

Publication Report



HPV Immunisation Uptake Statistics

HPV Immunisation Programme – School Year 2013/14

Publication date – 30 September 2014



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Introduction

The Human Papillomavirus (HPV) vaccine is designed to protect against the two types of HPV that cause around 75% of cases of cervical cancer. The HPV vaccine does not protect against all cervical cancers, so regular cervical screening is still important.

The HPV Immunisation Programme in Scotland started on 1 September 2008 following the United Kingdom (UK) Joint Committee on Vaccination and Immunisation (JCVI) recommendation that immunisation against HPV should be introduced routinely for girls aged around 12 to 13 years. This recommendation was supported by an independent cost-benefit analysis which indicated that an uptake rate of 80% or more for three doses of vaccine would be cost effective for this routine cohort providing that vaccine protection lasted for at least 10 years. While no specific target for uptake of HPV immunisation in Scotland was set, the expectation was that uptake of 80% or more should be achieved for the routine programme.

The programme aims to help protect girls against developing cervical cancer later in life by routinely immunising them in early secondary school, at around 12 to 13 years of age. A catch-up campaign for older girls ran over a three-year period from September 2008 and applied to girls who were aged 13 to 17 on 1 September 2008.

For school years 2008/09 to 2011/12, Cervarix® vaccine was the routine vaccine used in the UK immunisation programme. From September 2012 (school year 2012/13), the UK immunisation programme switched from Cervarix® to Gardasil® as the routine vaccine used. The Gardasil® vaccine also protects against two other types of HPV that cause around 90% of genital warts.

This publication provides an update of annual HPV immunisation uptake rates to include school year 2013/14. Trend data is available from school year 2008/09. For school years 2008/09 to 2013/14, girls in Scotland were routinely offered the vaccine in the second year of secondary school (S2). Girls needed three doses of the vaccine over a six month period to give them the best protection.

In March 2014, the JCVI revised its existing recommendation to change the HPV immunisation schedule from a three dose to a two dose schedule. This change of advice is based on the latest immunological evidence which shows that the antibody response to two doses of the vaccine in adolescent girls is as good as a three dose course. Girls who have not had their first dose of HPV vaccine by the time they are 15 years old should be offered the three dose schedule. This is because the antibody response in older girls may be less good than that of younger girls.

The change in schedule from three to two doses took place from September 2014, and will be effected in the 2014/15 school cohort. From school year 2014/15 some NHS Boards may offer the vaccine in the first year of secondary school (S1), giving girls more opportunities to start the programme before they are 15 years old. The vaccine can be given any time from 9 years of age upwards. Uptake rates for school year 2014/15 are planned for release in September 2015 and the publication will be adapted as appropriate to reflect these changes.

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.

HPV immunisation uptake rates for the S2 routine cohort in Scotland are published annually in September. Each release includes the following information:

- Uptake rates for the latest routine cohort of girls in S2 who were offered HPV immunisation in the previous school year. It is important to note that these reported rates show the level of uptake *by the end of the school year* and are not 'final' uptake rates for these cohorts of girls.
- Girls in S2 who do not complete all three doses of HPV immunisations during the school year are offered the opportunity to complete their immunisation course in the following school year. 'Final' uptake rates 'one year later' for the previous year's S2 cohort are published each year to show the increase in uptake rates for these girls as time progresses, for the third dose in particular.

This release presents:

1. Uptake rates by the end of the school year for girls in S2 routinely offered HPV immunisation in school year 2013/14.
2. 'Final' uptake rates one year later for girls who were first offered HPV immunisation as part of the S2 routine cohort in school year 2012/13.
3. Trends in HPV immunisation uptake for girls in S2:
 - a) at the end of the relevant school year
 - b) one year later

Data are presented by NHS Board of school and Community Health Partnership (CHP) of residence. HPV immunisation uptake rates are derived from data recorded on the Scottish Immunisation and Recall System (SIRS) and the Child Health Surveillance Programme School system (CHSP School). For information on data collection, quality and methods see [Appendix A1](#).

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](#).

S2 routine cohort: girls in second year of secondary school (S2) i.e. aged around 12 to 13 years of age. This is the group of girls who are routinely offered HPV immunisation each year.

Uptake rates: Uptake rates, sometimes referred to as coverage, relate to the number of persons immunised against a particular disease as a proportion of the population eligible to have received the vaccine.

HPV immunisation uptake rates for the S2 routine cohort are calculated as follows:

$$\frac{\text{Total number of eligible girls immunised}}{\text{Total number of eligible girls in the population (the S2 routine cohort)}} \times 100$$

Key points

- HPV immunisation uptake rates in Scotland remain high.
- 81.4% of girls in S2 in school year 2013/14 had completed their course of three HPV immunisations by the end of the school year. At the time of reporting, 91.7% had received two doses and 93.6% had received one dose. These uptake rates are similar to the equivalent reported rates for girls in S2 in the previous school year.
- Data for the first five years of the HPV immunisation programme show that a number of girls in S2 complete their immunisation course after the school year in which they were first offered the vaccine. Uptake rates for girls in S2 during school year 2013/14 are expected to increase as girls complete their immunisation course in school year 2014/15. Updated uptake rates for these girls 'one year later' will be published in September 2015.
- For girls who were in S2 during school year 2012/13, one year later data shows uptake rates increased to 91.4% for all three doses, 93.4% for two doses and 94.4% for one dose by the end of school year 2013/14.

Results and Commentary

Uptake rates by the end of the school year for 2013/14 routine cohort

In Scotland 81.4% of girls in S2 in school year 2013/14 had completed the three dose course of HPV immunisations by the end of the school year. 91.7% had received two doses and 93.6% had received one dose. These uptake rates are similar to the equivalent reported rates for girls in S2 in school year 2012/13 (82.0% three doses, 91.8% two doses and 93.5% one dose by the end of the school year). Data for the first five years of the HPV immunisation programme show that a number of girls in S2 complete their immunisation course after the end of the school year in which they were first offered the vaccine. Therefore, the reported uptake rates for girls in S2 during school year 2013/14 are expected to increase, for the third dose in particular. Updated uptake rates for these girls 'one year later' will be published in September 2015. This is discussed in the next section.

Updated uptake rates one year later

Girls in S2 who do not start or complete all three doses of HPV immunisations during the school year are offered the opportunity to complete their immunisation course in the following school year. This means uptake rates for each S2 cohort increase (for the third dose in particular) as time progresses as shown in Table 1 and Figures 1, 2 and 3. For girls in S2 during school year 2012/13, uptake rates by the end of the school year were 82.0% for all three doses, 91.8% for two doses and 93.5% for the first dose, as reported in the annual publication in September 2013. Now, one year on, the uptake rates for these girls have increased by 9.4 percentage points to 91.4% for all three doses, by 1.6 percentage points to 93.4% for two doses, and 0.9 percentage points to 94.4% for one dose. A few girls who had previously declined HPV immunisation during S2 or the following year will present for HPV immunisation at a later stage and therefore uptake rates for these cohorts will continue to increase marginally over time.

Table 1: Annual HPV immunisation uptake rates for the S2 routine cohort by the end of the school year and one year later; school years 2008/09 to 2013/14¹

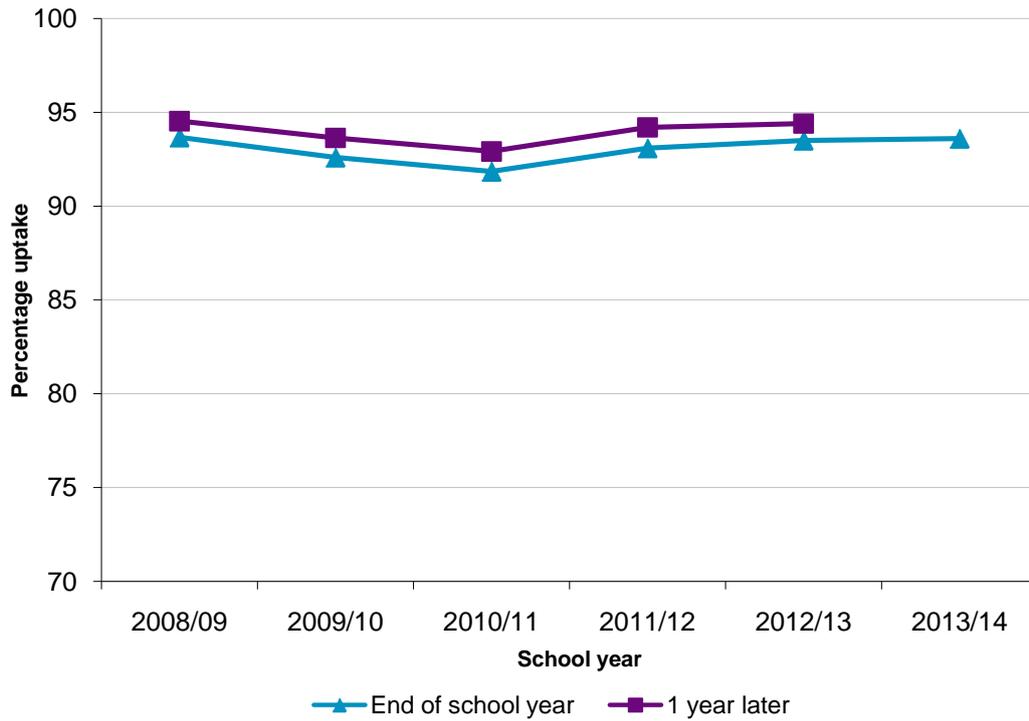
School Year	% Uptake Dose 1		% Uptake Dose 2		% Uptake Dose 3	
	End of school year	1 year later	End of school year	1 year later	End of school year	1 year later
2008/09	93.7	94.5	92.7	93.8	89.4	92.4
2009/10	92.6	93.6	91.1	92.5	86.9	90.9
2010/11	91.8	92.9	90.2	92.0	81.0	90.1
2011/12	93.1	94.2	91.7	93.4	82.8	91.4
2012/13	93.5	94.4	91.8	93.4	82.0	91.4
2013/14	93.6	..	91.7	..	81.4	..

Source: CHSP School (May 2009 to 2014)/SIRS (August 2009 to 2014)

1. The uptake rates relate to the cohort of girls recorded on CHSP School in class year S2 during the school year indicated. These girls were in the second year of secondary school and were around 12 to 13 years of age.

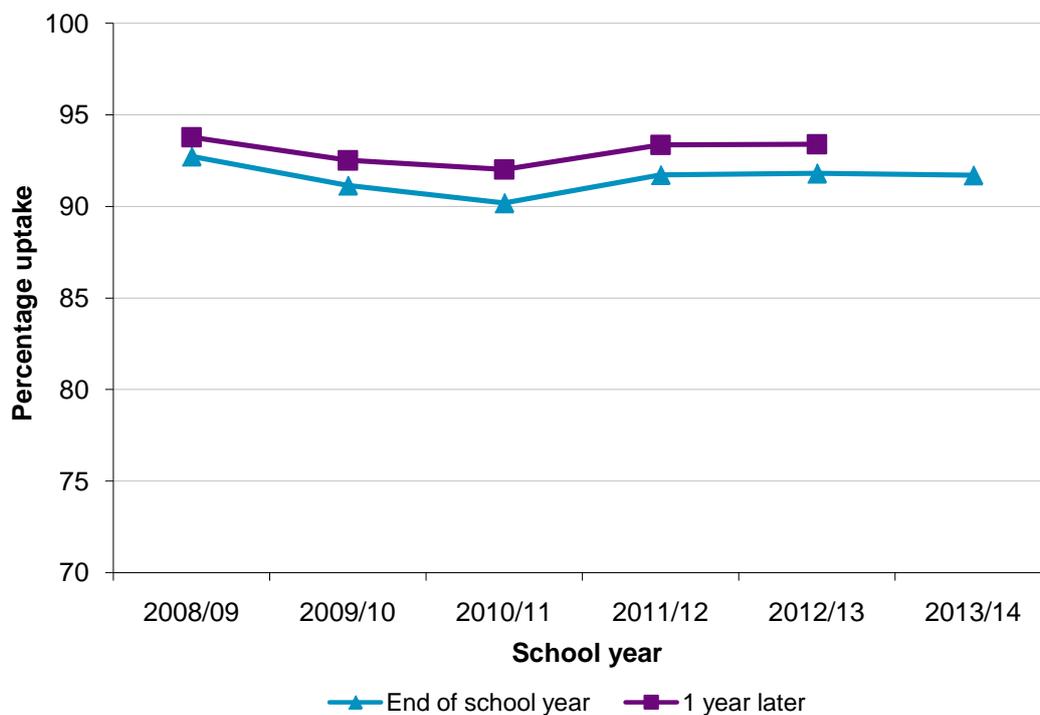
.. These figures will be published in September 2015.

Figure 1: Comparison of S2 routine cohort HPV immunisation uptake rates by the end of school year and one year later - Dose 1



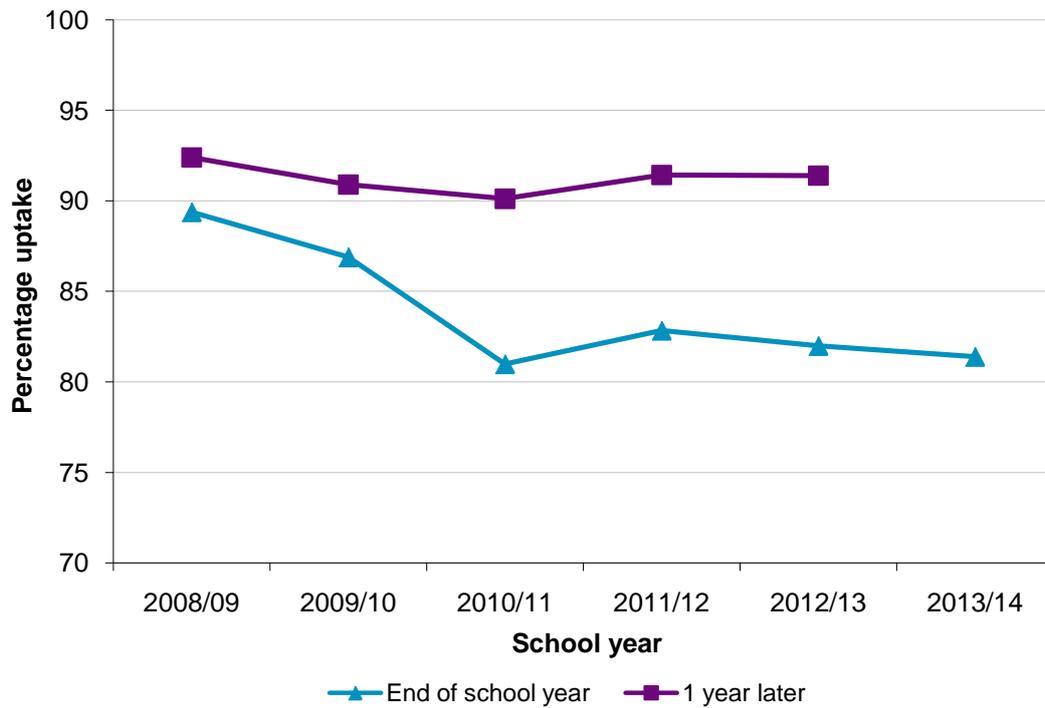
Source: CHSP School (May 2009 to 2014)/SIRS (August 2009 to 2014)
 Please note that the vertical axis on this chart does not start at the origin (zero)

Figure 2: Comparison of S2 routine cohort HPV immunisation uptake rates by the end of school year and one year later - Dose 2



Source: CHSP School (May 2009 to 2014)/SIRS (August 2009 to 2014)
 Please note that the vertical axis on this chart does not start at the origin (zero)

Figure 3: Comparison of S2 routine cohort HPV immunisation uptake rates by the end of school year and one year later - Dose 3

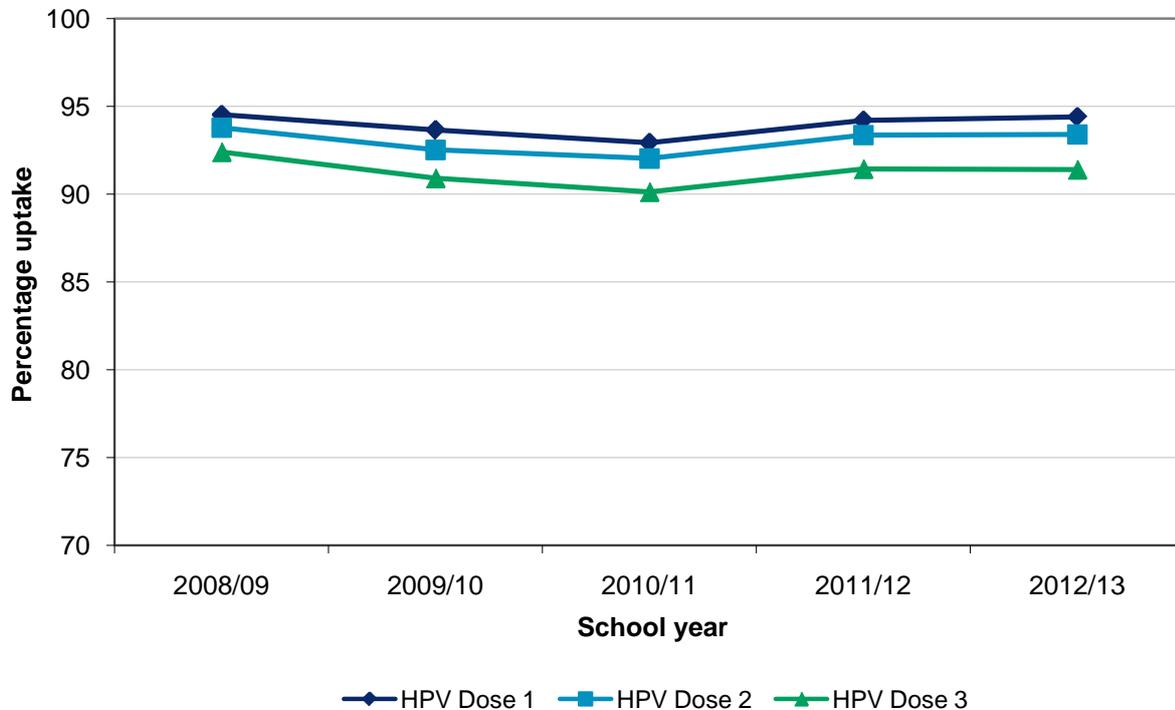


Source: CHSP School (May 2009 to 2014)/SIRS (August 2009 to 2014)
 Please note that the vertical axis on this chart does not start at the origin (zero)

Trends in uptake rates one year later

HPV immunisation uptake rates for the S2 routine cohort have been high in Scotland since the immunisation programme began in school year 2008/09. Figure 4 shows the trend in 'final' uptake rates for each routine cohort, one year on from the end of the school year when first offered immunisation. The 2008/09 S2 routine cohort had the highest uptake of each of the doses. Uptake rates decreased slightly in 2009/10 and 2010/11 and then rose slightly in 2011/12. Rates for 2012/13 are very similar to those for 2011/12. One of the possible reasons that uptake was slightly higher in 2008/09 is the high level of publicity which accompanied the launch and first year of the programme, thereby raising the awareness of HPV immunisation among the target group of eligible girls and their parents/carers. Across all years 'final' uptake of all three doses is high, exceeding 90%.

Figure 4: Trends in HPV immunisation uptake rates for the S2 routine cohort one year later

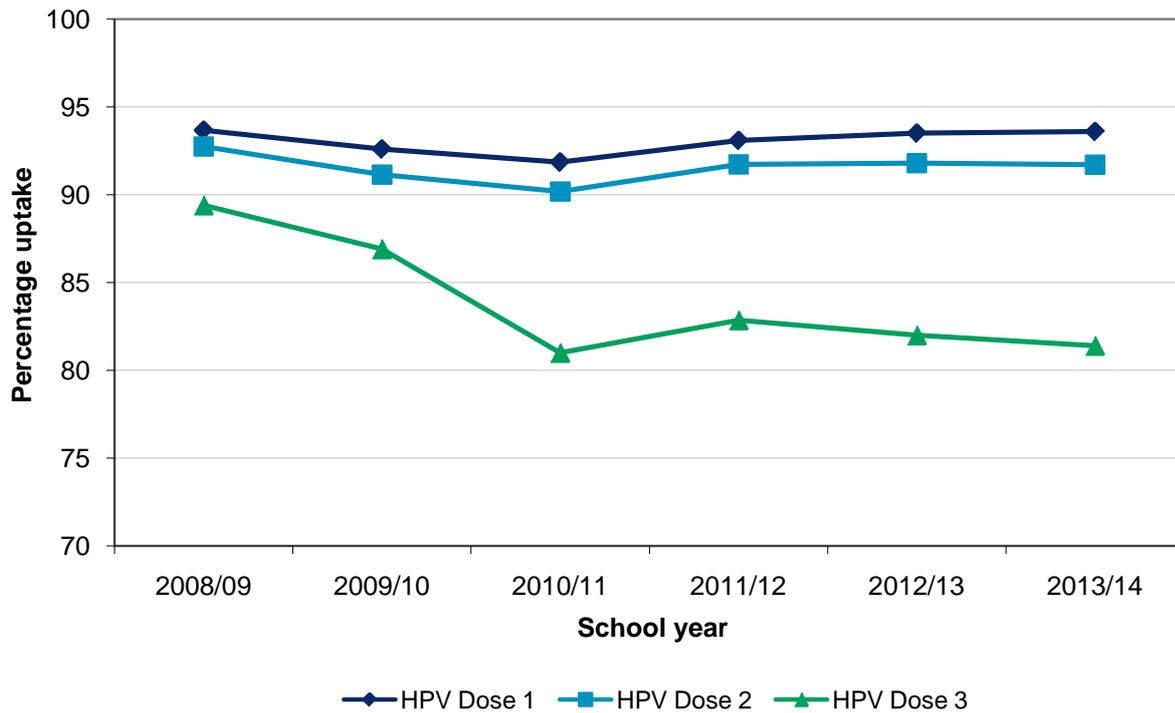


Source: CHSP School (May 2009 to 2014)/SIRS (August 2009 to 2014)
 Please note that the vertical axis on this chart does not start at the origin (zero)

Trends in uptake rates by the end of the school year

Figure 5 presents the trend in uptake rates by the end of the school year in which each cohort was first offered immunisation. The highest uptake rates are observed in the first year of the programme (2008/09). In 2010/11 there was a noticeable fall in the percentage of girls who had completed the three dose course by the end of the school year compared to the previous year. The rate fell from 86.9% in 2009/10 to 81.0% in 2010/11 and in subsequent years has remained around 81% to 83%. This is probably attributable to some NHS Boards reducing the number of HPV immunisation sessions held in schools during the school year. This means that from 2010/11, girls who missed the initial vaccination sessions held at the beginning of the school year were less likely than in previous years to be able to complete the full three dose course during that school year. However these girls are offered the chance to complete their course during the following school year (when they are in S3). The published figures show that although the percentage of girls in S2 who complete the three dose course by the end of the school year are now lower compared to the first two years of the HPV immunisation programme, final uptake rates for these cohorts 'one year later' remain high and continue to exceed 90% (Figure 4).

Figure 5: Trends in HPV immunisation uptake rates for the S2 routine cohort by the end of the school year



Source: CHSP School (May 2009 to 2014)/SIRS (August 2009 to 2014)
 Please note that the vertical axis on this chart does not start at the origin (zero)

Uptake rates by NHS Board

Table 2 shows uptake rates of all three doses for the routine S2 cohort in 2012/13 at the end of the school year and 'final' uptake rates one year later. There is some variation across Scotland's fourteen NHS Boards in 'final' uptake rates in 2012/13; ten NHS Boards had uptake rates of 90% and above and the remaining four had uptake rates above 85%. NHS Dumfries and Galloway, NHS Forth Valley and NHS Tayside had the highest uptake rates in Scotland at 93.5%. NHS Highland had the lowest uptake rate in Scotland at 85.5%.

Table 2: Annual HPV immunisation uptake rates for the 2012/13 S2 routine cohort by the end of the school year and one year later, by NHS Board of school^{1,2,3}

NHS Board of school	Number of girls in cohort ¹	% uptake of 3rd dose by end of school year (as reported at Sept 2013)	% uptake of 3rd dose by one year later (as reported at Sept 2014)
Ayrshire & Arran	1,965	88.0	91.3
Borders	618	79.9	93.2
Dumfries & Galloway	709	89.0	93.5
Fife	1,772	79.0	88.7
Forth Valley	1,579	77.5	93.5
Grampian	2,835	89.0	92.3
Greater Glasgow & Clyde ²	6,253	79.1	93.0
Highland	1,589	79.2	85.5
Lanarkshire ²	3,200	87.6	90.6
Lothian	4,209	73.1	90.0
Orkney	108	84.3	88.9
Shetland	143	88.1	91.6
Tayside	2,081	90.4	93.5
Western Isles	134	87.3	89.6
Scotland	27,195	82.0	91.4

Source: CHSP School (May 2013)/SIRS (August 2013/2014)

1. Girls recorded on CHSP School in class year S2 during the school year 2012/13. These girls were in the second year of secondary school and were around 12 to 13 years of age.
2. In 2012/13 NHS Lanarkshire delivered the HPV immunisation programme to schools in Cambuslang and Rutherglen, however HPV data for Cambuslang and Rutherglen are recorded/shown under NHS Greater Glasgow & Clyde.
3. NHS Boards based on the boundaries as at 1 April 2006. NHS Board on CHSP School is recorded in the pre-April 2006 configuration of NHS Board boundaries. Data have been mapped to reflect the boundaries as at 1 April 2006.

Table 2 also shows that for the same 2012/13 routine cohort there was more variation across NHS Boards in uptake rates observed at the end of the school year compared with one year later. For example, NHS Lothian had the lowest uptake rate of 73.1% for all three doses when first reported at the end of school year. The highest uptake rate in Scotland at this stage was in NHS Tayside at 90.4%. However one year later there was less variation in uptake rates across NHS Boards. Uptake rates in NHS Lothian had increased to 90.0% and NHS Tayside's rate increased to 93.5%). The reason that some NHS Boards have relatively lower uptake rates by the end of school year is probably because these Boards have held fewer HPV immunisation sessions in schools during the school year than in some other NHS Boards. However, as girls who are not fully immunised are invited to complete their course in the following year, uptake rates in Boards with lower uptake at the end of the school year tend to increase more during the following year. Therefore when comparing uptake rates in NHS Boards, it is important to note that Boards with relatively

lower uptake rates by the end of the school year will not necessarily have lower 'final' uptake rates one year on.

Table 3 shows uptake rates by the end of the school year for the S2 routine cohort in the most recent school year, 2013/14. Uptake rates of all three doses range from 70.7% in NHS Highland to 89.3% in NHS Ayrshire and Arran and NHS Grampian. However, as previously discussed, data from previous years of the programme suggest these differences between Boards are mostly temporary. By the time 'final' uptake rates one year on are reported it is expected there will be considerably less variation. Boards which had relatively lower uptake rates by the end of the school year will not necessarily have lower 'final' uptake rates one year on. This is because girls who have not started or completed their course of immunisations when in S2 are invited to do so during the following school year, when they are in S3.

Table 3: Annual HPV immunisation uptake rates by the end of the school year for the S2 routine cohort in school year 2013/14, by NHS Board of school

Final uptake rates one year later for this cohort will be published in September 2015

NHS Board of school	Number of girls in cohort ¹	Number 1st dose	% uptake of 1st dose	Number 2nd dose	% uptake of 2nd dose	Number 3rd dose	% uptake of 3rd dose
Ayrshire and Arran	1,864	1,744	93.6	1,723	92.4	1,665	89.3
Borders	577	551	95.5	539	93.4	469	81.3
Dumfries and Galloway	731	697	95.3	684	93.6	556	76.1
Fife	1,750	1,634	93.4	1,580	90.3	1,356	77.5
Forth Valley	1,641	1,573	95.9	1,543	94.0	1,340	81.7
Grampian	2,719	2,557	94.0	2,532	93.1	2,427	89.3
Greater Glasgow & Clyde	5,707	5,424	95.0	5,325	93.3	4,523	79.3
Highland	1,594	1,418	89.0	1,363	85.5	1,127	70.7
Lanarkshire	3,545	3,353	94.6	3,294	92.9	3,085	87.0
Lothian	4,060	3,691	90.9	3,560	87.7	2,986	73.5
Orkney	96	89	92.7	85	88.5	83	86.5
Shetland	131	117	89.3	116	88.5	109	83.2
Tayside	2,052	1,938	94.4	1,922	93.7	1,824	88.9
Western Isles	135	122	90.4	119	88.1	114	84.4
NHS Board unknown ²	4
Scotland	26,606	24,910	93.6	24,387	91.7	21,665	81.4

Source: CHSP School (May 2014)/SIRS (August 2014)

1. The cohort relates to girls recorded on CHSP School in class year S2 as at 12 May 2014. These girls were in the second year of secondary school during school year 2013/14 and were around 12 to 13 years of age.

2. NHS Boards based on the boundaries as at 1 April 2014. NHS Board on CHSP School is recorded in the pre-April 2006 configuration of NHS Board boundaries. Data have been mapped to reflect the boundaries as at 1 April 2014. There are a small number of records with a default school code where the NHS Board is unknown.

.. Not Applicable

HPV immunisation uptake rates are also available by Community Health Partnership (CHP) of residence. For the full list of information available in this release see List of Tables.

Previously published HPV immunisation uptake rates, including information for the catch-up programme which ran over the three-year period from September 2008, are available from the [Publications](#) page of the Child health topic area on the ISD website.

Uptake rates in the UK

'Final' HPV immunisation uptake rates in Scotland for the routine cohort of girls compare favourably with the rest of the UK. The latest annual figures available for other countries in the UK are shown below.

England

HPV immunisation [uptake rates in England](#) are published by Public Health England (PHE). Annual data for the 2012/13 routine cohort in England shows uptake rates by 31 August 2013 reached 86.1% for all three doses, 89.6% for two doses and 90.9% for one dose (published 16 December 2013).

Wales

Annual [uptake rates for the 2012/13 routine cohort in Wales](#) by 31 March 2014 were published by Public Health Wales in June 2014. Uptake rates in Wales reached 86.1% for all three doses, 88.8% for two doses and 89.7% for one dose.

Northern Ireland

[Uptake rates in Northern Ireland](#) are published by the Public Health Agency. Annual data for the 2012/13 routine cohort in Northern Ireland shows uptake rates at October 2013 reached 86.8% for all three doses, 89.1% for two doses and 89.9% for one dose.

In subsequent publications by the other countries in the UK, the reported annual uptake rates for the 2012/13 cohort may increase due to 'mop up' immunisations i.e. where girls are given HPV immunisation in the school year after the year in which they were first offered the vaccine as part of the routine cohort.

Glossary

HPV	Human Papillomavirus
SIRS	Scottish Immunisation and Recall System
CHSP School	Child Health Surveillance Programme School

List of Tables

Table No.	Name	Time period	File & size
1A, 1B	HPV immunisation uptake rates by the end of the school year for S2 routine cohort 2013/14; by NHS Board of school and CHP of residence	School year 2013/14	Excel [22kb]
2A, 2B	Final HPV immunisation uptake rates one year later for S2 routine cohort 2012/13; by NHS Board of school and CHP of residence	School year 2012/13	Excel [22kb]
3A – 3F	Trends in HPV immunisation uptake rates for S2 routine cohort by the end of the school year and one year later; by NHS Board of school	School years 2008/09 to 2013/14	Excel [54kb]

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Further Information

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

An [article](#) published on 2 September 2014 in the British Journal of Cancer provides further evidence to suggest that the Human Papillomavirus (HPV) vaccination is leading to a reduction in cervical abnormalities among the target population.

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Appendix

A1 – Background Information

Data Sources

Data for this publication are derived from the Child Health Surveillance Programme School system (CHSP School) and Scottish Immunisation and Recall System (SIRS). These systems are used by all NHS Boards in Scotland and their primary purpose is to facilitate the invitation of children for specific child health programme contacts or immunisations as they reach the appropriate age. They also allow recording of information obtained and/or care given during the contacts, such as immunisations given.

CHSP School is used to facilitate the scheduling of HPV immunisation sessions in school and the 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. Immunisations recorded on the school system also update the child's immunisation record on SIRS.

SIRS began in 1987 and has been used by all NHS Boards since 2002 when it incorporated the Grampian Immunisation and Recall System (GIRS). CHSP School began in 1995 and all NHS Boards, except NHS Orkney, have used CHSP School/SIRS to record HPV immunisations since the HPV immunisation programme began in 2008/09. NHS Orkney recorded HPV immunisation data on CHSP School/SIRS from 2010/11 and provided their own figures for school years 2008/09 and 2009/10.

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

Accuracy and reliability

The data covers all girls in the second year of secondary school in Scotland i.e. it is not a sample. It covers girls in local authority, independent and grant maintained schools. As data are recorded on CHSP School and SIRS for the primary purpose of helping to facilitate the scheduling and invitation of children for immunisation, a high degree of accuracy of data recording by NHS Boards is required. A small number of additional HPV immunisations may have been given that have not been recorded on CHSP School or SIRS by the time of data extract.

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.

Where girls move into Scotland during the school year their HPV immunisation status is obtained and recorded on SIRS/CHSP School so that immunisation(s) can be offered if appropriate. A small number of immunisations may be given out-with the schools programme by GPs or in private clinics for example. SIRS/CHSP School would normally be updated to reflect these girls' HPV immunisation status. However there may be a few instances where details of immunisation given out-with the school programme are not provided to administrative staff in NHS Boards who update CHSP School and SIRS.

Timeliness

HPV immunisation uptake rates are collated by school year, which in Scotland ends in late June. NHS Boards have approximately six weeks to ensure the data recorded on HPV immunisations given are up-to-date for reporting purposes. Data on HPV immunisations given are extracted in mid-August and ISD publish uptake rates in the following month, at the end of September.

Methods

Girls who are recorded on CHSP School in class year S2 as at May (i.e. near the end of the school year) are defined as the S2 routine cohort (the denominator). The data recorded on SIRS (as at August) on HPV immunisations given is then mapped to this cohort of girls to derive the number of these girls immunised with each of the doses (the numerators).

Uptake rates for each S2 routine cohort are calculated at two stages:

- By the end of the school year in which girls were first offered HPV immunisation as part of the routine cohort and
- One year later. These 'final' uptake rates show the increase in uptake rates for each routine cohort as time progresses.

A few girls who had previously declined HPV immunisation during S2 or the following year (i.e. by one year later) will present for HPV immunisation at a later stage and therefore uptake rates for these cohorts will continue to increase marginally over time.

Revisions statement

These data are not subject to planned revisions. The rates reported reflect immunisation uptake rates at particular points in time, based on the data recorded. For each annual S2 routine cohort, uptake rates by the end of school year are reported and then 'final' uptake rates one year later are reported the following year.

Revisions History

None

Consultation on frequency of HPV immunisation uptake statistics publication

During June/July 2011 ISD conducted a consultation regarding the frequency of publication of HPV immunisation uptake statistics. The consultation appeared on the ISD website and was emailed to stakeholders. The proposal was to reduce the frequency of publication of HPV immunisation uptake statistics from bi-annual to annual.

The consultation was open for a period of 6 weeks and 7 responses were received. There were no objections to the proposal to move to an annual publication.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	HPV Immunisation Uptake Statistics
Description	HPV immunisation uptake rates for school year 2013/14.
Theme	Health and Social Care
Topic	Child Health
Format	Excel workbooks, PDF
Data source(s)	Child Health Surveillance Programme School (CHSP S), Scottish Immunisation and Recall System (SIRS)
Date that data are acquired	11 August 2014
Release date	30 September 2014
Frequency	Annual
Timeframe of data and timeliness	Data up to 11 August 2014. No delays between receipt and processing of data for publication.
Continuity of data	None
Revisions statement	These data are not subject to planned revisions. Each release reports on uptake rates for specific cohorts by a given date.
Revisions relevant to this publication	None
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 www.immunisationscotland.org.uk
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.
Completeness	The data covers all girls in the second year of secondary school in Scotland i.e. it is not a sample. It covers girls in local authority, independent and grant maintained schools. Some additional doses of HPV vaccine may have been given but have not yet been recorded on CHSP School/SIRS at the time the data was extracted.
Comparability	Data are comparable with data for the rest of the UK. See Uptake rates in the UK .
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 measurement	Numbers and percentages.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics
UK Statistics Authority	Assessment by UK Statistics Authority for National

Assessment	Statistics designation completed.
Last published	24 September 2013
Next published	September 2015
Date of first publication	March 2009
Help email	NSS.isdchildhealth@nhs.net
Date form completed	1 September 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

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

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

- 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.