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## Quarterly vaccination coverage statistics for children aged up to five years in the UK (COVER programme): July to September 2013

UK MMR coverage at two years continues to increase and is now 93.2%, up 0.2% compared to the previous quarter [1]. The WHO target of 95% coverage has been achieved for the third successive quarter by all three devolved administrations. In Wales, MMR coverage increased by 2.5% to 98.4% and, for the first time, coverage exceeded 95% in all health boards and local authority areas. These two year olds would have been scheduled to receive their first dose of MMR vaccine in the months prior to the large outbreak of measles which affected Wales from November 2012 to July 2013, and the high coverage achieved reflects the efforts invested by Health Boards and GPs to increase MMR coverage during the measles outbreak. [2] The improvement in coverage is also likely to reflect an increased awareness in parents of the risks associated with measles. [2]. In England, nine of 25 English Area Teams achieved the 95% target and a further six English Area Teams achieved 94%, increasing national coverage in England by 0.1% to 92.7%. UK coverage of the first dose of MMR evaluated at five years remained at 94.8% with Scotland, Northern Ireland, Wales and 18 English Area Teams achieving at least 95% coverage. Coverage of the second dose of MMR in the UK increased by 0.1% to 89.1% compared to the previous quarter, with Wales, Northern Ireland, Scotland and 18 English Area Teams achieving at least 90%. For other vaccines evaluated at 24 months and 5 years, UK vaccine coverage remained at very similar levels compared to the previous quarter [1].

Country-specific comparisons for minimum coverage levels achieved for all three immunisations evaluated at 12 months (DTaP/IPV/Hib3, MenC2 and PCV2) show Scotland and Northern Ireland achieved at least 96% coverage, Wales at least 95% and England at least 93%; within England 12 Area Teams achieved at least 95%.

A decrease of 1% (to 93.6%) was observed for UK MenC2 coverage at one year and was seen in all countries (range -0.5% to -1%). This drop is likely to be related to the removal of the second dose of MenC at age 16 weeks (four months) from the routine schedule for infants from 1 June 2013 [3]. Although the children evaluated at 12 months (born between July and September 2012) were scheduled to have their primary MenC immunisations at 3 and 4 months (between October 2012 and January 2013) some may not have received both doses on time. Those infants who received a first dose of Menjugate Kit® but not a second dose by 1 June 2013, did not need a second dose after 1 June 2013. Those who received a first dose of Meningitec® but not a second dose by 1 June 2013 should have received a second dose of vaccine, which should preferably be either Meningitec® or Menjugate Kit® [3]. This schedule change is likely to adversely impact on future quarterly MenC2 coverage evaluations until the April to June 2013 quarter, when infants exclusively offered one dose of MenC will be evaluated.

### ***New format for COVER data in England from April 2013***

From April 2013, commissioning and coordination of immunisation programmes is the responsibility of NHS England [4]. Given the transfer of responsibility for public health, however, to local authorities (LAs) on 1st April 2013, population vaccination coverage is included in the Public Health Outcomes Framework (PHOF) (Indicator 3.3) [5]. In line with all the outcomes indicators, population vaccination coverage is expected to be collected for LA resident population. Primary Care Trusts (PCT) coverage collections in the NHS have been based around responsible population (ie patients who are registered with a GP in the PCT or unregistered patients who reside in the PCT area).

In order to ensure that accurate PHOF vaccine coverage data are available, the Health Protection Agency (HPA) Immunisation Department surveyed Primary Care Trusts (PCTs) immunisation coordinators and Child Health Information System (CHIS) managers in February 2013. The aim was to understand which CHIS systems can currently produce reliable LA resident population data. Several responses indicated that using LA resident population data would lead to a drop in vaccination coverage because the organisation with responsibility for delivery of the immunisation programme is different from the organisation with responsibility for data. It was therefore proposed, and agreed with the PHOF team, that vaccination coverage data (Indicator 3.3) be collected by LA responsible population – meaning coverage would be supplied for patients registered with GPs based in that LA and for unregistered patients who were resident in that LA. For LAs that are co-terminus with a PCT this will approximate to the PCT responsible population. Those LAs not coterminous with PCT boundaries may need to collate data from more than one CHIS to provide LA responsible population coverage data.

From April 2013, quarterly request parameters for COVER data in England have been simplified in line with the PHOF outcome sub-indicators [6], and are requested in two formats, (i) by PCT responsible population to allow for continuity with historical data and (ii) by LA responsible population (as defined above). Individual PCT, and where

available LA, data are published on the HPA website this quarter [6]. To reflect the new NHS organisations in England COVER reports present coverage data by English Area Teams (tables 1a-4a). Former Strategic Health Authorities tabulations are also provided for historical comparisons (tables 1b-4b).

### ***Pilot collection of GP practice-level COVER data by NHS England in February 2014***

To enable NHS England to commission effectively and to tackle inequalities in access locally vaccine coverage data also needs to be collected at a lower geography. NHS England is piloting a collection of GP practice-level data, to be submitted directly by providers to the Unify2 system in a single collection from their CHIS. This collection will include data for unregistered children aggregated at CCG level. This approach has been ratified by the Public Health Steering Group leads within NHS England, Department of Health and PHE. Providers utilising CHISs will be contacted by their CHIS commissioners in late December 2013 to establish logins for Unify2. It is planned that the new GP-level quarterly collection, which will match the existing COVER parameters, will commence for the October to December 2013 quarter (2013/14 Quarter 3) collection in February 2014, at the same time as the routine quarterly COVER return. Quarter 1, Quarter 2 and Quarter 3 GP level data will be collected simultaneously. The new collection will only take place in England. Detailed guidance and Frequently Asked Questions documents are currently under development and will be published on the NHS England website as soon as they are available. For further clarification regarding the proposed changes, please contact: [england.dataflows@nhs.net](mailto:england.dataflows@nhs.net).

The intention is for the NHS England and routine PHE quarterly COVER collections to run in parallel to assure data quality and comparability. Longer term, both collections should be replaced by the Maternity and Children's Dataset (MCDS). The Health & Social Care Information Centre (HSCIC) are developing a children and young people's dataset as part of the MCDS. Consideration will be given to the collection of historical data for the full MCDS back to April 2013. The MCDS will run in parallel with the collection of the existing aggregate returns until it is of sufficient quality to be used to populate the PHOF indicators. More details about the dataset are available on the HSCIC website at <http://www.hscic.gov.uk/maternityandchildren>.

### ***Results for July to September 2013***

This report presents quarterly coverage data for children in the UK who reached their first, second, or fifth birthday during the evaluation quarter (July to September 2013). This is the second quarterly data to be collected since the re-organisation of the NHS in England.

Children who reached their first birthday in the quarter (born July to September 2012) would have been scheduled to receive their primary vaccinations according to the schedule introduced on 4 September 2006 [6] (three doses diphtheria, tetanus, acellular pertussis, polio, and *Haemophilus influenzae* type b vaccine (DTaP/IPV/Hib vaccine), two doses each of meningococcal serogroup C conjugate vaccine (MenC vaccine) and pneumococcal conjugate vaccine (PCV).

Children who reached their second birthday in the quarter (born July to September 2011) would have been scheduled to receive their third dose primary vaccinations between November 2011 and February 2012, and their first measles, mumps, and rubella (MMR) vaccination, a booster dose of Hib and MenC vaccine (given as a combined Hib/MenC vaccine) and PCV vaccine at the same visit at 12 months of age, between August and October 2012 [7].

Children who reached their fifth birthday in the quarter (born July to September 2008) would have been scheduled to receive their third dose DTaP/IPV/Hib and second MenC and PCV vaccinations between November 2008 and February 2009. They would have been scheduled to receive their first MMR between August and October 2009, their pre-school diphtheria, tetanus, acellular pertussis, inactivated polio booster and second dose MMR from October 2011. Children born between July to September 2008 were scheduled to receive Hib/MenC booster vaccine at 12 months and PCV booster vaccine at 13 months [8].

Methods of data collection for COVER coverage are described on the legacy HPA website [7].

### **Participation and data quality**

Data were received from all Health Boards (HBs) in Scotland, Northern Ireland and Wales. In England, this is the second quarter collecting data from the new structures in the reorganised NHS and requesting coverage data in two formats; by PCT and by Local Authority (LA). There are some challenges in maintaining data flows for the PCT

level collection as these organisations formally ceased to exist on 1 st April 2013 and some Child Health Information Systems (CHISs) have moved to extracting at the Clinical Commission Group (CCG) level; these data were aggregated to PCT level based on GGC postcode. In addition, many CHISs are not able to currently provide accurate LA level coverage data by the resident population, however, where LAs are coterminous with a former PCT boundary coverage data for the responsible population PCT will approximate to the LA responsible population [1]. For those LAs not coterminous with PCT boundaries many areas were not able to provide LA responsible population coverage data. Coverage data by individual PCT and LA, where available, will be published on the HPA legacy website [9].

Area Teams (AT) and Child Health Records Departments (CHRDs) submitted data for all PCTs in England, however, 12 month data for one London PCT have been omitted from this report due to data quality issues, and three PCTs, all using the same child health information system provider, reported data quality issues with five year Hib/MenC data, these have also been omitted from the analysis.

### **Coverage at 12 months**

UK coverage at 12 months for DTaP/IPV/Hib3 and PCV2 decreased by 0.3% compared to levels in the previous quarter, and MenC2 decreased by 1.0% (table 1a) [1]. Country-specific comparisons for minimum coverage levels achieved for all three immunisations evaluated at 12 months show Scotland and Northern Ireland achieved at least 96% coverage, Wales at least 95% and England at least 93%; within England 12 ATs achieved at least 95% (tables 1a).

Within the UK, 126 of the 175 participating PCTs/HBs (72%) achieved at least 95% coverage at 12 months for DTaP/IPV/Hib3, 121 (69%) achieved 95% for two doses of PCV, and 94 (54%) for two doses of MenC vaccine.

**Table 1a. Completed primary immunisations at 12 months by country and English Area Team: July to September 2013 (April to June 2013)**

Country and English Area Team (AT code)	Number of PCTs/HBs†	DTaP/IPV/Hib3 %	MenC2 %	PCV2 %
United Kingdom	175 †	94.8 (95.1)	93.6 (94.6)	94.7 (95.0)
Wales	7	96.7 (96.7)	95.9 (96.4)	96.4 (96.2)
Northern Ireland	4	97.4 (97.7)	96.8 (97.7)	97.4 (97.7)
Scotland	14	97.6 (97.6)	96.8 (97.3)	97.7 (97.7)
England (Total)	150 †	94.3 (94.7)	93.1 (94.1)	94.3 (94.6)
<b>English Area Teams</b>				
Cheshire, Warrington and Wirral (Q44)	4	96.8 (96.6)	96.0 (96.7)	97.1 (97.0)
Durham, Darlington and Tees (Q45)	6	96.5 (96.9)	96.0 (96.6)	96.2 (96.4)
Greater Manchester (Q46)	10	96.8 (96.5)	94.9 (96.0)	96.3 (96.2)
Lancashire (Q47)	5	91.0 (94.7)	90.2 (94.5)	90.5 (94.2)
Merseyside (Q48)	4	95.2 (95.6)	94.3 (96.2)	95.6 (96.4)
Cumbria, Northumberland, Tyne and Wear (Q49)	7	97.3 (97.2)	96.3 (96.4)	97.2 (96.8)
N Yorkshire and Humber (Q50)	5	95.9 (96.5)	94.5 (96.0)	95.9 (96.5)
S Yorkshire and Bassetlaw (Q51)	5	96.0 (95.8)	94.9 (94.9)	95.9 (95.6)
W Yorkshire (Q52)	5	96.2 (96.1)	96.2 (95.7)	95.9 (95.9)
Arden, Herefordshire and Worcestershire (Q53)	4	97.0 (96.3)	95.5 (95.7)	96.7 (95.9)
Birmingham and the Black Country (Q54)	8	93.7 (92.6)	92.5 (92.2)	93.6 (92.6)
Derbyshire and Nottinghamshire (Q55)	4	95.5 (96.0)	94.3 (95.4)	95.1 (95.7)
East Anglia (Q56)	5	95.8 (95.7)	94.5 (95.3)	95.4 (95.3)

Essex (Q57)	5	96.4 (96.3)	95.7 (96.0)	96.2 (96.1)
Hertfordshire and the S Midlands (Q58)	5	96.8 (96.5)	95.8 (96.1)	96.8 (96.3)
Leicestershire and Lincolnshire (Q59)	3	96.9 (97.1)	95.6 (96.6)	96.9 (97.0)
Shropshire and Staffordshire (Q60)	5	97.6 (97.0)	96.8 (97.0)	97.3 (97.0)
Bath, Gloucestershire, Swindon and Wiltshire (Q64)	4	96.4 (95.9)	95.5 (95.3)	96.3 (95.5)
Bristol, N Somerset, Somerset and S Gloucestershire (Q65)	4	96.2 (96.4)	95.3 (95.9)	96.2 (96.5)
Devon, Cornwall and Isles of Scilly (Q66)	4	95.4 (95.6)	93.9 (95.2)	95.3 (95.4)
Kent and Medway (Q67)	3	94.3 (95.7)	93.2 (95.3)	94.1 (95.5)
Surrey and Sussex (Q68)	5	89.6 (91.6)	87.8 (91.1)	90.2 (91.1)
Thames Valley (Q69)	4	95.1 (95.7)	93.7 (94.6)	94.7 (95.4)
Wessex (Q70)	6	95.7 (95.9)	95.0 (95.6)	95.7 (95.9)
London (Q71)	30 ‡	89.3 (90.1)	87.2 (89.2)	89.5 (90.3)

‡ Primary Care Trusts/health boards

‡ Data from one PCT omitted due to data quality issues.

**Table 1b. UK completed primary immunisations at 12 months by former Strategic Health Authority, England: July to September 2013 (April to June 2013)**

Former English Strategic Health Authorities (SHAs)	PCT/HB†	DTaP/IPV /Hib3 %	MenC%	PCV2%
North East	12	96.8 (97.0)	96.2 (96.4)	96.5 (96.5)
North West	24	95.5 (96.1)	94.1 (95.9)	95.3 (96.1)
Yorkshire and Humber	14	96.1 (96.2)	95.4 (95.6)	95.9 (96.0)
East Midlands	8	96.5 (96.6)	95.3 (96.0)	96.3 (96.3)
West Midlands	17	95.6 (94.7)	94.4 (94.3)	95.4 (94.6)
East of England	13	96.3 (96.2)	95.3 (95.8)	96.1 (95.9)
London	30 ‡	89.3 (90.1)	87.2 (89.2)	89.5 (90.3)
South Central	9	95.4 (95.7)	94.5 (95.0)	95.2 (95.6)
SE Coast	8	91.5 (93.2)	90.0 (92.8)	91.7 (92.8)
South West	14	95.9 (96.0)	94.7 (95.5)	95.8 (95.8)

† Primary Care Trusts/health boards

‡ Data from one PCT omitted due to data quality issues.

### Coverage at 24 months

UK coverage of DTaP/IPV/Hib3 at 24 months remained at 96.6% compared to the previous quarter [1]. Surrey and Sussex (Q68) and London (Q71) are the only ATs with DTaP/IPV/Hib3 coverage below the 95% target at 91.9% and 93.3% respectively (table 2a).

UK PCV booster coverage remained the same compared to the last quarter and Hib/MenC booster decreased by 0.2%; both now 93.2% (table 2a) [1]. At least 92% coverage was achieved for both booster vaccines in all countries, and in all English ATs except Birmingham and the Black Country (Q54), Surrey and Sussex (Q68) and London (Q71).

UK MMR coverage increased by 0.2% to 93.2%, the same level as PCV and Hib/MenC boosters (table 2a) [1]. All three devolved administrations achieved at least 95%, with Wales increasing by 2.5% to 98.4%, the highest national coverage of MMR at 24 months ever achieved. At 92.7%, England is the only country in the UK below the WHO 95% target although nine of the 25 English ATs have exceeded 95% coverage (table 2a).

Country-specific comparisons for minimum coverage levels achieved for all four immunisations evaluated at 24 months show Wales, Northern Ireland and Scotland achieved at least 95% coverage and England achieved at least 92%; within England nine ATs achieved at least 95% for all four immunisations (table 2a).

Within the UK, at least 95% coverage at 24 months was achieved by 147 of the 176 PCTs/HBs (81%) for DTaP/IPV/Hib3, 79 for Hib/MenC booster (45%), 80 (45%) for PCV booster, and 76 (43%) for MMR.

**Table 2a. Completed primary immunisations at 24 months by country and English Area Team: July to September 2013 (April to June 2013)**

Country and English Area Team (AT code*)	PCT/HB†	DTaP/IPV/Hib3 %	PCV booster %	Hib/MenC %	MMR1 %
United Kingdom	176	96.6 (96.6)	93.2 (93.2)	93.2 (93.4)	93.2 (93.0)
Wales	7	97.9 (97.4)	96.5 (95.8)	95.8 (94.9)	98.4 (95.9)
Northern Ireland	4	98.8 (98.7)	95.9 (96.2)	96.0 (96.4)	96.0 (96.1)
Scotland	14	98.2 (98.3)	95.9 (95.8)	96.1 (96.0)	95.6 (95.2)
England (Total)	151	96.3 (96.3)	92.7 (92.8)	92.7 (92.9)	92.7 (92.6)
<i>English Area Teams</i>					
Q44	4	98.0 (97.9)	95.0 (95.1)	95.7 (95.9)	95.1 (95.2)
Q45	6	97.6 (97.5)	95.6 (95.2)	95.9 (95.6)	95.4 (94.2)
Q46	10	97.8 (97.7)	95.0 (94.6)	94.7 (94.0)	95.6 (94.9)
Q47	5	97.1 (96.6)	92.3 (92.9)	92.2 (92.6)	92.2 (92.4)
Q48	4	96.7 (97.2)	94.6 (95.9)	94.5 (95.8)	94.4 (95.6)
Q49	7	98.2 (98.2)	95.9 (96.1)	96.1 (96.8)	96.3 (95.7)
Q50	5	97.1 (97.5)	95.2 (95.5)	94.6 (95.0)	94.6 (95.3)
Q51	5	97.1 (96.9)	93.1 (93.6)	94.8 (95.0)	92.3 (92.1)
Q52	5	97.9 (97.9)	95.9 (95.5)	96.1 (96.1)	95.5 (94.7)
Q53	4	97.9 (98.0)	96.1 (96.2)	95.7 (95.7)	96.2 (96.0)
Q54	8	95.5 (94.2)	92.3 (89.2)	90.9 (88.1)	91.4 (89.6)
Q55	4	97.9 (97.7)	94.9 (94.4)	95.4 (94.9)	94.5 (94.0)
Q56	5	96.8 (97.1)	94.0 (94.2)	94.6 (94.2)	92.9 (92.6)
Q57	5	97.4 (97.3)	93.9 (93.0)	95.3 (95.2)	93.5 (92.3)
Q58	5	97.4 (97.4)	95.5 (95.4)	95.9 (95.7)	95.2 (94.7)
Q59	3	98.0 (98.1)	95.8 (95.6)	95.9 (95.8)	95.4 (95.2)
Q60	5	98.1 (98.1)	96.4 (97.1)	95.4 (97.5)	95.7 (95.7)
Q64	4	97.6 (97.3)	94.9 (94.4)	94.1 (94.2)	94.7 (94.4)
Q65	4	97.6 (97.0)	95.0 (93.6)	93.2 (91.1)	94.7 (93.0)
Q66	4	97.3 (97.3)	93.6 (94.1)	92.2 (93.1)	93.5 (93.6)
Q67	3	97.7 (98.2)	94.4 (95.4)	93.8 (95.2)	94.6 (95.6)
Q68	5	91.9 (92.1)	86.9 (86.5)	88.3 (88.3)	88.6 (88.2)
Q69	4	96.4 (96.4)	93.6 (93.8)	93.5 (94.1)	93.9 (94.1)
Q70	6	96.4 (96.8)	93.9 (94.4)	93.3 (93.7)	93.8 (94.1)
Q71	31	93.3 (93.7)	86.4 (87.3)	86.9 (87.9)	87.0 (87.5)

\* See table 1a for key to Area Team organisational code

† Primary Care Trusts/health boards.



**Table 2b. Completed primary immunisations at 12 months by former Strategic Health Authority, England: July to September 2013 (April to June 2013)**

Former English Strategic Health Authorities (SHAs)	PCT/HB†	DTaP/IPV /Hib3 %	PCV booster %	Hib/MenC %	MMR1 %
North East	12	97.9 (97.8)	95.6 (95.6)	95.9 (96.4)	95.7 (94.8)
North West	24	97.6 (97.4)	94.5 (94.7)	94.5 (94.5)	94.8 (94.7)
Yorkshire and Humber	14	97.5 (97.5)	95.0 (95.5)	95.3 (95.5)	94.4 (94.3)
East Midlands	8	98.0 (97.8)	95.6 (95.4)	95.8 (95.4)	95.2 (94.7)
West Midlands	17	96.8 (96.2)	94.3 (93.0)	93.3 (92.4)	93.7 (92.8)
East of England	13	97.1 (97.3)	94.3 (94.2)	95.2 (95.1)	93.7 (93.2)
London	31	93.3 (93.7)	86.4 (87.3)	86.9 (87.9)	87.0 (87.5)
South Central	9	96.3 (96.4)	93.9 (93.8)	93.6 (93.7)	94.1 (94.0)
SE Coast	8	94.1 (94.4)	89.8 (89.9)	90.4 (90.9)	90.9 (91.0)
South West	14	97.5 (97.3)	94.4 (94.2)	93.1 (93.2)	94.1 (93.7)

† Primary Care Trusts/health boards

### Coverage at five years

UK coverage at five years for primary course DTP/Pol3 remained similar to the previous quarter, with all countries and all but two English ATs (Surrey and Sussex (Q68), and London (Q71)) achieving at least 95% coverage [1] (tables 3a).

UK coverage of MMR1 at five years remained at 94.8% and all countries and all but one English AT (Surrey and Sussex (Q68)) achieved at least 90%. Scotland, Northern Ireland, Wales and 18 English ATs achieved at least 95% coverage. UK coverage for MMR2 increased by 0.1% to 89.1% compared to the previous quarter, with Northern Ireland, Scotland and 18 English ATs achieving at least 90% (tables 3a).

Coverage of UK DTaP/IPV booster coverage decreased 0.1% to 89.7% with all devolved administrations and all but five English ATs achieving at least 90% coverage.

The five-year birth cohort evaluated this quarter (born between July to September 2008) were the ninth to have had all their primary immunisations scheduled according to the revised schedule from September 2006 when Hib/MenC booster was included for the first time [4]. UK coverage of Hib/MenC remained at 92.8% (table 3a).

**Table 3a. UK completed primary immunisations and boosters at five years by country and English Area Team: July to September 2013 (April to June 2013)**

ENGLAND Area Team (AT) code*	Number of PCTs in AT	Primary		Booster		
		DTaP/Hib %	MMR1 %	MMR2 %	DTaP/ IPV %	Hib/MenC
<b>United Kingdom</b>	<b>176</b>	<b>96.2</b> (96.3)	<b>94.8</b> (94.8)	<b>89.1</b> (89.0)	<b>89.7</b> (89.8)	<b>92.8</b> (92.8)
<b>Wales</b>	<b>7</b>	<b>97.3</b> (97.2)	<b>98.3</b> (96.9)	<b>92.7</b> (92.2)	<b>93.1</b> (92.7)	<b>94.3</b> (94.0)
<b>N. Ireland</b>	<b>4</b>	<b>98.4</b> (98.4)	<b>97.6</b> (97.7)	<b>91.9</b> (92.4)	<b>92.9</b> (93.3)	<b>96.1</b> (96.1)
<b>Scotland</b>	<b>14</b>	<b>98.2</b> (98.6)	<b>97.3</b> (97.4)	<b>93.4</b> (92.7)	<b>94.3</b> (93.6)	<b>96.0</b> (96.4)
<b>England (Total)</b>	<b>151</b>	<b>95.9</b> (96.0)	<b>94.3</b> (94.4)	<b>88.5</b> (88.4)	<b>89.0</b> (89.2)	<b>92.3</b> (92.3)
<i>English Area Teams</i>						
Q44	4	97.4 (97.1)	96.5 (95.9)	92.2 (90.6)	93.3 (91.7)	94.8 (94.1)
Q45	6	97.2 (97.6)	96.2 (96.7)	92.4 (92.1)	92.3 (92.4)	94.8 (94.8)

Q46	10	97.2 (96.9)	96.3 (95.9)	92.2 (92.1)	92.0 (92.6)	92.2 (91.7)
Q47	5	96.9 (97.3)	95.9 (96.1)	88.3 (88.2)	88.6 (88.4)	94.2 (94.5)
Q48	4	97.6 (97.4)	96.5 (96.8)	91.9 (91.5)	91.9 (91.6)	93.6 (92.8)
Q49 ¥	7	98.4 (98.1)	96.3 (96.5)	93.7 (93.3)	94.7 (93.9)	96.6 (94.8)
Q50	5	97.0 (97.0)	96.0 (94.8)	91.4 (91.5)	92.0 (92.0)	93.9 (94.0)
Q51	5	97.1 (96.7)	95.0 (95.5)	90.2 (89.8)	91.5 (90.8)	94.9 (95.4)
Q52	5	97.7 (97.6)	96.3 (96.4)	92.1 (91.8)	92.7 (92.5)	95.9 (96.0)
Q53	4	97.7 (97.6)	96.3 (96.6)	92.6 (93.2)	94.2 (94.8)	91.8 (92.1)
Q54	8	96.4 (95.8)	94.4 (93.9)	87.2 (85.3)	87.9 (85.9)	92.2 (92.0)
Q55	4	97.4 (97.5)	95.8 (95.4)	90.7 (90.2)	91.6 (90.0)	94.8 (93.9)
Q56	5	96.1 (95.8)	93.8 (93.6)	88.9 (87.5)	90.4 (89.3)	93.0 (91.5)
Q57	5	97.1 (97.3)	94.8 (94.6)	91.0 (91.2)	92.1 (92.4)	95.5 (95.8)
Q58	5	96.6 (96.1)	95.3 (94.4)	92.3 (91.5)	93.6 (92.7)	94.9 (94.0)
Q59	3	97.2 (97.5)	96.3 (96.2)	91.3 (92.0)	95.5 (95.5)	94.0 (94.6)
Q60	5	97.7 (98.0)	96.6 (96.3)	92.6 (91.9)	93.6 (93.4)	96.1 (96.4)
Q64	4	96.5 (96.0)	95.5 (94.9)	90.7 (90.0)	92.3 (91.5)	93.3 (92.7)
Q65	4	97.6 (97.2)	95.8 (94.9)	90.0 (88.8)	91.4 (90.8)	93.4 (93.4)
Q66	4	97.1 (97.1)	95.2 (95.2)	89.4 (90.7)	91.1 (92.3)	93.5 (92.8)
Q67	3	96.9 (96.6)	95.4 (95.4)	90.7 (91.5)	92.7 (94.0)	93.5 (94.2)
Q68 ¥¥	5	90.6 (91.6)	89.7 (89.8)	81.8 (80.9)	82.6 (82.6)	82.3 (84.3)
Q69	4	95.5 (95.9)	94.7 (95.0)	90.2 (89.3)	89.9 (90.2)	93.4 (93.5)
Q70	6	95.9 (96.4)	94.1 (94.3)	89.7 (90.1)	90.6 (91.2)	91.6 (91.8)
Q71	31	93.2 (93.5)	90.6 (91.6)	80.2 (81.2)	78.8 (80.5)	87.9 (88.7)

\* See table 1a for key to Area Team organisational code. ¥ Hib/MenC data omitted due to data quality issues for one PCT in AT.  
 ¥ ¥ Hib/MenC data omitted due to data quality issues for two PCTs in AT.

### 3b. Completed primary immunisations and boosters at five years by former Strategic Health Authority, England: July to September 2013 (April to June 2013)

Former English SHAs	PCT/ HB ¥	Primary		Booster		
		DTaP/IPV /Hib3 %	MenC%	MMR2 %	DTaP/ IPV %	Hib/ MenC ¥¥
North East	12	97.8 (97.8)	96.2 (96.5)	93.0 (92.7)	93.5 (93.2)	95.8 (95.1)
North West	24	97.3 (97.2)	96.3 (96.2)	91.5 (91.1)	91.7 (91.6)	93.3 (92.9)
Yorkshire, Humber	14	97.3 (97.2)	95.9 (95.7)	91.6 (91.2)	92.1 (91.9)	95.1 (95.4)
East Midlands	8	97.3 (97.3)	96.0 (95.7)	91.4 (91.2)	93.9 (92.8)	94.5 (94.2)
West Midlands	17	97.1 (96.9)	95.5 (95.3)	90.0 (89.2)	91.0 (90.4)	93.1 (93.2)
East of England	13	96.5 (96.3)	94.4 (94.0)	90.4 (89.9)	91.7 (91.3)	94.3 (93.6)
London	31	93.2 (93.5)	90.6 (91.6)	80.2 (81.2)	78.8 (80.5)	87.9 (88.7)
South Central	9	95.6 (96.0)	94.6 (94.6)	90.1 (89.7)	90.4 (90.6)	92.5 (92.2)
SE Coast	8	92.6 (93.4)	91.9 (91.9)	85.2 (84.7)	86.4 (86.8)	87.0 (87.9)
South West	14	97.0 (96.9)	95.3 (95.1)	90.0 (89.8)	91.5 (91.5)	93.3 (93.3)

¥ Primary Care Trusts/health boards

¥ ¥ Three PCTs' data omitted due to data quality issues.

## Neonatal hepatitis B vaccine coverage in England: July-September 2013

Vaccine coverage data in England for three doses of hepatitis B vaccine in infants, born to hepatitis B surface antigen (HBsAg) positive mothers, who reached the age of one year in this quarter (i.e. those born between July to September 2012), and coverage of four doses of vaccine in infants who reached two years of age (ie those born between July to September 2011) are presented by Area Team (table 4a). Table 4b shows coverage by SHA for historical comparison. For both tables coverage for the previous quarter, April to June 2013, is given in brackets [1].

One hundred and fourteen of the 151 former PCTs provided 12 month data this quarter (75%), and 115 provided 24 month data, compared to 120 (117) in the previous quarter [1]. The quality of these data is variable and should be interpreted with caution. Where a zero was reported a check was made to ensure that this was a true zero rather than no data available. Forty PCTs provided zero returns for the 12 month data, and for the 24 month data 38 were zero returns. Eleven of the 25 ATs provided data for the whole area (table 4a); no SHA reported data from all PCTs (table 4b). Compared to last quarter, 12 month coverage of three doses of Hep B in England increased by 6% to 85% and coverage of four doses at 24 months increased by 5% to 69% [1].

**Table 4a. Neonatal hepatitis B coverage in England by English Area Team: July to September 2013 (April to June 2013)**

Area Team (AT code)	PCT returns with 12 month data	12 month denominator	Coverage at 12 months	PCT returns with 24 month data	24 month denominator	Coverage at 24 months
Q44	3 of 4	1	100 (67)	3 of 4	1	100 (100)
Q45	0 of 6	–	– (75)	1 of 6	2	100 (100)
Q46	7 of 10	38	76 (82)	7 of 10	35	66 (70)
Q47	2 of 5	0	– (33)	2 of 5	0	– (–)
Q48	4 of 4	10	90 (100)	4 of 4	2	100 (80)
Q49	7 of 7	6	100 (83)	7 of 7	12	75 (100)
Q50	3 of 5	4	75 (100)	3 of 5	0	– (–)
Q51	4 of 5	7	86 (100)	4 of 5	4	100 (100)
Q52	5 of 5	29	100 (100)	5 of 5	25	100 (96)
Q53	3 of 4	8	100 (100)	3 of 4	7	86 (100)
Q54	4 of 8	13	77 (80)	4 of 8	20	85 (100)
Q55	4 of 4	8	100 (100)	4 of 4	7	86 (85)
Q56	4 of 5	9	89 (86)	5 of 5	12	100 (100)
Q57	5 of 5	10	90 (75)	5 of 5	6	100 (43)
Q58	5 of 5	35	97 (97)	5 of 5	32	66 (87)
Q59	1 of 3	0	– (–)	1 of 3	1	100 (100)
Q60	3 of 5	12	100 (100)	3 of 5	1	100 (50)
Q64	4 of 4	11	100 (79)	4 of 4	7	100 (100)
Q65	4 of 4	1	0 (–)	4 of 4	1	0 (–)
Q66	3 of 4	2	100 (50)	3 of 4	–	– (0)
Q67	3 of 3	11	46 (68)	3 of 3	8	50 (30)
Q68	3 of 5	10	60 (80)	3 of 5	8	75 (100)
Q69	4 of 4	22	100 (100)	4 of 4	29	100 (94)
Q70	5 of 6	2	50 (100)	5 of 6	8	75 (33)
Q71	24 of 31	235	82 (72)	23 of 31	252	57 (54)
<b>England</b>	<b>114 of 151</b>	<b>484</b>	<b>85 (79)</b>	<b>115 of 151</b>	<b>480</b>	<b>69 (64)</b>

Notes:

“ – “ indicates "no data available" for the denominator but "not applicable" for coverage.

See table 1a for key to Area Team organisational code.



**Table 4b. Neonatal hepatitis B coverage in England by former Strategic Health Authority: July to September 2013 (April to June 2013)**

English SHAs	PCT returns with 12 month data	12 month denominator	Coverage at 12 months	PCT returns with 24 month data	24 month denominator	Coverage at 24 months
North East	6 of 12	6	100 (89)	7 of 12	7	79 (100)
North West	17 of 24	49	80 (80)	17 of 24	45	68 (73)
Yorkshire and Humber	11 of 14	40	95 (100)	11 of 14	30	100 (97)
East Midlands	7 of 9	19	95 (100)	7 of 9	15	55 (87)
West Midlands	10 of 17	33	91 (90)	10 of 17	17	86 (94)
East of England	12 of 13	37	95 (92)	13 of 13	28	94 (75)
London	24 of 31	235	81 (72)	23 of 31	311	57 (54)
South Central	8 of 9	29	100 (97)	8 of 9	42	98 (86)
SE Coast	6 of 8	21	52 (72)	6 of 8	21	62 (33)
South West	13 of 14	15	86 (75)	13 of 14	8	78 (75)
<b>England</b>	<b>114 of 151</b>	<b>484</b>	<b>85 (79)</b>	<b>115 of 151</b>	<b>524</b>	<b>69 (64)</b>

### **Relevant links for country-specific coverage data**

#### **England**

<http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/immunisation>

#### **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/sitesplus/888/page/43510>

#### **Other relevant links**

[http://www.hpa.org.uk/infections/topics\\_az/cover/default.htm](http://www.hpa.org.uk/infections/topics_az/cover/default.htm)

## References

1. Public Health England (2013). Vaccination coverage statistics for children up to the age of five years in the United Kingdom, April to June 2013. *HPR* 7(40), <http://www.hpa.org.uk/hpr/archives/2013/hpr4013.pdf>.
  2. Public Health Wales Health Protection Division. Vaccine uptake in Children in Wales, July to September 2013: COVER report 108, December 2013. Cardiff , Public Health Wales. Available from: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=54144>.
  3. Department of Health/Public Health England/NHS England. [Changes to the schedule for meningococcal serogroup C conjugate vaccine](#)(NHS England/PHE/DH letter, 7 May 2013).
  4. Department of Health. National screening and immunisation programmes. Letter setting out the agreement between the Department of Health, Public Health England and the NHS Commissioning Board 23 August 2012. Available from: <http://www.dh.gov.uk/health/2012/08/screening-immunisation-programmes/>.
  5. Public Health Outcomes Framework 2013 to 2016 and technical updates. Available from: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>.
  6. Health Protection Agency. Quarterly COVER Reports. Legacy HPA website: [Infections A-Z](#) > Vaccine coverage and COVER > Publications > [Quarterly COVER Reports: United Kingdom](#).
  7. Department of Health. [Vaccinations at 12 and 13 months of age](#). Letter from the Chief Medical Officer (interim), the Chief Nursing Officer and the Chief Pharmaceutical Officer 17 November 2010. PL/CMO/2010/3, PL/CNO/2010/4, PL/CPHO/2010/2.
  8. Department of Health. [Important changes to the childhood immunisation programme](#). PL CMO (2006) 1.
  9. Health Protection Agency. Methods of collection and publication of data for the COVER programme. Available from: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/VaccineCoverageAndCOVER/COVERMethods>.
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