



UK Health
Security
Agency

Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme): April to June 2022

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First quarterly report for 2022 to 2023: main points

Compared to the previous quarter, the main points from this report include:

- 12-month UK coverage for DTaP/IPV/Hib/HepB3 increased by 0.1% to 92.4%, rotavirus decreased by 1.2% to 89.7%, MenB2 decreased by 0.3% to 92.1% and PCV dose 1 decreased by 0.2% at 94.2%
- in England, DTaP/IPV/Hib/HepB3 increased by 0.1% to 92.0%, MenB decreased by 0.2% to 91.8%, rotavirus decreased by 1.2% to 89.3% and PCV1 coverage decreased by 0.1% to 94.0%
- at the country-level, in Scotland least 95% coverage was achieved for all antigens (except rotavirus) at 12 months, in England and Wales at least 93% coverage and in Northern Ireland coverage was at least 92%
- in the UK, 24 month coverage of DTaP/IPV/Hib/HepB3 decreased 0.1% to 93.4%, MMR1 remained at 90.2%, Hib/MenC decreased 0.1% to 90.2%, coverage for PCV increased by 0.2% to 89.9% and MenB decreased by 0.2% to 89.1%
- in England, 24 month coverage for DTaP/IPV/Hib/HepB3 decreased by 0.1% to 92.9%, decreased by 0.1% to 89.6% for Hib/MenC and decreased by 0.1% to 88.5% for MenB. Coverage for the PCV booster increased by 0.2% to 89.3%
- at the country level, 24 month coverage in Scotland exceeded 94% for all the vaccines offered from the first birthday, in Wales it exceeded 93% and in Northern Ireland, with the exception of MenB at 89.5%, it exceeded 90%
- each of the devolved administrations achieved the 95% WHO target for DTaP/IPV/Hib3 at 5 years, however in England coverage this quarter was 94.0%.
- compared to the previous quarter, UK coverage at 5 years for all antigens decreased – MMR2 decreased 1.3% to 85.3%, decreased by 1.5% for the pre-school booster (DTaP/IPV) to 84.1% and decreased by 0.7% for Hib/MenC
- MMR2 and the preschool booster are given from age 3 years and 4 months and reflect vaccinations that should have been delivered between August 2020 and October 2020

Introduction

This report summarises UK quarterly vaccine coverage data for each routine childhood vaccination for children who reached their first, second, or fifth birthday during the evaluation quarter. Analyses are presented at NHS England local team (April 2018 configuration), NHS England regions and devolved administration levels only.

1. Cohort definitions for April to June 2022

Children who reached their first birthday in the quarter (born April to June 2021) were scheduled to receive their third combined diphtheria, tetanus, acellular pertussis, polio, Haemophilus influenzae type b, hepatitis B vaccine (known as DTaP/IPV/Hib/HepB or hexavalent vaccine), PCV, MenB and rotavirus vaccines between July and October 2021 (1). With the exception of rotavirus vaccine which is only offered up to 6 months of age, all other vaccines are available to children in the current cohort at any time, and would have been captured in this report if given by their first birthday (April to June 2022).

This is the sixth quarterly cohort to be routinely offered one PCV dose in the first year of life at 12 weeks (2).

Children born to hepatitis B surface antigen (HBsAg) positive mothers who reached their first birthday in this quarter should also have received monovalent hepatitis B vaccine at birth and 4 weeks of age.

Children who reached their second birthday in the quarter (born April to June 2020) were scheduled to receive their third DTaP/IPV/Hib/HepB, MenB and rotavirus vaccinations between July 2020 and October 2020, and their first measles, mumps, and rubella (MMR) vaccination, a booster dose of Hib and MenC (given as a combined Hib/MenC vaccine), MenB and PCV vaccines at the same visit from 12 months of age (from April to June 2021). With the exception of rotavirus vaccine which is only offered up to 6 months of age, all other vaccines are available to children in this cohort at any time, and would have been captured in this report if given by their second birthday (April to June 2022).

Children born to hepatitis B surface antigen (HBsAg) positive mothers, who reached their second birthday in this quarter (born April to June 2020), were scheduled to receive a third dose monovalent hepatitis B vaccine at one year of age, in addition to 3 doses of DTaP/IPV/Hib/HepB at 8, 12 and 16 weeks.

Children who reached their fifth birthday in the quarter (born April to June 2017) were scheduled to receive their third dose DTaP/IPV/Hib and second PCV and one MenB vaccination between May and July 2017. They were also scheduled to receive their first MMR, Hib/MenC booster

and PCV booster after their first birthday between April and June 2018, and their pre-school diphtheria, tetanus, acellular pertussis, inactivated polio booster (DTaP/IPV) and second dose MMR from August 2020. DTaP/IPV/Hib, first and second doses of MMR, and DTaP/IPV would have been captured in this report if given by their fifth birthday (April to June 2022).

Children born in areas where there TB incidence is greater than or equal to 40 per 100,000 or who are born to parents or grandparents from TB endemic areas were eligible for BCG vaccination at 28 days. Coverage is measured at 3 months of age for this selective immunisation.

A summary of the cohort definitions is given in [Table 1](#) below.

Coverage evaluated at the first, second and fifth birthdays, by country, NHS England local teams (configuration as at 1 April 2018) and NHS England regions are described in the [appendix](#).

Table 1. Summary of cohort definitions for this COVER report

Cohort	12 months		24 months		5 years	
Birth date	1 April 2021 to 30 June 2021		1 April 2020 to 30 June 2020		1 April 2017 to 30 June 2017	
Vaccines assessed and dates vaccines first scheduled¹	DTaP/IPV/Hib/ HepB3 (16 weeks)	July 2021 to October 2021	DTaP/IPV/Hib/ HepB3 (16 weeks)	July 2020 to October 2020	DTaP/IPV/Hib/ HepB3 (16 weeks)	July 2017 to October 2017
	PCV1 (12 weeks)	June 2021 to September 2021	MMR1 (1 year)	April to June 2021	MMR1 (1 year)	April to June 2018
	Rota2 (12 weeks)	June 2021 to September 2021	Hib/MenC booster (1 year)	April to June 2021	Hib/MenC booster (1 year)	April to June 2018
	MenB (16 weeks)	July 2021 to October 2021	Men B booster (1 year)	April to June 2021	MMR2 (3 years 4 months)	August 2020 to October 2020
			PCV booster (1 year)	April to June 2021	DTaP/IPV (3 years 4 months)	August 2020 to October 2020
Selective immunisations²	Monovalent HepB (birth and 4 weeks)	April 2021 to July 2021	Monovalent HepB (1 year)	April to June 2021		

¹ Vaccines are scheduled as per the complete routine immunisation schedule for each cohort.

² BCG vaccination is offered at 28 days to eligible infants and from quarter 1 2022 to 2023 is measured at 3 months of age (that is infants born between 1 January and 31 March 2022).

2. Participation and data quality

Data was received from all Health Boards (HBs) in Scotland, Northern Ireland and Wales. In England, local teams (LTs) and Child Health Record Departments (CHRDs) provided data for all upper tier local authorities (LAs) and the associated General Practices (GP).

All English data was collected through NHS Digital's Strategic Data Collection Service (SDCS). Individual LA and GP data including numerators, denominators, coverage and relevant caveats where applicable are available [in the data tables associated with this report](#). GP level data was censored when individual values were less than 5.

3. Results

3.1 Coverage at 12 months

Compared to the previous quarter, UK coverage for DTaP/IPV/Hib/HepB3 increased by 0.1% to 92.4%, Rotavirus decreased by 1.2% to 89.7% and MenB2 decreased by 0.3% to 92.1% (table 2) (3). This is the sixth quarterly cohort to be routinely offered one PCV dose in the first year of life at 12 weeks and the UK coverage decreased by 0.2% to 94.2%.

In England, 12-month coverage of DTaP/IPV/Hib/HepB3 increased by 0.1% to 92.0%, rotavirus decreased by 1.2% to 89.3% and MenB decreased by 0.2% to 91.8%. PCV1 coverage decreased by 0.1% to 94.0%.

With the exception of rotavirus vaccine, in Scotland at least 95% coverage was achieved for all antigens at 12 months, at least 93% coverage in Wales and in Northern Ireland coverage was at least 92% (see [Table 2](#)).

Vaccine coverage measurements in England over the past 10 years are shown in [Figure 1](#). Coverage for DTaP/IPV/Hib/HepB3 peaked at 94.7% in quarter 2 of 2012 to 2013 and at 92.0% this quarter was 2.7% lower than the peak. Rotavirus coverage this quarter was 1.6% lower than the peak of 90.9% in quarter 1 of 2020 to 2021 while MenB coverage was 1.2% lower than the peak of 93.0% in quarter 3 of 2017 to 2018.

3.2 Coverage at 24 months

In the UK coverage of DTaP/IPV/Hib/HepB3 decreased 0.1% to 93.4%, MMR1 remained at 90.2%, Hib/MenC decreased 0.1% to 90.2%, coverage for PCV increased by 0.2% to 89.9% and MenB decreased by 0.2% to 89.1% (see [Table 3](#)).

Compared to the previous quarter, coverage in England for DTaP/IPV/Hib/HepB3 decreased by 0.1% to 92.9%, decreased by 0.1% to 89.6% for Hib/MenC and decreased by 0.1% to 88.5% for MenB. Coverage for the PCV booster increased by 0.2% to 89.3%.

At the country level, coverage in Scotland exceeded 94% for all the vaccines offered from the first birthday, in Wales it exceeded 93% and in Northern Ireland, with the exception of MenB at 89.5% it exceeded 90%. In England, coverage exceeded 88%.

Vaccine coverage measurements in England over the past 10 years are shown in [Figure 2](#). Coverage for DTaP/IPV/Hib/HepB3 peaked at 97.7% in quarter 4 of 2012 to 2013 and at 92.9% this quarter was 4.8% lower than the peak. PCV booster coverage was 3.5% lower this quarter than the peak of 92.8% in quarter 4 of 2012 to 2013. Hib/MenC coverage was 3.3% lower than the peak of 92.9% in quarter 4 of 2013 to 2014, while MMR1 coverage was 3.2% lower than the peak of 92.9% in quarter 3 of 2013 to 2014. MenB coverage was 1.0% lower than the peak of 89.5% in quarter 2 of 2020 to 2021.

3.3 Coverage at 5 years

Each of the devolved administrations achieved the 95% WHO target for DTaP/IPV/Hib3 at 5 years, however in England coverage this quarter was at 94.0% (see [Table 4](#)) and coverage for the UK as a whole was 94.4%. This target was also achieved for MMR1 in Scotland and Wales. In England, MMR1 coverage was 92.9%. Coverage at 5 years for these vaccines primarily reflects vaccinations delivered 4 years ago. MMR2 and the preschool booster are given from age 3 years and 4 months and reflect vaccinations that should have been delivered between August 2020 and October 2020.

Compared to the previous quarter, UK coverage for all antigens decreased: MMR2 decreased 1.3% to 85.3%, decreased by 1.5% for the pre-school booster (DTaP/IPV) to 84.1% and decreased by 0.7% for Hib/MenC. In England, coverage for MMR2 decreased by 1.5% to 84.4% and the pre-school booster decreased by 1.6% to 83.0%. Pre-school booster and MMR2 coverage exceeded 90% in Scotland and Wales (see [Table 4](#)).

Vaccine coverage measurements in England over the past 10 years are shown in [Figure 3](#). Coverage of DTaP/IPV/Hib3 was 2.0% lower this quarter than the peak of 96.0% in quarter 1 of 2012 to 2013; MMR1 was down by 2.7% from a peak of 95.6% in quarter 1 of 2017 to 2018, MMR2 was down by 4.2% from 88.6% in quarter 1 of 2014 to 2015. The pre-school booster was 6.2% lower than at its peak of 89.2% in quarter 2 of 2012 to 2013 and Hib/MenC was 1.8% lower than the peak of 93.1% in quarter 2 of 2017 to 2018.

3.4 Neonatal hepatitis B vaccine coverage: England

National coverage at 12 months for 5 doses of a HepB-containing vaccine increased from 89% to 91% compared to the previous quarter (3). Coverage of 6 doses of a HepB-containing vaccine reported for children who reached 2 years of age in the quarter (those born between April and June 2020) increased 4% to 85% compared to the last quarter (81%) (see [Table 5](#)).

The quality of neonatal HepB vaccine data is variable and coverage by former local teams can be based on small numbers. As such, data should be interpreted with caution. Where an area reported no vaccinated children, a check was made to ensure that this was zero reporting rather than absence of available data.

3.5 Neonatal BCG vaccine coverage: England

This is the first report for which BCG coverage has been collected for all eligible children in England measured at 3 months. The data captures BCG coverage for children born 1 January to 31 March 2022; it was provided for 148 of 152 Local Authorities in England published in the data tables associated with this report ([Quarterly vaccination coverage statistics for children aged up to 5 years in the UK \(COVER programme\): April to June 2022](#)). Coverage in England was 63.1%.

4. Links for country-specific data

- [Quarterly England](#)
- [Annual England](#)
- [Northern Ireland](#)
- [Scotland](#)
- [Wales](#)
- [COVER submission and publication dates](#)
- [Information for immunisation practitioners and other health professionals](#)

5. References

1. UK Health Security Agency (UKHSA). [Complete routine immunisation schedule](#)
2. Public Health England. [Pneumococcal vaccination: infant schedule changes from January 2020 letter](#)
3. UKHSA. [Quarterly vaccination coverage statistics for children aged up to 5 years in the UK \(COVER programme\): January to March 2022](#) Health Protection Report volume 16 number 10

6. Appendix: List of tables and figures

[Table 1. Summary of cohort definitions for this COVER report](#)

[Table 2. Completed UK primary immunisations at 12 months by country, NHS England Local Team and NHS England Region: April to June 2022 \(January to March 2022\)](#)

[Table 3. Completed UK primary immunisations at 24 months by country, NHS England local team and NHS England Region: April to June 2022 \(January to March 2022\)](#)

[Table 4. Completed UK primary immunisations and boosters at 5 years by country, NHS England local team and NHS England region: April to June 2022 \(January to March 2022\)](#)

[Table 5. Neonatal hepatitis B coverage at 12 and 24 months in England by NHS England Local Team: April to June 2022 \(January to March 2022\)](#)

[Figure 1. Completed primary immunisations in England at 12 months between quarter 1 2012 to 2013 and quarter 1 2022 to 2023](#)

[Figure 2. Completed primary immunisations in England at 24 months between quarter 1 2012 to 2013 and quarter 1 2022 to 2023](#)

[Figure 3. Completed primary immunisations in England at 5 years between quarter 1 2012 to 2013 and quarter 1 2022 to 2023](#)

Table 2. Completed UK primary immunisations at 12 months by country, NHS England Local Team and NHS England Region: April to June 2022 (January to March 2022)

Table 2a) Geographical area

Geographical area	Number of local authorities and health boards	DTaP/IPV/Hib/HepB3 %	PCV1%	Rota2%	MenB2%
United Kingdom	178	92.4 (92.3)	94.2 (94.4)	89.7 (90.9)	92.1 (92.4)
Wales	7	94.0 (94.9)	95.9 (96.7)	92.1 (93.6)	93.8 (94.6)
Northern Ireland	4	92.0 (93.2)	94.2 (94.9)	90.1 (91.5)	92.3 (93.4)
Scotland	14	96.2 (96.1)	96.4 (96.4)	93.8 (94.5)	95.4 (95.6)
England	152	92.0 (91.9)	94.0 (94.1)	89.3 (90.5)	91.8 (92.0)

Table 2b) NHS England Local Teams

NHS England Local Teams	Number of local authorities and health boards	DTaP/IPV/Hib/HepB3 %	PCV1%	Rota2%	MenB2%
London	33	87.9 (87.1)	90.1 (90.0)	85.0 (85.8)	87.5 (87.0)
North (Yorkshire and Humber)	15	92.7 (92.1)	94.7 (94.3)	89.5 (90.3)	92.6 (92.8)
North (Lancashire and Greater Manchester) ¹	13	92.4 (90.5)	94.0 (93.5)	87.9 (88.8)	91.1 (90.8)
North (Cumbria and North East) ¹	13	95.0 (95.5)	96.9 (97.2)	93.5 (94.5)	94.9 (95.6)

NHS England Local Teams	Number of local authorities and health boards	DTaP/IPV/Hib/HepB3 %	PCV1%	Rota2%	MenB2%
North (Cheshire and Merseyside)	9	90.5 (90.7)	93.8 (93.5)	88.4 (89.4)	91.1 (91.2)
Midlands and East (North Midlands)	8	94.0 (94.9)	95.8 (96.5)	92.2 (93.9)	93.9 (94.9)
Midlands and East (West Midlands)	10	90.4 (91.3)	92.6 (93.1)	87.3 (89.2)	90.2 (91.1)
Midlands and East (Central Midlands)	11	92.3 (92.9)	95.0 (95.2)	90.3 (91.4)	92.8 (93.0)
Midlands and East (East)	7	93.3 (93.5)	95.3 (95.5)	91.0 (92.1)	93.2 (93.3)
South West (South West South)	8	94.3 (95.1)	95.5 (96.3)	91.4 (93.8)	94.1 (94.8)
South West (South West North)	7	94.7 (94.5)	96.1 (95.9)	91.6 (92.8)	94.6 (94.6)
South East (Hampshire, Isle of Wight and Thames Valley)	12	94.5 (93.9)	95.5 (96.0)	92.5 (93.3)	94.1 (94.2)
South East (Kent, Surrey and Sussex)	6	92.5 (93.1)	94.4 (95.5)	89.9 (92.0)	92.5 (93.2)

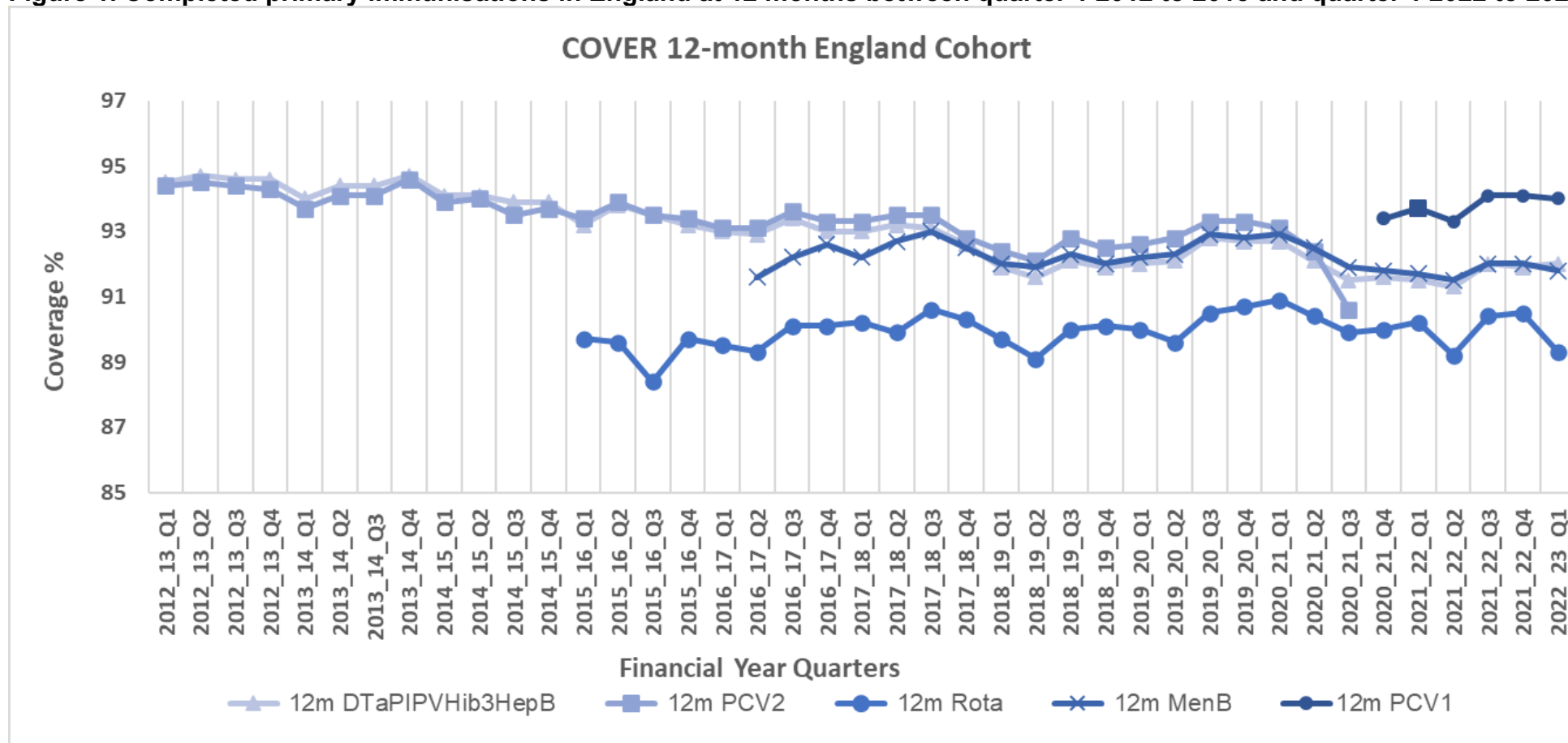
1. Currently we are not able to report the 2018 local teams in these areas as Cumbria local authority does not map to the new configuration.

Table 2c) NHS England regions

NHS England Regions	Number of local authorities and health boards	DTaP/IPV/Hib/HepB3 %	PCV1%	Rota2%	MenB2%
London	33	87.9 (87.1)	90.1 (90.0)	85.0 (85.8)	87.5 (87.0)
South West	15	94.5 (94.8)	95.8 (96.1)	91.5 (93.3)	94.3 (94.7)
South East	18	93.5 (93.5)	94.9 (95.7)	91.2 (92.6)	93.3 (93.7)
Midlands	24	92.2 (93 ()	94.3 (94.8)	89.8 (91.4)	92.1 (92.9)
East of England	12	92.7 (93.1)	95.0 (95.3)	90.5 (91.6)	92.9 (93.1)
North West ²	23	91.9 (90.9)	94.1 (93.7)	88.4 (89.3)	91.3 (91.3)
North East and Yorkshire ²	27	93.3 (93.1)	95.4 (95.1)	90.7 (91.5)	93.3 (93.5)

2. Cumbria local authority included wholly in the North West NHS England Region.

Figure 1. Completed primary immunisations in England at 12 months between quarter 1 2012 to 2013 and quarter 1 2022 to 2023



Note: From quarter 4 2020 to 2021 we started to report PCV1 rather than PCV2 to reflect the change in the PCV schedule

Table 3. Completed UK primary immunisations at 24 months by country, NHS England local team and NHS England Region: April to June 2022 (January to March 2022)

Table 3a) Geographical area

Geographical area	Number of local authorities and health boards	DTaP/IPV/Hib3/HepB%	PCV booster%	Hib/MenC booster%	MMR1%	MenB booster%
United Kingdom	178	93.4 (93.5)	89.9 (89.7)	90.2 (90.3)	90.2 (90.2)	89.1 (89.3)
Wales	7	95.9 (95.8)	93.4 (93.5)	94.5 (93.4)	93.5 (93.9)	93.0 (93.6)
Northern Ireland	5	94.4 (95.2)	90.6 (92.0)	90.6 (92.0)	90.5 (91.9)	89.5 (91.3)
Scotland	14	96.9 (97.0)	94.3 (94.0)	94.8 (94.7)	94.4 (94.4)	94.4 (94.2)
England	152	92.9 (93.0)	89.3 (89.1)	89.6 (89.7)	89.7 (89.7)	88.5 (88.6)

Table 3b) NHS England local teams

NHS England local teams	Number of local authorities and health boards	DTaP/IPV/Hib3/HepB%	PCV booster%	Hib/MenC booster%	MMR1%	MenB booster%
London	33	87.4 (87.4)	80.2 (78.3)	81.7 (81.0)	82.1 (80.7)	79.9 (79.5)
North (Yorkshire and Humber)	15	93.6 (93.9)	90.9 (91.2)	90.8 (91.5)	91.1 (91.6)	89.9 (90.5)
North (Lancashire and Greater Manchester) ¹	13	93.4 (93.6)	90.3 (89.8)	90.3 (90.0)	90.6 (90.2)	89.0 (88.7)
North (Cumbria and North East) ¹	13	96.1 (96.6)	94.6 (95.0)	94.8 (95.5)	94.8 (95.3)	94.1 (94.7)

NHS England local teams	Number of local authorities and health boards	DTaP/IPV/Hib3/HepB%	PCV booster%	Hib/MenC booster%	MMR1%	MenB booster%
North (Cheshire and Merseyside)	9	91.9 (93.2)	89.1 (89.9)	89.2 (89.8)	89.1 (89.8)	88.1 (88.6)
Midlands and East (North Midlands)	8	95.1 (95.0)	92.6 (92.3)	92.6 (92.5)	92.9 (92.6)	91.7 (91.5)
Midlands and East (West Midlands)	10	92.6 (92.5)	87.7 (88.3)	87.7 (88.5)	88.3 (88.9)	87.0 (87.3)
Midlands and East (Central Midlands)	11	93.9 (94.0)	91.5 (91.9)	92.1 (92.4)	91.8 (92.2)	90.1 (90.5)
Midlands and East (East)	7	94.5 (94.6)	91.4 (91.2)	91.5 (91.8)	91.4 (91.8)	90.9 (91.2)
South West (South West South)	8	95.7 (96.2)	93.4 (93.9)	93.4 (93.8)	93.6 (93.9)	92.6 (93.1)
South West (South West North)	7	95.3 (95.4)	93.0 (93.1)	93.3 (93.3)	93.0 (93.4)	92.3 (92.6)
South East (Hampshire, Isle of Wight and Thames Valley)	12	95.4 (95.4)	94.2 (94.5)	92.9 (93.2)	93.1 (93.4)	92.9 (93.1)
South East (Kent, Surrey and Sussex)	6	93.5 (93.4)	90.3 (89.5)	90.5 (89.8)	90.3 (89.8)	89.5 (88.9)

¹ Currently we are not able to report the April 2018 local teams in these areas as Cumbria local authority does not map to that configuration.

Table 3c) NHS England Regions

NHS England Regions	Number of local authorities and health boards	DTaP/IPV/Hib3/HepB%	PCV booster%	Hib/MenC booster%	MMR1%	MenB booster%
London	33	87.4 (87.4)	80.2 (78.3)	81.7 (81.0)	82.1 (80.7)	79.9 (79.5)
South West	15	95.5 (95.8)	93.2 (93.5)	93.4 (93.6)	93.3 (93.7)	92.5 (92.8)
South East	18	94.4 (94.3)	92.1 (91.9)	91.6 (91.4)	91.6 (91.5)	91.1 (90.9)
Midlands	24	93.9 (93.8)	90.2 (90.5)	90.3 (90.7)	90.7 (91.0)	89.4 (89.6)
East of England	12	94.0 (94.2)	91.4 (91.5)	91.8 (92.1)	91.4 (91.9)	90.4 (90.8)
North West ²	23	93.1 (93.6)	90.2 (90.2)	90.2 (90.3)	90.4 (90.4)	89.1 (89.1)
North East and Yorkshire ²	27	94.4 (94.7)	92.0 (92.3)	91.9 (92.7)	92.2 (92.6)	91.1 (91.8)

² Cumbria local authority included wholly in the North West NHS England Region.

Figure 2. Completed primary immunisations in England at 24 months between quarter 1 2012 to 2013 and quarter 1 2022 to 2023

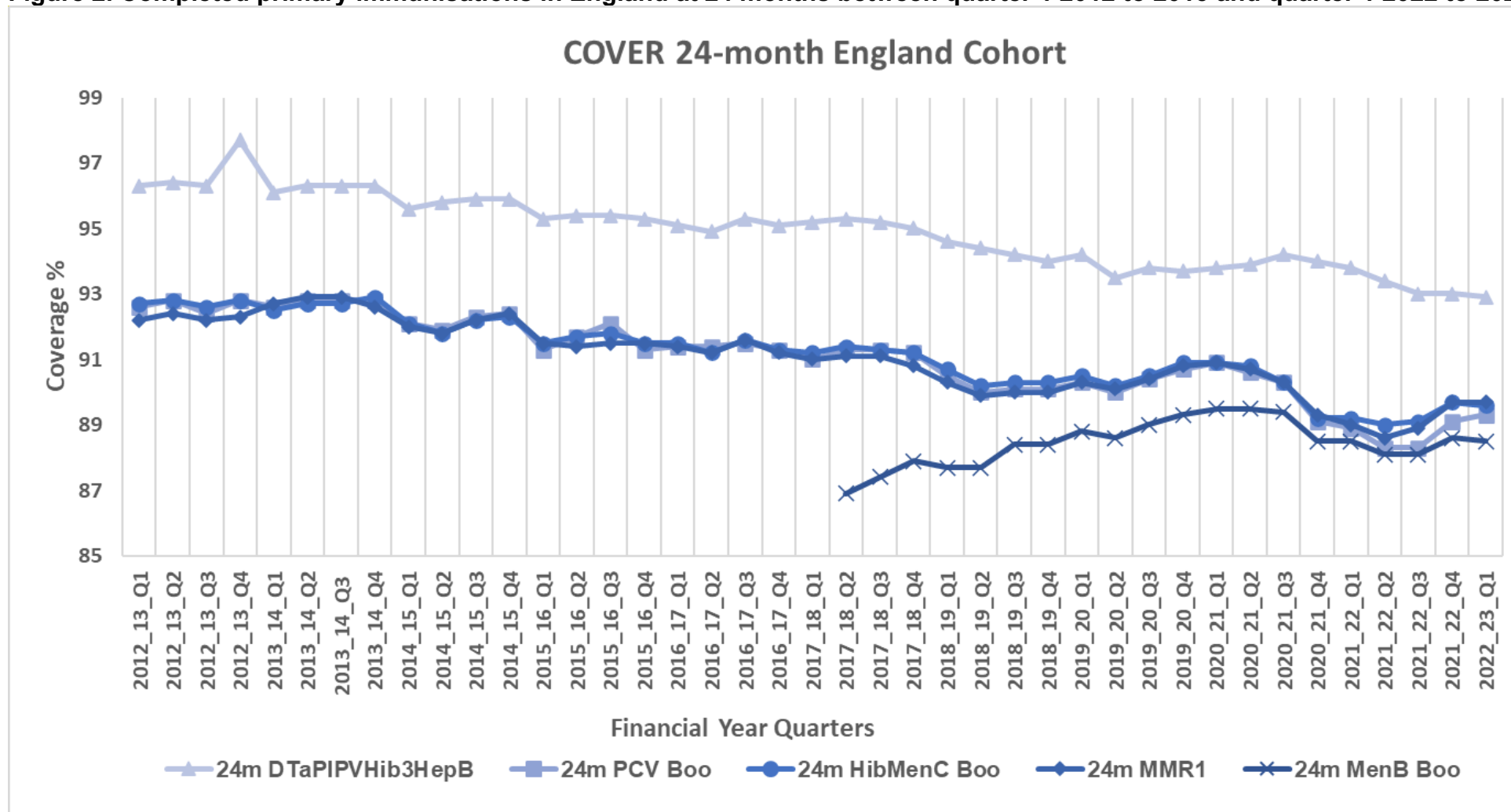


Table 4. Completed UK primary immunisations and boosters at 5 years by country, NHS England local team and NHS England region: April to June 2022 (January to March 2022)

Table 4a) Geographical area

Geographical Area	Number of local authorities and health boards	Primary: DTaP/IPV/Hib3%	Primary: MMR1%	Booster: MMR2%	Booster: DTaP/IPV%	Booster: Hib/MenC%
United Kingdom	178	94.4 (94.9)	93.3 (93.8)	85.3 (86.6)	84.1 (85.6)	91.8 (92.5)
Wales	7	96.3 (96.7)	96.1 (96.2)	90.7 (90.8)	91.1 (91.5)	95.1 (95.1)
Northern Ireland	5	95.3 (96.4)	93.9 (94.9)	87.2 (89.2)	87.5 (89.6)	93.3 (94.6)
Scotland	14	97.5 (97.4)	96.2 (95.9)	91.7 (91.9)	92.3 (92.4)	95.8 (95.5)
England	152	94.0 (94.5)	92.9 (93.5)	84.4 (85.9)	83.0 (84.6)	91.3 (92.0)

Table 4b) English Local Teams

English Local Teams	Number of local authorities and health boards	Primary: DTaP/IPV/Hib3%	Primary: MMR1%	Booster: MMR2%	Booster: DTaP/IPV%	Booster: Hib/MenC%
London	33	89.2 (90.3)	86.7 (87.9)	71.3 (74.8)	69.0 (72.8)	85.0 (86.2)
North (Yorkshire and Humber)	15	95.2 (95.5)	94.3 (94.6)	87.5 (88.6)	86.4 (87.5)	92.4 (92.8)

English Local Teams		Number of local authorities and health boards	Primary: DTaP/IPV/Hib3%	Primary: MMR1%	Booster: MMR2%	Booster: DTaP/IPV%	Booster: Hib/MenC%
North (Lancashire and Greater Manchester) ¹		13	95.1 (95.3)	94.5 (94.7)	85.8 (86.7)	83.4 (84.4)	93.2 (93.9)
North (Cumbria and North East) ¹		13	96.0 (96.7)	96.3 (96.8)	91.9 (92.4)	90.7 (91.2)	94.3 (95.4)
North (Cheshire and Merseyside)		9	94.5 (94.9)	93.0 (93.5)	84.7 (85.5)	83.7 (84.3)	92.4 (93.3)
Midlands and East (North Midlands)		8	96.2 (96 ()	95.1 (95.1)	87.0 (87.9)	86.2 (87.3)	93.8 (93.7)
Midlands and East (West Midlands)		10	93.7 (94.0)	92.3 (93.2)	82.4 (84.8)	81.3 (84.0)	91.3 (92.4)
Midlands and East (Central Midlands)		11	95.1 (95.2)	94.4 (94.5)	87.7 (88.5)	86.4 (87.5)	91.5 (92.3)
Midlands and East (East)		7	95.4 (96.0)	94.1 (94.8)	88.6 (89.6)	87.7 (88.9)	91.6 (92.4)
South West (South West South)		8	95.9 (96.7)	94.9 (96.1)	90.2 (91.6)	88.4 (89.3)	94.0 (95.0)
South West (South West North)		7	95.4 (96.1)	94.7 (95.4)	89.8 (90.1)	88.7 (89.4)	94.0 (94.7)
South East (Hampshire, Isle of Wight and Thames Valley)		12	95.5 (95.9)	95.1 (95.0)	89.7 (90.6)	88.7 (89.8)	94.1 (94.5)

English Local Teams		Number of local authorities and health boards	Primary: DTaP/IPV/Hib3%	Primary: MMR1%	Booster: MMR2%	Booster: DTaP/IPV%	Booster: Hib/MenC%
South East (Kent, Surrey and Sussex)		6	94.1 (94.2)	93.7 (94.1)	86.0 (86.3)	84.7 (84.6)	91.6 (92.0)

1. Currently we are not able to report the April 2018 local teams in these areas as Cumbria local authority does not map to that configuration.

Table 4c) NHS England Regions

NHS England Regions	Number of local authorities and health boards	Primary: DTaP/IPV/Hib3%	Primary: MMR1%	Booster: MMR2%	Booster: DTaP/IPV%	Booster: Hib/MenC%
London	33	89.2 (90.3)	86.7 (87.9)	71.3 (74.8)	69.0 (72.8)	85.0 (86.2)
South West	15	95.7 (96.4)	94.8 (95.7)	90.0 (90.9)	88.5 (89.3)	94.0 (94.9)
South East	18	94.8 (95 ()	94.3 (94.6)	87.7 (88.3)	86.6 (87.1)	92.8 (93.2)
Midlands	24	95.0 (95.1)	93.8 (94.3)	85.0 (86.6)	83.9 (85.8)	92.0 (92.7)
East of England	12	95.1 (95.4)	94.0 (94.6)	88.5 (89.3)	87.6 (88.6)	91.8 (92.4)
North West ²	23	94.9 (95.2)	94.1 (94.5)	85.9 (86.7)	84.1 (84.9)	93.2 (93.9)
North East and Yorkshire ²	27	95.4 (95.9)	94.9 (95.2)	88.7 (89.7)	87.5 (88.5)	92.8 (93.4)

2. Cumbria local authority included wholly in the North West NHS England Region.

Figure 3. Completed primary immunisations in England at 5 years between quarter 1 2012 to 2013 and quarter 1 2022 to 2023

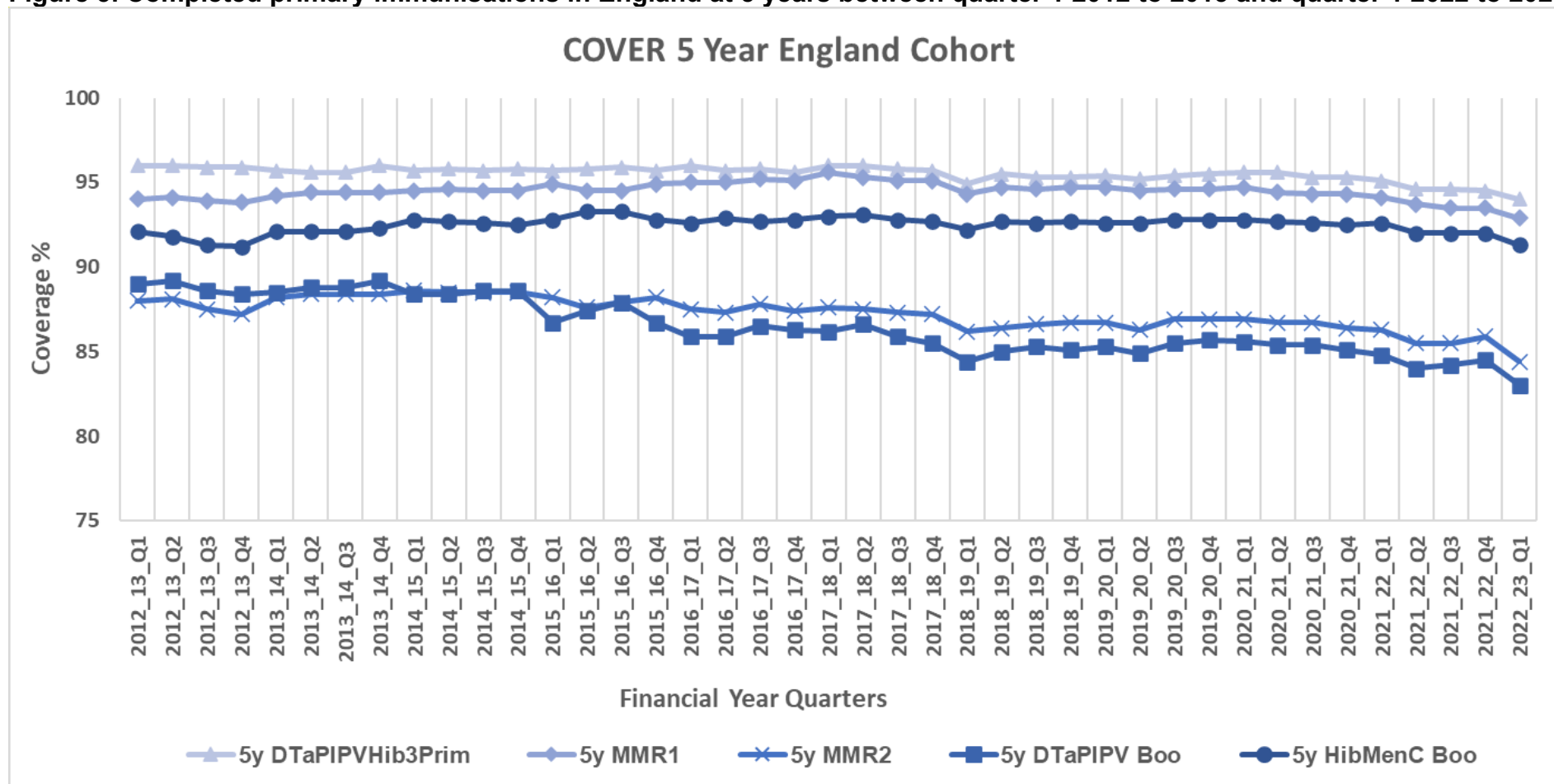


Table 5. Neonatal hepatitis B coverage at 12 and 24 months in England by NHS England Local Team: April to June 2022 (January to March 2022)

NHS England Local Team ³	Local authority returns with 12 month data	12 month denominator	% Coverage at 12 months ¹	Local authority returns with 24 month data	24 month denominator	% Coverage at 24 months ²
London	33 of 33	150	88 (88)	33 of 33	174	78 (76)
North (Yorkshire and Humber)	15 of 15	31	77 (87)	15 of 15	34	82 (81)
North (Lancashire and Greater Manchester) ³	13 of 13	30	93 (87)	13 of 13	29	76 (88)
North (Cumbria and North East) ³	12 of 13	9	78 (100)	12 of 13	8	100 (100)
North (Cheshire and Merseyside)	9 of 9	8	88 (100)	9 of 9	5	100 (83)
Midlands and East (North Midlands)	8 of 8	18	94 (82)	8 of 8	23	74 (95)
Midlands and East (West Midlands)	10 of 10	37	100 (96)	10 of 10	51	98 (81)
Midlands and East (Central Midlands)	11 of 11	51	94 (95)	10 of 10	45	93 (90)
Midlands and East (East)	7 of 7	15	93 (93)	7 of 7	28	96 (90)
South West (South West South)	8 of 8	9	100 (83)	8 of 8	7	100 (90)
South West (South West North)	7 of 7	15	100 (90)	7 of 7	19	89 (71)
South East (Hampshire, Isle of Wight and Thames Valley)	12 of 12	15	100 (86)	12 of 12	34	94 (94)
South East (Kent, Surrey and Sussex)	6 of 6	16	81 (79)	6 of 6	26	69 (23)
England	151 of 152	404	91 (89)	151 of 152	483	85 (81)

1. Babies offered 2 monovalent HepB vaccines (at birth and one month) and 3 hexavalent vaccines (at 8, 12 and 16 weeks).
2. Babies offered 3 monovalent vaccines at birth, 4 weeks and 12 months, and 3 doses of hexavalent vaccine (at 8, 12 and 16 weeks).
3. Currently we are not able to report the April 2018 local teams in these areas as Cumbria LA does not map to that configuration.

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 health secure.

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