



Annual HPV vaccine uptake in England: 2008/09

Routine programme for year 8 girls (12-13 years old) and catch-up campaign for year 13 girls (17-18 years old)

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Annual HPV vaccine uptake in England: 2008/09

*Routine programme for year 8 girls (12-13 years old)
and catch-up campaign for year 13 girls (17-18 years
old)*

Prepared by

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2 Executive summary

A vaccine for human papillomavirus (HPV) was introduced into the immunisation programme in September 2008 for females up to the age of 18 years. The vaccine chosen for use in the programme was Cervarix which protects against HPV types 16 and 18.

In England, a routine immunisation programme targeting 12-13-year-old females (school year 8) and a catch-up programme for females aged 17-18 years (school year 13) were undertaken during the academic year 2008/09. A phased catch-up programme for females in school years 9 to 12 during the 2008/09 academic year (born 1 September 1991 to 31 August 1995) will be completed by the end of the 2009/10 academic year.

HPV is one of the most common sexually transmitted infections. It is the main cause of cervical cancer of which there are nearly 3000 cases every year in the UK with HPV types 16 and 18 (the types the vaccine protects against) causing around 70% of cases. Providing vaccination coverage is sufficiently high, it has been predicted that immunising females before they become infected could eventually prevent up to 400 deaths every year in the UK.

To assess the uptake of the HPV vaccine, aggregated PCT level data were collected using the Department of Health (DH) ImmForm website on-line data collection system on the number of females vaccinated by the 152 primary care trusts (PCTs) in England. ImmForm is designed and managed by DH and the Health Protection Agency (HPA) coordinates and manages the collection and reporting of national data on behalf of DH.

This annual report summarises the methods used to collect data and presents the results from the first year of the programme. Overall, uptake of the vaccine in England has been very good.

For the **routine** programme in England for 12-13-year-old females:

- all 152 PCTs started the first dose, **88.1% were vaccinated** (about 267,300 individuals)
- all 152 PCTs started the second dose, **86.0% were vaccinated** (about 260,800 individuals)
- 151 PCTs (99 %) started the third dose, **80.1% were vaccinated** (about 243,000 individuals)

For the **catch-up** programme in England for 17-18-year-old females:

- all 152 PCTs started the first dose, **62.2% were vaccinated** (about 206,000 individuals)
- all 152 PCTs started the second dose, **54.2% were vaccinated** (about 179,000 individuals)
- 146 PCTs (96 %) started the third dose, **31.8% were vaccinated** (about 105,000 individuals)

3 Aims and objectives

The aim of the HPV vaccination programme is to reduce the incidence of cervical cancer in women.

The objective of the HPV vaccination programme is to provide three doses of HPV vaccine to females before they reach an age when the risk of HPV infection increases and they are at subsequent risk of cervical cancer. Green Book 2008 www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/dh_4097254

The programme was devised and implemented following advice from the Joint Committee on Vaccination and Immunisation (JCVI).

www.dh.gov.uk/ab/JCVI/DH_094744

The aims and objectives of the HPV vaccine uptake monitoring programme are:

- to undertake timely monitoring of HPV vaccine uptake in England among the routine cohort of females aged 12-13 years and the catch-up cohorts of young women (for 2008/09 females aged 17-18 years).
- to provide the NHS, DH and HPA with cumulative provisional monthly and an adjusted annual estimate of HPV vaccine uptake in the cohorts targeted for vaccination.

The above objectives help to facilitate the effective management of the HPV programme at all levels. They provide PCTs and strategic health authorities (SHAs) with monthly data through the ImmForm website enabling PCTs and SHAs to:

- see their HPV vaccine uptake rates by cohort/age group
- compare their HPV vaccine uptake anonymously with other PCTs/SHAs at local and national level
- validate the data at point of entry and correct any errors before data submission
- evaluate the observed versus the expected impact of the immunisation programme, i.e. to use together with data on the frequency of HPV infection and cervical disease in subsequent years to estimate the effectiveness of the national HPV immunisation programme.

4 Definitions

Cohorts

When the HPV vaccination campaign was launched in 2008, two cohorts were identified for vaccination from the start of the academic year 2008/09:

- **the routine cohort** defined as all females aged 12-13 years (school year 8); born between 1 September 1995 and 31 August 1996 (females in subsequent birth cohorts would be targeted for routine vaccination in subsequent years)
- **a catch-up cohort** defined as all females aged 17-18 years (school year 13) born between 1 September 1990 and 31 August 1991.

Initially, further catch-up campaigns targeting all girls aged 14 to under 18 years were planned for the academic years 2009/10 and 2010/11; however in January 2009, these plans were brought forward. PCTs were informed that they could start vaccinating any of the catch-up cohorts as part of the accelerated catch-up campaign from 1 April 2009, completing within the academic year 2009/10. Annual uptake estimates will be collected for these cohorts in September 2010 and therefore do not form part of this report.

Denominators

Defining denominators for the monthly and annual data collections for vaccine uptake was complex because PCTs were able to choose how they delivered the programme.

A school roll-based denominator was chosen for the routine cohort (year 8) because:

- JCVI had recommended a schools-based delivery
- although PCTs were responsible for choosing how and where they delivered their local programmes, most PCTs planned a schools-based delivery
- additional PCT funding for HPV was to be based on the school roll population of the PCT
- vaccine supply for each PCT was to be based on the school roll population of the PCT.

However, as a large proportion of females in the catch-up age cohort (year 13) do not attend school or college, a fixed denominator based on the appropriate age-specific population estimate for each PCT was used for this cohort.

• Monthly survey denominator

DH provided the denominator to be used for the monthly surveys to each PCT. This was based on school roll data from the Department for Children, Schools and Families (DCSF) for the routine cohort (year 8) and population data from the Office of National Statistics (ONS) for the catch-up cohort (year 13). PCTs were notified of these denominators in advance and had an opportunity to request a change to the figure(s) if appropriate. Subsequently, monthly denominators for both cohorts were fixed for each of the 12-monthly collections and were held on the ImmForm website as an integral part of the collection form.

● **Annual survey denominator**

Annual denominators were derived using two alternative methods, depending on the type of programme the PCT ran:

Schools-based programme denominator

The school roll for the PCT as of 31 August 2009 was used. This was defined as all females in the appropriate school year attending school in the PCT (including those from the PCTs' 'responsible population' and other PCTs), **plus** females in the PCTs' 'responsible population' not otherwise offered the vaccine, such as those not on any school roll or those attending a school in another PCT without a schools-based programme.

Non-schools-based programme denominator

This included all females in the appropriate birth cohort as of 31 August 2009 from the PCTs' 'responsible population' only, **excluding** those on the school roll of neighbouring PCTs with schools-based programmes.

A more detailed description of how the annual denominator was determined is available via the NHS immunisation website at:

www.immunisation.nhs.uk/Professional_Information/Updates/HPV_monitoring

The PCT 'responsible population' for the HPV data collection is defined as:

- all females in the appropriate age cohort registered with a GP practice whose practice forms part of the PCT, regardless of where they are resident, plus
- any females in the appropriate age cohort not registered with a GP, who are resident within the PCT's statutory geographical boundary.

For the purposes of the data collection, the term 'schools' includes all schools managed by a local authority, voluntary or private agents, grant maintained schools, sixth form colleges, pupil referral units, young offender units and residential units. An up-to-date list of educational establishments in England and Wales, maintained by the DCSF can be found at www.edubase.gov.uk

Numerators

Three numerators were collected - the number of females who received at least one, at least two, or all three doses, respectively within the period of 1 September 2008 to 31 August 2009. These were used to calculate the vaccine uptake rates by dose expressed as the percentage of all eligible females in the appropriate denominator as defined above.

● **Monthly survey numerator**

Data were collected monthly on the number of doses each PCT delivered. If a female received her first dose and subsequent doses in one PCT she was included in the numerator for that PCT even though she may be registered with another PCT. However, should a female have missed the second and/or third doses due to be given to her by one PCT (e.g. because she moved school, or missed the doses at school) these may have been given by another PCT. Under these circumstances, it is possible that the second and/or third doses may be included in both or either one of the numerators of either PCT. This gives rise to the potential for errors in counting the number of vaccinations (double counting and missed counts). For this reason, the monthly data were regarded as provisional.

- **Annual survey numerator**

For the annual survey, the numerators were corrected (where possible) by PCTs to record the number of vaccinations given to females included in their denominator irrespective of who delivered the vaccinations, therefore minimising the numbers of missed or double counted females and providing a more accurate estimate of HPV uptake.

A more detailed description of how the annual numerators were determined is available via the NHS immunisation website at:

www.immunisation.nhs.uk/Professional_Information/Updates/HPV_monitoring

5 Methods

Data on HPV vaccine uptake were entered manually by a nominated PCT HPV data provider on to the ImmForm website (formally known as the Health Protection Informatics (HPI) website). PCTs were asked to submit monthly cumulative data for females who had received at least one, at least two, or all three doses of vaccine in the routine cohort (Year 8, 12-13 year olds) and the catch-up cohort (Year 13, 17-18 year olds).

Data on HPV immunisations given in schools were collected on manual tally sheets by school nurses or administrative support staff and passed to the HPV data provider for collation and data entry. Data on females vaccinated in GP surgeries were collated by PCTs from information submitted by fax, email or telephone. Additionally, some PCTs made use of the optional GP data entry tool on the ImmForm website, which allows GP practices to submit data in the same format as the PCT monthly data submission (see appendix 2).

PCTs were asked to complete an annual survey on the ImmForm website at the end of the 2008/09 academic year and to re-calculate their denominators and numerators using the appropriate algorithms developed for either a schools- or GP-based programme. Guidance on completing the annual return was provided on the NHS immunisation website; see

www.immunisation.nhs.uk/publications/HPV_AnnualReturnGuidance_acc.pdf

The survey also required PCTs to provide a breakdown of the number of vaccinations given in different setting (i.e. school/GP practice/clinic etc). These data were also based on manual records collated centrally by PCT HPV data providers.

6 ImmForm website

The HPV vaccine uptake collection was facilitated by the ImmForm website. The ImmForm system provides a manual on-line data submission function for PCTs, together with relevant survey information and guidance, designed and managed by DH. The HPA coordinates and manages the collection, reporting and analysis of national data on behalf of DH. The website can be accessed at www.immform.dh.gov.uk.

During the first year of the HPV programme, all returns from PCTs were web-based (manual entry on-line) and no paper returns were accepted. An on-line version of the data entry survey page was made available to GPs to allow them to complete and send it to their PCT HPV data provider for manual submission via the ImmForm website (see appendix 2).

A letter sent to all PCT HPV data providers before the start of the monitoring period outlined the collection and dataset requirements. In addition, PCTs and GPs were sent a user guide on the HPV survey, with a 'questions and answers' section and a step-by-step guide on how to log-on, enter data and change their password. www.immunisation.nhs.uk/Files/HPV_PCTUserGuide_HIP.pdf

The website was open to GPs and PCTs at the start of each month, in line with the schedule shown in table 1. PCTs and GPs had ten working days to provide cumulative data on their vaccine uptake.

Table 1 Dates for data collection for PCTs and GP practices.

Monthly survey

Month	Start collection	End collection
September 2008	Wednesday 1 October	Friday 17 October
October 2008	Monday 3 November	Monday 17 November
November 2008	Monday 1 December	Monday 15 December
December 2008	Friday 2 January 2009	Friday 16 January
January 2009	Monday 2 February	Tuesday 17 February
February 2009	Monday 2 March	Tuesday 17 March
March 2009	Wednesday 1 April	Friday 17 April
April 2009	Friday 1 May	Monday 19 May
May 2009	Monday 1 June	Tuesday 16 June
June 2009	Wednesday 1 July	Wednesday 15 July
July 2009	Monday 3 August	Monday 17 August
August 2009	Tuesday 1 September	Thursday 17 September

Annual survey

Year	Start collection	End collection
1/9/2008 to 31/8/2009	Tuesday 1 September 2009	Friday 16 October 2009

Data entered for each collection month was cumulative. GPs and PCTs could view their data at any time but only had read/write access when the survey was open for data submission. PCTs could see which practices had entered (or failed to enter) data by running a non-responder report at any time before the data entry window closed for each monthly collection, enabling follow-up of any outstanding data. In addition, PCTs could extract data into Excel for analysis, view uptake rates and compare their own performance anonymously with other PCTs/SHAs, validate the data on point of entry and correct any errors before making a final submission, as well as view data as national and regional (SHA) geographical maps or as bar charts.

7 Results

HPV vaccine uptake

Annual data returns were received from all 152 PCTs. The corrected annual denominators were compared with the fixed monthly denominator for each PCT. Large differences between the annual denominator submitted by a PCT and the corresponding fixed monthly denominator or ONS estimate were queried with the PCT data provider and errors corrected.

Appendix 1 shows the corrected annual denominators and vaccine uptake of the first, second and third dose of HPV vaccine for females in England, broken down by SHA and PCT for both the routine and catch-up cohorts. The vaccine uptake range for each SHA by dose is also given.

Overall, in England, 80.1% of females aged 12-13 years eligible to receive the HPV routinely completed the three-dose course (PCT range 0.3% to 98.9%).

In detail, for the **routine** programme in England for 12-13-year-old females:

- all 152 PCTs started the first dose, **88.1% were vaccinated** (about 267,300 started individuals)
- all 152 PCTs started the second dose, **86.0% were vaccinated** (about 260,800 individuals)
- 151 PCTs (99 %) started the third dose, **80.1% were vaccinated** (about 243,000 individuals)

and for the **catch-up** programme in England for 17-18-year-old females:

- all 152 PCTs started the first dose, **62.2% were vaccinated** (about 206,000 individuals)
- all 152 PCTs started the second dose, **54.2% were vaccinated** (about 179,000 individuals)
- 146 PCTs (96 %) started the third dose, **31.8% were vaccinated** (about 105,000 individuals).

HPV vaccination delivery setting

PCTs were also asked to provide data on the setting in which vaccinations were given (e.g. school, GP practice, community clinic or other settings). Of the 152 PCTs, 148 followed the JCVI recommendation to vaccinate the routine cohort using a schools-based programme. For the routine cohort, 94.2% of 12-13-year-olds were vaccinated in school (see figure 1). For the 17-18-year-old catch-up cohort a more mixed approach was taken by PCTs - 31.4% were vaccinated in the school setting, 60% in GP practices and 8.6% in community clinics and other settings (see figure 2).

Figures 1 and 2 show the relationship between the setting in which vaccination was given and PCT performance as defined by third dose uptake.

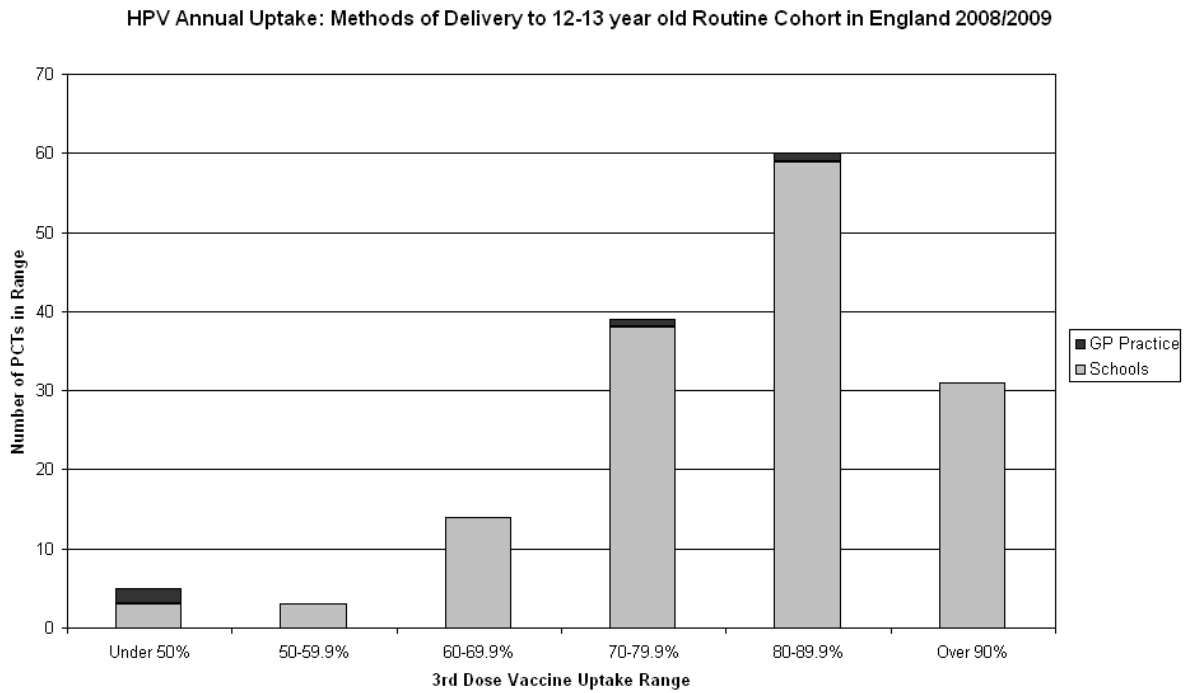


Figure 1 HPV annual uptake: methods of delivery to 12-13-year-old routine cohort in England 2008/09.

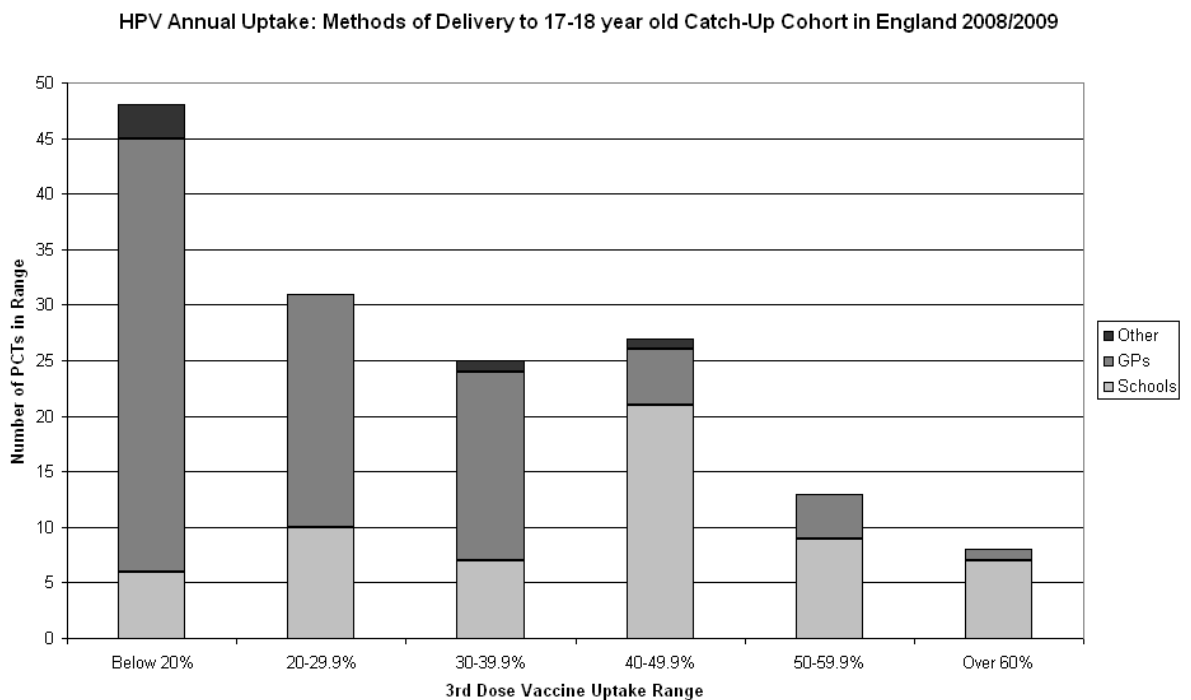


Figure 2 HPV annual uptake: methods of delivery to 17-18-year-old catch-up cohort in England 2008/09.

Only four of the 152 PCTs chose not to follow the recommendation of JCVI to deliver the HPV routine programme for the routine cohort of 12-13-year-old females through schools and ran GP-based campaigns. Overall, delivery through GPs resulted in lower annual uptake rates compared with those delivered via schools for each dose; this was particularly noticeable for third dose uptake (see figure 3).

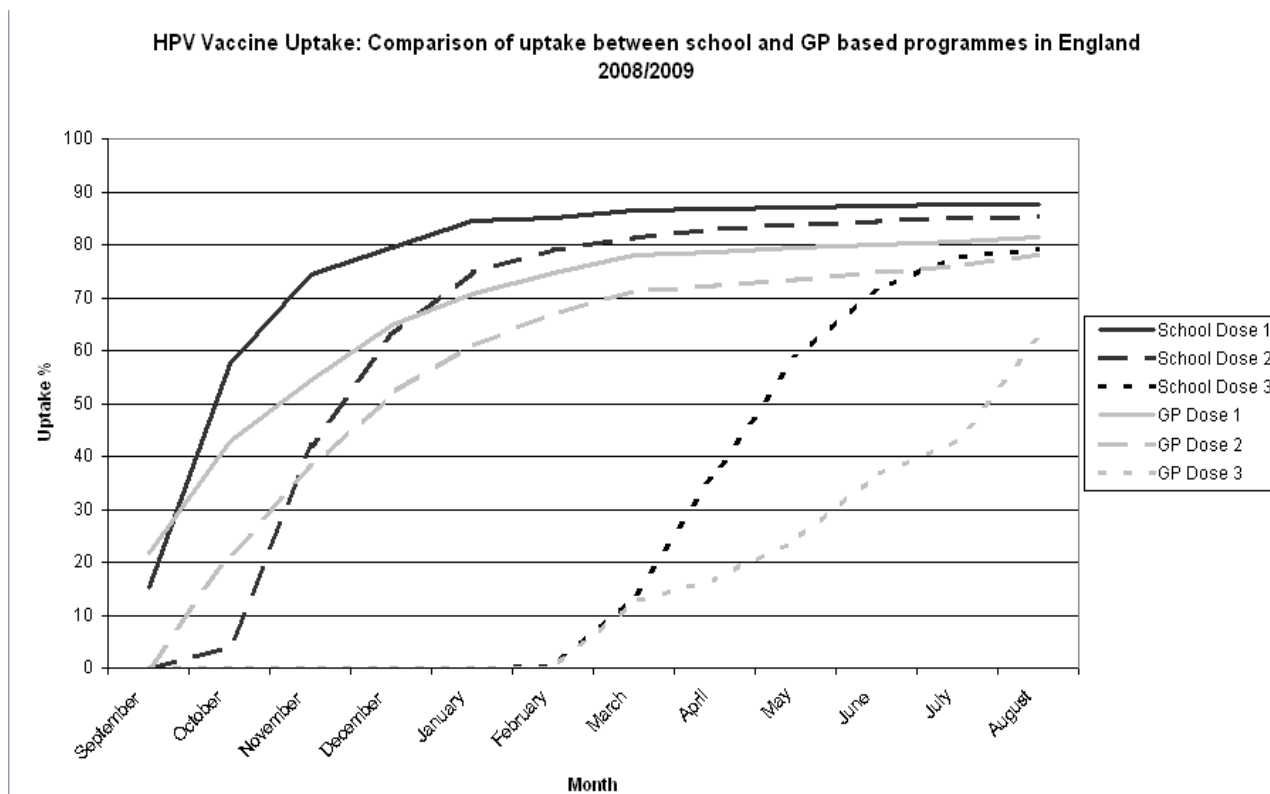


Figure 3 HPV vaccine uptake: comparison of uptake between school- and GP based-programmes in England 2008/09.

Roll-out of the HPV vaccination programme

Throughout the academic year 2008/09, PCTs submitted monthly provisional cumulative HPV uptake data which provided information on when each PCT started giving each of the three doses of vaccine. During September 2008, the first month of the campaign, 75 PCTs (49%) started offering the first dose of HPV vaccine to the routine cohort; this rose to 88% of PCTs in October 2008 and 97% in November 2008 (see figure 3). Of the four remaining PCTs, two started their programme in December 2008, one in January 2009, and the last in March 2009.

The catch-up campaign for 17-18-year-old females had originally been planned to start in the 2009/10 academic year. Following a cost analysis of the programme this date was brought forward and PCTs were informed in July 2008 that they could start the catch-up from September 2008, allowing an extra cohort of young women to be offered the vaccine. As a large proportion of this cohort was offered the vaccine through GPs (as many were not attending schools) and GPs had a relatively short time to prepare to deliver the catch-up programme, the catch-up progressed more slowly (see figure 4).

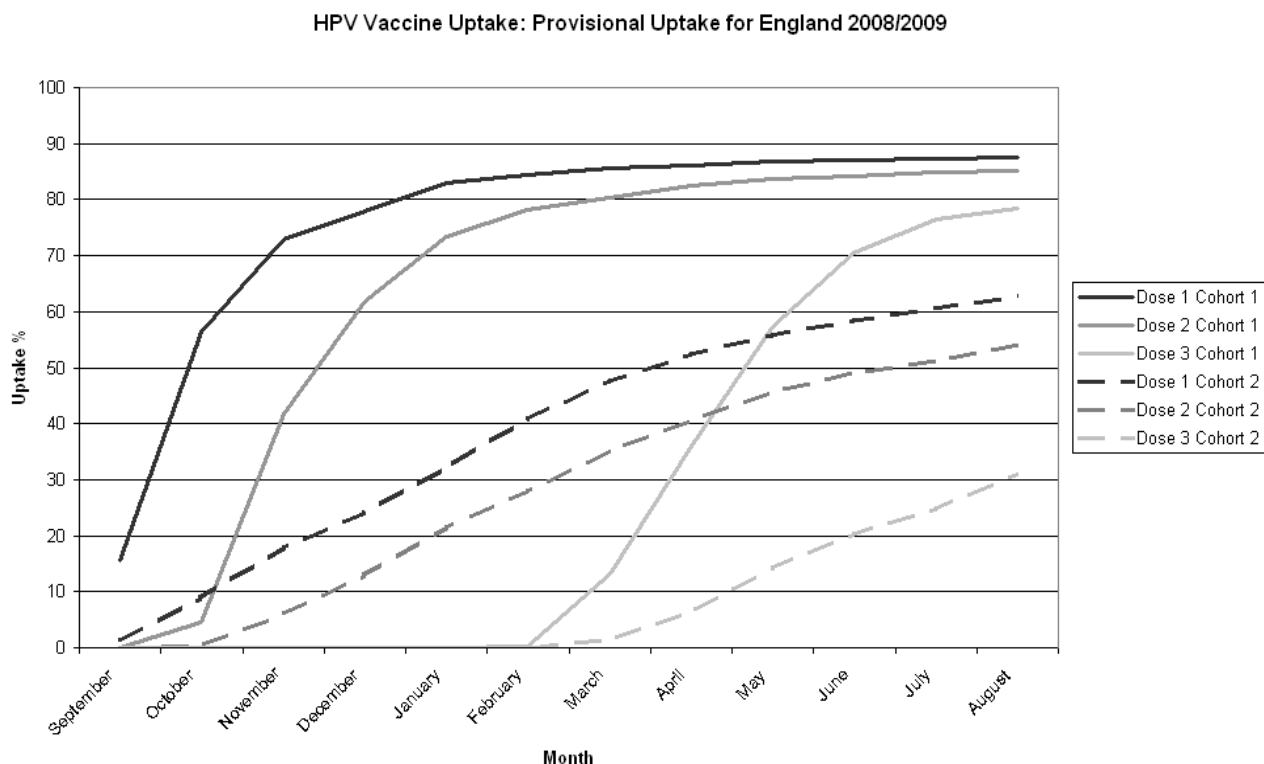
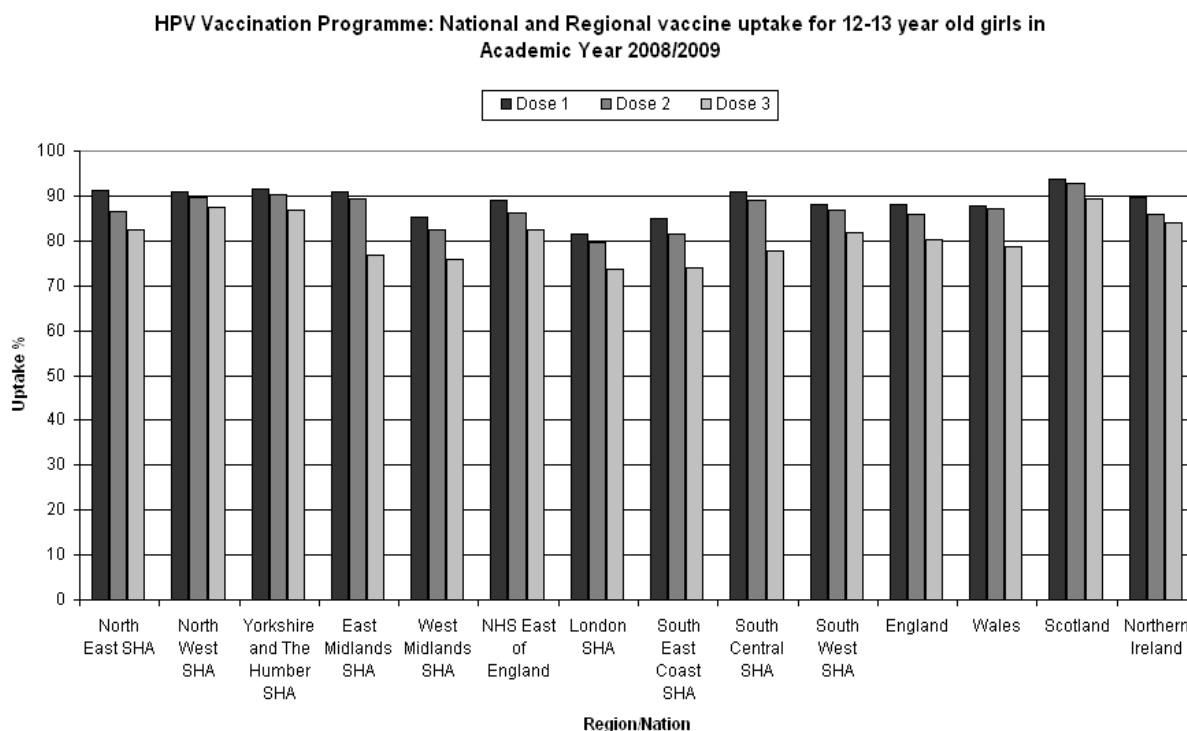


Figure 4 Cohort 1, 12-13- year-olds (school year 8); cohort 2, 17-18-year-olds (school year 13)

Regional vaccine uptake

Annual PCT data were aggregated nationally and by SHA (see figure 5 and Appendix 1). Comparing third dose uptake for the routine cohort of 12-13-year-olds across all ten SHAs in England gave a range of 73.8% (London SHA) to 87.6% (North West SHA).



Notes:

Welsh data from NPHS Wales website:

www.wales.nhs.uk/sites3/searchresultssql.cfm?orgid=457&q=COVER

Scottish data from ISD Scotland website: <http://www.isdscotland.org/isd/5921.html>

Northern Irish data supplied by Dr Neil Irvine, Regional Epidemiologist, Health and Social Care Northern Ireland.

Figure 5 HPV vaccination programme: national and regional vaccine uptake for 12-13-year-old girls in academic year 2008/09.

Third dose uptake at the PCT level

Thirty-one PCTs (20%) achieved over 90% uptake for the third dose of HPV vaccine (i.e. fully immunised) and a further 60 PCTs (39.5%) achieving over 80%. Twenty-two (14.5%) PCTs achieved below 70%; ten in London SHA and two each in North East, East Midlands, West Midlands, East of England, South East Coast and South Central SHAs. The PCT uptake range for third dose in this cohort was 0.3% to 98.9% (appendix 1).

N.B. The PCT with a third dose uptake of 0.3% started the programme in March 2009 and eventually offered third dose in October 2009 in the following academic year.

Twenty-one PCTs (13.5%) achieved over 50% uptake for the third dose of HPV vaccine in the 17-18-year-olds vaccinated as part of the catch-up programme

Annual UK HPV vaccine uptake

Annual HPV vaccine uptake data for the routine cohort of females aged 12-13 years are available from equivalent reporting systems in all countries in the UK as shown in Table 2 and Figure 6.

Table 2 Annual UK HPV vaccine coverage for females aged 12-13 years by country, 2008/09

Country	HPV vaccine uptake %		
	Dose1	Doses 1 and 2	All three doses
NI	89.6	85.9	83.9
Scotland	93.7	92.7	89.4
Wales	87.9	87.0	78.8
England	88.1	86.0	80.1
UK	88.6	86.6	80.9

8 Discussion

High vaccine coverage has been achieved during the first year of the HPV vaccination campaign in England for the routine cohort, with 80.1% of all eligible females receiving a complete course of vaccine during the academic year. Only 11.9% of this cohort failed to receive any vaccine.

The ImmForm website has proven to be an efficient and effective route for collecting data from PCTs – returns were received from all 152 PCTs in all months apart from the first of the campaign (September 2008).

Delivery solely through GPs appeared to be a less effective method of delivering the routine programme with lower annual uptake rates compared to those delivered via schools for each dose; this was particularly noticeable for third dose uptake. In the catch-up campaign for 17-18-year-olds, the PCTs achieving the higher third dose uptake rates (i.e. over 40%) were predominantly those offering the vaccine through schools and colleges.

Uptake of HPV vaccine in the UK programme compares very favourably with other HPV programmes conducted elsewhere in the world (see table 3).

Table 3 International HPV vaccine uptake

Country	Third dose uptake %	Delivery method	Start date	Evaluation period
UK	80.9	Schools-based delivery to 12-13- year-olds	Sept 2008	Sept 08 to Aug 09
USA	17.9*	Through general practice to 13-17-year-olds	Jan 2008	Jan 08 to Dec 08
Belgium	44**	Schools-based programme to 12-15-year-olds	Nov 2007	Nov 07 to Nov 08
Australia	66.3***	Schools-based programme to 12-18-year-olds	Apr 2007	Apr 07 to Mar 08

*USA data can be viewed at:

www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a2.htm

** Belgian data can be viewed at

www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19407

*** Australian data can be viewed at: www.ncbi.nlm.nih.gov/pubmed/19374275

This report provides details of vaccine uptake in the first year of the HPV vaccination programme. Monitoring of uptake in both the routine and catch-up cohorts targeted in 2008/09 will continue throughout the 2009/2010 academic year so that revised estimates can be calculated to include any females who go on to complete their vaccination course after 31 August 2009. Females in the cohort born 01/09/1990 to 31/08/1991 (year 13 in 2008/09) were eligible for vaccination up to the end of the 2008/09 academic year as part of the catch-up programme. Although these young women are now no longer covered by the catch-up programme there may be individuals in this cohort who started but did not complete their three-dose HPV vaccination course during the 2008/09 academic year. PCTs will wish to consider how to provide for these courses to be completed. Data for these young women will continue to be collected.

9 Other sources of information

The introduction of the HPV vaccination programme has been supported by a comprehensive publicity campaign aimed at eligible females and their mothers. The primary role of the communications work was to ensure that key messages and media coverage focused on the benefits of immunisation in terms of cancer prevention. Delivery was supported by an information pack, training slides and special conferences held in the run-up to launch.

The communications strategy will be reported in more detail elsewhere.

The Medicines and Healthcare products Regulatory Agency (MHRA) is monitoring the safety of Cervarix in the UK through the yellow card reporting system for suspected adverse reactions. The first year safety review can be viewed at www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Product-specificinformationandadvice/HumanpapillomavirusHPVvaccine/index.htm

10 Appendices

Appendix 1 National/regional/PCT vaccine uptake table

HPV vaccine uptake: annual data submitted by PCTs for first, second and third dose vaccine uptake, for the academic year ending 31 August 2009

For routine cohort, year 8 girls (12-13-year-olds) and catch-up cohort, year 13 girls (17-18-year-olds)

Org code	Organisation name	Routine cohort: females 12-13-year-olds – (year 8)				Catch-up cohort: females 17-18-year-olds (year 13)			
		Total no. in routine cohort	Doses given since 1 September 2008			Total no. in catch- up cohort	Doses given since 1 September 2008		
			Dose 1	Dose 1 and 2	All three doses		Dose 1	Dose 1 and 2	All three doses
			%	%	%		%	%	%
England		303361	88.1	86.0	80.1	331484	62.2	54.2	31.8
	<i>National vaccine uptake range</i>		<i>(54.3-100.0)</i>	<i>(52.1-100.0)</i>	<i>(0.3-98.9)</i>		<i>(7.6-97.3)</i>	<i>(5.5-95.7)</i>	<i>(0.0-89.4)</i>
Q30	North East SHA	15080	91.2	86.6	82.4	17995	61.3	54.9	36.3
	<i>SHA vaccine uptake range</i>		<i>(73.2-99.7)</i>	<i>(72.6-98.5)</i>	<i>(64.9-96.0)</i>		<i>(44.7-74.5)</i>	<i>(43.1-63.7)</i>	<i>(17.9-58.5)</i>
5D7	NEWCASTLE PCT	1432	91.6	91.1	89.3	1555	63.7	61.4	58.5
5D8	NORTH TYNESIDE PCT	1155	99.7	93.2	91.8	1156	55.9	48.3	39.6
5D9	HARTLEPOOL PCT	600	87.0	86.0	84.7	654	48.6	43.1	41.4
	STOCKTON-ON-TEES tPCT								
5E1	1213	90.9	84.3	76.9	1249	44.7	43.2	41.2	
5J9	DARLINGTON PCT	709	88.6	87.3	83.4	971	54.7	45.8	20.5
5KF	GATESHEAD PCT	1067	94.3	93.9	92.8	1572	56.0	47.9	17.9
5KG	SOUTH TYNESIDE PCT	912	87.2	85.2	84.6	1037	74.5	63.5	25.9
	SUNDERLAND								
5KL	TEACHING PCT	1622	92.7	91.2	89.1	1982	67.3	57.8	26.5
5KM	MIDDLESBROUGH PCT	877	73.2	72.6	69.6	970	57.4	49.6	23.5
5ND	COUNTY DURHAM PCT	2840	92.4	76.8	64.9	4028	65.5	59.9	35.8
	REDCAR & CLEVELAND								
5QR	PCT	968	82.7	81.5	80.6	995	55.5	49.2	39.0
	NORTHUMBERLAND								
TAC	CARE TRUST	1685	98.6	98.5	96.0	1826	68.3	63.7	57.3
Q31	North West SHA	41587	91.0	89.6	87.6	48798	63.2	52.7	23.6
	<i>SHA Vaccine Uptake Range</i>		<i>(80.8-96.7)</i>	<i>(74.2-95.9)</i>	<i>(70.3-95.0)</i>		<i>(47.0-80.7)</i>	<i>(36.4-77.9)</i>	<i>(0.0-58.6)</i>
	BLACKBURN WITH								
5CC	DARWEN PCT	1052	90.7	90.3	88.9	1206	57.8	53.5	18.7
5F5	SALFORD PCT	1155	84.8	83.9	81.8	1300	66.6	42.3	26.2
	STOCKPORT PCT								
5F7	ASHTON, LEIGH AND	1597	89.2	88.8	87.9	1950	80.0	77.9	58.6
	WIGAN PCT								
5HG	1863	89.6	89.4	87.4	2089	54.5	42.0	0.5	
5HP	BLACKPOOL PCT	827	91.9	91.9	90.3	884	54.1	41.7	8.6
5HQ	BOLTON PCT	1906	90.7	90.0	85.7	2055	50.5	42.8	27.9
5J2	WARRINGTON PCT	1150	96.3	95.9	95.0	1404	50.2	45.0	20.9

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5J4	KNOWSLEY PCT	746	90.3	88.3	80.3	1139	53.5	41.0	0.0
5J5	OLDHAM PCT	1527	96.7	95.2	95.0	1525	58.9	58.2	35.7
5JX	BURY PCT	1180	84.0	75.8	70.8	1237	53.9	36.4	0.1
5LH	TAMESIDE AND GLOSSOP PCT	1530	95.0	93.1	91.1	1776	71.1	67.4	6.3
5NE	CUMBRIA PCT	2910	93.1	90.8	90.2	3281	75.2	70.5	55.3
5NF	NORTH LANCASHIRE PCT	1723	92.2	90.3	88.5	2064	76.9	47.6	12.2
5NG	CENTRAL LANCASHIRE PCT	2729	88.2	87.6	85.2	2932	58.2	50.7	22.1
5NH	EAST LANCASHIRE PCT	2279	86.4	85.3	83.4	3009	49.1	39.3	11.5
5NJ	SEFTON PCT	1809	93.0	92.5	90.8	2032	60.9	50.9	21.9
5NK	WIRRAL PCT	2044	92.1	91.9	91.5	2424	63.0	57.3	20.8
5NL	LIVERPOOL PCT	2647	94.4	94.3	92.0	3190	47.0	40.9	17.6
5NM	HALTON & ST. HELENS PCT	1693	95.2	93.4	89.7	2148	51.6	37.3	7.3
5NN	WEST CHESHIRE PCT	1258	93.2	92.5	90.9	1580	72.9	61.1	35.9
5NP	CENTRAL & EASTERN CHESHIRE PCT	2704	95.5	95.3	94.5	3004	80.7	76.0	57.7
5NQ	HEYWOOD, MIDDLETON & ROCHDALE PCT	1256	92.4	92.1	91.6	1597	64.0	56.3	32.4
5NR	TRAFFORD PCT	1456	89.7	89.1	88.9	1431	59.1	45.1	19.4
5NT	MANCHESTER PCT	2546	80.8	74.2	70.3	3541	80.5	55.3	10.1
Q32	Yorkshire and The Humber SHA	31233	91.6	90.4	86.8	34157	62.6	54.3	31.2
	SHA Vaccine Uptake Range		(84.2-99.0)	(84.2-95.7)	(71.6-94.0)		(26.2-71.6)	(24.6-61.9)	(10.5-49.1)
5EF	NORTH LINCOLNSHIRE PCT	936	94.2	94.2	93.5	1060	62.7	55.8	34.1
5H8	ROTHERHAM PCT	1827	95.9	95.7	93.8	1698	54.9	45.4	24.9
5J6	CALDERDALE PCT	1478	87.4	86.2	81.5	1417	57.5	49.8	40.2
5JE	BARNSLEY PCT	1294	91.4	91.2	90.0	1382	26.2	24.6	12.6
5N1	LEEDS PCT	4050	99.0	95.1	94.0	4645	71.0	60.6	25.3
5N2	KIRKLEES PCT	2494	87.9	86.9	84.1	2445	69.3	61.9	19.6
5N3	WAKEFIELD DISTRICT PCT	2344	88.6	87.7	85.5	2533	60.8	54.8	40.0
5N4	SHEFFIELD PCT	3006	84.2	84.2	71.6	3321	59.5	49.9	49.1
5N5	DONCASTER PCT	1847	93.0	92.8	91.7	2065	70.7	61.5	37.8
5NV	NORTH YORKSHIRE & YORK PCT	4636	90.5	89.7	84.7	5445	71.6	61.7	34.6
5NW	EAST RIDING OF YORKSHIRE PCT	1968	96.5	95.2	93.3	1869	47.1	46.2	38.3
5NX	HULL PCT	1434	92.9	90.4	87.9	1775	53.6	47.4	42.6
5NY	BRADFORD & AIREDALE PCT	3007	90.8	89.4	86.9	3372	62.9	53.0	17.2
TAN	NORTH EAST LINCOLNSHIRE CARE TRUST	912	91.2	88.7	85.2	1130	70.1	57.1	10.5
Q33	East Midlands SHA	25831	90.9	89.3	76.9	28708	73.3	63.1	37.0
	SHA Vaccine Uptake Range		(81.2-100.0)	(80.2-100.0)	(0.3-91.0)		(33.1-85.3)	(29.0-76.6)	(0.1-54.9)
5EM	NOTTINGHAM CITY PCT	1542	81.2	80.2	78.4	2113	33.1	29.0	18.1
5ET	BASSETLAW PCT	635	100.0	100.0	0.3	701	54.1	47.4	0.1
5N6	DERBYSHIRE COUNTY PCT	4170	95.0	92.0	80.6	4552	79.6	73.1	47.6

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5N7	DERBY CITY PCT NOTTINGHAMSHIRE	1382	91.8	91.0	89.4	1821	56.1	49.8	26.3
5N8	COUNTY PCT	3871	90.0	88.6	85.6	4145	70.7	55.9	19.2
5N9	LINCOLNSHIRE PCT LEICESTERSHIRE COUNTY & RUTLAND	4048	94.9	92.2	50.1	4506	85.3	75.0	33.6
5PA	PCT	4188	92.0	91.5	91.0	4258	84.4	76.6	41.7
5PC	LEICESTER CITY PCT NORTHAMPTONSHIRE	1791	81.5	81.5	75.7	2108	81.5	71.8	48.5
5PD	PCT	4204	88.4	86.8	84.5	4504	71.7	54.9	54.9
Q34	West Midlands SHA	34494	85.2	82.6	76.0	36764	65.1	58.3	34.4
	SHA Vaccine Uptake Range		(54.3-97.2)	(52.1-95.9)	(44.9-95.8)		(18.9-82.7)	(17.9-76.4)	(2.3-71.0)
5CN	HEREFORDSHIRE PCT SOUTH BIRMINGHAM	1044	84.0	82.8	77.5	1184	54.1	50.1	37.2
5M1	PCT SHROPSHIRE COUNTY	3072	80.4	77.6	71.5	2251	55.2	49.6	20.8
5M2	PCT WALSALL TEACHING	1594	84.9	84.2	83.1	1900	65.5	56.8	19.1
5M3	PCT COVENTRY TEACHING	1792	87.7	86.4	77.3	1950	18.9	17.9	13.8
5MD	PCT TELFORD AND WREKIN	1889	97.2	91.1	86.8	1829	69.7	52.1	6.2
5MK	PCT WOLVERHAMPTON	1099	85.8	85.4	82.9	1140	51.3	49.3	44.6
5MV	CITY PCT HEART OF BIRMINGHAM	1420	90.7	89.2	81.1	1727	70.1	65.5	55.5
5MX	TEACHING PCT	1800	54.3	52.1	45.9	2100	46.2	35.0	2.3
5PE	DUDLEY PCT	1894	94.8	94.8	94.3	1996	67.1	60.7	37.1
5PF	SANDWELL PCT BIRMINGHAM EAST &	1715	95.9	95.9	95.8	1989	65.6	56.5	44.6
5PG	NORTH PCT NORTH	2821	71.3	66.3	44.9	2871	72.2	64.4	34.2
5PH	STAFFORDSHIRE PCT	1289	93.1	93.0	91.4	1359	75.1	70.0	50.4
5PJ	STOKE ON TRENT PCT SOUTH	1321	91.4	91.4	89.3	1789	72.8	66.1	45.7
5PK	STAFFORDSHIRE PCT WORCESTERSHIRE	3482	91.2	90.2	77.8	3808	82.7	70.7	33.0
5PL	PCT	3350	87.2	75.6	71.7	3733	64.3	58.9	28.3
5PM	WARWICKSHIRE PCT	3181	82.2	82.2	74.6	3362	76.8	76.4	71.0
TAM	SOLIHULL CARE TRUST	1731	86.7	86.5	82.1	1776	69.4	63.0	37.2
Q35	NHS East of England	34487	89.0	86.3	82.6	35720	66.9	62.4	48.2
	SHA Vaccine Uptake Range		(80.5-99.8)	(65.9-97.0)	(44.1-93.8)		(42.4-95.8)	(41.0-90.5)	(20.5-77.3)
5GC	LUTON PCT SOUTH EAST ESSEX	1056	84.2	65.9	44.1	1269	81.3	76.8	41.9
5P1	PCT	2285	84.2	84.2	82.4	2900	74.1	71.7	66.3
5P2	BEDFORDSHIRE PCT EAST & NORTH	2494	91.1	89.5	83.9	2556	77.7	67.2	20.5
5P3	HERTFORDSHIRE PCT WEST	3520	84.2	83.7	82.4	3566	54.3	52.3	48.4
5P4	HERTFORDSHIRE PCT	3886	80.5	80.0	78.6	3702	42.4	41.0	37.9
5PN	PETERBOROUGH PCT	1128	91.0	90.3	88.4	1169	57.5	54.9	45.5
5PP	CAMBRIDGESHIRE PCT	3243	95.0	94.6	93.8	3553	64.2	62.1	56.4
5PQ	NORFOLK PCT GREAT YARMOUTH &	4154	88.7	87.3	81.8	4271	68.7	64.4	53.6
5PR	WAVENEY PCT	1179	91.7	91.0	89.2	1002	82.7	80.7	74.0
5PT	SUFFOLK PCT	3304	94.1	93.7	93.0	3239	81.0	72.1	34.7

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5PV	WEST ESSEX PCT NORTH EAST ESSEX PCT	1720	93.2	69.7	68.0	1784	78.6	63.7	48.8
5PW	MID ESSEX PCT	2013	84.0	80.3	80.3	1899	95.8	90.5	77.3
5PX	SOUTH WEST ESSEX PCT	1924	99.8	97.0	77.2	2315	44.0	44.0	42.4
5PY		2581	90.4	88.6	86.9	2495	66.5	60.9	44.1
Q36	London SHA	41143	81.6	79.5	73.8	43454	50.8	41.0	23.4
	SHA Vaccine Uptake Range		(65.6- 99.2)	(62.1- 97.8)	(45.2- 90.5)		(7.6- 89.4)	(5.5- 84.7)	(0.1- 71.4)
5A4	HAVERING PCT	1562	89.2	84.4	80.3	1446	75.9	69.4	61.8
5A5	KINGSTON PCT	996	84.1	81.6	81.1	1092	39.5	31.9	10.5
5A7	BROMLEY PCT GREENWICH	1925	80.6	80.4	80.1	1827	33.4	33.3	0.5
5A8	TEACHING PCT	1181	88.5	87.2	84.3	1337	87.1	52.1	0.1
5A9	BARNET PCT	1679	74.2	73.9	71.1	1655	89.4	84.7	71.4
5AT	HILLINGDON PCT	1607	94.3	94.0	90.3	1665	68.9	50.0	16.1
5C1	ENFIELD PCT	1709	76.1	74.8	74.8	1740	59.0	53.1	45.7
5C2	BARKING AND DAGENHAM PCT CITY AND HACKNEY	1057	86.9	86.9	78.1	968	55.5	42.1	23.3
5C3	TEACHING PCT	1354	65.6	64.8	63.4	1211	40.4	20.9	4.0
5C4	TOWER HAMLETS PCT	1334	99.2	97.8	90.5	1270	71.5	69.3	19.7
5C5	NEWHAM PCT HARINGEY TEACHING PCT	1889	84.2	83.0	79.2	2446	49.5	21.9	10.8
5C9	HAMMERSMITH AND FULHAM PCT	1197	82.0	80.5	76.0	1293	57.0	53.0	39.2
5H1		921	70.5	70.4	69.8	791	20.0	20.0	20.0
5HX	EALING PCT	1383	88.8	85.3	76.9	1997	7.6	5.5	0.7
5HY	HOUNSLOW PCT	1359	67.5	62.1	45.2	1265	57.1	48.5	27.7
5K5	BRENT TEACHING PCT	1365	92.2	92.1	68.6	1078	77.1	72.7	43.4
5K6	HARROW PCT	1125	72.1	71.6	71.0	1122	50.0	46.3	36.2
5K7	CAMDEN PCT	1081	68.7	66.7	64.8	962	23.2	18.5	8.7
5K8	ISLINGTON PCT	682	69.6	69.6	66.6	809	40.9	30.2	4.0
5K9	CROYDON PCT KENSINGTON AND	2046	77.7	76.5	73.1	2046	24.3	15.3	0.7
5LA	CHELSEA PCT	367	82.8	82.8	72.5	675	35.7	33.8	28.4
5LC	WESTMINSTER PCT	928	84.4	74.5	68.5	765	65.2	55.9	47.6
5LD	LAMBETH PCT	974	82.2	81.6	64.5	1345	23.6	16.3	1.3
5LE	SOUTHWARK PCT	1395	69.0	66.7	58.9	1400	17.7	16.5	12.5
5LF	LEWISHAM PCT	1195	77.3	73.6	62.8	1524	44.8	33.9	7.8
5LG	WANDSWORTH PCT RICHMOND AND	1150	73.7	71.8	71.0	1083	72.1	32.4	25.7
5M6	TWICKENHAM PCT SUTTON AND MERTON PCT	850	82.5	82.5	82.5	933	50.4	43.9	13.2
5M7		2251	88.1	84.4	76.9	2616	46.5	39.0	25.9
5NA	REDBRIDGE PCT WALTHAM FOREST PCT	1621	87.3	84.3	80.0	1675	87.0	81.0	67.7
5NC		1293	82.1	81.6	79.3	2237	54.0	50.9	44.7
TAK	BEXLEY CARE TRUST	1667	91.8	84.4	70.8	1181	54.9	36.2	0.1
Q37	South East Coast SHA	26417	85.0	81.6	74.0	27192	55.3	47.9	24.8
	SHA Vaccine Uptake Range		(79.3- 92.9)	(70.0- 92.6)	(58.8- 81.0)		(31.9- 65.4)	(26.7- 59.7)	(6.9- 38.4)
5L3	MEDWAY PCT BRIGHTON AND HOVE CITY PCT	1758	79.3	78.7	70.9	2040	53.2	45.0	6.9
5LQ		1327	79.8	78.7	77.5	1536	52.1	47.8	28.8
5P5	SURREY PCT	6731	82.7	79.2	77.5	7270	49.1	41.4	15.9
5P6	WEST SUSSEX PCT	4603	85.1	84.4	81.0	3929	65.4	59.7	38.4
5P7	EAST SUSSEX DOWNS	2086	80.2	70.0	68.0	2062	61.0	41.1	20.3

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5P8	& WEALD PCT HASTINGS & ROTHER PCT	1125	90.0	86.0	75.1	1130	31.9	26.7	9.3
5P9	WEST KENT PCT EASTERN & COASTAL KENT PCT	4137	92.9	92.6	80.2	4452	58.4	55.1	38.2
5QA		4650	85.7	78.9	58.8	4773	58.6	50.5	26.9
Q38	South Central SHA	23677	90.9	89.1	77.6	25750	67.5	59.2	24.8
	SHA Vaccine Uptake Range		(-85.4- 93.2)	(80.3- 92.1)	(65.5- 90.0)		(50.5- 77.9)	(41.4- 69.9)	(5.3- 46.3)
5CQ	MILTON KEYNES PCT PORTSMOUTH CITY	1339	89.8	89.3	87.2	1571	63.8	57.8	28.7
5FE	TEACHING PCT SOUTHAMPTON CITY PCT	1095	92.1	92.1	89.7	1221	56.2	41.4	9.2
5L1		1133	91.9	90.9	81.6	1430	66.4	60.1	46.3
5QC	HAMPSHIRE PCT BUCKINGHAMSHIRE PCT	7730	93.0	91.7	66.6	7788	77.9	69.9	25.4
5QD		3257	85.4	80.3	65.5	3260	74.0	60.6	28.8
5QE	OXFORDSHIRE PCT	3368	93.2	92.1	90.0	4212	62.7	56.8	37.7
5QF	BERKSHIRE WEST PCT	2586	89.7	87.3	86.8	2961	50.5	47.3	9.5
5QG	BERKSHIRE EAST PCT ISLE OF WIGHT HEALTHCARE PCT	2364	89.2	88.0	85.5	2434	61.3	48.0	5.3
5QT		805	92.0	91.1	89.6	873	72.4	66.8	27.4
Q39	South West SHA	29412	88.1	86.8	81.9	32946	59.0	53.7	39.1
	SHA Vaccine Uptake Range		(81.8- 99.6)	(79.8- 99.4)	(72.9- 98.9)		(19.1- 97.3)	(14.7- 95.7)	(3.1- 89.4)
5A3	SOUTH GLOUCESTERSHIRE PCT	1575	87.0	85.8	78.7	1759	49.1	44.9	22.1
5F1	PLYMOUTH TEACHING PCT	1514	86.6	84.7	78.4	1612	75.7	67.2	47.2
5FL	BATH AND NORTH EAST SOMERSET PCT	1349	82.7	82.0	75.9	2569	37.8	30.6	21.4
5K3	SWINDON PCT NORTH SOMERSET PCT	1121	94.6	94.5	93.7	808	97.3	95.7	89.4
5M8		1160	88.4	87.8	84.2	1270	53.1	50.0	43.8
5QH	GLOUCESTERSHIRE PCT	3672	85.5	84.6	81.8	3765	62.3	58.2	49.8
5QJ	BRISTOL PCT	1893	81.8	79.8	72.9	2431	33.0	28.5	3.1
5QK	WILTSHIRE PCT	2622	85.5	84.5	77.3	2113	19.1	14.7	8.3
5QL	SOMERSET PCT	3006	85.8	84.0	79.9	3472	59.8	55.4	41.8
5QM	DORSET PCT BOURNEMOUTH & POOLE PCT	2431	91.6	89.9	84.1	2817	70.6	60.5	32.4
5QN		1419	99.6	99.4	98.9	2037	59.5	54.7	36.5
5QP	CORNWALL & ISLES OF SCILLY PCT	2886	88.0	86.4	76.3	3104	83.2	77.5	59.8
5QQ	DEVON PCT	4044	90.8	90.0	88.8	4463	63.6	60.7	53.9
TAL	TORBAY CARE TRUST	720	90.7	89.3	79.6	726	92.1	78.4	55.6

Appendix 2 Screen shot of HPV data entry form on ImmForm website

COHORT 1: Routine Vaccinations 12-13 Year Olds (Year 8)
 Birth Cohort: 1 September 1995 - 31 August 1996

Annual Denominator	1432
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Doses Administered (Cumulative from 1/9/2008)

	Number
Number received 1st dose since 1 September 2008	1312
Number received 1st and 2nd doses since 1 September 2008	1304
Number received all three doses since 1 September 2008	1279
Total Number of doses administered since 1 September 2008 (automatically calculated)	3895

Location Where Vaccines Administered (Mandatory)

Location	Number of Doses Administered
Schools / Colleges	3882
GP Practices	0
Health Centres / Community Clinics	8
Other	5
Total Number of doses administered by location (automatically calculated)	3895

COHORT 2: Catch-up Vaccinations 17-18 Year Olds (Year 13/Not in school)
 Birth Cohort: 1 September 1990 - 31 August 1991

Annual Denominator	4645
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Doses Administered (Cumulative from 1/9/2008)

	Number
Number received 1st dose since 1 September 2008	3298
Number received 1st and 2nd doses since 1 September 2008	2816
Number received all three doses since 1 September 2008	1176
Total Number of doses administered since 1 September 2008 (automatically calculated)	7290

Location Where Vaccines Administered (Mandatory)

Location	Number of Doses Administered
Schools / Colleges	0
GP Practices	6977
Health Centres / Community Clinics	313
Other	0
Total Number of doses administered by location (automatically calculated)	7290