



The role of the HCW in the implementation of the HPV vaccine programme in Scotland

Ross Cameron
Epidemiologist
Health Protection Scotland

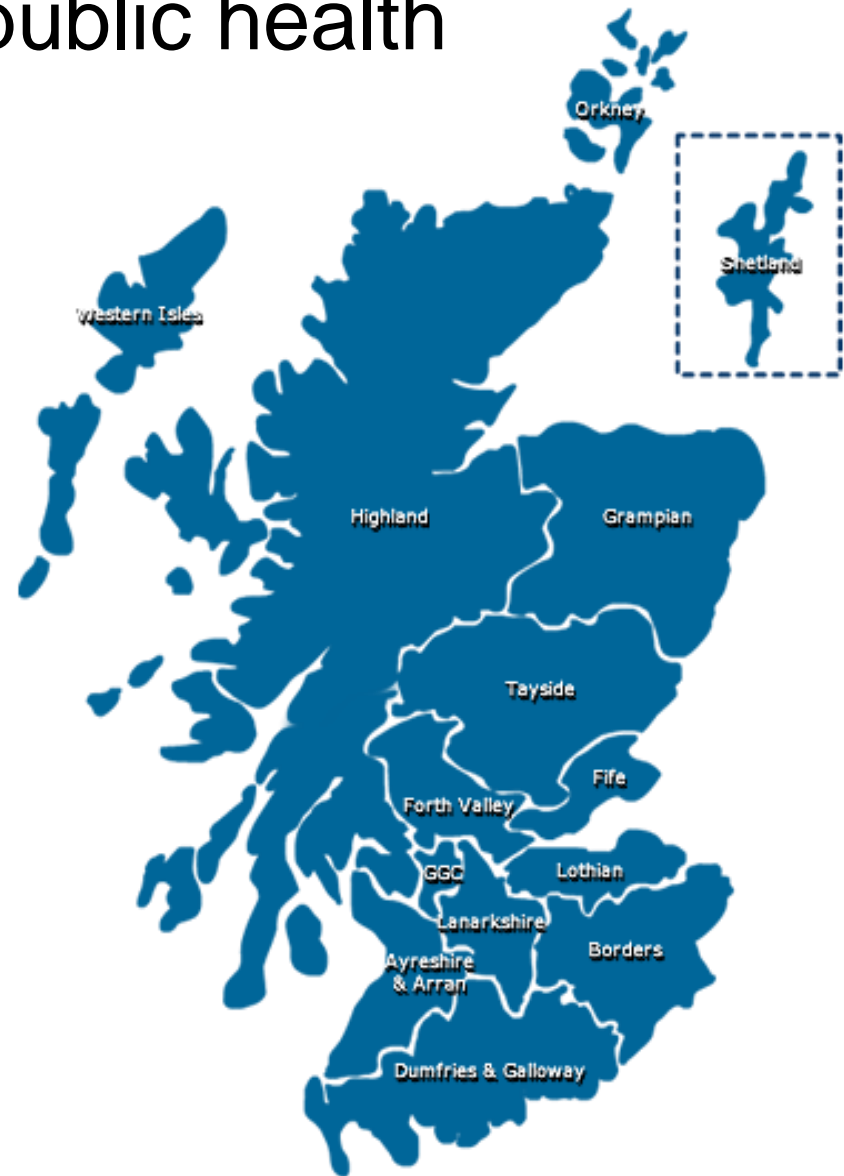


Overview

- Background
- Vaccine uptake
- Programme success
- Why is it successful and role of “school” nurse?
- Challenges

The NHS and public health in Scotland

- Population: 5, 424, 800
- Split across 14 health boards
- Each health board is responsible for immunisation activities
- Co-ordinated by Health Protection Scotland and the Scottish Immunisation Programme Group





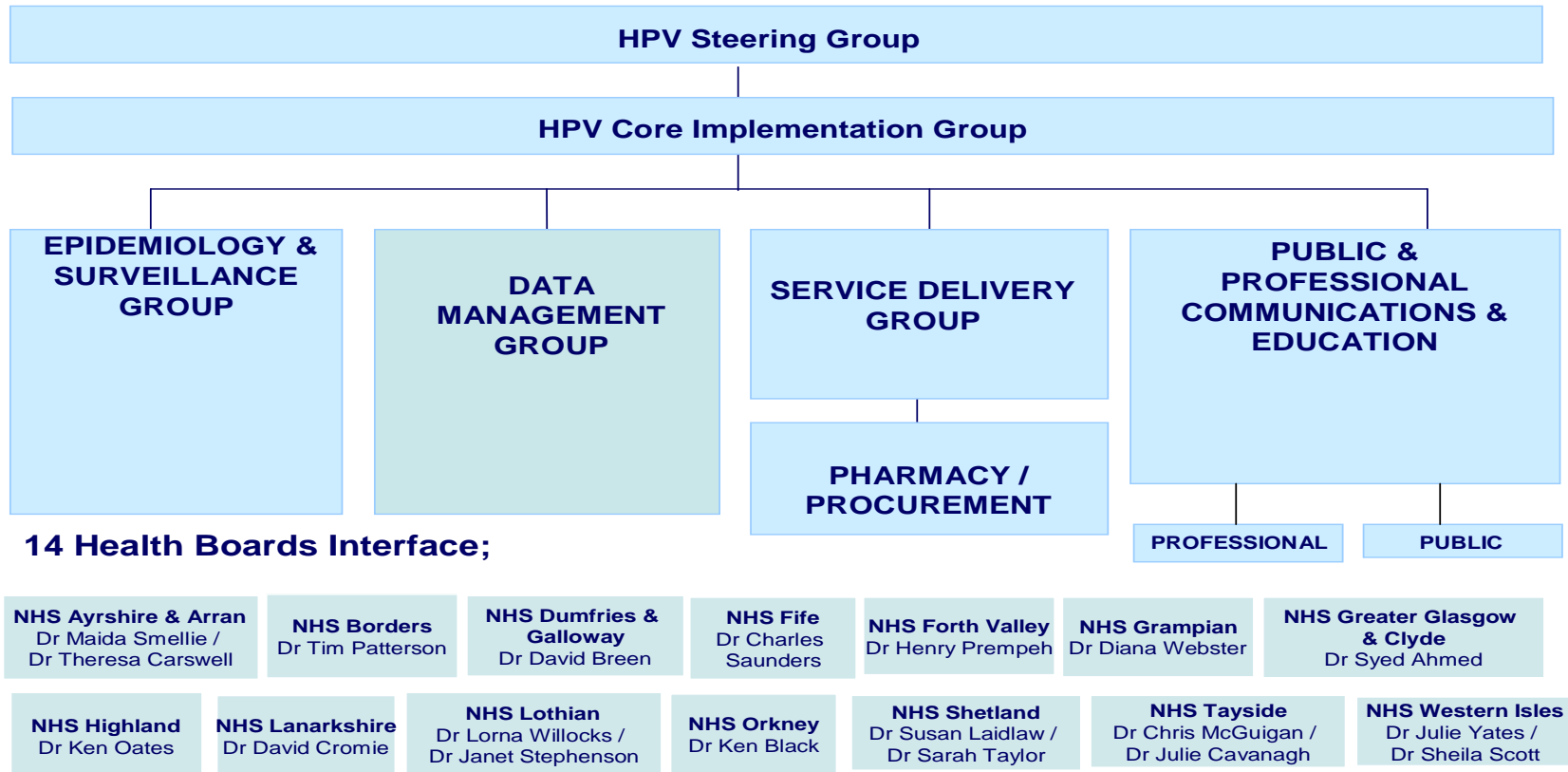
Scottish Immunisation Programme

- In existence since early 2000s
 - History of high uptake of childhood vaccines
 - >1.5 million people offered >2 million doses each year
 - Developments in past 10 years expanded programme by ~ 1 million doses annually
 - Protection against 14 different diseases offered
 - Largest co-ordinated public health programme
 - Monthly meetings with Immunisation co-ordinators from 14 Health Boards
-
- | | |
|---|---|
| <ul style="list-style-type: none">• Policy• Procurement• Cold chain and transport• Workforce• Data• Call and recall system | <ul style="list-style-type: none">• Vaccine uptake• Communications• Expert advice• Epidemiology and surveillance• Safety monitoring |
|---|---|

HPV immunisation programme implementation



HPS Organisational Restructure

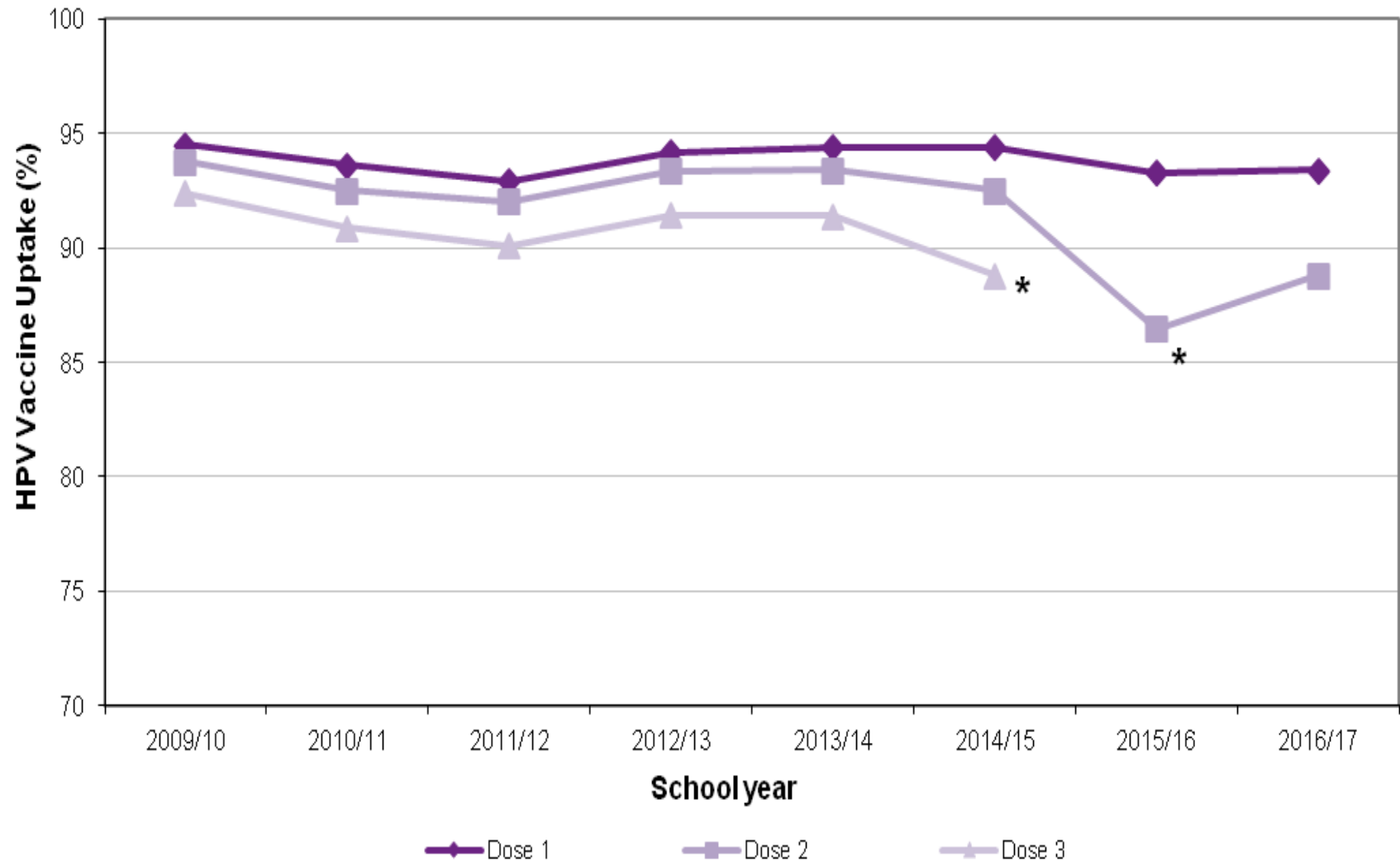




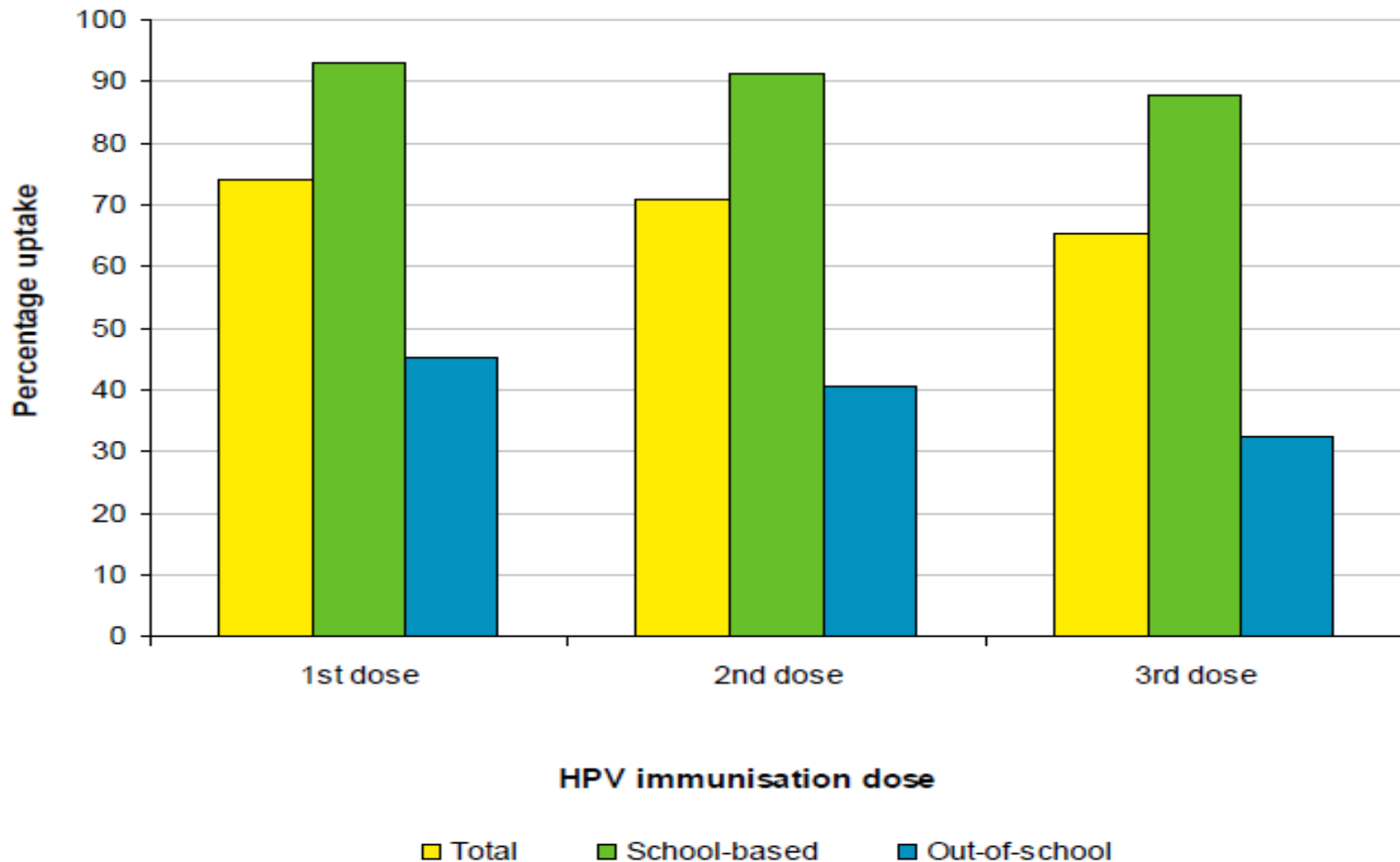
Scottish HPV immunisation programme

- Initiated in September 2008
- Schools-based programme- 12-13 year old girls
- “Catch-up” cohort ran for three years- girls ≤ 18 years
- Utilised bivalent vaccine until 2012
- Three dose schedule- changed to two dose in 2014

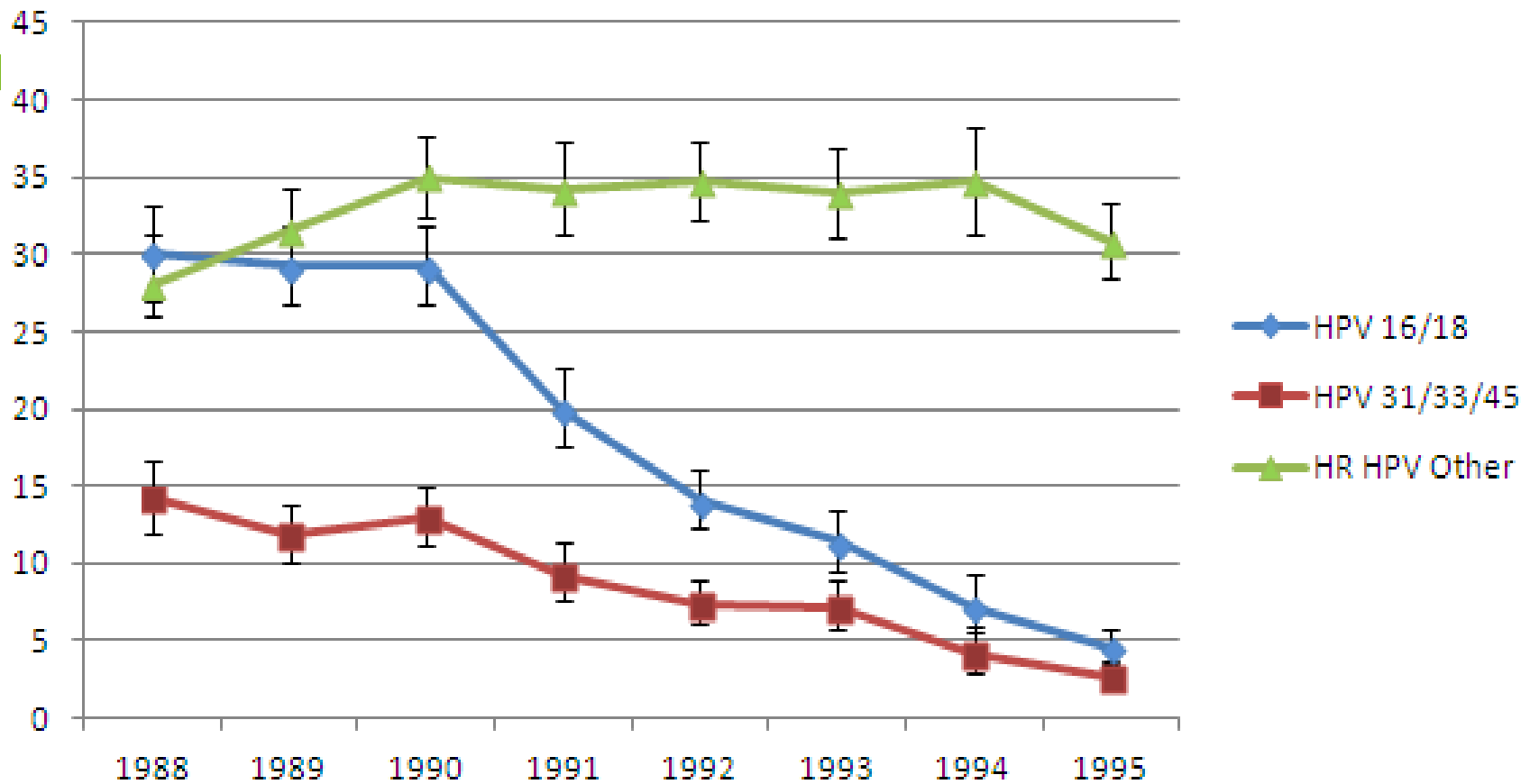
HPV vaccine uptake in schools based routine cohort (uptake in girls by third year of school)



Catch-up uptake




Pre- and post-vaccine HPV prevalence in 20 yo females



HPV 16/18 prevalence reduced from **30.0%** (26.9, 33.1%) in 1988 cohort to **4.5%** (3.5, 5.7%) in the 1995 cohort

HPV 31/33/45 prevalence reduced from **14.2%** (12-16.7%) in the 1988 cohort to **2.6%** (95% CI: 1.9-3.6%) in the 1995 cohort

Other HR-HPV - no significant changes



“School nurse” and immunisation teams

- Role has significantly changed over the last few years- competing priorities
- Not enough time to support young women with decisions around immunisation
- Dedicated school immunisation teams in many health boards
- Example: NHS Greater Glasgow and Clyde (GGC) immunisation teams

Immunisation teams in GGC

- Four immunisation teams across the health board- 93 schools covered
- Work closely with many partners


Partners in programme





GGC Immunisation team: what do they do?

- Letters go to schools with suggested dates in May
- Consent forms, information leaflets go to schools in mid-November
- HPV sessions
 - Jan-Feb S1 & S2 (S3 & S6 catch-up)
 - Feb-Mar- Offered again during MenACWY and DTP
- Benefits of working closely with schools
 - Distribution of leaflets and forms
 - Text messaging system
 - One point of contact
 - Venue is known



Immunisation teams: why are they so successful?

- Time to establish and maintain relationships with education and parents
- Time to educate girls and ensure understanding
- Can focus on one intervention
- Team ownership of programme
- “Dedicated team working towards the same goal”

SELF CONSENT CHECKLIST

School name	
Childs name	
Date of Birth/CHI	
Parent/carer name	

Telephone contact with parent/carer YES/NO

Is parent/carer aware of immunisation YES/NO

If S1 pupil – did they attend information session in school YES/NO

Has young person understood relevant immunisation Information provided. YES/NO

Vaccination/implications discussed with young person YES/NO

Young person print name - _____

Young person's signature - _____

Nurse print name - _____

Nurse's signature - _____

Date - _____



Challenges

- Decreasing “school nurse” workforce
- Growing anti-vaccine sentiment
- Co-ordinated anti-HPV campaigns
 - Leaflets and letters to school nurses and teachers
 - National response
- Gender neutral vaccination



Acknowledgements

- Dr Kevin Pollock, Senior Epidemiologist
- Emma Finlay, School Immunisation Team Lead, GGC