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

• Policy
  • Procurement
  • Cold chain and transport
  • Workforce
  • Data
  • Call and recall system

• Vaccine uptake
  • Communications
  • Expert advice
  • Epidemiology and surveillance
  • Safety monitoring
HPV immunisation programme implementation

14 Health Boards Interface;

NHS Ayrshire & Arran
Dr Maida Smellie / Dr Theresa Carswell

NHS Borders
Dr Tim Patterson

NHS Dumfries & Galloway
Dr David Breen / Dr Charles Saunders

NHS Fife
Dr Henry Prempeh

NHS Forth Valley
Dr Diana Webster

NHS Grampian
Dr Syed Ahmed

NHS Greater Glasgow & Clyde
Dr Ken Black

NHS Highland
Dr Ken Oates

NHS Lanarkshire
Dr David Cromie

NHS Lothian
Dr Lorna Willocks / Dr Janet Stephenson

NHS Orkney
Dr Ken Black

NHS Shetland
Dr Susan Laidlaw / Dr Sarah Taylor

NHS Shetland
Dr Chris McGuigan / Dr Julie Cavanagh

NHS Tayside
Dr Julie Yates / Dr Sheila Scott

NHS Western Isles
Dr Julie Yates / Dr Sheilla Scott
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

![Bar graph showing catch-up uptake for HPV immunisation doses.](image)
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
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

<table>
<thead>
<tr>
<th>Field</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>School name</td>
<td></td>
</tr>
<tr>
<td>Childs name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth/CHI</td>
<td></td>
</tr>
<tr>
<td>Parent/carer name</td>
<td></td>
</tr>
<tr>
<td>Telephone contact with parent/carer</td>
<td></td>
</tr>
<tr>
<td>Is parent/carer aware of immunisation</td>
<td></td>
</tr>
<tr>
<td>If S1 pupil – did they attend information session in school</td>
<td></td>
</tr>
<tr>
<td>Has young person understood relevant immunisation Information provided.</td>
<td></td>
</tr>
<tr>
<td>Vaccination/implications discussed with young person</td>
<td></td>
</tr>
<tr>
<td>Young person print name</td>
<td></td>
</tr>
<tr>
<td>Young person’s signature</td>
<td></td>
</tr>
<tr>
<td>Nurse print name</td>
<td></td>
</tr>
<tr>
<td>Nurse’s signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>
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