



UK Health
Security
Agency

Cover of Vaccination Evaluated Rapidly (COVER)

Requirements Specification v2.3

DAPB0089 Amd 80/2021

Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a new information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and approved by the Data Alliance Partnership Board (DAPB).

This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance
- Change Specification

An Information Standards Notice (DAPBB0089 Amd 80/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (for example, paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 6 January 2022

Glossary of terms

Term	Acronym	Definition
Bacillus Calmette–Guérin vaccine	BCG	Bacillus Calmette–Guérin vaccine against tuberculosis
Child Health Information Systems Service	CHISS	This service comprises of 3 components. The CHISSs, the CHRD and the PCHR (Personal Child Health Record).
Child Health Information Systems	CHISSs	The systems while they vary generally provide some sort of cohort analysis function for children services as well as a call and recall function.
Child Health Record Department	CHRD	The people who manage and maintain the details on the child health record system.
Clinical Commissioning Group	CCG	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS Services in England.
Cover of Vaccination Evaluated Rapidly	COVER	UK quarterly data and commentary on coverage achieved by the UK childhood immunisation programme.
Data Alliance Partnership Board	DAPB	The DAPB has responsibility for approving information standards, data collections and extractions (ISCEs) to be used in health and adult social care.
European Centre for Disease Prevention and Control	ECDC	An independent agency of the European Union (EU) aiming to strengthen Europe’s defences against infectious disease.
Hepatitis B virus	HBV	Hepatitis B virus, abbreviated HBV, is a species of the genus Orthohepadnavirus, which is likewise a part of the Hepadnaviridae family of viruses. This virus causes the disease Hepatitis B.
Hepatitis B vaccine	HepB	Hepatitis B vaccine against hepatitis B virus infection; can be either monovalent hepatitis B vaccine or part of the combined DTaP/IPV/Hib/HepB vaccine.
Information Standards Notice	ISN	A notice of an Information Standard approved by the Data Alliance Partnership Board (DAPB). When a health and social care organisation in England receives an ISN, they ensure that they and their contractors comply with the standard in a reasonable time (such time defined within the ISN).

Term	Acronym	Definition
Integrated Care Boards	ICB	The proposed Health and Care Bill will allow for the establishment of Integrated Care Boards and Integrated Care Partnerships across England. This will be done at the same time as abolishing Clinical Commissioning Groups (CCGs). The ICB will take on the NHS commissioning functions of CCGs as well as some of NHS England's commissioning functions.
NHS Digital	NHS D	The Health and Social Care Information Centre (HSCIC) was set up by the Department of Health in April 2013 and is an executive non-departmental public body. Since August 2016, it has been operating as NHS Digital.
Pneumococcal conjugate vaccine	PCV	A conjugate vaccine offered in the routine childhood immunisation programme that protects against 13 strains of the pneumococcal bacterium.
Public Health Outcomes Framework	PHOF Team	Public Health Outcomes Framework Team responsible for delivery of the PHOF which sets out a vision for public health, with desired outcomes and the indicators that will help us to understand how well public health is being improved and protected.
Strategic Data Collection Service	SDCS	The Strategic Data Collection Service (SDCS) is an NHS Digital secure data collection system used by health and social care organisations to submit data.
United Kingdom Health Security Agency	UKHSA	<p>The UK Health Security Agency (UKHSA) takes on the health protection responsibilities of Public Health England (PHE) and incorporates NHS Test and Trace and the Joint Biosecurity Centre (JBC).</p> <p>UKHSA is an executive agency of the Department of Health and Social Care. It is responsible for planning, preventing and responding to external health threats, and providing intellectual, scientific and operational leadership at national and local level.</p>

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1. Overview

Summary

Standard details	
DAPB unique identifier	DAPB0089 Amd 80/2021
Name	Cover of Vaccination Evaluated Rapidly (COVER) Return
Approval date	21 December 2021
Publication date	6 January 2022
Standard definition	
Description	<p>This standard defines how information is extracted from Child Health Information Systems (CHISs) and submitted to NHS Digital via the NHS Digital Strategic Data Collection Service (SDCS) portal using a data collection template in order to calculate vaccine coverage at Local Authority (LA) and General Practice (GP) level as part of the COVER (Cover of Vaccination Evaluated Rapidly) programme.</p> <p>COVER measures vaccine coverage for each vaccine of the routine childhood immunisation programme in England for children aged 3 months (BCG only), one, 2 and 5 years of age.</p> <p>Vaccine coverage data are extracted quarterly and annually from local CHISs, which are commissioned by NHS England and NHS Improvement. Local authority coverage data are published by United Kingdom Health Security Agency (UKHSA) quarterly as official statistics and by NHS Digital and UKHSA jointly as national statistics annually. Quarterly and annual GP level data will be published by UKHSA and will primarily be intended for local performance management.</p> <p>This release has been revised to reflect the change to BCG vaccination that will now occur at 28 days rather than at birth and eligibility and vaccination for BCG will be recorded for all children on the CHIS record.</p>
Applies to	<p>All those operating CHISs.</p> <p>Staff submitting returns on behalf of CHIS.</p>

	<p>Users of this data including but not limited to:</p> <ul style="list-style-type: none"> • NHS England and NHS Improvement local teams • Integrated Care Boards • Care Quality Commission • Health Protection Teams • academia • World Health Organization • European Centre for Disease Prevention and Control • local authorities • Clinical Commissioning Groups • Department of Health and Social Care
Impacts on	<ul style="list-style-type: none"> • CHIS IT systems • Child Health Information Systems Service
Implementation completion date	6 July 2022

Controlled documents

Supporting documents

Reference	Title
1	DAPB0089 COVER – Specification (this document)
2	DAPB0089 COVER – Change Specification
3	DAPB0089 COVER – NHS Data Model and Dictionary Change Request
4	DAPB0089 COVER – Implementation Guidance
5	DAPB0089 COVER - User Guide
6	CHIS Output and Information Requirements

Related standards

Reference	Title
ISB 1523	Anonymisation Standard for Publishing Health and Social Care Data
DAPB1069	Community Services Data Set (CSDS)

2. Current methods of measuring vaccine coverage

In general, vaccine coverage data for the routine childhood immunisation programme are extracted quarterly and annually at Local Authority level from local CHISs by staff in Child Health Record Departments (CHRDs) and submitted to the UKHSA national COVER surveillance team. COVER collects information on the proportion of children aged 3 months (BCG only), 12 months, 24 months and 5 years who have completed courses of each routine childhood immunisation. This information is promptly fed back to the local level, creating the opportunity to improve coverage and to detect changes in vaccine coverage quickly. In addition, UKHSA collects GP level data for the same immunisations and for information management purposes using the COVER Information Standard. The term management information describes aggregate information collated and used in the normal course of business to inform operational delivery or the management of organisational performance. The information may be incomplete in places, is not quality assured to the same extent as official statistics and may not necessarily be fully representative.

From April 2019, the practice level and local authority level collections have been merged into a single COVER collection. CHIS submit both GP and local authority level data via the Strategic Data Collection Service (SDCS) using a single template. UKHSA analyses and reports these data. A link to the SDCS general collection guidance can be found [here](#).

From April 2013, there was a mandate to report COVER statistics for the upper tier local authority resident population. However, the switch in reporting from responsible to resident population has been postponed in agreement with NHS Digital, because of limitations in the current CHIS IT infrastructure. Therefore, the COVER programme will only be requesting responsible local authority population for the foreseeable future.

2.1 Current process of data submission

Both GP and local authority level data should be submitted via the SDCS portal using a single reporting template for GP and local authority data ([Appendix 1](#)).

Since April 2016 aggregate data are sent to the appropriate NHS England and NHS Improvement local team for data quality assurance prior to publication by the national COVER team.

2.2 Method of collection, analysis and feedback

Automated validations are carried out at the point of entry into the SDCS template. The template has a number of automated validation checks which are then flagged as errors or warnings on

the SDCS system. Further automated and manual validation checks are undertaken by UKHSA and NHS Digital which flag anomalies in local authority denominators and in individual vaccine antigen numerators by comparison with previous quarterly/annual submissions. Anomalies are then checked with local providers and NHS England local teams which may result in amendments, exclusion of data, or publication with caveats. The GP level data validation processes includes a combination of automated validation by UKHSA and NHS Digital, as well as manual checks by UKHSA. It is not anticipated that data will be validated for individual practices. Unlike local authority level data, GP level data will not be considered as official or national statistics.

Quarterly UK COVER reports for local authority data are published in [health protection reports](#) on the UKHSA [website](#) together with local level data for England, and since April 2014 have been classified as Official Statistics.

Annual COVER data are collected and published by NHS Digital as National Statistics in an annual report, following further validation by NHS Digital's Immunisations and Screening team. From 2018 to 2019 this report is jointly published by UKHSA and NHS Digital. Practice level data is published alongside quarterly and annual reports. From 2020, SDCS is used for the submission of annual data.

UK vaccine coverage data are also published in the quarterly official and annual national statistics reports. UKHSA report these data to the Joint Committee on Vaccination and Immunisation (JCVI), an independent committee which advises UK health governments on immunisation, and to international organisations such as the World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC).

children in the responsible population for a local authority (that is, those children registered with GPs in the local authority, plus any unregistered children resident within the local authority's geographical boundary).

Children are entered onto the local CHIS at birth or when they move into the local area. All new births are registered electronically and a unique NHS Number is generated within a few hours of delivery. An electronic copy of the birth notification containing core demographic information and GP registration is sent to the relevant CHR D for entry onto the local CHIS. In addition, a paper record of the complete birth notification may be faxed by the midwife to the local CHR D. Record transfer when individuals move between areas covered by different CHIS is not universally automated and will depend on CHIS interoperability. The 2016 NHS England [Healthy Children: transforming child health information](#) strategy aims to transform child health information services by making these systems interoperable, reducing the administrative burden of information recording and sharing.

CHISs aim to provide a complete record for current and past vaccines administered to children up to the age of 18 years, although currently data completeness is not always maintained to this age.

3. System requirements and national standards and guidance

The Health and Social Care Act 2012 created a new set of responsibilities for the delivery of public health services. In England, although the local leadership for improving and protecting the public's health sits with local government, the reforms provide specific roles for NHS England and NHS Improvement, and UKHSA for the commissioning and system leadership of the national screening and immunisation programmes. NHS England's Local Teams commission these services and NHS England sets out how national, regional, and local operational and governance arrangements for national screening and immunisation programmes are coordinated in England since April 2013.

The requirements for the national COVER surveillance scheme are defined within the [public health national service specifications](#) outlining the requirements for CHIS (specification number 28) which are commissioned by NHS England. The agreement is made between the Secretary of State for Health and NHS England under section 7A of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. Public Health commissioning in the NHS 2016 to 2017 is detailed in individual [national service specifications](#).

CHIS providers should ensure that their systems implement Information Standard Notices (ISN), which announce new or changes to information standards published under section 250 of the Health and Social Care Act 2012, within the required timescale.

Guidance for immunisation and vaccination in England is produced by UKHSA and informed by advice and recommendations of the JCVI to the Secretary of State and Department of Health and Social Care. The [complete routine immunisation schedule](#) is subject to unscheduled changes and current guidance via the [Green Book](#) should be consulted. It is therefore important that the design of CHIS allows sufficient flexibility so that changes to the schedule of existing immunisations or the addition of new immunisations for children of any age can be made in a straightforward and timely manner.

3.1 The COVER return

This version of the COVER standard has been revised to reflect the change to BCG vaccination that will now occur at 28 days rather than at birth and eligibility and vaccination for BCG will be recorded for all children on the CHIS record. Redundant items relating to PCV2 and HepB have also been withdrawn.

Data is collected by NHS Digital and transferred to UKHSA. Access and storage of COVER data is governed by the UKHSA Information Governance Policy. All information is used in accordance with the Data Protection Act 2018, the Public Health (Control of Disease) Act 1984,

the Public Health (Infectious Diseases) Regulations 1988, and the NHS Act 2006 (section 251), the Health and Social Care Act 2012, and the Care Act 2014. All records are kept securely in compliance with the Caldicott guidelines. Access and storage of COVER data was assessed for General Data Protection Regulation (GDPR) compliance as part of a UKHSA-wide compliance exercise for all information assets, and was found to be compliant.

The legal basis for NHS Digital to collect COVER data will be provided by a [Direction](#) from or on behalf of the Secretary of State of Health and Social Care (that is via UKHSA).

3.2 Request parameters for COVER

The following parameters are applied at 2 distinct levels: a) local authority level b) GP level.

Although collection by resident population is a requirement for the Public Health Outcomes Framework (since April 2013), it has been agreed that it is not feasible under the current IT infrastructure. COVER data are only requested for local authority responsible population.

For any given evaluation quarter:

Local authority level

To be included as local authority responsible population for COVER data are:

- all children registered with a GP whose practice forms part of the local authority, regardless of where the child is resident
- any children not registered with a GP, who are resident within the local authority's statutory geographical boundary

Note: children resident within the local authority geographical area, but registered with a GP belonging to another local authority, are the responsibility of that local authority. Providers are expected to list all GPs whose practice forms part of each local authority.

GP level

All children registered with a GP in the local authority are to be included in the GP level population for COVER data. Each GP is to be reported separately.

Note: Individuals not registered with a GP should still be included in the GP level dataset using a 'not registered' practice code.

Request 1: 12 MONTH COHORT

- Line 1 Total number of children for whom the LA/GP is responsible reaching their 1st birthday during the above evaluation quarter.
- Line 2 Total number and percentage of eligible children (to one decimal place) included in line 1 completing a primary course at any time up to their 1st birthday for each of the following:
- a) DIPHTHERIA (D3)
PERTUSSIS (aP3)
TETANUS (T3)
POLIO (Po3)
Hib (Hib3)
HepB (HepB3(routine))
- Or **DTaP/IPV/Hib/HepB3**
- b) PNEUMOCOCCAL (PCV1)
 - c) ROTAVIRUS (Rotavirus2)
 - d) MenB (MenB2)

NOTES for Request 1:

- a) CHISs may output receipt of 3 doses of the combined primary vaccine as either individual variables (that is, D3, aP3, T3, Pol3, Hib3, HepB3(routine)) or a combined variable (see (a) above). Children living in but immunised outside the UK may have been given different vaccine combinations; 3 doses of each of DTP or DTaP, IPV or OPV, Hib and HepB vaccine before first birthday will equate to a completed course. This only affects a small number of children but is more significant in areas with a higher proportion of movers in from outside the UK
- b) Pneumococcal vaccine – Primary course is one dose given before the first birthday.
- c) Rotavirus vaccine - primary course is 2 doses given before 24 weeks.
- d) Meningitis B vaccine – primary course is 2 doses given before the first birthday

Request 2: 24 MONTH COHORT

- Line 3 Total number of children for whom the LA/GP is responsible reaching their second birthday during the above evaluation quarter.
- Line 4 Total number and percentage of eligible children (to one decimal place) included in line 3 completing a primary course or booster course at any time up to their second birthday for each of the following:

- a) DIPHTHERIA (D3)
- PERTUSSIS (aP3)
- TETANUS (T3)
- POLIO (Po3)
- Hib (Hib3)
- HepB (HepB3(routine))

- b) MMR (MMR1)
- c) Hib/MenC booster (Hib/MenC)
- d) PNEUMO booster (PCVbooster)
- e) MenB booster (MenBbooster)

NOTES for Request 2:

- a) CHISs may output receipt of 3 doses of the combined vaccine as either individual variables (that is, D3, aP3, T3, Pol3, Hib3, HepB3(routine)) or a combined variable (see (a) above). Children living in but immunised outside the UK who may have been given different vaccine combinations, 3 doses of each of DTP or DTaP, IPV or OPV, Hib and HepB vaccine before 2nd birthday will equate to a completed course. This only affects a small number of children but is more significant in areas with a higher proportion of movers in from outside the UK
- b) Excludes MMR given before first birthday
- c) Although most children receive a Hib/MenC booster as one dose of combined Hib/MenC vaccine on or after first birthday, children completing their primary course after 1st birthday can be reported as having one dose of any Hib-containing vaccine and one dose of single antigen MenC, both given on or after first birthday and before second birthday
- d) A dose of PCV on or after the first first birthday irrespective of the number of doses given before that age, and before the second birthday
- e) Meningitis B booster – either 3 doses of MenB before the second birthday or 2 doses after the first birthday

Request 3: 5 YEAR COHORT

Line 5 Total number of children for whom the LA/GP is responsible reaching their 5th birthday during the above evaluation quarter.

Line 6 Total number and percentage of eligible children (to one decimal place) included in line 5 completing a primary course or booster course at any time up to their 5th birthday for each of the following:

- a) DIPHTHERIA (D3)

PERTUSSIS	(aP3)
TETANUS	(T3)
POLIO	(Po3)
Hib	(Hib3)
HepB	(HepB3(routine)) from 2022

Or **DTaP/IPV/Hib3** (births before August 2017) or **DTaP/IPV/Hib/HepB3** (births from August 2017) – see notes

b) MMR	(MMR1)
c) DIPHTHERIA booster	(D4)
TETANUS booster	(T4)
PERTUSSIS booster	(aP4)
POLIO booster	(Po4)
d) Hib/MenC booster	(Hib/MenC)
e) MMR (2 doses)	(MMR2)

NOTES for Request 3:

- a) **DTaP/IPV/Hib/HepB** replaced **DTaP/IPV/Hib** from October 2017 (that is, offered to children born from August 2017) for primary immunisations. CHISs may output receipt of 3 doses of the combined primary vaccine as either individual variables (that is, D3, aP3, T3, Pol3, Hib3, HepB3(routine)) or a combined variable (see (a) above). Children born around the time of the change of vaccine may receive DTaP/IPV/Hib beyond October 2017, or a mixture of the 2 vaccines, depending on vaccination timing and availability. Vaccine coverage extraction for a completed primary course (3 doses) is not dependent on which combined vaccines have been given (DTaP/IPV/Hib or DTaP/IPV/Hib/HepB). Children living in but immunised outside the UK who may have been given different vaccine combinations, 3 doses of each of DTP or DTaP, IPV or OPV, Hib and HepB vaccine before 2nd birthday will equate to a completed course. This only affects a small number of children but is more significant in areas with a higher proportion of movers in from outside the UK
- b) Excludes MMR given before first birthday
- c) Fourth dose of Diphtheria/Tetanus/Pertussis/Polio containing vaccine - given from 3 years 4 months and before fifth birthday
- d) Although most children receive a Hib/MenC booster as one dose of combined Hib/MenC vaccine on or after first birthday, children completing their primary course after 1st birthday can be reported as having one dose of DTaP/IPV/Hib (or any other Hib-containing vaccine) and one dose of MenC, both given on or after first birthday and before third birthday
- e) Excludes MMR given before first birthday

Request 4: Neonatal Hepatitis B 12 MONTH COHORT

Line 7 Total number of children for whom the LA/GP is responsible with maternal HB status positive (HBsAg+ve) and reaching their first birthday during the above evaluation quarter

Line 8 Total number included in line 7 and receiving a fifth dose of a Hep B-containing vaccine* before their first birthday

* monovalent (HepB(selective)) or DTaP/IPV/Hib/HepB (HepB3(routine))

Request 5: Neonatal Hepatitis B 24 MONTH COHORT

Line 9 Total number of children for whom the LA/GP is responsible with maternal HB status positive (HBsAg+ve) and reaching their second birthday during the above evaluation quarter

Line 10 Total number included in line 9 and receiving a sixth dose of Hep B-containing vaccine* before their second birthday

* monovalent (HepB(selective)) or DTaP/IPV/Hib/HepB (HepB3(routine))

NOTES for Requests 4 and 5:

Although some CHISs do not have the capacity to produce statistics or even hold information on hepatitis B vaccines, this information is requested in the same format as the current COVER outputs. This is designed to ensure that collection of hepatitis B data is integrated into the routine collection and coverage data can be compared. Where not available from the CHIS it is hoped that these data will be generated from manual systems or from standalone databases.

The HSC recommended universal screening of pregnant women from April 2000. Data on antenatal prevalence will be collected via regions and can be used to validate the completeness of identification of children at risk in future cohorts.

Request 6: Selective BCG 3 MONTH COHORT

Line 11 Total number of **BCG eligible** children for whom the local authority or GP is responsible and reaching 3 months of age during the above evaluation quarter

Line 12 Total number included in line 11 and receiving a dose of BCG before 3 months of age

Request 7: Selective BCG 12 MONTH COHORT

Line 13 Total number of **BCG eligible** children for whom the LA/GP is responsible and reaching their first birthday during the above evaluation quarter

Line 14 Total number included in line 13 and receiving a dose of BCG before their first birthday

3.3 Further information on the COVER collection

For SDCS enquiries please contact:

Data.collections@nhs.net
enquiries@nhsdigital.nhs.uk

Tel: 0300 303 5678

SDCS guidance

The SDCS has a [dedicated web page](#).

General enquiries

Please contact:

Cover@phe.gov.uk
[Vaccine uptake webpage](#)

4 Health care organisations

4.1 Requirements

	Requirement
1	Providers MUST collect information on the proportion of children aged 12 months, 24 months and 5 years in each GP/local authority who have completed courses of each routine childhood immunisations on a quarterly and annual basis through the extraction of vaccine coverage data for the routine childhood immunisation programme as per COVER Request Parameters.
2	Providers MUST collect information on the uptake of selective neonatal BCG vaccination programmes in each LA/GP at 3 and 12 months
3	Providers MUST collect information on the uptake of hepatitis B vaccine at 12 months and 24 months of age for children born of hepatitis B positive mothers in each LA/GP. This includes a combination doses delivered through the routine programme (hexavalent vaccine) and additional monovalent doses delivered selectively.
4	Providers MUST undertake local validation of data before submission to UKHSA following instructions in User Guidance and Request Parameters documents.
5	Providers MUST submit 4 quarterly and one annual return to the UKHSA national COVER surveillance scheme for the geographies specified. GP level and local authority responsible population returns are required.
6	Providers MUST provide the list of all GPs whose practice forms part of each local authority with each submission
7	UKHSA will use a range of national systems to validate, collate, analyse and feedback data. Anomalies MUST be checked with local providers and screening and immunisation teams. This may result in amendments, exclusion of data or publication with caveats.
8	UKHSA MUST publish Official Statistics on childhood vaccine coverage (COVER reports) on a quarterly basis on the UKHSA website so that this information is promptly fed back to the local level, creating the opportunity to improve coverage and to detect changes in vaccine coverage quickly.
9	NHS Digital and UKHSA MUST publish annual National Statistics on immunisation in the form of a report that includes analysis and presentation of COVER data for local needs.
10	UKHSA MUST publish GP level data quarterly and annually in the form of data tables although these are not official or national statistics.

4.2 Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly by an organisation in a specified time period (conformance criteria). These may be different depending upon the type of organisation, for example, supplier, Trust, GP practice.

Criteria number	Organisation type	Criteria
1	CHIS	Vaccine coverage data for the routine childhood immunisation programme were extracted quarterly and annually from local CHISs by staff in CHRDs
2	CHIS	Organisations submitted data to UKHSA national COVER surveillance scheme quarterly and annually.
3	CHIS	Data submission contained the proportion of children aged 12 months, 24 months and 5 years who have completed courses of each of the routine childhood immunisations for the geography specified.
4	CHIS	The data were sent to NHS Digital via the SDCS portal using a standard reporting template.
5	UKHSA	Collection validation took place using the national UKHSA COVER database including automated validation checks which flag anomalies in denominator and numerators at the local authority level.
6	UKHSA	Quarterly UK COVER reports were published on the UKHSA website.
7	NHS Digital	Annual COVER data were validated by NHS Digital and published as National Statistics.
8	NHS Digital	COVER data were made available to UKHSA in a timely manner via the SDCS portal

5. IT systems

5.1 Requirements

	Requirement
1	The IT system enables the user to set up extraction specifications compliant with the COVER specification
2	The IT system enables the user to modify extraction specifications compliant with the COVER specification

5.2 Conformance Criteria

This section describes the tests that can be conducted to check that the information standard is being used correctly by an IT system.

	Criteria
1	The IT system enables the extraction of a complete record for current and past vaccines administered to children up to the age of 18 years.
2	The IT system is accompanied by technical guidance to the CHIS to enable its data returns to be compliant with the COVER specification

Table summarising the COVER return.

Data will be collected by: (a) local authority responsible population and (b) by GP practice

**See request parameters for population definitions* n/a = not applicable

Antigen	Antigen Abbreviation	Cohorts											New or revised data for the Quarterly and Annual COVER returns	
		3 months			12 months			24 months			5 years			
		Number of children in cohort	Number vaccinated	% Uptake	Number of children in cohort	Number vaccinated	% Uptake	Number of children in cohort	Number vaccinated	% Uptake	Number of children in cohort	Number vaccinated		% Uptake
DIPHTHERIA	D3	n/a	n/a	n/a										No change
PERTUSSIS	aP3	n/a	n/a	n/a										No change
TETANUS	T3	n/a	n/a	n/a										No change
POLIO	Po3	n/a	n/a	n/a										No change
Hib (primary)	Hib3	n/a	n/a	n/a										No change.
HepB (Routine) (national code 131)	HepB3(Routine)	n/a	n/a	n/a										No change
PNEUMOCOCCAL (primary first dose)	PCV1	n/a	n/a	n/a				n/a	n/a	n/a	n/a	n/a	n/a	No Change
ROTAVIRUS	Rotavirus	n/a	n/a	n/a				n/a	n/a	n/a	n/a	n/a	n/a	No change
BCG (selective)	BCG	Eligible children only			Eligible children only			n/a	n/a	n/a	n/a	n/a	n/a	New items
MMR1	MMR1	n/a	n/a	n/a	n/a	n/a	n/a							No change
Hib/MenC booster	HibMenC	n/a	n/a	n/a	n/a	n/a	n/a							No change
Pneumococcal booster	PCV booster	n/a	n/a	n/a	n/a	n/a	n/a				n/a	n/a	n/a	No change
DIPHTHERIA booster	D4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a				No change

PERTUSSIS booster	aP4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a				No change
TETANUS booster	T4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a				No change
POLIO booster	Po4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a				No change
MMR2	MMR2	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a				No change
Hepatitis B (routine and selective, national codes 131 and 132)	HepB3(routine) and HepB(selective))	n/a	n/a	n/a							n/a	n/a	n/a	No change
MenB	MenB2	n/a	n/a	n/a				n/a	n/a	n/a	n/a	n/a	n/a	No change
MenB booster	MenB booster	n/a	n/a	n/a	n/a	n/a	n/a				n/a	n/a	n/a	No change

About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

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