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Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme): January to March 2021

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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) and devolved administration levels only.

Fourth quarterly report for financial year 2020 to 2021: main points

Key points from the report include:

- 12-month UK coverage for DTaP/IPV/Hib/HepB3 increased by 0.1% to 92.2% and Rotavirus by 0.3% to 90.6%, whereas MenB2 decreased by 0.1 to 92.3%, compared to the previous quarter
- this is the first quarterly cohort to be routinely offered one PCV dose in the first year of life at 12 weeks and the UK coverage was 93.8%
- at the country-level, Scotland achieved at least 96% coverage for all antigens at 12 months except Rotavirus, in Wales coverage was at least 95% and in Northern Ireland at least 94%
- in England, 12-month coverage DTaP/IPV/Hib/HepB3 increased by 0.1% to 91.6% and Rotavirus by 0.1% to 90.0%, whereas MenB decreased by 0.1% to 91.8% when compared to the previous quarter. PCV1 coverage was reported for the first time at 93.4%
- 24-month UK vaccine coverage estimates for all 4 vaccines offered on or after the first birthday decreased 0.8% to 1.1% when compared to the previous quarter.
- at country level, coverage in Scotland exceeded 94% for all the vaccines offered from the first birthday; in Wales coverage exceeded 93% and in Northern Ireland it exceeded 91%
- in England, coverage decreased for all the vaccines offered from the first birthday – PCV booster by 1.2% to 89.1%, Hib/MenC booster by 1.1% to 89.2%, MMR1 by 1.0% to 89.3% and MenB booster by 0.8% to 88.5%
- children who reached their second birthday in this quarter (born January to March 2019) were scheduled to receive MMR1, Hib/MenC, MenB and PCV booster vaccines at the same visit at 12 months of age from January to March 2020 onwards. Children due to receive their vaccines in March 2020, or those who were late booking their appointment and ordinarily would have caught up by their second birthday, may have been impacted by social distancing and lockdown measures from late March 2020 onwards. This may be a contributing factor to the observed decreases in coverage seen in this quarter

- at 5 years the 95% target was achieved for DTaP/IPV/Hib3 in all UK countries and for MMR1 and Hib/MenC booster in Scotland, Wales and Northern Ireland. In England, MMR1 coverage remained at 94.3% and 9 local teams achieved the 95% target, however HibMenC booster coverage decreased 0.1% to 92.5%
- coverage at 5 years for these vaccines primarily reflects vaccinations delivered 4 years ago
- UK coverage for MMR2 decreased 0.3% to 87.2% and coverage for the pre-school booster (DTaP/IPV) decreased by 0.3% to 86.1%
- in England, coverage for MMR2 decreased by 0.3% to 86.4% and the pre-school booster decreased by 0.3% to 85.1%

1. Cohort definitions for January to March 2021

Children who reached their first birthday in the quarter (born January to March 2020) were scheduled to receive their third combined diphtheria, tetanus, acellular pertussis, polio, *Haemophilus influenzae* type b and hepatitis B vaccine (known as DTaP/IPV/Hib/HepB or hexavalent vaccine), PCV, MenB and Rotavirus vaccines between May and July 2021 [1]. With the exception of Rotavirus vaccine which is only offered up to 6 months of age, all other vaccines would have been available to children in the current cohort up to the first birthday (January to March 2021).

This is the first quarterly cohort to be routinely offered one PCV dose in the first year of life at 12 weeks [2]. (see Section 3.3).

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 January to March 2019) were scheduled to receive their third DTaP/IPV/Hib/HepB, second PCV, MenB and rotavirus vaccinations between May and July 2019, 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 January to March 2020). With the exception of rotavirus vaccine which is only offered up to 6 months of age, all other vaccines would have been available to children in this cohort up to the second birthday (January to March 2021).

Children born to hepatitis B surface antigen (HBsAg) positive mothers, who reached their second birthday in this quarter (born January to March 2019), 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 January to March 2016) were scheduled to receive their third dose DTaP/IPV/Hib and second PCV and one MenC vaccination between May and July 2016. They were also scheduled to receive their first MMR, Hib/MenC booster and PCV booster after their first birthday between January and March 2017, and their pre-school diphtheria, tetanus, acellular pertussis, inactivated polio booster (DTaP/IPV) and second dose MMR from May 2019. DTaP/IPV/Hib, first and second doses of MMR, and DTaP/IPV would have been available to this cohort up to the fifth birthday (January to March 2021).

Children born in areas where there is a universal neonatal BCG programme (that is, where TB incidence is 40 per 100,000 population or greater) who reach their first birthday in this quarter (born January to March 2020) 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 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 were collected through NHS Digital's Strategic Data Collection Service (SDCS). Individual English LA and GP data including numerators, denominators, coverage and relevant caveats where applicable are available at: [Cover of vaccination evaluated rapidly \(COVER\) programme 2020 to 2021: quarterly data](#).

GP level data were censored when individual values were less than 5.

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.

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 4 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

In England, the January to March 2021 quarter is the eighth 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.

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 are offered 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 changed schedule is referred to as a 1+1 PCV schedule and has replaced 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)) [2].

This is the first quarter (January to March 2021) where only PCV1 coverage at 12 months has been published as all children evaluated will have been offered only one PCV dose in the first year of life.

4. Results

4.1 Coverage at 12 months

UK coverage for DTaP/IPV/Hib/HepB3 increased by 0.1% to 92.2% and Rotavirus by 0.3% to 90.6%, whereas MenB2 decreased by 0.1 to 92.3% (table 1) [3]. This is the first quarterly cohort to be routinely offered one PCV dose in the first year of life at 12 weeks and the UK coverage was 93.8%.

This cohort were born in January to March 2020 and were first offered their DTaP/IPV/Hib/HepB3, PCV2, MenB2 and Rota2 vaccines between May and July 2020. The first lockdown of the COVID-19 pandemic started in late March 2020 and it is possible that the introduction of physical distancing measures may have contributed to missed appointments.

With the exception of Rotavirus vaccine, in Scotland at least 96% coverage was achieved for all antigens at 12 months, whereas in Wales coverage was at least 95% and in Northern Ireland coverage was at least 94% (table 1). In England, 12-month coverage of DTaP/IPV/Hib/HepB3 increased by 0.1% to 91.6% and Rotavirus by 0.1% to 90.0%, whereas MenB decreased by 0.1% to 91.8% when compared to the previous quarter. PCV1 coverage was reported for the first time at 93.4%. Only one NHS England local team achieved at least 95% coverage for all three of DTaP/IPV/Hib/HepB3, PCV1 and MenB2.

4.2 Coverage at 24 months

Twenty-four month UK vaccine coverage estimates for all vaccines offered on or after the first birthday (MMR1, PCV, Hib/MenC and MenB boosters) decreased substantially when compared to the previous quarter [3]. MMR1 and Hib/MenC booster both decreased 1.0% to 89.9%, PCV booster decreased 1.1% to 89.8% and MenB booster decreased 0.8% to 89.2%. The UK figures reflect decreases in coverage in all four nations.

At the country level, coverage in Scotland exceeded 94% for all the vaccines offered from the first birthday; in Wales coverage exceeded 93% and in Northern Ireland it exceeded 91%. Compared to the previous quarter, coverage in England decreased for PCV booster by 1.2% to 89.1%, Hib/MenC booster by 1.1% to 89.2%, MMR1 by 1.0% to 89.3% and MenB booster by 0.8% to 88.5%. Eight of 13 local teams achieved at least 90% for all four vaccines.

UK DTaP/IPV/Hib/HepB3 evaluated again at the second birthday decreased 0.2% to 94.4% this quarter. In Scotland, Northern Ireland and Wales coverage was at least 96%; in England coverage decreased 0.2% to 94.0% with 7 of 13 local teams achieving 95% (table 2).

Children who reached their second birthday in the quarter (born January to March 2019) were scheduled to receive MMR1, and Hib/MenC, MenB and PCV booster vaccines at the same visit from 12 months of age (from January to March 2020). Children scheduled to receive their vaccines in March 2020, or those who were late booking their appointment and ordinarily would have caught up by their second birthday may have been impacted by social distancing and lockdown measures from late March 2020 onwards. This may be a contributing factor to the observed decreases in coverage seen in this quarter.

4.3 Coverage at 5 years

All UK countries continue to exceed the 95% WHO target for DTaP/IPV/Hib3 at 5 years. (table 3) [3]. This target was also achieved for MMR1 and Hib/MenC booster in Scotland, Wales and Northern Ireland. In England, MMR1 remained at 94.3% but 9 local teams did achieve the 95% target. HibMenC booster decreased 0.1% to 92.5%. Coverage at 5 years for these vaccines primarily reflects vaccinations delivered 4 years ago.

UK coverage for MMR2 decreased 0.3% to 87.2% and decreased by 0.3% for the pre-school booster (DTaP/IPV) to 86.1%. In England, coverage for MMR2 decreased by 0.3% to 86.4% and the pre-school booster decreased by 0.3% to 85.1%. Pre-school booster and MMR2 coverage exceeded 90% in the devolved administrations but only 4 English local teams reached this level for both vaccines (table 3).

4.4 Neonatal hepatitis B vaccine coverage in England

This is the tenth quarter where neonatal HepB vaccine coverage data in England evaluates 5 doses of hepatitis B vaccine (2 monovalent and 3 hexavalent doses) in infants born to hepatitis B surface antigen (HBsAg) positive mothers, who reached the age of one year in this quarter (that is, those born between January and March 2020). It is the sixth quarter when all 24-month-olds will have been offered 3 monovalent vaccines (at birth, 4 weeks and 12 months of age), and 3 doses of hexavalent vaccine (at 2, 3 and 4 months).

National coverage at 12 months for 5 doses of a HepB-containing vaccine decreased by 2% to 86% 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 January and March 2019) decreased 1% to 78% compared to the last quarter (table 4).

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.

5. Links for country-specific data and guidance

Quarterly England data: [Cover of vaccination evaluated rapidly \(COVER\) programme 2020 to 2021: quarterly data](#)

Annual England data: [NHS Digital Childhood Vaccination Coverage Statistics](#)

Quarterly Northern Ireland: [Vaccination coverage: pre-school vaccination](#)

Scotland: [Public Health Scotland – Immunisation](#)

Wales: [Public Health Wales – National immunisation uptake data](#)

[Data submission deadlines and publication dates for the COVER programme](#)

[Information for immunisation practitioners and other health professionals](#)

6. References

1. Public Health England. [The complete routine immunisation schedule](#).
2. Public Health England (2019). [Pneumococcal vaccination: infant schedule changes from January 2020 \(letter\)](#).
3. Public Health England (2021). [Quarterly vaccination coverage statistics for children aged up to 5 years in the UK \(COVER programme\): October to December 2020. HPR 15\(7\)](#).

7. Appendix: Tables

Table 1. Completed UK primary immunisations at 12 months by country and England local team: January to March 2021 (October to December 2020)

Table 2. Completed UK primary immunisations at 24 months by country and NHS England local team: January to March 2021 (October to December 2020)

Table 3. Completed UK primary immunisations and boosters at 5 years by country and NHS England local team: January to March 2021 (October to December 2020)

Table 4. Neonatal hepatitis B coverage at 12 and 24 months in England by NHS England Area Team: January to March 2021 (October to December 2020)

Table 5. BCG vaccine coverage at 12 months in English local authorities with TB incidence ≥ 40 per 100,000 and offering a universal programme: January to March 2021 (October to December 2020)

Table 1. Completed UK primary immunisations at 12 months by country and English Local Teams: January to March 2021 (October to December 2020)

Country	No. of LAs/HBs [†]	DTaP/IPV/Hib/Hep B3%	PCV1%	Rota2%	MenB2%
United Kingdom	176	92.2 (92.1)	93.8	90.6 (90.3)	92.3 (92.4)
Wales	7	95.1 (95.2)	96.5	93.6 (93.4)	95.2 (95.2)
Northern Ireland	4	94.3 (93.7)	96.0	92.3 (91.7)	94.4 (94.0)
Scotland	14	96.5 (96.4)	96.4	94.9 (93.9)	96.4 (96.3)
England	153	91.6 (91.5)	93.4	90.0 (89.9)	91.8 (91.9)
NHS England Local Teams					
London	33	85.7 (85.8)	87.2	84.6 (85.2)	85.8 (85.9)
North (Yorkshire & Humber)	15	92.9 (93.0)	95.3	91.2 (91.1)	93.4 (93.2)
North (Lancashire & Grt. Manchester) ¹	13	89.9 (90.3)	92.6	87.7 (88.4)	90.8 (91.7)
North (Cumbria & North East) ¹	13	95.8 (95.2)	97.4	94.7 (93.7)	95.9 (95.5)
North (Cheshire & Merseyside)	9	91.1 (91.2)	93.7	90.4 (89.4)	91.5 (92.2)
Midlands & East (North Midlands)	8	94.1 (94.1)	96.0	92.7 (92.7)	94.2 (94.4)
Midlands & East (West Midlands)	10	90.5 (90.2)	91.9	87.5 (87.5)	90.6 (90.8)
Midlands & East (Central Midlands)	10	93.5 (92.9)	95.3	91.7 (91.8)	93.6 (93.5)
Midlands & East (East)	7	94.3 (93.9)	95.9	92.6 (91.4)	94.1 (93.8)
South West (South West South)	8	94.8 (93.9)	96.1	92.9 (91.4)	94.7 (94.3)
South West (South West North)	7	94.6 (94.4)	95.7	93.1 (92.8)	94.7 (94.5)

South East (Hampshire, Isle of Wight and Thames Valley)	12	94.6 (94.5)	94.9	92.8 (92.5)	94.1 (94.4)
South East (Kent, Surrey and Sussex)	6	92.1 (92.5)	94.4	90.6 (90.8)	92.2 (92.8)

† Local Authorities / Health Boards.

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

Table 2. Completed UK primary immunisations at 24 months by country and NHS England local team: January to March 2021 (October to December 2020)

Country	No. of LAs/ HBs†	DTaP/IPV/Hib3/HepB %	PCV booster%	Hib/MenC booster%	MMR1%	MenB booster%
United Kingdom	176	94.4 (94.6)	89.8 (90.9)	89.9 (90.9)	89.9 (90.9)	89.2 (90.0)
Wales	7	97.0 (97.2)	94.3 (94.9)	94.0 (94.6)	94.3 (94.9)	93.9 (94.5)
Northern Ireland	5	96.2 (96.0)	92.0 (92.7)	91.7 (92.5)	91.5 (92.3)	91.2 (92.2)
Scotland	14	97.5 (97.4)	95.1 (95.5)	95.0 (95.4)	94.6 (95.1)	94.5 (95.0)
England	151	94.0 (94.2)	89.1 (90.3)	89.2 (90.3)	89.3 (90.3)	88.5 (89.3)
NHS England local teams						
London	33	89.4 (89.9)	78.6 (81.8)	80.3 (82.5)	80.3 (82.3)	79.4 (80.9)
North (Yorkshire & Humber)	15	95.1 (95.3)	91.7 (92.3)	91.8 (92.3)	91.6 (92.1)	90.8 (91.3)
North (Lancashire & Grt. Manchester) ¹	13	93.9 (94.3)	89.5 (90.8)	89.8 (91.0)	89.9 (91.0)	88.5 (90.0)
North (Cumbria & North East) ¹	13	96.9 (96.9)	94.8 (95.8)	94.9 (95.9)	94.8 (95.8)	94.5 (95.3)
North (Cheshire & Merseyside)	9	93.5 (93.9)	89.1 (90.3)	88.9 (90.2)	89.0 (90.1)	88.4 (89.3)
Midlands & East (North Midlands)	8	95.9 (95.7)	92.2 (92.0)	92.4 (92.0)	92.3 (92.1)	91.5 (91.2)
Midlands & East (West Midlands)	10	93.6 (93.6)	88.0 (89.0)	88.1 (89.2)	88.1 (89.2)	86.9 (87.6)
Midlands & East (Central Midlands)	10	94.2 (93.8)	91.7 (92.0)	90.3 (92.2)	91.8 (92.1)	90.2 (90.4)
Midlands & East (East)	7	96.2 (95.7)	92.8 (93.2)	92.7 (93.3)	92.5 (93.1)	92.2 (92.8)
South West (South West South)	8	95.8 (96.2)	92.9 (93.6)	92.8 (93.7)	92.8 (93.6)	92.4 (93.4)

South West (South West North)	7	95.9 (96.2)	92.6 (93.4)	92.5 (93.4)	92.5 (93.4)	91.8 (92.8)
South East (Hampshire, Isle of Wight and Thames Valley)	12	95.9 (95.8)	94.8 (94.4)	92.7 (93.2)	92.9 (93.3)	93.4 (93.2)
South East (Kent, Surrey and Sussex)	6	94.8 (95.4)	89.9 (91.4)	89.6 (91.1)	89.6 (91.1)	89.0 (90.5)

† 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.

Table 3. Completed UK primary immunisations and boosters at 5 years by country and NHS England local team: January to March 2021 (October to December 2020)

Country	Number of LAs/HBs†	Primary		Booster		
		DTaP/IPV/ Hib3%	MMR1%	MMR2%	DTaP/IPV%	Hib/MenC%
United Kingdom	176	95.6 (95.6)	94.6 (94.6)	87.2 (87.5)	86.1 (86.4)	93.0 (93.0)
Wales	7	97.5 (96.7)	97.0 (96.4)	92.8 (92.1)	93.2 (92.7)	95.9 (95.1)
N. Ireland	5	97.3 (96.8)	96.3 (95.5)	90.0 (90.3)	90.7 (91.0)	95.7 (95.0)
Scotland	14	97.9 (97.8)	96.6 (96.7)	92.2 (92.8)	92.7 (93.3)	96.1 (96.1)
England	151	95.3 (95.3)	94.3 (94.3)	86.4 (86.7)	85.1 (85.4)	92.5 (92.6)
English Local Teams						
London	33	91.4 (91.4)	88.7 (88.8)	74.1 (74.1)	71.4 (71.3)	87.0 (86.5)
North (Yorkshire & Humber)	15	96.4 (96.5)	95.7 (95.8)	89.9 (90.5)	89.1 (89.6)	93.8 (93.9)
North (Lancashire & Grt. Manchester) ¹	13	95.6 (94.4)	95.3 (94.6)	86.8 (87.7)	83.8 (86.1)	93.5 (94.0)
North (Cumbria & North East) ¹	13	97.4 (96.9)	97.2 (97.2)	93.0 (92.6)	92.4 (92.5)	95.7 (95.5)
North (Cheshire & Merseyside)	9	96.0 (96.3)	94.7 (95.1)	87.0 (86.8)	85.8 (85.4)	94.0 (94.5)
Midlands & East (North Midlands)	8	96.8 (97.3)	96.1 (96.2)	89.3 (89.6)	88.5 (88.7)	93.9 (94.5)
Midlands & East (West Midlands)	10	94.9 (95.3)	94.0 (94.2)	84.0 (85.4)	83.1 (84.7)	92.6 (92.9)
Midlands & East (Central Midlands)	10	96.2 (96.4)	95.6 (95.5)	89.9 (89.8)	88.7 (88.4)	93.3 (93.2)
Midlands & East (East)	7	96.7 (96.8)	95.5 (95.8)	90.8 (91.1)	90.3 (90.8)	92.8 (92.8)
South West (South West South)	10	96.8 (97.1)	96.1 (96.4)	91.6 (92.0)	90.2 (90.3)	95.2 (95.3)
South West (South West North)	7	96.8 (96.7)	96.2 (96.1)	90.5 (90.9)	89.7 (89.7)	95.6 (95.6)

South East (Hampshire, Isle of Wight and Thames Valley)	12	96.3 (96.4)	95.7 (95.4)	91.0 (91.0)	90.4 (90.3)	94.8 (94.9)
South East (Kent, Surrey and Sussex)	6	94.7 (94.9)	94.6 (95.0)	87.6 (88.3)	86.7 (86.9)	91.9 (92.6)

† 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.

Table 4. Neonatal hepatitis B coverage at 12 and 24 months in England by NHS England Local Team: January to March 2021 (October to December 2020)

NHS England Local Team ³	LA returns with 12 month data	12 month denominator	% Coverage at 12 months (5 doses) ¹	LA returns with 24 month data	24 month denominator	% Coverage at 24 months ²
London	33 of 33	165	83 (89)	33 of 33	144	73 (76)
North (Yorkshire & Humber)	15 of 15	26	81 (87)	15 of 15	34	88 (83)
North (Lancashire & Grt. Manchester) ³	13 of 13	32	88 (56)	13 of 13	32	34 (50)
North (Cumbria & North East) ³	12 of 13	7	100 (75)	12 of 13	8	87.5 (75)
North (Cheshire & Merseyside)	9 of 9	14	93 (70)	9 of 9	12	33 (36)
Midlands & East (North Midlands)	8 of 8	20	95 (89)	8 of 8	12	92 (88)
Midlands & East (West Midlands)	10 of 10	45	82 (96)	10 of 10	53	92 (93)
Midlands & East (Central Midlands)	10 of 10	39	92 (98)	10 of 10	41	93 (85)
Midlands & East (East)	7 of 7	27	93 (89)	7 of 7	25	84 (74)
South West (South West South)	8 of 8	9	89 (89)	8 of 8	7	86 (100)
South West (South West North)	7 of 7	8	100 (82)	7 of 7	11	82 (100)
South East (Hampshire, Isle of Wight and Thames Valley)	12 of 12	22	95 (90)	12 of 12	24	100 (88)
South East (Kent, Surrey and Sussex)	6 of 6	12	42 (100)	6 of 6	20	65 (64)
England¹	150 of 151	426	86 (88)	150 of 151	423	78 (79)

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.

Table 5. BCG vaccine coverage at 12 months in English local authorities with TB incidence of 40 per 100,000 and above, and offering a universal programme: January to March 2021 (October to December 2020)

Upper tier Local Authority	Three-year average (2014 to 2016) annual TB rate per 100,000	Number of eligible children (1st birthday in January to March 2020)	Universal BCG coverage% (previous quarterly estimate)
Newham	69.0	1368	75.2 (74.3)
Brent	57.8	1128	25.7 (27.1)
Hounslow	47.5	816	21.2 (20.1)
Ealing	47.3	1081	40.4 (41.7)
Redbridge	41.5	1042	72.1 (72.8)

Note: Slough has a 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 or communicable diseases of public health significance and of reports on outbreaks, incidents and ongoing investigations.

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