Participant ID | Initials

# Parental paediatric information sheet and consent form

**Study Title**: Optimising DTP-Containing Vaccine Infant Immunisation Schedules in Uganda.

**Internal Reference Number / Short title:** 2019-04 /OPTIMMS-Uganda

**Investigational medication:** WHO EPI Vaccines

**Sponsor:** University of Oxford

**Funder:** The Bill and Melinda Gates Foundation

**Investigator: Prof Alison Elliott**

## Why are vaccines important?

Vaccines help protect our bodies against diseases. When a child comes into contact with a disease against which they have been vaccinated, their body will be able to recognise and fight the disease. Without vaccines, children are at increased risk of catching many serious diseases.

## Why do we want to do a study?

The World Health Organization (WHO) recommends that all children receive a number of different vaccines at specific ages. One of the vaccines recommended protects against 5 diseases called diphtheria, tetanus, whooping cough, hepatitis and a bug called Haemophilus influenzae type b (Hib) which can cause pneumonia and meningitis. This vaccine is sometimes called a DTP-containing vaccine. Many countries around the world give this vaccine at different time points and it is not known which schedule is best.



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The purpose of this study is to help identify the best possible schedule or schedules, which will provide the best level of protection against the diseases in the DTP-containing vaccine when children are young. To do this, the DTP-containing vaccine will be given according to 5 different schedules, with a booster at 9 or 12 months of age. All of these schedules have been proven safe and effective. The 5 schedules will be compared to see if any one schedule is better than the others. The results of this study will be used to make informed clinical decisions to help develop potential new childhood vaccination schedules

Your child will receive all the other vaccines and medications which are currently given routinely; Polio vaccines, Pneumococcal vaccine, Rotavirus vaccine, Measles and Rubella vaccine, Vitamin A supplementation and deworming. Additionally, we will give vaccines for typhoid, yellow fever and chicken pox. The study doctor/nurse will talk to you about all the vaccines that your child receives. All vaccines will be given according to the different schedules (See table 1)

The study will be conducted in 2 countries (Uganda and Nepal). Approximately 900 babies will be enrolled in each country.

**What does the study involve?**

The study involves your child attending for up to 3 more visits than they usually would over the same time frame, for vaccinations. They may have up to 4 blood tests. They will also receive, with your permission, 2 additional vaccines (for typhoid and yellow

fever) which they would not usually receive and will protect them against two additional diseases which are common in childhood and can result in hospital admission.

If you decide that you want your child to take part, you will be asked to sign an informed consent form. You will be given a copy of the signed form to keep, and the original will stay at the study centre.

The study consists of 2 parts; the main study (Table 1) and the booster study (Table 2). During the study, you and your child will attend up to 10 visits at the study centre over a 2-year period, depending on the vaccination schedule your child is allocated to. The study team will also monitor the growth of your child and draw no more than 4 samples of blood to assess the body's response to the vaccine.

At the first visit, the study doctor will record your child's date of birth, gender and race/ethnicity and ask you some questions about your child's medical history and current health status. Your child will be assigned to a study vaccination schedule group and one of 4 booster groups. He/she will have an equal chance of being assigned to any of the different vaccine schedules and booster groups. This will be determined at random by a computer. No one will influence which schedule your child follows during the study. We will explain in more detail the schedule your child has been allocated to. Your child will then either receive their first set of vaccines or be asked to come back at 8 weeks of age. The study doctor/nurse will give you a health card and this will show the different time points your child will come for study visits.



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At each study visit a physical examination will be performed to check your child's overall health; if needed they will take a blood sample and give any vaccines that are due. The study doctor will also ask about any changes in your child's health and usual medications since the last study visit.

**Table 1: Main study: 5 vaccines schedules**

| **Schedule One** | | | |
|---|---|---|---|
| **6 weeks** | **10 weeks** | **14 weeks** | |
| Consent & randomisation<br><br>**DTP-containing vaccine**<br>**Pneumococcal vaccine**<br>**Oral polio vaccine**<br>**Rotavirus vaccine** | **DTP-containing vaccine**<br>**Oral polio vaccine**<br>**Rotavirus vaccine** | **DTP-containing vaccine**<br>**Pneumococcal vaccine**<br>**Oral & injectable polio vaccine** | |

| **Schedule Two** | | | |
|---|---|---|---|
| **6 weeks** | **10 weeks** | **14 weeks** | |
| Consent & randomisation<br><br>**DTP-containing vaccine**<br>**Pneumococcal vaccine**<br>**Oral polio vaccine**<br>**Rotavirus vaccine** | **Oral polio vaccine** | **DTP-containing vaccine**<br>**Pneumococcal vaccine**<br>**Oral & injectable polio vaccine**<br>**Rotavirus vaccine** | |

| **Schedule Three** |
|---|



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| 6 weeks | 8 weeks | 16 weeks | 20 weeks |
|---|---|---|---|
| Consent & randomisation | **DTP-containing vaccine**<br>**Pneumococcal vaccine**<br>**Oral polio vaccine**<br>**Rotavirus vaccine** | **DTP-containing vaccine**<br>**Pneumococcal vaccine**<br>**Oral & injectable polio vaccine**<br>**Rotavirus vaccine** | **Oral polio vaccine** |

| **Schedule Four** | | | |
|---|---|---|---|
| **6 weeks** | **8 weeks** | **12 weeks** | **16 weeks** |
| Consent & randomisation | **DTP-containing vaccine**<br>**Pneumococcal vaccine**<br>**Oral polio vaccine**<br>**Rotavirus vaccine** | **DTP-containing vaccine**<br>**Oral polio vaccine**<br>**Rotavirus vaccine** | **DTP-containing vaccine**<br>**Pneumococcal vaccine**<br>**Oral & injectable polio vaccine** |

| **Schedule Five** | | | |
|---|---|---|---|
| **6 weeks** | **8 weeks** | **16 weeks** | **24 weeks** |
| Consent & randomisation | **DTP-containing vaccine**<br>**Pneumococcal vaccine**<br>**Oral polio vaccine**<br>**Rotavirus vaccine** | **DTP-containing vaccine**<br>**Pneumococcal vaccine**<br>**Oral & injectable polio vaccine**<br>**Rotavirus vaccine** | **DTP-containing vaccine**<br>**Oral polio vaccine** |

**Table 2: Booster study: 4 booster groups**

| **Booster Group 1** | | | | |
|---|---|---|---|---|
| **9 months** | **10 months** | | **18 months** | **24 months** |

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| | | | | |
|---|---|---|---|---|
| **DTP-containing vaccine Measles & Rubella vaccine Pneumococcal vaccine** | **Typhoid vaccine Yellow fever vaccine** | | **Measles & Rubella vaccine** | **Varicella vaccine** |

| **Booster Group 2** | | | | |
|---|---|---|---|---|
| **9 months** | **12 months** | **13 months** | **18 months** | **24 months** |
| **Measles & Rubella vaccine Pneumococcal vaccine** | **DTP-containing vaccine Yellow fever vaccine** | **Typhoid vaccine** | **Measles & Rubella vaccine** | **Varicella vaccine** |

| **Booster Group 3** | | | | |
|---|---|---|---|---|
| **9 months** | **12 months** | **13 months** | **18 months** | **24 months** |
| **Measles & Rubella vaccine Pneumococcal vaccine** | **DTP-containing vaccine Typhoid vaccine** | **Yellow fever vaccine** | **Measles & Rubella vaccine** | **Varicella vaccine** |

| **Booster Group 4** | | | | |
|---|---|---|---|---|
| **9 months** | **12 months** | **13 months** | **18 months** | **24 months** |
| **Measles & Rubella vaccine Pneumococcal vaccine** | **DTP-containing vaccine Typhoid vaccine Yellow fever vaccine** | | **Measles & Rubella vaccine** | **Varicella vaccine** |

**What will happen to any samples your child gives?**

As part of the study your child will have a total of 4 blood draws over 2 years. Table 3 below shows possible timings for each blood draw. The exact timing of each blood draw will be allocated at your first visit. We will take no more than 5mls (1 teaspoon)


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of blood each time. Your child's samples will be labelled with a code that will allow your child's identity to be anonymised.

**Table 3: Blood draw timing**

| **Blood draw timing** | | | |
|---|---|---|---|
| **Blood 1** | **Blood 2** | **Blood 3** | **Blood 4** |
| **6-24 weeks** | **24 weeks -28 weeks** | **9 months or 12 months** | **10 months – 24 months** |

All blood samples will be stored in a secure facility by MRC/UVRI and LSHTM Uganda Research Unit's Masaka lab and half of your child's sample will be shipped to laboratories in Europe for tests to help understand how well the vaccines work. The other half will remain in the secure facility in Masaka or in Entebbe. At the end of the study, anonymised left-over samples sent to Europe will be destroyed. If you give permission the remaining sample stored in Uganda will be stored for future research after the end of the study. If you do not give your permission the sample will be destroyed at the end of the study. No additional tests will be performed without the approval of the UVRI Research Ethics Committee (UVRI REC).

At any time during the study or after the study has finished you may ask for your samples to be destroyed. Information obtained from the samples will continue to be kept and used for the purposes agreed by you in this document.



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**What are the possible disadvantages or risks of taking part?**

Most children who receive vaccines remain entirely well. There are no additional risks beyond those that are normally possible with routine immunisations. These may include redness, swelling and pain at the site of injection and some irritability, sleepiness or reduced feeding. Children can develop a fever and may develop some vomiting or diarrhoea. There have been very rare reports of prolonged crying, rashes and allergic reactions. The study staff are trained and equipped to deal with these.

There is a potential risk of whooping cough as a result of the reduced dose schedule. All whooping cough-like illness' will be recorded, followed, and treated, by study clinicians. The symptoms of whooping cough include a running cough, low grade fever and later, fits of many rapid coughs, followed by a high-pitched "whooping" sound. Others include vomiting during or after coughing fits, exhaustion after coughing fits.

The blood test may be uncomfortable, however, creams will be offered to minimise discomfort. After the blood draw there may be a small bruise which should fade in a few days.

**What are the possible benefits of taking part in this study?**

During the study your child will receive the routine vaccines in the Uganda vaccine programme and those that are currently not available free of charge (typhoid, varicella, yellow fever vaccine and measles-rubella vaccine).

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If your child has a fever or other symptoms of illness during the 2 years of the trial, they will be able to access free routine medical care and treatment. You will receive 10,000 UGX for time you spend at the study clinic, 20,000 UGX for transport reimbursement and 10,000 UGX for your meals for each scheduled clinic visit.

**What else do I need to know?**

All information collected during the study will remain confidential. Your child's samples and study data will be identified by a number rather than their name. If you decided to take part, representatives of the ethics committee and regulatory authorities may read your child's study records to check that the study is being carried out properly. The results of your child's tests and the information we collect about your child (also called study data) will be shared with other researchers in other countries. We will not tell anyone yours or your child's name or where you live. Your child's privacy and personal information will be protected using measures which follow the requirements in Uganda. The data collected will be used for research related to infection and immunity. We will inform you of any changes to the study.

If your child is admitted to hospital at any point during the study please contact the study doctor Dr Mary Nyantaro on telephone number +256 788 323435.

Taking part in this study is entirely voluntary, and you can withdraw from the study at any time by contacting the research team at the hospital. You do not need to give a reason and it will not affect your child's routine care and your child will receive their vaccines in the normal way. If you choose to withdraw from the study we will make

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sure your child completes the routine vaccine programme. We will still use the information you gave us before your withdrawal.

The study sponsor has insurance to cover the costs of research-related injuries providing that your child followed all the instructions and advice of the study doctor and did nothing to cause or contribute to the research-related injury. The study sponsor may also compensate your child in accordance with the law of Uganda and by signing this form, you do not give up any legal right your child may have.

Results of the study will be available to you, after the study ends please talk to the study doctor.

**What if you have a question? / Who should you contact for more information?'**

If you or your child have a question, concern or complaint about any aspect of this study, you should ask the study doctor on telephone number +256 788 323435 or a member of the research team who will do their best to help or you can visit our office located at MRC/UVRI & LSHTM Uganda Research Unit Masaka site, Plot 2-5 Ntikko Road Masaka Town or contact the Principal Investigators, Prof Alison Elliott on Phone number: +256 417 704000 or Dr Freddie Mukasa Kibengo on +256 772 435251. If you have questions about your child's rights as part of the research, or concerns or complaints about the research that you do not wish to discuss with the study doctor or research team, you may contact the Chairperson of UVRI REC, Dr Tom Lutalo on telephone number: 0414 321962 at the at Uganda Virus Research Institute, Plot 51-59 Nakiwogo Road, Entebbe,

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By signing this consent form, you are giving permission for the processing and use of your child's personal information for this study.

On behalf of your child, you may use their rights under local data protection laws to access, correct their Personal Data and object to any further processing of their Personal Data by applying in writing to the study doctor. Please note that, once your child commences the study, the data collected cannot be deleted for a number of years due to legal requirement to retain the data for 15 years.

University of Oxford is organising this study as the study sponsor and is responsible for your child's anonymised study data in accordance with applicable Data Protection laws. The study doctor's Institution is responsible for their handling of your child's Personal Data collected as part of this study.

**Who has reviewed the study?**

This study has been reviewed and approved by the Uganda Virus Research Institute Research Ethics Committee (UVRI REC), the Sponsor, Regulatory Authorities.



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**Informed Consent form**

**Study title:** Optimising DTP-containing vaccine infant immunisation schedules in Uganda

**Study drug:** WHO-EPI Infant vaccines

**Sponsor of the study:** University of Oxford

**Investigator:** Prof Alison Elliott

I confirm the following:

| | |
|---|---|
| • I have read the information sheet for the above study or it has been read to me, and have had an adequate time to think about my child taking part. | *Parent initial* |
| • I voluntarily agree that my child can be part of this research study, to follow the study procedures and to provide necessary information to the study doctor, or other staff members, as requested. | *Parent initial* |
| • I understand that I may freely choose to withdraw my child from this study at any time without giving a reason and without my child's medical care or legal rights being affected. | *Parent initial* |
| • I have received a copy of this information sheet and consent form to keep for myself. | *Parent initial* |
| • If the study doctor is not our family doctor, he/she may inform my family doctor about my child taking part in this study and request medical information about my child. | *Parent initial* |

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|---|---|
| • I agree to my child's samples being taken and used as described in this information sheet for mandatory analysis as part of the study. | *Parent initial* |
| • By signing this information and consent form I agree that my child's anonymised study data, can be used as described in this consent form, including transfer to countries outside of Uganda for the purposes set out in the 'How will your child's personal information be used?' part of this form. | *Parent initial* |
| • I understand I may also be contacted at a later date(s) for my permission in connection with this study or any related sub-study. This may be by phone or e-mail. | *Parent initial* |
| • I agree that my child's anonymised study data can be used and shared by University of Oxford and other researchers for additional research. | *Parent initial* |
| • I understand that information about the study results will be made available after the end of the study. | *Parent initial* |

By signing this document, I agree that my child will take part in this study, as set out in this information sheet and consent form.



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## PARENT'S CONSENT TO CHILD'S PARTICIPATION

My signature (or thumbprint or ID mark) below confirms that I have read this document or this document has been read to me and I agree that my child will take part in this study, as set out in this information sheet and consent form.

**Name of the child:**……

| | | |
|---|---|---|
| | | |
| **Parent's Name** | **Parent's Signature/Thumbprint/ID mark** | **Date** |

**Investigator/Designee**

I, the undersigned, have fully and carefully explained the study to this child's parent/guardian and certify that to the best of my knowledge, they clearly understand the nature, risks and benefits of his/her child's participation in this study.

I confirm that the child's parent/guardian was given an opportunity to ask questions about the study, and all the questions asked by them have been answered correctly and to the best of my ability.

I confirm that they have not been forced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Information and Consent Form has been provided to the child's parent/guardian.

| | | | | | | | | | |
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| | | | | | | | | | |

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Print name of person conducting the informed consent discussion

**Signature of person conducting the Informed consent discussion** **Date**

*If the participant, parent or guardian is unable to read and/or write, an impartial witness should be present during the informed consent discussion. After the written informed consent form is read and explained to the parent or guardian, and after they have orally consented to their child's participation in the trial, and have either signed the consent form or provided their fingerprint, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by parent or guardian, and that informed consent was freely given by the parent or guardian.

**Name of Person Witnessing Consent (printed)**

**Signature of Person Witnessing Consent** **Date**