HPV Immunisation Statistics Scotland

School Year 2016/17

Publication date – 28 November 2017
## Contents

Contents........................................................................................................................................... 1

Introduction ........................................................................................................................................ 2
  HPV immunisation schedule ............................................................................................................ 2
  Target routine cohort ....................................................................................................................... 2

Main points .......................................................................................................................................... 4

Results and Commentary ..................................................................................................................... 5
  Uptake rates for girls in S1 .............................................................................................................. 5
  Uptake rates for girls in S2 .............................................................................................................. 6
  Uptake rates for girls in S3 .............................................................................................................. 8
  Trends in uptake rates in S3 ............................................................................................................ 9
  Uptake rates by deprivation ............................................................................................................ 10
  Uptake rates in the UK .................................................................................................................... 11

Glossary ............................................................................................................................................... 13

List of Tables ...................................................................................................................................... 15

Contact ............................................................................................................................................. 16

Further Information ........................................................................................................................... 16

Rate this publication .......................................................................................................................... 16

Appendices ......................................................................................................................................... 17
  A1 – Background Information ........................................................................................................ 17
  A2 – Publication Metadata (including revisions details) ................................................................. 20
  A3 – Early Access details (including Pre-Release Access) ............................................................ 22
  A4 – ISD and Official Statistics ...................................................................................................... 23
Introduction

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

The HPV Immunisation Programme in Scotland started on 1 September 2008 following the United Kingdom (UK) Joint Committee on Vaccination and Immunisation (JCVI) recommendation that immunisation against HPV should be introduced routinely for girls. The programme aims to help protect girls against developing cervical cancer later in life by routinely immunising them in early secondary school, at around 11 to 13 years of age, through a school-based programme. A catch-up campaign for older girls ran over a three-year period from September 2008 and applied to girls who were aged 13 to 17 on 1 September 2008.

The 2008 JCVI recommendation was supported by an independent cost-benefit analysis which indicated that an uptake rate of 80% or more of the full course of recommended doses of vaccine would be cost effective for the routine cohort, providing that vaccine protection lasted for at least 10 years. While no specific target for uptake of HPV immunisation in Scotland was set, the expectation was that uptake of 80% or more should be achieved for the routine programme.

Gardasil® is the routine vaccine used by the UK immunisation programme. Prior to September 2012, Cervarix® was the routine vaccine used. The Gardasil® vaccine also protects against two other types of HPV that cause around 90% of genital warts.

This publication provides an update of annual HPV immunisation uptake rates to include school year 2016/17. Data is presented for girls in their first, second and third year of secondary school (S1, S2 and S3) by NHS Board, local authority and deprivation category. Trend data for girls in S3 is available from school year 2009/10.

HPV immunisation schedule

The routine HPV immunisation schedule is two doses of vaccine to complete the full course. The second dose is given no sooner than six months and no later than two years after the first dose. The full course of vaccines was initially three doses in the UK, however additional evidence supported the change to a two dose schedule for girls under 15 years of age from September 2014. Further information on the change in the UK HPV immunisation schedule is available in Appendix A1.

Target routine cohort

Prior to school year 2014/15, girls in every NHS Board in Scotland were first offered the HPV vaccine at around 13 years of age, when they were in second year of secondary school (S2). From September 2014, under the revised immunisation schedule, NHS Boards can now adopt slightly different timetables for when they offer the vaccine in schools. For example, 12 of the 14 NHS Boards in Scotland offered the vaccine to girls in their first year of secondary school (S1) in 2016/17. In the remaining two NHS Boards the vaccine was first offered in S2.

Although there are slight differences in the timetable of when doses are offered across NHS Boards, all girls in Scotland will be offered the appropriate number of doses within the recommended intervals according to the UK Childhood Immunisation Schedule. Girls who have not started, or are still to complete, their course of immunisations will be offered the vaccine in school year 2017/18. A summary of the target routine cohorts in each NHS Board in school year 2016/17 is shown in the table.
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1. NHS Orkney is currently in a transitional phase of when it offers each dose of the HPV vaccine. From 2017/18, girls starting secondary school in NHS Orkney will routinely be offered the first dose of vaccine in S1 and the second dose in S2.
Main points

- In 2016/17, HPV immunisation uptake rates in Scotland remained high and exceeded 80%.
- Uptake of the first dose of vaccine among S1 girls was 86%, a small decrease on 87% in the previous year.
- For S2 girls, uptake of the first dose of vaccine reached 91%, and uptake of the second dose was 81%. This was a small decrease on rates for the previous year of 93% and 83% respectively.
- For S3 girls, uptake of the first dose remained at 93%. Uptake of two doses reached 89%, a small increase from 86% in the previous year.
- Uptake of the full two dose course among S3 girls was high in both for pupils living in both the least and most deprived areas in Scotland, exceeding 85%. Although uptake was high, rates were lower in the most deprived areas.
Results and Commentary
The amendments in the HPV immunisation schedule from September 2014, and the associated changes in the target routine cohorts and timing of doses offered in NHS Boards, means uptake rates for the same class years are not always directly comparable across reporting years.

Uptake rates for NHS Orkney, NHS Shetland and NHS Western Isles are prone to fluctuation due to the small number of girls in these cohorts.

Uptake rates for girls in S1
In 2016/17, 12 of the 14 NHS Boards in Scotland offered girls in S1 one dose of HPV vaccine and uptake by the end of the school year was 85.6% (Figure 1). There has been a small decrease in uptake of the first dose of HPV by the end of S1 from 89.0% in 2014/15. There are variations in the uptake rates across NHS Boards; however the rates reported are not the final uptake rates for these pupils. Girls who did not start their course of HPV immunisations in 2016/17 will be offered the vaccine in 2017/18, so the uptake rates for these girls are expected to increase in 2017/18. Updated uptake rates for these pupils will be published in autumn 2018.

Figure 1: Uptake of the first dose of HPV immunisation by the end of the school year 2016/17 by NHS Board of school\(^1,2\); Girls in S1

1. NHS Ayrshire & Arran and NHS Western Isles do not offer the HPV immunisation in S1.
2. Data for over 300 girls in S1 in NHS Fife are not included in the eligible cohort and uptake figures for 2016/17 due to data quality issues in NHS Fife. This may have affected the accuracy of the reported S1 uptake rate in NHS Fife.
**Uptake rates for girls in S2**

Girls in Scotland had been offered both doses of vaccine by the end of S2 (2016/17) in all NHS Boards except NHS Orkney. NHS Orkney will offer the second dose of vaccine to these girls when they are in S3 in 2017/18.

Uptake of the first dose of HPV vaccine among S2 pupils was high at 91.0%. Although this is a small decrease on the uptake rate of 93.0% in 2015/16 it is very similar to the uptake rate of 91.4% in 2014/15. Uptake of the second dose by the end of the school year decreased slightly to 81.0% (Figure 2, 3). There are variations in the uptake rates across NHS Boards, for the second dose in particular.

The rates reported are not the final uptake rates for this cohort. Girls who did not start or complete their course of HPV immunisations in 2016/17 will be offered the vaccine again in 2017/18, so uptake rates for these girls are expected to increase, for the second dose in particular. Updated uptake rates for these pupils will be published in autumn 2018.

**Figure 2: Uptake of the first and second doses of HPV immunisation by the end of the school year 2016/17 by NHS Board of school**

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1. NHS Orkney will offer the second dose of HPV immunisation to the 2016/17 S2 cohort in the school year 2017/18 (when they are in S3).
Figure 3: Map showing uptake of the second dose of HPV immunisation by the end of the school year 2016/17 by NHS Board of school\(^1\); Girls in S2

1. NHS Orkney will offer the second dose of HPV immunisation to the 2016/17 S2 cohort in the school year 2017/18 (when they are in S3).
Uptake rates for girls in S3

Data collated since the start of the HPV immunisation programme in 2008/09 show that a number of girls complete their immunisation course after the school year in which they were first offered the vaccine.

As previously discussed since September 2014 there are some variations in the timing of when NHS Boards offer doses to each class year. Most of the girls in S3 in Scotland in 2016/17 were first offered the first dose of HPV vaccine when they were in S1 in 2014/15.

Data published last year show that by the end of S2 (2015/16), 93.0% of the eligible cohort had received one dose and 82.7% had received two doses of vaccine. These girls were in S3 in 2016/17 and by the end of the school year uptake had increased to 93.4% for one dose and 88.8% for both doses (Figure 4). Uptake rates vary across NHS Boards for the second dose in particular. Some of the differences in uptake may partly be explained by the variation in the timing of when NHS Boards offer doses. This meant S3 girls in some NHS Boards had fewer opportunities to complete the full two dose course by the end of school year 2016/17. Girls who may have missed a dose will be re-offered the HPV vaccine next year so uptake in this cohort is expected to increase.

Figure 4: Map showing uptake of the second dose of HPV immunisation by the end of the school year 2016/17 by NHS Board of school; Girls in S3

Source: CHSP School/SIRS
**Trends in uptake rates in S3**

HPV immunisation uptake rates have been high in Scotland since the immunisation programme began in the school year 2008/09. Figure 5 presents the trend in uptake rates for girls by the end of S3. The change in the routine HPV immunisation schedule from three to two doses in September 2014 has impacted on the trend.

Uptake of the first dose by the end of S3 has exceeded 92% since the programme commenced. Uptake of the second dose met or exceeded 92% in the years prior to 2015/16 and then decreased to around 86%. The decrease in uptake of the second dose in 2015/16 is likely to be due to the change in the HPV immunisation schedule in the UK from September 2014 and subsequent changes in the timing when NHS Boards offer the vaccine. This meant S3 girls in 2015/16 had fewer opportunities to receive the second dose than previous S3 cohorts. Uptake of the second dose of HPV vaccine by S3 increased in 2016/17 to just below 89% as those girls who missed a dose in S1 or S2 were re-offered the vaccine.

Uptake of the full course of HPV immunisations has been high since the programme began, exceeding 85%. Uptake of the full course of HPV immunisations was slightly higher before the change in schedule in 2014/15.

**Figure 5: Trends in HPV immunisation uptake rates for S3 girls in Scotland; school years 2009/10 to 2016/17**

* These decreases in uptake are likely to be due to the change in HPV immunisation schedule from three to two doses from September 2014:

- Decrease in dose 3 uptake in 2014/15: the schedule change meant that a small number of S3 girls in 2014/15 did not require the third dose of vaccine as they had already received two doses of vaccine between six months and two years apart.
- Decrease in dose 2 uptake in 2015/16: the schedule change meant S3 girls in 2015/16 had fewer opportunities to receive the second dose than previous S3 cohorts.

1. Please note that the vertical axis on this chart does not start at the origin (zero)
Uptake rates by deprivation

Uptake of the HPV immunisation was high for pupils living in both the most deprived and the least deprived areas in Scotland, based on the Scottish Index of Multiple Deprivation of the pupil's home postcode (Figure 6). Among girls in S3, uptake of the first dose exceeded 90% in all deprivation categories. Uptake of the second dose exceeded 85% in all deprivation categories. Although uptake is high, rates were lower in the most deprived areas.

Figure 6: Uptake of the first and second doses of HPV immunisation in Scotland by the end of the school year 2016/17 by deprivation category¹; Girls in S3

![Graph showing HPV vaccine uptake by deprivation category.](image)

1. Scottish Index of Multiple Deprivation (SIMD) 2016 population weighted quintile.

The full list of information available in this release is shown in the [List of Tables](#).

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

Across the UK there is variation in the timing of when girls are offered the vaccine in schools. This means uptake rates for similar class years across countries are not fully comparable. Nevertheless, uptake of HPV immunisation in Scotland is broadly in line with the latest available rates reported for England, Wales and Northern Ireland.

England

In England, the latest available data was published in December 2016 (Annual HPV vaccine coverage 2015 to 2016, Public Health England).

In England, for operational purposes, the recommendation from September 2014 was to offer the first dose of vaccine to girls in School Year 8 and the second dose 12 months later in School Year 9. However some local areas offer both two doses of vaccine in the same school year, six months apart.

- Among School Year 9 girls in 2015/16 (around 13-14 years of age) uptake of the full two dose course was 85.1%.
- Among School Year 8 girls in 2015/16 (around 12-13 years of age) uptake of the first dose was 87.0%.

Uptake rates for HPV immunisations in England given up to 31 August 2017 are planned for publication by Public Health England on 15 December 2017.

Wales

In Wales, the latest available data was published in August 2017 (Vaccine Uptake in Children in Wales: April to June 2017, Public Health Wales).

- Among School Year 10 girls in 2016/17 (around 14-15 years of age) uptake was 91.2% for one dose and 86.5% for two doses.
- Among School Year 9 girls in 2016/17 (around 13-14 years of age) uptake was 87.9% for one dose and 68.1% for two doses of vaccine.
- Among School Year 8 girls in 2016/17 (around 12-13 years of age) uptake of one dose was 73.7%.

Northern Ireland

In Northern Ireland, the latest available data was published in December 2016 (Annual Immunisation and Vaccine Preventable Diseases Report for Northern Ireland, Public Health Agency).

The programme is delivered routinely in schools with vaccines given in School Year 9 (around 12-13 years of age) and then opportunities provided in schools to catch-up on missing doses in School Year 10 (around 13-14 years of age). School Years 9 and 10 in Northern Ireland are equivalent to School Years 8 and 9 in England and Wales.

- Among School Year 9 girls in 2015/16 uptake of the full two dose course was 82.0%.
- Among School Year 10 girls in 2015/16 uptake of the full two dose course was 90.7%.
In subsequent publications by the other countries in the UK, the uptake rates for the cohorts reported above may increase due to ‘mop up’ immunisations i.e. where girls are given HPV immunisation in the school year after the year in which they were first offered the vaccine as part of the routine cohort.
Glossary

CHSP School  
Child Health Surveillance Programme School

Deprivation  
The Scottish Index of Multiple Deprivation (SIMD) is the main source for measuring relative deprivation in Scotland.
ISD use population weighting when using SIMD. More information on SIMD can be found at the following web address: http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/SIMD/index.asp.

HPV  
The Human Papillomavirus (HPV) vaccine is designed to protect against the two types of HPV that cause around 75% of cases of cervical cancer. The HPV Immunisation Programme in Scotland started on 1 September 2008.
Gardasil® is the routine vaccine used by the UK immunisation programme. Prior to September 2012, Cervarix® was the routine vaccine used. The Gardasil® vaccine also protects against two other types of HPV that cause around 90% of genital warts.

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 Immunisation Scotland website.

S1 cohort  
Girls in first year of secondary school (S1). These girls are around 12 years of age.

S2 cohort  
Girls in second year of secondary school (S2). These girls are around 13 years of age.

S3 cohort  
Girls in third year of secondary school (S3). These girls are around 14 years of age.

SIRS  
Scottish Immunisation and Recall System
Uptake rates

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

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

\[
\text{Number of eligible girls immunised} \times 100 = \frac{\text{Number of eligible girls in the population/class year}}{\text{Number of eligible girls immunised}} \times 100
\]
## List of Tables

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<th>Name</th>
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<th>File &amp; size</th>
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<td>Trends in HPV immunisation uptake rates for S3 girls in Scotland</td>
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<td>Uptake of the first and second doses of HPV immunisation in Scotland by the end of the school year by deprivation category and NHS Board of school; Girls in S3</td>
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Contact

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Further Information
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Appendices

A1 – Background Information

Data Sources

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

CHSP School is used to facilitate the scheduling of HPV immunisation sessions in school and the recording of immunisation data. After an immunisation contact has taken place the immunisation details are keyed into the system by administrative staff in NHS Boards. Immunisations recorded on the school system also update the child’s immunisation record on SIRS.

All NHS Boards in Scotland use CHSP School/SIRS to record HPV immunisations. NHS Orkney started recording HPV immunisation data on CHSP School/SIRS for school year 2010/11 and therefore provided their own figures for 2008/09 and 2009/10.

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

Accuracy and reliability

The data is not a sample and it covers girls in local authority, independent and grant maintained schools in Scotland. 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 on immunisations given by NHS Boards is required. A small number of additional HPV immunisations may have been given that have not been recorded on CHSP School or SIRS by the time of data extract.

ISD undertake further data quality assurance checks prior to publication. In addition, NHS Board Immunisation Co-ordinators 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.

For a small proportion of girls there will be some inaccuracies in the recording of the class year or associated information used to collate the cohort data from CHSP School. For example, there are a small number of records on CHSP School where girls are allocated to ‘default’ school codes which indicate, for example, the school is unknown. The majority of these ‘default’ codes are likely to be data errors and therefore these data have been excluded from the calculations. The effect on these inaccuracies on the reported uptake rates is thought to be minor.

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

Timeliness

HPV immunisation uptake rates are collated by school year, which in Scotland ends in late
June. Data on HPV immunisations given are extracted in mid-August and planned for
publication in November.

Methods

The cohorts eligible for immunisation (the denominators) are defined as girls recorded on
CHSP School in the relevant class year as at May (i.e. near the end of the school year).

The latest available data recorded on CHSP School/SIRS on HPV immunisations given (as at
August) are then mapped to the cohorts to derive the number of girls in the cohort immunised
with each of the doses (the numerators).

Data are presented by:

- NHS Board of the school the pupil attends. NHS Board data are based on the
  boundaries as at 1 April 2014. NHS Board on CHSP School is recorded in the pre-April
  2006 configuration of NHS Board boundaries. Data have been mapped to reflect the
  boundaries as at 1 April 2014.

- Local authority of residence. This is derived from pupils’ home postcode. Some pupils
  attend school in a local authority outside the NHS Board they are resident in. This
  means the figures for local authorities with a congruent NHS Board (e.g. NHS Dumfries
  & Galloway) are likely to differ from the NHS Board figures reported. There are a small
  number of records that do not have a valid postcode recorded and so the local authority
  of residence is unknown.

- Deprivation category. The Scottish Index of Multiple Deprivation (SIMD) is the main
  source for measuring relative deprivation in Scotland. The deprivation category used in
  this publication is the SIMD (2016) population weighted quintile. This is derived from
  pupils’ home postcode. There are a small number of records where it is not possible to
derive a SIMD quintile from the postcode recorded and so the SIMD quintile is unknown.

HPV immunisation schedule

Following the recommendation of the Joint Committee on Vaccination and Immunisation (JCVI)
in March 2014, the HPV immunisation schedule changed from a three dose to two dose
schedule from September 2014. This change of advice from the JCVI is based on the latest
immunological evidence which shows that the antibody response to two doses of the vaccine
in adolescent girls is as good as a three dose course. The two dose schedule is only
recommended if the first vaccination is given at less than 15 years of age. Girls who have not
had their first dose of HPV vaccine by the time they are 15 years old should be offered the
three dose schedule. This is because the antibody response in older girls may be less good
than that of younger girls.
Routine HPV immunisation schedule:

<table>
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<td>Three doses of vaccine: second dose given at least one month after the first dose,</td>
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<tr>
<td>August 2014</td>
<td>and third dose given at least three months after the second dose</td>
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<tr>
<td>From September 2014</td>
<td>Two doses of vaccine: second dose given no sooner than six months and no later than</td>
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<td></td>
<td>two years after the first dose</td>
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At September 2014 there were some girls who had started, but not completed, the three dose schedule. Girls who had received two doses of vaccine less than six months apart, continued on the three dose schedule as originally planned to complete the full course. Girls who had commenced the three dose schedule before the age of 15 years, and had received the first two doses of vaccine at least six months apart did not require a third dose to complete the full course.
### A2 – Publication Metadata (including revisions details)

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<tr>
<td>Description</td>
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<tr>
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<td>Health and Social Care</td>
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<tr>
<td>Topic</td>
<td>Child Health</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks, PDF</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Child Health Surveillance Programme School (CHSP School), Scottish Immunisation and Recall System (SIRS)</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>Class year cohort data acquired 15 May 2017. Data on immunisations given acquired 14 August 2017.</td>
</tr>
<tr>
<td>Release date</td>
<td>28 November 2017</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Timeframe of data and</td>
<td>Data for school year 2016/17. Data were extracted on 14 August 2017.</td>
</tr>
<tr>
<td>timeliness</td>
<td></td>
</tr>
<tr>
<td>Continuity of data</td>
<td>The amendments in the HPV immunisation schedule from September 2014, and the associated changes in the target routine cohorts and timing of doses offered in NHS Boards, means uptake rates for the same class years are not always directly comparable across reporting years.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>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.</td>
</tr>
<tr>
<td>Revisions relevant to this</td>
<td>None</td>
</tr>
<tr>
<td>publication</td>
<td></td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>Further information about the current immunisation programmes in Scotland, the vaccines available, and the diseases they protect against, can be found via the Immunisation Scotland website.</td>
</tr>
<tr>
<td>Relevance and key uses of</td>
<td>See Statistics in Use</td>
</tr>
<tr>
<td>the statistics</td>
<td></td>
</tr>
<tr>
<td>Accuracy</td>
<td>See accuracy and reliability section of Appendix A1 Background Information</td>
</tr>
<tr>
<td>Completeness</td>
<td>The data covers all girls in the relevant class years in schools in Scotland i.e. it is not a sample. It covers girls in local authority, independent and grant maintained schools. Some additional doses of HPV vaccine may have been given but have not yet been recorded on CHSP School/SIRS at the time the data was extracted.</td>
</tr>
<tr>
<td>Comparability</td>
<td>See Uptake rates in the UK.</td>
</tr>
<tr>
<td>Accessibility</td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td>Coherence and clarity</td>
<td>Data are available as a PDF and tables on the Childhood Immunisation area of the ISD website.</td>
</tr>
<tr>
<td><strong>Value type and unit of measurement</strong></td>
<td>Numbers and percentages.</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>Disclosure</strong></td>
<td>The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.</td>
</tr>
<tr>
<td><strong>Official Statistics designation</strong></td>
<td>National Statistics</td>
</tr>
<tr>
<td><strong>UK Statistics Authority Assessment</strong></td>
<td>Assessment by UK Statistics Authority for National Statistics designation completed.</td>
</tr>
<tr>
<td><strong>Last published</strong></td>
<td>08 November 2016</td>
</tr>
<tr>
<td><strong>Next published</strong></td>
<td>November 2018</td>
</tr>
<tr>
<td><strong>Date of first publication</strong></td>
<td>March 2009</td>
</tr>
<tr>
<td><strong>Help email</strong></td>
<td><a href="mailto:NSS.isdchildhealth@nhs.net">NSS.isdchildhealth@nhs.net</a></td>
</tr>
<tr>
<td><strong>Date form completed</strong></td>
<td>10 November 2017</td>
</tr>
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</table>
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:
- NHS Board Immunisation Co-ordinators
- Health Protection Scotland
- NHS Board child health/screening department administrators
- Scottish Immunisation Programme Implementation Group
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](https://www.isd.scot).

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.