

Dear Colleague

HUMAN PAPILLOMA VIRUS (HPV) IMMUNISATION PROGRAMME: 2009/10

Introduction

1. This letter provides an update to for NHS professionals involved in delivering the HPV vaccine on arrangements for the second year of the national immunisation programme.

2. The first year of the HPV immunisation programme presented significant challenges to NHS Boards, and we are grateful for the efforts of all professionals involved. Initial uptake figures for the schools based element of the first year of the programme indicate that uptake of the first two doses of the vaccine are 92.2% and 87.8% respectively. This very good uptake is a direct result of the efforts of NHS Boards and staff should be commended.

Influenza A (H1N1)

3. The second year of the HPV programme is planned to commence on 1 September 2009. Given current plans to deliver Influenza A (H1N1) vaccination this autumn, there is likely to be a need for Boards to deliver significant additional vaccination related work this autumn, and this will undoubtedly make delivery of HPV more challenging.

4. Currently, however, Boards are asked to plan on the basis that HPV should be delivered alongside (or, depending on schedules, ahead of) the H1N1 vaccination. The H1N1 programme (led by Health Protection Scotland) has considered these issues and will continue to work with Board to support delivery of both programmes.

Outline

5. The routine HPV programme continues to target for immunisation **all** girls in school year S2, regardless of actual age (ages may range from 11 to 13).

From the Chief Medical Officer
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Addresses

For action

NHS Board Chief Executives
NHS Board Immunisation
Co-ordinators
NHS Board Medical Directors
NHS Board Nursing Directors

For information

CHP Managers
NHS Board Communication Directors
Directors of Public Health
General Practitioners
Directors of Pharmacy
Practice Nurses
Health Visitors
Health Scotland
Health Protection Scotland
NHS 24
Local Authority Chief Executives and
Directors of Education
Proprietors of Independent Schools
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6. The catch-up programme (for girls aged 13 to 17 inclusive) began last year and will continue this year. CEL 5, issued on 6 February 2008, set out the details. The table which illustrates the phasing and timing of the catch-up over 3 years and the cohorts to be immunised is included below for ease of reference.

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

7. Each course of immunisation requires three separate doses. Any girl in S2 (in the routine programme) who does not take up the offer of immunisation at this time, or who does not complete their course, will remain eligible to complete their course until age 17 years and 364 days.

8. This year is the second year of the catch-up campaign, with girls in S4 and S5, and those of equivalent age who have left school, being individually invited to receive their immunisation. During 2010/11 girls eligible for catch-up immunisation who have not completed their immunisation courses will have the opportunity to do so.

Women aged 18 and over

9. Having reviewed the cost effectiveness of immunising the whole female population at different ages the Joint Committee of Immunisation and Immunisation (JCVI) did not recommended a national programme of immunisation for women aged 18 years and over. CEL 5, issued on 6 February 2008, set out the position with regard to this age group. **There has been no change to this policy for 2009/10.** GPs will be able to prescribe the vaccine if it is clinically indicated, under the NHS via GP 10, for any young woman who is older than 18 years and not covered by the national vaccination programme

Funding Arrangements

10. The Scottish Government will continue to fund the full cost of the HPV vaccine for this programme, as well as other central costs relating to communications, surveillance and IT.

HPV immunisation outwith schools (GPs and community clinics)

11. As with year 1 of the immunisation programme, it is a matter for NHS Boards and local GPs to reach an agreement on whether GPs will provide any immunisation for girls as part of the programme, outwith the school setting.

Vaccines

12. Following the UK-wide three-year procurement exercise carried out by the Department of Health in 2008, the vaccine supplied for use in the HPV immunisation programme is Cervarix[®].

13. The administration of HPV vaccines, their adverse reactions, and their use in pregnancy are explained in detail in the HPV chapter for '*Immunisation against Infectious Disease 2006*' (www.dh.gov.uk/greenbook).

Vaccine Supply

14. HPV vaccine will be supplied by Movianto UK Ltd as part of the national childhood immunisation programme. NHS Boards can order HPV vaccines on up to a weekly basis.

15. Invoices for the vaccine will be paid directly by the Scottish Government to the UK Government. Boards should continue to ensure that records of vaccine deliveries are sent to Robin Bate in the Health Protection Team of the Scottish Government to enable invoices to be paid. Delivery confirmations should be emailed to Robin.Bate@scotland.gsi.gov.uk or sent by fax (for the attention of Robin Bate) to 0131 244 2157.

Vaccine Storage

16. Vaccines should be stored in the original packaging at +2°C to +8°C and protected from light. All vaccines are sensitive to some extent to heat and cold. Freezing may cause increased reactogenicity and loss of potency for some vaccines. It can also cause hairline cracks in the container leading to contamination of the contents.

17. NHS Board Vaccine Holding Centres should ensure sufficient fridge space is available for the HPV vaccine. A review of available fridge space will be necessary to ensure adequate storage capacity at the start of year 2 of programme.

Reporting of adverse reactions

18. Cervarix[®] carries a black triangle symbol (▼). This is a standard symbol added to the product information of a vaccine/medicine when it is under more intensive monitoring by the Medicines and Healthcare products Regulatory Authority (MHRA) and aims to encourage reporting of all suspected adverse reactions. If a doctor, nurse, pharmacist or patient/carer suspects that any adverse reaction to one of these vaccines has occurred they should report it to the MHRA using either the Yellow Card reporting form (e.g. in the BNF), the online

reporting site for Yellow Cards on <http://yellowcard.mhra.gov.uk/>, or by telephoning 0808 100 3352.

Patient Group Directions

19. The requirement for Patient Group Directions is described in HDL(2001)7 available from http://www.sehd.scot.nhs.uk/mels/HDL2001_07.HTM. The use of PGDs for administration of vaccines is described in detail in 'Immunisation against Infectious Disease 2006' (pages 35 to 39), www.dh.gov.uk/greenbook

20. A specimen Patient Group Direction (PGD), for use with HPV vaccine Cervarix® is available at <http://www.healthscotland.com/health/topics/immunisation/HPV.aspx>.

Vaccine Wastage

21. Effective management of vaccines throughout the supply chain is essential to reduce vaccine wastage. The HPV vaccine has considerably increased the cost of the childhood immunisation programme. Vaccine wastage must be kept to a minimum - even small percentage reductions in vaccine wastage will have an important impact on the financing of vaccine supplies.

Transporting and storing vaccine at immunisation sessions

22. Validated cool boxes and related items such as cool packs should be used when transporting and storing vaccine for use in situations such as school immunisation sessions. Cool boxes should be used in accordance with manufacturer's guidelines to ensure that vaccines are stored at the correct temperature.

23. A realistic calculation of how much vaccine is needed for a particular immunisation session should be made prior to transporting vaccine to a session. During the session care should be taken to remove only the required amount of vaccine from the cool box.

Consent

24. As with all other forms of healthcare, consent must be obtained prior to the administration of the vaccine. The public awareness campaign and public information materials are designed to support informed consent. All girls to be immunised in school will be given a consent form, a leaflet and a Q&A booklet for their parent or carer. Girls will be advised to discuss the information in the leaflet with their parent or carer before agreeing to have the immunisation. If a girl is aged under 16, her parent or carer is being asked to sign the consent form. However, as the public information leaflets, Q&A booklets and public website explain, although it is always advised for those under 16, parental agreement is not always necessary. The law allows a young person under the age of 16 to give consent themselves if a suitably qualified health professional deems they are capable of understanding what is being proposed. If a girl is aged 16 or over she is being asked to sign and return the consent form herself. DRAFT consent forms are available to view from NHS Health Scotland at <http://www.healthscotland.com/immunisation/hpv>

25. Further guidance on consent is given in 'Immunisation against Infectious Disease 2006', www.dh.gov.uk/greenbook and in the Scottish Government's Good Practice Guide on Consent for Health Professionals: http://www.sehd.scot.nhs.uk/mels/HDL2006_34.pdf.

26. Health Rights Information Scotland provide information on consent for under 16s, in a simple leaflet (revised June 2008) available at <http://www.hris.org.uk/index.aspx?o=1029>

Communication

27. All information and guidance for professionals in support of the HPV programme continues to be published on the NHS Health Scotland immunisation website as it becomes available – www.healthscotland.com/immunisation/hpv

28. Communication materials for Year 2 of the public information campaign are being produced and distributed for the programme by NHS Health Scotland. Distribution of public information materials commenced on 27 July. A catalogue, listing all materials that are available to support the HPV Immunisation Programme has also been sent for information to GPs, Pharmacies, Schools and Sexual Health Clinics in all Boards should co-ordinators wish to order more stocks of any particular materials throughout the year.

29. All of the public information materials, including translations: Bengali, Chinese, French, Hindi, Lithuanian, Polish, Russian, Spanish and Urdu and other alternative formats, including easy read format designed to help support people with learning disabilities, will also be available for download from the HPV programme website www.fightcervicalcancer.org.uk, by calling 0131 536 5500, or emailing publications@health.scot.nhs.uk

30. Any questions in relation to the public information materials should be directed to the Publications team at NHS Health Scotland on 0131 536 5500 or publications@health.scot.nhs.uk.

Local data management and monitoring vaccine uptake

31. Maintenance of comprehensive and accurate data is a key factor determining the effective delivery of all immunisation programmes. To this effect, the Child Health Surveillance Programme- School (CHSP-S) has been specifically programmed to:

- provide call/recall,
- minimise duplicate immunisation,
- enable GP payments (where appropriate),
- support vaccine stock control, and
- measure uptake.

32. NHS Boards (working in partnership with their local education departments and independent schools) should use CHSP-S (or SIRS) to record all HPV immunisations given under the programme, whether administered in school or in GP or community clinics.

33. Once the first round of school immunisation sessions is complete and data entered, CHSP-S reports should be generated to identify those needing HPV out with school. These reports, which list school leavers eligible for HPV and resident within an NHS Board area, can be produced by GP practice or as a download to run a community clinic. The reports should also be used to inform HPV vaccine stock control for GP and/or community clinics.

34. The preferred timescale for the initial reports is around October each year, after the first round of school based immunisations and after school attendance has been updated following the summer break. Further CHSP-S reports may be run throughout the year to identify new school leavers, plus any HPV they may have had at school. These reports will

be used in February when some older pupils leave school and, particularly, in July at the end of the school year.

35. As with other national immunisation programmes, ISD using data held within CHSP-S (or SIRS) will calculate and publish HPV immunisation uptake rates for the routine and catch-up arms of the programme for each NHS Board and nationally.

Conclusion

36. We recognise that the implementation of this programme has been a major commitment for all of us and has already required significant time, energy and dedication. We are hopefully that the second year of the programme can build on the very good foundations of strong public awareness and good vaccine uptake that were established through the first year of activity.

37. With the emergence of influenza A (H1N1) and our plans to vaccinate the population against the virus, the challenge is more significant than ever. Nevertheless, we are confident that the NHS in Scotland can rise to the challenge and we will endeavour to do all we can to support the efforts of those involved.

38. We would like to take this opportunity to thank you for your contributions.

Yours sincerely

HARRY BURNS

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BILL SCOTT