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Dear Colleague

HUMAN PAPILLOMA VIRUS (HPV) IMMUNISATION PROGRAMME: SEPTEMBER 2011 ONWARDS

Introduction

1. This letter provides an update for NHS professionals involved in delivering the HPV vaccination programme. This year the catch-up programme comes to an end and the core HPV vaccination programme is integrated into the routine childhood immunisation programme.

2. We are very grateful for the efforts of all professionals involved in the first three years of the vaccination programme. Vaccination uptake rates have been very high over the last three years. Provisional uptake figures for the schools based element of the third year of the programme indicate that, by February 2011, uptake of the first dose in S2 reached 91.2% with 85.5% achieved for the second dose. This excellent uptake is a direct result of the efforts of NHS Boards and staff should be commended for their continued hard work in delivering this service.

Eligibility for vaccination in 2011-12

3. CMO letter SGHD/CMO15(2010) [http://www.sehd.scot.nhs.uk/cmo/CMO\(2010\)15.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)15.pdf) set out details of the third and final year of the catch-up programme. The catch-up programme ends on 31 August 2011 - from 1st September 2011 onwards, no woman aged 18 years and over in Scotland should be offered the HPV vaccine as part of the national programme. (Those who have commenced a course of immunisation offered to them as part of the catch-up campaign but have yet to finish it after their 18th birthday, should receive the required 3 doses.)

4. The vaccination of 12-13 year old girls in the second year of secondary school will continue as a routine element of the childhood immunisation programme. As you will be aware, each course of immunisation requires three separate doses.

From the Chief Medical Officer
Chief Nursing Officer and
Chief Pharmaceutical Officer

Sir Harry Burns MPH
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8 July 2011

SGHD/CMO(2011)9

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
Scottish Council of Independent Schools

Further Enquiries

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Policy Issues

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Medical Issues

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National Programme

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5. Girls who are under 18 remain eligible for the HPV vaccination through the programme, regardless of school year. Those who have not yet taken up the offer or who have not completed their course, should continue to have the opportunity to do so.

6. NHS Boards should put arrangements in place to offer the vaccine to any girls who are eligible and who either did not receive the vaccine when scheduled, or have not completed the course of all three doses, up to the age of 18.

7. Advice on HPV vaccination of females with unknown or incomplete immunisation status can also be found in the Green Book Chapter on HPV. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087787.pdf

8. For any woman not covered by the national programme GPs continue to be able to prescribe the vaccine if it is clinically indicated, and according to the product licence, under the NHS via GP10.

Funding Arrangements

9. 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 surveillance and IT.

HPV immunisation outwith schools (GPs and community clinics)

10. As with the first three years of the HPV vaccination programme, it is a matter for NHS Boards and local GPs to reach an agreement on whether GPs will provide any immunisation for girls outwith the school setting as part of the programme.

Vaccines

11. 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[®]. Recommended for the use of HPV vaccines, including contra-indications, precautions and information on adverse reactions are explained in the HPV chapter for 'Immunisation against Infectious Disease' (http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087787.pdf)

12. The Department of Health has advised that there remains sufficient stocks of HPV vaccine to support the vaccination programme in 2011-12. The Department of Health will shortly be undertaking a procurement exercise to secure HPV vaccines for future years of the programme, and we will update NHS Boards when the outcome of this exercise is known.

Vaccine Supply

13. HPV vaccine is currently supplied by Movianto UK Ltd as part of the national childhood immunisation programme. NHS Boards can order HPV vaccines on and up to a weekly basis.

14. 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

Janet Sneddon in the Health Protection Team of the Scottish Government to enable invoices to be paid. Delivery confirmations should be emailed to Janet.sneddon@scotland.gsi.gov.uk or sent by fax (for the attention of Janet Sneddon) to 0131 244 2157.

Vaccine Storage

15. 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.

16. 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 3 of programme.

Reporting of adverse reactions

17. The medicines and Healthcare Products Regulatory Agency (MHRA) monitors the safety of HPV vaccine. If a doctor, nurse, pharmacist or patient suspects that an adverse reaction to an HPV vaccine has occurred, it should be reported to the Commission on Human Medicines (CHM) using the Yellow Card spontaneous reporting scheme (www.yellowcard.gov.uk).

Patient Group Directions

18. 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' (pages 35 to 39), www.dh.gov.uk/greenbook

Vaccine Wastage

19. 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

20. 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.

21. 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.

Public information and communications

22. Now that the HPV immunisation programme is being integrated into the routine childhood immunisation programme, HPV information resources for eligible girls have been

agreed by the Scottish Immunisation Programme - Communication and Information Advisory Group (SIP-CIAG)

23. NHS Health Scotland will publish 'A guide to teenage immunisations between 12 and 18 years of age' booklet in late July 2011. It will provide young people with information on the immunisations that are given between 12 and 18 years of age, including the HPV vaccine for girls, why these immunisations are needed, and what side effects they might have. This booklet replaces the current NHS Health Scotland booklets 'A guide to teenage immunisations from 12-18 years of age. Information on the tetanus, diphtheria and polio vaccine', 'Information for girls aged 12 and 13 years' and 'Q&A for parents and carers'.

24. Sufficient supplies of the booklet will be distributed in advance of the new school session according to local preference e.g. Board health promotion resource departments, child health teams and health centres.

25. The Immunisation Scotland website (www.immunisationscotland.org.uk) is the central public facing website for immunisation information in Scotland. To coincide with the revisions to the booklet, information on the website will be updated to include information on the HPV vaccine. The fight cervical cancer website www.fightcervicalcancer.org.uk will be withdrawn (31 August 2011) but a holding page on www.fightcervicalcancer.org.uk will be created and made available for a fixed period of one year that will re-direct visitors to www.immunisationscotland.org.uk.

26. The booklet will also be available for download from the Immunisation Scotland website (www.immunisationscotland.org.uk) and PDF versions will be available in Urdu, Chinese and Polish, and in an Easy Read format designed to help support people with learning disabilities. NHS Health Scotland is happy to consider requests for other languages and formats. Please contact 0131 536 5500 or email nhs.healthscotland-alternativeformats@nhs.net

27. All public information in support of the HPV programme continues to be published on the Immunisation Scotland website as it becomes available – <http://www.immunisationscotland.org.uk>

Local data management and monitoring vaccine uptake

28. 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,
- Health Boards to agree any payments to GP practices for HPV immunisation, locally with GP practices and LMCs,
- support vaccine stock control, and
- measure uptake.

29. 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.

30. 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

31. We recognise that this programme has been a major commitment for all of us, requiring significant time, energy and dedication. We are hopeful that the programme will continue to be a success as it is integrated into the routine childhood immunisation programme this year, building on the very good foundations of strong public awareness and good vaccine uptake that were established through the first three years of activity.

32. We would like to take this opportunity to thank you for your contributions in delivering this successful programme.

Yours sincerely

SIR HARRY BURNS
Chief Medical Officer

ROS MOORE
Chief Nursing Officer

PROFESSOR BILL SCOTT
Chief Pharmaceutical Officer