

Dear Parent/Guardian,

In 2009, the District of Columbia passed a law, DC Law 17-10 Human Papillomavirus Vaccinations and Reporting Act of 2007 that requires students enrolling in grades 6 through 12 for the first time at a school in the District of Columbia to submit certification that the student has:

1. Received the Human Papillomavirus (HPV) vaccine; or
2. Not received the HPV vaccine this school year because:
 - a. The parent or guardian has objected in good faith and in writing to the chief of the school that the vaccination would violate his or her religious faith;
 - b. The student's physician, his or her representative or the public health authorities has provided the school with written certification that the vaccination is medically inadvisable; or
 - c. The parent or guardian, at his or her discretion, has elected to opt out of the HPV vaccination program by signing a declaration that the parent or legal guardian has been informed of the HPV vaccination requirement and has elected not to participate.

Each year, health care providers diagnose more than 32,000 new cases of cancer related to HPV. The HPV vaccine can help protect your child from nine HPV-associated cancers including cervical cancer in women, and cancers found in the mouth and throat in men and women. As parents/guardians, you make many decisions to keep your children free from disease. Being informed about HPV is an important decision. The HPV vaccine is safe and can help protect your child from cancer; it works best when it is given to a child prior to exposure to the virus. The vaccine can be given at the same time as other recommended vaccines and is administered in a two- or three-dose series, depending on your child's age when the vaccine series is started. It is important to complete the series.

Please review the information provided on the reverse side of this letter. After reading the information, as a parent/guardian, you may choose to have your child vaccinated or to Opt-out of the HPV vaccine school requirement. However, DC Health strongly proposes that children be vaccinated as recommended by the Centers for Disease Control and Prevention (CDC).

Contact your health care provider to determine when your child can receive the vaccine series. Take this opportunity to discuss HPV and other vaccines with the provider.

If you require additional information, contact the DC Health Immunization Program at (202) 576-7130.

HUMAN PAPILLOMAVIRUS

WHAT IS HUMAN PAPILLOMAVIRUS (HPV)?

Human Papillomavirus (HPV) is a common family of viruses that causes infection of the skin or mucous membranes of various parts of the body. There are over 100 different types of HPV viruses. Different types of HPV infections affect different areas of the body. For instance, some types can lead to abnormal cells on the cervix, vulva, anus, penis, mouth, and throat, sometimes leading to cancer.

WHAT ARE THE SYMPTOMS?

Most people with HPV do not develop symptoms or health problems. In 90% of cases, the body's immune system clears HPV naturally within two years.

HOW COMMON IS HPV?

HPV is very common. It will infect most people at some point in their lives. Most infected people do not know it. Most HPV infections go away on their own without lasting health problems. However, there is no way to know which infections will turn into cancer or other health problems.

HOW IS HPV SPREAD?

Exposure to HPV can happen with any kind of adolescent experimentation that involves genital contact with someone who has HPV - intercourse isn't necessary, but it is the most common way to get the virus. Because HPV often has no visible signs or symptoms, anyone can get the virus or pass the virus on without knowing it.

IS THERE TREATMENT FOR HPV?

Once a person is infected, there is no treatment for HPV infections, but there are treatments for the HPV-related diseases such as genital warts and certain cancers that may develop. Most infections will clear on their own, but there is no way to know who will develop cancer or other health problems. Prevention is better than treatment.

HOW CAN HPV BE PREVENTED?

The best way to prevent HPV infection is to get vaccinated with the HPV vaccine. The vaccine can prevent the HPV types that cause cervical cancer in women and genital warts and certain other cancers in both males and females.

IS THE HPV VACCINE SAFE?

HPV vaccine has been shown to be very safe. Every vaccine used in the United States is required to go through rigorous safety testing before licensure by the Food and Drug Administration (FDA). People who have had a life-threatening



allergic reaction to yeast, or are pregnant, have a moderate to severe illness should not receive the vaccine. Side effects are generally mild and may include a sore arm, fever, and redness and tenderness at the injection site.

WHO SHOULD GET THE HPV VACCINE?

Doctors recommend that boys and girls get HPV vaccine at age 11 or 12 for the best protection from HPV cancers. The vaccine can be given as early as age 9. The vaccine is given in two shots if started before age 15 years, with 6 to 12 months between shots. Teens who start the series later or have a weak immune system will need 3 shots.

Vaccination is not a substitute for cervical cancer screening. This vaccine does not protect against all HPV types that can cause cervical cancer. Women should still get regular Pap tests.

HOW CAN I PROTECT MY CHILD FROM HPV DISEASE?

Don't wait to vaccinate. Talk to your health-care provider today about protecting your son or daughter from HPV infection.

WHERE CAN I GET MORE INFORMATION?

- Your health care provider
- DC Health Immunization Program at (202) 576-7130
- Centers for Disease Control and Prevention (CDC) at 1-800-CDC-INFO (1-800-232-4636) or [cdc.gov/hpv](https://www.cdc.gov/hpv)

SOURCES

American College of Obstetrics and Gynecologists (ACOG) Committee on Adolescent Health Care, Fact Sheet: Human Papillomavirus. [acog.org](https://www.acog.org)

CDC Vaccine Safety Information for Parents. [cdc.gov/vaccinesafety/populations/parents.html](https://www.cdc.gov/vaccinesafety/populations/parents.html)

CDC. National Center for Immunizations and Respiratory Diseases. HPV Vaccine-Questions and Answers. [cdc.gov/hpv/parents/questions-answers.html](https://www.cdc.gov/hpv/parents/questions-answers.html)

Immunization Action Coalition's vaccine information website: [vaccineinformation.org](https://www.vaccineinformation.org)

Annual Human Papillomavirus (HPV) Vaccination Opt-Out Certificate

<p>Instructions for completing HPV Vaccination Opt-Out Certificate <i>(Return Completed Certificate to school, keep copy of information sheet for your reference)</i></p> <p>SECTION 1: Before signing, read the information sheet on HPV and the HPV Vaccine.</p> <p>SECTION 2: Parent/guardian or student (if 18 years of age or older) sign and date after reading the HPV Information Statement.</p>			
<p>SECTION 2: Student Information</p>			
School Name:			
Student Name:		Date of Birth:	Grade:
Student Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary			
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American		<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Asian
Ethnicity: <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Non-Hispanic/Non-Latino	
Street Address:			
City:	State:	Zip Code:	Phone:
Name of Health Care Provider:			
Street Address of Health Care Provider:			
City:	State:	Zip Code:	Phone:
<p>My child's health care provider recommended the HPV vaccine. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Annual Opt-Out for Human Papillomavirus (HPV) Vaccine</p> <p>I have received and reviewed the benefits of the HPV vaccine in preventing cervical cancer and genital warts if it is given to preteen girls and boys. After reviewing the information about the risk of contracting HPV and the link between HPV and cervical cancer, other cancers and genital warts, I have decided to opt-out of the HPV requirement for the above named student. I know that I may revisit this decision at any time during the recommended vaccination window and complete the required vaccinations.</p>			
_____		_____	
Signature of Parent/Legal Guardian or Student if 18 years of age or older		Date	
_____		_____	
Print Name of Parent/Legal Guardian or Student if 18 years of age or older		Date	

(SY 2024–2025)