

Dear Colleague

Implementation of Immunisation Programme: Human Papilloma Virus (HPV) Vaccine – Project Update including the Catch Up Campaign.

**This letter provides NHS Board Chief Executives with further information and actions required for successful implementation of the HPV immunisation programme. In particular the catch up campaign that will start during school year 2008/09 and apply to girls who are aged 13 - under 18 years at September 08. It will relate to those who are in school and those of that cohort who have left school.**

**Chief Executives Letter 17/2007, issued 13 November 2007, advised we would communicate regularly throughout the HPV programme, particularly decisions on the catch up campaign.**

### **Catch Up Campaign - Background**

The Joint Committee on Vaccination and Immunisation (JCVI) advised in October 2007 that a time limited catch up vaccination for girls aged 13 to under 18 years (17 and 364 days) was cost effective. The Scottish Government accepted this advice and commissioned further work on the timing and phasing of the catch up. This allowed us to weigh up the cost effectiveness of an early start against the logistical challenges of delivering a catch up campaign at the same time as the routine programme. Health Protection Scotland (HPS) was asked to carry out this work and to recommend the most feasible way of delivering an effective catch up campaign.

HPS undertook an option appraisal during November and December 2007. Evidence was collated from each Immunisation Coordinator in all 14 territorial NHS Boards, and a review was carried out of the public health impact of delaying introduction of the catch up by 12 months to September 2009 compared to starting at the same time as the routine immunisation of girls in school year S2 from September 2008.

The appraisal concluded a catch up campaign phased over a three year period as outlined in the Table, from September 2008 was feasible and offered the optimal public health benefit.

### **Addresses**

For action  
NHS Board Chief Executives

For information  
NHS Board Communication  
Directors  
Directors of Public Health  
NHS Board Immunisation  
Coordinators  
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<b>Phasing of HPV Immunisation Catch-up Campaign in Scotland:</b> (beginning September 2008, completing August 2011)				
<b>Year</b>	<b>School year at start of catch-up campaign: September 2008</b>	<b>Age at start of catch-up campaign: September 2008</b>	<b>School year when vaccination first offered</b>	<b>Age when vaccination first offered</b>
<b>Year 1:</b> (September 2008 to August 2009)	S5/S6/left school	16 - under 18 years	S5/S6/left school	16 – under 18 years
<b>Year 2:</b> (September 2009 to August 2010)	S3/S4	13 -15 years	S4/S5 Left school	14 -16 years
<b>Year 3</b> (September 2010 to August 2011)	“Mop up” of those with incomplete or no vaccination.			

This view was supported by the HPV Project Service Delivery and National Steering Group, and has now been endorsed by Scottish Ministers. Scotland will therefore begin the catch up campaign in September 2008 - a year ahead of England and Wales. To facilitate communication with the public and ensure a consistent approach to delivering the campaign across the country, all NHS Boards are expected to adhere to the above phasing.

## **Delivery of Programme in Schools**

NHS Boards should provide school based vaccine sessions for school pupils. School based vaccination teams play a key role in delivery and providing information to pupils, parents and schools as appropriate.

## **Scottish Child Health Surveillance Programme - Schools (CHSP-S)**

The CHSP-S is one of three main child health information systems in Scotland, the other two being the Child Health Surveillance Programme - Pre school (CHSP-PS) and the Scottish Immunisation recall System (SIRS). These systems are designed to ensure that children receive the appropriate immunisation and surveillance services. CHSP-S contains immunisation data collected within the school environment and all these three systems can be linked by CHI providing a full and complete immunisation picture of children.

As with all immunisation programmes, a key factor determining their effectiveness is an accurate register of the target population to call and recall them for vaccination, record uptake and adverse events and facilitate payment to GPs.

For HPV immunisation, the main register is the Scottish Child Health Surveillance Programme information system (CHSP-S). Good progress has been made with developing and implementing, however some NHS Boards have yet to commit to implementation. It is

recognised that rather than use CHSP-Schools, Island Boards (with smaller disparate populations) may wish to make alternative arrangements to support administration of vaccine for those attending schools.

It is essential that NHS Boards ensure that they have effective and comprehensive information systems (preferably electronic) in place to support the successful implementation of HPV immunisation, especially because of the high cost of the vaccine and the consequent requirement to maximise cost effectiveness.

The CHSP-S will enable efficient vaccine data entry creating a single HPV vaccine record; will report accurate data to GPs for girls who have left school and those girls who failed to be immunised through the schools programme; give greater control of vaccine stock; analysis of vaccine uptake and would facilitate data linkage with cervical cancer registry to monitor the effectiveness of the HPV vaccine and the overall programme.

Implementation of the CHSP-S system before HPV immunisation commences must be treated as a priority within NHS Boards.

### **The Role of GP Practices**

GP support will be vital both for the routine programme and for the catch up campaign. Discussions with SGPC will begin soon on how GPs might work with Health Boards to support delivery of the programme.

### **Vaccine Procurement**

The Department of Health is leading on a UK wide procurement exercise for HPV vaccine and has advised that the decision on which manufacturer will be successful in obtaining the UK contract for supply of vaccine for the national campaign will not be known until early June 2008.

### **Communications and Training**

We will continue to communicate regularly with you throughout the programme through Chief Executives Letters, other information sharing and presentations at Chief Executives meetings.

It is vital that practitioners delivering this programme have the necessary knowledge and understanding to ensure high quality care to girls and young women. Training materials are therefore being developed to support health professionals. This will include a comprehensive PowerPoint presentation (available at the end of April) which can be used locally to deliver training. There will also be information packs for health professionals, early versions of these will be available online at [www.healthscotland.com/immunisation](http://www.healthscotland.com/immunisation) as soon as the Green Book Chapter has been finalised, which is expected mid March. A letter will be sent to health professionals in March advising when materials will be available on the website, and when hard copies will be delivered. Information on both vaccines will be included in appropriate materials prior to June.

The immunisation programme will be supported by a national advertising campaign, website and proactive media campaign. A consent form will be issued to girls in school along with bespoke leaflets. Girls who have left school will be sent a leaflet via their GP. A decision on the timing of the distribution of the consent forms and leaflets will be taken later this month. Distribution is likely to be either June or August.

## **Women aged 18-25/26 Years – Outwith the National Programme**

The JCVI has acknowledged that a catch up campaign for all women aged 18-25 is not cost effective. The Scottish Government will not include women aged 18-25 in the national programme. This is in line with JCVI advice. The national programme covers girls aged around 12-13 years and a catch up campaign for girls aged 13 to under 18 years at September 2008. Individual requests for vaccination, outwith the national programme, should be considered locally by GPs based on their assessment of individual clinical need, with relevant prescribing and administration in the normal way, (prescribed through GP 10), with the payment of NHS prescription charges where appropriate.

This position will be kept under review.

## **Chief Medical Officer (CMO) Letter**

We expect to issue a CMO letter in the spring. A further communication will be issued following the outcome of the vaccine procurement process in June 08.

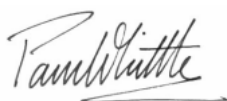
## **Next Steps for NHS Boards**

NHS boards are responsible for successful local implementation. The HPV Immunisation Project co-ordinated by HPS will look to support this, by drawing up further guidance on key operational aspects of both the routine and catch-up campaigns and seek to share good practice to assist NHS Boards with local implementation.

On behalf of the Scottish Government, the Project Team will monitor national and local progress against milestones. These were shared with Immunisation Co-ordinators at a workshop on 8 January 2008. NHS Boards are asked to ensure that local plans are fed into a two way service delivery monthly reporting cycle with HPS and NSS, commencing 29 February 2008, and continue to report monthly thereafter on progress and readiness for service delivery.

NHS Boards and local education authorities will need to continue working closely together paying particular attention to exam timetables for girls in S5 and S6 as prelim examinations are undertaken in schools any time between November and February.

Yours sincerely



**PAM WHITTLE**

Director of Public Health & Wellbeing