

Reference guide for the 2021 to 2022 adolescent vaccine coverage collection (HPV, MenACWY and Td/IPV) annual survey

For use by NHS England local teams submitting annual vaccine coverage data on ImmForm

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Introduction to the guide

Purpose of this document

The purpose of this document is to provide NHS England local teams (LTs) and screening and immunisation teams (SITs) with detailed guidance on how to submit data for the 2021 to 2022 adolescent vaccine coverage collection annual survey. This survey is submitted via the ImmForm web-based system provided by the UK Health Security Agency (UKHSA).¹

Survey quick start instructions

Full guidance on accessing and submitting the annual survey collection form can be found in Chapter 3 but here is a summary of instructions for entering and submitting HPV, MenACWY and Td/IPV data for the adolescent survey:

- 1. Log on to the <u>ImmForm website</u>.
- 2. Click on 'Data Collections', then click on 'Adolescent' then on 'Programme'.
- 3. Then click on 'HPV and MenACWY and Td/IPV Booster Uptake 2021 to 2022 annual survey', select the local authority you want to provide data for and click 'Go'.
- 4. LTs and data providers can enter data to:
 - update their LA denominators for each cohort as appropriate
 - provide information about the number of each cohort who have received HPV,
 MenACWY and Td/IPV vaccines
 - provide information on where the vaccines were commissioned
 - comment on local issues that may have impacted data quality
- 5. Complete the relevant sections of the form.
- 6. Once all data is entered, click 'Submit' in the 'Actions' box.
- 7. Review any flagged validation warnings that may have appeared in the 'Survey Form' box.
- 8. Once you are satisfied that the data is accurate, select 'Yes' from the 'Actions' box.
- 9. Once the form has been submitted successfully, you will see the message: 'Thank you for submitting data for this survey on [current date]'. Make sure you see this confirmation, otherwise the data have not been uploaded correctly.
- 10. If you wish to enter data for another local authority, return to step 2 above.

¹ ImmForm is the web-based system that provides vaccine ordering facilities for the NHS and is used by UKHSA to record vaccine coverage data for some immunisation programmes. Please see Appendix 1 of this guide.

Chapter 1. Overview of the HPV, MenACWY and Td/IPV adolescent immunisation programmes and the vaccine coverage collection

Purpose of the adolescent vaccine coverage (HPV, MenACWY and Td/IPV) 2021 to 2022 annual survey

The human papillomavirus (HPV), meningococcal A, C, W and Y (MenACWY) and tetanus, diphtheria and inactivated polio (Td/IPV) vaccines are offered to adolescents in school years 8 to 10 (students aged between 12 and 15 years) in secondary school settings. The ability to reliably measure vaccine coverage plays an essential role in evaluating the success of the HPV, MenACWY and Td/IPV immunisation programmes, identifying susceptible populations for further interventions and informing future vaccine policy decisions. This is dependent on having an accurate estimate for the eligible population (denominator) and a robust method of ascertaining the number of eligible individuals who have received 1 or 2 doses of HPV, and a dose of MenACWY and Td/IPV vaccines (numerators). This standardised vaccine coverage information can be made available at the local level creating the opportunity to compare local figures with regional and national estimates, improve coverage and detect changes in vaccine coverage year on year.

Sub-indicators in the Public Health Outcomes Framework (PHOF) will include HPV coverage for 1 dose at 12 to 13 years of age for both males and females, for 2 doses at 13 to 14 years of age for males and females, and a dose for MenACWY for all adolescents aged 14 to 15 years old.

UKHSA also has commitments to report vaccine coverage figures to international organisations such as the World Health Organization (WHO). At the local level coverage statistics are used for local performance management and service delivery planning.

HPV immunisation programme

The national HPV immunisation programme was introduced in 2008 for secondary school year 8 females (12 to 13 years of age) as a 3-dose schedule. In March 2014, the Joint Committee on Vaccination and Immunisation (JCVI) advised a change from a 3 to a 2-dose schedule in the routine programme, which was implemented in September 2014. In England, for operational purposes, the recommendation is to offer the first HPV vaccine dose to females in year 8 and the second dose 12 months later in year 9, as this reduces the number of immunisation sessions required in schools. However, some local areas schedule the second dose within year 8, from 6 months after the first dose.

From September 2020, the HPV immunisation programme was expanded to a universal programme with 12 to 13 year old males becoming eligible alongside females. Therefore, in the academic year 2019 to 2020, males in year 8 (cohort 1 in the ImmForm collection) were offered the HPV vaccine (either 1 or 2 doses) for the first time. In the academic year 2020 to 2021, the programme followed cohort 1 into year 9 in the same way as was done for the female HPV programme.

The 2021 to 2022 adolescent survey will collect HPV coverage data for school years 8 (cohort 19) and 9 (cohort 18) for females and school years 8 (cohort 3) and year 9 (cohort 2) for males.

MenACWY immunisation programme

MenACWY vaccine was introduced in 2015 to respond to a rapid and accelerating increase in cases of invasive meningococcal group W (MenW) disease, which had been declared a national incident. The MenACWY conjugate vaccine provides direct protection to the vaccinated cohort and, by reducing MenW carriage, also provides indirect protection to unvaccinated children and adults.

The programme included an urgent catch-up campaign (school year 13 in 2014 to 2015) through general practice from August 2015 followed by inclusion in the time-limited 'freshers' programme (direct replacement of the meningococcal C (MenC) vaccination, offered up to age 25) also through general practice, and a catch-up campaign (school year 11 in 2015 to 2016) through schools from January 2016. A further catch-up campaign through general practice covered those in school years 11 and 12 in 2014 to 2015 when they reached year 13. MenACWY vaccine was added to the routine adolescent schools programme (school year 9 or 10) from Autumn 2015, as a direct replacement for the MenC vaccine.

The first survey collected 2015 to 2016 local authority coverage data for both the catch-up campaign, school year 11 (cohort 1), and the first year of MenACWY inclusion in the routine adolescent schools programme, school year 10 (cohort 2) or school year 9 (cohort 3) depending on local arrangements (see Appendix 5 for links to published data). In 2016 to 2017 local authorities provided coverage data for routine cohorts school year 9 (cohort 4) and 11 (cohort 2) or school year 9 (cohort 4) and 10 (cohort 3) according to the programme options detailed on page 8 of the Joint NHS England and UKHSA letter providing information on the introduction of Meningococcal ACWY conjugate vaccination (MenACWY) (see Appendix 4). Since the 2017 to 2018 adolescent survey, the annual surveys have collected MenACWY coverage data for school years 9 and 10.

The 2021 to 2022 adolescent survey will therefore collect MenACWY coverage data for school years 9 (cohort 9) and 10 (cohort 8).

Td/IPV immunisation programme Updates to the 2021 to 2022 survey

For the 2021 to 2022 survey, we will be collecting HPV coverage for dose 1 and dose 2 among both year 8 and year 9 males and females. Updates to the survey include the addition of dates to questions and headers to improve clarity. There are also formatting changes to improve accessibility.

Due to the forced school closures and disruptions throughout the 2020 to 2021 academic year, in response to the coronavirus (COVID-19) pandemic, we will continue asking for vaccine coverage estimates for any catch-up of the HPV vaccination, as introduced in the 2020 to 2021 survey. For the 2021 to 2022 survey this catch-up data is no longer optional and should include female (cohort 17) and male (cohort 1) students in year 10. The format of the catch-up year 10 section is the same as the year 8 and year 9 sections.

Optional end of academic year school level data collection

At the end of each academic year, local authorities are requested to submit vaccine coverage data for each school participating in the adolescent immunisation programmes. Data can be returned using either the <u>data collection tool</u> provided by UKHSA at the beginning of the season or local data collection tools and spreadsheets. Submission of this data is optional.

UKHSA's national vaccine coverage team within the Immunisation and Vaccine Preventable Diseases Division would be grateful for voluntary submission of school level data, during the local authority-level data submission period, via email to adolescent@ukhsa.gov.uk. This data will be used to facilitate the assessment of data quality captured at the local authority level, to inform collections going forward, and to inform measures of inequalities in coverage, helping work towards the delivery of an equitable programme as outlined by the Public Health Functions Agreement (Section 7a).

The data items requested for each school by relevant year group are the same as for the local authority level adolescent coverage collection: denominators (that is the total number of students eligible for the vaccine in the school year) and the total number of students vaccinated for each of the adolescent vaccines ((i) at least 1 dose and (ii) 2 doses for HPV, a dose of MenACWY and a dose of Td/IPV).

Chapter 2. Adolescent vaccine coverage collection 2021 to 2022 local authority annual survey

Dates the collection is open

The adolescent vaccine coverage collection 2021 to 2022 local authority annual survey will be open from:

Wednesday 1 September 2022 until Wednesday 28 September 2022

Annual vaccine coverage and delivery model information is requested for each local authority, via the ImmForm website, for vaccinations administered up to 31 August 2022.

Roles and responsibilities

LTs or SITs should identify a member or members of the team to take on responsibility for:

- confirming the data entry fields required
- coordinating collation of local data from providers, which should be checked for completeness and accuracy (some local providers have ImmForm access and can enter their data directly on the survey)
- entering data for all local authorities in the area onto ImmForm by the survey deadline

Cohorts

Table 1. 2021 to 2022 cohort definitions and reporting requirements for adolescent immunisation programmes (HPV, MenACWY and Td/IPV) by school year

Programme	Cohort number	School year	Age (years)	Dates of birth	Eligible group	Dose 1 numerator	Dose 2 numerator
HPV (female)	19	year 8	12 to 13	1 September 2008 to 31 August 2009	Females only	Provided by all local authorities	Provided by local authorities offering both doses in year 8
HPV (female)	18	year 9	13 to 14	1 September 2007 to 31 August 2008	Females only	Updated for 2021 to 2022 by all local authorities	Provided by all local authorities
HPV (female)	17	year 10	14 to 15	1 September 2006 to 31 August 2007	Females only	Updated for 2021 to 2022 by all local authorities	Updated for 2021 to 2022 by all local authorities
HPV (male)	3	year 8	12 to 13	1 September 2008 to 31 August 2009	Males only	Provided by all local authorities	Provided by local authorities offering both doses in year 8
HPV (male)	2	year 9	13 to 14	1 September 2007 to 31 August 2008	Males only	Updated for 2021 to 2022 by all local authorities	Provided by all local authorities
HPV (male)	1	year 10	14 to 15	1 September 2006 to 31 August 2007	Males only	Updated for 2021 to 2022 by all local authorities	Provided by all local authorities

Reference guide for the 2021 to 2022 adolescent vaccine coverage collection annual survey

Programme	Cohort number	School year	Age (years)	Dates of birth	Eligible group	Dose 1 numerator	Dose 2 numerator
MenACWY and Td/IPV	9	year 9	13 to 14	1 September 2007 to 31 August 2008	All students	Provided by all local authorities offering vaccines in year 9	Not applicable
MenACWY and Td/IPV	8	year 10	14 to 15	1 September 2006 to 31 August 2007	All students	Provided by all local authorities offering vaccines in year 10	Not applicable

Denominators

Pre-filled or provisional denominators

The pre-filled denominators have been populated with data submitted in last year's annual <u>HPV</u> or <u>MenACWY</u> and <u>Td/IPV</u> coverage surveys if available.

LTs are requested to update the denominators to provide actual pupil numbers and account for movements in or out of the local authority or schools during the academic year.

The denominator is the number of adolescents in the school years described in <u>Table 1</u> in the following types of schools in each local authority:

- all schools managed by a local authority, including independent and faith schools
- schools managed by voluntary or private agents
- grant maintained schools
- pupil referral units
- secure units
- residential units
- schooled at home

And all adolescents of the ages specified in <u>Table 1</u> who reside in the local authority but are not linked to any school.

Child Health Information System denominator

For areas extracting data from Child Health Information Systems the denominator is:

- all adolescents in the school years described in <u>Table 1</u> at any of the above listed schools in the local authority (minus any resident adolescents attending school outside the local authority)
- all adolescents of the ages specified in <u>Table 1</u> resident in the local authority not linked to any school

Numerators

HPV vaccines administered to year 8 (female cohort 19 and male cohort 3)

In Section 1b of the survey, the NHS England local team or SITs are required to enter separately the total number of females and males vaccinated with at least 1 dose of HPV vaccine by 31 August 2022, and the total number vaccinated with dose 2 by 31 August 2022. Please double check the numerators for the females and males thoroughly before submission.

If your local authority has the resources to include doses that were offered outside of the routine school programme, please include these in the numerator and indicate you have done so by ticking the correct box or using the text box at the end of the survey (<u>Figure 4</u>). Please ensure that you do not add any personal identifiable data.

HPV vaccines administered to year 9 (female cohort 18 and male cohort 2)

In Section 1d, the pre-filled numerators are the number of females and males vaccinated with dose 1 and the number vaccinated with dose 2 as of 28 September 2021 (taken from data submitted to the HPV vaccine coverage annual survey 2020 to 2021).

LTs or SITs are required to update the pre-filled numerators from 2020 to 2021, where possible, to provide the total numbers of females and males vaccinated with at least 1 dose and vaccinated with 2 doses of HPV at any time up to 31 August 2022, including those vaccinated during the 2021 to 2022 academic year. It is important to include those vaccinated elsewhere if they have moved into schools in your local authority and remove those vaccinated previously in schools in your local authority who have since moved out.

If your local authority has the resources to include doses that were offered outside of the routine school programme, please include these in the numerator and indicate you have done so in by ticking the correct box and/or using the text box at the end of the survey (<u>Figure 5</u>). Please ensure that you do not add any personal identifiable data.

HPV vaccines administered to year 10 (female cohort 17 and male cohort 1)

In Section 1f the pre-filled numerators are the number of females and males vaccinated with dose 1 and the number vaccinated with dose 2 as of 28 September 2021 (taken from data submitted to the HPV vaccine coverage annual survey 2020 to 2021). Data providers or SITs are required to update the pre-filled numerators from 2020 to 2021, where possible, to provide the total numbers of females and males vaccinated with at least 1 dose and vaccinated with 2 doses of HPV at any time up to 31 August 2022 (Figure 6).

If your local authority has the resources to include doses that were offered outside of the routine school programme, please include these in the numerator and indicate you have done so in by ticking the correct box or using the text box at the end of the survey (<u>Figure 6</u>). Please ensure that you do not add any personal identifiable data.

MenACWY and Td/IPV vaccines administered to year 9 or 10 (cohort 8 and cohort 9)

To calculate local authority MenACWY and Td/IPV vaccine coverage for 2021 to 2022, the following data is required for Section 2 of the survey for the cohorts described in <u>Table 1</u>:

- the number of adolescents who received 1 dose of the MenACWY vaccine by 31 August 2022
- the number of adolescents who received 1 dose of Td/IPV vaccine by 31 August 2022

The numerator should be the total number of students who have received MenACWY and Td/IPV by 31 August 2022.

The pre-filled numerators are the number of adolescents vaccinated last season as of 28 September 2021 (that is when the cohort was in year 9). For year 10 entry, section 2d, include those vaccinated prior to, as well as during, the academic year 2021 to 2022.

It is important to include those vaccinated elsewhere if they have moved into schools in your local authority and remove those vaccinated in schools in your local authority who have since moved out. If your local authority has the resources to include doses that were offered outside of the routine school programme, please include these in the numerator and indicate you have done so in by ticking the correct box or using the text box at the end of the survey (<u>Figure 7</u>). Please ensure that you do not add any personal identifiable data.

Please note that if your area delivers the programme in year 9, you may update the coverage in year 10. While calculating this update please make sure to include those that got vaccinated in the prior academic year in the numerator.

Programme delivery

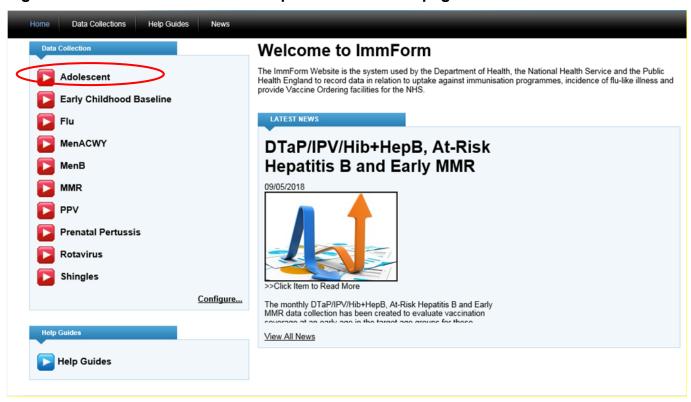
Due to the school closures and disruptions in 2019 to 2020 and 2020 to 2021 academic years in response to the COVID-19 pandemic, additional questions asking whether HPV, MenACWY and Td/IPV catch-up programmes have been completed in the 2021 to 2022 academic year for eligible adolescents. If your programme has been affected by the COVID-19 pandemic, and you would like to add additional information, please add a comment in the HPV Vaccination Comments and the MenACWY and Td/IPV Comments sections. Please read section 1.5 in this document for more detail.

Chapter 3. Guide to accessing and submitting the annual data collection form

Accessing the survey

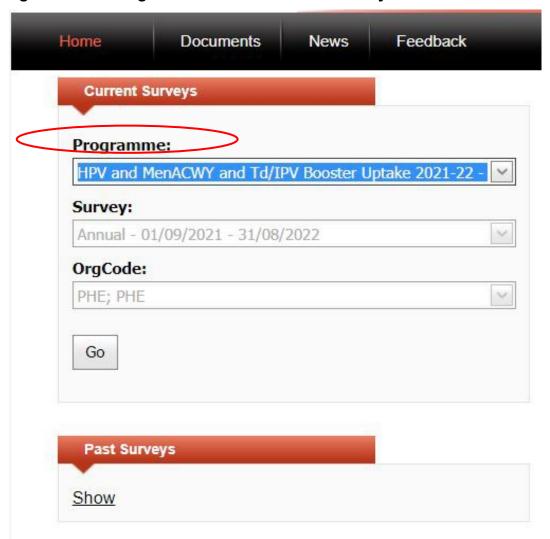
Sign in to <u>Immform</u> to access this survey page. Once you have successfully logged onto the ImmForm website, you will need to select 'Adolescent' under the 'Data Collections' pane at the top left-hand side of the screen. (Figure 1).

Figure 1. ImmForm data collections pane on the home page



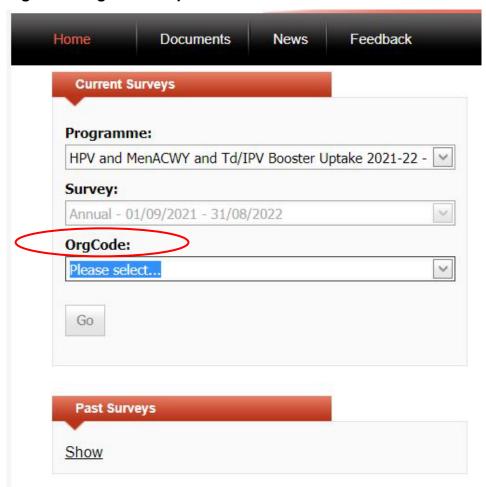
Under the 'Current Surveys' pane, select 'HPV and MenACWY and Td/IPV Booster Uptake 2021 to 2022' from the 'Programme' drop-down menu. (Figure 2).

Figure 2. Selecting the 2021 to 2022 annual survey



The 'Survey' field will be automatically completed. If the account you are using has access to multiple local authorities, select the required local authority using the 'OrgCode' drop down menu. If the account has access to a singular local authority, this field will be automatically filled (Figure 3). Once the fields have been selected, click 'Go'.

Figure 3. OrgCode drop down menu



Submitting the data

You will be directed to the data form related to the local authority you have chosen. An example of the form can be seen in Figures 4 to 7. The form consists of 2 sections, Section 1 (a to g) for HPV and Section 2 (a to f) for MenACWY and Td/IPV.

In section 1a, please indicate whether all eligible children in year 8 were offered the first dose of the HPV vaccine during the 2021 to 2022 academic year. Please use the text box at the end of the survey (section 1g) to add further information, for example, if only all females were offered dose 1 HPV vaccine and have yet to offer the vaccine to all males, or if there are any plans for catch-ups. Please ensure that you do not add any personal identifiable data.

For numerators in sections 1b, 1d and 1f for the HPV survey as well as 2d and 2d for MenACWY and Td/IPV surveys, please ensure you have included all children where you have been able to capture vaccine delivery. Please select 1 appropriate radio button for each of the different cohorts. If you are not able to capture those offered vaccines delivered outside of the routine school programme, for example, for home-schooled children or children who attend faith schools where there is no programme or children who opt to go to their GP instead of getting

the vaccine at school, then could you please let us know, in the text box at the end of the survey (sections 1g and 2f), who it is that you might be leaving out. Please ensure that you do not add any personal identifiable data.

Please remember to double check the denominators and numerators for the females and males in section 1b before submission.

Figure 4. HPV section for year 8 females and males

To record any changes you make to this	form, press the sub	mit button		
Section 1: HPV vaccination programme				
1a) Were all eligible children in school year 8 offered the August 2022)? (select one option)	first HPV vaccine dose o	during the 2021 to 2022	2 academic year (1 Se	eptember 2021 to 31
○Yes				
\bigcirc No - Further information can be provided in the text box - section 1g				
1b) Routine HPV vaccination: children in school year 8 during the 20	21 to 2022 academic year (1	September 2021 to 31 Augu	st 2022)	
Year 8 birth cohort: children born 1 September 2008 to 31 August 2009 (12 to 13 year olds) Female cohort 19 Male cohort 03	Provisional denominator	Actual denominator (1)	Percentage difference between provisional and actual denominator (if amended) (%)	Reason for ≥5% difference between provisional and actual denominators
Female Denominator (Cohort 19)	-			
Male denominator (Cohort 03)	-			
			Are you reporting vacci administered outside of programme from 1 Sepl August 2022 e.g. homes indicate which of the fo describes your reported	the routine school tember 2021 to 31 schooled children? Please llowing two options
Doses administered in each cohort	Total number vaccinated from 1 September 2021 up to 31 August 2022 (i.e. while in year 8)	Percentage vaccinated from 1 September 2021 up to 31 August 2022 (%) (i.e. while in year 8)	Exclusively the number vaccinated in schools	The number vaccinated in schools and alternative settings such as community clinics
Number of females in cohort 19 vaccinated with at least dose 1		TT2		
Number of females in cohort 19 vaccinated with dose 2			0	0
Number of males in cohort 03 vaccinated with at least dose 1		44		0
Number of males in cohort 03 vaccinated with dose 2			0	0

Figure 5. HPV section for year 9 females and males

tc) Were all eligible child select one option)	ren in school year 8 or	9 offered the second	dose of HPV vaccine(s) durin	ig the 2021 to 2022 academ	ic year (1 September 202)	
O Yes, all eligible childre	en in year 8 were offered t	their second dose of HPV	vaccine			
O Yes, all eligible childre	en in year 9 were offered t	their second dose of HPV	/ vaccine			
O No second dose HPV	vaccines were delivered in	the 2021 to 2022 acade	emic year			
O Some HPV vaccine se	cond doses were delivered	d in the 2021 to 2022 ac	ademic year – Further in <mark>f</mark> ormatio	n <mark>can be provided in the t</mark> ext bo	x - section 1g	
) Routine HPV vaccinat	tion: children in school	year 9 during the 202	21 to 2022 academic year (1	September 2021 to 31 Augu	st 2022)	
Year 9 birth cohort: children born 1 September 2007 to 31 August 2008 (13 to 14 year olds) Female cohort 18 Male cohort 02			Provisional denominator	Actual denominator (i)	Percentage difference between provisional and actual denominator (if amended) (%)	Reason for ≥5% difference between provisional and actual denominators
emale denominator (coh	nort 18)		-			
ale <mark>d</mark> enominator (cohor	t <mark>02)</mark>		-			
	Total number				Are you reporting vacci administered outside of programme from 1 Sept August 2022 e.g. homes indicate which of the fo describes your reported	the routine school tember 2020 to 31 schooled children? Please llowing two options
oses administered in ach cohort	Total number vaccinated from 1 September 2020 up to 31 August 2021 (i.e. while in year 8)	Percentage vaccinated from 1 September 2020 up to 31 August 2021 (%) (i.e. while in year 8)	Total number vaccinated from 1 September 2020 up to 31 August 2022 (i.e. while in year 8 or 9)	Percentage vaccinated from 1 September 2020 up to 31 August 2022 (%) (i.e. while in year 8 or 9)	administered outside of programme from 1 Sept August 2022 e.g. homes indicate which of the fo	the routine school tember 2020 to 31 schooled children? Please llowing two options
	vaccinated from 1 September 2020 up to 31 August 2021 (i.e. while in	vaccinated from 1 September 2020 up to 31 August 2021 (%) (i.e.	from 1 September 2020 up to 31 August 2022 (i.e. while in year 8 or 9)	from 1 September 2020 up to 31 August 2022 (%) (i.e. while in year 8	administered outside of programme from 1 Sept August 2022 e.g. homes indicate which of the fo describes your reported Exclusively the number vaccinated in schools	the routine school tember 2020 to 31 schooled children? Please llowing two options numerator (i) The number vaccinated in schools and alternative settings such as community clinics
ach cohort umber of females in ohort 18 vaccinated	vaccinated from 1 September 2020 up to 31 August 2021 (i.e. while in year 8)	vaccinated from 1 September 2020 up to 31 August 2021 (%) (i.e. while in year 8)	from 1 September 2020 up to 31 August 2022 (i.e. while in year 8 or 9)	from 1 September 2020 up to 31 August 2022 (%) (i.e. while in year 8 or 9)	administered outside of programme from 1 Sept August 2022 e.g. homes indicate which of the fo describes your reported Exclusively the number vaccinated in	the routine school tember 2020 to 31 schooled children? Please llowing two options numerator (i) The number vaccinated in schools and alternative settings such as community
ach cohort umber of females in whort 18 vaccinated ith at least dose 1 umber of females in whort 18 vaccinated	vaccinated from 1 September 2020 up to 31 August 2021 (i.e. while in year 8)	vaccinated from 1 September 2020 up to 31 August 2021 (%) (i.e. while in year 8)	from 1 September 2020 up to 31 August 2022 (i.e. while in year 8 or 9)	from 1 September 2020 up to 31 August 2022 (%) (i.e. while in year 8 or 9)	administered outside of programme from 1 Sept August 2022 e.g. homes indicate which of the fo describes your reported Exclusively the number vaccinated in schools	the routine school tember 2020 to 31 schooled children? Please llowing two options numerator (1) The number vaccinated in schools and alternative settings such as community clinics

In section 1c, please select 1 of the options to indicate whether the appropriate cohorts were offered the second dose of the HPV vaccine in the 2021 to 2022 academic year. For example, if your area offers a second dose in year 8 and all the eligible children were offered the second dose, then please select the first radio button. If your area is transitioning from year 8 delivery of the second dose to year 9, and therefore have offered the second dose of the HPV vaccine to both years, please select the last radio button for the 'other' option and write more information in the text box at the end of the survey (section 1g). Please ensure that you do not add any personal identifiable data.

Figure 6. HPV section for year 10 females and males

missed out on vaccina September 2020 to 31	tions in the 2020 t August 2021)?	o 2021 academic		eligible cohorts affected 9 to 31 August 2020) an blank)		
O Catch-up for both dos	es is complete for all stud	dents in year 10 (i.e. fem	ale cohort 17 and male cohort 1)		
Catch-up for both dos	es is complete for all stud	lents in year 9 (i.e. fema	le cohort 18 and male cohort 2)			
O Catch-up for both dos	es is not complete for all	eligible cohorts – Further	r information can be provided in	the text box - section 1g		
1f) Catch-up HPV vac	cination: children i	in school year 10 o	during the 2021 to 2022	2 academic year (1 Sept	tember 2021 to 31 Au	gust 2022)
Year 10 birth cohort: children born 1 September 2006 to 31 August 2007 (14 to 15 year olds) Female cohort 17 Male cohort 01			Provisional denominator	Actual denominator (1)	Percentage difference between provisional and actual denominator (if amended) (%)	Reason for ≥5% difference between provisional and actual denominators
Female denominator (col	nort 17)					6
Male denominator (cohor	t 01)		-		-	4
					Are you reporting vaccines that were administered outside of the routine school programme from 1 September 2019 to 31 August 2022 e.g. homeschooled children? Pleas indicate which of the following two options describes your reported numerator (1)	
Doses administered in each cohort			Total number vaccinated from 1 September 2019 up to 31 August 2022 (i.e. while in year 8, 9 or 10)	Percentage vaccinated from 1 September 2019 up to 31 August 2022 (%) (i.e. while in year 8, 9 or 10)	Exclusively the number vaccinated in schools	The number vaccinated in schools and alternative settings such as community clinics
Number of females in cohort 17 vaccinated with at least dose 1	2					0
Number of females in cohort 17 vaccinated with dose 2	<u>.</u>				0	0
Number of males in cohort 01 vaccinated with at least dose 1	0	_		-		
Number of males in cohort 01 vaccinated with dose 2	<u>.</u>	_			0	0

In section 1e, please indicate whether children that were affected by the COVID-19 pandemic and therefore missed their vaccinations in the 2020 to 2021 academic year have since been offered the HPV vaccine in either year group 10 or year group 9. If catch-up of both doses has not been completed, then please select the last radio button and explain further in the text box at the end of the survey (section 1g). Please ensure that you do not add any personal identifiable data.

Figure 7. MenACWY and Td/IPV section

Section 2: MenACWY and Td/IPV Vaccination Programm	<u>e</u>			
2a) Which cohort(s) were routinely offered the MenACW August 2022)? (select one option)	Y and Td/IPV vaccines d	luring the 2021 to 2022	academic year (1 Se	ptember 2021 to 31
O Year 9				
O Year 10				
O Both year 9 and 10 were offered the vaccines (Transition year)				
Other - Further information can be provided in the text box - section 2	f			
2b) Within those cohorts, were all children in school year 2021 to 2022 academic year (1 September 2021 to 31 Au			ines that they were e	ligible for during the
Yes, all children were offered the MenACWY and Td/IPV vaccines				
O No, not all children were offered the MenACWY and Td/IPV vaccines –	Further information can be provide	ded in the text box - section 2f		
2c) Has catch-up for the Men ACWY and Td/IPV vaccinat academic year (1 September 2021 to 31 August 2022) wh year (1 September 2020 to 31 August 2021) whilst they	no were potentially affect	ted by the COVID-19 pa		
Catch-up is complete for all students in year 10 (i.e. cohort 08)				
Catch-up is not complete – further information can be provided in the	text box - section 2f			
○ No catch up was required				
2d) Routine MenACWY and Td/IPV vaccination: children 2022)	in school year 9 during t	the 2021 to 2022 acade	mic year (1 Septemb	er 2021 to 31 August
Year 9 birth cohort: children born 1 September 2007 to 31 August 2008 (13 to 14 year olds) Mixed cohort 09	Provisional denominator	Actual denominator (i)	Percentage difference between provisional and actual denominator (if amended) (%)	Reason for ≥5% difference between provisional and actual denominators
	2		-	
Denominator (cohort 09)				
			Are you reporting vacci administered outside of programme from 1 Sept August 2022 e.g. home indicate which of the fo describes your reported	the routine school tember 2021 to 31 schooled children? Please llowing two options
Doses administered in each cohort	Total number vaccinated from 1 September 2021 up to 31 August 2022 (i.e. while in year 9)	Percentage vaccinated from 1 September 2021 up to 31 August 2022 (%) (i.e. while in year 9)	Exclusively the number vaccinated in schools	The number vaccinated in schools and alternative settings such as community clinics
Number of students in cohort 09 vaccinated with MenACWY		-	0	0
Number of students in cohort 09 vaccinated with Td/IPV		-	0	0

Year 10 birth cohort: children born 1 September 2006 to 31 August 2007 (14 to 15 year olds) Mixed cohort 08			Provisional denominator	Actual denominator (1)	Percentage difference between provisional and actual denominator (if amended) (%)	Reason for ≥5% difference between provisional and actual denominators
enominator (cohort 08)			(-)		-	1.
	Total number	Porcentage	up to 31 August 2022 (i.e. while in year 9 or	Percentage vaccinated from 1 September 2020 up to 31 August 2022 (%) (i.e. while in year 9 or 10)	Are you reporting vaccines that were administered outside of the routine school programme from 1 September 2020 to 31 August 2022 e.g. homeschooled children? Please indicate which of the following two options describes your reported numerator	
Su u 2	vaccinated from 1 September 2020 up to 31 August 2021 (i.e. while in year 9)	per 2020 vaccinated from 1 August September 2020 up to 31 August up to 31 August			Exclusively the number vaccinated in schools	The number vaccinated in schools and alternative settings such as community clinics
umber of students in ohort 08 vaccinated vith MenACWY	•			-	0	0
umber of students in ohort 08 vaccinated with Td/IPV	-	-		-	0	0

In section 2b, please indicate whether all eligible children in year 9 or 10 (depending on your programme delivery) were offered a dose of MenACWY and Td/IPV vaccine during the 2021 to 2022 academic year. Please use the text box at the end of the survey (section 2f) to add further information. Please ensure that you do not add any personal identifiable data.

To help you submit accurate data there are in-built validations within the ImmForm annual survey form to ensure mandatory data are entered and that the data are logically correct, for example:

- if the difference between the pre-filled denominator and the actual denominator is more than plus or minus 5% different, you will be required to add the reason for this change
- the number vaccinated with each vaccine must be less than or equal to the denominator

These validations are not exhaustive; they have been incorporated to assist with data entry and to reduce major errors from occurring. Data should still be checked fully before submission. For further information about how UKHSA validate the adolescent survey data submitted, please see Appendix 2.

If there are no concerns regarding the quality of the data, these should be detailed in the 'Comments' box at the bottom of both the HPV and MenACWY and Td/IPV forms.

Once the form has been completed and checked, click 'Submit' in the 'Actions' box at the bottom of the screen (Figure 8).

Figure 8. Comments and actions box

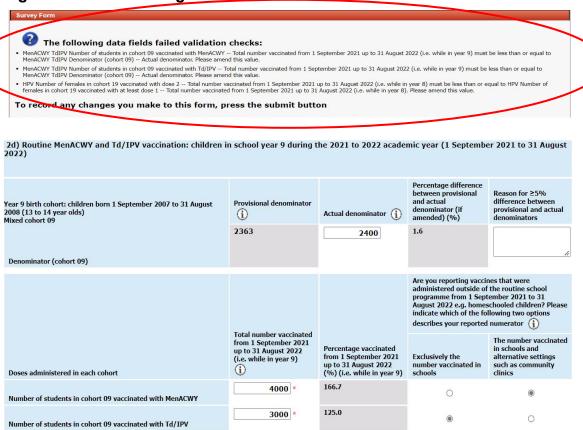


The form will then notify you of any fields which have been flagged by inbuilt validation checks and require confirmation. These must be observed and reviewed. They can be found at the top of the page under the 'Survey Form' box (<u>Figure 9</u>). If the data are still correct despite the validation flags, click 'Yes' in the 'Actions' box.

Example of a validation error:

<u>Figure 9</u> shows an example of a validation error. When you submit the report and if there is a validation error, you will be prompted. The example below shows that the number of children vaccinated is greater than the number of children eligible for the vaccine, therefore, vaccine coverage is greater than 100%. In order to submit, the numerator or denominator will need to be amended to achieve less than or equal to 100% coverage.

Figure 9: Validation flags.



You will then be taken to the confirmation page (Figure 10). If you do not see this page, your data have not been submitted. The date of submission and a message will be displayed notifying you of a successful submission. You have the options of 'Click here to email submission confirmation' to receive a confirmation by email that a submission has been processed, and 'Click here to export the data you have saved to Excel' to download an Excel table containing the data you have just submitted. Finally, click 'OK' to return to the home screen.

Figure 10. Confirmation screen



Co-ordinating data submission within an NHS England local team

Where different members of LTS or local providers are submitting individual local authority spreadsheets, it is important to identify 1 person in the team to check that data has been submitted for all local authorities that the team is responsible for before the end of the data collection period (28 September 2022).

Amending data after it has been entered

You can return to the adolescent vaccine Uptake 2021 to 2022 – annual local authority collection screen and repeat the process to re-submit information that you may have previously entered, provided you do this within the submission and editing period. Please note: this will overwrite data previously uploaded.

Chapter 4. Information governance and publication

Information governance

The ImmForm survey collects numerical data for vaccine coverage and does not include individual patient identifiable data. Small numbers are suppressed in reports for publication in accordance with information governance guidelines.

The ImmForm database allows all SIT staff in LTS who are registered with an ImmForm account, to access the survey during the data collection period.

Publication

National NHS England and local authority level data from the adolescent vaccine coverage collection 2021 to 2022 local authority annual survey will be published in late 2022 or early 2023 on the vaccine uptake guidance and the latest coverage data web page.

Publishing data from ImmForm surveys

The data on ImmForm contains results collected from national surveys and collections. Any secondary analyses of unpublished data should apply accepted standards and guidance on data quality relating to the collection, analysis, publication or other dissemination of data and information. Any secondary analyses of unpublished data should be well described and obtained using a sound methodology and where possible produced in conjunction with official statistics or data already in the public domain. Please ensure you have taken into account all appropriate caveats when interpreting the data and reference the source in any subsequent reproductions or analyses of data.

Pre-release access is subject to terms of protecting patient privacy and confidential information in relation to the legitimacy of the data request for the purpose of the effective discharge of official functions and research. The terms are:

- not to disclose or share without prior agreement, any part of the data that includes unpublished data until official statistics have been published
- not to use access for personal gain or take any action for political advantage
- not to use access to change or compromise the content, presentation or the timing of publication of the data

The use of the data must be consistent with the condition of supply.

Queries

Check this user guide in the first instance, as the information contained will cover the majority of questions. For queries regarding survey data collection content and process not covered in official correspondence, or this user guide, please email adolescent@phe.gov.uk

Every attempt is made to respond to all queries received via the UKHSA mailbox as quickly as possible, but due to the number of email queries received at the start of the survey, there may be minor delays in responding.

Appendix 1. ImmForm

<u>ImmForm</u> is the system used by the NHS and UKHSA to collect data on vaccine uptake for immunisation programmes and provide vaccine ordering facilities for the NHS. ImmForm is easy to access, is password protected, and allows registered customers to submit, analyse and review their vaccine coverage data.

Service hours

ImmForm service hours are 9am to 5pm Monday to Friday (excluding Bank Holidays). Although the website is usually available outside of these hours, essential maintenance can be conducted during this time and therefore the website may become unavailable without notice.

Data providers should also monitor the 'News items' section of the website where timely information about individual surveys and important messages for GP practices or NHS England team Screening and Immunisation co-ordinators will be posted as and when necessary.

Contacts

If you have any questions regarding the adolescent vaccine coverage data collection process, please use the feedback facility function on the ImmForm website or email adolescent@phe.gov.uk

To request passwords or amendments to your ImmForm account please email the ImmForm Helpdesk at helpdesk@immform.org.uk or contact them by phone at 0844 376 0040.

Appendix 2. How UKHSA validates the adolescent survey data

The guide has given examples of validation checks conducted on the local authority data during data entry on the ImmForm website.

Once local authority data has successfully been submitted to ImmForm, UKHSA will conduct further validity checks on the 2021 to 2022 data set:

- compare with the published 2020 to 2021 data and review the reasons for the change in vaccine coverage
- where the percentage change in the denominator is plus or minus 10% or more,
 UKHSA will contact the appropriate data provider in the NHS England team to seek an explanation for the increase or decrease

UKHSA will also contact the LTS that have not submitted data for all their local authorities to request that they submit this data and, if they are unable to, to give a reason why.

Appendix 3. Responses for data providers

'News Items' on ImmForm

News Items is a section of the ImmForm website where we can post timely information to particular users about arising matters. Please keep an eye on this section, as we will post important messages here for LTs regarding this and other surveys.

It is mandatory for LTS or SITs to provide the data

Section 1 (year 8, year 9 and year 10 HPV coverage) is a mandatory collection operated by UKHSA and has been accessed by the Data Alliance Partnership Board (DAPB0133 Amd 58/2022). The data collection is a vital part of the enhanced surveillance in place to measure the impact of the immunisation programme on diseases caused by HPV.

This is the seventh year UKHSA has collected data for the MenACWY and Td/IPV immunisation programmes which now form part of the combined adolescent vaccine coverage survey. Due to varied local delivery of the MenACWY and Td/IPV immunisation programmes, there will be some missing information for some local authorities, and as such MenACWY and Td/IPV data will be considered experimental.

Data can be amended after it's been entered

Data can be amended after it's been entered but you can only do this during the period the survey is open. (Please see 'Amending data after it has been entered in <u>Chapter 3</u>).

This data can be used to help SIT's performance manage HPV, MenACWY and Td/IPV immunisation

NHS England SITs are encouraged to examine uptake rates and identify the differences between population groups and geographical areas in terms of completion rates and access. A closer examination of local data may reveal hidden variation and help prioritise action needed to improve uptake rates, particularly for those most in need of HPV and/or MenACWY and Td/IPV immunisation.

You cannot send paper returns

We are not accepting paper returns. All data must be submitted via the ImmForm website. Data sent via any means other than through the website will not be accepted. This is in line with the NHS policy for transfers of data within the NHS to be sent electronically from 2005.

Adolescents that have died during the programme

If the adolescent died during the year they should be excluded from the annual denominator and therefore excluded from the annual numerators where applicable.

Who to notify if your immunisation programme was impacted by the COVID-19 pandemic

We have added questions to the HPV, MenACWY and Td/IPV sections on how the programmes were affected in 2021 to 2022 academic year, due to school closures and disruptions. If you have further details on how your programme was impacted, please add them to the comments sections.

When the annual data will be published and where

The annual data will be published on the <u>vaccine uptake page</u> of the UKHSA website in late 2022 or early 2023.

How to register a colleague on ImmForm to submit data

Please email the ImmForm helpdesk at helpdesk@immform.org.uk. You will need to supply the name, surname, email address, telephone number, the particular data collection you need access to, and the local authority area or area they belong to.

How to delete your ImmForm account

Please email the ImmForm helpdesk at helpdesk@immform.org.uk to inform them that you would like to cancel your ImmForm account.

Who to contact if you need assistance filling in the survey form

Please email <u>adolescent@phe.gov.uk</u> for help with completing the spreadsheet or survey form, and the ImmForm helpdesk at <u>helpdesk@immform.org.uk</u> for any technical issues regarding access or uploading to ImmForm.

Appendix 4. Information resources on the HPV immunisation programme

Joint letter providing information on the changes to the HPV immunisation programme, published June 2020.

Advice for health professionals about the changes to the HPV vaccine schedule, published June 2020.

HPV Chapter 18a, Green Book

NHS public health functions agreement 2020 to 2021 Service specification for the HPV programme.

HPV vaccine coverage in England, 2008 to 2009 to 2013 to 2014: a review of the first 6 years of the 3-dose programme

HPV vaccine coverage data for vaccinations given from 1 September 2018 to 31 August 2020 by LA and area team

Appendix 5. Information resources on the MenACWY immunisation programme

Joint NHS England and UK Health Security Agency letter providing information on the introduction of Meningococcal ACWY conjugate vaccination (MenACWY), published June 2015

<u>Changes to the meningococcal C conjugate (MenC) vaccine schedule 2013 to 2015, published July 2014</u>

Meningococcal Chapter 22, Green Book

Meningococcal ACWY immunisation programme vaccine coverage estimates, including GP based catch-up programmes and 2020 to 2021 school-based programme

Appendix 6. Information resources on the Td/IPV immunisation programme

NHS Immunisation Statistics (England)

Tetanus (Chapter 30), Diphtheria (Chapter 15), Polio (Chapter 26), Green Book

School leaver booster (Td/IPV) 2017 to 2018 vaccine coverage estimates

About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation heath secure.

<u>UKHSA</u> is an executive agency, sponsored by the <u>Department of Health and Social Care</u>.

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