National Statistics status means that the official statistics meet the highest standards of trustworthiness, quality and public value. They are identified by the quality mark shown above.

They comply with the Code of Practice for statistics and are awarded National Statistics status following an assessment by the UK Statistics Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

Find out more about the Code of Practice at:

Find out more about National Statistics at:
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**Introduction**

Human Papillomavirus (HPV) is a virus which is mainly transmitted through sexual contact. There are over 200 different types of HPV. Some types can cause cancers of the anus, penis, mouth and throat, vagina and vulva. Others cause genital warts, which is one of the most common sexually transmitted diseases.

The most common HPV-induced cancer is cervical cancer. The HPV vaccine protects 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.

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.

In addition to the school based vaccination programme for girls, a HPV immunisation programme for men who have sex with men (MSM) up to and including 45 years old was introduced in Scotland in July 2017. The programme was implemented based on advice from the JCVI. This is routinely delivered through sexual health clinics. A separate report detailing uptake amongst this group was previously published.

In July 2018, the JCVI recommended that adolescent boys should also be offered the HPV vaccine. Following this recommendation, the Scottish Government announced the HPV immunisation programme in Scotland will be extended to adolescent boys, with official timing to be confirmed.

This publication provides an update on the annual HPV immunisation vaccination programme for girls, to include school year 2017/18. Uptake rates are 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 is available from school year 2008/09.
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 1.

Target routine cohort
NHS Boards in Scotland can adopt slightly different timetables for when they offer the vaccine in schools. For example, in 2017/18 all NHS Boards except NHS Western Isles offered the first dose of vaccine to girls in S1. In NHS Western Isles the vaccine was first offered in S2.

A summary of the target routine cohorts in each NHS Board in school year 2017/18 is shown in Table 1. Although there are slight differences in the timetable 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 2018/19.

Prior to school year 2014/15, under the three dose schedule, girls in every NHS Board in Scotland were first offered the HPV vaccine at around 13 years of age, when they were in S2.
Table 1: Target routine cohorts offered HPV immunisation in school year 2017/18; by NHS Board of school

<table>
<thead>
<tr>
<th>NHS Board of school</th>
<th>Girls in S1 offered first dose</th>
<th>Girls in S2 offered first dose</th>
<th>Girls in S2 offered first and second doses</th>
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<td>Western Isles</td>
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</table>

1. Prior to school year 2017/18, girls in NHS Ayrshire & Arran were offered both doses of the HPV vaccine in S2. In 2017/18 NHS Ayrshire & Arran commenced a phase of transition to offering the first dose in S1 and the second dose in S2. In 2017/18, girls in S1 and S2 were both offered the first dose of HPV vaccine; they will be offered the second dose in 2018/19 when they are in S2 and S3 respectively.

2. NHS Orkney is completing a transition from offering the first dose in S2 to offering the first dose in S1. This transition commenced in 2016/17, when girls in S1 and S2 were both offered the first dose of vaccine.
Main Points

- HPV immunisation uptake rates for S1 to S3 girls in Scotland decreased slightly in 2017/18.

- Although uptake decreased, completion of the full two dose course of HPV vaccinations by the end of S3 remains high and continues to exceed 80%.

- Among S1 girls, uptake of the first dose of vaccine was 83.7%, a decrease from 85.6% in the previous year. This continues a trend of small decreases year on year.

- For S2 girls, uptake of the first dose of vaccine was 89.7%, compared to 91.0% in the previous year. Uptake of the second dose was 78.2% compared to 81.0% in the previous year. There has been a small downward trend in S2 uptake rates since the implementation of the two dose schedule in 2014/15.

- Uptake among S3 girls also decreased in 2017/18. Uptake of first dose was 91.8% compared to 93.4% in the previous year. Uptake of second dose was 86.6% compared to 88.8% in the previous year.

- Uptake of the full two dose course among S3 girls was high for girls living in both the least and most deprived areas in Scotland, exceeding 80%. 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
School year 2014/15 was the first year girls in S1 in Scotland were offered the first dose of HPV vaccine. In 2014/15, 11 of the 14 NHS Boards in Scotland offered the first dose in S1. By 2017/18, all NHS Boards except Western Isles offered the first dose in S1. Since 2014/15, uptake of the first dose of HPV by the end of S1 has decreased from 89.0% to 83.7% in 2017/18. There are variations in the uptake rates across NHS Boards (Figure 1, 2); however the rates reported are not the final uptake rates for these pupils. Girls who did not start their course of HPV immunisations in 2017/18 will be offered the vaccine in 2018/19, so the uptake rates for these girls are expected to increase. Updated uptake rates for these pupils will be published in autumn 2019.
1. NHS Western Isles do not offer the HPV immunisation in S1.
2. Uptake rates for NHS Highland include data for pupils in schools in Highland local authority only. Data for S1 girls in schools in Argyll & Bute are excluded due to a data completeness issue in the recording of vaccinations for 2017/18. There are over 360 S1 girls in Argyll & Bute schools, which is around a quarter of all S1 girls in NHS Highland.
3. NHS Fife has identified data quality issues which may be affecting their HPV immunisation uptake rates.
Figure 2: Uptake of the first dose of HPV immunisation by the end of the school years 2014/15 - 2017/18\(^1,2\); Girls in S1

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

1. The trend is shown from 2014/15 as this was the first year that girls were offered the vaccine in S1. In 2014/15, 11 of the 14 NHS Boards in Scotland offered the first dose of vaccine to girls in S1. By 2017/18, all NHS Boards except Western Isles offered the first dose in S1.
2. Girls who did not receive the first dose of vaccine in S1 are offered/re-offered the first dose in S2. Girls who received their first dose in S1, are offered a second dose of vaccine in S2.
Uptake rates for girls in S2

Girls in Scotland had been offered both doses of vaccine by the end of S2 (2017/18) in all NHS Boards except NHS Ayrshire & Arran. NHS Ayrshire & Arran will offer the second dose of vaccine to these girls when they are in S3 in 2018/19.

Uptake of the first dose of HPV vaccine among S2 pupils was 89.7%. This is a small decrease from the uptake rate of 91.0% in 2016/17.

Uptake of the second dose by the end of the school year was 78.2%, compared to 81.0% in 2016/17, a decrease of 2.8 percentage points. There are variations in the uptake rates across NHS Boards (Figure 3, 4, 5). Uptake in NHS Highland is under-reported as data on HPV vaccinations given to girls in S2 in 2017/18 was not fully recorded for all schools in Argyll & Bute local authority. This applies to the uptake rate reported for the second dose of HPV vaccine in particular. Girls who did not start or complete their course of HPV immunisations in 2017/18 will be offered the vaccine again in 2018/19, 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 2019.

Figure 3: Uptake of the first and second doses of HPV immunisation by the end of the school year 2017/18 by NHS Board of school1,2,3; Girls in S2

Source: CHSP School/SIRS

1. NHS Ayrshire & Arran will offer the second dose of HPV immunisation to the 2017/18 S2 cohort in the school year 2018/19 (when they are in S3).
2. Uptake rates for NHS Highland are under-reported as data on HPV vaccinations given to girls in S2 in 2017/18 was not fully recorded for all schools in Argyll & Bute local authority.
3. NHS Fife has identified data quality issues which may be affecting their HPV immunisation uptake rates.
Figure 4: Uptake of HPV immunisations by the end of school years 2008/09-2017/18; Girls in S2

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

1. The HPV immunisation programme in Scotland started on 1 September 2008. Girls in S2 in school year 2008/09 were the first cohort offered the vaccine.

* The HPV immunisation schedule was reduced from three to two doses from September 2014.

† Decrease in dose 2 uptake in 2014/15: the immunisation schedule change meant S2 girls in 2014/15 had fewer opportunities to receive the second dose by the end of school year than previous S2 cohorts.
1. NHS Ayrshire & Arran will offer the second dose of HPV immunisation to the 2017/18 S2 cohort in the school year 2018/19 (when they are in S3).

2. See footnotes on Figure 3.
Uptake rates for girls in S3

A number of girls complete their HPV immunisation course in S3 in mop-up vaccination sessions in schools offered to girls who have not completed the full two dose course.

As previously discussed since September 2014 there is slight variation across NHS Boards in when they offer doses of the vaccine. Most of the girls in S3 in Scotland in 2017/18 were first offered the first dose of HPV vaccine when they were in S1 in 2015/16.

Data published last year (2016/17) show that by the end of S2, 91.0% of this cohort had received the first dose and 81.0% had received both doses of vaccine. These girls were in S3 in 2017/18 and by the end of the school year uptake had increased to 91.8% for the first dose and 86.6% for both doses (Figure 6, 7). This is an increase of 5.6 percentage points in girls completing the full two dose course. Girls who may have missed a dose are likely to be re-offered the HPV vaccine in school year 2017/18. This depends on their age and when they received the primary dose (further details of the schedule is in Appendix 1). As a result uptake of the complete two dose course among these girls is expected to increase slightly.

**Figure 6: Uptake of the first and second doses of HPV immunisation by the end of the school year 2017/18 by NHS Board of school1,2; Girls in S3**

1. Uptake rates for NHS Highland are under-reported as data on HPV vaccinations given to girls in S3 in 2017/18 was not fully recorded for all schools in Argyll & Bute local authority. This applies to the uptake rate reported for the second dose of HPV vaccine in particular.
2. NHS Fife has identified data quality issues which may be affecting their HPV immunisation uptake rates.
Figure 7: Map showing uptake of the second dose of HPV immunisation by the end of the school year 2017/18 by NHS Board of school¹; Girls in S3

Source: CHSP School/SIRS

1. See footnotes on Figure 6.
**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 8 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 90% since the programme began, although it has fallen in recent years from over 94% in 2014/15 to just below 92% in the latest year. Uptake of the second dose met or exceeded 92% in the years prior to 2015/16 and then decreased to 86.6% in 2017/18. 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. Although uptake of the second dose of HPV vaccine by S3 increased to 88.8% in 2016/17, uptake in 2017/18 has fallen to 86.6%.

Uptake of the full course of HPV immunisations (previously three doses, now two doses) by the end of S3 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 9).

**Figure 8: Uptake of HPV immunisations by the end of school years 2009/10 to 2017/18; Girls in S3**

![Chart showing HPV immunisation uptake rates by school year from 2009/10 to 2017/18 for girls in S3, with notes on trends and changes in schedule.]

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

* The HPV immunisation schedule was reduced from three to two doses from September 2014.

† Decrease in dose 2 uptake in 2015/16: the immunisation schedule change meant S3 girls in 2015/16 had fewer opportunities to receive the second dose by the end of the school year than previous S3 cohorts.
Figure 9: Uptake of a completed course of HPV immunisations by the end of school years 2009/10 to 2017/18; Girls in S3

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

1. The HPV immunisation schedule was reduced from three to two doses from September 2014. Girls in S3 in 2014/15 started their course of HPV immunisations when they were in S2 in the previous year (2013/14), and would have been on the three dose schedule. Most of these girls continued on the three dose schedule to complete the full course. The revised schedule meant a small number of girls in this cohort did not require a third dose of vaccine as they had already received two doses of vaccine between six months and two years apart.
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 (SIMD) of the pupil’s home postcode (Figure 10). Among girls in S3, uptake of the first dose was 90% or higher in all deprivation quintiles. Uptake of the second dose exceeded 80% in all deprivation quintiles. Although uptake is high, rates were lower in the most deprived areas. Uptake of the second dose of vaccine ranged from 82.8% in the most deprived quintile (SIMD quintile 1) to 90.4% in the least deprived quintile (SIMD quintile 5).

Figure 10: Uptake of the first and second doses of HPV immunisation in Scotland by the end of the school year 2017/18 by deprivation category\(^1\); Girls in S3

Source: CHSP School/SIRS

1. Scottish Index of Multiple Deprivation (SIMD) 2016 Scotland level 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 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.

In England, for operational purposes, the recommendation from September 2014 was to offer the first dose of vaccine to girls in School Year 8 (around 12-13 years of age) and the second dose 12 months later in School Year 9 (around 13-14 years of age). However some local areas offer both two doses of vaccine in the same school year, six months apart.

In Wales, girls are routinely offered the first dose of vaccine in School Year 8 (around 12-13 years of age) and the second dose in School Year 9 (around 13-14 years of age).

In Northern Ireland, 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).

In age terms, School Years S2 and S3 in Scotland are broadly equivalent to School Years 8 and 9 in England and Wales, and Years 9 and 10 in Northern Ireland.

The latest available data for each country in the UK is shown in Table 2.

Table 2: Annual percentage uptake of the first and second dose of HPV immunisations in the UK

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<th></th>
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<th>Wales</th>
<th>Northern Ireland</th>
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<td>2017/18</td>
<td>2016/17</td>
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<tr>
<td>First Dose S1</td>
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<td>89.7</td>
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<td>S2</td>
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1. Data sources:
   b. Wales: Vaccine Uptake in Children in Wales: April to June 2018 (Public Health Wales). Published: August 2018
   c. Northern Ireland: Annual Immunisation and Vaccine Preventable Diseases Report for Northern Ireland 2016/17 (Public Health Agency). Published December 2017. Uptake of the first dose and the Year 11 figures are published separately in the HPV vaccine coverage data for the UK in 2016/17 data table in the December 2017 publication by PHE above.

2. Scotland 2017/18 Cohort:
   a. S1 - majority of pupils born 1 March 2005 to the end of February 2006
   b. S2 - majority of pupils born 1 March 2004 to the end of February 2005
c. S3 - majority of pupils born 1 March 2003 to the end of February 2004

3. England 2016/17 Cohort:
   d. Year 8 - born 1 September 2003 to 31 August 2004
   e. Year 9 - born 1 September 2002 to 31 August 2003

4. Wales 2017/18 Cohort:
   a. Year 8 - born 1 September 2004 to 31 August 2005
   b. Year 9 - born 1 September 2003 to 31 August 2004
   c. Year 10 - born 1 September 2002 to 31 August 2003

5. Wales data for 2017/18: Although the vaccination sessions for 2017/18 were completed by the time the data was published, data entry may not have been fully completed.

6. Northern Ireland 2016/17 Cohort:
   a. Year 9 - born 1 September 2003 to 31 August 2004
   b. Year 10 - born 1 September 2002 to 31 August 2003

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:  

**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 [NHS Inform](http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/SIMD/index.asp) 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:

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

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Further Information

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

The next release of this publication will be in November 2019.

Rate this publication

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

Appendix 1 – 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.

Data quality and completeness

The figures reported for NHS Highland are affected by some data completeness issues as follows:

1. S1 uptake rates for NHS Highland include data for pupils in schools in Highland local authority only. Data for S1 girls in schools in Argyll & Bute are excluded due to a data completeness issue in the recording of vaccinations for 2017/18. There are over 360 S1 girls in Argyll & Bute schools, which is around a quarter of all S1 girls in NHS Highland.

2. S2 and S3 uptake rates for NHS Highland are under-reported as data on HPV vaccinations given to girls in these class years in 2017/18 was not fully recorded for all schools in Argyll & Bute local authority. This applies to the uptake rate reported for the second dose of HPV vaccine in particular.

NHS Fife has identified data quality issues which may be affecting their HPV immunisation uptake rates.

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) Scotland level 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.

<table>
<thead>
<tr>
<th>Routine HPV immunisation schedule:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>September 2008 to August 2014</strong></td>
</tr>
<tr>
<td><strong>From September 2014</strong></td>
</tr>
</tbody>
</table>

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.

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.
Appendix 2 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication title</td>
<td>HPV Immunisation Statistics Scotland</td>
</tr>
<tr>
<td>Description</td>
<td>HPV immunisation uptake rates for school year 2017/18</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<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 14 May 2018. Data on immunisations given acquired 13 August 2018.</td>
</tr>
<tr>
<td>Release date</td>
<td>27 November 2018</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>HPV immunisation uptake rates are collated by school year, which in Scotland ends in late June. Data for school year 2017/18 were extracted on 13 August 2018.</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. Trend data is available from school year 2008/09.</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 publication</td>
<td>No revisions made. A minor error in the collation of the class year cohort data for school year 2016/17 in the November 2017 publication was identified post publication. A small number of pupils clearly outwith the age expected for the class year they were registered in, were not excluded from the cohort. Data for such pupils are normally excluded from the calculation of uptake rates as it is likely that, in the majority of instances, these pupils were not in the class year eligible for immunisation. The impact on the reported statistics was minor and it did not affect the overall interpretation or conclusions drawn from the data. Based on the corrected cohort data, the change in the 2016/17 uptake rates reported at Scotland level would be in the range -0.3 to +0.2. Rates for some NHS Boards and council areas may have had slightly larger differences. Due to the minor impact of the error on the reported rates data for school year 2016/17 have not been revised.</td>
</tr>
</tbody>
</table>
Further information about the current immunisation programmes in Scotland, the vaccines available, and the diseases they protect against, can be found via the [NHS Inform](https://www.nhsinform.scot) website.

### Relevance and key uses of the statistics
See [Statistics in Use](https://www.nhsinform.scot/statistics-in-use).

### Accuracy
See accuracy and reliability section of Appendix 1 [Background Information](https://www.nhsinform.scot/background-information).

### Completeness
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.

### Comparability
See [Uptake rates in the UK](https://www.nhsinform.scot/uptake-rates-in-the-uk).

### Accessibility
It is the policy of ISD Scotland to make its web sites and products accessible according to [published guidelines](https://www.nhsinform.scot/published-guidelines).

### Coherence and clarity
Data are available as a PDF and tables on the [Childhood Immunisation](https://www.nhsinform.scot/childhood-immunisation) area of the ISD website.

### Value type and unit of measurement
Numbers and percentages.

### Disclosure
The [ISD protocol on Statistical Disclosure Protocol](https://www.nhsinform.scot/isd-protocol-on-statistical-disclosure-protocol) is followed.

### Official Statistics designation
National Statistics

### UK Statistics Authority Assessment
Assessment by UK Statistics Authority for National Statistics designation completed.

### Last published
28 November 2017

### Next published
November 2019

### Date of first publication
March 2009

### Help email
[NSS.isdchildhealth@nhs.net](mailto:NSS.isdchildhealth@nhs.net)

### Date form completed
1 November 2018
Appendix 3 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is 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
Appendix 4 – 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](#).