

A national approach to delivering a schools-based HPV vaccination programme

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Joint Committee on Vaccination and Immunisation

- Main committee – 3 times/year [minutes](#) available
- Vaccine/programme specific subcommittees – as required [minutes](#) available
 - Is there a suitable vaccine? Phase 1,2,3 trials, safety profile, reactogenicity, dose, efficacy
 - Is there a need for it? Disease incidence, complications, case fatality, age distribution, trends
 - Other factors – acceptability, mode of delivery, aim of programme
 - Cost-effectiveness – economic costs of disease, economic costs of vaccine, dynamic models, uncertainty
- UK wide representation



Milestones of the schools-based HPV vaccination programme

LIVE BBC NEWS CHANNEL

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Schools start cancer vaccinations

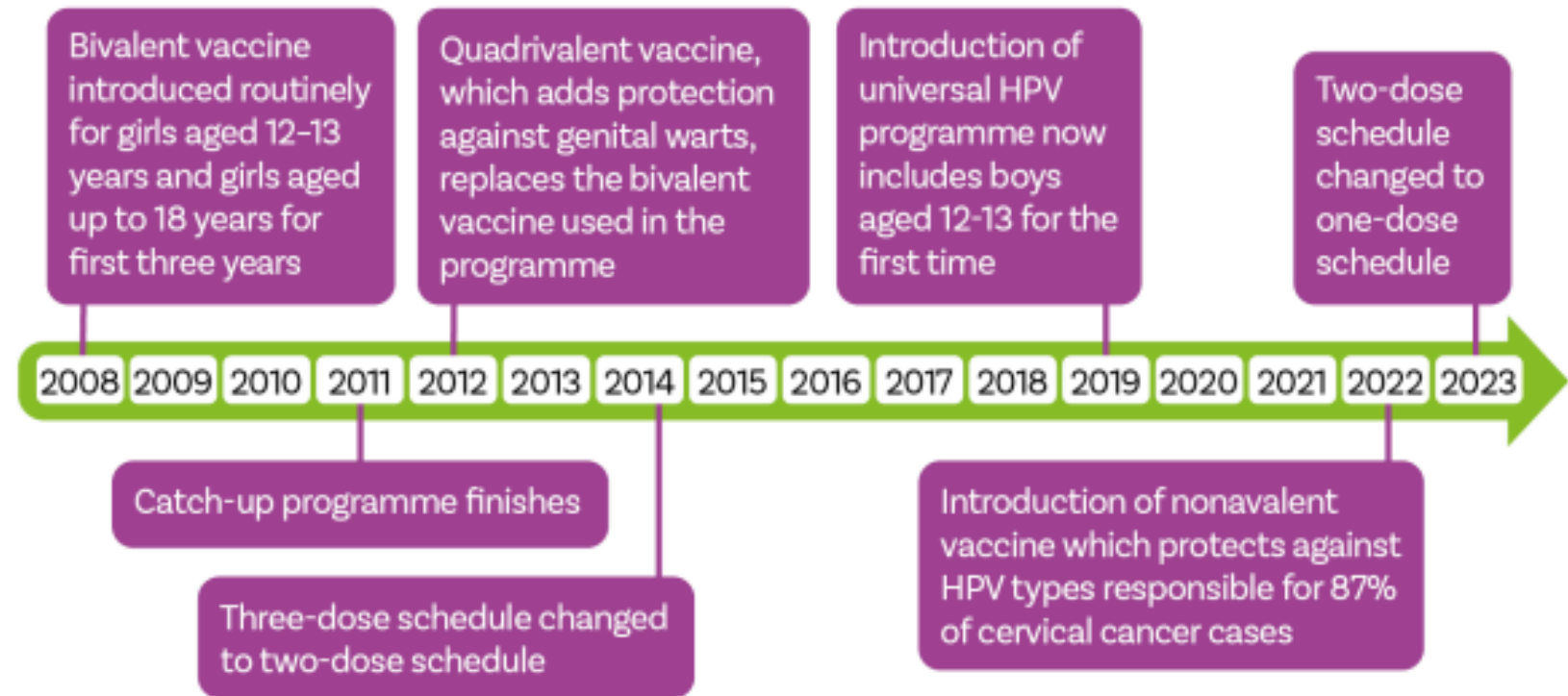
Scottish schoolgirls are to become the first in the UK to be vaccinated against cervical cancer.

Schools in the Lanarkshire, Tayside, Grampian and Western Isles NHS areas are to begin vaccinating 12 and 13-year-old girls from this week.

Pupils in other areas of Scotland, England, Wales and Northern Ireland will follow in the coming weeks.



Every secondary schoolgirl in the UK is to be offered the injections

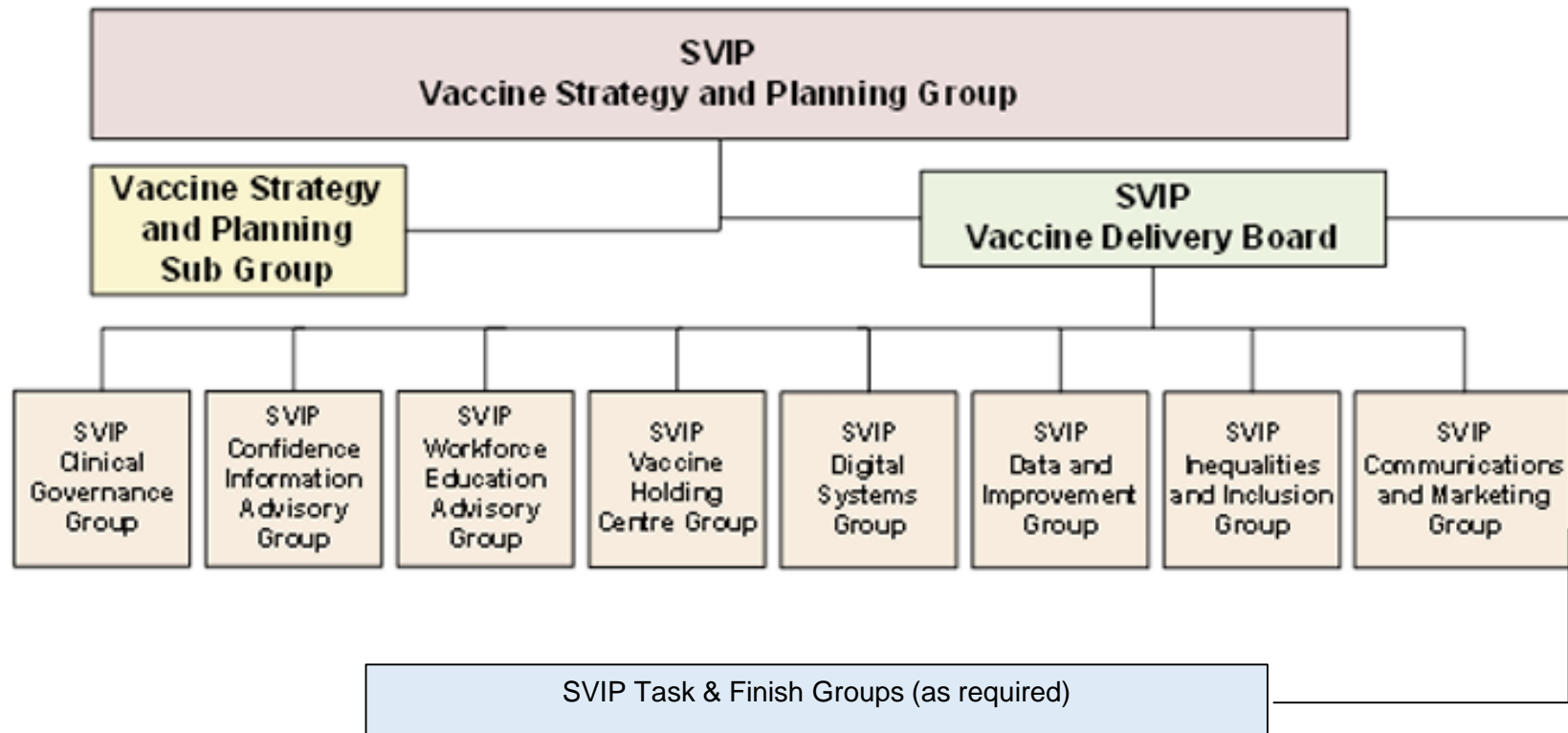


Health Service Overview

- **Integrated health service:** free at point of care
- **Accountable to** Scottish Government
- **Delivered by**
 - 14 local NHS Boards – Immunisation Co-ordinators
 - Independent contractors – e.g. GPs, dentists
- **Supported by** National Boards
 - National coordination
 - Oversight and assurance
 - Procurement
 - National Digital Infrastructure
 - Informed consent materials and processes
 - Workforce education
 - Standards and audit
- **Links to** wider Scottish e.g. local authorities, and UK structures, e.g. evidence & policy



Scottish Vaccination and Immunisation Programme




[Scotland's 5-year Vaccination and Immunisation Framework and Delivery Plan](#)



School Immunisation Delivery Process


- 1. Data Collection:** school roll data obtained from local education authorities.
- 2. Consent Forms:** standard consent form templates populated with individual child details. forms, letters, and leaflets sent to schools for distribution to pupils.
- 3. Form Collection:** parents/carers return completed forms to schools for collection.
- 4. Scheduling:** suitable dates and spaces agreed with schools (avoiding exam periods).
- 5. Immunisation Delivery:** immunisations delivered on-site on agreed dates for each school.
- 6. Recording:** paper-based recording with later manual entry into call & recall systems, local clinical recording, and/or GP IT systems.
- 7. Alternative Pathways:** alternative pathways for those not in mainstream education or who missed a dose provided.

Vaccine	When you'll be offered	How is the vaccine given?
Flu	Every year from aged 2 to S6	Nasal spray
HPV	S1	Injection
DTP	S3	Injection
MenACWY	S3	Injection
MMR	Your child's status will be checked between S1 and S3 by NHS Scotland to make sure they've received two doses	Injection



HPV vaccine consent process – printed resources

HPV vaccine



Dear pupil, parent or carer

Human papillomavirus (HPV) vaccine

Please find enclosed an information leaflet and consent form for the HPV vaccine, which is offered to all pupils from S1.

We recommend that your child gets the HPV vaccine to protect against cancers caused by HPV. To give the best protection, the HPV vaccine is now offered as a single dose.

Evidence is clear that the HPV vaccine helps protect both boys and girls from cancers caused by HPV, including cervical cancer and head and neck cancers (which are most common in males).

The HPV vaccine is the safest way to protect against HPV-related cancers. The vaccine

screening (smear tests) from
d regular screening offers the

future, by protecting your

child or parent or carer.
cluding a short video.

consent section, then
y as possible, even if you




giving their own consent on
nt is available at

**Protect yourself against
cancers caused by HPV**

**Chat.
Sign.
Protect.**

HPV vaccine
Academic year 2024/25

Read this leaflet for trusted
information about the HPV vaccine.



Medical-in-confidence

Child health programme – School

NHSScotland

Protection against cancer and other diseases caused by the human papillomavirus (HPV)

To be completed by parent/carer for

Name: _____

DOB/CHI: _____

Gender: _____

Home address: _____

School: _____

School no: _____

Class yr: _____ Class reg: _____

Please complete GP practice name: _____

Please check the information above and enter amendments below, if appropriate. If your address has changed, please inform your GP.

Change of name/known as: _____

Change of school: _____

Change of home address: _____

Postcode: _____

Complete all parts of the consent form, sign below and return to school even if you do not want your child to be immunised.

Failure to return this form will NOT be taken to mean non consent.

If appropriate, your child may be immunised after giving their own consent.

Parent/carer consent (must complete)

I consent to my child being immunised against human papillomavirus (HPV). (Please tick appropriate box.) Yes ☐ No ☐

Pupil consent (must complete)

I understand about the immunisation and give my consent. (Please tick appropriate box.) Yes ☐ No ☐

If consenting, you must answer the following questions:

1. Has your child already had an HPV immunisation? Yes ☐ No ☐

2. Does your child have any condition or are they on any treatment that would reduce their immunity to infections? Yes ☐ No ☐

If yes, please give details: _____

3. Has your child ever had a life-threatening allergic reaction (requiring admission to intensive care including collapsing or breathing difficulties)? Yes ☐ No ☐

If yes, allergic to what? _____

Name of parent/carer (please print) _____

Daytime telephone number _____

Signature of parent/carer _____ **Date** _____

Signature of pupil _____ **Date** _____

Please contact your local NHS board if you want more information – tel. no: _____

For office use only

To the parent/carer of:

Name: _____

DOB/CHI: _____

School: _____

Class year: _____ Class reg: _____

Human papillomavirus (HPV)

1. Your child was immunised on: _____ against HPV



2. Your child was not immunised because:

☐ Not required ☐ Absent ☐ Form incomplete

☐ Consent not given ☐ Parental consent given, pupil refused ☐ Vaccination deferred

☐ Other

- Consent packs are provided to all young people in S1 in secondary school. Sent home via school-bags.
- Pack contains invitation letter, consent form and a leaflet to support informed consent.
- Signposting to more information on [NHSinform](#), including a Q&A [video](#) with an NHS vaccinator about vaccines for young people.




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[Home](#) > [Healthy living](#) > [Immunisation](#) > [Vaccines](#)

HPV vaccine

The human papillomavirus (HPV) vaccine protects from cancers and genital warts caused by HPV infection. Find out more about the vaccine, and when and where to get it.

What the HPV vaccine is for

 Immunisation (vaccination) information in other languages

Evidence shows the HPV vaccine helps protect people from HPV-related cancers. The human papillomavirus (HPV) vaccine is offered to every S1 pupil in Scotland.

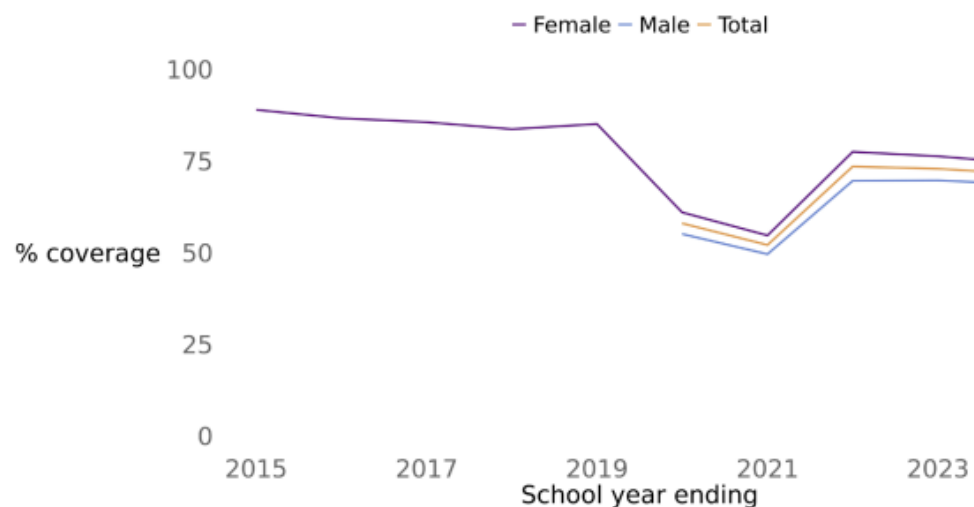
Getting the vaccine now protects you against future risks. HPV can lead to cancers like:

- head and neck cancers
- cervical cancer
- anogenital cancers – for example, anal, penile (penis) cancer, cancer of the vagina, and cancer of the vulva

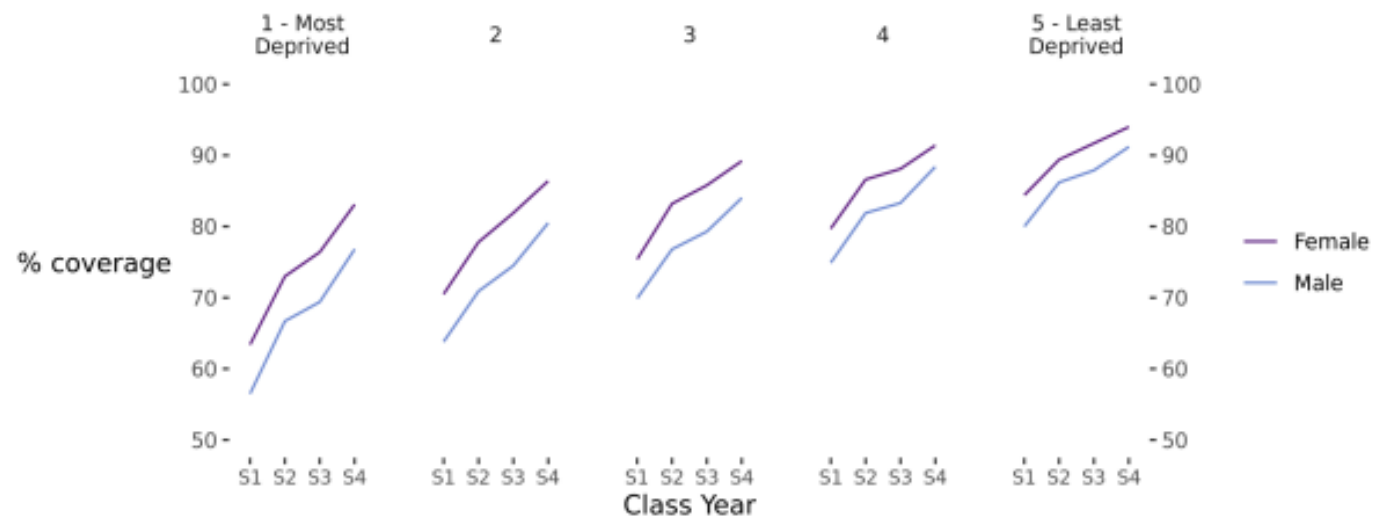
The HPV vaccine also protects you against over 90% of genital wart infections.

Current Vaccination Coverage: Schools Programme

Coverage of HPV immunisation (single dose) in S1 pupils, from school year 2014/15 to 2023/24, by sex



Coverage of HPV immunisation (single dose) by end of the school year 2023/24, by class year, sex and deprivation



[HPV Immunisation Statistics, Scotland. School Year 2023/24. Public Health Scotland](#)



What we don't know

- **Reason for lower uptake/coverage since pandemic:** COVID fatigue, higher absenteeism, higher hesitancy, increased digital communication etc.
- **Consent:** who doesn't consent and why.
- **Males/females:** why there is this difference. Attitudinal, behavioural, knowledge of eligibility. Why do some Boards have a smaller gap?
- **Deprivation:** Attitudinal, behavioural, demographic differences, health literacy, absenteeism, leaving school early. Priorities of schools in these areas? Logistics of organising visit?
- **Ethnicity:** Detail of make-up of different ethnic groups and ethnicities. Link to deprivation? Attitudes, beliefs etc.
- **Urban/rurality:** Why (very) remote small towns have lowest uptake. Logistics of organising visit? Prioritise of schools in these areas? Attitudinal, behavioural, demographic differences?



Work underway to increase uptake

- Chat Sign Protect campaign
 - Recognition of HPV high (75%)
 - Significant increase in HPV vaccinations post campaign
 - Awareness that HPV is for boys too increased post campaign
- PHS Inclusion Sharing Sessions focusing on Gypsy Traveller community
- Digital consent being considered as part of digital commission
- Opportunity to highlight importance of screening

