

Publication Report



Teenage Booster Immunisation Statistics

Teenage Td/IPV booster and teenage MenC booster immunisation uptake rates for school year 2013/14

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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 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 teenage Td/IPV booster immunisation has been part of the routine immunisation schedule for many years. The vaccine boosts protection against three diseases: tetanus, diphtheria and polio. A total of five doses of tetanus, diphtheria and polio vaccine are recommended for long term immunity. These doses are offered according to the following schedule:

- The first three doses are offered to babies (at two, three and four months of age)
- The fourth dose at age 3 years 4 months
- The fifth dose (the Td/IPV booster vaccine) between 13 and 18 years of age

In Scotland the Td/IPV booster vaccine is routinely offered to teenagers in year three of secondary school (S3), predominantly through a school-based programme. Pupils in S3 are around 14 years of age.

Since September 2013, teenagers have also been offered a booster dose of MenC vaccine. The MenC vaccine protects against meningitis and septicaemia (blood poisoning) caused by meningococcal group C bacteria. Previously MenC vaccine was given as three separate doses to babies at three, four and 12 to 13 months of age. In June 2013 the dose at four months was removed from the routine schedule and teenagers are now given a booster dose of MenC vaccine between 13 and 18 years of age. Research has shown that the length of protection against MenC is increased when a dose of the vaccine is given in the early teenage years. Young people in Scotland are offered a MenC booster vaccine in S3, at the same time as the Td/IPV booster vaccine.

Pupils who miss the vaccination sessions in S3 are offered the vaccine in year four of secondary school (S4). Teenagers who are not fully immunised may also be given the vaccine in year five (S5) or six (S6) of secondary school or in general practice.

This publication provides information on uptake of the teenage booster immunisations by NHS Board for school year 2013/14. Uptake rates for the teenage Td/IPV booster vaccine are presented for pupils in S3 and S4. Uptake rates for the teenage MenC booster vaccine are presented in this release for pupils in S3 only as this was the first cohort to be offered the vaccine.

These statistics are published as 'experimental statistics' as they are recently introduced official statistics undergoing evaluation and there are data completeness and quality issues which are explained in subsequent sections. A key part of the 'experimental' label is user engagement in the evaluation of those statistics to help inform their development. Readers are invited to send comments on the publication to NSS.isdchildhealth@nhs.net.

Uptake rates of routine immunisations for children up to 6 years and HPV immunisation among girls in S2 are both published separately in the [Child Health](#) topic area of the ISD website.

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.

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](#).

S3 cohort: pupils in third year of secondary school (S3) i.e. aged around 14 years of age.

S4 cohort: pupils in fourth year of secondary school (S4) i.e. aged around 15 years of age.

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.

The uptake rates for each cohort are calculated as follows:

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

Data quality and completeness

Data for this publication are derived from the Child Health Surveillance Programme School system (CHSP School) and Scottish Immunisation and Recall System (SIRS). Uptake rates of the teenage booster vaccines are not available for the island boards (NHS Orkney, NHS Shetland and NHS Western Isles). In these boards the vaccines are routinely offered to teenagers through general practice rather than through a school-based programme. Teenage booster vaccines given in general practice are not routinely recorded on CHSP School or SIRS. As these boards have small population sizes, the absence of data for these areas has a negligible impact on the overall 'Scotland' uptake rate.

In mainland boards the teenage booster vaccines are offered through a school-based programme and data on vaccines given is recorded on CHSP School/SIRS. However there are some data completeness issues for these boards as follows:

- Although predominantly a school-based programme, a small number of vaccines may also be given in general practice, for example, when teenagers attending their GP practice are identified as not fully immunised. Teenage booster vaccines given in general practice are not routinely recorded on CHSP School or SIRS.
- In most boards there are some schools where the data on teenage booster vaccinations given are not recorded, or are only partially recorded, on CHSP School/SIRS. The number of schools, and the number and percentage of the S3 and S4 cohort affected, varies across boards. These are often, although not exclusively, private schools. For example, in some private schools it may be an independent contractor such as a local general practice which provides the vaccination service and in such instances data on vaccinations given are less likely to be captured on CHSP School/SIRS.

There may also be some inaccuracies in the cohorts of S3 and S4 pupils recorded on CHSP School. These inaccuracies are thought to be minor in general.

To improve the accuracy of the uptake rates, data for some schools have been excluded from the calculations where the recording of vaccinations given is incomplete. There are also a small number of records on CHSP School where teenagers are allocated to 'default' school codes which indicate, for example, the school is unknown. These are likely to be data errors and therefore these data are also excluded from the calculations. The data excluded from the statistics were reviewed by the relevant NHS Boards to ensure users with local knowledge of recording practices and data completeness provided verification that these were appropriate. Information on data completeness i.e. the number and percentage of the cohort excluded from the calculations is presented alongside the uptake rates in the Results and Commentary section as it is important that these are considered in conjunction when interpreting the information.

Key points

- In 2013/14 uptake of the teenage Td/IPV booster vaccination among S3 pupils was 84.2%. This is a small increase on the 2012/13 uptake of 83.4%.
- For pupils in S4 in school year 2013/14 uptake had reached 87.1% by the end of the school year. This is a marginal increase on the 2012/13 uptake for S4 pupils of 86.9%.
- Since September 2013, teenagers have been offered the MenC booster vaccination in S3, at the same time as the Td/IPV booster. Uptake of the MenC booster vaccine among S3 pupils was 83.6% in 2013/14.

Results and Commentary

Uptake rates

In 2013/14, uptake of the teenage Td/IPV booster vaccination among S3 pupils in Scotland, the class year in which the vaccine is routinely offered, was 84.2%. This is a small increase on the equivalent rate for S3 pupils in 2012/13 of 83.4%.

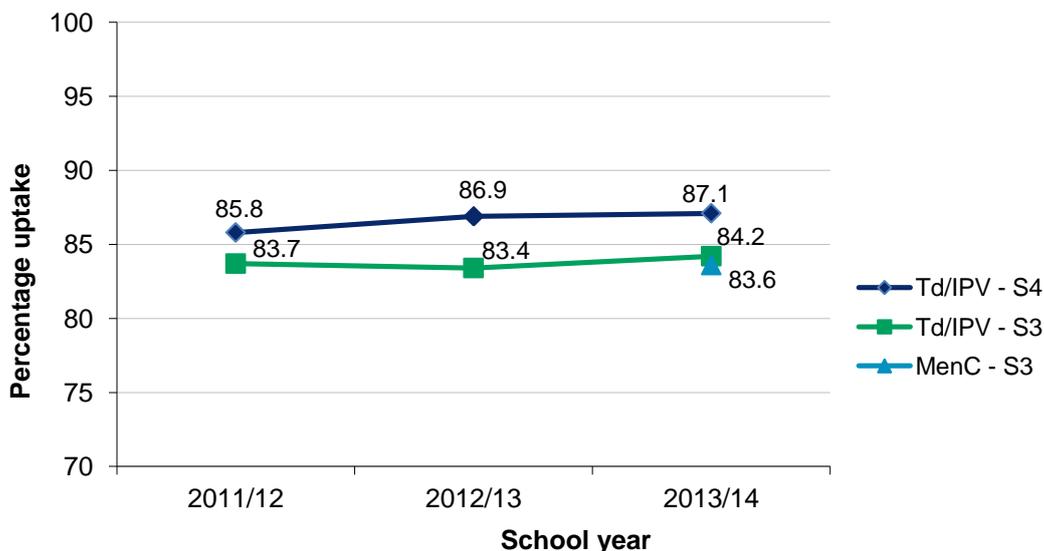
Pupils not vaccinated in S3 are offered the vaccine in S4, so uptake rates increase over time. For pupils in S4 in school year 2013/14 uptake had reached 87.1% by the end of school year. This is a marginal increase on the equivalent rate for S4 pupils in 2012/13 of 86.9%.

Some NHS Boards may offer the vaccine to young people who are not fully immunised in S5 and S6. Uptake rates for class years S5 and S6 are not available. Teenagers who are not fully immunised may also be given the vaccine in general practice however these data are not routinely recorded on CHSP School/SIRS.

Teenage Td/IPV booster uptake rates are available from school year 2011/12. Figure 1 shows uptake rates for pupils in S4 in 2013/14 was slightly higher compared to 2011/12. The uptake rate for pupils in S3 was marginally higher in 2013/14 compared to 2011/12.

Since September 2013, young people in Scotland have been offered a MenC booster vaccine in S3, at the same time as the Td/IPV booster. Uptake of the teenage MenC booster vaccination among S3 pupils was 83.6% in 2013/14. Pupils not vaccinated in S3 will be offered the vaccine in S4 so uptake rates are expected to increase in a similar way to the teenage Td/IPV booster uptake rates (the two vaccines are routinely given at the same time).

Figure 1: Trend in teenage booster immunisation uptake rates for class years S3 and S4 in Scotland; school years 2011/12 to 2013/14



Source: ISD Scotland; CHSP School /SIRS

Please note that the vertical axis on this chart does not start at the origin (zero)

For full details of teenage booster immunisation uptake rates for 2011/12 and 2012/13 see the [previous publication](#). It should be noted that the configuration of NHS Board boundaries in Scotland changed on 1 April 2014. The NHS Boards presented in this publication (for school year 2013/14) are based on the boundaries as at 1 April 2014. The NHS Boards presented in the previous publication (for school years 2011/12 and 2012/13) are based on the boundaries as at 1 April 2006.

Uptake rates for the teenage booster vaccines vary between boards (Table 1 and Table 2) however as data completeness of the recording of vaccinations given in school on CHSP School varies across boards it would therefore be inadvisable to draw conclusions from these data.

Table 1: Teenage Td/IPV booster and teenage MenC booster immunisation uptake rates by NHS Board of school; pupils in S3 in school year 2013/14^{1,2}

NHS Board of school ³	Data completeness			Uptake rates		
	Number in S3 cohort on CHSP School	Number in S3 cohort excluded from uptake statistics due to incomplete data entry for school	% of cohort excluded from the calculation of uptake rates	Number in S3 cohort included in the calculation of uptake rates	Teenage Td/IPV booster uptake rate by end of school year 2013/14 (%)	Teenage MenC booster uptake rate by end of school year 2013/14 (%)
Ayrshire & Arran	3,981	56	1.4	3,925	82.4	80.5
Borders	1,196	20	1.7	1,176	88.4	86.0
Dumfries & Galloway	1,487	2	0.1	1,485	88.6	88.4
Fife	3,737	337	9.0	3,400	81.0	81.2
Forth Valley	3,211	102	3.2	3,109	88.9	89.1
Grampian	5,985	161	2.7	5,824	89.2	88.3
Greater Glasgow & Clyde	12,076	246	2.0	11,830	87.1	87.0
Highland	3,353	352	10.5	3,001	81.0	79.1
Lanarkshire	7,232	69	1.0	7,163	83.0	82.9
Lothian	8,556	176	2.1	8,380	77.8	77.0
Orkney ⁴	222	222	100.0	..	..	..
Shetland ⁴	297	297	100.0	..	..	..
Tayside	4,291	143	3.3	4,148	84.1	84.0
Western Isles ⁴	274	274	100.0	..	..	..
Scotland	55,898	2,457	4.4	53,441	84.2	83.6

Source: ISD Scotland; CHSP School as at 12 May 2014/SIRS as at 11 August 2014

1. The cohort is based on pupils recorded on CHSP School in class year S3 as at 12 May 2014.

2. The number vaccinated by the end of school year 2013/14 is defined as vaccinations given by 31 July 2014 and is based on the data recorded on SIRS as at 11 August 2014.

3. NHS Boards based on the boundaries as at 1 April 2014.

4. In NHS Orkney, NHS Shetland and NHS Western Isles teenage booster vaccinations are given in general practice and therefore data on vaccines given are not routinely recorded on CHSP School/SIRS.

5. The numbers of pupils in S3 in 2013/14 who received the teenage Td/IPV booster and teenage MenC booster vaccines by the end of school year are not presented in the table due to space constraints. These are shown in the excel workbook version of the table available from the [List of Tables](#).

.. Not available.

Table 2: Teenage Td/IPV booster immunisation uptake rates by NHS Board of school; pupils in S4 in school year 2013/14^{1,2}

NHS Board of school ³	Data completeness			Uptake rates	
	Number in S4 cohort on CHSP School	Number in S4 cohort excluded from uptake statistics due to incomplete data entry for school	% of cohort excluded from the calculation of uptake rates	Number in S4 cohort included in the calculation of uptake rates	Teenage Td/IPV booster uptake rate by end of school year 2013/14 (%)
Ayrshire & Arran	4,096	8	0.2	4,088	87.3
Borders	1,172	37	3.2	1,135	91.9
Dumfries & Galloway	1,584	6	0.4	1,578	90.5
Fife	3,680	342	9.3	3,338	81.8
Forth Valley	3,405	140	4.1	3,265	92.1
Grampian	6,017	161	2.7	5,856	92.5
Greater Glasgow & Clyde	12,417	114	0.9	12,303	91.9
Highland	3,667	319	8.7	3,348	83.8
Lanarkshire	7,520	150	2.0	7,370	85.3
Lothian	8,351	663	7.9	7,688	80.9
Orkney ⁴	227	227	100.0	..	..
Shetland ⁴	264	264	100.0	..	..
Tayside	4,420	135	3.1	4,285	80.9
Western Isles ⁴	293	293	100.0	..	..
Scotland	57,113	2,859	5.0	54,254	87.1

Source: ISD Scotland; CHSP School as at 12 May 2014/SIRS as at 11 August 2014

1. The cohort is based on pupils recorded on CHSP School in class year S4 as at 12 May 2014.

2. The number vaccinated by the end of school year 2013/14 is defined as vaccinations given by 31 July 2014 and is based on the data recorded on SIRS as at 11 August 2014.

3. NHS Boards based on the boundaries as at 1 April 2014.

4. In NHS Orkney, NHS Shetland and NHS Western Isles teenage booster vaccinations are given in general practice and therefore data on vaccines given are not routinely recorded on CHSP School/SIRS.

5. The numbers of pupils in S4 in 2013/14 who received the teenage Td/IPV booster vaccine by the end of school year are not presented in the table due to space constraints. These are shown in the excel workbook version of the table available from the [List of Tables](#).

.. Not available.

Uptake rates in the UK

England

In England coverage of the teenage booster immunisation is not routinely measured. The Health Protection Agency (HPA) estimates that coverage of the teenage Td/IPV booster is around 70%. ([Public Health Functions to be exercised by NHS England, Service Specification No.12, Td/IPV \(teenage booster\) immunisation programme](#), published April 2013, Department of Health). Public Health England has proposed coverage of the teenage booster immunisation in England is evaluated through a new adolescent immunisation collection.

Wales

In Wales, uptake of the Td/IPV teenage booster immunisation in young people reaching 16 years of age was 80.1% in the year ending 31st March 2014 ([Vaccine Uptake in Children in Wales, COVER Annual report 2014](#), published April 2014, Public Health Wales). The Td/IPV booster is given at 13 to 15 years of age (the age when the vaccine is given varies in different areas of Wales) and uptake of the completed booster dose is reported for young people reaching 15 and 16 years of age. An uptake rate for teenage MenC booster immunisation in Wales is not yet available.

Northern Ireland

Data on uptake of the teenage booster immunisations is not collected in Northern Ireland.

Glossary

CHSP School	Child Health Surveillance Programme School
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 became 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>
MenC vaccine	<p>The MenC 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. 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. Two doses of MenC vaccine as a baby as well as a booster dose as a teenager are required for full immunisation. The booster dose increases protection against MenC and is usually given between 13 and 18 years of age.</p>
Polio	<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 became 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>
Tetanus	<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. An effective vaccine against the disease was introduced, nationally in 1961 and a fall in the incidence of tetanus followed. Since October 2005, Tetanus became 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</p>

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.

SIRS

Scottish Immunisation and Recall System

Td/IPV booster vaccine

The Td/IPV vaccine completes the five-dose course that provides protection against tetanus, diphtheria, and polio (with Inactivated Polio Vaccine (IPV)). The vaccine is usually given between 13 and 18 years of age.

List of Tables

Table No.	Name	Time period	File & size
1 & 2	Teenage Td/IPV booster and teenage MenC booster immunisation uptake rates by NHS Board of school; pupils in S3 and S4	School year 2013/14	Excel [16kb]
Figure 1	Trend in teenage booster immunisation uptake rates for class years S3 and S4 in Scotland	School years 2011/12 to 2013/14	Excel [13kb]

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Further Information

Further information can be found on the [ISD website](#)

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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 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.

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

Timeliness

Teenage booster immunisation uptake rates are collated by school year, which in Scotland ends in late June. Data for the previous school year are planned for publication annually in November.

Methods

The S3 and S4 cohorts (the denominators) are identified as pupils recorded in these class years on CHSP School as at May of the relevant school year (i.e. near the end of the school year).

The latest available data extracted from SIRS on teenage booster immunisations given are then mapped to the cohorts of pupils to derive the number of pupils immunised by the end of the school year (the numerators). For statistical purposes the end of school year has been defined as 31 July.

Pupils who miss the vaccination sessions in S3 are offered the vaccine in S4, so uptake rates increase over time.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Teenage Booster Immunisation Statistics
Description	Teenage Td/IPV booster and teenage MenC booster 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 School), Scottish Immunisation and Recall System (SIRS)
Date that data are acquired	11 August 2014
Release date	16 December 2014
Frequency	Annual
Timeframe of data and timeliness	Data for school year 2013/14
Continuity of data	Data available from school year 2011/12. No data continuity issues
Revisions statement	These data are not subject to planned revisions. Each release reports on uptake rates for specific cohorts by the end of the relevant school year.
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	<p>The statistics are designed for monitoring and evaluating the effectiveness of the national immunisation programme. The statistics are used for a variety of purposes, including:</p> <ul style="list-style-type: none"> • Health Protection Scotland use the statistics to inform decision making and planning in the co-ordination and strengthening of health protection in Scotland. • The Scottish Government uses the statistics to monitor the performance of the national immunisation programme; inform policy decision making on the programme. • NHS Boards use the statistics to monitor the local performance of their immunisation programmes and plan improvements to services e.g. identify actions

	required.
Accuracy	See section on Data quality and completeness in the report.
Completeness	See section on Data quality and completeness in the report.
Comparability	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	Official Statistics
UK Statistics Authority Assessment	These are new experimental statistics which have not been submitted for assessment by the UK Statistics Authority
Last published	25 March 2014
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Help email	NSS.isdchildhealth@nhs.net
Date form completed	12 November 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 Quality Assurance

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

- NHS Board immunisation co-ordinators
- NHS Board child health/screening department administrators
- 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](#).