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

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

This report summarises UK quarterly vaccine coverage data for each routine childhood vaccination for children who reached their first, second, or fifth birthday during the evaluation quarter. Analyses are presented at NHS England local team (April 2018 configuration) and devolved administration levels only.

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

- 12 month UK coverage for DTaP/IPV/Hib/HepB3, PCV2 and MenB all increased by 0.1%, to 92.6%, 93.2% and 92.8% respectively, compared to the previous quarter. UK rotavirus vaccine coverage decreased by 0.4% to 90.1% with all countries reporting this order of decrease
- 24 month UK vaccine coverage estimates for all vaccines offered on or after the first birthday decreased by 0.1 to 0.2% compared to the previous quarter (PCV booster and MMR 90.6%, Hib/MenC 90.8% and MenB booster 89.3%).
- UK DTaP/IPV/Hib3 coverage at 24 months decreased 0.5% to 94% although in Scotland, Northern Ireland and Wales coverage was at least 96%. In England coverage decreased by 0.7% to 93.5% with seven of 13 local teams achieved 95%
- When compared to the previous quarter UK coverage at 5 years decreased between 0.1% - 0.3% for all vaccines, except Hib/MenC which remained at 93.1 for the third successive quarter
- All the devolved administrations continue to exceed the 95% WHO target for DTaP/IPV/Hib3, MMR1 and Hib/MenC booster. In England only two of thirteen local teams exceed the 95% target for these vaccines. Coverage at five years for these vaccines primarily reflects vaccinations delivered four years ago
- Pre-school booster (DTaP/IPV) coverage exceeded 90% in the devolved administrations and in Scotland and Wales for MMR2, but only two English local teams reached this level for both vaccines

## 1. Cohort definitions for July to September 2019

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

Children born to hepatitis B surface antigen (HBsAg) positive mothers who reached their first birthday in this quarter should also have received monovalent hepatitis B vaccine at birth and four weeks of age.

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

Children who reached their second birthday in the quarter (born July to September 2017) were scheduled to receive their third DTaP/IPV/Hib, second PCV, MenB and rotavirus vaccinations between November 2017 and January 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 August and October 2018.

Children born to hepatitis B surface antigen (HBsAg) positive mothers, who reached their second birthday in this quarter (born July to September 2017), were scheduled to receive a second dose monovalent hepatitis B vaccine at one year of age.

Children who reached their fifth birthday in the quarter (born July to September 2014) were scheduled to receive their third dose DTaP/IPV/Hib and second PCV and one MenC vaccination between November 2014 and January 2015. They were also scheduled to receive their first MMR, Hib/MenC booster and PCV booster after their first birthday (born July to September 2015) between August and October 2015, and their pre-school diphtheria, tetanus, acellular pertussis, inactivated polio booster (DTaP/IPV) and second dose MMR from October 2017.

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

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

## 2. Participation and data quality

Data were received from all Health Boards (HBs) in Scotland, Northern Ireland and Wales. In England, Local Teams (LTs) and Child Health Record Departments (CHRDs) provided data for all upper tier local authorities (LAs) and General Practices (GP). All data were collected through NHS Digital's Strategic Data Collection Service (SDCS). Individual LA and GP data including

numerators, denominators, coverage and relevant caveats where applicable are available [here](#). GP level data were censored when individual values were less than 5.

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

## 3. Developments in immunisation data

### 3.1 NHS Digital Child Health Programme

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

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

As first reported in the October to December 2018 COVER report [4] it is anticipated that, contingent on a successful pilot, the collection of COVER data will be transferred during 2019/20 from PHE to NHS Digital's Strategic Data Collection Service (SDCS) and merged with the current SDCS practice level vaccine coverage collection (formally collected via the Child Immunisation Unify2 data collection). Data for England collected for this report was collected via SDCS as part of the pilot. The analysis and reporting of the quarterly COVER report remains with PHE. The annual vaccine coverage report, [Childhood Vaccination Coverage Statistics – England 2018-19](#) is published this week as a joint NHS Digital/PHE report.

In England, the July to September 2019 quarter is the second COVER collection to include both LA and GP level coverage extracted from CHISs. The July to September 2019 quarterly GP data are being 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 taking place in early 2020

It was confirmed in April 2019 that England will follow a 1+1 PCV schedule, based on the advice of the Joint Committee of Vaccination and Immunisation (JCVI). This will be a single dose of PCV13 alongside the routine DTaP/IPV/Hib/HepB and rotavirus immunisations at 12 weeks of age, followed by the PCV13 booster on or after the first birthday. This 1+1 schedule will replace the previous schedule of 2+1 (at 8 and 16 weeks, and the booster dose given on or after the first birthday). Further details will be published in the December issue of [Vaccine Update](#),

The COVER programme currently reports the proportion of children at 12 months who completed to two-dose PCV programme (PCV2). To continue accurately monitoring the coverage of PCV at 12 months of age the COVER programme will be modified to also collect coverage of the first dose of PCV (PCV1). CHISs will be expected to report on 12 month coverage of PCV1 and PCV2 and at 24 months on PCV booster (dose given on or after the first birthday). COVER data for PCV2 will drop to 0 as cohorts move to the 1+1 schedule. The **revised information standard for the COVER programme** will be available early in 2020, and coverage for the first cohorts eligible for the new schedule will be evaluated in COVER from 2021 onwards

### 3.4 Changes to the Local Authority configuration in Dorset

Prior to April 2019, Dorset comprised three local authorities:

- Bournemouth
- Dorset
- Poole

Since April 2019, Dorset now comprises two local authorities:

- Bournemouth, Christchurch and Poole
- Dorset

## 4. Results

### 4.1 Coverage at 12 months

UK coverage for DTaP/IPV/Hib/HepB3, PCV2 and MenB evaluated at the first birthday all increased by 0.1%, to 92.6%, 93.2% and 92.8% respectively, compared to the previous quarter. This is the second consecutive quarterly increase for 12 month coverage bringing figures back to levels recorded in the October to December 2018 quarter [5]. In England coverage increased by 0.1-0.2% for these vaccines to at least 92%; in Northern Ireland coverage increased by 0.2 – 0.3% to at least 94%. In Scotland and Wales coverage decreased between 0.2-0.7% but and continue to achieve at least 95% coverage for DTaP/IPV/Hib/HepB3, PCV2 and MenB2 at 12 months. In England, only one local team achieved at least 95% coverage for these three vaccines (table 1).

UK rotavirus vaccine coverage decreased by 0.4% to 90.1% with all countries reporting this order of decrease (table 1).

### 4.2 Coverage at 24 months

24 month UK vaccine coverage estimates for all vaccines offered on or after the first birthday decreased by 0.1% to 0.2% compared to the previous quarter (PCV booster and MMR 90.6%, Hib/MenC 90.8% and MenB booster 89.3%). PCV, Hib/MenC and MenB boosters, and MMR1 all exceeded 93% in Scotland and Wales, and exceeded

92% in Northern Ireland (table 2). In England, coverage of PCV and Hib/MenC boosters decreased by 0.3% to 90% and 90.3% respectively, and MMR1 decreased 0.2% to 90.1%; only two local teams achieved 93% coverage for all three vaccines. MenB booster coverage decreased 0.2% to 88.6% in England with eight of 13 local teams achieving at least 90%.

UK DTaP/IPV/Hib3 coverage decreased 0.5% to 94% although in Scotland, Northern Ireland and Wales coverage was at least 96%. In England coverage decreased by 0.7% to 93.5% with seven of 13 local teams achieved 95% (table 2)[5].

### 4.3 Coverage at five years

When compared to the previous quarter UK coverage at 5 years decreased between 0.1% - 0.3% for all vaccines, except Hib/MenC which remained the same (table 3) [5].

All the devolved administrations continue to exceed the 95% WHO target for DTaP/IPV/Hib3, MMR1 and Hib/MenC booster. In England DTaP/IPV/Hib3 and MMR1 decreased by 0.2 to 95.2% and 94.5% respectively; Hib/MenC booster remained at 92.6%. Only two of thirteen English local teams exceed the 95% target for these vaccines. Coverage at five years for these vaccines primarily reflects vaccinations delivered four years ago.

Pre-school booster (DTaP/IPV) coverage exceeded 90% in the devolved administrations and in Scotland and Wales for MMR2, but only two English local teams reached this level for both vaccines (table 3).

### 4.4 Neonatal hepatitis B vaccine coverage in England

This is the fourth quarter where neonatal HepB vaccine coverage data in England evaluates five doses of hepatitis B vaccine (two monovalent and three hexavalent doses) in infants born to hepatitis B surface antigen (HBsAg) positive mothers, who reached the age of one year in this quarter (i.e. those born between July to September 2018). National coverage was 82%, the same as the previous quarter [5]. Coverage reported for children who reached two years of age in the quarter (i.e. those born between July to September 2017) and was 63% compared to 72% last quarter (table 4). An additional consideration for the 24 month cohort data reported this quarter is that it includes babies offered HepB-containing vaccine under two different schedules. Those born before 1 August 2017 should have received four doses of monovalent vaccine at birth, 4 and 8 weeks, and 12 months; those born after will have been offered three monovalent vaccines at birth, 4 weeks and 12 months of age, and three doses of hexavalent vaccine (at 2, 3 and 4 months).

The quality of neonatal HepB vaccine data is variable and coverage by former local team can be based on small numbers. As such, data should be interpreted with caution. Where an area reported no vaccinated children, a check was made to ensure that this was zero reporting rather than absence of available data.

## 5. Relevant links for country-specific coverage data

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

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

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

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

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

**COVER submission and publication dates:**

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

**Other relevant links**

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

## 6. References

1. Public Health England. Hexavalent combination vaccine: routine programme guidance. <https://www.gov.uk/government/publications/hexavalent-combination-vaccine-programme-guidance>
2. Public Health England. The complete routine immunisation schedule. <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>
3. Public Health England (2018). Vaccination coverage statistics for children up to the age of five years in the United Kingdom, July to September 2018. 2018 HPR 12 (45). Available at <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2018-to-2019-quarterly-data>
4. Public Health England (2018). Quarterly vaccination coverage statistics for children aged up to five years in the UK (COVER programme) : October to December 2018 HPR 13 (11). Available at <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2018-to-2019-quarterly-data>
5. Public Health England (2019). Quarterly vaccination coverage statistics for children aged up to five years in the UK (COVER programme) : April to June 2019 HPR 13 (34). Available at <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2019-to-2020-quarterly-data>
6. NHS England. Digital Child Health Transformation Programme. <https://www.england.nhs.uk/digital-technology/child-health/>

## Appendix: Tables

**Table 1. Completed UK primary immunisations at 12 months by country and England local team : July to September 2019 (April to June 2019)**

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

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

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

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



**Table 1. Completed UK primary immunisations at 12 months by country and English Local Teams<sup>1</sup>: July to September 2019 (April to June 2019)**

	Country	No. of LAs/HBs <sup>†</sup>	DTaP/IPV/Hib(HepB)3%	PCV2%	Rota2%	MenB2%
	United Kingdom	176	92.6 (92.5)	93.2 (93.1)	90.1 (90.5)	92.8 (92.7)
	Wales	7	95.1 (95.8)	95.3 (96.0)	93.6 (94.0)	95.1 (95.6)
	Northern Ireland	4	94.0 (93.8)	94.4 (94.1)	91.3 (91.6)	94.2 (93.9)
	Scotland	14	96.1 (96.3)	96.4 (96.8)	93.2 (93.5)	96.0 (96.2)
	England	151	92.1 (92.0)	92.8 (92.6)	89.6 (90.0)	92.3 (92.2)
<b>LT code</b>	<b>NHS England Local Teams<sup>1</sup></b>					
Q71	London	33	87.7 (87.4)	88.1 (87.9)	85.5 (85.5)	87.2 (87.1)
Q72	North (Yorkshire & Humber)	15	93.8 (93.7)	94.2 (94.0)	91.3 (91.8)	94.0 (94.0)
Q73	North (Lancashire & Grt. Manchester) <sup>2</sup>	13	91.7 (91.9)	93.2 (93.2)	88.3 (89.2)	92.8 (93.0)
Q74	North (Cumbria & North East) <sup>2</sup>	13	95.9 (96.0)	96.3 (96.2)	94.0 (94.4)	96.2 (96.0)
Q75	North (Cheshire & Merseyside)	9	92.3 (92.4)	93.3 (92.5)	88.8 (89.7)	93.2 (92.6)
Q76	Midlands & East (North Midlands)	8	94.1 (94.2)	94.6 (94.8)	92.0 (92.6)	94.3 (94.5)
Q77	Midlands & East (West Midlands)	10	90.8 (91.8)	91.5 (92.4)	87.3 (88.9)	91.0 (92.0)
Q78	Midlands & East (Central Midlands)	10	91.7 (91.7)	92.9 (92.9)	90.0 (90.7)	92.5 (92.5)
Q79	Midlands & East (East)	7	94.1 (9)	94.6 (94.9)	91.9 (92.4)	94.4 (94.4)
Q85	South West (South West South)	8	94.9 (94.6)	95.3 (94.9)	92.2 (92.5)	95.0 (94.8)
Q86	South West (South West North)	7	93.4 (92.5)	94.1 (93.1)	90.5 (89.9)	93.9 (92.8)
Q87	South East (Hampshire, Isle of Wight and Thames Valley)	12	94.9 (94.9)	95.2 (95.2)	92.1 (92.8)	94.4 (94.5)
Q88	South East (Kent, Surrey and Sussex)	6	92.4 (90.9)	92.9 (91.9)	89.9 (89.0)	92.7 (91.5)

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

<sup>1</sup> April 2018 configuration of NHS England Local Teams

<sup>2</sup> Currently we are not able to report the new 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<sup>1</sup>: July to September 2019 (April to June 2019)**

Country	No. of LAs/ HBS <sup>†</sup>	DTaP/IPV/Hib3% <sup>3</sup>	PCV booster%	Hib/MenC booster%	MMR1%	MenB booster%
United Kingdom	176	94.0 (94.5)	90.6 (90.8)	90.8 (91.0)	90.6 (90.8)	89.3 (89.4)
Wales	7	96.5 (96.6)	94.7 (95.0)	94.1 (94.4)	94.4 (94.7)	94.0 (94.1)
Northern Ireland	4	96.0 (95.8)	92.5 (91.8)	92.2 (91.6)	92.1 (91.4)	92.2 (91.6)
Scotland	14	96.9 (97.0)	94.4 (94.4)	94.4 (94.5)	93.8 (93.9)	93.7 (93.7)
England	151	93.5 (94.2)	90.0 (90.3)	90.2 (90.5)	90.1 (90.3)	88.6 (88.8)
<b>NHS England local teams*</b>						
Q71	33	89.5 (90.7)	81.8 (82.5)	82.4 (82.9)	82.1 (82.7)	79.9 (80.3)
Q72	15	95.3 (95.8)	92.8 (92.9)	92.8 (92.9)	92.7 (92.6)	91.8 (91.6)
Q73 <sup>2</sup>	13	93.9 (93.8)	90.6 (91.0)	91.4 (91.7)	91.3 (91.5)	89.8 (90.0)
Q74 <sup>2</sup>	13	96.3 (96.1)	95.5 (95.4)	95.6 (95.4)	95.5 (95.2)	94.5 (94.1)
Q75	9	93.1 (94.3)	91.2 (91.2)	91.7 (91.6)	91.5 (91.2)	90.2 (90.3)
Q76	8	95.0 (96.1)	92.1 (93.0)	92.1 (93.0)	92.1 (92.8)	89.9 (91.1)
Q77	10	93.3 (93.9)	88.6 (89.5)	88.7 (89.5)	88.7 (89.4)	86.9 (87.7)
Q78	10	92.8 (94.1)	90.9 (91.3)	91.2 (91.7)	91.0 (91.5)	88.8 (89.1)
Q79	7	95.4 (95.4)	93.2 (92.6)	93.0 (92.4)	92.9 (92.1)	91.5 (90.9)
Q85	8	95.4 (95.7)	93.7 (93.5)	93.6 (93.4)	93.6 (93.4)	92.6 (92.5)
Q86	7	95.1 (95.4)	92.3 (92.0)	92.3 (92.2)	92.4 (92.2)	91.0 (90.9)
Q87	12	95.5 (95.5)	92.9 (92.9)	93.1 (93.1)	93.1 (93.1)	92.0 (92.1)
Q88	6	93.6 (94.7)	91.3 (91.8)	91.4 (91.8)	91.2 (91.7)	90.2 (90.9)

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

\* See table 1 for key to local team organisational code.

<sup>1</sup> April 2018 configuration.

<sup>2</sup> Currently we are not able to report the April 2018 local teams in these areas as Cumbria LA does not map to that configuration.

<sup>3</sup> Some children in this birth cohort (those born ≥1 August 2017) were the first to be exclusively offered DTaP/IPV/Hib/HepB vaccine when it was introduced in the autumn of 2017, others will have received only DTaP/IPV/Hib vaccine, and some a combination of both vaccines.

**Table 3. Completed UK primary immunisations and boosters at five years by country and NHS England local team<sup>1</sup>: July to September 2019 (April to June 2019)**

Country	Number of LAs/HBs <sup>†</sup>	Primary		Booster		
		DTaP/IPV/Hib3%	MMR1%	MMR2%	DTaP/IPV%	Hib/MenC%
United Kingdom	176	95.6 (95.7)	94.9 (95.1)	87.1 (87.4)	85.9 (86.2)	93.1 (93.1)
Wales	7	97.4 (97.5)	97.1 (97.1)	92.4 (92.4)	92.8 (92.7)	95.6 (95.2)
N. Ireland	4	97.2 (97.1)	96.5 (96.5)	89.9 (90.9)	90.4 (91.2)	95.8 (95.9)
Scotland	14	98.1 (98.2)	97.0 (97.0)	91.8 (91.3)	92.3 (91.9)	96.3 (96.5)
England	151	95.2 (95.4)	94.5 (94.7)	86.3 (86.7)	84.9 (85.3)	92.6 (92.6)
<i>English Local Teams</i>						
Q71	33	92.0 (92.3)	90.0 (90.2)	75.5 (76.1)	72.6 (73.3)	88.1 (88.2)
Q72	15	96.6 (96.5)	96.0 (96.1)	89.5 (89.7)	88.8 (88.7)	93.6 (93.8)
Q73 <sup>3</sup>	13	95.2 (94.4)	94.8 (95.1)	87.5 (88.3)	85.9 (86.6)	93.5 (93.7)
Q74 <sup>3</sup>	13	97.3 (97.2)	97.0 (96.9)	92.3 (91.9)	91.6 (90.7)	95.5 (95.3)
Q75	8	95.9 (96.6)	95.1 (95.9)	87.4 (88.2)	86.9 (88.2)	93.6 (92.9)
Q76	8	96.8 (97.2)	96.4 (96.6)	87.7 (88.9)	86.9 (88.0)	94.3 (94.7)
Q77	10	95.8 (95.9)	95.2 (95.3)	85.4 (85.4)	84.4 (84.1)	93.8 (93.2)
Q78	10	95.8 (96.3)	95.5 (96.1)	88.6 (89.2)	85.8 (87.9)	93.0 (93.7)
Q79	7	96.5 (96.6)	96.1 (95.8)	89.8 (89.6)	89.2 (88.7)	93.9 (93.6)
Q85	8	97.1 (97.0)	96.4 (96.3)	92.2 (92.2)	90.5 (90.7)	95.5 (95.3)
Q86	7	96.7 (96.7)	96.1 (96.2)	90.6 (91.0)	89.5 (90.0)	94.9 (95.5)
Q87	12	96.1 (96.3)	94.7 (95.4)	90.6 (90.2)	89.4 (88.7)	93.4 (93.7)
Q88	6	93.2 (93.6)	94.0 (93.8)	85.6 (85.6)	84.9 (84.8)	90.5 (89.8)

<sup>†</sup> See table 1 for key to NHS England local team organisational code.

<sup>1</sup> April 2018 configuration.

<sup>2</sup> 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 2019 (April to June 2019)**

NHS England Local Team Code*	LA returns with 12 month data	12 month denominator	% Coverage at 12 months (5 doses) <sup>1</sup>	LA returns with 24 month data	24 month denominator	% Coverage at 24 months <sup>2</sup>
Q71	33 of 33	221	89 (88)	33 of 33	207	81 (98)
Q72	15 of 15	35	80 (92)	15 of 15	38	89 (88)
Q73 <sup>3</sup>	10 of 13	61	33 (26)	10 of 13	206	11 (11)
Q74 <sup>3</sup>	12 of 13	9	100 (70)	12 of 13	7	43 (100)
Q75	6 of 9	10	0 (85)	6 of 9	6	67 (0)
Q76	8 of 8	21	100 (93)	8 of 8	20	95 (90)
Q77	10 of 10	63	89 (92)	10 of 10	58	95 (100)
Q78	10 of 10	53	92 (98)	10 of 10	54	81 (84)
Q79	7 of 7	29	90 (66)	7 of 7	34	71 (87)
Q85	8 of 8	6	100 (70)	8 of 8	10	90 (100)
Q86	7 of 7	14	100 (77)	7 of 7	14	100 (87)
Q87	12 of 12	54	93 (95)	12 of 12	44	89 (92)
Q88	6 of 6	26	69 (86)	6 of 6	18	83 (93)
<b>England<sup>1</sup></b>	<b>144 of 151</b>	<b>602</b>	<b>82 (82)</b>	<b>144 of 151</b>	<b>716</b>	<b>63 (72)</b>

\* See table 1 for key to NHS England Local Team organisational code.

<sup>1</sup> Babies offered two monovalent HepB vaccines (at birth and one month) and three hexavalent vaccines (at two, three and four months)

<sup>2</sup> This 24 month cohort includes babies offered HepB-containing vaccine under two different schedules. Those born before 1 August 2017 should have received four doses of monovalent vaccine at birth, 4 and 8 weeks, and 12 months; those born after will have been offered three monovalent vaccines at birth, 4 weeks and 12 months of age, and three doses of hexavalent vaccine (at 2, 3 and 4 months)

<sup>3</sup> currently we are not able to report the April 2018 local teams in these areas as Cumbria LA does not map to that configuration.

**Table 5. BCG vaccine coverage at 12 months in English local authorities with TB incidence  $\geq 40$  per 100,000 and offering a universal programme**

**July to September 2019 (April to June 2019)**

Upper tier Local Authority	Three-year average (2014-16) annual TB rate per 100,000	Number of eligible children (1st birthday in Jan to March 2019)	Universal BCG coverage% (previous quarterly estimate)
Newham	69.0	1475	73.9 (62.4)
Brent	57.8	1166	32.8 (35.4)
Hounslow	47.5	1004	18.5 (19.3)
Ealing	47.3	1308	36.7 (36.0)
Slough	41.8		No universal programme
Redbridge	41.5	1158	80.4 (80.0)

# 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-class science, 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 are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

## *About Health Protection Report*

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

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