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Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme): April to June 2020

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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.

First quarterly report for 2020/21: key points

12 month UK coverage for all antigens evaluated at the first birthday increased or remained similar when compared to the previous quarter. In England 12 month coverage for DTaP/IPV/Hib/HepB3 increased by 0.1% compared to the previous quarter, rotavirus increased by 0.3%, MenB2 increased by 0.2%, and PCV2 remained the same.

24 month UK vaccine coverage estimates for all vaccines offered on or after the first birthday increased by 0.2% to 0.3% compared to the previous quarter.

At country level coverage at 24 months of PCV, Hib/MenC and MenB boosters, and MMR1 exceeded 95% in Scotland, 94% in Wales, and 92% in Northern Ireland. In England, coverage was 91% for MMR1, PCV and Hib/MenC boosters, and 89.5% for MenB booster.

When compared to the previous quarter UK coverage at 5 years increased or remained the same 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 and Hib/MenC booster in Scotland, Wales and Northern Ireland.

In England, 5 year MMR1 and Hib/MenC booster increased by 0.1% to 94.7% and 92.9% respectively. Three of 13 English local teams exceed the 95% target for these vaccines. Coverage at 5 years for these vaccines primarily reflects vaccinations delivered 4 years ago.

Pre-school booster (DTaP/IPV) and MMR2 coverage exceeded 90% in the devolved administrations but only three English local teams reached this level for both vaccines.

In England coverage for the pre-school booster decreased 0.1% to 85.6% and remained at 86.9% for MMR2.

Note: Data presented in this report largely reflects vaccines administered prior to the end of 2019 and as such does not reflect impact of the COVID-19 pandemic or the related lockdown on the UK immunisation programme. An early assessment of the impact of the pandemic on the vaccination programme can be found [here](#).

1. Cohort definitions for April to June 2020

Children who reached their first birthday in the quarter (born April to June 2019) were all scheduled for 3 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 August and October 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 4 weeks of age.

Children born April to June 2019 will also have been scheduled for 2 doses of pneumococcal conjugate vaccine (PCV), Meningococcal B vaccine (MenB), and rotavirus vaccine [2].

Children who reached their second birthday in the quarter (born April to June 2018) were scheduled to receive their third DTaP/IPV/Hib/HepB, second PCV, MenB and rotavirus vaccinations between August and October 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 May and July 2019.

Children born to hepatitis B surface antigen (HBsAg) positive mothers, who reached their second birthday in this quarter (born April to June 2018), were scheduled to receive a third dose monovalent hepatitis B vaccine at 1 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 2015) were scheduled to receive their third dose DTaP/IPV/Hib and second PCV and one MenC vaccination between July and September 2015. They were also scheduled to receive their first MMR, Hib/MenC booster and PCV booster after their first birthday between July and September 2016, and their pre-school diphtheria, tetanus, acellular pertussis, inactivated polio booster (DTaP/IPV) and second dose MMR from July 2018.

Children born in areas where there is a universal neonatal BCG programme (that is, where TB incidence $\geq 40/100,000$) who reach their first birthday in this quarter (born April to June March 2019) 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 LA and GP data including numerators, denominators, coverage and relevant caveats where applicable are available at:

<https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2020-to-2021-quarterly-data>. GP level data were censored when individual values were less than 5.

Detailed caveats regarding any data quality issues for individual English LA data are available at: <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2020-to-2021-quarterly-data>.

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 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

The collection of COVER data has 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 and the analysis and reporting of the quarterly COVER report remains with PHE.

In England, the April to June 2020 quarter is the fifth 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 1 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)) [4].

To continue accurately monitoring the coverage of PCV at 12 months of age the COVER programme has been modified to also collect coverage of the first dose of PCV (PCV1). From this Quarter, CHISs are expected to report on PCV1 and PCV2 coverage at 12 months of age, and on PCV booster (dose given on or after the first birthday) at 24 months of age. COVER data for PCV2 will drop to zero as cohorts move to the 1+1 schedule (that is, births from 1 January 2020 onwards).

The **revised information standard for the COVER programme** was published on 6 February 2020. Organisations are expected to be compliant from 1 July 2020 to provide baseline PCV1 coverage, as well as PCV2 coverage. This is the first quarter where organisations in England were expected to provide PCV1 coverage.

Sixty six of 151 LAs were not able to provide PCV1, therefore national and regional figures have not been calculated, as these would not be representative. PCV1 coverage for the 85 LAs that did provide data is available [here](#).

4. Results

4.1 Coverage at 12 months

UK coverage for all antigens evaluated at the first birthday increased or remained the same when compared to the previous quarter (table 1) [5].

DTaP/IPV/Hib/HepB3 and MenB2% coverage increased by 0.2% to 93.3% and 93.5% respectively. Rotavirus rose by 0.3% to 91.4%, and PCV2 remained the same at 93.7%.

In England, 12 month coverage for rotavirus increased by 0.3%, MenB2 increased by 0.2%, DTaP/IPV/Hib/HepB3 increased by 0.1% and PCV2 remained the same when compared to the previous quarter. Only two local teams achieved at least 95% coverage for DTaP/IPV/Hib/HepB3, PCV2 and MenB and nationally coverage was at least 92% for each.

In Scotland and Wales at least 96% coverage was achieved for all antigens except rotavirus. In Northern Ireland coverage was at least 94% except for rotavirus (table 1). In England, of the 85 Local Authorities that were able to report PCV1, coverage ranged from 84.6% to 100%. This data is available at Local Authority level here.

4.2 Coverage at 24 months

Twenty-four-month UK vaccine coverage estimates for all vaccines offered on or after the first birthday increased by 0.2% to 0.3% compared to the previous quarter. Hib/MenC booster and MMR1 reached 91.5%, PCV and MenB boosters increased 0.3% to 91.6% and 90.2% respectively. UK DTaP/IPV/Hib/HepB3 evaluated at the second birthday was 0.2% higher compared to the previous quarter, at 94.3%.

At country level at 24 months, PCV and Hib/MenC boosters, and MMR1 all achieved or exceeded 95% in Wales and Scotland, and 92% in Northern Ireland. Coverage for MenB booster exceeded 94% in Wales and Scotland, and exceeded 92% in Northern Ireland.

In England, coverage increased 0.1-0.3% to 91.0% for MMR1, PCV booster, and Hib/MenC booster and to 89.5% for MenB booster; six local teams achieved 92% coverage for all four vaccines and nine of 13 local teams achieving at least 90%.

UK DTaP/IPV/Hib3/HepB3 coverage increased 0.2% to 94.3%, in Scotland, Northern Ireland and Wales coverage was at least 95%. In England coverage increased by 0.2% to 93.9% with seven of 13 local teams achieving 95% (table 2) [5].

4.3 Coverage at 5 years

UK coverage at 5 years of DTaP/IPV/Hib3 increased to 95.9%, and reached the WHO target of 95% for MMR1. Coverage increased 0.1% to 86.6% for DTaP/IPV booster and 93.3% for Hib/MenC booster (table 3) [5].

All countries continue to exceed the 95% WHO target for DTaP/IPV/Hib3. This target was also achieved for MMR1 and Hib/MenC booster in Scotland, Wales and Northern Ireland. In England MMR1 and Hib/MenC booster increased to 94.7% and 92.9% respectively. 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.

UK coverage for MMR2 remained the same at 87.6%, and increased 0.1% to 86.6% for the pre-school booster (DTaP/IPV). In England, coverage for the pre-school booster decreased by 0.1% to 85.6% and remained at 86.9% for MMR2. Pre-school booster and MMR2 coverage exceeded 90% in the devolved administrations but only three English local teams reached this level for both vaccines (table 3).

4.4 Neonatal hepatitis B vaccine coverage in England

This is the seventh 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 1 year in this quarter (i.e. those born between April to June to March 2019).

National coverage remained at 83% as in the previous quarter [5]. Coverage reported for children who reached 2 years of age in the quarter (those born between April to June 2018) was 77% compared to 74% last quarter (table 4). This is the third quarter when all 24-month-olds will have been offered 3 monovalent vaccines at birth, at 4 weeks and at 12 months of age, and 3 doses of hexavalent vaccine (at 2, 3 and 4 months).

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

Quarterly England data: <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2020-to-2021-quarterly-data>

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>

Information for immunisation practitioners and other health professionals:

<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 5 years in the United Kingdom, July to September 2018. HPR **12**(45): <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 (2020). Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme): January to March 2020. HPR **14**(12): <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2019-to-2020-quarterly-data>

7. Appendix: Tables

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

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

Table 3. Completed UK primary immunisations and boosters at five years by country and NHS England local team: April to June 2020 (January to March 2020)

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

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

Country	No. of LAs/HBs†	DTaP/IPV/Hib/Hep B3%	PCV2%	Rota2%	MenB2%
United Kingdom	176	93.3 (93.1)	93.7 (93.7)	91.4 (91.1)	93.5 (93.3)
Wales	7	96.2 (96.0)	96.1 (96.2)	94.8 (94.4)	96.2 (96.0)
Northern Ireland	4	94.9 (94.8)	95.4 (95.3)	93.0 (92.6)	95.1 (95.0)
Scotland	14	96.4 (96.2)	96.9 (96.6)	94.1 (94.2)	96.6 (96.1)
England	151	92.8 (92.7)	93.3 (93.3)	91.0 (90.7)	93.0 (92.8)
NHS England Local Teams					
London	33	88.6 (88.8)	88.9 (89.2)	86.9 (86.7)	88.6 (88.2)
North (Yorkshire & Humber)	15	93.8 (93.9)	94.1 (94.3)	92.1 (91.9)	93.9 (94.0)
North (Lancashire & Grt. Manchester) ¹	13	92.6 (92.4)	93.7 (93.3)	89.8 (89.9)	93.5 (92.6)
North (Cumbria & North East) ¹	13	96.1 (96.2)	96.4 (96.5)	95.0 (95.1)	96.2 (96.3)
North (Cheshire & Merseyside)	9	92.8 (91.9)	93.7 (92.8)	91.1 (88.8)	93.3 (92.9)
Midlands & East (North Midlands)	8	95.0 (94.8)	95.2 (95.0)	93.3 (92.7)	94.9 (94.7)
Midlands & East (West Midlands)	10	91.2 (91.5)	91.9 (92.3)	88.6 (88.8)	91.6 (92.0)
Midlands & East (Central Midlands)	10	93.2 (92.1)	94.2 (93.7)	91.9 (91.2)	93.9 (93.2)
Midlands & East (East)	7	94.6 (94.8)	95.0 (95.2)	92.5 (92.8)	94.8 (94.7)
South West (South West South)	8	94.7 (94.6)	95.0 (94.9)	93.3 (92.0)	94.9 (94.8)
South West (South West North)	7	95.3 (93.8)	95.6 (94.4)	93.6 (92.2)	95.5 (94.2)

South East (Hampshire, Isle of Wight and Thames Valley)	12	95.4 (94.9)	94.8 (95.6)	93.2 (93.1)	94.8 (94.9)
South East (Kent, Surrey and Sussex)	6	93.2 (93.8)	93.8 (94.1)	91.9 (91.7)	93.5 (93.9)

† 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: April to June 2020 (January to March 2020)

Country	No. of LAs/ HBs†	DTaP/IPV/Hib3/HepB %	PCV booster%	Hib/MenC booster%	MMR1%	MenB booster%
United Kingdom	176	94.3 (94.1)	91.6 (91.3)	91.5 (91.3)	91.5 (91.3)	90.2 (89.9)
Wales	7	96.9 (96.7)	95.5 (95.2)	95.0 (94.6)	95.5 (95.1)	94.8 (94.4)
Northern Ireland	4	95.5 (95.6)	92.6 (92.6)	92.2 (92.3)	92.2 (92.2)	92.3 (92.1)
Scotland	14	97.5 (96.8)	95.5 (94.6)	95.5 (94.6)	95.1 (94.2)	95.0 (93.8)
England	151	93.9 (93.7)	91.0 (90.7)	91.0 (90.9)	91.0 (90.8)	89.5 (89.3)
NHS England local teams*						
London	33	90.1 (89.9)	83.2 (83.2)	83.5 (83.4)	83.5 (83.4)	81.4 (81.3)
North (Yorkshire & Humber)	15	95.2 (95.1)	93.0 (92.7)	93.0 (92.6)	92.9 (92.8)	91.8 (91.3)
North (Lancashire & Grt. Manchester) ¹	13	93.9 (94.2)	91.1 (91.5)	91.8 (92.3)	91.8 (92.3)	90.5 (90.9)
North (Cumbria & North East) ¹	13	97.0 (96.4)	96.0 (95.0)	96.0 (95.0)	96.0 (95.1)	95.3 (94.2)
North (Cheshire & Merseyside)	9	93.3 (92.4)	90.8 (90.7)	90.5 (90.7)	90.7 (90.5)	89.1 (88.4)
Midlands & East (North Midlands)	8	95.8 (95.1)	93.6 (92.7)	93.5 (92.7)	93.5 (92.8)	92.0 (90.8)
Midlands & East (West Midlands)	10	94.3 (93.7)	90.4 (90.0)	90.4 (90.3)	90.5 (90.2)	89.0 (88.7)
Midlands & East (Central Midlands)	10	93.0 (93.0)	92.3 (91.8)	92.7 (92.1)	92.3 (91.8)	89.9 (89.6)
Midlands & East (East)	7	95.4 (95.3)	93.6 (93.2)	93.6 (93.1)	93.6 (93.0)	92.4 (91.9)
South West (South West South)	8	95.6 (95.9)	94.0 (93.9)	93.8 (93.8)	93.9 (94.2)	93.1 (93.2)
South West (South West North)	7	95.3 (95.4)	93.4 (93.1)	93.3 (93.2)	93.5 (93.0)	92.4 (92.0)
South East (Hampshire, Isle of Wight)	12	96.0 (95.4)	95.2 (94.4)	94.2 (94.4)	94.2 (93.5)	93.5 (93.3)

and Thames Valley)						
South East (Kent, Surrey and Sussex)	6	93.1 (94.4)	91.8 (91.9)	91.7 (91.9)	91.8 (91.9)	90.1 (90.7)

† 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: April to June 2020 (January to March 2020)

Country	Number of LAs/HBs†	Primary		Booster		
		DTaP/IPV/Hib3%	MMR1%	MMR2%	DTaP/IPV%	Hib/MenC%
United Kingdom	176	95.9 (95.7)	95.0 (94.9)	87.6 (87.6)	86.6 (86.5)	93.3 (93.2)
Wales	7	97.2 (97.1)	96.9 (96.7)	92.4 (92.4)	93.2 (92.8)	95.1 (95.1)
N. Ireland	4	97.3 (97.2)	96.5 (96.4)	90.2 (90.2)	91.0 (90.7)	95.9 (95.8)
Scotland	14	98.2 (97.6)	96.8 (96.4)	92.3 (91.2)	92.7 (91.4)	96.3 (95.7)
England	151	95.6 (95.5)	94.7 (94.6)	86.9 (86.9)	85.6 (85.7)	92.9 (92.8)
English Local Teams						
London	33	92.1 (92.0)	90.0 (89.7)	75.9 (76.3)	73.3 (73.6)	88.1 (87.6)
North (Yorkshire & Humber)	15	96.3 (96.3)	96.2 (95.9)	90.3 (90.1)	89.7 (89.5)	94.0 (93.8)
North (Lancashire & Grt. Manchester) ¹	13	95.9 (95.6)	94.5 (94.5)	87.7 (87.7)	87.1 (87.1)	93.5 (93.6)
North (Cumbria & North East) ¹	13	97.3 (97.2)	97.5 (97.5)	93.3 (93.5)	92.5 (92.2)	95.7 (95.7)
North (Cheshire & Merseyside)	9	95.6 (96.0)	94.8 (95.6)	86.3 (87.2)	84.9 (86.8)	92.9 (93.2)
Midlands & East (North Midlands)	8	97.1 (96.8)	96.4 (96.3)	88.8 (89.0)	88.1 (88.3)	94.2 (94.3)
Midlands & East (West Midlands)	10	95.6 (95.4)	94.8 (94.8)	85.5 (85.6)	84.8 (84.7)	93.6 (93.4)
Midlands & East (Central Midlands)	10	96.0 (96.1)	95.7 (95.8)	89.1 (88.3)	87.3 (87.1)	93.0 (93.3)
Midlands & East (East)	7	97.1 (96.8)	96.4 (96.2)	91.5 (90.9)	90.6 (90.0)	94.0 (93.7)
South West (South West South)	8	97.1 (97.3)	96.3 (96.7)	92.2 (92.7)	89.9 (90.9)	95.3 (96.0)
South West (South West North)	7	96.6 (96.4)	96.0 (96.2)	90.2 (90.0)	88.6 (88.9)	95.3 (95.1)

South East (Hampshire, Isle of Wight and Thames Valley)	12	96.8 (96.4)	95.8 (95.2)	90.9 (91.0)	90.0 (89.8)	94.9 (93.9)
South East (Kent, Surrey and Sussex)	6	95.1 (95.2)	95.2 (95.0)	87.8 (87.9)	86.6 (86.7)	92.2 (92.5)

† 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 4. Neonatal hepatitis B coverage at 12 and 24 months in England by NHS England Local Team: April to June 2020 (January to March 2020)

NHS England Local Team	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	190	87 (87)	33 of 33	194	82 (76)
North (Yorkshire & Humber)	15 of 15	37	84 (82)	15 of 15	35	80 (79)
North (Lancashire & Grt. Manchester) ³	13 of 13	51	25 (37)	13 of 13	51	14 (27)
North (Cumbria & North East) ³	12 of 13	9	78 (89)	12 of 13	9	100 (90)
North (Cheshire & Merseyside)	8 of 9	12	75 (63)	8 of 9	9	33 (43)
Midlands & East (North Midlands)	8 of 8	18	94 (92)	8 of 8	27	96 (94)
Midlands & East (West Midlands)	10 of 10	61	95 (93)	10 of 10	52	88 (92)
Midlands & East (Central Midlands)	10 of 10	52	94 (95)	10 of 10	48	96 (77)
Midlands & East (East)	7 of 7	27	78 (85)	7 of 7	24	71 (68)
South West (South West South)	8 of 8	10	100 (86)	8 of 8	10	70 (100)
South West (South West North)	7 of 7	15	100 (90)	7 of 7	12	75 (85)
South East (Hampshire, Isle of Wight and Thames Valley)	12 of 12	25	92 (97)	12 of 12	32	97 (91)
South East (Kent, Surrey and Sussex)	6 of 6	15	93 (81)	6 of 6	20	70 (77)
England	149 of 151	522	83 (83)	149 of 151	523	77 (74)

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 ≥ 40 per 100,000 and offering a universal programme: April to June 2020 (January to March 2020)

Upper tier Local Authority	Three-year average (2014 to 2016) 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	1378	83.7 (67.6)
Brent	57.8	1189	33.3 (32.8)
Hounslow	47.5	962	18.7 (18.5)
Ealing	47.3	1289	40.8 (43.2)
Redbridge	41.5	1069	80.0 (76.3)

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.

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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.

Public Health England,
Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: www.facebook.com/PublicHealthEngland

Queries relating to this document should be directed to:
Immunisation and Countermeasures Division, National Infection Service, PHE
Colindale, 61 Colindale Avenue, London NW9 5EQ email: immunisation@phe.gov.uk



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