



Public Health
England

Protecting and improving the nation's health

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

Health Protection Report
Volume 14 Number 24

Report published 22 December 2020

Contents

Second quarterly report for 2020/21: key points	3
1. Cohort definitions for July to September 2020	4
2. Participation and data quality	5
3. Developments in immunisation data	6
3.1 NHS Digital Child Health Programme	
3.2 Changes to COVER programme scope and reporting methodology	
3.3 Changes to infant PCV schedule for babies born on or after 1 January 2020	
4. Results	7
4.1 Coverage at 12 months	
4.2 Coverage at 24 months	
4.3 Coverage at 5 years	
4.4 Neonatal hepatitis B vaccine coverage in England	
5. Links for country-specific data	10
6. References	10
7. Appendix: Tables	11
Table 1. Completed UK primary immunisations at 12 months by country and English Local Teams: July to September 2020 (<i>April to June 2020</i>)	11
Table 2. Completed UK primary immunisations at 24 months by country and NHS England local team: July to September 2020 (<i>April to June 2020</i>)	13
Table 3. Completed UK primary immunisations and boosters at 5 years by country and NHS England local team: July to September 2020 (<i>April to June 2020</i>)	15
Table 4. Neonatal hepatitis B coverage at 12 and 24 months in England by NHS England Local Team: July to September 2020 (<i>April to June 2020</i>)	17
Table 5. BCG vaccine coverage at 12 months in English local authorities with TB incidence ≥ 40 per 100,000 and offering a universal programme: July to September 2020 (<i>April to June 2020</i>)	18

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.

Second quarterly report for 2020/21: key points

Key points from the report include:

- 12-month UK coverage for all antigens evaluated at the first birthday decreased when compared to the previous quarter
- UK DTaP/IPV/Hib/HepB3 coverage decreased by 0.7% to 92.6%, PCV2 by 0.8% to 92.9%, MenB2 by 0.4% to 93.1% and Rotavirus by 0.5% to 90.9%
- in Scotland at least 96% coverage was achieved for all antigens at 12 months except rotavirus, in Wales coverage was at least 95% and in Northern Ireland coverage was at least 94%
- in England, 12-month coverage DTaP/IPV/Hib/HepB3 decreased by 0.7% to 92.1%, PCV2 by 0.9% to 92.4%, Rotavirus by 0.6% to 90.4% and MenB by 0.5% to 92.5% when compared to the previous quarter
- twenty-four-month UK vaccine coverage estimates for all vaccines offered on or after the first birthday decreased by 0.1% to 0.4% compared to the previous quarter
- at country level, Wales was the only country to achieve the 95% target for MMR1 and Scotland achieved 95% for PCV and Hib/MenC boosters. Coverage at 24 months for MenB booster exceeded 94% in Wales and Scotland, and exceeded 91% in Northern Ireland
- in England, coverage decreased 0.4% to 90.6% for PCV booster, by 0.3% to 90.7% for MMR1, and by 0.2% to 90.8% for Hib/MenC booster. MenB booster remained at 89.5%. Nine of 13 local teams achieving at least 90% for all four vaccines.
- all three devolved administrations exceeded the 95% target for DTaP/IPV/Hib3 at 24 months. In England coverage remained at 93.9%
- all UK countries continue to exceed the 95% WHO target for DTaP/IPV/Hib3 at 5 years
- this target was also achieved for MMR1 and Hep/MenC booster in Scotland, Wales and Northern Ireland. In England, MMR1 decreased 0.3% to 94.4% and Hib/MenC booster by 0.2% to 92.7%. Coverage at 5 years for these vaccines primarily reflects vaccinations delivered 4 years ago

- UK coverage for MMR2 and the pre-school booster (DTaP/IPV) decreased 0.2% and 0.1% to 87.4% and 86.5% respectively. In England, coverage was down 0.2%, to 86.7% for MMR2 and 85.4% for the pre-school booster
- although data presented in this report largely reflects vaccines administered prior to the end of 2019, before the COVID-19 pandemic started, children who missed some of their routine immunisations when first scheduled and otherwise may have caught up by the first, second or fifth birthday, may have been impacted by the lockdown and/or local restrictions from late March onwards. This could be a contributing factor to the observed decreases in coverage for some vaccines in some areas presented in this quarter
- an early assessment of the impact of the pandemic in England on DTaP/IPV/Hib/HepB coverage at 6 months of age, and MMR at 18 months can be found [here](#)

1. Cohort definitions for July to September 2020

Children who reached their first birthday in the quarter (born July to September 2019) were scheduled to receive their third combined diphtheria, tetanus, acellular pertussis, polio, Haemophilus influenzae type b, hepatitis B vaccine (known as DTaP/IPV/Hib/HepB or hexavalent vaccine, second PCV, MenB and rotavirus vaccines between November 2019 and January 2020 [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 this cohort up to the first birthday (July to September 2020).

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 July to September 2018) were scheduled to receive their third DTaP/IPV/Hib/HepB, second PCV, MenB and rotavirus vaccinations between November 2018 and January 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 at 12 months of age, between August and October 2019. 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 (July to September 2020).

Children born to hepatitis B surface antigen (HBsAg) positive mothers, who reached their second birthday in this quarter (born July to September 2018), 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 July to September 2015) were scheduled to receive their third dose DTaP/IPV/Hib and second PCV and one MenC vaccination between October and December 2015. They were also scheduled to receive their first MMR, Hib/MenC booster and PCV booster after their first birthday between October and December 2016, and their pre-school diphtheria, tetanus, acellular pertussis, inactivated polio booster (DTaP/IPV) and second dose MMR from October 2018. DTaP/IPV/Hib, first and second doses of MMR, and DTaP/IPV would have been available to this cohort up to the fifth birthday (July to September 2020).

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 July to September 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). 12 month data for one LA in has not been included due to data quality issues which are being investigated locally. 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 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

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 July to September 2020 quarter is the sixth 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].

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 the first quarter of 2020 to 2021 CHISs should be able 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 0 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 second quarter where organisations in England were expected to provide PCV1 coverage.

Fifteen 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 136 LAs that did provide data is available [here](#).

4. Results

Although data presented in this report largely reflects vaccines administered prior to the end of 2019, before the COVID-19 pandemic started, children who missed some of their routine immunisations when first scheduled (see above, '1. Cohort definitions for July to September 2020'), and otherwise may have caught up by the first, second or fifth birthday, may have been impacted by the lockdown and/or local restrictions from late March 2020 onwards. This could be a contributing factor to the observed decreases in coverage for some vaccines in some areas presented in this quarter.

4.1 Coverage at 12 months

UK coverage for all antigens evaluated at the first birthday decreased when compared to the previous quarter (table 1)[3]. DTaP/IPV/Hib/HepB3 coverage decreased by 0.7% to 92.6%, PCV2 by 0.8% to 92.9%, MenB2 by 0.4% to 93.1% and Rotavirus by 0.5% to 90.9%.

In Scotland at least 96% coverage was achieved for all antigens at 12 months except rotavirus. In Wales coverage was at least 95% and in Northern Ireland coverage was at least 94% (table 1).

In England, 12-month coverage DTaP/IPV/Hib/HepB3 decreased by 0.7% to 92.1%, PCV2 by 0.9% to 92.4%, Rotavirus by 0.6% to 90.4% and MenB by 0.5% to 92.5% when compared to the previous quarter. Two local teams achieved at least 95%

coverage for DTaP/IPV/Hib/HepB3, PCV2 and MenB2. In England, of the 136 Local Authorities that were able to report PCV1, coverage ranged from 82.3% 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 (MMR1, PCV, Hib/MenC and MenB boosters) decreased compared to the previous quarter. MMR1 and PCV booster decreased 0.3% and 0.4% respectively to 91.2%, Hib/MenC booster decreased 0.2% to 91.3% and MenB booster decreased 0.1% to 90.1%.

At the country level, Wales was the only country to achieve 95% for MMR1 and in Scotland the 95% target was achieved for PCV and Hib/MenC boosters. Coverage for MenB booster exceeded 94% in Wales and Scotland, and exceeded 91% in Northern Ireland. In England, coverage decreased 0.4% to 90.6% for PCV booster, by 0.3% to 90.7% for MMR1, and by 0.2% to 90.8% for Hib/MenC booster. MenB booster remained at 89.5%. Nine of 13 local teams achieving at least 90% for all four vaccines.

UK DTaP/IPV/Hib/HepB3 evaluated at the second birthday remained at 94.3% this quarter. In Scotland, Northern Ireland and Wales coverage was at least 95%; in England coverage remained at 93.9% with 7 of 13 local teams achieving 95% (table 2)[3].

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 decreased 0.3% to 94.4% and Hib/MenC booster by 0.2% to 92.7% when compared to the previous quarter and only 3 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.

UK coverage for MMR2 decreased 0.2% to 87.4% and by 0.1% for the pre-school booster (DTaP/IPV) to 86.5%. In England, coverage for MMR2 and the pre-school booster decreased by 0.2% to 86.7% and 85.4% respectively. 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 eighth 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 July and September 2019). It is the fourth 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 increased by 2% to 85% 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 July and September 2018) remained at 77% 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

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. The complete routine immunisation schedule: <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>
2. 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>
3. Public Health England (2020). Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme) : April to June 2020. HPR 14 (18) Available at: <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2020-to-2021-quarterly-data>

7. Appendix: Tables

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

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

Table 3. Completed UK primary immunisations and boosters at 5 years by country and NHS England local team: July to September 2020 (*April to June 2020*)

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

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

Country	No. of LAs/HBs [†]	DTaP/IPV/Hib/Hep B3%	PCV2%	Rota2%	MenB2%
United Kingdom	176	92.6 (93.3)	92.9 (93.7)	90.9 (91.4)	93.1 (93.5)
Wales	7	95.8 (96.2)	96.1 (96.1)	94.0 (94.8)	95.9 (96.2)
Northern Ireland	4	94.5 (94.9)	94.9 (95.4)	92.5 (93.0)	94.6 (95.1)
Scotland	14	96.8 (96.4)	97.1 (96.9)	94.2 (94.1)	96.9 (96.6)
England	151	92.1 (92.8)	92.4 (93.3)	90.4 (91.0)	92.5 (93.0)
NHS England Local Teams					
London	33	87.7 (88.6)	87.4 (88.9)	86.7 (86.9)	87.8 (88.6)
North (Yorkshire & Humber)	15	93.4 (93.8)	93.9 (94.1)	91.4 (92.1)	93.8 (93.9)
North (Lancashire & Grt. Manchester) ¹	13	92.0 (92.6)	93.1 (93.7)	89.6 (89.8)	93.4 (93.5)
North (Cumbria & North East) ¹	13	96.2 (96.1)	96.3 (96.4)	94.6 (95.0)	96.3 (96.2)
North (Cheshire & Merseyside)	9	90.9 (92.8)	92.2 (93.7)	89.9 (91.1)	92.6 (93.3)
Midlands & East (North Midlands) ²	7	95.1 (95.0)	95.3 (95.2)	93.5 (93.3)	95.3 (94.9)
Midlands & East (West Midlands)	10	87.9 (91.2)	88.7 (91.9)	85.7 (88.6)	89.3 (91.6)
Midlands & East (Central Midlands)	10	93.0 (93.2)	93.8 (94.2)	91.7 (91.9)	93.7 (93.9)
Midlands & East (East)	7	94.2 (94.6)	94.6 (95.0)	92.5 (92.5)	94.3 (94.8)
South West (South West South)	8	94.5 (94.7)	94.6 (95.0)	91.9 (93.3)	94.9 (94.9)
South West (South West North)	7	94.8 (95.3)	95.1 (95.6)	93.4 (93.6)	94.9 (95.5)

South East (Hampshire, Isle of Wight and Thames Valley)	12	94.9 (95.4)	94.1 (94.8)	93.0 (93.2)	95.0 (94.8)
South East (Kent, Surrey and Sussex)	6	92.5 (93.2)	92.9 (93.8)	90.9 (91.9)	92.8 (93.5)

† 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

² Data for one LA not published due to data quality issues

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

Country	No. of LAs/ HBs†	DTaP/IPV/Hib3/HepB %	PCV booster%	Hib/MenC booster%	MMR1%	MenB booster%
United Kingdom	176	94.3 (94.3)	91.2 (91.6)	91.3 (91.5)	91.2 (91.5)	90.1 (90.2)
Wales	7	96.7 (96.9)	94.9 (95.5)	94.6 (95.0)	95.0 (95.5)	94.7 (94.8)
Northern Ireland	4	95.8 (95.5)	92.3 (92.6)	92.1 (92.2)	91.9 (92.2)	91.8 (92.3)
Scotland	14	96.8 (97.5)	95.0 (95.5)	95.0 (95.5)	94.7 (95.1)	94.3 (95.0)
England	151	93.9 (93.9)	90.6 (91.0)	90.8 (91.0)	90.7 (91.0)	89.5 (89.5)
NHS England local teams*						
London	33	90.0 (90.1)	82.7 (83.2)	83.2 (83.5)	83.1 (83.5)	81.4 (81.4)
North (Yorkshire & Humber)	15	95.3 (95.2)	93.1 (93.0)	93.1 (93.0)	93.0 (92.9)	92.2 (91.8)
North (Lancashire & Grt. Manchester) ¹	13	93.8 (93.9)	91.0 (91.1)	91.6 (91.8)	91.7 (91.8)	90.4 (90.5)
North (Cumbria & North East) ¹	13	97.0 (97.0)	95.9 (96.0)	96.0 (96.0)	95.8 (96.0)	95.1 (95.3)
North (Cheshire & Merseyside)	9	92.7 (93.3)	90.7 (90.8)	90.7 (90.5)	90.5 (90.7)	89.2 (89.1)
Midlands & East (North Midlands)	8	95.4 (95.8)	92.8 (93.6)	92.9 (93.5)	92.8 (93.5)	91.6 (92.0)
Midlands & East (West Midlands)	10	93.5 (94.3)	88.8 (90.4)	88.6 (90.4)	88.7 (90.5)	87.2 (89.0)
Midlands & East (Central Midlands)	10	93.2 (93.0)	91.7 (92.3)	92.1 (92.7)	91.7 (92.3)	89.9 (89.9)
Midlands & East (East)	7	95.9 (95.4)	94.0 (93.6)	94.1 (93.6)	93.8 (93.6)	93.3 (92.4)
South West (South West South)	8	95.9 (95.6)	93.4 (94.0)	93.4 (93.8)	93.4 (93.9)	92.8 (93.1)
South West (South West North)	7	95.8 (95.3)	93.3 (93.4)	93.4 (93.3)	93.2 (93.5)	92.6 (92.4)
South East (Hampshire, Isle of Wight and Thames Valley)	12	95.9 (96.0)	94.9 (95.2)	94.0 (94.2)	94.0 (94.2)	93.3 (93.5)

South East (Kent, Surrey and Sussex)	6	94.3 (93.1)	91.8 (91.8)	91.7 (91.7)	91.6 (91.8)	90.7 (90.1)
--------------------------------------	---	-------------	-------------	-------------	-------------	-------------

† 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: July to September 2020 (April to June 2020)

Country	Number of LAs/HBs [†]	Primary		Booster		
		DTaP/IPV/Hib3%	MMR1%	MMR2%	DTaP/IPV%	Hib/MenC%
United Kingdom	176	95.9 (95.9)	94.8 (95.0)	87.4 (87.6)	86.5 (86.6)	93.2 (93.3)
Wales	7	96.9 (97.2)	96.6 (96.9)	92.0 (92.4)	93.0 (93.2)	95.2 (95.1)
N. Ireland	4	97.5 (97.3)	96.6 (96.5)	90.3 (90.2)	90.9 (91.0)	95.9 (95.9)
Scotland	14	98.0 (98.2)	97.0 (96.8)	92.6 (92.3)	93.2 (92.7)	96.4 (96.3)
England	151	95.6 (95.6)	94.4 (94.7)	86.7 (86.9)	85.4 (85.6)	92.7 (92.9)
English Local Teams						
London	33	92.0 (92.1)	89.4 (90.0)	75.1 (75.9)	72.5 (73.3)	87.5 (88.1)
North (Yorkshire & Humber)	15	96.4 (96.3)	95.6 (96.2)	90.0 (90.3)	89.1 (89.7)	93.3 (94.0)
North (Lancashire & Grt. Manchester) ¹	13	95.5 (95.9)	94.5 (94.5)	87.5 (87.7)	86.8 (87.1)	93.7 (93.5)
North (Cumbria & North East) ¹	13	97.5 (97.3)	97.5 (97.5)	93.4 (93.3)	92.7 (92.5)	95.4 (95.7)
North (Cheshire & Merseyside)	9	96.3 (95.6)	95.2 (94.8)	86.7 (86.3)	85.2 (84.9)	94.4 (92.9)
Midlands & East (North Midlands)	8	97.1 (97.1)	96.1 (96.4)	89.2 (88.8)	88.4 (88.1)	94.3 (94.2)
Midlands & East (West Midlands)	10	95.3 (95.6)	94.3 (94.8)	83.3 (85.5)	82.5 (84.8)	92.8 (93.6)
Midlands & East (Central Midlands)	10	96.3 (96.0)	95.7 (95.7)	89.6 (89.1)	88.1 (87.3)	93.0 (93.0)
Midlands & East (East)	7	96.7 (97.1)	95.9 (96.4)	90.9 (91.5)	90.3 (90.6)	93.0 (94.0)
South West (South West South)	8	97.0 (97.1)	96.4 (96.3)	92.4 (92.2)	90.6 (89.9)	95.3 (95.3)
South West (South West North)	7	96.5 (96.6)	96.1 (96.0)	90.4 (90.2)	89.4 (88.6)	95.4 (95.3)

Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (July to September 2020)

Health Protection Report Volume 14 Number 24

South East (Hampshire, Isle of Wight and Thames Valley)	12	96.7 (96.8)	95.7 (95.8)	90.9 (90.9)	90.3 (90.0)	94.8 (94.9)
South East (Kent, Surrey and Sussex)	6	95.6 (95.1)	95.1 (95.2)	88.4 (87.8)	87.6 (86.6)	93.5 (92.2)

† Local Authorities / Health Boards.

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: July to September 2020 (April to June 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	182	88 (87)	33 of 33	218	76 (82)
North (Yorkshire & Humber)	15 of 15	35	91 (84)	15 of 15	34	76 (80)
North (Lancashire & Grt. Manchester) ³	13 of 13	44	41 (25)	13 of 13	58	16 (14)
North (Cumbria & North East) ³	12 of 13	10	80 (78)	12 of 13	11	73 (100)
North (Cheshire & Merseyside)	9 of 9	10	70 (75)	9 of 9	10	50 (33)
Midlands & East (North Midlands)	8 of 8	12	100 (94)	8 of 8	23	100 (96)
Midlands & East (West Midlands)	10 of 10	62	89 (95)	10 of 10	64	95 (88)
Midlands & East (Central Midlands)	10 of 10	61	97 (94)	10 of 10	51	86 (96)
Midlands & East (East)	7 of 7	25	84 (78)	7 of 7	28	82 (71)
South West (South West South)	8 of 8	7	86 (100)	8 of 8	6	100 (70)
South West (South West North)	7 of 7	17	94 (100)	7 of 7	14	100 (75)
South East (Hampshire, Isle of Wight and Thames Valley)	12 of 12	41	95 (92)	12 of 12	43	95 (97)
South East (Kent, Surrey and Sussex)	6 of 6	14	64 (93)	6 of 6	24	96 (70)
England¹	150 of 151	520	85 (83)	150 of 151	584	77 (77)

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: July to September 2020 (April to June 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	1465	84.8 (83.7)
Brent	57.8	1173	31.1 (33.3)
Hounslow	47.5	981	20.3 (18.7)
Ealing	47.3	1208	39.7 (40.8)
Redbridge	41.5	1131	78.5 (80.0)

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.

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



© Crown copyright 2020

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogilive.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: December 2020
PHE Gateway number: GW-1818

PHE supports the UN
Sustainable Development Goals

