV infection



Which age group is eligible for HPV vaccination?

- Under the current GOI guidelines, **girls aged 14 years (those who have celebrated their 14th birthday but have not yet celebrated their 15th birthday) are eligible for HPV vaccine. (For the campaign upper age limit is 15 yrs + 90 days on the day of vaccination)**
- Due to limited global supply of the HPV vaccine, India is initially focusing on vaccinating a single age group—14-year-old girls to ensure that those who are about to cross the upper age limit (15 years) have the opportunity to get protected.



Why are only girls being vaccinated against HPV and not boys?

- NTAGI & WHO position paper has recommended HPV vaccination as the **tool for the prevention of cervical cancer** and recommended Girls as primary target population for HPV vaccination.
- Achieving **over 80% coverage in girls** will reduce the risk of HPV infection for boys.



What is the dose, route, site of administration and dose schedule for the HPV vaccine?

- The quadrivalent HPV vaccine (Gardasil) is a liquid vaccine administered as a **single 0.5 ml intramuscular dose in the left upper arm at 14 years of age.**
- Government of India has chosen a **single dose schedule** HPV vaccine over two- or three-dose schedule, as it offers **comparable efficacy and duration** of protection to a two-dose schedule.



Why is Government of India (GoI) using Gardasil 4 vaccine instead of Gardasil 9 vaccine in its HPV vaccination campaign?

The primary objective of HPV vaccination is to prevent cervical cancer, which accounts for 82% of all HPV-related cancers. Gardasil 4 provides protection against four HPV types (6, 11, 16, and 18), while Gardasil 9 extends protection to nine types (6, 11, 16, 18, 31, 33, 45, 52, and 58). Despite the broader protection of Gardasil 9, HPV 16 and 18 alone contribute to approximately 83% of cervical cancer cases in India. Thus, by focusing on the high-risk strains, the government's strategy is a highly effective approach to reducing the overall disease burden.



Does Gardasil (qHPV) vaccine provides cross-protection for types in nonavalent vaccine (31,33, 45, 52 and 58)?

Yes, qHPV vaccine provides partial cross-protection against these HPV types not included in the vaccine.

How effective are HPV vaccines?

93-100% in preventing cervical cancer, HPV vaccines are highly immunogenic. The serological response to vaccination is much stronger than the response after natural infection.



What is the duration of protection after quadrivalent HPV vaccine single dose?

For a single-dose schedule, antibody titres have been shown to be stable for over 10 years, and the follow-up studies are ongoing. There is no evidence to suggest that a booster dose is needed after primary HPV vaccination.



Are HPV vaccines safe?

- Yes. As with all vaccines, the safety and effectiveness of HPV vaccines is monitored very carefully.
- Studies have demonstrated the safety and effectiveness of HPV vaccines.
- Since licensure in 2006, **over 50 Cr. doses of HPV vaccines have been distributed (data as of Dec 2022).**
- Post-licensure surveillance has detected no serious safety issues to date except rare reports of anaphylaxis.



Is it safe to vaccinate a girl during menstruation?

Yes. The HPV vaccine does not affect the periods. It is safe to vaccinate with HPV vaccine if the girl is menstruating.



Will HPV vaccination affect a girl's fertility? Will it affect her chances of getting pregnant later?

No, the vaccine has no impact on fertility or future pregnancies.



Can HPV vaccine be given during pregnancy?

- No. The HPV vaccines are **not recommended** for use in pregnant women.
- However, in 16 RCTs including more than 25,000 participants, no specific safety concerns were identified for the outcome of pregnancy, spontaneous abortion, miscarriage, stillbirths or fetal development.



Can HPV vaccine be given while breastfeeding?

Yes, the HPV Vaccine is **safe while breastfeeding**. HPV vaccines given to lactating women do not affect the safety of breastfeeding for mothers or infants.



Can the HPV vaccine be co-administered with other vaccines?

Yes, the HPV vaccine can be **safely co-administered** with other routine vaccines such as Td, MR and JE.



Does family history of cervical cancer affect a girl's eligibility for the HPV vaccine?

No, family history of cervical cancer does not affect a girl's eligibility for the HPV vaccine.



What are the contraindications for HPV vaccination?

- A girl with moderate or severe illness should wait until she is recovered.
- Those who had an allergic reaction to previous vaccination or are known to be allergic to **yeast** should avoid getting vaccinated.
- Pregnancy
- Girls out of the target age group range under the current HPV vaccination programme
- Previously vaccinated. If already received HPV vaccine, the vaccination status needs to be updated in U-WIN.



Should the HPV vaccine be given to an eligible girl visiting from other states?

Yes, HPV vaccine should be given to all eligible girls, irrespective of the state they are coming from provided they haven't received any dose of HPV vaccine anywhere.



Do women need to get screened for cervical cancer if they have been vaccinated?

Yes, even if they have received the HPV vaccine, they **still need regular screening for cervical cancer** as recommended by the health care provider.



Can someone with abnormal pap smear results take the HPV vaccine?

Yes, but it won't treat abnormalities. It can still offer protection from other HPV types.



I am already exposed to HPV; can I take the vaccine?

- You may not know you are already exposed to HPV unless it is established by medical diagnosis.
- If you are in the recommended age, you are encouraged to take the HPV vaccine, though it may not halt the progress of the disease due to already existing HPV exposure from sexual activity.



I have already taken HPV vaccine; can I still get HPV infection or cervical cancer?

Yes, even if you have received the HPV vaccine, you can still get HPV infection or cervical cancer, which are caused by non-vaccine types of viruses.



Does the vaccine also protect against genital warts?

Yes, quadrivalent vaccine being provided under the government campaign protects against **HPV types (6&11)** that cause genital warts.



If an eligible girl is already given a licensed HPV vaccine in private sector and the parents insists for the quadrivalent dose again under the campaign, do we vaccinate her?

No, as per the GoI guidelines, any girl already received any licensed HPV vaccine shouldn't be given the quadrivalent vaccine in the campaign if it is confirmed that she is vaccinated with one dose of any HPV vaccine.



What if we vaccinated any eligible girl with the quadrivalent vaccine under the campaign and later the parents disclose that she was already vaccinated against HPV in private?

In such cases, we need to counsel and convince the parents that they need not worry. Even if the girl was previously vaccinated against HPV with any licensed vaccine, **there is no harm** and the girl will still be protected from HPV infection.



What to do in case of Non-Availability of Eligible Identity Card for HPV Vaccination ?

In case of non-availability of any eligible ID card for age verification of girls aged 14 years, a parental undertaking should be taken and uploaded on U-WIN.

Undertaking Form UNDERTAKING FOR NON-AVAILABILITY OF ELIGIBILITY IDENTITY CARD FOR VACCINATION

To:
Vaccinator / Medical Officer

(Name & Address of Vaccination Centre/Session Site)

Subject: Undertaking Regarding Eligible Non-Availability of Identity Card

Sir/Madam,

I, _____ [name] residing at _____,
do hereby solemnly affirm and declare as under:

1. That my daughter, _____ [name] is desirous of receiving the _____ [name of the vaccine] at your vaccination centre/session site. To the best of my knowledge, the age of [my daughter] is _____ years.
2. That I am currently not in possession of any eligible identity cards such as Aadhaar Card, PAN Card, Ration Card, Voter ID, Passport, MCP card, School ID, Transfer Certificate, Driving License, Bank Passbook or any other valid eligible identification document to establish _____ [my daughter's] true and valid identity.
3. That I undertake and affirm that the details provided by me for the purpose of vaccination are true and correct to the best of my knowledge and belief.
4. That I understand the importance of accurate information for record-keeping and future reference and undertake to provide my child's identity proof at the earliest possible opportunity, as and when made available to me.
5. That I shall not hold the vaccination centre or its staff responsible for any consequences arising due to the non-availability of my identity proof at the time of vaccination.

I request you to kindly allow me to proceed with the vaccination based on this undertaking.

Date:
Place:

Yours sincerely,

(Signature _____)

(Full Name _____)

(Address _____)

(Mobile Number _____)



Are the HPV vaccines safe?

Yes, the HPV vaccine is very safe. Studies have demonstrated the safety and effectiveness of HPV vaccines. Like other vaccines, it may cause mild side effects such as pain or swelling where the injection is given, but these go away in 2–3 days.



Is the HPV vaccine expensive?

Yes, HPV is an expensive vaccine. At present, the cost of one dose is approx. Rs. 4000.00 in the private sector.



Should the girl wait for 30 minutes after getting the HPV vaccine?

Do we need to observe the beneficiary after vaccination?

Yes. After getting the HPV vaccine, the girl should wait at the session site for 30 minutes. This is to watch for any immediate adverse effects.



A girl is given one dose in private with the Quadrivalent vaccine, where they have a 2-dose schedule. Now, she has come during the campaign to get 2nd dose of the quadrivalent vaccine free of cost. Shall we give her the dose of Quadrivalent vaccine & record in our system as vaccinated?

No, as per the guidelines, any girl given any licensed HPV vaccine anywhere shouldn't be vaccinated in the campaign against HPV, if the vaccination is confirmed.



We have already vaccinated our daughter against HPV in private facility with 2 doses at 9 and 10 years of age. Do we need to again vaccinate our daughter with Quadrivalent vaccine in the campaign?

No, your daughter is already protected against HPV and there is no need to revaccinate her now.



How many countries have introduced HPV vaccine?

As of December 2025, **159 countries** have introduced the HPV vaccine in their national immunization programmes.

 Can adolescent girls younger than 14 years receive the HPV vaccine?

No. Under the programme, Girls who are 14 years of age but have not yet completed 15 years are eligible for HPV vaccination.

 Where should the finger marking be done after administering the HPV vaccine?

After the HPV vaccine is administered, the **left index finger** of the vaccinated girl should be marked.



How can a girl be registered for HPV vaccination on the U-WIN platform?

There are **two ways** to register:

➤ **Citizen Portal/Self-Registration:**

A parent or guardian (primary member) can register the girl for HPV vaccination by logging into the U-WIN portal at: uwin.mohfw.gov.in.

➤ **Onsite Registration:**

If not registered earlier, the girl can also be registered directly at the vaccination site by the health worker using the consent details.



What is U-WIN Consent Process for HPV Vaccine?

The screenshot shows a web browser window with the U-WIN portal interface. The header includes the U-WIN logo, the Ministry of Health and Family Welfare logo, and the text "Ministry of Health and Family Welfare". The main content is a "Consent Notice" pop-up window. The notice text is as follows:

I, the data principal (Pregnant Woman/Parent/Guardian), understand that U-WIN portal may collect my and/or my child's personal sensitive information (name, child's name, date of birth, gender, ID number, mobile number etc.) strictly to register and manage vaccination appointments, vaccine administration, database management and certificate generation.

1. I understand that my and/or my child's personal data may be collected only with my valid consent, and that it may be used or processed only in accordance with the [Digital Personal Data Protection Act, 2023](#).
2. I understand that I have certain rights that I enjoy as a data principal over my and/or my child's personal data, in relation to its collection, use and processing. These rights relate to confirmation and access, correction and erasure, objection of disclosure, and portability of such personal data. These rights are available to me in the manner set out in the DPDP Act, 2023 and the [Privacy Policy](#) issued by Ministry of Health and Family Welfare, Government of India.
3. I understand that I can withdraw my consent for all or any of the purposes at any time by and on withdrawal of my consent, the processing of my shared information will stop, however, any personal data already been processed shall remain unaffected on such withdrawal of consent.
4. I am also aware that my and/or my child's personal information may be used and/or shared for purposes of providing services/benefits as may be notified by Government of India.
5. I am aware about the risk and benefits of the vaccine(s) being given. I consent to the vaccination(s) being given either to me or to my child.

I have read the consent notice provided above.

At the bottom right of the pop-up is a blue button labeled "Agree".

Consent message will pop up at the time of login, which user has to acknowledge and adhere.



What is the process of self-registration for the HPV vaccine?

On the login homepage, beneficiaries can be registered on U-WIN portal.

Booking Flow

U-WIN | Ministry of Health and Family Welfare

English | Logout

Registered Mobile Number :xxx-xxx-4536 | View Vaccination Details | Raise an Issue

Hello, **Manisha CH**
Great to see you here, complete your vaccination journey.
[National Immunization Schedule](#)

Book Appointment

Member Details

Primary Member
Sheela Nigam CH

Linked Member
Kiran Krishna CH
Keerthi Nigam CH
Karthikeya CH
Manisha CH
Bhargav Kumari CH
Manisha Sahoo CH
Deepthi Nigam CH

Add Member

Vaccination Services | **Create ABHA**

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Manisha CH
Adolescent
Ref ID : 25356547898965
Date of Birth : 19-02-2012
ABHA ID : [Create ABHA](#)
Linked Mother/ Father/ Guardian : Sheela Nigam CH
Relation : Mother

October 2021

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Dose TD 2 6/12/2024



How can a girl or her parent get the vaccination certificate after receiving the HPV vaccine?

After receiving the HPV vaccine, the vaccination certificate will be downloaded from the U-WIN portal and the hard copy will be handed over to the beneficiary/caregiver.



What are the contraindications for HPV vaccination?

The contraindications to the HPV vaccine are hypersensitivity (anaphylaxis, allergic reactions) to the active substances or to any of the excipients of the vaccine. Safety in pregnancy is not established.



What should be done if a girl experiences any adverse effects after receiving the HPV?

If any adverse effects occur after vaccination, the girl should be **referred to the nearest government health facility immediately**. The caregiver can also call the State Helpline number, for further guidance.



Why are anxiety reactions common among girls after getting the vaccine?

Anxiety reactions can occur due to fear of injections and the pain related to needle pricks. While anyone can suffer from anxiety, it is commonly reported among adolescents. Clusters of anxiety reactions have been reported during immunization campaign sessions held in schools.



I have already taken HPV vaccine; can I still get HPV infection or cervical cancer?

Yes, even if you have received the HPV vaccine, you can still get an HPV infection or cervical cancer, which are caused by non-vaccine types of viruses.



Is single-dose HPV vaccine effective?

Currently, one dose of HPV vaccine (**Gardasil-4 & Gardasil-9 & Cervarix**) in young girls is effective and provides sufficient protection against persistent HPV infection.