

Dear Colleague

**HUMAN PAPILLOMAVIRUS (HPV) VACCINATION PROGRAMME:
CHANGE IN SCHEDULE FROM 2 TO 1 DOSE FOR ELIGIBLE
ADOLESCENTS AND ADULTS UP TO AGE 25 YEARS**

1. This letter provides information on forthcoming changes to the HPV vaccination programme.
2. The HPV vaccination programme in Scotland was introduced to girls on 1 September 2008. From 2019, a gender neutral HPV vaccination programme was introduced, which extended the existing girls' programme to include boys, helping to further protect against high risk HPV types which may develop into cancer later in life, via routine immunisation in early secondary school, from S1, through the school-based programme.
3. In December 2021, the Joint Committee on Vaccination and Immunisation (JCVI) undertook a further review of the latest evidence on one-dose schedules. Subsequently, the Committee agreed that there was now sufficient evidence to advise a change in the schedule from two doses to one dose of HPV vaccine in the routine adolescent programme for children and young people aged up to (and including) 14 years of age. This advice was interim, pending a stakeholder consultation, which ran for a period of 6 weeks.
4. The JCVI HPV Sub Committee met on 17 May 2022 to review the stakeholders' responses and receive an update on the latest evidence supporting a one-dose schedule. These findings were reported at the June 2022 JCVI meeting, thus finalising the advice on one dose. On 5 August 2022, the JCVI published their recommendation of a one-dose schedule for the routine adolescent programme and men who have sex with men (MSM) programme.
5. JCVI have recommended the following schedules for the HPV programme:
 - a one-dose schedule for the routine adolescent programme and MSM programme before the 25th birthday
 - a 2-dose schedule from the age of 25 years in the MSM programme

**From the Chief Medical
Officer
Chief Nursing Officer
Chief Pharmaceutical Officer**
Professor Sir Gregor Smith
Professor Alex McMahon
Professor Alison Strath

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For action

NHS Board Immunisation
Coordinators
NHS Board Medical Directors
Nurse Directors, NHS Boards
Directors of Public Health
CPHMs
Directors of Pharmacy

For information

General Practitioners
Practice Nurses
Primary Care Leads, NHS Boards
NHS Board Chief Executives
Consultant Physicians
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- a 3-dose schedule for individuals who are immunosuppressed and those known to be HIV-positive
6. Currently, there are no data on fewer than three doses among HIV-positive or immunocompromised populations. Therefore, a three-dose schedule should continue to be offered to individuals who are known to be HIV-infected, including those on antiretroviral therapy, or are known to be immunocompromised at the time of immunisation.
 7. By end of S3, uptake rates of the first dose of HPV have consistently exceeded 90%. To continue this high level of coverage and achieve maximum uptake of a single dose, Health Boards must continue to offer regular repeated opportunities for immunisation. Additionally, working to increase uptake within areas of identified inequalities/areas of deprivation.
 8. The JCVI have highlighted within their statement that with a move to a one-dose schedule it will be important to enhance efforts to vaccinate anyone who missed their dose in S1 and health inequalities should be closely monitored as they should be for all other vaccination programmes. Some of the resources freed up due to the reduction in vaccination sessions should be re-directed to interventions that strengthen programme delivery, increase coverage rates and reduce inequalities. This might best be undertaken by ensuring extra mop-up visits are arranged to drive maximum opportunity for uptake.
 9. The JCVI statement on a one-dose schedule published on 5 August 2022 is available here: [JCVI statement on a one-dose schedule for the routine HPV immunisation programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-on-a-one-dose-schedule-for-the-routine-hpv-immunisation-programme)
 10. The change from the two-dose to a one-dose schedule for all those eligible up to the age of 25 years of age will take place from 1 January 2023.
 11. Further information is included in the Annexes set out below.

Yours sincerely,

Gregor Smith

Alex McMahon

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CHANGES TO THE PROGRAMME – KEY POINTS

Scheduling Vaccinations

1. The one-dose schedule is recommended by the JCVI for the routine adolescent programme and MSM programme before the 25th birthday (excluding those HIV-positive or immunocompromised populations as they should remain on a three-dose schedule).
2. The programme has now transitioned to Gardasil®9. Therefore, some individuals may have started the course with Gardasil®. The two vaccines are considered interchangeable by the JCVI and are both suitable for the one-dose schedule.
3. If an individual has started a two-dose course before January 2023, their vaccination schedule should now be regarded as complete regardless of the vaccine product used.
4. Consent provided for the HPV vaccination programme reflects consent to the course of vaccination regardless of the vaccine used. In the case of immunocompromised adolescents, consent will continue, even if the course of vaccination spans more than one academic year. Communications will be issued to those who were expecting to receive a second dose to advise that this is no longer clinically required.

Eligibility

5. The Immunisation against Infectious Disease Book ('The Green Book') will be updated to reflect the change in eligibility for HPV vaccination. The chapter will be updated in due course to reflect the change in eligibility for HPV vaccination and made available online at: <https://www.gov.uk/government/publications/human-papillomavirus-hpv-the-green-book-chapter-18a>
6. **Please note:** The HPV chapter of the Green Book may not be available until after January 2023. Therefore, the latest JCVI statement recommending the change to a one dose schedule and CMO letter should be followed pending the publication of an updated HPV Green Book chapter. The JCVI statement on a one-dose schedule published on 5 August 2022 is available here: [JCVI statement on a one-dose schedule for the routine HPV immunisation programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statements/jcvi-statement-on-a-one-dose-schedule-for-the-routine-hpv-immunisation-programme)
7. Those in eligible cohorts for vaccination in the national programme will remain eligible and may be offered HPV vaccination opportunistically, up to their 25th birthday.
8. For clarity, this only applies to:
 - those currently eligible;
 - boys who became eligible from academic year (2019/20);
 - girls under 25 who would have been eligible under routine, and catch up programmes, introduced in 2008.

FURTHER GUIDANCE ON CHANGES TO THE HPV IMMUNISATION PROGRAMME

Vaccine Dosage and Supply

1. **Please Note:** As of June 2022, the programme has transitioned to Gardasil®9 as the sole vaccine in use and available to order for HPV immunisation.
2. Gardasil®9 and Gardasil® have been recommended by JCVI for use in a one-dose schedule. The patient information leaflet (PIL) included in the packaging may refer to a 3-dose schedule, or give a different recommended timing between doses. The Green Book states:

Recommendations on immunisation procedures are based on currently available evidence and experience of best practice. In some circumstances, this advice may differ from that in vaccine manufacturers' Summaries of Product Characteristics (SPCs). When this occurs, the recommendations in this book (which are based on current expert advice received from the Joint Committee on Vaccination and Immunisation (JCVI)) should be followed.

<https://www.gov.uk/government/publications/immunisation-procedures-the-green-book-chapter-4>

3. **Please note:** Again, the HPV chapter of the Green Book may not be available until after January 2023. Therefore, the latest JCVI statement recommending the change to a one-dose schedule and CMO letter should be followed pending the publication of an updated HPV Green Book chapter. The JCVI statement on a one-dose schedule published on 5 August 2022 is available here: [JCVI statement on a one-dose schedule for the routine HPV immunisation programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/jcvi-statement-on-a-one-dose-schedule-for-the-routine-hpv-immunisation-programme)
4. For individuals not affected by the change to a one-dose schedule (i.e. HIV-positive or immunocompromised populations), the guidance in the HPV chapter of the Green Book should be followed. Further details of the vaccine schedule and dosage for these individuals can be found in the Green Book, chapter 18a on Human Papillomavirus (HPV): <https://www.gov.uk/government/publications/human-papillomavirus-hpv-the-green-book-chapter-18a>
5. Gardasil®9 should be ordered in the usual way from NHS Board vaccine holding centres.

Patient Group Directions (PGD)

6. A national specimen Patient Group Direction (PGD) for administration of HPV vaccine will be produced and issued to NHS Boards. This will be made available on the Public Health Scotland website at: https://publichealthscotland.scot/publications/?q=&fq=phs_publication_type%3APatient+Group+Direction%23

Consent

7. Information on informed consent for vaccination can be found in chapter two of the Green Book available at: <https://www.gov.uk/government/publications/consent-the-green-book-chapter-2>

Reporting of adverse reactions

8. For a detailed list of ADRs associated with Gardasil®9 please refer to the manufacturer's SPC or the Patient Information Leaflet (PIL) supplied with each vaccine:
<https://www.medicines.org.uk/emc/product/7330>
9. Suspected adverse reactions (ADRs) to vaccines should be reported via the Yellow Card Scheme available at: www.mhra.gov.uk/yellowcard. Chapter 9 of the Green Book gives detailed guidance on which ADRs to report and how to do so. Additionally, chapter 8 of the Green Book provides detailed advice on managing ADRs following vaccination.
10. Any serious or unusual suspected adverse incidents, errors or events during or post vaccination must follow pre-determined procedures. In addition, teams must keep a local log of reports and discuss such events with the local Immunisation Co-ordinator.

Data collection

11. Maintenance of comprehensive and accurate data is a key factor in determining the effective delivery of all vaccination programmes.
12. NHS Boards (working in partnership with their local education departments and independent schools) should continue to use CHSP-S (or SIRS) to record all HPV immunisations given under the programme, whether administered in school or in GP practices or community clinics.
13. As with other national immunisation programmes, PHS, using data held within CHSP-S (or SIRS) will calculate and publish HPV immunisation uptake rates for each NHS Board and nationally.

Funding arrangements

14. The Scottish Government will continue to fund the full costs of the HPV vaccine for this programme.

COMMUNICATIONS AND INFORMATION FOR PATIENTS AND HEALTHCARE PRACTITIONERS

Communications materials for young people

1. When pupils become eligible, consent packs containing a letter, HPV leaflet and consent form will be distributed to secondary schools to be sent home with pupils to discuss and sign the consent form with their parents/carers. The leaflet is also available online at: www.nhsinform.scot/hpv. There is also further information to help understand consent for vaccines for young people at: www.nhsinform.scot/campaigns/vaccines-for-young-people
2. The HPV leaflet called 'Get protected against cancers caused by HPV' will be made available in English, Polish, Chinese, Arabic, BSL, Easy Read and Audio format at: www.nhsinform.scot/hpv. Public Health Scotland is happy to consider requests for other languages and formats. Please email phs.otherformats@phs.scot to request other languages and formats.
3. To support the HPV vaccination programme in schools, Public Health Scotland have produced an education pack which contains a Head Teacher briefing; a link to an animation aimed at young people, parents/carers and teachers; posters for displaying around the school and social media assets. The education pack will be available to download from Public Health Scotland's website at <https://publichealthscotland.scot/publications/hpv-education-pack>

Workforce education resources for healthcare practitioners

4. NHS Education for Scotland in partnership with Public Health Scotland and the Scottish Health Protection Network will produce educational resources for healthcare practitioners. These will be made available at: [Immunisation | Turas | Learn \(nhs.scot\)](#)