

Publication Report



Childhood Immunisation Statistics

Quarter and year ending 31 December 2013

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Introduction

Children in Scotland are protected through immunisation against many serious infectious diseases. Vaccination programmes aim both to protect the individual and to prevent the spread of these illnesses within the population. As a public health measure, immunisations have been hugely effective in reducing the burden of disease.

The UK Childhood Immunisation Schedule covers the recommended immunisations for children and young people (aged 0 to 18 years). The schedule comprises the recommended universal or routine immunisations which are offered to all children and young people at specified ages, as well as selective or non-routine immunisations which are targeted to children at higher risk from certain diseases. The immunisation schedule is continually reviewed and updated. Changes in the schedule such as the introduction of new vaccines, changes to the number of doses required and/or the timing of vaccines need to be considered when interpreting uptake rates. Further details can be found in the [Changes in the UK Immunisation Schedule](#) section in this report.

UK Childhood Immunisation Schedule

Routine childhood immunisations from July 2013

When to immunise	What vaccine is given	How it is given
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection
	Pneumococcal (PCV)	One injection
	Rotavirus	Oral vaccine
Three months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection
	Meningococcal C (MenC)	One injection
	Rotavirus	Oral vaccine
Four months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection
	Pneumococcal (PCV)	One injection
12 to 13 months old	<i>Haemophilus influenzae</i> type b and meningococcal C (Hib/MenC)	One injection
	Pneumococcal (PCV)	One injection
	Measles, mumps and rubella (MMR)	One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection
12 to 13 years old (Girls only)	Human Papilloma Virus (HPV)	Three injections over six months
13 to 18 years old	Tetanus, diphtheria and polio (Td/IPV)	One injection
	Meningococcal C (MenC)	One injection

Non-routine immunisations for at-risk babies

When to immunise	What vaccine is given	How it is given
At birth (usually offered to babies who are more likely to come into contact with someone with tuberculosis (TB))	BCG (against tuberculosis)	One injection
At birth, 1 month old, 2 months old and 12 months old (offered to any baby whose mother or close family has been infected with hepatitis B)	Hepatitis B	Three injections, with a month in between each, followed by a booster dose at 12 months

Following recommendations in July 2012 from the Joint Committee on Vaccination and Immunisation (JCVI), which advises UK health departments on immunisation, the seasonal flu vaccination programme is being extended to all children aged two to 17 years. The full extension will be phased in over a number of seasons. From autumn 2013, flu immunisation is offered to all two and three year olds in Scotland. Children in a small number of primary schools across Scotland were also offered the vaccine in autumn 2013.

Monitoring Immunisation Uptake Rates

Immunisation uptake (sometimes referred to as coverage) refers to the proportion of the eligible population who have received the recommended doses of the relevant vaccines. Monitoring the proportion of the eligible population vaccinated is a key measure of the immunisation programme performance. It is of public health concern should immunisation rates decrease, as this makes the possibility of disease transmission more likely.

In Scotland the target of the national immunisation programme is for 95% of children to complete courses of the following childhood immunisations by 24 months of age: diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib), Meningococcal group C (MenC) and Pneumococcal Conjugate Vaccine (PCV). An additional national target of 95% uptake of one dose of the Measles, Mumps and Rubella (MMR) vaccine by five years of age (with a supplementary measure at 24 months) was introduced in 2006 to focus efforts on reducing the number of susceptible children entering primary school.

This publication provides information on uptake of routine immunisations for children in Scotland up to six years of age. Uptake rates by calendar year at Scotland level, by NHS Board, Community Health Partnership (CHP) and Scottish Index of Multiple Deprivation (SIMD) are presented. This release includes data to 31 December 2013. Trend information is available from 1995. Figures for the quarter ending 31 December 2013 are also included. The data are derived from the Scottish Immunisation and Recall System (SIRS), which covers all NHS boards in Scotland. For information on data collection and quality see [Appendix A1](#).

This annual report, covering calendar year uptake rates, is published in March each year. In addition, each quarter ISD publish updated tables presenting the latest quarterly uptake rates for children at 12 months, 24 months, five years and six years, by NHS Board and CHP. Uptake rates for rotavirus vaccine will be incorporated into this publication from the

December 2014 release (when the first quarterly birth cohort eligible for the vaccine as part of the routine schedule reach 12 months of age).

Statistics on Human Papilloma Virus (HPV) immunisation uptake and teenage booster immunisation uptake are published separately by ISD annually in the [Child Health](#) topic area of the ISD website. National statistics on uptake rates of non-routine immunisations in Scotland are not currently available. During the flu season, updates on flu vaccine uptake are included in [HPS National Influenza Reports](#) published by Health Protection Scotland (HPS). HPS release detailed influenza update reports on a monthly basis and bulletin style weekly updates in between.

Changes in the UK Immunisation Schedule

Summary of recent changes for children under six years of age:

Autumn 2013

As part of the phased extension of seasonal flu immunisation to all children aged two to 17 year, from autumn 2013 flu immunisation is offered to all two and three year olds in Scotland. Children in a small number of primary schools across Scotland were also offered the vaccine in autumn 2013.

July 2013

Rotavirus vaccine introduced to the routine schedule at two and three months of age.

June 2013

Since September 2006, children were given a dose of MenC at three and four months and a booster dose is given at 12 to 13 months (given as the combined Hib/MenC vaccine). From June 2013 the dose at four months was removed from the schedule. From September 2013 a booster dose of MenC vaccine is offered to young people in Scotland as part of their routine immunisations in the third year of secondary school (S3).

January 2011

Previously the Hib/MenC booster vaccine was given at 12 months of age, and the PCV booster and first dose of MMR at 13 months of age. These immunisations should now be given at the same appointment between 12 and 13 months of age.

September 2006

- Introduction of Pneumococcal Conjugate Vaccine (PCV) to the routine schedule (at two, four and 13 months of age).
- Children were previously given a dose of MenC and Hib at two, three and four months. In September 2006 the number of MenC doses given under 12 months was reduced, such that doses were given at age three and four months. A booster dose of Hib and MenC vaccine (given as the combined Hib/MenC vaccine) at 12 months of age was added, introducing a new vaccination appointment to the schedule.

Autumn 1999

MenC vaccine was added to the schedule of primary immunisations offered in three doses to babies at ages two, three and four months.

Other initiatives

In November 2007 in Scotland, the age at which the pre-school immunisation (the booster dose of diphtheria, tetanus, pertussis and polio) is offered was reduced - in areas where this was not already the case - to three years following completion of primary immunisation, i.e. normally between three years four months and three years six months of age. Some NHS Boards previously offered these vaccines at a slightly later age. This initiative standardised the timing across Scotland when children should be routinely invited for these immunisations.

Catch-up programmes

- On 4 September 2006, Pneumococcal Conjugate Vaccine (PCV) was introduced to the routine childhood immunisation programme to protect children from pneumococcal infection. A catch up campaign started on 4 September 2006 to offer PCV vaccine to children aged two to 24 months (born 05/09/2004 to 03/07/2006). These children were too old to receive the vaccine at their regular scheduled appointments.
- A Hib catch-up programme ran from 5 November 2007 to 3 March 2009 to offer a booster dose of Hib vaccine to a defined cohort of young children (born 04/04/2003 to 03/09/2005). These children were too young to have had a booster as part of the 2003 Hib catch-up programme and too old to have received the new Hib/MenC booster vaccine at 12 months of age as part of the routine programme.
- In June 2003 a Hib catch-up programme started for children who were aged six months to four years old (born between 02/04/1999 and 03/04/2003).
- In the autumn of 1999 the MenC vaccine was added to the schedule of primary immunisations offered in three doses to babies at ages two, three and four months. A catch-up programme was also set up around this time to offer the vaccine to everyone of school age and, from January 2000, to pre-school children too old to be included in the programme of primary immunisations. The MenC vaccine was also offered to everyone under the age of 18 by December 2000.

The previously published reports on catch-up programmes can be accessed on the ISD website at <http://www.isdscotland.org/Health-Topics/Child-Health/Immunisation/Reports-on-immunisation-catch-up-programmes.asp>

Definitions

Immunisation: the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the immune system to protect a person against subsequent infection or disease.

Immunised: To be fully immunised against a particular disease an individual must have received all required doses of the relevant vaccine. Detailed information about the current immunisation programmes in Scotland, the vaccines available, and the diseases they protect against, can be found via the [NHS Health Scotland Immunisation website](#).

Uptake rates: Uptake rates, sometimes referred to as coverage, relates to the number of children immunised against a particular disease as a proportion of the children eligible to have received the appropriate vaccine.

Uptake is calculated as follows:

$$\frac{\text{Total number of eligible children immunised}}{\text{Total number of eligible children in the population}} \times 100$$

Key points

Calendar year figures:

- In Scotland immunisation uptake rates for children aged up to six years remain high and stable.
- At Scotland level, uptake rates by 24 months of age of complete primary courses of immunisation against diphtheria, tetanus, pertussis, polio & Hib (the five-in-one vaccine), MenC and PCV remain high and stable at around 96% to 98%. Uptake rates of complete primary courses of these vaccines by 24 months have exceeded the 95% target since 2002.
- Annual uptake of the PCV booster and Hib/MenC booster vaccines by 24 months of age exceed 95%.
- Annual uptake of the first dose of MMR vaccine by 24 months of age reached 95.4% (the previous annual figure was 95.0%). Uptake rates by 24 months of age have continued to be above 90% since calendar year 2006. Annual uptake of the first dose of MMR by five years of age is 97.1% (the previous annual figure was 96.9%). MMR uptake rates by five years have remained above the 95% target since calendar year 2009.

Results and Commentary

Recommended immunisations for children under 24 months of age

The UK Childhood Immunisation Schedule recommends children should receive three doses of diphtheria, tetanus, pertussis, polio and Hib vaccine (the 'five-in-one' vaccine) at two, three and four months of age, one dose of MenC vaccine at three months, and two doses of PCV at two and four months of age. Children should then receive a further dose of Hib and MenC (given as the Hib/MenC booster vaccine), the PCV booster, and one dose of MMR vaccine at 12 to 13 months of age. From 1 July 2013 children should also receive two doses of rotavirus vaccine at two and three months of age. Uptake rates for rotavirus vaccine will be incorporated into this publication from the December 2014 release (when the first quarterly birth cohort eligible for the vaccine as part of the routine schedule reach 12 months of age).

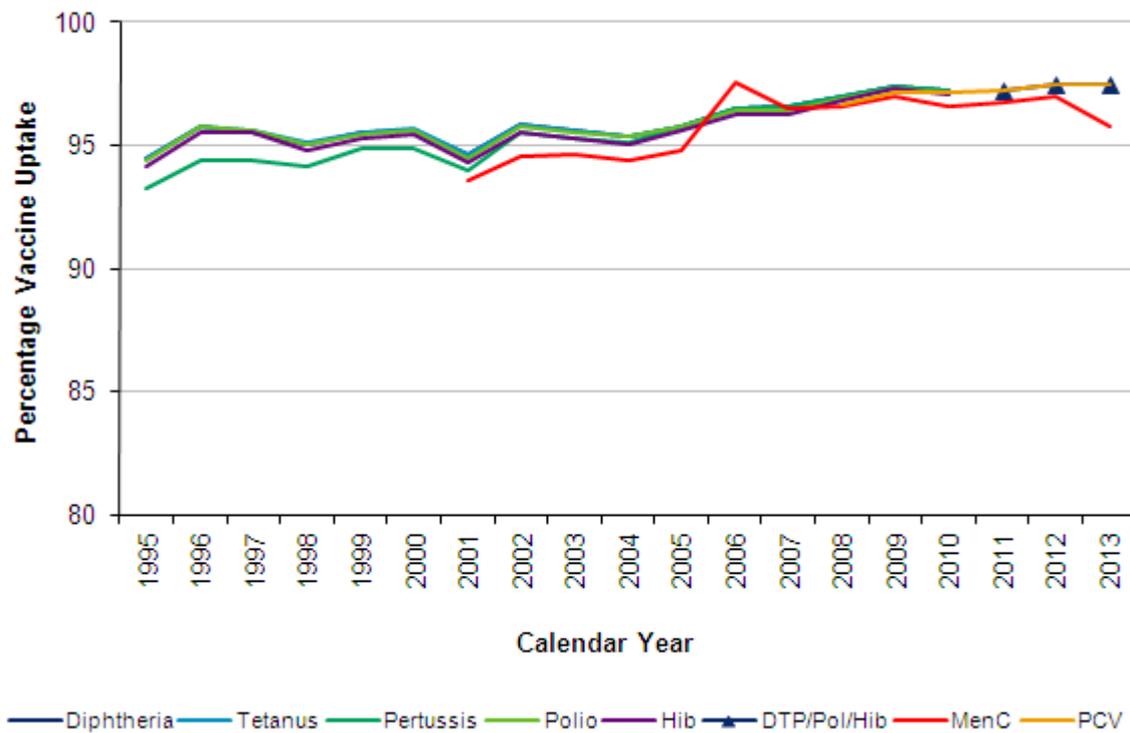
Annual uptake rates by 12 months of age (calendar year figures)

In Scotland, uptake rates by 12 months of age for primary courses of immunisation against diphtheria, tetanus, pertussis, polio & Hib (the five-in-one vaccine), MenC and PCV remain high, exceeding 95%.

In 2013 uptake of the complete primary course of the five-in-one vaccine (three doses) and PCV (two doses) remained at 97.5%. MenC uptake (two doses) decreased from 97.0% in 2012 to 95.8% in 2013. The decrease is likely to be due to the removal of the MenC second dose (given at four months) from the routine schedule from 1 June 2013. Children in this cohort were born January to December 2012 and were due to receive two doses of MenC immunisation at three and four months. Although most children receive immunisations to schedule, a small proportion will be immunised slightly later, for example, due to missed appointments. Therefore children in this cohort (in particular those born at the end of calendar year 2012) would have less time, compared with previous annual cohorts, to 'catch-up' and receive both doses of MenC before the removal of the dose at four months. However, the uptake rate by 12 months of age still exceeds 95%.

Since 1995, the first year included in this report, uptake rates for all primary immunisations have risen from just below 95% to around 96% to 97% (see [Figure 1](#)). With the exception of MenC, uptake rates have exceeded 95% since 2002. MenC was introduced to the immunisation schedule in 1999. Immunisation uptake rates for newly introduced vaccines are often lower than for other vaccines given around the same age when they are first introduced to the immunisation programme. Uptake of MenC under 12 months of age has exceeded 95% since 2006 when the number of doses required under 12 months was reduced to two in the immunisation schedule (previously it was three doses under 12 months).

Figure 1 - Primary immunisation uptake rates by 12 months of age, by calendar year, Scotland



Source: SIRS, Feb 2014

Table 1 - Primary Immunisation Uptake Rates by 12 months of age, by NHS Board, year ending 31 December 2013

NHS Board of residence ¹	Number in Cohort ²	% completed primary course by 12 months		
		DTP/Pol/Hib ³	MenC	PCV
Ayrshire & Arran	3,732	98.6	97.6	98.6
Borders	1,080	98.3	97.0	98.2
Dumfries & Galloway	1,412	98.1	97.2	97.9
Fife	4,035	97.4	96.0	97.3
Forth Valley	3,292	97.5	96.1	97.7
Grampian	6,606	96.6	94.5	96.0
Greater Glasgow & Clyde	14,021	97.5	95.5	97.7
Highland	3,209	96.5	95.3	96.7
Lanarkshire	6,224	98.2	97.1	98.4
Lothian	9,800	97.1	94.9	97.2
Orkney ⁴	207	96.6	93.2	95.7
Shetland	274	97.4	97.1	97.4
Tayside	4,184	98.1	96.2	97.6
Western Isles	242	98.3	96.7	98.3
NHS Board unknown ⁵	29	..	..	..
Scotland	58,347	97.5	95.8	97.5

Source: SIRS, Feb 2014

1. NHS board of residence as recorded on SIRS.
 2. Children reaching 12 months of age during the evaluation period 1 January to 31 December 2013 (i.e. born 1 January to 31 December 2012).
 3. The 5 in 1 vaccine (comprising DTP/Pol/Hib) was introduced in September 2004. For children vaccinated in Scotland this is now recorded as a single vaccine. For children who received primary immunisations outwith Scotland, where the vaccination may not have been given as one injection, only those who have received 3 doses of each vaccine (Diphtheria, Tetanus, Pertussis, Polio and Hib) are counted as completing the primary course.
 4. NHS Orkney has identified data recording issues which have resulted in their uptake rates being under reported.
 5. For records recorded on SIRS under the former NHS Argyll & Clyde (which was dissolved on 31 March 2006), NHS board of residence is derived from the child's home postcode. There are a small number of records which do not have a postcode recorded and therefore the NHS board is unknown.
- .. Not Applicable.

Key:

DTP/Pol/Hib = Diphtheria, Tetanus, Pertussis, Polio and Hib (3 doses).

MenC = Meningococcal serogroup C conjugate vaccine (2 doses).

PCV = Pneumococcal conjugate vaccine (2 doses).

Annual uptake rates by 24 months of age (calendar year figures)

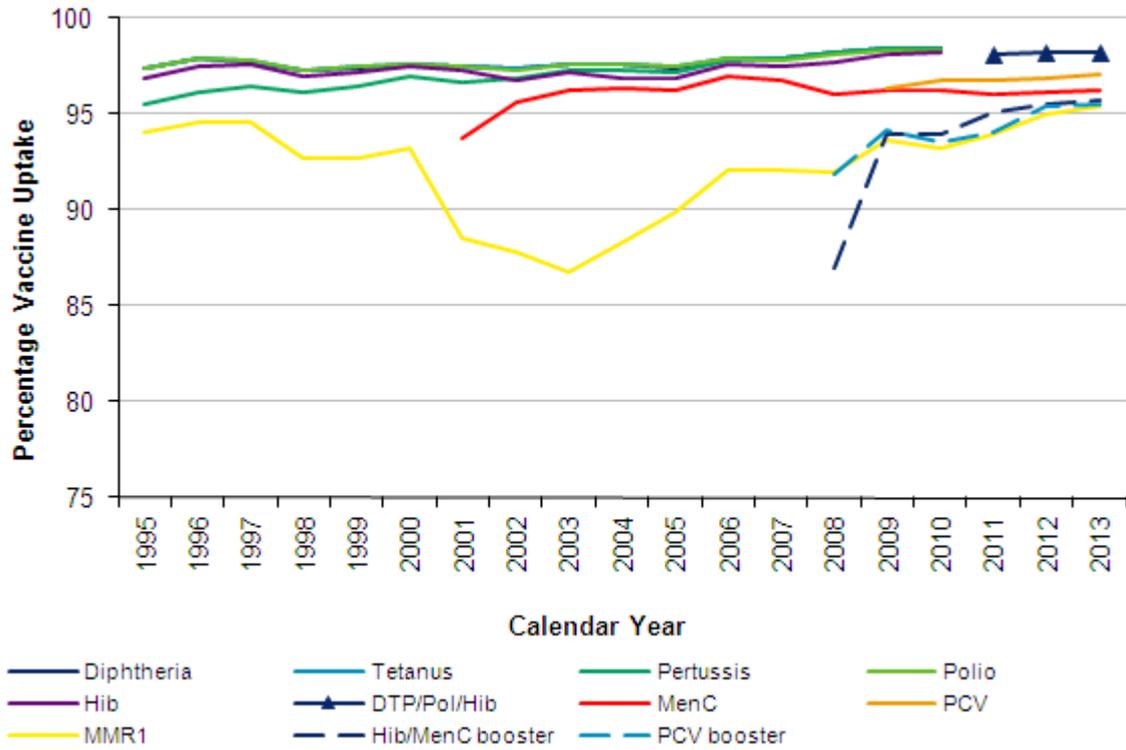
At Scotland level, uptake rates by 24 months of age for completed primary courses of immunisation against diphtheria, tetanus, pertussis, polio & Hib (the five-in-one vaccine), MenC and PCV remain high and stable at around 96% to 98%. Uptake rates have exceeded the 95% target since 2002. In 2013, uptake rates are (rates for previous year shown in brackets):

- 98.3% of children had completed primary courses of immunisation against diphtheria, tetanus, pertussis, polio & Hib (the five-in-one vaccine) (98.2%)
- 96.2% completed the primary course of MenC (96.2%)
- 97.0% completed the primary course of PCV (96.9%)

[Figure 2](#) shows uptake of the first dose of MMR fell in the late 1990's from 94.6% in 1997 to a low of 86.8% in 2003. Uptake rates have since been increasing, have exceeded 90% since 2006, and now exceed previous high levels. Uptake of one dose of MMR reached 95.0% for the first time in 2012, and increased to 95.4% in 2013. The fall and subsequent rise in uptake rates reflects the controversy about the MMR vaccine following a study published in the Lancet by Wakefield et al. in 1998 that suggested there was a link between MMR, bowel disease and autism. At the request of the Chief Medical Officer for England, the Medical Research Council convened an expert group to look at the evidence. In Scotland, the [MMR Expert Group](#) was convened in 2001 to investigate a number of the issues surrounding the MMR vaccine, taking into account the work of the Medical Research Council. These groups, as well as subsequent scientific studies, found no evidence to support the claim. The Lancet subsequently retracted the study due to ongoing doubt about its scientific validity.

Children are offered Hib/MenC and PCV booster vaccines at 12 to 13 months of age. These vaccines were introduced to the routine childhood immunisation schedule in September 2006. In 2013, uptake rates for the Hib/MenC booster rose slightly to 95.7%, (95.5% in 2012). Uptake of the PCV booster by 24 months of age also increased slightly to 95.6% in 2013 (95.4% in 2012). Following a change in the immunisation schedule, such as the introduction of new vaccines and/or changes in the recommended ages when appointments are offered, uptake rates for these particular vaccines are often lower initially. [Figure 2](#) shows uptake rates for Hib/MenC and PCV booster vaccines were lower when first introduced to the schedule in September 2006 and have since increased to current levels.

Figure 2 - Primary and booster immunisation uptake rates by 24 months of age, by calendar year, Scotland



Source: SIRS, Feb 2014

Table 2 - Primary and Booster Immunisation Uptake Rates by 24 months of age, by NHS Board, year ending 31 December 2013

NHS Board of residence ¹	Number in Cohort ²	% completed primary course by 24 months				% completed booster course by 24 months	
		DTP/Pol/Hib ³	MenC	PCV	MMR1	Hib/MenC	PCVB
Ayrshire & Arran	3,937	99.0	98.0	98.3	96.9	97.5	97.7
Borders	1,086	98.3	96.1	97.2	97.2	97.1	96.6
Dumfries & Galloway	1,440	98.9	97.5	97.9	96.6	97.0	97.0
Fife	4,220	98.5	96.9	97.5	95.2	95.3	95.2
Forth Valley	3,299	98.4	96.8	97.2	96.1	96.6	96.4
Grampian	6,479	97.9	95.0	95.8	94.9	94.4	93.8
Greater Glasgow & Clyde	13,944	98.1	95.7	96.8	95.3	95.5	95.6
Highland	3,137	97.3	95.3	95.9	94.1	95.4	94.4
Lanarkshire	6,476	98.8	97.7	98.1	96.2	97.2	97.3
Lothian	9,774	98.2	95.6	97.1	95.3	95.0	94.8
Orkney ⁴	208	98.1	96.2	97.1	93.3	92.3	92.8
Shetland	249	98.0	96.4	96.4	92.0	93.2	93.6
Tayside	4,406	98.2	96.0	96.8	94.8	95.0	94.9
Western Isles	237	98.7	97.5	97.0	95.4	96.6	97.0
NHS Board unknown ⁵	25	..	..	..	..	..	..
Scotland	58,917	98.3	96.2	97.0	95.4	95.7	95.6

Source: SIRS, Feb 2014

1. NHS board of residence as recorded on SIRS.

2. Children reaching 24 months of age during the evaluation period 1 January to 31 December 2013 (i.e. born 1 January to 31 December 2011).

3. The 5 in 1 vaccine (comprising DTP/Pol/Hib) was introduced in September 2004. For children vaccinated in Scotland this is now recorded as a single vaccine. For children who received primary immunisations outwith Scotland, where the vaccination may not have been given as one injection, only those who have received 3 doses of each vaccine (Diphtheria, Tetanus, Pertussis, Polio and Hib) are counted as completing the primary course.

4. NHS Orkney has identified data recording issues which have resulted in their uptake rates being under reported.

5. For records recorded on SIRS under the former NHS Argyll & Clyde (which was dissolved on 31 March 2006), NHS board of residence is derived from the child's home postcode. There are a small number of records which do not have a postcode recorded and therefore the NHS board is unknown.

.. Not Applicable.

Key:

DTP/Pol/Hib = Diphtheria, Tetanus, Pertussis, Polio and Hib (3 doses).

MenC = Meningococcal serogroup C conjugate vaccine (2 doses under 12 months).

PCV = Pneumococcal conjugate vaccine (2 doses under 12 months).

MMR1 = Measles, mumps, and rubella vaccine (1 dose over 12 months).

Hib/MenC = Hib/MenC Booster (1 dose over 12 months).

PCVB = Pneumococcal conjugate vaccine booster (1 dose over 12 months).

Recommended immunisations for children by five years of age

Protection against diphtheria, tetanus, pertussis (whooping cough) and polio can fade over time. Also, immunity to measles, mumps and rubella may not develop after a single dose of the MMR vaccine. From the age of three years four months, children should be invited to receive booster doses of diphtheria, tetanus, pertussis and polio (given as one injection and often referred to as the pre-school booster) and a second dose of MMR vaccine.

Annual uptake rates by five years of age (calendar year figures)

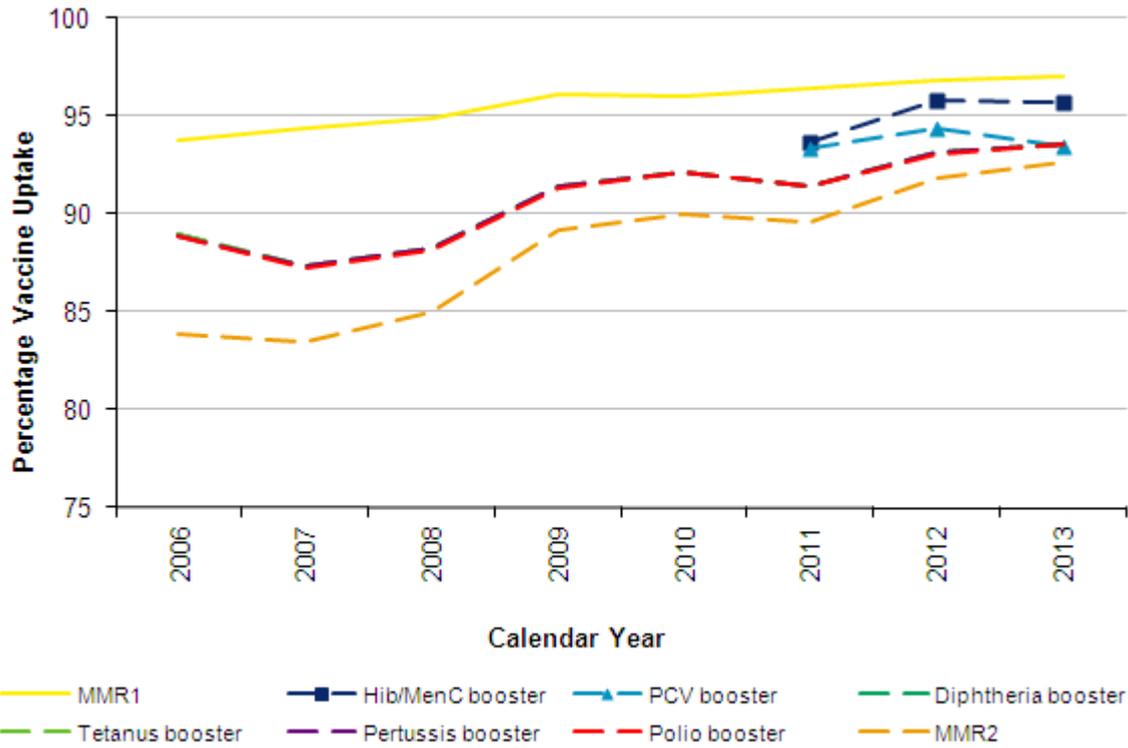
In 2013, 93.6% of children had received the 'pre-school' diphtheria, tetanus, pertussis, and polio booster immunisation by five years of age (93.1% in 2012). [Figure 3](#) shows a slight dip in uptake of this immunisation around 2007. This was a result of the previously outlined changes to the immunisation schedule in 2006 for younger children, which meant each child needed more appointments. This temporarily led to some older children receiving their booster immunisations slightly later than scheduled due to prioritisation of younger children for additional primary immunisation appointments. This reduced the reported uptake rates for this vaccine by five years of age to around 87% in 2007. Uptake rates rebounded and have subsequently continued to increase. This is mainly as a result of the initiative introduced in November 2007 to reduce the age of this pre-school booster appointment, in areas where this was not already the case, to between three years four months and three years six months of age. Uptake rates by six years of age have remained high throughout. In 2013, 95.3% of children had received this vaccine by six years of age, suggesting that some children are immunised beyond the standard reporting age.

At the start of 2006, an initiative to increase MMR vaccine uptake was put in place. The message behind this approach was 'It's never too late' and one of the aims was to improve vaccine uptake before school-starting age. A target of reaching at least 95% uptake of one dose of MMR by five years of age was set. This was achieved in 2009 and uptake rates have since remained above the 95% target. In 2013 uptake reached 97.1% (96.9% in 2012). Since 2006 uptake of the second dose of MMR by the age of five has also increased from 83.9% to 92.6%. This increase is also due to the 2007 initiative which reduced the age of the pre-school immunisation appointment, when the second dose of MMR is routinely given. By six years of age, uptake of two doses was 94.0% in 2013 (93.0% in 2012). MMR vaccine uptake has been relatively high in Scotland compared to the UK overall for some years.

Uptake rates by five years of age for the Hib/MenC and PCV booster vaccines (normally given around 12 to 13 months) are also presented in [Table 3](#) and [Figure 3](#). Children reaching the age of five in 2011 (i.e. born during 2006) were the first calendar year cohort of children to be offered these vaccines as part of the routine immunisation schedule. The latest figures, for children reaching the age of five in 2013, show that 95.7% had received the Hib/MenC booster (95.8% in 2012). In 2013 93.4% had received the PCV booster by the age of five (94.4% in 2012).

In Scotland uptake rates for these vaccines have historically been reported by six years of age. To achieve consistency with figures for the rest of the UK, from 2006 uptake rates for these vaccines are now reported by five years of age. For trend purposes, uptake rates by six years of age are also available.

Figure 3 - MMR1 and booster immunisation uptake rates by 5 years of age, by calendar year, Scotland



Source: SIRS, Feb 2014

Note: Diphtheria, tetanus, pertussis and polio vaccines are given as one injection for the majority of children; therefore the lines representing these vaccines on the chart will overlap.

Table 3 - MMR1 and Booster Immunisation Uptake Rates by 5 years of age, by NHS Board, year ending 31 December 2013

NHS Board of residence ¹	Number in Cohort ²	% completed MMR1/booster course by 5 years							
		MMR1	Hib/MenC	PCVB	D	T	P	Pol	MMR2
Ayrshire & Arran	4,009	98.2	97.3	95.7	95.6	95.6	95.6	95.6	94.6
Borders	1,167	97.4	97.1	94.8	95.0	95.0	95.0	95.1	94.5
Dumfries & Galloway	1,516	97.8	97.8	97.0	96.0	96.0	96.0	96.0	95.5
Fife	4,276	97.1	96.5	93.4	92.2	92.2	92.2	92.2	91.3
Forth Valley	3,497	97.7	97.1	94.1	94.6	94.6	94.6	94.6	93.4
Grampian	6,561	96.6	92.5	91.2	94.5	94.5	94.5	94.5	93.7
Greater Glasgow & Clyde	13,824	97.0	95.4	93.1	93.0	93.0	93.0	93.0	92.2
Highland	3,404	96.0	95.2	92.9	92.6	92.6	92.6	92.6	91.0
Lanarkshire	6,849	96.8	96.3	94.9	95.2	95.2	95.2	95.2	93.6
Lothian	9,541	97.1	96.0	92.7	92.4	92.4	92.4	92.4	91.7
Orkney ³	250	96.4	91.6	92.4	89.6	89.6	89.6	89.6	88.8
Shetland	264	93.2	91.3	89.8	84.1	84.1	84.1	84.1	80.3
Tayside	4,514	97.1	96.1	93.6	93.5	93.5	93.5	93.4	92.3
Western Isles	274	97.8	97.4	96.0	96.0	96.0	96.0	96.0	95.6
NHS Board unknown ⁴	25	..	..	..	..	..	..	..	..
Scotland	59,971	97.1	95.7	93.4	93.6	93.6	93.6	93.6	92.6

Source: SIRS, Feb 2014

1. NHS board of residence as recorded on SIRS.
 2. Children reaching 5 years of age during the evaluation period 1 January to 31 December 2013 (i.e. born 1 January to 31 December 2008).
 3. NHS Orkney has identified data recording issues which have resulted in their uptake rates being under reported.
 4. For records recorded on SIRS under the former NHS Argyll & Clyde (which was dissolved on 31 March 2006), NHS board of residence is derived from the child's home postcode. There are a small number of records which do not have a postcode recorded and therefore the NHS board is unknown.
- .. Not Applicable.

Key:

- MMR1 = Measles, mumps, and rubella vaccine (1 dose)
- Hib/MenC = Hib/MenC Booster (1 dose over 11 months)
- PCVB = Pneumococcal Conjugate Vaccine Booster (1 dose over 12 months)
- D = Diphtheria vaccine (4th dose).
- T = Tetanus vaccine (4th dose).
- P = Pertussis vaccine (4th dose)
- Pol = Polio vaccine (4th dose).
- MMR2 = Measles, mumps, and rubella vaccine (2nd dose).

Further information on calendar year uptake rates

For excel tables presenting 2013 uptake rates by 12 and 24 months, and five and six years by NHS Board and CHP, see:

[Uptake rates by NHS Board and calendar year](#)
[Uptake rates by CHP and calendar year](#)

For trend information at Scotland and NHS Board level please see [List of Tables](#) within this report.

Uptake rates in groups of children as they age, by calendar year birth cohort

In addition to tracking snapshots of immunisation uptake rates in children by 12 months and 24 months it is also possible to follow immunisation uptake in groups of children as they age.

The first dose of MMR was previously given with the PCV booster at 13 months of age. From January 2011 (i.e. for children born from January 2010 onwards) the first dose of MMR should now be given with the PCV and Hib/MenC booster vaccines at the same appointment between 12 and 13 months of age.

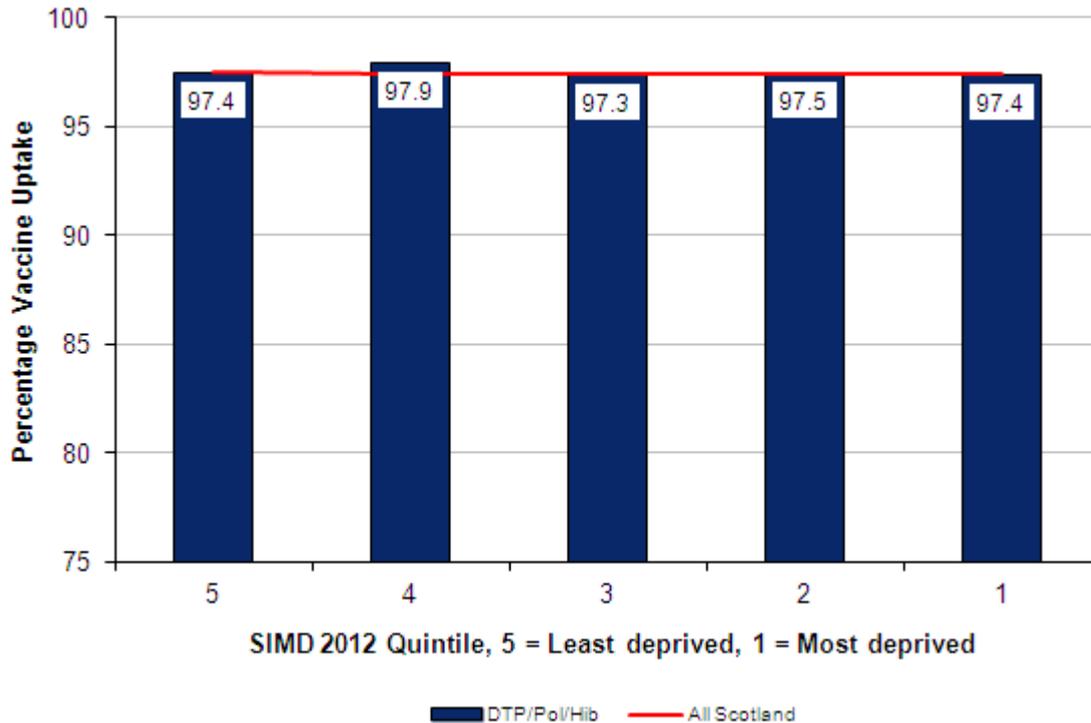
[Data](#) tracking uptake of one dose of MMR immunisation for several cohorts of children as the age, show that a significant number of children are immunised beyond the standard reporting age of 24 months. This means the overall uptake rate increases slightly as time progresses. For example, for children born January to December 2010, 95.0% of children had received one dose of MMR by 24 months of age. Now, at 36 months, this has increased to 96.8%. These figures, which track uptake rates as children age, include a small number of children vaccinated under 12 months of age, and therefore the figures may differ very slightly from uptake rates of one dose of MMR by 24 months of age reported elsewhere in this publication. The first dose of MMR vaccine is routinely offered at 12 to 13 months of age, so children immunised before their first birthday are not regarded as immunised and are therefore excluded from uptake rates reported at 24 months of age.

Annual uptake rates by deprivation (calendar year figures)

Personal, social and cultural issues including deprivation are all factors which may influence a parent's decision as to whether or not to immunise their child. In order to explore the effect of deprivation, uptake rates have been calculated by Scottish Index of Multiple Deprivation quintile (SIMD 2012) for each of the childhood primary immunisations, and for the Hib/MenC and PCV boosters, for Scotland and by NHS Board.

Uptake rates of all primary immunisations by 12 months of age are high in all deprivation categories and exceed the target of 95%. [Figure 4](#) shows uptake of the five-in-one vaccine (comprising DTP/Pol/Hib) by 12 months of age in 2013. There is very little variation in uptake rates between deprivation quintiles. Uptake rates in the most and least deprived areas are the same at 97.4%.

**Figure 4 – Uptake of the five-in-one vaccine (comprising DTP/Pol/Hib) by 12 months of age¹, by SIMD 2012 quintile², Scotland
Evaluation period: January to December 2013**

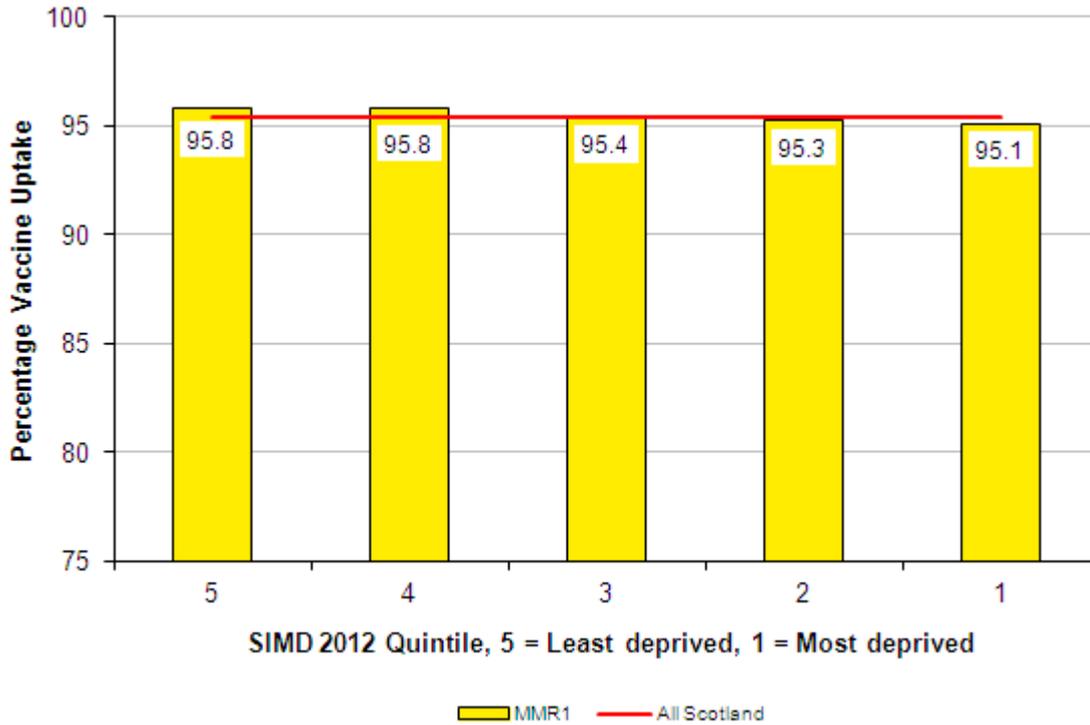


Source: SIRS, February 2014

- 1. Aged 12 months: Born 1 January to 31 December 2012.
- 2. Scottish Index of Multiple Deprivation (SIMD) 2012 quintile (population-weighted).

In 2013 uptake of the PCV booster, the Hib/MenC booster and the first dose of MMR (MMR1) by 24 months of age are also high across all deprivation quintiles and exceed the target of 95%. [Figure 5](#) shows MMR1 uptake in 2013, by SIMD 2012 quintile. A slight deprivation effect on uptake rates is observed. The uptake rate for those children living in the most deprived areas is 95.1% which is slightly lower than the 95.8% uptake rate for those children in the least deprived areas.

**Figure 5 - MMR1 uptake¹ by 24 months of age, by SIMD 2012 quintile², Scotland
Evaluation period: January to December 2013**



Source: SIRS, February 2014

- 1. Aged 24 months: Born 1 January to 31 December 2011.
- 2. Scottish Index of Multiple Deprivation (SIMD) 2012 quintile (population-weighted).

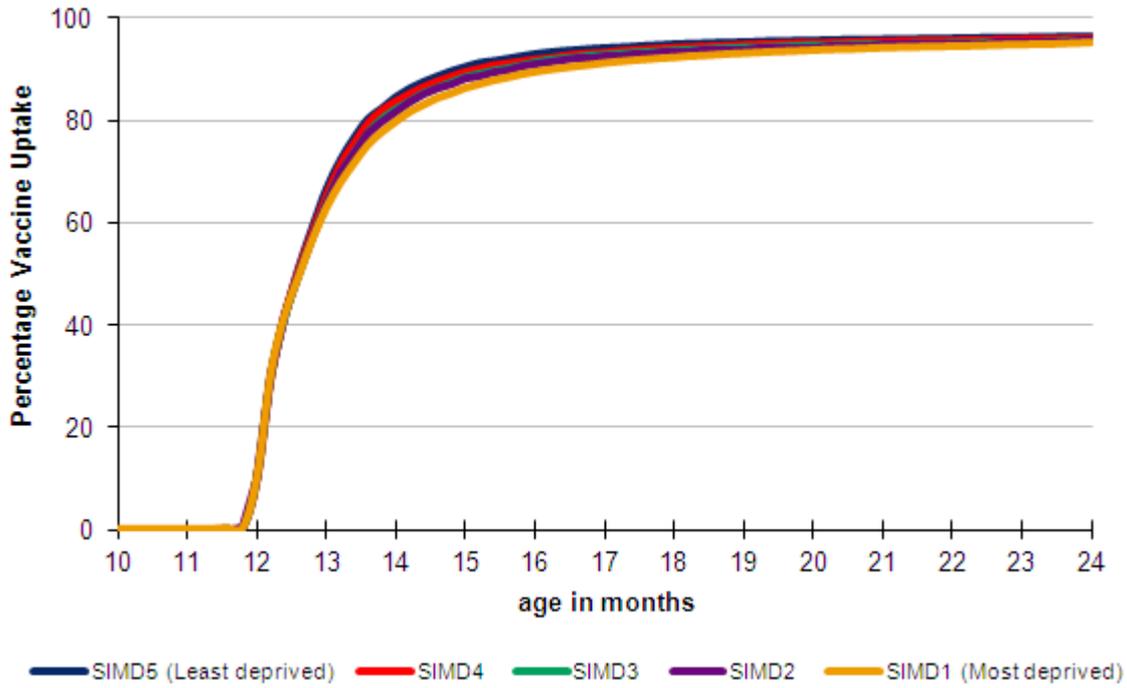
For excel tables and charts presenting 2013 uptake rates by 12 and 24 months of age by NHS Board and deprivation see:

[Uptake by deprivation \(SIMD 2012\) by NHS Board and calendar year](#)

Uptake rates as children age, by SIMD 2012 quintile

It is also interesting to look at the variation in immunisation uptake rates as children age by SIMD 2012 quintile. [Figure 6](#) shows that, although deprivation has a limited effect on the first dose of MMR uptake by 24 months of age, there are more noticeable deprivation related differences in the level of increase in uptake as children age. Children in the more deprived areas are more likely to be vaccinated later in their second year than children in less deprived areas. For example, 90.5% of children had received their first dose of MMR by 15 months of age in the least deprived areas (SIMD quintile 5) compared to only 86.5% in the most deprived areas (SIMD quintile 1).

Figure 6 - MMR1 uptake¹ as at 31 December 2013 by SIMD 2012 quintile² and age, Scotland



Source: SIRS, February 2014

1. Children born 1 January to 31 December 2011.
2. Scottish Index of Multiple Deprivation (SIMD) 2012 quintile (population-weighted).

For more information see:

[Variation in immunisation uptake rates as children age by SIMD quintile at Scotland level](#)

Uptake rates for quarter ending 31 December 2013

This release also includes figures for the quarter ending 31 December 2013. The key points are as follows:

- At Scotland level, quarterly uptake rates by 24 months of age of complete primary courses of immunisation against diphtheria, tetanus, pertussis, polio & Hib (the five-in-one vaccine), MenC and PCV remain high and stable at around 96% to 98%.
- Quarterly uptake of one dose of MMR vaccine (MMR1) by 24 months is 95.6% (the same as the previous quarterly figure). Quarterly uptake of MMR1 by five years of age is 97.2% (the previous quarterly figure was 97.3%).
- MenC uptake by 12 months of age decreased from 96.8% in the previous quarter to 93.7% in the quarter ending 31 December 2013. As previously explained in the section examining annual uptake by 12 months of age, the decrease is likely to be due to the removal of the MenC dose at four months from the routine schedule from 1 June 2013.

For more information on the latest quarterly uptake rates by 12 and 24 months, and five and six years, by NHS Board and CHP see:

[Uptake rates by NHS Board and quarter](#)
[Uptake rates by CHP and quarter](#)

Uptake rates by financial year

Uptake rates by financial year are published in June each year; the latest [June publication](#) includes information for year ending 31 March 2013.

Immunisation uptake rates in the UK

Comparable statistics for the UK published by Public Health England (PHE) show that uptake rates in Scotland compare favourably with UK uptake rates. Uptake in Scotland tends to be similar to rates observed in Wales and Northern Ireland, which are above rates observed in England.

UK vaccine uptake rates (referred to as coverage by PHE) are published by country by PHE in their [Quarterly Health Protection Reports and Communicable Disease Reports on the COVER programme for childhood immunisation](#).

Relevant links for country-specific uptake data are as follows:

England

As well as UK and country level data, PHE also publish data for Strategic Health Authorities in England in their [Quarterly Health Protection Reports and Communicable Disease Reports on the COVER programme for childhood immunisation](#).

The Health and Social Care Information Centre also publish an annual summary of [uptake rates in England](#).

Northern Ireland

<http://www.publichealth.hscni.net/directorate-public-health/health-protection/vaccination-coverage>

Wales

<http://www.wales.nhs.uk/sitesplus/888/page/43510>

Glossary

Diphtheria	<p>Diphtheria is an acute infectious disease caused by the bacterium <i>Corynebacterium diphtheriae</i> affecting the upper respiratory tract and occasionally the skin. Spread is by droplet infections and through contact with articles soiled by infected persons.</p> <p>An effective vaccine against the disease was introduced in 1940. A combined Diphtheria, Tetanus and Pertussis vaccine has been in use in the UK since the 1950s. Since October 2005, Diphtheria is now part of the combined 'five-in-one' vaccine, consisting of Diphtheria, Tetanus, Pertussis, Polio and Hib. A booster dose is also given to children at around three years four months of age. Teenage Td/IPV booster vaccine, the reinforcing doses of Diphtheria, Tetanus and Polio, is given to 13 to 18 year olds.</p>
DTP/Pol/Hib	<p>A 'five-in-one' injection which combines vaccines to protect against Diphtheria, Tetanus, Pertussis, Polio and Hib.</p>
Hib (<i>Haemophilus influenzae</i> type b)	<p><i>Haemophilus influenzae</i> type b (Hib) is a gram-negative bacterium that causes meningitis and acute respiratory infections, mainly in children.</p> <p>A Hib vaccine was introduced in 1992 and led to a reduction in confirmed cases of Hib disease. Since October 2005, Hib is now part of the combined 'five-in-one' vaccine, consisting of Diphtheria, Tetanus, Pertussis, Polio and Hib. A booster of Hib is also given as part of the combined Hib/MenC vaccination given at 12 to 13 months.</p>
Measles, Mumps and Rubella (MMR)	<p>Measles is an acute viral illness spread by infected respiratory droplets. Symptoms, after a ten-day incubation period, can include corzya, conjunctivitis, bronchitis, Koplik spots, rash and fever.</p> <p>Mumps is an acute viral illness characterised by swelling of the parotid glands, which may be unilateral or bilateral. It can cause permanent unilateral deafness at any age. The incubation period is 14-21 days. Before vaccination, mumps was a common cause of viral meningitis.</p> <p>Rubella, or German measles, is a mild infectious disease with an incubation period of 14-21 days. Maternal rubella infection in the first eight to ten weeks of pregnancy results in foetal damage in up to 90% of infants. Multiple defects are common, and are collectively known as Congenital Rubella Syndrome.</p> <p>A vaccine against Measles, Mumps and Rubella exists and since 1998 has been administered as part of the combined MMR (measles, mumps and rubella) vaccine.</p>
MenC	<p>This vaccine protects against meningitis and septicaemia (blood poisoning) caused by 'meningococcal group C' bacteria. The MenC vaccine does not protect against meningitis caused by other bacteria or by viruses.</p>

	<p>The UK was the first country to introduce the meningococcal C conjugate (MenC) vaccine. Since 1999, the MenC vaccine has been part of the routine childhood immunisation programme.</p>
<p>Pertussis</p>	<p>Pertussis, or whooping cough, is a highly infectious bacterial disease caused by <i>Bordetella pertussis</i>. It is spread by droplet infection, and has an incubation period of seven to ten days. The most recognisable symptom is an irritating cough that develops into coughing fits. In young infants, the characteristic 'whoop' may never develop and coughing spasms may be followed by periods of apnoea (stopping breathing for a time).</p> <p>Immunisation for pertussis was introduced in the 1950s. Since October 2005, Pertussis is now part of the combined 'five-in-one' vaccine, consisting of Diphtheria, Tetanus, Pertussis, Polio and Hib. A booster dose is also given to children at around three years four months of age.</p>
<p>Pneumococcal conjugate vaccine (PCV)</p>	<p>Invasive pneumococcal disease (pneumonia, bacteraemia and meningitis), caused by infection with <i>Streptococcus pneumoniae</i> is a major cause of morbidity and mortality, especially among the very young, the elderly, those with an absent or non-functioning spleen and those with other causes of impaired immunity. Pneumococci cause middle ear infections, exacerbations of bronchitis, and pneumonia, of which they are the most common bacterial cause. As with most infectious respiratory diseases, the numbers of cases of pneumococcal infection peak in winter. Many people (up to 50%) carry pneumococci in their nose and throat without developing serious infection. There are about 90 different types of pneumococci about a quarter of which cause serious illness.</p> <p>PCV (Pneumococcal conjugate vaccine) provides some protection against one of the commonest causes of meningitis and also against other conditions such as severe ear infections (otitis media), and pneumonia caused by pneumococcal bacteria. This vaccine does not protect against all types of pneumococcal infection and does not protect against meningitis caused by other bacteria or viruses.</p> <p>The PCV vaccine was introduced to the routine childhood vaccination schedule in September 2006.</p>
<p>Polio</p>	<p>Polio, or poliomyelitis, is an acute illness brought on when one of three types of polio virus invades the gastro-intestinal tract. The virus has an affinity for nervous tissue, and can cause paralysis if it reaches the central nervous system.</p> <p>Routine immunisation was introduced in 1956. Since October 2005, Polio is now part of the combined 'five-in-one' vaccine, consisting of Diphtheria, Tetanus, Pertussis, Polio and Hib. A booster dose is also given to children at around three years four months of age. Teenage Td/IPV booster vaccine, the reinforcing doses of Diphtheria, Tetanus and Polio, is given to 13 to 18 year olds.</p>

<p>Rotavirus</p>	<p>Rotavirus is a virus that infects the stomach, causing severe diarrhoea, vomiting, stomach cramps and fever. The combination of the symptoms of vomiting, diarrhoea and fever can lead to dehydration, requiring admission to hospital especially in young infants. Rotavirus is highly contagious and transmission by the faecal-oral route is most frequent, although respiratory transmission may also occur.</p> <p>Rotavirus vaccine was introduced to the UK childhood immunisation programme from 1 July 2013. The vaccine is given orally in two separate doses, at two and three months of age.</p>
<p>Tetanus</p>	<p>A toxin released from a bacterium called <i>Clostridium tetani</i> causes tetanus. Spores from these bacteria are present in soil and manure. The spores can be picked up quite easily through minor scratches, puncture wounds, burns or more serious injury.</p> <p>An effective vaccine against the disease was introduced, nationally in 1961 and a fall in the incidence of tetanus followed. Since October 2005, Tetanus is now part of the combined 'five-in-one' vaccine, consisting of Diphtheria, Tetanus, Pertussis, Polio and Hib. A booster dose is also given to children at around three years four months of age. Teenage Td/IPV booster vaccine, the reinforcing doses of Diphtheria, Tetanus and Polio, is given to 13 to 18 year olds.</p>

List of Tables

Table No.	Name	Time period	File & size
1	Uptake rates by NHS Board and calendar year	Year ending 31/12/13	Excel [159kb]
2	Uptake rates by CHP and calendar year	Year ending 31/12/13	Excel [179kb]
3	Uptake rates by NHS Board and quarter	Quarter ending 31/12/13	Excel [151kb]
4	Uptake rates by CHP and quarter	Quarter ending 31/12/13	Excel [179kb]
5	Tracking MMR immunisation uptake rates in cohorts of children as they age	Year ending 31/12/13	Excel [150kb]
6	Uptake by deprivation (SIMD 2012) by NHS Board and calendar year	Year ending 31/12/13	Excel [279kb]
7	Variation in immunisation uptake rates as children age by deprivation (SIMD 2012) at Scotland level	Year ending 31/12/13	Excel [132kb]
8	Trends in immunisation uptake by quarter, calendar and financial year - Scotland	From 1995 to quarter ending 31/12/13	Excel [353kb]

For trend data for individual NHS Boards see table below.

Table No.	Trends in immunisation uptake by quarter, calendar and financial year by individual NHS Board:	From 1995 to quarter ending 31/12/13	File & size
8a	NHS Ayrshire & Arran	1995 to 2013	Excel [170kb]
8b	NHS Borders	1995 to 2013	Excel [167kb]
8c	NHS Dumfries & Galloway	1995 to 2013	Excel [159kb]
8d	NHS Fife REVISED	1995 to 2013	Excel [168kb]
8e	NHS Forth Valley	1995 to 2013	Excel [170kb]
8f	NHS Grampian	1995 to 2013	Excel [170kb]
8g	NHS Greater Glasgow & Clyde	1995 to 2013	Excel [252kb]
8h	NHS Highland	1995 to 2013	Excel [253kb]
8i	NHS Lanarkshire	1995 to 2013	Excel [169kb]
8j	NHS Lothian	1995 to 2013	Excel [169kb]
8k	NHS Orkney	1995 to 2013	Excel [170kb]
8l	NHS Shetland	1995 to 2013	Excel [172kb]
8m	NHS Tayside	1995 to 2013	Excel [169kb]
8n	NHS Western Isles	1995 to 2013	Excel [169kb]

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Further Information

Further information can be found on the [Childhood Immunisation](#) area of the ISD website.

Further information on other ISD publications and datasets can be found on the [ISD website](#).

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Appendix

A1 – Background Information

Data Sources

The data for this publication is derived from the Scottish Immunisation and Recall System (SIRS). This is an electronic system used by all NHS Boards in Scotland. The system facilitates the invitation of children when a scheduled immunisation is due and allows recording of immunisation data. After an immunisation contact has taken place the immunisation details are keyed into the system by administrative staff in NHS Boards. A primary aim of SIRS is to ensure that children in Scotland under the age of six years receive the appropriate immunisations according to the UK childhood immunisation schedule.

SIRS began in 1987 and has been used by all NHS boards since 2002 when it incorporated the Grampian Immunisation and Recall System (GIRS).

ISD receive quarterly data extracts from SIRS for the purpose of producing and publishing immunisation uptake rates.

Accuracy and reliability

The data covers the entire child population in Scotland up to six years of age i.e. it is not a sample. As the data are recorded on SIRS for the primary purpose of facilitating the invitation of children for immunisation, a high degree of accuracy of data recording by NHS Boards is required.

ISD undertake further data quality assurance checks prior to publication. In addition, NHS Board Immunisation Co-ordinators have the opportunity to review figures for their area prior to publication, so that any issues affecting the reported rates can be highlighted to users as appropriate.

Timeliness

Data for the year and quarter ending 31 December are extracted from SIRS in mid-February and published by ISD in March.

Methods

The uptake rates are based on all children reaching a specified age who were alive and registered on SIRS at the end of the reporting period. Direct comparison between an annual rate and rates for the corresponding quarters within the year is not possible due to movements of children in and out of NHS board areas, and any deaths that may have occurred during the year. In addition, annual rates may include vaccinations given that were recorded on the system after the time when each of the quarterly rates were calculated and reported.

Revisions statement

These data are not subject to planned revisions. The rates reported reflect immunisation uptake at particular points in time, based on the data recorded. Information for previous years and quarters remain unchanged in subsequent publications.

Revisions History

ISD identified a minor issue with the MenC primary immunisation uptake rates for the period June 2008 to March 2010 due to a change on the Scottish Immunisation and Recall System (SIRS) impacting on the ISD calculations. ISD decided not to revise the figures as the impact on the reported rates was marginal (0.1 to 0.4 percentage points) and the resource required to revise the figures was considerable.

Further metadata details are available in [Appendix A2](#).

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Childhood Immunisation Statistics
Description	Uptake rates of routine childhood immunisations, by 12 months, 24 months, five years and six years. The data are presented at NHS Board and CHP level.
Theme	Health and Social Care
Topic	Child Health
Format	Excel workbooks, PDF
Data source(s)	Scottish Immunisation and Recall System (SIRS)
Date that data are acquired	10 February 2014
Release date	28 March 2014
Frequency	Quarterly. Following a consultation with users, from June 2012, ISD produce an annual report each March (calendar year figures) and tables presenting uptake rates are published quarterly.
Timeframe of data and timeliness	Data up to 31 December 2013. No delays between receipt and processing of data for publication.
Continuity of data	Data back to 1995
Revisions statement	These data are not subject to planned revisions.
Revisions relevant to this publication	No revisions were applied to this release. See Appendix A1 for revisions history.
Concepts and definitions	Further information about the current immunisation programmes in Scotland, the vaccines available, and the diseases they protect against, can be found via the NHS Health Scotland Immunisation website .
Relevance and key uses of the statistics	See Statistics in Use
Accuracy	Quality checks are conducted at data entry by NHS Boards. Figures are compared to previous years' figures and expected trends by ISD.
Completeness	The data covers the entire child population in Scotland up to six years of age i.e. it is not a sample.
Comparability	Data are comparable with data for the rest of the UK which are published by the Health Protection Agency
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	Data are available as a PDF and tables on the Childhood Immunisation area of the ISD website.
Value type and unit of	Numbers and percentages (uptake rates). See Definitions

measurement	
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Assessment by UK Statistics Authority for National Statistics designation completed.
Last published	20 December 2013
Next published	Quarterly and financial year uptake tables published in June 2014. Next annual report March 2015.
Date of first publication	March 1995
Help email	NSS.isdchildhealth@nhs.net
Date form completed	6 March 2014

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads
- Health Protection Scotland

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

- Scottish Government Health Department (Analytical Services Division)

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

- NHS Board Immunisation Co-ordinators
- Health Protection Scotland

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.