



Feidhmeannacht na Seirbhíse Sláinte  
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Deputy Alan Kelly  
TD  
Dail Eireann  
Kildare Street  
Dublin 2

**PQ13659/21: To ask the Minister for Health the uptake rate of the HPV vaccine in the 2019-2020 academic year; and if he will make a statement on the matter.**

Dear Deputy Kelly,

The above PQ has been forwarded to my Department for direct response to you on same.

### **Background**

Following a recommendation from the National Immunisation Advisory Committee (NIAC), that human papillomavirus (HPV) vaccine should be given to 12 year old girls, a routine Health Service Executive (HSE) school HPV vaccination programme began in May 2010 for girls in the first year of second level school and age equivalent in special schools and home schooled.

A HPV catch-up campaign for girls in sixth year of second level schools and their age equivalents in non-second level schools (ie special schools, home schooled, Community Training Centres and Youthreach) was added in the academic year 2011/2012 and continued during the academic years 2012/2013 and 2013/2014.

Quadrivalent HPV vaccine, which protects against HPV types 6, 11, 16 and 18 associated with 70% of cervical cancer, was used in the school vaccination programme until 2018/2019. Prior to 2014/2015 a schedule of three vaccine doses given over a six month period was recommended. A schedule of two vaccine doses given at least six months apart was recommended since the academic year 2014/2015 for girls aged <15 years. This change is based on more recent data which showed that the immune response to two doses of the vaccine in 9-13 year old girls is comparable to a three dose course. In the 2019/2020 academic year the programme was extended to boys and HPV 9-valent vaccine was introduced for both boys and girls in in the first year of second level school and age equivalent in special schools and home schooled.

Here the uptake of HPV vaccine for the routine cohort, provided through the school immunisation programme and recorded on the Schools Immunisation System (SIS), is reported.

## Data

The numbers offered the vaccine, the numbers vaccinated and the uptake rates are shown in Table 1. Uptake of two doses of HPV vaccine, among first years in second level schools and age equivalents in special schools and homeschooled, was 76.2% in 2019/20, this is an improvement in uptake compared to the previous four academic years (Table 1). Following the declines in 2015/16-2016/17 the HSE undertook substantial public health communication efforts to improve the uptake.

Table 1

Academic Year	First years in second level schools and age equivalents in special schools and home schooled. Except HPV data prior to 2019/20 are for girls only and prior to 2014/15 are for first year girls in second level only.						
	Denominator	Immunised			% Uptake		
		HPV at least stage 1	HPV at least stage 2	HPV at least stage 3	HPV at least stage 1	HPV at least stage 2	HPV at least stage 3
2009/10/11	59235	49779	48627	48501	84	82.1	81.9
2011/12	29603	25959	25801	25323	87.7	87.2	85.5
2012/13	29832	25937	25739	25140	86.9	86.3	84.3
2013/14	30289	26855	26590	25798	88.7	87.8	85.2
2014/15	30838	27727	26955	96	89.9	87.4	0.3
2015/16	31376	26138	23644	124	83.3	75.4	0.4
2016/17	32135	18904	18102	287	58.8	56.3	0.9
2017/18	31985	21483	20909	48	67.2	65.4	0.2
2018/19	31826	24077	23465	54	75.7	73.7	0.2
2019/20	69621	57080	53044	26	82.0	76.2	0.0
2020/21	69461	37073	22	0	53.4	0.0	0.0

### Notes to data above

1. HPV uptake is for girls only prior to 2019/20 and all children since 2019/20
2. Since 2014/15 HPV is a two dose course for those <15 years of age, previously was a three dose course
3. HPV uptake presented here for 2011/12 to 2014/15 is for girls in first year in second level only and from 2014/15 includes age equivalents in special schools and home schooled. A HPV catch-up campaign for girls in sixth year of second level schools and their age equivalents in non-second level schools (ie special schools, home schooled, Community Training Centres and Youthreach) was added in the academic year 2011/2012 and continued during the academic years 2012/2013 and 2013/2014.

The target cohort of girls in special schools, Community Training Centres, Youthreach, and Home Schooled were identified by birth cohort either equivalent to first years or equivalent to sixth years. For operational reasons HSE vaccinating staff did not adhere strictly to these birth cohorts. Many of the vaccinations in these school settings were actually “outside cohort”. The identification of denominator data for the target birth cohorts in these settings was difficult and staff focused on vaccinations rather than defining cohort numbers accurately.

4. Data extracted 04/12/2020 from the Schools Immunisation System (SIS) except 2019/20 data extracted 16/02/2021, 2020/21 data extracted 15/03/2021 and HPV uptake for 2009/2010 and 2010/2011 was measured by manual reports. Reports based on data extracted previously are

available on the HPSC website at <https://www.hpsc.ie/a-z/vaccinepreventable/vaccination/immunisationuptakestatistics/hpvimmunisationuptakestatistics/>

5. At least stage 1 - means a child had a stage 1 HPV vaccine recorded on SIS, this child may or may not have had a stage 2 HPV vaccine recorded on SIS  
At least stage 2 - means a child had a stage 2 HPV vaccine recorded on SIS, he/she may or may not have had stage 1 HPV vaccine recorded on SIS.  
At least stage 3 - means a child had a stage 3 HPV vaccine recorded on SIS, he/she may or may not have had stage 1 or stage 2 HPV vaccine recorded on SIS.
6. The denominator was defined as the number of girls/children in first year for second level schools and age equivalent in special schools and on the school roll on 30th September when the school census is carried out or registered with the Child and Family Agency Education Welfare Services (TUSLA) as home schooled.
7. The 2020/21 denominator data currently on the School Immunisation System is an estimate only and will be updated when the numbers are finalised. Consequently the number not immunised is an estimate only also.
8. The 2020/21 numbers immunised reflect data recorded on the system, however, more children may have been immunised than currently recorded e.g. if data entry staff were redeployed to work on COVID-19 vaccinations.

I trust this clarification will be of assistance to you.

Yours sincerely,



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