

# Publication Report



## Childhood Immunisation Statistics

Quarter and year ending 31 December 2014

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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

From 1 October 2013 the phased introduction of the childhood flu programme began in Scotland and the rest of the UK following advice from the Joint Committee for Vaccination & Immunisation (JCVI), which advises UK health departments on immunisation. In Scotland, during autumn/winter 2014, flu immunisation was offered to children aged two to five years through their GP practice and to all children at primary school.

**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 excluding flu vaccine which is published by Health Protection Scotland (HPS) in [HPS National Influenza Reports](#). 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 2014. Trend information is available from 1995. 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.

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.

### Changes in the UK Immunisation Schedule

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

#### Autumn 2013

From 1 October 2013 the phased introduction of the childhood flu programme began in Scotland and the rest of the UK.

#### 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.

**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, uptake rates by 12 months of age for complete primary courses of immunisation against diphtheria, tetanus, pertussis, polio & Hib (the five-in-one vaccine), MenC and PCV remained high in 2014, with rates above 97%.
- 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, polio and Hib (the five-in-one vaccine), MenC and PCV. In 2014, uptake rates of these vaccines remained high at 95% and above. At Scotland level, the 95% target has been met or exceeded since 2002.
- The national target is for 95% uptake of one dose of the MMR vaccine by five years of age, with a supplementary measure at 24 months. In 2014, annual uptake of one dose of MMR vaccine by 24 months of age reached 95.6% (the previous figure was 95.4%). Uptake of one dose by five years of age was 97.3% (the previous figure was 97.1%). Uptake rates by five years have remained above the 95% target since 2009.
- At Scotland level, uptake rates were high across all deprivation categories. Uptake rates for completed courses of primary immunisations by 12 months of age were above 97% in all deprivation categories.

## Results and Commentary

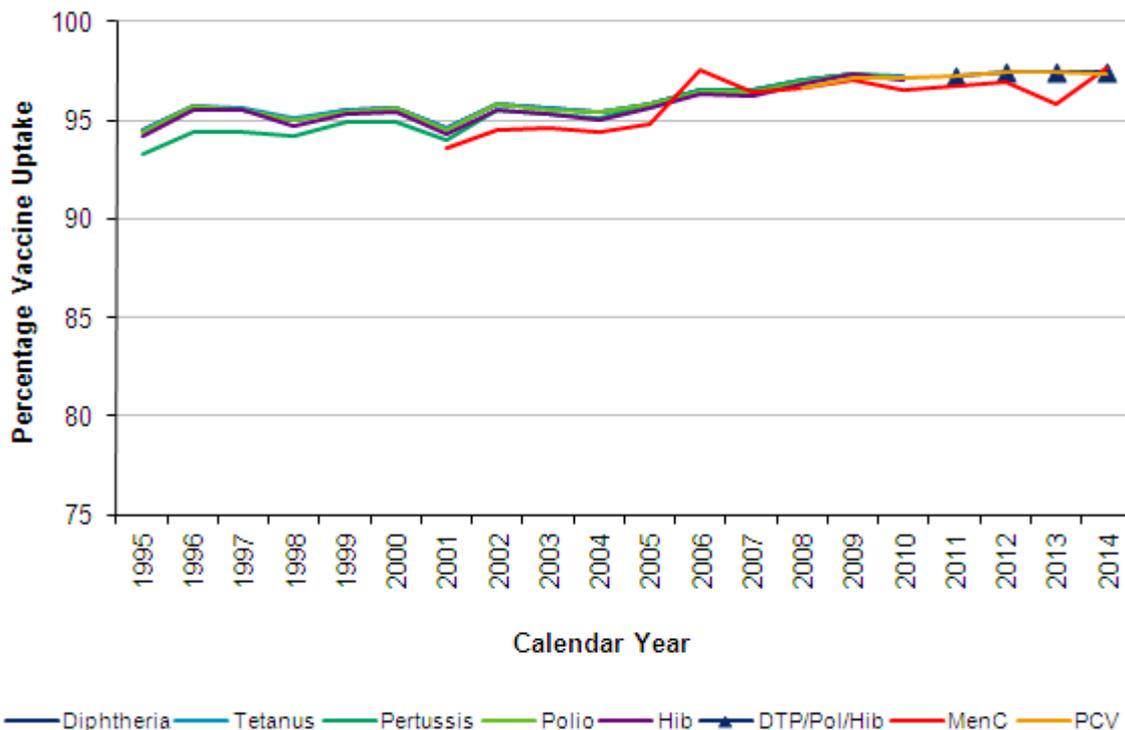
### Annual uptake rates by 12 months of age (calendar year figures)

In Scotland, uptake rates by 12 months of age for complete primary courses of immunisation against diphtheria, tetanus, pertussis, polio & Hib (the five-in-one vaccine), MenC and PCV remained high, with rates above 97%. In 2014, uptake rates by 12 months of age were:

- 97.4% of children had completed primary courses of immunisation against diphtheria, tetanus, pertussis, polio & Hib (the five-in-one vaccine) (97.5% in 2013)
- 97.7% completed the primary course of MenC (95.8% in 2013)
- 97.4% completed the primary course of PCV (97.5% in 2013)

[Figure 1](#) shows the trend in immunisation uptake rates by 12 months of age since 1995, when uptake rates were just below 95%. Uptake rates for all primary immunisations have risen and, 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 from three to two in the immunisation schedule. From June 2013 the second dose of MenC vaccine was removed from the routine immunisation schedule so children now require one dose by 12 months of age.

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



Source: SIRS, February 2015

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

A small dip in primary MenC uptake by 12 months of age was seen in 2013, due to the change in the routine schedule, although uptake was still above 95%. Children in this cohort were born in 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) had 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.

Rotavirus vaccine was introduced to the routine schedule in July 2013. Children require two doses of vaccine, given at least four weeks apart. The vaccine can be given from six weeks of age to before 15 weeks of age (first dose) or before 24 weeks of age (second dose). The first full calendar year birth cohort eligible for the vaccine were born January to December 2014 and will reach 12 months of age during 2015. This means annual uptake rates will not be available until the March 2016 publication. However quarterly uptake rates are available and show that uptake increased to 93.7% in the quarter ending December 2014, from 92.7% in the previous quarter.

**Table 1 - Primary Immunisation Uptake Rates by 12 months of age, by NHS Board, year ending 31 December 2014**

NHS Board of residence <sup>1</sup>	Number in Cohort <sup>2</sup>	% completed primary course by 12 months		
		DTP/Pol/Hib	MenC	PCV
Ayrshire & Arran	3,700	98.3	99.0	98.5
Borders	1,073	97.4	97.9	97.3
Dumfries & Galloway	1,353	98.6	98.7	98.5
Fife	3,908	97.0	98.1	97.0
Forth Valley	3,089	97.5	98.3	97.7
Grampian	6,253	96.5	96.7	96.3
Greater Glasgow & Clyde	12,566	97.5	97.5	97.5
Highland	2,990	95.6	96.6	95.7
Lanarkshire	7,082	98.1	98.7	98.3
Lothian	9,570	97.4	97.2	97.3
Orkney	202	97.5	98.0	97.0
Shetland	249	95.6	97.6	95.6
Tayside	4,065	97.7	97.8	97.6
Western Isles	249	97.2	97.6	97.2
NHS Board unknown	8	..	..	..
<b>Scotland</b>	<b>56,357</b>	<b>97.4</b>	<b>97.7</b>	<b>97.4</b>

Source: SIRS, February 2015

1. NHS Boards based on the boundaries as at 1 April 2014. NHS Board of residence on the Scottish Immunisation & Recall System (SIRS) 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 using the child's home postcode. There are a small number of records that do not have a postcode recorded and therefore the NHS Board is unknown.

2. Children reaching 12 months of age during the evaluation period 1 January to 31 December 2014 (i.e. born 1 January to 31 December 2013).

.. Not Applicable.

Key:

**DTP/Pol/Hib** = The 5-in-1 vaccine (3 doses) which protects against diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (Hib). For children who received primary immunisations outside the UK, where the vaccine may not be given as one injection, only those who received 3 doses of each vaccine (diphtheria, tetanus, pertussis, polio and Hib) are counted as completing the primary course.

**MenC** = Meningococcal serogroup C conjugate vaccine (1 dose).

**PCV** = Pneumococcal conjugate vaccine (2 doses).

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

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, polio and Hib (the five-in-one vaccine), MenC and PCV. At Scotland level, uptake rates of these vaccines remained high. The 95% target has been met or exceeded since 2002. In 2014, uptake rates for these primary immunisations by 24 months of age were:

- 98.1% of children had completed primary courses of immunisation against diphtheria, tetanus, pertussis, polio & Hib (the five-in-one vaccine) (*98.3% in 2013*)
- 95.0% completed the primary course of MenC (*96.2% in 2013*)
- 97.1% completed the primary course of PCV (*97.0% in 2013*)

There was a small decrease in primary MenC vaccine uptake at 24 months of age in 2014, although the 95% target was still met. The decrease was due to the removal of the second dose (given at four months) from the routine schedule from 1 June 2013. As explained in the previous section, children in this cohort were born in 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) had 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.

For MMR vaccine, the national target is for 95% uptake of one dose of the MMR vaccine by five years of age, with a supplementary measure at 24 months. Uptake of one dose of MMR vaccine by 24 months of age remained high in Scotland, exceeding 95%.

- In 2014, 95.6% of children had received one dose of MMR vaccine by 24 months of age (*95.4% in 2013*)

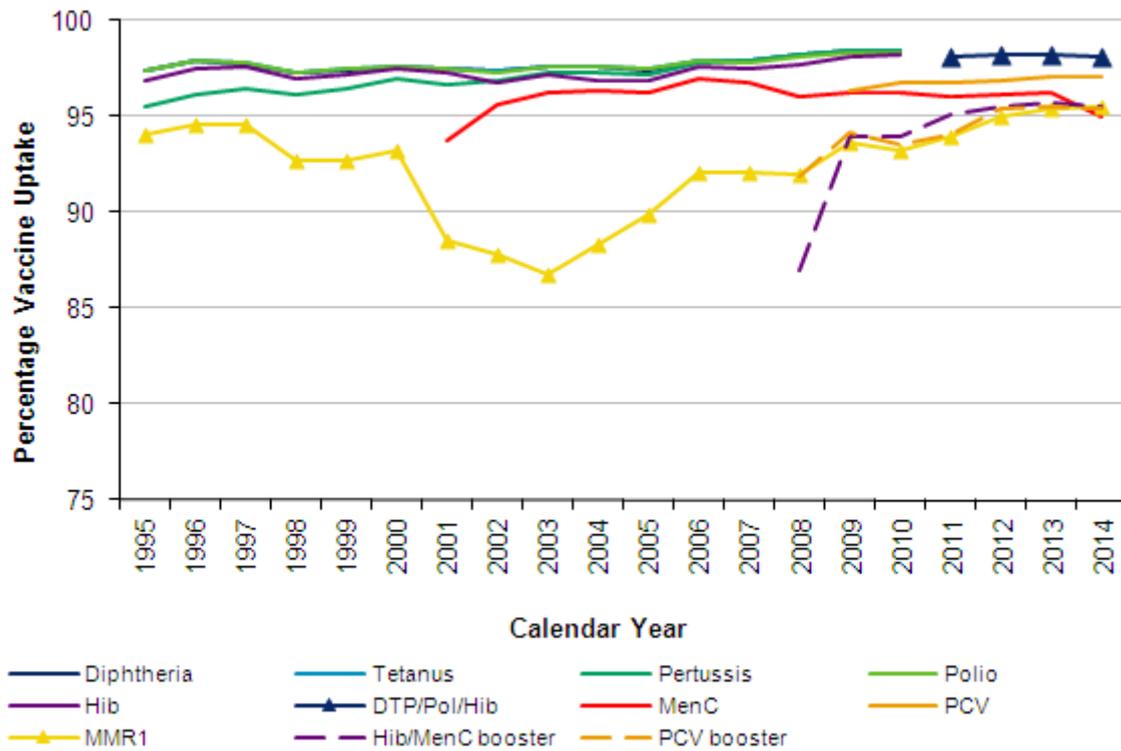
[Figure 2](#) shows uptake of the first dose of MMR fell in the late 1990's from 94.6% in 1997 to a low of 86.8% in 2003. Uptake rates have since been increasing and have exceeded 90% since 2006. Uptake reached 95.0% for the first time in 2012, and increased to 95.6% in 2014. The fall and subsequent 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 the Hib/MenC booster and PCV booster vaccines at 12 to 13 months of age. In 2014, uptake rates of these booster immunisations by 24 months of age were high, exceeding 95%.

- 95.6% of children had received the Hib/MenC booster vaccine (*95.7% in 2013*)
- 95.5% of children had received the PCV booster (*95.6% in 2013*)

These vaccines were introduced to the routine childhood immunisation schedule in September 2006. Figure 2 shows uptake rates for Hib/MenC and PCV booster vaccines were lower when first introduced to the immunisation schedule and have since increased to above 95%. 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 vaccines are often lower initially.

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



Source: SIRS, February 2015  
Please note that the vertical axis on this chart does not start at the origin (zero)

**Table 2 - Primary and Booster Immunisation Uptake Rates by 24 months of age, by NHS Board, year ending 31 December 2014**

NHS Board of residence <sup>1</sup>	Number in Cohort <sup>2</sup>	% completed primary course by 24 months				% completed booster course by 24 months	
		DTP/Pol/Hib	MenC <sup>3</sup>	PCV	MMR1	Hib/MenC	PCVB
Ayrshire & Arran	3,767	99.1	97.5	98.6	96.8	97.5	97.2
Borders	1,098	99.0	96.2	97.8	96.4	96.4	96.5
Dumfries & Galloway	1,420	98.9	96.8	97.6	97.7	97.7	97.8
Fife	4,049	98.3	95.7	97.3	95.4	95.4	95.1
Forth Valley	3,319	98.3	95.9	97.6	96.1	96.3	96.3
Grampian	6,686	97.5	93.5	95.5	94.5	93.9	93.6
Greater Glasgow & Clyde	13,030	98.0	94.4	97.1	95.7	95.6	95.7
Highland	3,234	97.1	94.6	96.1	93.7	94.3	94.0
Lanarkshire	7,278	98.5	96.4	98.0	96.5	97.1	97.1
Lothian	9,797	98.0	94.0	96.8	95.1	94.5	94.6
Orkney	213	98.6	93.9	96.2	92.5	92.5	92.0
Shetland	285	96.1	95.4	95.4	89.5	90.5	90.5
Tayside	4,200	98.7	95.7	97.4	95.8	96.1	95.6
Western Isles	247	98.8	97.2	98.8	97.2	97.6	97.6
NHS Board unknown	13	..	..	..	..	..	..
<b>Scotland</b>	<b>58,636</b>	<b>98.1</b>	<b>95.0</b>	<b>97.1</b>	<b>95.6</b>	<b>95.6</b>	<b>95.5</b>

Source: SIRS, February 2015

1. NHS Boards based on the boundaries as at 1 April 2014. NHS Board of residence on the Scottish Immunisation & Recall System (SIRS) 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 using the child's home postcode. There are a small number of records that do not have a postcode recorded and therefore the NHS Board is unknown.

2. Children reaching 24 months of age during the evaluation period 1 January to 31 December 2014 (i.e. born 1 January to 31 December 2012).

3. For the cohort reaching 24 months of age, uptake of the complete primary course of two doses of MenC vaccine decreased from 96.2% in the previous year to 95.0% in the year ending 31 December 2014. The decrease is 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 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.

.. Not Applicable.

**Key:**

**DTP/Pol/Hib** = The 5-in-1 vaccine (3 doses) which protects against diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (Hib). For children who received primary immunisations outside the UK, where the vaccine may not be given as one injection, only those who received 3 doses of each vaccine (diphtheria, tetanus, pertussis, polio and Hib) are counted as completing the primary course.

**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).

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

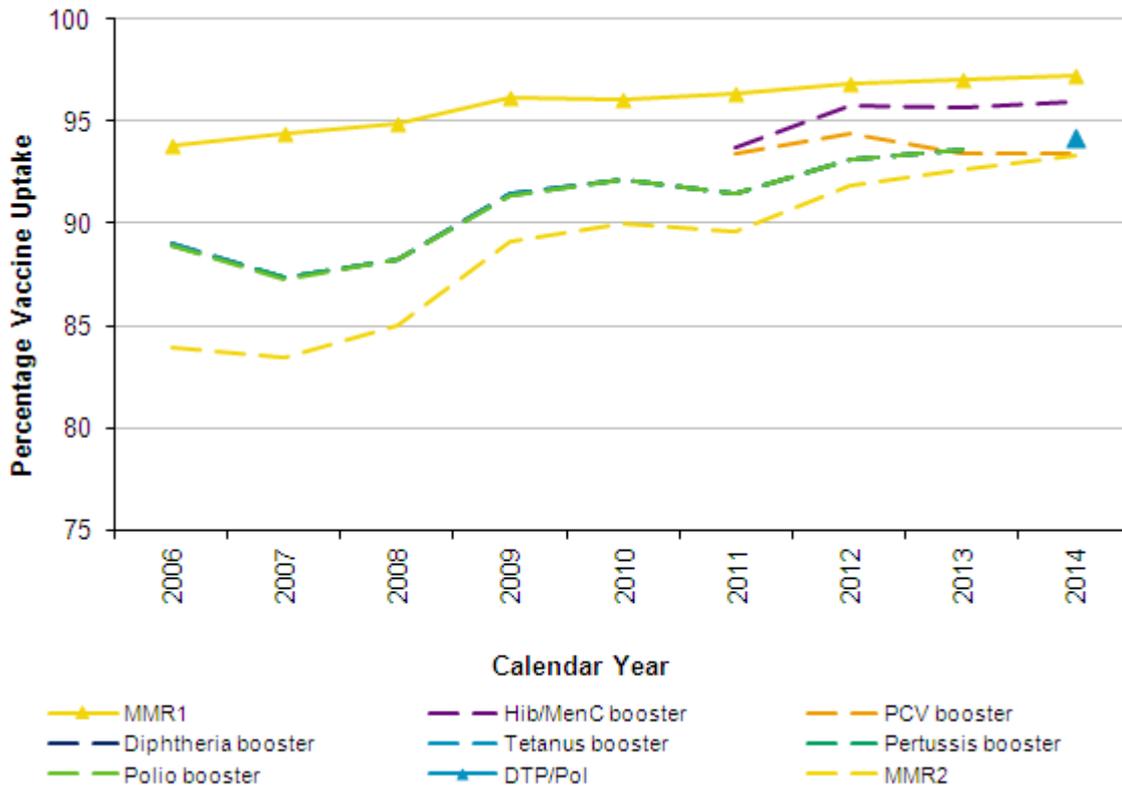
Protection against diphtheria, tetanus, pertussis (whooping cough) and polio can fade over time. Also, immunity to measles, mumps and rubella may not develop after a single dose of the MMR vaccine. From the age of three years four months, children should be invited to receive booster doses of diphtheria,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

In 2014, uptake rates by five years of age were:

- 94.2% of children had completed the booster course of immunisation against diphtheria, tetanus, pertussis & polio (93.6% in 2013).
- 93.4% had received the second dose of MMR vaccine (92.6% in 2013)

Trend data on uptake rates by five years of age are available in Scotland from 2006 and are shown in [Figure 3](#). Prior to 2006, uptake rates in Scotland were reported by 12 months, 24 months and six years of age. However to achieve consistency with figures for the rest of the UK, reporting of vaccine uptake by five years of age was introduced from 2006. For trend purposes, uptake rates by six years of age are also available in the excel tables accompanying this report.

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



Source: SIRS, February 2015

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

The booster doses of diphtheria, tetanus, pertussis and polio have historically been presented as four separate uptake rates in this publication. As these vaccines are routinely given as one injection, the lines representing these vaccines on the chart overlap. From 2014, uptake of booster doses of diphtheria, tetanus, pertussis and polio is presented as a single uptake rate in the tables and charts (labelled as DTP/Pol) to reflect that this is routinely given as one injection.

[Figure 3](#) shows there was a small dip in uptake of the diphtheria, tetanus, pertussis and polio booster immunisation in 2007, when rates decreased to around 87%. This was a result of changes to the immunisation schedule for younger children in 2006, 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. Uptake rates rebounded and have subsequently increased. The increase is mainly as a result of the initiative introduced in November 2007 to reduce the age of this pre-school booster appointment to between three years four months and three years six months of age, in areas where this was not already the case. [Figure 3](#) also shows that uptake of the second dose of MMR by the age of five increased from 83.9% in 2006 to 93.4% in 2014. This increase was 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.

The trend in uptake rates of one dose of MMR, the Hib/MenC booster and PCV booster vaccines by five years of age are also presented in [Figure 3](#). These vaccines are normally given around 12 to 13 months of age. In 2014, uptake rates by five years of age were:

- 97.3% of children had received one dose of MMR by five years of age, exceeding the 95% target (97.1% in 2013).
- 95.9% of children had received the Hib/MenC booster (95.7% in 2013).
- 93.4% had received the PCV booster (93.4% in 2013).

The national target is for 95% uptake of one dose of the MMR vaccine by five years of age (with a supplementary measure at 24 months). This target was introduced in 2006 to focus efforts on reducing the number of susceptible children entering primary school. This was achieved in 2009 and uptake rates by five years have since remained above the 95% target.

**Table 3 - MMR1 and Booster Immunisation Uptake Rates by 5 years of age, by NHS Board, year ending 31 December 2014**

NHS Board of residence <sup>1</sup>	Number in Cohort <sup>2</sup>	% completed MMR1/booster course by 5 years				
		MMR1	Hib/MenC	PCVB	DTP/Pol	MMR2
Ayrshire & Arran	3,997	98.2	97.9	95.9	95.9	95.3
Borders	1,178	97.4	97.1	94.5	96.0	94.9
Dumfries & Galloway	1,564	98.0	98.0	96.1	96.3	95.4
Fife	4,295	97.5	97.0	93.6	92.6	92.1
Forth Valley	3,503	98.3	97.8	95.8	95.1	94.4
Grampian	6,776	97.1	92.7	91.0	95.2	94.2
Greater Glasgow & Clyde	12,760	97.0	95.2	92.4	93.5	92.7
Highland	3,306	96.2	95.4	92.3	93.3	92.2
Lanarkshire	7,710	97.4	97.0	95.5	96.0	94.8
Lothian	9,515	97.1	96.0	92.6	92.5	91.9
Orkney	222	94.6	92.8	93.7	95.0	92.3
Shetland	285	95.8	93.7	90.9	86.3	83.5
Tayside	4,351	97.3	96.3	93.8	94.1	93.7
Western Isles	239	98.3	97.1	97.5	95.8	95.8
NHS Board unknown	18	..	..	..	..	..
<b>Scotland</b>	<b>59,719</b>	<b>97.3</b>	<b>95.9</b>	<b>93.4</b>	<b>94.2</b>	<b>93.4</b>

Source: SIRS, February 2015

1. NHS Boards based on the boundaries as at 1 April 2014. NHS Board of residence on the Scottish Immunisation & Recall System (SIRS) 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 using the child's home postcode. There are a small number of records that do not have a postcode recorded and therefore the NHS Board is unknown.

2. Children reaching 5 years of age during the evaluation period 1 January to 31 December 2014 (i.e. born 1 January to 31 December 2009).

.. 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).

**DTP/Pol** = Diphtheria, tetanus, pertussis and polio containing vaccine (4th dose). In the UK this is given as a single injection (the 4-in-1 vaccine).

**MMR2** = Measles, mumps, and rubella vaccine (2nd dose).

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

In line with the rest of the UK, the standard reporting ages for vaccine uptake rates are 12 months, 24 months and five years of age. For trend purposes, uptake rates by six years of age are also available in Scotland and these figures show that some children are immunised beyond the standard reporting age. The cohort of children born in 2008 reached five years of age in 2013 and 93.6% had received the diphtheria, tetanus, pertussis and polio booster immunisation and 92.6% had received two doses of MMR vaccine by five years. This birth cohort reached six years of age in 2014 and uptake had increased to 95.3% for diphtheria, tetanus, pertussis and polio booster immunisation and 94.3% for two doses of MMR.

## Further information on calendar year uptake rates

For excel tables presenting 2014 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](#)

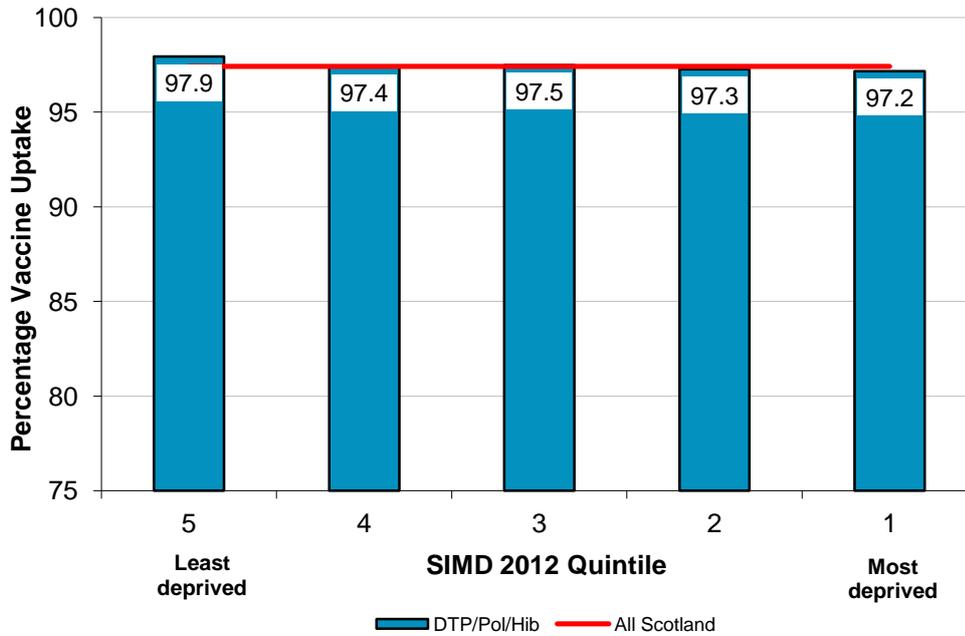
For trend information at Scotland and NHS Board level please see [List of Tables](#) within this report.

### 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 on whether 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 completed primary courses of the five-in-one, MenC and PCV vaccines by 12 months of age. Uptake rates for one dose of MMR vaccine, and the Hib/MenC and PCV booster vaccines by 24 months of age, have also been calculated by SIMD 2012 quintile.

Figures 4 to 6 show that at Scotland level, uptake rates for completed courses of primary immunisations by 12 months of age were high in all deprivation categories. In each deprivation quintile uptake rates exceeded 97%.

**Figure 4: Uptake of the five-in-one vaccine (comprising DTP/Pol/Hib) by 12 months of age, by SIMD 2012 quintile<sup>1</sup>, Scotland; evaluation period: January to December 2014**

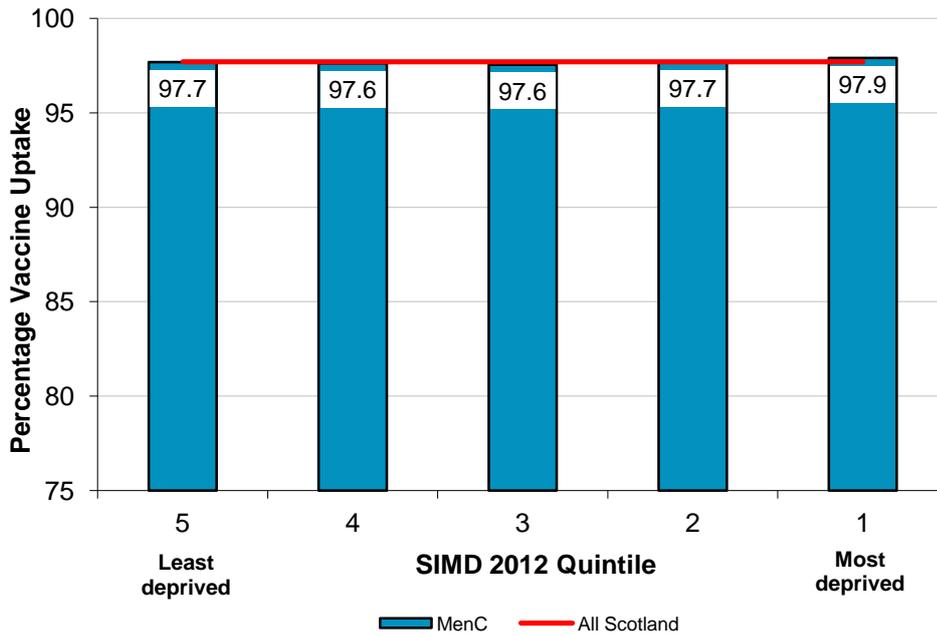


Source: SIRS, February 2015

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

1. Scottish Index of Multiple Deprivation (SIMD) 2012 (Scotland level) quintile (population-weighted).

**Figure 5: MenC vaccine uptake by 12 months of age, by SIMD 2012 quintile<sup>1</sup>, Scotland; evaluation period: January to December 2014**

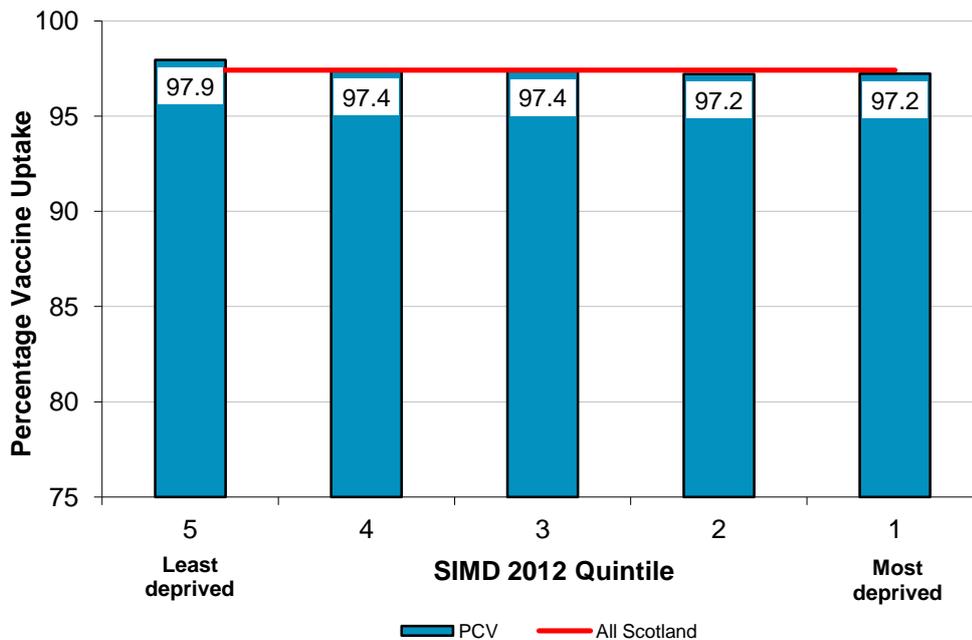


Source: SIRS, February 2015

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

1. Scottish Index of Multiple Deprivation (SIMD) 2012 (Scotland level) quintile (population-weighted).

**Figure 6: PCV uptake by 12 months of age, by SIMD 2012 quintile<sup>1</sup>, Scotland; Evaluation period: January to December 2014**



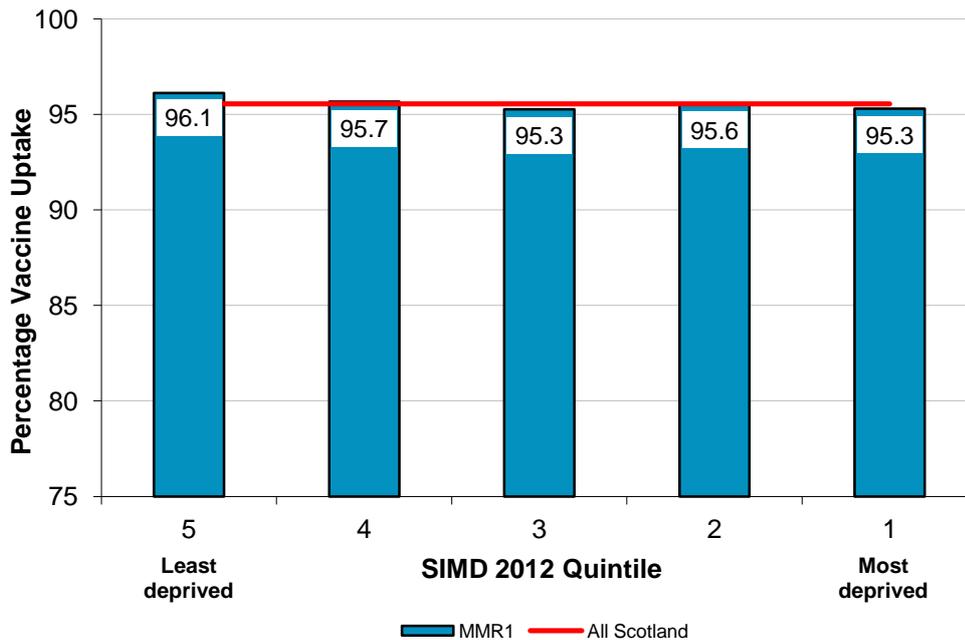
Source: SIRS, February 2015

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

1. Scottish Index of Multiple Deprivation (SIMD) 2012 (Scotland level) quintile (population-weighted).

Figures 7 to 9 show that at Scotland level, uptake rates for one dose of MMR vaccine (MMR1) and the Hib/MenC and PCV booster immunisations by 24 months of age were high in all deprivation categories and were above 95%. A very slight deprivation effect is observed for uptake of one dose of MMR vaccine. For children living in the most deprived areas (SIMD quintile 1), MMR1 uptake was 95.3% compared to 96.1% for children living in the least deprived areas (SIMD quintile 5). However MMR1 uptake rates across all deprivation quintiles exceeded the target of 95%.

**Figure 7 – Uptake of one dose of MMR vaccine by 24 months of age, by SIMD 2012 quintile<sup>1</sup>, Scotland; evaluation period: January to December 2014**

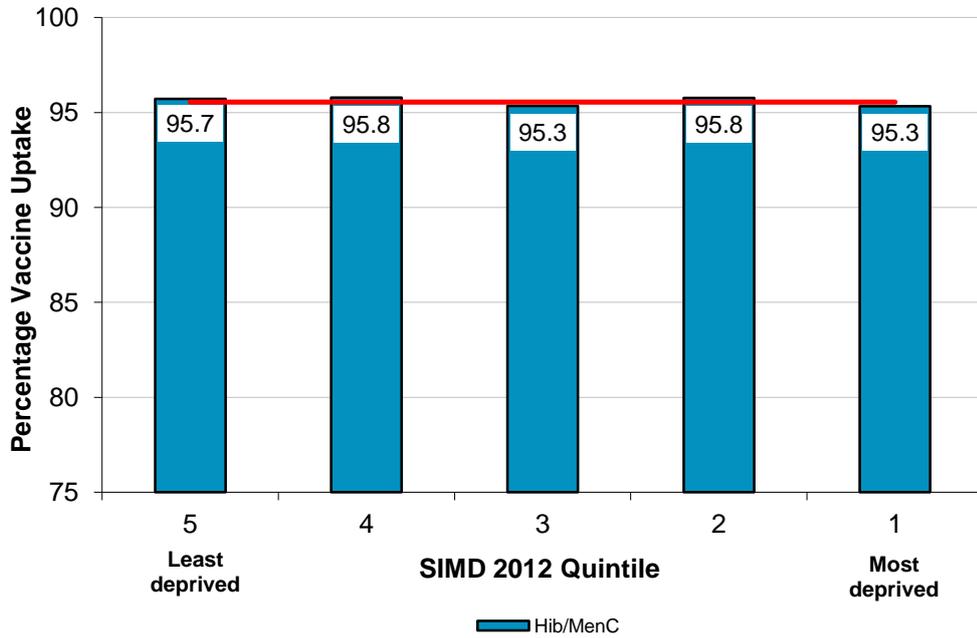


Source: SIRS, February 2015

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

1. Scottish Index of Multiple Deprivation (SIMD) 2012 (Scotland level) quintile (population-weighted).

**Figure 8 – Hib/MenC vaccine uptake by 24 months of age, by SIMD 2012 quintile<sup>1</sup>, Scotland; evaluation period: January to December 2014**

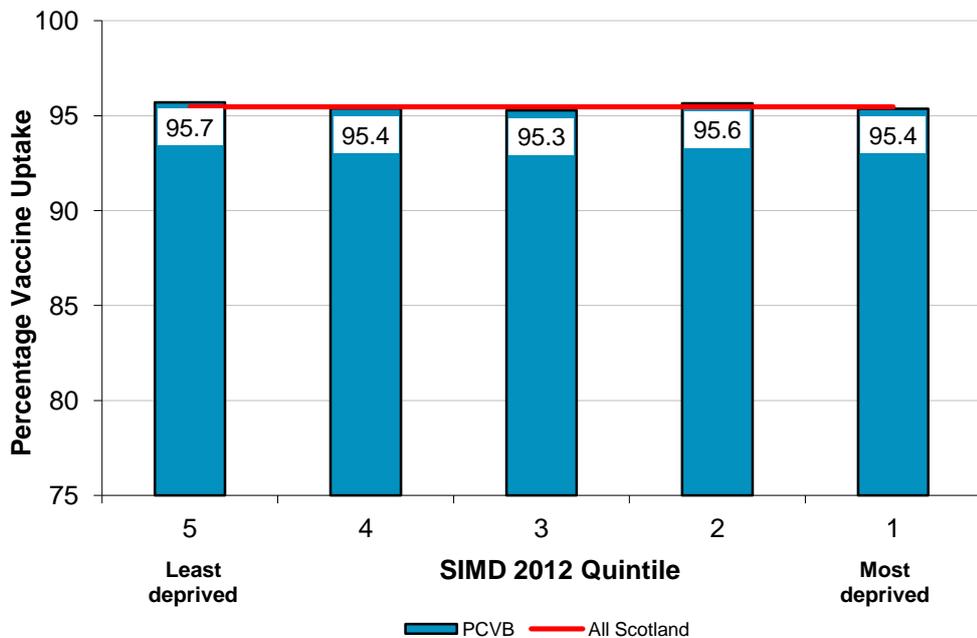


Source: SIRS, February 2015

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

1. Scottish Index of Multiple Deprivation (SIMD) 2012 (Scotland level) quintile (population-weighted).

**Figure 9 – PCV booster uptake by 24 months of age, by SIMD 2012 quintile<sup>1</sup>, Scotland; evaluation period: January to December 2014**



Source: SIRS, February 2015

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

1. Scottish Index of Multiple Deprivation (SIMD) 2012 (Scotland level) quintile (population-weighted).

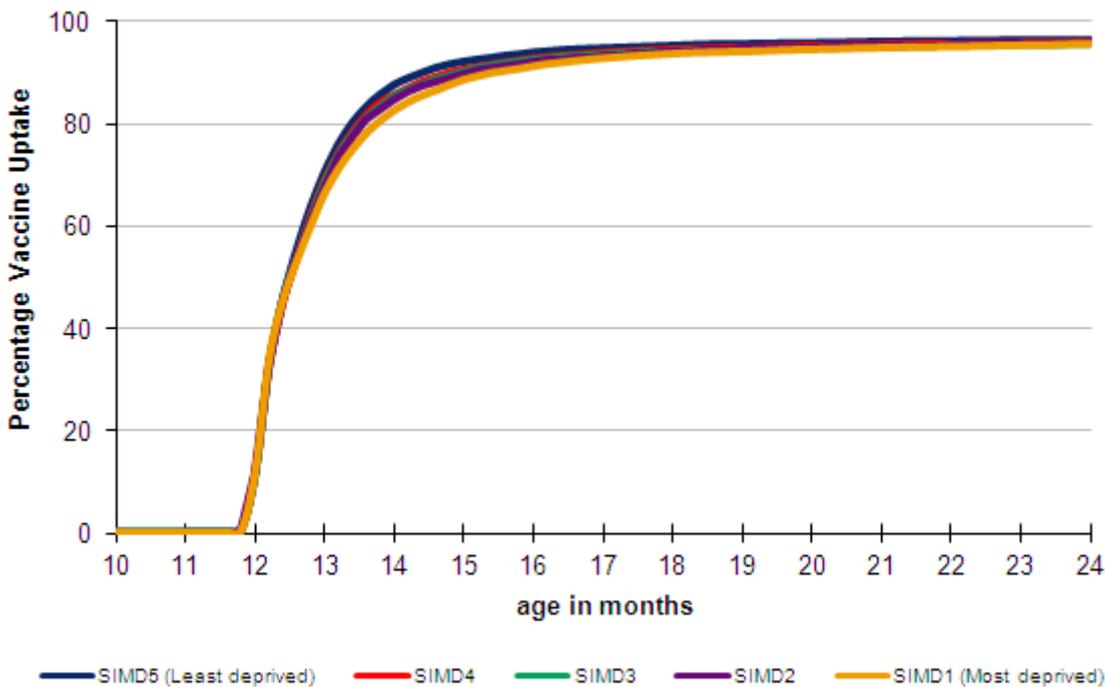
For excel tables and charts presenting 2014 uptake rates by 12 and 24 months of age by NHS Board and deprivation see:

[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 10](#) 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, 92.3% of children had received their first dose of MMR by 15 months of age in the least deprived areas (SIMD quintile 5) compared to 88.6% in the most deprived areas (SIMD quintile 1).

**Figure 10 - MMR1 uptake<sup>1</sup> as at 31 December 2014 by SIMD 2012 quintile<sup>2</sup> and age, Scotland**



Source: SIRS, February 2015

- 1. Children born 1 January to 31 December 2012.
- 2. Scottish Index of Multiple Deprivation (SIMD) 2012 (Scotland level) 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 2014**

This release also includes figures for the quarter ending 31 December 2014. 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), and PCV remained high, exceeding 97%.
- Uptake of the primary course MenC uptake by 24 months of age decreased from 95.9% in the previous quarter to 93.1%. The decrease is due to the removal of the second dose of MenC vaccine (given at four months) from the routine schedule from 1 June 2013. Children in this cohort were born October 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 had less time compared with previous quarterly cohorts, to 'catch-up' and receive both doses of MenC before the removal of the dose at four months. However 97.4% of children in this cohort had received one dose of primary MenC immunisation by 12 months of age.
- Uptake of one dose of MMR vaccine by 24 months was 95.4% (the previous quarterly figure was 95.7%). Uptake of one dose of MMR by five years of age was 97.3%, (the previous quarterly figure was 97.7%).

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 2014.

## 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 addition, relevant links for country-specific uptake data are as follows:

### England

As well as UK and country level data, PHE also publish quarterly data for [Strategic Health Authorities in England](#). The Health and Social Care Information Centre also publish an [annual summary](#).

### Northern Ireland

[Uptake rates in Northern Ireland](#) are published by the Public Health Agency.

### Wales

[Uptake rates in Wales](#) are published by Public Health Wales.

## Glossary

<p><b>Diphtheria</b></p>	<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>
<p><b>Hib (<i>Haemophilus influenzae</i> type b)</b></p>	<p><i>Haemophilus influenzae</i> type b (Hib) is a gram-negative bacterium that causes meningitis and septicaemia (blood poisoning), 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 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>
<p><b>Measles, Mumps and Rubella (MMR)</b></p>	<p><b>Measles</b> 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><b>Mumps</b> 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><b>Rubella</b>, 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 the combined MMR vaccine.</p>
<p><b>MenC</b></p>	<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. 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><b>Pertussis</b></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><b>Pneumococcal conjugate vaccine (PCV)</b></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 also 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><b>Polio</b></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. 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><b>Rotavirus</b></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. 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>

<b>Tetanus</b>	<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>
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## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">Uptake rates by NHS Board and calendar year</a>	Year ending 31/12/14	Excel [53kb]
2	<a href="#">Uptake rates by CHP and calendar year</a>	Year ending 31/12/14	Excel [70kb]
3	<a href="#">Uptake rates by NHS Board and quarter</a>	Quarter ending 31/12/14	Excel [58kb]
4	<a href="#">Uptake rates by CHP and quarter</a>	Quarter ending 31/12/14	Excel [71kb]
5	<a href="#">Uptake by deprivation (SIMD 2012) by NHS Board and calendar year</a>	Year ending 31/12/14	Excel [113kb]
6	<a href="#">Variation in immunisation uptake rates as children age by deprivation (SIMD 2012) at Scotland level</a>	Year ending 31/12/14	Excel [50b]
7	<a href="#">Trends in immunisation uptake by quarter, calendar and financial year - Scotland</a>  For trend data for individual NHS Boards see table below.	From 1995 to quarter and year ending 31/12/14	Excel [191kb]

Table No.	Name	Time period	File & size
7a	<a href="#">NHS Ayrshire &amp; Arran</a>	1995 to 2014	Excel [82kb]
7b	<a href="#">NHS Borders</a>	1995 to 2014	Excel [85kb]
7c	<a href="#">NHS Dumfries &amp; Galloway</a>	1995 to 2014	Excel [80kb]
7d	<a href="#">NHS Fife</a>	1995 to 2014	Excel [82kb]
7e	<a href="#">NHS Forth Valley</a>	1995 to 2014	Excel [81kb]
7f	<a href="#">NHS Grampian</a>	1995 to 2014	Excel [82kb]
7g	<a href="#">NHS Greater Glasgow &amp; Clyde</a>	1995 to 2014	Excel [83kb]
7h	<a href="#">NHS Highland</a>	1995 to 2014	Excel [82kb]
7i	<a href="#">NHS Lanarkshire</a>	1995 to 2014	Excel [81kb]
7j	<a href="#">NHS Lothian</a>	1995 to 2014	Excel [82kb]
7k	<a href="#">NHS Orkney</a>	1995 to 2014	Excel [78kb]
7l	<a href="#">NHS Shetland</a>	1995 to 2014	Excel [79kb]
7m	<a href="#">NHS Tayside</a>	1995 to 2014	Excel [82kb]
7n	<a href="#">NHS Western Isles</a>	1995 to 2014	Excel [76kb]

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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](#).

## Rate this publication

Please [provide feedback](#) on this publication to help us improve our services.

## 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.

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	16 February 2015
Release date	27 March 2015
Frequency	Quarterly. 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 2014. 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.
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 <a href="#">NHS Health Scotland Immunisation website</a> .
Relevance and key uses of the statistics	See <a href="#">Statistics in Use</a>
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. <a href="#">UK vaccine uptake rates</a> are published by country by Public Health England each quarter.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	Data are available as a PDF and tables on the <a href="#">Childhood Immunisation</a> area of the ISD website.

Value type and unit of measurement	Numbers and percentages (uptake rates). See <a href="#">Definitions</a>
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Assessment by UK Statistics Authority for National Statistics designation completed.
Last published	19 December 2014
Next published	Quarterly and financial year uptake tables published in June 2015. Next annual report March 2016.
Date of first publication	March 1995
Help email	<a href="mailto:NSS.isdchildhealth@nhs.net">NSS.isdchildhealth@nhs.net</a>
Date form completed	10 March 2015

## **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.

#### **Standard Pre-Release Access:**

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

#### **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.