Teenage Booster Immunisation Statistics Scotland
School Year 2018/19

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Introduction

This publication provides an update on the annual school-based teenage booster immunisation programme in Scotland, to include school year 2018/19. Uptake rates are presented for pupils in their third and fourth year of secondary school (S3 and S4) by NHS Board, local authority and deprivation. Trend data is available from school year 2011/12.

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, vaccines are offered against a number of diseases in the first few years of life, including tetanus, diphtheria, polio and meningococcal C. Teenagers are offered a further two vaccines to boost protection against these diseases at around 14 years of age:

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

In Scotland the teenage booster vaccines are routinely offered to pupils in S3, predominantly through a school-based programme. Pupils who miss the routine teenage booster immunisation sessions in S3 are offered the vaccines in S4. Teenagers who are not fully immunised may also be offered the vaccines in their fifth year and sixth year of secondary school (S5 and S6), or in general practice.
In 2018/19 uptake of the teenage booster immunisations among S3 pupils was around 82%, similar to previous years. Vaccination uptake in NHS Boards varied between 71.5% and 85.7%.

S3 uptake of Td/IPV vaccine was 81.9% (81.4% in 2017/18), and MenACWY vaccine uptake was 82.1% (81.9% in 2017/18).

Pupils who miss the routine teenage booster immunisation sessions in S3 are offered the vaccines in S4. In 2018/19 an additional 4 to 5% of pupils received these vaccines when they were in S4, taking immunisation rates to over 86% by the end of S4.

S4 uptake of Td/IPV vaccine was 86.3% (85.8% in 2017/18) and MenACWY vaccine uptake was 86.6% (85.9% in 2017/18).

Pupils in more deprived areas were much less likely to receive the Td/IPV and MenACWY vaccines. By the end of S4 around 81% of pupils from the most deprived areas were immunised, compared with around 92% from the least deprived areas (Td/IPV vaccine).
Results and Commentary

Uptake rates for pupils in third year of secondary school (S3)

In 2018/19 uptake of the teenage booster immunisations among S3 pupils, the class year in which the vaccines are routinely offered in Scotland, increased slightly from the previous year to around 82% (Table 1). As these vaccines are generally offered at the same immunisation sessions in schools, the uptake rates are usually very similar.

Table 1: Td/IPV and MenACWY uptake rates, S3, Scotland, 2017/18 – 2018/19

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Uptake Rate (%) Scotland</th>
<th>Change from previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S3 in 2017/18</td>
<td>S3 in 2018/19</td>
</tr>
<tr>
<td>Td/IPV</td>
<td>81.4</td>
<td>81.9</td>
</tr>
<tr>
<td>MenACWY</td>
<td>81.9</td>
<td>82.1</td>
</tr>
</tbody>
</table>

There is variation in uptake between NHS Boards, (71.5% - 85.7%) (Figure 1, 2, 3). Pupils not immunised in S3 are offered the vaccine in S4 so the uptake rates for these pupils are expected to increase. In previous years the uptake increased by around 4 to 5%.

Figure 1: Td/IPV and MenACWY immunisation uptake rates by the end of the school year 2018/19 by NHS Board of school1; Pupils in S3

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1. Uptake rates for S3 pupils in NHS Western Isles are under-reported. NHS Western Isles commenced a transition to a school based immunisation programme for teenage booster vaccines in 2018/19.
1. Uptake rates for S3 pupils in NHS Western Isles are under-reported. NHS Western Isles commenced a transition to a school based immunisation programme for teenage booster vaccines in 2018/19.
Uptake rates for pupils in fourth year of secondary school (S4)

Pupils who miss the routine teenage booster immunisation sessions in S3 are re-offered the vaccines in S4. Data published last year (2017/18) show that by the end of S3, over 81% of pupils had received the Td/IPV and MenACWY vaccines. These pupils were in S4 in 2018/19 and by the end of the school year a further 4 to 5% of pupils received the vaccines, taking uptake of both vaccines to over 86% (Table 2).

Table 2: Change in Td/IPV and MenACWY uptake rates between end of S3 and end of S4; pupils in S4 in 2018/19

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Uptake Rate (%) Scotland</th>
<th>Change in uptake between end of S3 and end of S4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S3 in 2017/18</td>
<td>S4 in 2018/19</td>
</tr>
<tr>
<td>Td/IPV</td>
<td>81.4</td>
<td>86.3</td>
</tr>
<tr>
<td>MenACWY</td>
<td>81.9</td>
<td>86.6</td>
</tr>
</tbody>
</table>

Uptake of the vaccines among S4 pupils in 2018/19 was an increase on S4 uptake in the previous year (2017/18) (Table 3). By the end of S4, uptake exceeded 80% in all NHS Boards except three, where rates exceeded 75% (NHS Fife, NHS Highland and NHS Shetland) (Figure 4, 5 and 6).

Table 3: Td/IPV and MenACWY uptake rates, S4, Scotland, 2017/18 – 2018/19

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Uptake Rate (%) Scotland</th>
<th>Change from previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S4 in 2017/18</td>
<td>S4 in 2018/19</td>
</tr>
<tr>
<td>Td/IPV</td>
<td>85.8</td>
<td>86.3</td>
</tr>
<tr>
<td>MenACWY</td>
<td>85.9</td>
<td>86.6</td>
</tr>
</tbody>
</table>
Figure 4: Td/IPV and MenACWY immunisation uptake rates by the end of the school year 2018/19 by NHS Board of school\(^1\); Pupils in S4

1. S4 uptake rates are not available for NHS Western Isles due to their transition from a GP-based to a school-based immunisation programme. For further information, see the data quality and completeness section.
Figure 5: Map showing Td/IPV immunisation uptake rates by the end of the school year 2018/19 by NHS Board of school¹; Pupils in S4

Figure 6: Map showing MenACWY immunisation uptake rates by the end of the school year 2018/19 by NHS Board of school¹; Pupils in S4

1. S4 uptake rates are not available for NHS Western Isles due to their transition from a GP-based to a school-based immunisation programme. For further information, see the data quality and completeness section.

<table>
<thead>
<tr>
<th>AA – Ayrshire &amp; Arran</th>
<th>GGC – Greater Glasgow &amp; Clyde</th>
<th>Or – Orkney</th>
</tr>
</thead>
<tbody>
<tr>
<td>B – Borders</td>
<td>Gr – Grampian</td>
<td>Sh – Shetland</td>
</tr>
<tr>
<td>DG – Dumfries &amp; Galloway</td>
<td>H – Highland</td>
<td>T – Tayside</td>
</tr>
<tr>
<td>F – Fife</td>
<td>La – Lanarkshire</td>
<td></td>
</tr>
<tr>
<td>FV – Forth Valley</td>
<td>Lo – Lothian</td>
<td></td>
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</tbody>
</table>
Trends in uptake rates

The teenage Td/IPV booster vaccine has been part of the UK immunisation schedule since 2004, when it replaced the adolescent tetanus and diphtheria vaccine. Teenage Td/IPV booster vaccine uptake rates in Scotland are available from school year 2011/12.

After a slight decrease from 83.7% in 2011/12 to 82.0% in 2014/15, uptake of Td/IPV vaccine in S3 has since remained slightly below 82%. Uptake by the end of S4 increased from 85.8% in 2011/12 to a peak of 88.1% in 2014/15, however it has since decreased to around 86%; in 2018/19 uptake was 86.3% (Figure 7).

Uptake of MenACWY in S3 has remained at around 82% since it was introduced in 2015/16, which is similar to the previously offered MenC vaccine, first offered in schools in 2013/14. For pupils in S4, uptake of MenACWY has stayed around 86-87%. For further information on teenage booster immunisation uptake rates in Scotland from 2011/12 see the previous publications.

Figure 7: Trend in Td/IPV and MenACWY immunisation uptake rates by the end of the school years 2011/12 to 2018/19 in Scotland^1,2,3; Pupils in S3 and S4

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

2. Data for NHS Orkney, NHS Shetland and NHS Western Isles are not included in the teenage booster uptake rates in Scotland in some years as data were not available. For full details see the footnote on this chart in the data tables.
3. Uptake of MenACWY vaccine among S4 pupils in 2015/16 is not included in the graph as this uptake rate is not directly comparable with uptake among S4 pupils from 2016/17. For further explanation see the footnote on this chart in the data tables.
Uptake rates by deprivation

Pupils in more deprived areas were much less likely to receive the teenage booster vaccines than those in the least deprived areas. By the end of S4 around 81% of pupils were immunised in the most deprived areas, compared with around 92% in the least deprived areas (Figure 8, 9).

Figure 8: Td/IPV immunisation uptake rates by the end of the school year 2018/19 by deprivation\(^1\); Pupils in S3 and S4 in Scotland

Figure 9: MenACWY immunisation uptake rates by the end of the school year 2018/19 by deprivation\(^1\); Pupils in S3 and S4 in Scotland

1. Scottish Index of Multiple Deprivation (SIMD) 2016 Scotland level population weighted quintile.
Uptake rates in the UK

Across the UK there is variation in the delivery of the teenage booster immunisations, including differences in when particular school year cohorts were first offered these immunisations. As a result, uptake rates for similar class years across the UK are not fully comparable.

In England the vaccines are routinely offered in School Year 9 in most local authorities. The vaccines are routinely offered in Year 9 in Wales, and Year 11 in Northern Ireland. Pupils who have missed vaccination are offered them again the following year.

School Years S3 and S4 in Scotland are broadly equivalent to School Years 9 and 10 in England and Wales. Pupils in Northern Ireland in Years 10 and 11 are equivalent in terms of age to these cohorts. However, as the teenage booster vaccines are routinely offered in Year 11 in Northern Ireland, Years 11 and 12 are the comparable years for uptake of these vaccines.

The latest available data for each country in the UK is shown in Table 4. Uptake of the teenage booster immunisations in Scotland was slightly higher than the latest available rates reported in England, Wales and Northern Ireland.

Table 4: Annual percentage uptake of Td/IPV and MenACWY vaccines in the UK¹

<table>
<thead>
<tr>
<th></th>
<th>Scotland²</th>
<th>England³</th>
<th>Wales⁴,⁵</th>
<th>Northern Ireland⁶</th>
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<tbody>
<tr>
<td></td>
<td>2018/19</td>
<td>2017/18</td>
<td>2018/19</td>
<td>2017/18</td>
</tr>
<tr>
<td></td>
<td>S3</td>
<td>S4 Year 9</td>
<td>Year 9</td>
<td>Year 10</td>
</tr>
<tr>
<td>Td/IPV</td>
<td>81.9</td>
<td>86.3</td>
<td>85.5</td>
<td>82.9</td>
</tr>
<tr>
<td></td>
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<td>83.8</td>
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<td>73.3</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>80.0</td>
</tr>
<tr>
<td>MenACWY</td>
<td>82.1</td>
<td>86.6</td>
<td>86.2</td>
<td>84.6</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>83.9</td>
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<td>85.4</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td>85.3</td>
</tr>
</tbody>
</table>

1. Data Sources:
   a. England:
      i. Vaccine coverage estimates for the school based tetanus, diphtheria and polio (Td/IPV, ‘school leaver booster’) adolescent vaccination programme in England, to 31 August 2018 (Public Health England). Published January 2019
      ii. Vaccine coverage for the school-based MenACWY adolescent vaccination programme in England, to 31 August 2018 (Public Health England). Published January 2019

2. Scotland 2018/19 Cohort:
   a. S3 - majority of pupils born 1 March 2004 to 28 February 2005
   b. S4 - majority of pupils born 1 March 2003 to 29 February 2004

3. England 2017/18 Cohort:
   a. Year 9 - born 1 September 2003 to 31 August 2004
   b. Year 10 - born 1 September 2002 to 31 August 2003

4. Wales 2018/19 Cohort:
   a. Year 9 - born 1 September 2004 to 31 August 2005
   b. Year 10 - born 1 September 2003 to 31 August 2004

5. Wales data for 2018/19: Although the vaccination sessions for 2018/19 were completed by the time the data was published, data entry may not have been fully completed.

6. Northern Ireland 2017/18 Cohort:
   a. Year 11 - born 1 September 2002 to 31 August 2003
   b. Year 12 - born 1 September 2001 to 31 August 2002
**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: 

**Diphtheria**  
Diphtheria is an acute infectious disease affecting the upper respiratory tract, and sometimes the skin. It's caused by the action of diphtheria toxin produced by toxigenic Corynebacterium diphtheriae or Corynebacterium ulcerans. Diphtheria is spread by droplets and through contact with objects or materials contaminated by infected persons, or animals.

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 2017, diphtheria is now part of the combined ‘six-in-one’ vaccine consisting of diphtheria, tetanus, pertussis, polio and Hib and Hepatitis B. Diphtheria is also part of the ‘four-in-one booster’ vaccine given at around three years four months of age and the teenage Td/IPV booster vaccine given around 14 years of age.

**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 website.

**MenACWY**  
The MenACWY vaccine protects against meningitis and septicaemia (blood poisoning) caused by four strains of meningococcal bacteria – meningococcal (Men) group A, C, W and Y.

The MenACWY vaccine replaced the MenC vaccine in the teenage booster immunisation programme from August 2015.
MenC  The MenC vaccine protects against meningitis and septicaemia (blood poisoning) caused by ‘meningococcal group C’ bacteria. The MenC vaccine does not protect against meningitis caused by other bacteria or by viruses. Since the introduction of meningococcal C conjugate (MenC) vaccine in 1999 there have been several amendments to the number and timing of required doses. From 5 September 2016, children receive a dose of MenC vaccine as part of the Hib/MenC booster given at 12 to 13 months. Adolescents receive a booster dose as part of the MenACWY vaccine given at around 14 years of age.

Polio  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 2017, polio is now part of the combined ‘six-in-one’ vaccine consisting of diphtheria, tetanus, pertussis, polio and Hib and Hepatitis B. Polio is also part of the ‘four-in-one booster’ vaccine given at around three years four months of age and the teenage Td/IPV booster vaccine given around 14 years of age.

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.

SIRS  Scottish Immunisation and Recall System

Td/IPV booster vaccine  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.
Tetanus
A toxin released from a bacterium called *Clostridium tetani* causes tetanus. Spores from these bacteria are present in soil and manure. The spores can be picked up quite easily through minor scratches, puncture wounds, burns or more serious injury.

An effective vaccine against the disease was introduced, nationally in 1961 and a fall in the incidence of tetanus followed. Since October 2017, tetanus is now part of the combined ‘six-in-one’ vaccine consisting of diphtheria, tetanus, pertussis, polio and Hib and Hepatitis B. Tetanus is also part of the ‘four-in-one booster’ vaccine given at around three years four months of age and the teenage Td/IPV booster vaccine given around 14 years of age.

**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.

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

\[
\text{Total number of eligible pupils immunised} \times 100 \\
\text{Total number of eligible pupils in the population/class year}
\]
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 November 2020.

Rate this publication

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Appendices

Appendix 1 – Background information

UK childhood immunisation schedule: teenage booster immunisations

Td/IPV vaccine

The teenage Td/IPV booster immunisation has been part of the routine immunisation schedule since 2004, when it replaced the adolescent tetanus and diphtheria vaccine. 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 8, 12 and 16 weeks of age)
- The fourth dose at 3 years 4 months of age or soon after
- The fifth dose around 14 years of age

MenACWY vaccine

Between September 2013 and August 2015, the teenage immunisation programme offered a booster dose of MenC vaccine. The MenACWY vaccine replaced the MenC 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.

From September 2016, a total of two doses of MenC vaccine are recommended under the routine immunisation schedule. These doses are offered according to the following schedule:

- The first dose at 12 to 13 months of age (Hib/MenC vaccine)
- The second dose around 14 years of age (MenACWY vaccine)

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.
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.

Data are presented by:

- NHS Board of the school the pupil attends. NHS Board data are based on the boundaries as at 1 April 2019. 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 2019.

- 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. Deprivation data are presented by Scottish Index of Multiple Deprivation (SIMD) quintile. SIMD is the main source for measuring relative deprivation in Scotland. This publication uses the SIMD (2016) Scotland level population weighted quintile, which 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.

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 affecting the accuracy of the cohort (denominators) which are explained in the data quality and completeness section.

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 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.

The number of pupils in NHS Orkney, NHS Shetland and NHS Western Isles is small therefore the reported uptake rates are prone to fluctuation.

**Data quality and completeness**

There are some data quality issues affecting the accuracy of the class year cohorts identified as eligible for immunisation. This is due to some inaccuracies in the recording of the class year or associated information used to collate the cohort data from CHSP School. For all class years presented there are a small proportion of records on CHSP School where pupils 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 of this on the reported uptake rates is thought to be minor.

In 2018/19 NHS Western Isles commenced a transition to a school based immunisation programme for teenage booster vaccines. Prior to this the vaccines were given in general practice. For 2018/19:

- Uptake rates for S3 pupils in NHS Western Isles are under-reported. In 2018/19, pupils in two areas were offered the vaccine through schools and the remainder were offered the vaccine in general practice. Data on immunisations given in general practice are not routinely recorded on CHSP School/SIRS. As all S3 pupils in NHS Western Isles are included in the denominator, this means the uptake rates are under-reported.

- Uptake rates for S4 pupils in NHS Western Isles are not available. S4 pupils in 2018/19 were first offered the vaccines in general practice, when they were in S3 in 2017/18. Data on immunisations given in general practice are not routinely recorded on CHSP School/SIRS.

The quality and completeness of the data on teenage booster immunisations has improved over the years. In 2011/12, data for around 94% of pupils in S3 and S4 in Scotland were included in the calculation of uptake rates. At this time, most NHS Boards had some schools where no data on teenage booster immunisations were recorded on CHSP School/SIRS, or where the recording was very incomplete. Data completeness gradually increased to around 99% of pupils in 2015/16 and 2016/17. In 2017/18, data for around 98% of S3 and S4 pupils were included in the calculation of the uptake rates and in 2018/19 around 99% of pupils were included.
## Appendix 2 – Publication Metadata

<table>
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<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<tr>
<td><strong>Publication title</strong></td>
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<tr>
<td><strong>Description</strong></td>
<td>Teenage Td/IPV booster and teenage MenACWY booster immunisation uptake rates for school year 2018/19</td>
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<td><strong>Theme</strong></td>
<td>Health and Social Care</td>
</tr>
<tr>
<td><strong>Topic</strong></td>
<td>Child Health</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Excel workbooks, PDF</td>
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<tr>
<td><strong>Data source(s)</strong></td>
<td>Child Health Surveillance Programme School (CHSP School), Scottish Immunisation and Recall System (SIRS)</td>
</tr>
<tr>
<td><strong>Date that data are acquired</strong></td>
<td>Class year cohort data acquired 13 May 2019. Data on immunisations given acquired 12 August 2019.</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
<td>26 November 2019</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Annual</td>
</tr>
<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td>Teenage booster immunisation uptake rates are collated by school year, which in Scotland ends in late June. Data for school year 2018/19 were extracted on 12 August 2019.</td>
</tr>
<tr>
<td><strong>Continuity of data</strong></td>
<td>Teenage booster vaccine uptake data are available from school year 2011/12. The teenage booster dose of MenC vaccine was introduced in 2013/14 and was replaced by the MenACWY vaccine in school year 2015/16.</td>
</tr>
<tr>
<td><strong>Revisions statement</strong></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><strong>Revisions relevant to this publication</strong></td>
<td>No revisions made.</td>
</tr>
<tr>
<td><strong>Concepts and definitions</strong></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 <a href="https://www.nhsinform.scot">NHS Inform</a> website.</td>
</tr>
<tr>
<td><strong>Relevance and key uses of the statistics</strong></td>
<td>See <a href="https://www.nhsinform.scot">Statistics in Use</a></td>
</tr>
<tr>
<td><strong>Accuracy</strong></td>
<td>See Data quality and completeness and Accuracy and reliability sections of <a href="#">Appendix 1</a>.</td>
</tr>
<tr>
<td><strong>Completeness</strong></td>
<td>See Data quality and completeness section of <a href="#">Appendix 1</a>.</td>
</tr>
<tr>
<td><strong>Comparability</strong></td>
<td>See <a href="https://www.nhsinform.scot">Uptake rates in the UK</a></td>
</tr>
<tr>
<td><strong>Accessibility</strong></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>--------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Coherence and clarity</strong></td>
<td>Data are available as a PDF and tables on the Childhood Immunisation area of the ISD website.</td>
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<tr>
<td><strong>Value type and unit of measurement</strong></td>
<td>Numbers and percentages</td>
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<tr>
<td><strong>Disclosure</strong></td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed.</td>
</tr>
<tr>
<td><strong>Official Statistics designation</strong></td>
<td>Official Statistics</td>
</tr>
<tr>
<td><strong>UK Statistics Authority Assessment</strong></td>
<td>These are official statistics which have not been submitted for assessment by the UK Statistics Authority</td>
</tr>
<tr>
<td><strong>Last published</strong></td>
<td>27 November 2018</td>
</tr>
<tr>
<td><strong>Next published</strong></td>
<td>November 2020</td>
</tr>
<tr>
<td><strong>Date of first publication</strong></td>
<td>25 March 2014</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>5 November 2019</td>
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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
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](http://isd.scot).