Human Papillomavirus (HPV) Vaccine Uptake, Supply and Wastage Surveys 2012/2013

User Guide for submitting data via the ImmForm Website

This collection has received approval from the Review of Central Returns Steering Committee (ROCR) – ROCR/OR/0228/003MAND

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# Human Papillomavirus (HPV) Vaccine Uptake, Supply and Wastage

## Surveys 2012/2013. User Guide for submitting data via the ImmForm Website

**Author**: Department of Health / Health Protection Agency  
**Publication Date**: September 2012  
**Target Audience**: PCT HPV vaccine uptake coordinators, PCT immunisation leads, SHA immunisation leads

### Description
This document provides guidance for PCT HPV vaccine-uptake coordinators on how to enter the vaccine uptake data for the human papillomavirus (HPV) vaccine uptake monthly survey 2012/13. This collection has received approval from the Review of Central Returns Steering Committee (ROCR) – ROCR/OR/0228/003MAND

### Contact Details
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2 Purpose of this Document

The main purpose of this document is to provide detailed guidance on how to submit HPV vaccine uptake, supply and wastage data via the ImmForm website.

Section 3 covers the pre-requisites for using the ImmForm website.

Section 4 gives details on how to submit and review the data on-line. For details of what data we are asking PCTs to collect please refer to Appendix B.

This document provides high-level guidance on how a PCT might collect and collate data on the HPV vaccination programme. However, each PCT is responsible for implementing the HPV vaccination programme according to its local needs. This guidance includes:

- an overview of the HPV Immunisation Programme (Appendix A);
- an overview of the end-to-end data collection process (Appendix B); and
- links to other guidance (Appendix C);
- reporting dose counts where doses are given by more than 1 PCT (Appendix D);
- NOS Organisation Code amendments (Appendix E); and
- Key contacts for this survey (Appendix F).
3 Overview of the ImmForm Website

3.1 Helpsheets for using the ImmForm website

The ImmForm website is used, amongst other things, to submit HPV vaccine uptake, supply and wastage data. Detailed guidance on a number of common functions of ImmForm have been developed and are listed below along with links to the ImmForm Help sheets.

For more information about how to use ImmForm, please refer to the following help sheets.

• Helpsheet 0: What is ImmForm? (PDF, 97K)
• Helpsheet 1: The ImmForm Helpdesk (PDF, 33K)
• Helpsheet 2: System requirements (PDF, 35K)
• Helpsheet 3: Troubleshooting (PDF, 139K)
• Helpsheet 6: Contact points (PDF, 61K)
• Helpsheet 8: How to register (PDF, 673K)
• Helpsheet 9: Changes to ImmForm registration details (PDF, 43K)
• Helpsheet 10: Passwords (PDF, 70K)
• Helpsheet 11: Printing (PDF, 73K)
4 Guide to submitting and reviewing data online

4.1 Logging on and opening the HPV return

1. Login to the ImmForm website

2. The PCT menu looks like the screen shot below

   Click on ‘Surveys’ found on the top toolbar. You will have the choice of submitting data for either the Annual or Monthly Surveys, which can be accessed via links on the left hand side column. Note that the annual survey, for vaccinations given during the 2011/12 academic year) will only be visible from 3 September 2012 until 28 September 2012 and separate guidance for completing the annual survey can be found at: https://www.wp.dh.gov.uk/immunisation/files/2012/08/120816_HPV-Annual-Return-Guidance-2011-2012.pdf

   The screen below is for Monthly surveys and gives you the opportunity of selecting the relevant month for which you wish to enter data. On the live website, only the current survey month (which the page will automatically default to) plus any other previous survey month that have already been completed, will be visible at any given time.
4.2 Entering a Return

4.2.1 Select Monthly HPV Survey and the specific month

Click on the link for your PCT under the relevant HPV monthly survey as appropriate. In the example below, the monthly survey is highlighted and the September survey selected.

4.2.2 Select the Survey Month

Select the appropriate month if necessary – in the example below. The survey can be changed by clicking on any of the blue links under ‘Switch to another survey’.
4.2.3 Select the ‘Submit/Amend/View survey data’ Option

To submit data or view and/or amend data you have already posted, click on ‘Submit/Amend/View survey data’.

4.2.4 Survey Covering Page

Confirm that the correct month etc is selected and Click on ‘Next’, or click on ‘Back’ to return to previous page. (Figures from 2011/12 monthly survey)
4.2.5 Monthly Survey Form

You will then see the data entry form as below. Complete the data fields, as described and click on ‘Submit’ at the bottom of the page. (Figures from 2011/12 monthly survey)

After entering the required numbers, click on the ‘Submit’ button at the bottom of the screen.

You should then get a confirmation message but where errors have occurred, instructions regarding the fields requiring further attention will be shown, as follows:
4.2.6 Submission Confirmation Page

Once the data is accepted a page confirming the successful entry is displayed. It is here you have the option of extracting the data you submitted to Excel, using the ‘Click here to export the data you have saved to Excel’ link. This can be done in either a ‘Portrait’ or ‘Landscape’ layout.

4.3 Reports

4.3.1 PCT All Months Campaign Report

This report shows the monthly data of the whole campaign for your PCT, by month.
4.3.2 Anonymous Comparison Report

PCTs are able to compare their HPV vaccine uptake anonymously with other PCTs at both the local and national level. Data are available in various formats such as downloaded to Excel, or as bar charts.
5 Appendix A – Overview the HPV Programme

5.1 Background

Guidance on the HPV programme has been provided by the Department of Health and can be found at:


and further guidance on the HPV programme can be found at

6 Appendix B – Overview of the end-to-end Data Collection Process

6.1 Local Variation

There are likely to be a number of end-to-end scenarios for how data on HPV vaccine coverage will be collected, collated and submitted by each PCT. This is because:

- Not all PCTs currently deliver vaccinations to school age children in the same way (e.g. some trusts administer a school-leaving booster in schools, other trusts commission GP practices to provide this service).
- PCTs will implement the HPV immunisation programme according to local needs.
- Not all PCTs have an electronic Child Health Information System (CHIS) to record immunisation data that includes children and young people to age 18.
- Some PCTs populations are currently served by more than one CHIS (due to previous NHS restructuring) and therefore need to aggregate data from several different CHIS platforms to produce data for the whole PCT population in the specified age groups; these CHISs may maintain data to different ages.
- Some CHIS systems hold data for more than one PCT (again due to restructuring or joint ventures), so some PCTs may need to disaggregate their data.
- The data collection is more complex than the current single dose of combined tetanus, diphtheria and polio (Td/IPV) given to teenagers as a school-leaver booster. Three doses of vaccine will be given to teenage females within a 12-month period. This will require repeated updates of information over the year for each dose administered.

6.2 Data Collection and Collation Options

Because one method of delivery (school or GP) is still likely to miss some individuals (e.g. those not educated in school, those that were absent on the day vaccination was scheduled, those not registered with a GP) no single source of data repository is likely to have all relevant data, except perhaps for PCTs who use a single CHIS that includes children and young people to age 18 years. Therefore, the appropriate data sources will need to be identified by the PCT immunisation co-ordinator (or other designated person) and aggregated before manual entry onto the ImmForm website.

If PCTs have existing CHIS systems capable of providing aggregated immunisation data for the appropriate age cohorts, then they may wish to make configuration
changes to allow the systems to provide data on HPV uptake. PCTs using a CHIS will be aware of the possible need for data matching, so that CHIS outputs can be mapped to the ImmForm inputs required for this data collection.

A common practice in PCTs, used in the past for one-off catch-up programmes, was to have a paper tally sheet that records the number of doses administered at a particular immunisation session, regardless of location. These sheets are then returned to the PCT Immunisation coordinator or other designated lead, to collate figures from all sources and all sessions across the PCT. As stated above, PCTs can and do implement vaccination programmes and provide appropriate uptake data, even if their current IT systems, such as CHIS, do not currently provide this functionality.

We are advised that in most cases, vaccination teams in PCTs will not be sending back consent/data capture forms for CHIS entry after each dose, but will wait until all three doses (or at least the first two) are administered. The tally sheet approach was suggested as an efficient way of gathering monthly survey data manually from each vaccination session as it had been used on other programmes and had been found to be effective.

PCTs can decide whether or not to use tally sheets. If tally sheets are used, they should be seen as an interim solution only to those unable to return / extract data electronically from CHIS systems. PCTs should work with their IT providers to develop systems and processes to electronically capture vaccination session data quickly, such that electronic captured (or manual) data can be entered onto CHIS, processed, and then aggregated data extracted to make electronic submission of monthly data viable.

Tally sheets may be used initially because in the first few years of the programme, especially during the period of the catch-up campaigns, it will be important to capture timely vaccine uptake data to monitor how well trusts are implementing the programme. A vaccination course is completed over a period of at least 6 months. If vaccination teams are not going to enter data onto electronic systems until after the second or completing dose then a good measure of vaccine uptake will not be available until at least 6 months into the programme. If at this stage vaccine uptake is found to be low, it will be too late to address this before the end of the school year. Tally sheets allow the aggregated monthly survey data to be collected for collation by the PCT, without having to process the individual vaccination records of each person vaccinated. However, it is important that the information is recorded on both the girl’s GP and CHIS record as soon as possible.

Females will be entitled to NHS services – including females in private schools – in accordance with their GP registration (or their area of residence should they not be registered with a GP). As schools-based delivery is recommended, PCTs are
encouraged to make arrangements for all females to be immunised in school, regardless of their area of residence. PCTs should consider putting in place reciprocal agreements with neighbouring PCTs (including in some cases, the PCT equivalent in the devolved administrations of Scotland and Wales, who are also implementing HPV Programmes) to ensure provision of services for females who attend school outside their PCT.

Because most PCTs will be using a school-based delivery model, there will be a number of females that are vaccinated by one PCT because they attend school there, but are part of the ‘responsible population’ of another PCT.

PCT ‘responsible population’ is defined as follows:

- All children registered with a GP practice whose practice forms part of the PCT, regardless of where the child is resident, plus
- Any children not registered with a GP, who are resident within the PCT’s statutory geographical boundary.

Foreign females in boarding schools are considered resident and are therefore eligible.

Therefore, it is essential that PCTs identify all individuals in their schools that are the responsibility of another PCT and provide that data to the PCT in question. Equally, each PCT must ensure that they have reciprocal arrangements with neighbouring PCTs to receive the data on children that they are responsible for who attend school in a neighbouring PCT. Cross-boundary working is a common practice within the NHS and PCTs will already have processes for sharing information when people move from one PCT to another.

A PCT may choose to record on their CHIS, details of females that they are not responsible for, but have given the vaccine to. This would facilitate electronic data transfer, but the CHIS would need an indicator to identify those females that it is and is not responsible for, and which PCT is responsible.

### 6.3 Data Entry Options

Options for data entry to a web based collection system are:

1. Manual entry of data by PCT, collected from vaccination sessions (e.g. school nurses etc. submitting tally sheets).
2. Manual entry of data by PCT from electronic download of summary data from CHISs.
4. Automatic upload of data from CHISs.
Manually entering the data on-line via the ImmForm website is covered in detail in 4.2. The automatic uploading of data depends on the functionality provided by the CHIS suppliers. We provide the facilities to receive data in bulk via a web service or as the upload of an XML file. However, there are no known suppliers offering these services at present.

6.4 Identifying the Eligible Cohort

From the beginning of the 2012/2013 academic year, the routine childhood immunisation programme will include HPV immunisation for all 12- to 13-year old females (school year 8 – all females born between 1 September 1999 and 31 August 2000). The term ‘females’ is defined as ‘individuals born as females’. In addition, PCTs are encouraged to identify and vaccinate all females up to their eighteenth birthday with the full course of HPV vaccine.

6.5 Determining the Denominator

Most PCTs operate a schools-based vaccination programme. For this reason, a denominator based on school-roll has been chosen as the most practical for most PCTs for the routine (year 8) cohort. A school-roll based denominator will also be used to allocate funding and vaccine to PCTs.

6.5.1 Monthly Survey Denominator

DH will provide the monthly denominator to each PCT, based on school-roll data provided by the Department of Education (DE) for the year 8 (12-13 year old) cohort. The monthly denominator for this cohort will be fixed for all the 10 monthly surveys. It will be notified in advance and PCTs have the opportunity to challenge and request a change in the figures, if appropriate. This denominator will be used each month to calculate the percentage vaccinated.

6.6 Determining the Numerators

The numerators (the number of females who received (i) 1 dose only, (ii) first and second doses only, and (iii) all three doses) are used to calculate vaccine uptake by dose (i.e. numerator divided by the denominator multiplied by 100 gives the percentage vaccinated).

The first dose administered is always dose one, irrespective of when it is administered (e.g. if a female was not in school when her peers received dose one, but received her first dose when her peers received dose two, she should be recorded as receiving dose one). Similarly, if a female has two doses elsewhere in another school/PCT and the third dose administered by a different PCT, the third dose will be the third dose, even if it is the first dose administered to that female by the ‘new’ PCT.
6.6.1 Monthly Survey Numerators

For the monthly surveys, the denominator is fixed (see 6.5.1). Data on the numbers of doses administered needs to be returned as quickly as possible to help manage vaccine supply and to give an early indication of how well the programme is being implemented through the calculation of estimated vaccine uptake. It is important that the number of doses administered are counted as precisely as possible to ensure that vaccine supply, usage and wastage data are accurate.

The monthly return should only include in the numerator doses the PCT actually gives. If a female is the responsibility of a PCT (e.g. PCT X), but receives dose one at a school outside the PCT from a different PCT (e.g. PCT Y), she is excluded from the numerator for dose one PCT X, but included for PCT Y. If she then goes on to have doses two and three within the PCT that is responsible for her i.e. PCT X (e.g. because she moves school, or misses the doses at school), she will be included in the numerator for doses 2 and 3 only in PCT X and excluded from the numerator for doses 2 and 3 for PCT Y.

6.7 Vaccine Supply, Usage and Stock Levels

This information will generally not be available through the CHIS, therefore, procedures need to be adopted locally within the PCT to establish an effective method of transmitting this information to the person responsible for submitting the data on ImmForm.

The vaccine wastage data from the vaccination sessions needs to be amalgamated with the ‘central’ wastage data. This may be collected on tally sheets.

The number of doses wasted or lost includes all reasons for stock reductions (other than administering the vaccine), such as doses that have breached cold-chain requirements, exceeded their expiry date, were returned to supplier because they were faulty, were transferred to another PCT or otherwise could not be returned to stock for later use.

The person/team responsible for managing the supply, stock and ordering of the vaccine in the PCT will also need to be made aware of usage and wastage in order to manage the supply effectively.

The ‘vaccines received’ field will be automatically populated by the ImmForm system as all HPV vaccine is now ordered online through the ImmForm ‘vaccine supply’ function. PCTs cannot change this figure, but can make a manual stock adjustment but will have to give an explanation for the stock adjustment in a specific free text field.

It is anticipated that although there will be only one cohort to report on in the monthly surveys; PCTs will continue to offer the vaccine to females up until their eighteenth birthday that may not have had the opportunity to be vaccinated during the initial
catch-up programme. When reporting vaccine usage on the ImmForm website, PCTs will be asked to provide the number of vaccines given to females not in the routine cohort. This figure should be the number of vaccines given to all females outside the routine cohort and does not need to be reported by specific age cohort. (That data should be reported in the Annual Survey only). The ImmForm website will then automatically calculate the number of vaccines given to the routine cohort and add that to the number, given by the PCT, for out of routine cohort vaccinations along with any wastage reported to provide a total in stock at the end of the month.

6.8 Monthly Dataset

An illustration of the monthly dataset is shown below. The blue fields are mandatory (i.e. PCTs will not be able to submit data without all fields being complete).

We require a count of all those females that received dose 1, all those that received both dose 1 and dose 2, all those that received doses 1, 2 & 3, to calculate uptake rates by each dose (the % uptake column). ‘A’ provides the denominator, ‘B’, ‘C’ and ‘D’ provide the respective numerators.

We also need to calculate the total number of vaccine doses administered by adding together those that received dose 1, doses 1 & 2 and all 3 doses respectively. This will be for vaccine supply monitoring and is used in calculating the stock at the end of the month (see Vaccine Supply, Usage and Stock Levels below).

To have had dose 2 (‘C’), by definition a girl must have had dose 1 (‘B’). If a girl missed her first dose and is vaccinated at a later stage, she is still getting dose 1. To have had dose 3 (‘D’) a girl must have had doses 1 & 2 (‘C’). Therefore, to count all doses administered (whether first, second or third), it is a sum of ‘B’+‘C’+‘D’. For example, if 2000 had dose 1, 1800 had dose 1 and 2 and 1700 all 3 doses, the total number of doses administered is 5500. There is no double counting.

In addition to data collected on vaccinations given to girls in the routine cohort, we require a count of all vaccinations given to girls in eligible cohorts up to the age of 18 years excluding the routine cohort.

Key

The blue fields are enterable items that must be provided by PCTs.

The ‘Comments’ field in blue is optional and may be left blank or used by the PCT to submit a comment.

The grey fields are automatically calculated and are not provided by PCTs.
Human Papillomavirus (HPV) Vaccine Uptake, Supply and Wastage Survey 2012/13
User Guide for submitting data via the ImmForm website

COHORT 10: Routine Vaccinations 12-13 Year Olds (Year 8)
Birth Cohort: 1 September 1999 - 31 August 2000

## Vaccine Summary Data

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<th>Monthly Denominator</th>
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<tr>
<td>Number received 1st dose since 1 September 2012</td>
<td>B</td>
</tr>
<tr>
<td>Number received 1st and 2nd doses only since 1 September 2012</td>
<td>C</td>
</tr>
<tr>
<td>Number received all three doses since 1 September 2012</td>
<td>D</td>
</tr>
<tr>
<td>Total Number of doses administered since 1 September 2012 (automatically calculated)</td>
<td>B+C+D</td>
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### Vaccine Supply, Usage and Stock Levels

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<th>Opening Gardasil Stock</th>
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<tr>
<td>Number of Gardasil Doses in Stock at Start of Month (Closing stock balance from previous month)</td>
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<tr>
<td>Number of Gardasil Doses Dispatched this Month (taken from vaccine supply distributor data)</td>
<td>F</td>
</tr>
<tr>
<td>Manual Adjustments to Gardasil stock this Month (can be positive or negative)</td>
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</tr>
<tr>
<td>Reasons for Manual Gardasil Stock Adjustment (see user guide)</td>
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<tr>
<td>Total Gardasil Stock Available this month (calculated)</td>
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<td>Number of Gardasil doses administered <strong>THIS MONTH ONLY</strong> to Cohort 10 (calculated)</td>
<td>[B+C+D (current month)] - [B+C+D (previous month)]</td>
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<tr>
<td>Number of Gardasil doses administered <strong>THIS MONTH ONLY</strong> to all other Cohorts <strong>EXCEPT</strong> Cohort 10</td>
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</tr>
<tr>
<td>Number of Gardasil doses wasted/lost this Month</td>
<td>J</td>
</tr>
<tr>
<td>Reasons for Gardasil wastage/loss</td>
<td>K</td>
</tr>
<tr>
<td>Total Gardasil Stock Used this month (Calculated)</td>
<td>[B+C+D (current month)] - [B+C+D (previous month)] + I + J</td>
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### Closing Stock

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<th>Number of Doses in Stock at End of Month (automatically calculated) cannot be less than 0: Please use the &quot;Manual Adjustments to stock this Month (can be positive or negative)&quot; field to adjust the balance accordingly and state in the &quot;Reasons for Manual Stock adjustments&quot; field why you have had to make the adjustment</th>
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<tbody>
<tr>
<td>[B+C+D (current month)] - [B+C+D (previous month)] + I + J</td>
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### Comments (optional)

L
6.9 ImmForm Data Collection Frequency and Dates

There will be ten monthly surveys and one annual survey. The period over which uptake statistics will be collected is set out below. Data may be added or amended at any time during the survey open period (i.e. between the start and end dates).

6.9.1 Monthly Survey

There will be 10 monthly surveys during 2010/2011 academic year. Each monthly survey opens on the first day of each month, for the previous month’s data. It will be open for 10 working days (i.e. adjustments will be made for weekends and public holidays).

<table>
<thead>
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<td>Friday 12 October 2012</td>
</tr>
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<td>November 2012</td>
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<td>Wednesday 16 January 2013</td>
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<td></td>
</tr>
<tr>
<td>August 2013</td>
<td>No survey</td>
<td></td>
</tr>
</tbody>
</table>

6.10 Ensuring Data Quality

Each PCT is responsible for the quality of the data they submit. In order to help PCTs submit accurate data there is in-built validation on the on-line entry forms on the ImmForm website.
The Health Protection Agency Team will also run quality checks, querying uptake figures that appear significantly higher or lower than other PCTs, or are inconsistent with previous returns.

6.11 How Collected Data Will Be Used

The data will be used to monitor vaccination uptake for females in the target age group, vaccine supply and vaccine wastage, by PCT. These data will provide essential timely information for the implementation and management of the programme at local, regional and national levels.

Additionally, the information on vaccine usage will also allow the Department to ensure that vaccine supply meets demand. HPV vaccine is very expensive (list price of around £80 per dose), so it is important PCTs monitor and keep vaccine wastage to a minimum. One percent wastage represents around £2m.

The data will allow DH and HPA to:

1. Monitor vaccine uptake in a timely manner.
2. In the longer term, evaluate the effectiveness of HPV vaccination against disease. A decline in cervical cancers and pre-cancers is not expected to be seen for at least 10 years after the start of the HPV vaccination programme for teenage females, because it takes 10 to 20 years for cervical cancer cases to develop after infection, with cases peaking in women in their late thirties. In the first years of the programme therefore, national vaccine coverage will be compared alongside HPV infection rates, incidence of the precursors of cervical cancer.
3. Monitor vaccine supply, wastage and predicted usage.

6.12 Publishing the Data

Once the annual data has been collected it will be analysed by the HPA and submitted to the DH. The data will then be published on the DH website http://immunisation.dh.gov.uk/tag/hpv/ (by PCT) and a link to this will be posted on the HPA website: www.hpa.org.uk. Monthly data is regarded as provisional. The annual data is regarded as the final data and will be published in an annual report.

6.13 Questions and Answers for PCT Coordinators

6.13.1 What are ‘News Items’?

*News Items* is a section of the website (left hand side of the home page) where we can post timely information to particular users about arising matters. Please keep
6.13.2 *Is it mandatory for PCTs to provide the data?*

Yes. The collection of HPV vaccine uptake, supply and wastage data is mandatory under the terms of the ROCR Licence (ROCR/OR/0228/003MAND). The data collection is a vital part of the HPV programme. This information is required as part of the enhanced surveillance in place to measure the impact of the immunisation programme on diseases caused by HPV.

6.13.3 *Can I amend data after I’ve entered it?*

Yes, but you can only do this during the period the survey is open (see 6.9.1).

6.13.4 *Can I see a summary of the data submitted and the calculated uptake?*

Yes, once you have typed data into a field and moved to the next field, the uptake percentage will be calculated and displayed next to it. If you alter the data, the uptake figure will be recalculated. You can go back to this page in the survey form to view your figures, even once the survey is closed.

6.13.5 *Can I see how my PCT is doing in comparison with others?*

Yes. The anonymous bar graph report is available on the ImmForm website, see section 4.3.2. This function will be accessible on the main survey menu page. You will be able to see your own PCT in relation to other PCTs (anonymously). See screenshot below

6.13.6 *Can these data be used to help PCTs performance manage HPV immunisation?*

Yes. PCTs are encouraged to examine uptake rates and identify the differences between population groups and geographical areas in terms of completion rates and access. 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 immunisation. PCTs may wish to use local indicators and targets to help monitor services and quality. The vaccine supply and wastage data is also important for managing vaccine supply.

6.13.7 *Are data being collected on the number of people that decline the offer of a HPV vaccination?*

No. Experience with other immunisation campaigns indicate these data are not reliable since they are not nationally representative and do not include information on people who changed their minds and later received the vaccine.
DH does not collect consent data for any other Childhood Immunisation Programmes. Instead, DH uses targeted research to investigate why uptake is low. This is a tried and tested process that has been used for previous immunisation programmes.

6.13.8 Can I send paper returns?

No. We are not accepting paper returns. All data has to 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.

6.13.9 What happens if a females changes school and/or PCT – which PCT’s denominator should she be recorded under

For the monthly collections it doesn’t matter. The denominator is fixed at the start of the annual campaign (see 6.5.1), so she will always be in the monthly denominator of the PCT where she started the school year. The important thing is that the information on the female’s HPV vaccination history to date is available and that she is offered any outstanding doses to complete her three dose course.

6.13.10 If a female moves in to a school within the PCT and has already had a dose at a school outside the PCT, do we count this female in the monthly return?

She is not counted in the monthly denominator (as this is fixed in advance, based on projected school roll, modified as appropriate in discussion with the PCT) – see 6.5.1.

6.13.11 Are we correct in assuming that for the monthly return we just count females in the schools within the PCT i.e. not include females not in education or attending schools outside not offering the programme?

The monthly denominator is fixed, the numerators will be those vaccinated by the PCT, by respective dose (see previous answer).

6.13.12 Do we need to include females that have died during the programme?

For the monthly collection, there is no change to the denominator (as this is fixed – see 6.5.1) and only applicable for the numerator if given a dose prior to death. For the annual collection the 'survey date' is 31 August 2013, so if the female died during the course of the year they should be excluded from the annual denominator and therefore excluded from the annual numerators too.
7 Appendix C – Other Guidance

The following guidance is available:

- Chapter on HPV vaccine in ‘Immunisation against Infectious Disease’ is available and provides clinical advice (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087787.pdf).

- The website http://www.education.gov.uk/edubase/home.xhtml;jsessionid=359B917CD731F5DE639FFF3BFB59D8C8, maintained by the Department of Children, Schools and Families (DCSF), provides an up-to-date database of educational establishments in England and Wales.

- DH guidance on consent is given at www.dh.gov.uk/ Search for consent


- More information on vaccine stock management can be found in the January 2008 edition of the monthly newsletter Vaccine Update https://www.wp.dh.gov.uk/immunisation/files/2012/05/8009_VaccineUpdate_189_May_2012.pdf

- Any queries on vaccine procurement, storage or distribution should be emailed to vaccine.supply@dh.gsi.gov.uk


- Any queries about the HPV Programme should be made on-line at http://www.dh.gov.uk/health/contact-dh/.
8 Appendix D – Reporting Dose counts

The table below shows how doses should be counted for a girl who is given in total 3 doses (the numerators) where the first is given in a different PCT from the other two.

<table>
<thead>
<tr>
<th>Girl's view of doses given</th>
<th>MONTHLY SURVEYS</th>
<th>ANNUAL SURVEYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCT 1 monthly return</td>
<td>PCT 2 monthly return</td>
</tr>
<tr>
<td>Dose 1 (given at PCT 1)</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Dose 2 (given by PCT 2)</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td>Dose 3 (given by PCT 2)</td>
<td>N/A</td>
<td>3</td>
</tr>
</tbody>
</table>

The key points are:

- The girl receives doses 1, 2 and 3 rather than, say, two first doses and one final one.
- For monthly return purposes the first PCT (PCT 1) reports the first dose administered to the girl against the dose 1 numerator.
- For monthly return purposes the second PCT (PCT 2) (in due course) reports the first dose administered to the girl against the dose 2 numerator. PCT 2 does not report anything for dose 1 for the girls, because it was given by PCT 1. The same principles apply for dose 3.
- For the annual return all 3 doses are reported by PCT 1. The fundamental principle for the annual survey is that the numerator figures are only reported for girls within the annual denominator.
9 Appendix E – NHS Organisation Code Amendments

ImmForm uses NHS Organisation Codes to identify uniquely SHAs, PCTs and GP Practices. Therefore, it is vital that we are notified of any changes, ideally in advance of any changes being made.

You should also notify the NHS Organisation Data Service (ODS). The best way to contact them is via the Exeter helpdesk Exeter.helpdesk@nhs.net or on 01392 251289 or on the address below.

Organisation Data Service  
NHS Connecting for Health  
Hexagon House  
Pynes Hill  
Rydon Lane  
Exeter  
Devon  
EX2 5SE

For more information follow the link below:  
www.connectingforhealth.nhs.uk/systemsandservices/data/ods/index.html?searchterm=organisation%20Codes

10 Appendix F – Key Contacts

If you have any questions regarding the HPV Vaccine Uptake data collection process, please contact your PCT Immunisation Coordinator in the first instance. You can also use the feedback facility function on the ImmForm website or email HPV@hpa.org.uk

To request passwords and/or amendments made to GP contact/practice details, please email the ImmForm team at immform@dh.gsi.gov.uk

If you have any question with related to policy; please address these to DH on-line at http://www.dh.gov.uk/health/contact-dh/