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# **Quarterly vaccination coverage statistics for children aged up to five years in the UK (COVER programme): October to December 2019**

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# Quarterly vaccination coverage statistics for children aged up to five years in the UK (COVER programme): October to December 2019

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) and devolved administration levels only.

## Key points for the third quarterly report for 2019/20

- 12 month UK coverage for all antigens evaluated at the first birthday increased between 0.5% to 0.9% compared to the previous quarter.
- UK rotavirus coverage rose by 0.9% to 91% representing the largest quarterly increase since quarterly data became available in July to September 2016, and is the highest quarterly coverage achieved for this vaccine
- 24 month UK vaccine coverage estimates for all vaccines offered on or after the first birthday increased by 0.2% to 0.4% compared to the previous quarter. PCV and Hib/MenC boosters and MMR reached 91%; MenB booster was 89.7% and is the highest quarterly UK coverage recorded for this booster since it was first evaluated two years ago
- When compared to the previous quarter UK coverage at 5 years increased between 0.1% - 0.7% for all vaccines
- All countries continue to exceed the 95% WHO target for DTaP/IPV/Hib3 measured at 5 years of age. This target was also achieved for MMR1 in Scotland, Wales and Northern Ireland, and for Hib/MenC booster in Scotland and Northern Ireland
- In England MMR1 and Hib/MenC booster measured at 5 years of age increased by 0.1% to 94.6% and 0.2% to 92.8% respectively. Only three of thirteen English local teams exceed the 95% target for these vaccines. Coverage at five years for these vaccines primarily reflects vaccinations delivered four years ago
- Pre-school booster (DTaP/IPV) and MMR2 coverage exceeded 90% in the devolved administrations but only four English local teams reached this level for both vaccines
- In England coverage for the pre-school booster increased by 0.6% to 85.5% and for MMR2 by 0.2% to 86.9%

## 1. Cohort definitions for October to December 2019

Children who reached their first birthday in the quarter (born October to December 2018) were all scheduled for three doses of combined diphtheria, tetanus, acellular pertussis, polio, *Haemophilus influenzae* type b, hepatitis B vaccine (known as DTaP/IPV/Hib/HepB or hexavalent vaccine) which replaced DTaP/IPV/Hib (pentavalent) vaccine from autumn 2017 [1]. The third dose of priming vaccine would have been scheduled between February and April 2019.

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 four weeks of age.

Children born October to December 2018 will also have been scheduled for two doses of pneumococcal conjugate vaccine (PCV), Meningococcal B vaccine (MenB), and rotavirus vaccine [2].

Children who reached their second birthday in the quarter (born October to December 2017) were scheduled to receive their third DTaP/IPV/Hib, second PCV, MenB and rotavirus vaccinations between February and April 2018, 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 at 12 months of age, between November 2018 and January 2019.

Children born to hepatitis B surface antigen (HBsAg) positive mothers, who reached their second birthday in this quarter (born October to December 2018), were scheduled to receive a third dose monovalent hepatitis B vaccine at one year of age, in addition to three doses of DTaP/IPV/Hib/HepB at eight, twelve and sixteen weeks.

Children who reached their fifth birthday in the quarter (born October to December 2014) were scheduled to receive their third dose DTaP/IPV/Hib and second PCV and one MenC vaccination between February and April 2015. They were also scheduled to receive their first MMR, Hib/MenC booster and PCV booster after their first birthday (born October to December 2015) between November 2015 and January 2016, and their pre-school diphtheria, tetanus, acellular pertussis, inactivated polio booster (DTaP/IPV) and second dose MMR from January 2018.

Children born in areas where there is a universal neonatal BCG programme (i.e. TB incidence  $\geq 40/100,000$ ) who reach their first birthday in this quarter (born October to December 2018) were scheduled to receive BCG at birth.

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

## 2. Participation and data quality

Data were 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 but four of the upper tier local authorities (LAs) and the associated General Practices (GP). Due to data quality concerns for Bury, Oldham, Rochdale and Trafford LA COVER data for these footprints do not appear in this report. They are also excluded from any higher aggregations such as the North (Lancashire and Greater Manchester), England and UK totals.

All English data were 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 [here](#). GP level data were censored when individual values were less than five.

Detailed caveats regarding any data quality issues for individual English LA data, including changes in denominators due to the NHS England CHIS data validation exercise conducted from the third quarter of 2018-19, are available [here](#).

### 3. Developments in immunisation data

#### 3.1 NHS Digital Child Health Programme

The Digital Child Health (DCH) programme was created to support the vision in the NHS England Healthy Children: Transforming Child Health Information strategy, which aims to transform child health information services by making these systems interoperable, reducing the administrative burden of information recording and sharing [6]. Part of this programme includes merging CHIS systems into local hubs that can provide COVER data for several LAs in one submission. Since April 2017 four CHIS Hubs are providing COVER data for all London boroughs. In England, the number of CHIS systems has decreased from over 100 in 2015 to around 60 by mid-2019. As different phases of the digital strategy are implemented across the country it is anticipated that there may be further temporary local data quality issues associated with transition.

#### 3.2 Changes to COVER programme scope and reporting methodology

As first reported in the October to December 2018 COVER report [3] it is anticipated that, contingent on a successful pilot, the collection of COVER data will be transferred from PHE to NHS Digital's Strategic Data Collection Service (SDCS) and merged with the current SDCS practice level vaccine coverage collection (formally collected via the Child Immunisation Unify2 data collection). Data for England collected for this report was collected via SDCS as part of the pilot. The analysis and reporting of the quarterly COVER report remains with PHE.

In England, the October to December 2019 quarter is the third COVER collection to include both LA and GP level coverage extracted from CHISs. Quarterly GP data for the current quarter are published alongside the routine LA tables on the PHE website. These are experimental data and as such should be viewed with caution. Appropriate caveats accompany these data tables.

During April 2020 local authority data for the 2019-20 annual vaccine coverage report, Childhood Vaccination Coverage Statistics – England, and experimental annual GP level data will be also be collected alongside the January to March 2020 quarterly COVER data using the SDCS portal.

### 3.3 Changes to infant PCV schedule for babies born on or after 1 January 2020

Following the decision in April 2019 to follow a 1+1 PCV schedule, based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), all infants born on or after 1 January 2020 will be offered the changed schedule. This will be a single dose of PCV13 given alongside the routine DTaP/IPV/Hib/HepB and rotavirus immunisations at 12 weeks of age, followed by a PCV13 booster at one year old (on or after the first birthday). This is referred to as a 1+1 PCV schedule. This 1+1 schedule will replace the previous schedule of 2+1 (at 8 and 16 weeks, and a booster dose given at one year old (on or after the first birthday)). [4]

The COVER programme currently reports the proportion of children at 12 months who completed to two-dose PCV programme (PCV2). To continue accurately monitoring the coverage of PCV at 12 months of age the COVER programme will be modified to also collect coverage of the first dose of PCV (PCV1). CHISs will be expected to report on 12 month coverage of PCV1 and PCV2 and at 24 months on PCV booster (dose given on or after the first birthday). COVER data for PCV2 will drop to 0 as cohorts move to the 1+1 schedule.

The [revised information standard for the COVER programme](#) was published on 6 February 2020. Organisations may start using this standard with immediate effect but must be fully compliant by 1 July 2020 to provide baseline PCV1 coverage, as well as PCV2 coverage, for cohorts offered the 2+1 schedule. Coverage for the first cohorts eligible for the new schedule (born on or after 1 January 2020) will be evaluated in COVER from 2021 onwards.

## 4. Results

### 4.1 Coverage at 12 months

UK coverage for all antigens evaluated at the first birthday increased between 0.5% to 0.9% compared to the previous quarter (table 1)[5]. This quarter is the third in a row where coverage for the majority of vaccines measured at this age has increased. DTaP/IPV/Hib/HepB3 increased 0.6% to 93.2%, PCV2 and MenB2 increased 0.5% to 93.7% and 93.3% respectively. Rotavirus coverage rose by 0.9% to 91% representing the largest quarterly increase since robust data became available in July to September 2016 and is the highest quarterly coverage achieved.

These increases for UK 12 month coverage bring figures back to levels recorded last recorded in late 2017 and early 2018 [6,7] and were observed across all countries (table 1). In England coverage increased 0.5-0.9% for all antigens compared with the previous quarter. Two local teams achieved at least 95% coverage for DTaP/IPV/Hib/HepB3, PCV2 and MenB and nationally coverage was at least 92%. Rotavirus coverage in England was 90.5%. In Scotland and Wales at least 95% coverage was achieved for all antigens except rotavirus; in Northern Ireland coverage was at least 94% except for rotavirus (table 1).

### 4.2 Coverage at 24 months

24 month UK vaccine coverage estimates for all vaccines offered on or after the first birthday increased by 0.2% to 0.4% compared to the previous quarter. Hib/MenC booster reached 91.1%, PCV and MMR reached 91%. MenB booster increased 0.4% to 89.7% and is the highest quarterly UK coverage recorded for this booster since it was first evaluated two years ago [6].

At country level PCV, Hib/MenC and MenB boosters, and MMR1 all exceeded 94% in Scotland and Wales, and 92% in Northern Ireland (table 2). In England, coverage increased 0.3-0.4% to 90.4% for MMR1 and PCV booster, 90.5% for Hib/MenC booster and 89% for MenB booster; three local teams achieved 92% coverage for all four vaccines and nine of 13 local teams achieving at least 90%.

UK DTaP/IPV/Hib3 coverage increased 0.2% to 94.2% although in Scotland, Northern Ireland and Wales coverage was at least 96%. In England coverage increased by 0.3% to 93.8% with seven of 13 local teams achieved 95% (table 2)[5].



### 4.3 Coverage at five years

When compared to the previous quarter UK coverage at 5 years increased between 0.1% - 0.7% for all vaccines (table 3) [5]. All countries continue to exceed the 95% WHO target for DTaP/IPV/Hib3. This target was also achieved for MMR1 in Scotland, Wales and Northern Ireland, and for Hib/MenC booster in Scotland and Northern Ireland. In England MMR1 and Hib/MenC booster increased by 0.1% to 94.6% and 0.2% to 92.8% respectively. Only three of 13 English local teams exceed the 95% target for these vaccines. Coverage at 5 years for these vaccines primarily reflects vaccinations delivered four years ago.

In England coverage for the pre-school booster (DTaP/IPV) increased by 0.6% to 85.5% and for MMR2 by 0.2% to 86.9%. Pre-school booster and MMR2 coverage exceeded 90% in the devolved administrations but only four English local teams reached this level for both vaccines (table 3).

### 4.4 Neonatal hepatitis B vaccine coverage in England

This is the fifth quarter where neonatal HepB vaccine coverage data in England evaluates five doses of hepatitis B vaccine (two monovalent and three hexavalent doses) in infants born to hepatitis B surface antigen (HBsAg) positive mothers, who reached the age of 1 year in this quarter (i.e. those born between October to December 2018). National coverage was 89% compared to 82% in the previous quarter [5]. Coverage reported for children who reached 2 years of age in the quarter (i.e. those born between October to December 2017) and was 74% compared to 63% last quarter (table 4). This is the first quarter when all 24 month olds will have been offered three monovalent vaccines at birth, 4 weeks and 12 months of age, and three doses of hexavalent vaccine (at 2, 3 and 4 months).

The quality of neonatal HepB vaccine data is variable and coverage by former local team 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.

## 5. Relevant links for country-specific data

**Quarterly England data:** <https://www.gov.uk/government/collections/vaccine-uptake#cover-of-vaccination-evaluated-rapidly-programme>

**Annual England data:** <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>

**Quarterly Northern Ireland:** <http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage>

**Scotland:** <http://www.isdscotland.org/Health-Topics/Child-Health/Immunisation/>

**Wales:** <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=54144/>

**COVER submission and publication dates:**

<https://www.gov.uk/government/publications/vaccine-coverage-statistics-publication-dates>

**Other relevant links**

<https://www.gov.uk/government/collections/immunisation>

## 6. References

1. Public Health England. Hexavalent combination vaccine: routine programme guidance. <https://www.gov.uk/government/publications/hexavalent-combination-vaccine-programme-guidance>
2. Public Health England. The complete routine immunisation schedule. <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>
3. Public Health England (2018). Vaccination coverage statistics for children up to the age of five years in the United Kingdom, July to September 2018. 2018 HPR 12 (45). Available at <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2018-to-2019-quarterly-data>
4. Public Health England. Pneumococcal vaccination: infant schedule changes from January 2020 letter. <https://www.gov.uk/government/publications/pneumococcal-vaccination-infant-schedule-changes-from-january-2020-letter>
5. Public Health England (2019). Quarterly vaccination coverage statistics for children aged up to five years in the UK (COVER programme) : July to September 2019 HPR 13 (41). Available at <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2019-to-2020-quarterly-data>
6. Public Health England (2018). Quarterly vaccination coverage statistics for children aged up to five years in the UK (COVER programme) : October to December 2017 HPR 12 (11). Available at <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2017-to-2018-quarterly-data>
7. Public Health England (2018). Quarterly vaccination coverage statistics for children aged up to five years in the UK (COVER programme) : January to March 2018 HPR 12 (23). Available at <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2017-to-2018-quarterly-data>

## Quarterly vaccination coverage statistics for children aged up to five years in the UK (October to December 2019): APPENDIX

**Table 1. Completed UK primary immunisations at 12 months by country and English Local Teams: October to December 2019 (*July to September 2019*)**

Country	No. of LAs/HBs <sup>†</sup>	DTaP/IPV/Hib/HepB3%	PCV2%	Rota2%	MenB2%
United Kingdom	172	93.2 (92.6)	93.7 (93.2)	91.0 (90.1)	93.3 (92.8)
Wales	7	95.9 (95.1)	96.1 (95.3)	93.9 (93.6)	95.9 (95.1)
Northern Ireland	4	95.0 (94.0)	95.3 (94.4)	92.1 (91.3)	94.9 (94.2)
Scotland	14	96.4 (96.1)	96.7 (96.4)	93.5 (93.2)	96.2 (96.0)
England	147	92.8 (92.1)	93.3 (92.8)	90.5 (89.6)	92.9 (92.3)
<b>NHS England Local Teams</b>					
London	33	88.6 (87.7)	89.2 (88.1)	86.6 (85.5)	88.3 (87.2)
North (Yorkshire & Humber)	15	94.2 (93.8)	94.6 (94.2)	91.9 (91.3)	94.3 (94.0)
North (Lancashire & Grt. Manchester) <sup>1</sup>	9 <sup>2</sup>	92.7 (91.7)	93.7 (93.2)	89.7 (88.3)	93.5 (92.8)
North (Cumbria & North East) <sup>1</sup>	13	96.1 (95.9)	96.5 (96.3)	94.7 (94.0)	96.4 (96.2)
North (Cheshire & Merseyside)	9	93.1 (92.3)	93.0 (93.3)	90.5 (88.8)	93.5 (93.2)
Midlands & East (North Midlands)	8	94.7 (94.1)	95.0 (94.6)	92.4 (92.0)	94.5 (94.3)
Midlands & East (West Midlands)	10	91.1 (90.8)	91.8 (91.5)	88.5 (87.3)	91.4 (91.0)
Midlands & East (Central Midlands)	10	92.4 (91.7)	93.8 (92.9)	90.8 (90.0)	93.2 (92.5)
Midlands & East (East)	7	94.1 (94.1)	94.6 (94.6)	92.1 (91.9)	94.2 (94.4)
South West (South West South)	8	95.3 (94.9)	95.7 (95.3)	92.4 (92.2)	95.5 (95.0)
South West (South West North)	7	93.9 (93.4)	94.3 (94.1)	91.8 (90.5)	94.0 (93.9)
South East (Hampshire, Isle of Wight and Thames Valley)	12	94.9 (94.9)	95.3 (95.2)	92.7 (92.1)	94.5 (94.4)
South East (Kent, Surrey and Sussex)	6	94.1 (92.4)	94.3 (92.9)	91.7 (89.9)	94.0 (92.7)

<sup>†</sup> Local Authorities / Health Boards.

<sup>1</sup> Currently we are not able to report the 2018 local teams in these areas as Cumbria LA does not map to the new configuration.

<sup>2</sup> Due to data quality concerns for Bury, Oldham, Rochdale and Trafford LA COVER data for these footprints do not appear in this report. They are also excluded from any higher aggregations such as the North (Lancashire and Greater Manchester), England and UK totals.

**Table 2. Completed UK primary immunisations at 24 months by country and NHS England local team: October to December 2019 (*July to September 2019*)**

Country	No. of LAs/ HBs <sup>†</sup>	DTaP/IPV/Hib3/He pB%	PCV booster%	Hib/MenC booster%	MMR1%	MenB booster%
United Kingdom	172	94.2 (94.0)	91.0 (90.6)	91.1 (90.8)	91.0 (90.6)	89.7 (89.3)
Wales	7	96.6 (96.5)	94.6 (94.7)	94.3 (94.1)	94.5 (94.4)	94.0 (94.0)
Northern Ireland	4	96.0 (96.0)	93.5 (92.5)	92.8 (92.2)	92.7 (92.1)	92.6 (92.2)
Scotland	14	97.1 (96.9)	94.9 (94.4)	94.9 (94.4)	94.4 (93.8)	94.3 (93.7)
England	147	93.8 (93.5)	90.4 (90.0)	90.5 (90.2)	90.4 (90.1)	89.0 (88.6)
<b>NHS England local teams*</b>						
London	33	90.0 (89.5)	83.0 (81.8)	83.3 (82.4)	83.1 (82.1)	81.0 (79.9)
North (Yorkshire & Humber)	15	95.2 (95.3)	93.0 (92.8)	92.8 (92.8)	92.8 (92.7)	91.8 (91.8)
North (Lancashire & Grt. Manchester) <sup>1</sup>	9 <sup>2</sup>	93.9 (93.9)	90.6 (90.6)	91.1 (91.4)	91.0 (91.3)	89.9 (89.8)
North (Cumbria & North East) <sup>1</sup>	13	96.4 (96.3)	95.7 (95.5)	95.6 (95.6)	95.4 (95.5)	94.6 (94.5)
North (Cheshire & Merseyside)	9	94.7 (93.1)	91.6 (91.2)	91.7 (91.7)	91.7 (91.5)	90.6 (90.2)
Midlands & East (North Midlands)	8	95.3 (95.0)	92.7 (92.1)	92.7 (92.1)	92.6 (92.1)	90.4 (89.9)
Midlands & East (West Midlands)	10	93.6 (93.3)	89.0 (88.6)	88.9 (88.7)	88.8 (88.7)	87.2 (86.9)
Midlands & East (Central Midlands)	10	92.8 (92.8)	91.5 (90.9)	91.9 (91.2)	91.6 (91.0)	89.2 (88.8)
Midlands & East (East)	7	95.0 (95.4)	92.9 (93.2)	92.7 (93.0)	92.6 (92.9)	91.5 (91.5)
South West (South West South)	8	96.3 (95.4)	94.2 (93.7)	94.2 (93.6)	94.2 (93.6)	93.4 (92.6)
South West (South West North)	7	95.3 (95.1)	92.2 (92.3)	92.3 (92.3)	92.3 (92.4)	91.5 (91.0)
South East (Hampshire, Isle of Wight and Thames Valley)	12	95.5 (95.5)	92.9 (92.9)	93.1 (93.1)	93.3 (93.1)	92.1 (92.0)
South East (Kent, Surrey and Sussex)	6	93.9 (93.6)	91.6 (91.3)	91.9 (91.4)	92.0 (91.7)	91.0 (90.2)

<sup>†</sup> Local Authorities / Health Boards.

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

2. Due to data quality concerns for Bury, Oldham, Rochdale and Trafford LAs, COVER data for these footprints do not appear in this report. They are also excluded from any higher aggregations such as the North (Lancashire and Greater Manchester), England and UK totals.

**Table 3. Completed UK primary immunisations and boosters at five years by country and NHS England local team: October to December 2019 (July to September 2019)**

Country	Number of LAs/HBs <sup>†</sup>	Primary		Booster		
		DTaP/IPV/ Hib3%	MMR1%	MMR2%	DTaP/IPV%	Hib/MenC%
<b>United Kingdom</b>	<b>172</b>	<b>95.7 (95.6)</b>	<b>94.9 (94.9)</b>	<b>87.7 (87.1)</b>	<b>86.6 (85.9)</b>	<b>93.2 (93.1)</b>
<b>Wales</b>	<b>7</b>	<b>97.2 (97.4)</b>	<b>96.6 (97.1)</b>	<b>92.3 (92.4)</b>	<b>92.9 (92.8)</b>	<b>94.9 (95.6)</b>
<b>N. Ireland</b>	<b>4</b>	<b>96.9 (97.2)</b>	<b>96.4 (96.5)</b>	<b>91.0 (89.9)</b>	<b>91.3 (90.4)</b>	<b>95.7 (95.8)</b>
<b>Scotland</b>	<b>14</b>	<b>98.1 (98.1)</b>	<b>96.9 (97.0)</b>	<b>92.3 (91.3)</b>	<b>92.7 (92.3)</b>	<b>96.3 (96.3)</b>
<b>England</b>	<b>147</b>	<b>95.4 (95.2)</b>	<b>94.6 (94.5)</b>	<b>86.9 (86.7)</b>	<b>85.5 (84.9)</b>	<b>92.8 (92.6)</b>
<i>English Local Teams</i>						
London	33	92.1 (92.0)	90.0 (90.0)	76.4 (76.1)	73.7 (72.6)	88.1 (88.1)
North (Yorkshire & Humber)	15	96.4 (96.6)	96.2 (96.0)	90.3 (89.7)	89.7 (88.8)	93.9 (93.6)
North (Lancashire & Grt. Manchester) <sup>1</sup>	9 <sup>2</sup>	95.1 (95.2)	94.5 (94.8)	87.0 (88.3)	85.4 (85.9)	93.4 (93.5)
North (Cumbria & North East) <sup>1</sup>	13	97.2 (97.3)	97.2 (97.0)	92.9 (91.9)	92.3(91.6)	95.5 (95.5)
North (Cheshire & Merseyside)	9	96.3 (95.9)	95.5 (95.1)	87.8 (88.2)	87.4 (86.9)	93.8 (93.6)
Midlands & East (North Midlands)	8	96.9 (96.8)	96.1 (96.4)	88.9 (88.9)	87.9 (86.9)	94.4 (94.3)
Midlands & East (West Midlands)	10	95.2 (95.8)	94.7 (95.2)	84.3 (85.4)	83.5 (84.4)	93.1 (93.8)
Midlands & East (Central Midlands)	10	95.9 (95.8)	95.6 (95.5)	89.4 (89.2)	86.6 (85.8)	93.3 (93.0)
Midlands & East (East)	7	96.7 (96.5)	96.1 (96.1)	91.0 (89.6)	90.1 (89.2)	94.0 (93.9)
South West (South West South)	8	97.1 (97.1)	96.6 (96.4)	92.3 (92.2)	90.2 (90.5)	95.7 (95.5)
South West (South West North)	7	97.1 (96.7)	96.5 (96.1)	90.8 (91.0)	89.7 (89.5)	95.7 (94.9)
South East (Hampshire, Isle of Wight and Thames Valley)	12	96.4 (96.1)	95.3 (94.7)	91.2 (90.2)	90.1 (89.4)	93.9 (93.4)
South East (Kent, Surrey and Sussex)	6	94.6 (93.2)	94.4 (94.0)	87.5 (85.6)	87.3 (84.9)	91.6 (90.5)

<sup>†</sup> Local Authorities / Health Boards.

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

2. Due to data quality concerns for Bury, Oldham, Rochdale and Trafford LAs, COVER data for these footprints do not appear in this report. They are also excluded from any higher aggregations such as the North (Lancashire and Greater Manchester), England and UK totals.

**Table 4. Neonatal hepatitis B coverage at 12 and 24 months in England by NHS England Local Team: October to December 2019 (*July to September 2019*)**

NHS England Local Team Code*	LA returns with 12 month data	12 month denominator	% Coverage at 12 months (5 doses) <sup>1</sup>	LA returns with 24 month data	24 month denominator	% Coverage at 24 months <sup>2</sup>
London	33 of 33	188	90 (89)	33 of 33	182	69 (81)
North (Yorkshire & Humber)	15 of 15	36	86 (80)	15 of 15	42	79 (89)
North (Lancashire & Grt. Manchester) <sup>3</sup>	6 of 13	18	67 (33)	6 of 13	41	22 (11)
North (Cumbria & North East) <sup>3</sup>	12 of 13	8	88 (100)	12 of 13	5	100 (43)
North (Cheshire & Merseyside)	6 of 9	7	71 (0)	6 of 9	4	50 (0)
Midlands & East (North Midlands)	8 of 8	17	100 (100)	8 of 8	21	95 (100)
Midlands & East (West Midlands)	10 of 10	61	90 (89)	10 of 10	48	96 (95)
Midlands & East (Central Midlands)	10 of 10	54	89 (92)	10 of 10	48	98 (81)
Midlands & East (East)	7 of 7	18	72 (90)	7 of 7	19	63 (71)
South West (South West South)	8 of 8	15	100 (100)	8 of 8	9	78 (90)
South West (South West North)	7 of 7	10	100 (100)	7 of 7	19	74 (100)
South East (Hampshire, Isle of Wight and Thames Valley)	12 of 12	43	93 (93)	12 of 12	28	75 (89)
South East (Kent, Surrey and Sussex)	6 of 6	30	87 (69)	6 of 6	15	93 (83)
<b>England<sup>1</sup></b>	<b>140 of 151</b>	<b>505</b>	<b>89 (82)</b>	<b>140 of 151</b>	<b>481</b>	<b>74 (63)</b>

1. Babies offered two monovalent HepB vaccines (at birth and one month) and three hexavalent vaccines (at eight, twelve and sixteen weeks).

2. Babies offered three monovalent vaccines at birth, 4 weeks and 12 months of age, and three doses of hexavalent vaccine (at eight, twelve and sixteen 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.

**Table 5. BCG vaccine coverage at 12 months in English local authorities with TB incidence  $\geq 40$  per 100,000 and offering a universal programme: October to December 2019 (*July to September 2019*)**

Upper tier Local Authority	Three-year average (2014-16) annual TB rate per 100,000	Number of eligible children (1st birthday in Jan to March 2019)	Universal BCG coverage% (previous quarterly estimate)
Newham	69.0	1390	69.3 (73.9)
Brent	57.8	1171	31.5 (32.8)
Hounslow	47.5	1002	20.5 (18.5)
Ealing	47.3	1262	42.3 (36.7)
Redbridge	41.5	1165	78.5 (80.4)

Note: Slough has an TB incidence of 41.8 per 100,000 but does not have a universal programme



## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

### About Health Protection Report

*Health Protection Report* is a national public health bulletin for England and Wales, published by Public Health England. It is PHE's principal channel for the dissemination of laboratory data relating to pathogens and infections/communicable diseases of public health significance and of reports on outbreaks, incidents and ongoing investigations.

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