

# Publication Report



## Teenage Booster Immunisation Statistics Scotland

Teenage Td/IPV booster and teenage Men C booster immunisation  
uptake rates for school year 2014/15

Publication date – 15 December 2015

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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 are very 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.

Under the UK immunisation schedule teenagers are offered two booster immunisations at around 14 years of age as follows:

- The teenage Td/IPV booster vaccine which boosts protection against three diseases: tetanus, diphtheria and polio.
- The teenage Men C booster vaccine (replaced by the Men ACWY booster vaccine from August 2015). The Men C vaccine protects against meningitis and septicaemia (blood poisoning) caused by meningococcal group C bacteria. The Men ACWY vaccine protects against meningitis and septicaemia caused by four strains of meningococcal bacteria – meningococcal (Men) group A, C, W and Y.

In Scotland the teenage booster vaccines are routinely offered to pupils in year three of secondary school (S3), predominantly through a school-based programme. Pupils who miss the routine teenage booster immunisation sessions in S3 are offered the vaccines in year four of secondary school (S4). Teenagers who are not fully immunised may also be given the vaccines in year five (S5) or six (S6) of secondary school or in general practice.

This publication provides an update of annual teenage booster immunisation uptake rates to include school year 2014/15. Data are presented for pupils in S3 and S4 by NHS Board. Trend data is available from school year 2011/12.

## UK childhood immunisation schedule: teenage booster immunisations

The teenage Td/IPV booster immunisation has been part of the routine immunisation schedule for many years. 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 3 years 4 months of age or soon after
- The fifth dose around 14 years of age

Since September 2013, teenagers have also been offered a booster dose of Men C vaccine (this was replaced by the Men ACWY vaccine from August 2015). A total of three doses of Men C are recommended under the routine immunisation schedule. These doses are offered according to the following schedule:

- The first dose is offered to babies at three months (primary Men C vaccine)
- The second dose at 12 to 13 months of age (Hib/Men C vaccine)
- The third dose around 14 years of age

The Men ACWY vaccine replaced the Men C vaccine in the routine teenage booster immunisation programme from 1 August 2015. This change was in response to the increase in cases of meningococcal group W (Men W) in the UK since 2009. In March 2015 the Joint Committee on Vaccination and Immunisation (JCVI) recommended the vaccination of all adolescents aged 14 to 18 years of age with Men ACWY vaccine as soon as possible through a catch-up programme. Over one year from August 2015, all 14 to 18 year olds (including the routine cohort of pupils in S3) will be offered Men ACWY vaccine as part of the catch-up programme delivered by NHS Boards and GP practices. The Men ACWY vaccine is also currently offered to first time university entrants under the age of 25 who haven't already received Men ACWY vaccine in 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.

## 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). These pupils are around 14 years of age.

**S4 cohort:** pupils in fourth year of secondary school (S4). These pupils are 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.

Teenage booster immunisation uptake rates for each class year cohort are calculated as follows:

$$\frac{\text{Total number of eligible pupils immunised}}{\text{Total number of eligible pupils in the population/class year}} \times 100$$

## Experimental statistics: data quality and completeness

These statistics are published as 'experimental statistics' as they were introduced relatively recently and there are some data completeness and quality issues which are explained below. A key part of the 'experimental' label is user engagement in the evaluation of the statistics to help inform their development. Readers are invited to send comments on the publication to [NSS.isdchildhealth@nhs.net](mailto:NSS.isdchildhealth@nhs.net).

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 NHS Boards the vaccines were 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 NHS Boards the teenage booster vaccines are offered through a school-based programme and data on vaccines given are recorded on CHSP School/SIRS. However there are some data completeness issues as follows:

- In most NHS Boards there are some schools where the data on teenage booster immunisations 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 immunisations given are less likely to be captured on CHSP School/SIRS.
- 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.

To improve the accuracy of the uptake rates, data for some schools have been excluded from the calculations where the recording of immunisations 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 uptake rate 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. 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 both considered when interpreting the information.

For a small proportion of pupils there will also be some inaccuracies in the recording of the class year or the associated information used to collate the S3 and S4 cohort data from CHSP School.

At Scotland level, data completeness has improved since the previous publication. The overall effect of the data completeness and quality issues on the reported uptake rates is thought to be small.

## Key points

- In 2014/15 uptake of the teenage Td/IPV booster vaccination among S3 pupils was 82.0%. This is a small decrease on the 2013/14 uptake of 84.2%.
- For pupils in S4 in school year 2014/15 uptake had reached 88.1% by the end of the school year. This is a small increase on the 2013/14 uptake for S4 pupils of 87.1%.
- Uptake of the teenage Men C booster vaccine among S3 pupils was 81.9% in 2014/15. This is a small decrease from the 2013/14 uptake of 83.6%.
- Uptake for pupils in S4 in school year 2014/15 is 87.4%. The teenage Men C booster was introduced to the routine immunisation schedule in September 2013 so this is the first S4 cohort offered the vaccine.

## Results and Commentary

### Uptake rates in 2014/15

In 2014/15, uptake of the teenage Td/IPV booster immunisation among S3 pupils in Scotland, the class year in which the vaccine is routinely offered, was 82.0%. This is a small decrease on the rate in 2013/14 of 84.2%. Uptake of the teenage Men C booster immunisation among S3 pupils in 2014/15 was 81.9%. This is a small decrease from the 83.6% uptake rate in 2013/14.

In most NHS Boards pupils not immunised in S3 are offered the vaccine(s) in S4, so uptake rates increase over time. For pupils in S4 in school year 2014/15 uptake of teenage Td/IPV immunisation had reached 88.1% by the end of the school year. This is a small increase on the rate in 2013/14 of 87.1%. Uptake of the teenage Men C booster immunisation for pupils in S4 was 87.4% in school year 2014/15. The teenage Men C booster was introduced to the routine immunisation schedule in September 2013 so this is the first S4 cohort offered the vaccine.

Uptake rates by NHS Board of school are shown in [Table 1](#) for pupils in S3 and [Table 2](#) for pupils in S4. By the end of S4, uptake of the teenage booster immunisations exceeded 80% in all Boards.

**Table 1: Teenage booster immunisation uptake rates by NHS Board of school; pupils in S3 in school year 2014/15<sup>1,2</sup>**

	Data completeness			Uptake rates <sup>5</sup>		
	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 2014/15 (%)	Teenage Men C booster uptake rate by end of school year 2014/15 (%)
<b>NHS Board of school<sup>3</sup></b>						
Ayrshire & Arran	3,877	85	2.2	3,792	84.4	84.0
Borders	1,201	21	1.7	1,180	85.8	85.6
Dumfries & Galloway	1,444	1	0.1	1,443	85.8	85.9
Fife	3,666	49	1.3	3,617	77.5	77.3
Forth Valley	3,301	141	4.3	3,160	87.4	87.4
Grampian	5,771	96	1.7	5,675	86.6	86.8
Greater Glasgow & Clyde	11,839	200	1.7	11,639	85.5	85.5
Highland	3,237	73	2.3	3,164	78.4	78.3
Lanarkshire	7,023	117	1.7	6,906	79.3	79.4
Lothian	8,297	180	2.2	8,117	74.5	74.6
Orkney <sup>4</sup>	184	184	100.0	..	..	..
Shetland <sup>4</sup>	240	240	100.0	..	..	..
Tayside	4,243	159	3.7	4,084	82.5	82.1
Western Isles <sup>4</sup>	264	264	100.0	..	..	..
<b>Scotland</b>	<b>54,587</b>	<b>1,810</b>	<b>3.3</b>	<b>52,777</b>	<b>82.0</b>	<b>81.9</b>

Source: CHSP School/SIRS

1. The cohort is based on pupils recorded on CHSP School in class year S3 as at 11 May 2015.

2. The number immunised by the end of school year 2014/15 is defined as immunisations given by 31 July 2015 and is based on the data recorded on CHSP School/SIRS as at 10 August 2015.

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

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

5. The numbers of pupils in S3 in 2014/15 who received the teenage booster immunisations 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 booster immunisation uptake rates by NHS Board of school; pupils in S4 in school year 2014/15<sup>1,2</sup>**

NHS Board of school <sup>3</sup>	Data completeness			Uptake rates <sup>5</sup>		
	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 2014/15 (%)	Teenage Men C booster uptake rate by end of school year 2014/15 (%)
Ayrshire & Arran	3,926	81	2.1	3,845	86.9	85.1
Borders	1,183	18	1.5	1,165	93.1	92.0
Dumfries & Galloway	1,493	2	0.1	1,491	93.2	92.8
Fife	3,698	23	0.6	3,675	84.5	85.3
Forth Valley	3,191	120	3.8	3,071	93.2	93.2
Grampian	5,935	150	2.5	5,785	91.7	90.6
Greater Glasgow & Clyde	11,995	185	1.5	11,810	91.9	91.6
Highland	3,355	73	2.2	3,282	84.3	80.7
Lanarkshire	7,233	63	0.9	7,170	87.3	87.3
Lothian	8,534	64	0.7	8,470	83.1	82.3
Orkney <sup>4</sup>	219	219	100.0	..	..	..
Shetland <sup>4</sup>	293	293	100.0	..	..	..
Tayside	4,256	134	3.1	4,122	84.0	83.8
Western Isles <sup>4</sup>	272	272	100.0	..	..	..
<b>Scotland</b>	<b>55,583</b>	<b>1,697</b>	<b>3.1</b>	<b>53,886</b>	<b>88.1</b>	<b>87.4</b>

Source: CHSP School/SIRS

1. The cohort is based on pupils recorded on CHSP School in class year S4 as at 11 May 2015.

2. The number immunised by the end of school year 2014/15 is defined as immunisations given by 31 July 2015 and is based on the data recorded on CHSP School/SIRS as at 10 August 2015.

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

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

5. The numbers of pupils in S4 in 2014/15 who received the teenage booster immunisations by the end of the 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](#).

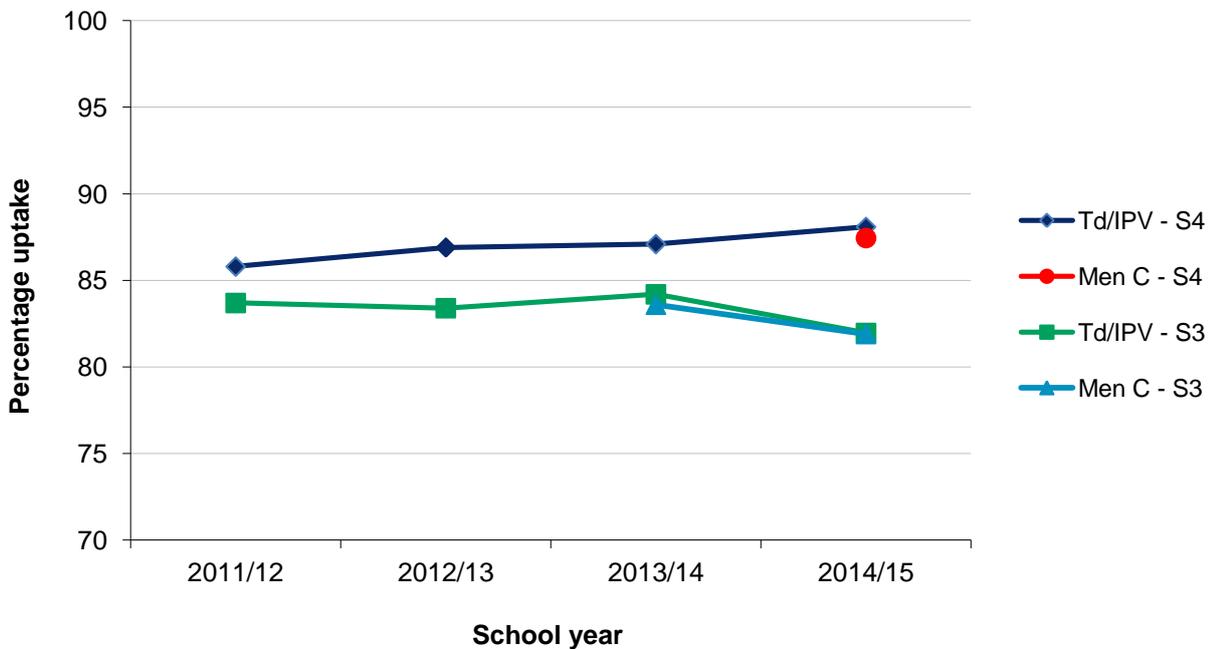
.. Not available.

## Trends in uptake rates

[Figure 1](#) and [Table 3](#) show the trends in uptake rates for the teenage booster immunisations. Although the teenage Td/IPV booster vaccine has been part of the UK immunisation programme for many years, uptake rates in Scotland are available from school year 2011/12 only. Uptake of the Td/IPV booster immunisation for pupils in S4 has seen a small increase from 85.8% in 2011/12 to 88.1% in 2014/15. Among pupils in S3 uptake rates were broadly similar between 2011/12 and 2013/14 at around 83% to 84% then decreased to 82.0% in 2014/15.

Teenage Men C booster immunisation was introduced for S3 pupils in school year 2013/14 so limited trend information is available. As previously stated, there was a small decrease in uptake for pupils in S3 in 2014/15 compared with the previous year with rates decreasing from 83.6% in 2013/14 to 81.9% in 2014/15.

**Figure 1: Trend in teenage booster immunisation uptake rates for pupils in S3 and S4 in Scotland<sup>1</sup>; school years 2011/12 to 2014/15**



Source: CHSP School /SIRS

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

1. The Scotland uptake rate does not include data for NHS Orkney, NHS Shetland and NHS Western Isles as teenage booster immunisations are given in general practice in these Board areas and therefore data on immunisations given are not routinely recorded on CHSP School/SIRS.

**Table 3: Trend in teenage booster immunisation uptake rates for pupils in S3 and S4 in Scotland<sup>1</sup>; school years 2011/12 to 2014/15**

Vaccine/class year	% Uptake			
	2011/12	2012/13	2013/14	2014/15
Td/IPV - S4 pupils	85.8	86.9	87.1	88.1
Men C - S4 pupils	..	..	..	87.4
Td/IPV - S3 pupils	83.7	83.4	84.2	82.0
Men C - S3 pupils	..	..	83.6	81.9

Source: CHSP School/SIRS

.. Not applicable.

1. The Scotland uptake rate does not include data for NHS Orkney, NHS Shetland and NHS Western Isles as teenage booster immunisations are given in general practice in these Board areas and therefore data on immunisations given are not routinely recorded on CHSP School/SIRS.

For further information on teenage booster immunisation uptake rates in Scotland from 2011/12 see the [previous publications](#).

## Uptake rates in the UK

### England

In England, coverage of the teenage booster immunisations is not routinely measured. However Public Health England estimated 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).

### Wales

In Wales, uptake of the Td/IPV teenage booster immunisation in young people reaching 15 years of age was 79.6% and reaching 16 years of age was 82.0% in the year ending 31 March 2015 ([Vaccine Uptake in Children in Wales, COVER Annual report 2015](#), July 2015, Public Health Wales). Uptake of the teenage Men C booster immunisation in Wales is not available.

### Northern Ireland

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

## Glossary

<b>CHSP School</b>	Child Health Surveillance Programme School
<b>Diphtheria</b>	<p>Diphtheria is an acute infectious disease caused by the bacterium <i>Corynebacterium diphtheriae</i> affecting the upper respiratory tract and occasionally the skin. Diphtheria is spread by droplets and through contact with objects or materials contaminated 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 around 14 years of age.</p>
<b>Men C</b>	<p>The Men C vaccine protects against meningitis and septicaemia (blood poisoning) caused by 'meningococcal group C' bacteria. The Men C 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 (Men C) vaccine. Since 1999, the Men C vaccine has been part of the routine childhood immunisation programme.</p>
<b>Men ACWY</b>	<p>The Men ACWY vaccine protects against meningitis and septicaemia caused by four strains of meningococcal bacteria – meningococcal (Men) group A, C, W and Y.</p> <p>The Men ACWY vaccine replaced the Men C vaccine in the teenage booster immunisation programme from August 2015.</p>
<b>Polio</b>	<p>Polio, or poliomyelitis, is an acute illness caused by infection with any of the three types of poliovirus. Poliovirus invades the gastrointestinal tract and has an affinity for nervous tissue. Infection can lead to paralysis if the virus 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 around 14 years of age.</p>

<p><b>Tetanus</b></p>	<p>A toxin released from a bacterium called <i>Clostridium tetani</i> causes tetanus. Spores from these bacteria are present in soil and manure. The spores can be picked up quite easily through minor scratches, puncture wounds, burns or more serious injury.</p> <p>An effective vaccine against the disease was introduced, nationally in 1961 and a fall in the incidence of tetanus followed. Since October 2005, tetanus is now part of the combined ‘five-in-one’ vaccine, consisting of diphtheria, tetanus, pertussis, polio and Hib. A booster dose is also given to children at around three years four months of age. Teenage Td/IPV booster vaccine, the reinforcing doses of diphtheria, tetanus and polio, is given around 14 years of age.</p>
<p><b>SIRS</b></p>	<p>Scottish Immunisation and Recall System</p>
<p><b>Td/IPV booster vaccine</b></p>	<p>The Td/IPV booster vaccine completes the five-dose course that provides protection against tetanus, diphtheria, and polio (with Inactivated Polio Vaccine (IPV)). The vaccine is given around 14 years of age.</p>

## List of Tables

Table No.	Name	Time period	File & size
Tables 1 & 2	<a href="#">Teenage booster immunisation uptake rates by NHS Board of school; pupils in S3 and S4</a>	School year 2014/15	Excel [16kb]
Table 3 and Figure 1	<a href="#">Trend in teenage booster immunisation uptake rates for class years S3 and S4 in Scotland</a>	School years 2011/12 to 2014/15	Excel [16kb]

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## Further Information

Further information can be found on the [Childhood Immunisation](#) area of 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 on teenage booster immunisations given are extracted in mid-August and planned for publication 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.

The latest available data recorded on CHSP School/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 immunisation sessions in S3 are offered the vaccine in S4, so uptake rates increase over time.

#### Accuracy and reliability

The data is not a sample and it covers pupils in local authority, independent and grant maintained schools in Scotland. There are a few data quality and completeness issues which are explained in the [experimental statistics: data quality and completeness section](#), however the overall affect on the reported uptake rates is thought to be small.

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 teenage booster 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 and child health/screening departments who administer the data 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 pupils move into Scotland during the school year their teenage booster 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 pupils' immunisation status. However there may be a few instances where details of immunisations given out-with the school programme are not provided to administrative staff in NHS Boards who update CHSP School and SIRS.

## A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Teenage Booster Immunisation Statistics Scotland
Description	Teenage Td/IPV booster and teenage Men C booster immunisation uptake rates for school year 2014/15
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	10 August 2015
Release date	15 December 2015
Frequency	Annual
Timeframe of data and timeliness	Data for school year 2014/15. Data were extracted on 10 August 2015.
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 <a href="http://www.immunisationscotland.org.uk">www.immunisationscotland.org.uk</a>
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"> <li>• Health Protection Scotland use the statistics to inform decision making and planning in the co-ordination and strengthening of health protection in Scotland.</li> <li>• The Scottish Government uses the statistics to monitor the performance of the national immunisation programme; inform policy decision making on the programme.</li> <li>• NHS Boards use the statistics to monitor the local performance of their immunisation programmes and plan improvements to services.</li> </ul>

Accuracy	See sections on <a href="#">Data quality and completeness</a> and <a href="#">Accuracy and reliability</a> in the report
Completeness	See section on <a href="#">Data quality and completeness</a> in the report.
Comparability	See <a href="#">Uptake rates in the UK</a>
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
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	These are experimental statistics which have not been submitted for assessment by the UK Statistics Authority
Last published	16 December 2014
Next published	November 2016
Date of first publication	25 March 2014
Help email	<a href="mailto:NSS.isdchildhealth@nhs.net">NSS.isdchildhealth@nhs.net</a>
Date form completed	17 November 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

### **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
- Scottish Immunisation Programme
- NHS Board Immunisation Co-ordinators
- NHS Board child health/screening department administrators

## 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 NHS Scotland and the Scottish Government and others, responsive to the needs of NHS Scotland 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](#).