



Immunisation: DTaP/IPV and MMR (5 years)

NICE indicator

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www.nice.org.uk/indicators/ind217

Indicator

The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

DTaP/IPV is the vaccine that protects against diphtheria, tetanus, pertussis (whooping cough) and poliomyelitis. MMR is the combined vaccine that protects against measles, mumps and rubella. These are highly infectious conditions that can have serious complications. The first MMR vaccine (MMR1) for children is due within a month of their first birthday as part of the routine vaccination schedule for England, and a second dose (MMR2) is due at around 3 years and 4 months old. A reinforcing vaccination for protection against diphtheria, tetanus, pertussis and poliomyelitis is also due at around 3 years and 4 months old ([UK Health Security Agency's Complete routine immunisation schedule 2024](#)).

The indicator supports immunisation according to the routine immunisation schedule. Measurement by 5 years old aims to achieve full immunisation against these infectious diseases before children start school.

Source guidance

- [Vaccine uptake in the general population. NICE guideline NG218 \(2022\)](#), recommendations 1.2.3, 1.2.9, 1.2.21, 1.3.7, 1.3.8 and 1.3.14 to 1.3.16
- [Immunizations – childhood. NICE clinical knowledge summary \(updated 2024\)](#)

Specification

Numerator: The number in the denominator who have received a dose of DTaP/IPV and at least two doses of MMR between 1 and 5 years old.

Denominator: The number of children who reached 5 years old in the preceding 12 months.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions:

- Children with a confirmed anaphylactic reaction to a previous dose of the vaccines or any component of the vaccines.
- Children who are immunocompromised.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if the vaccination is not appropriate.

Expected population size: [Quality and Outcomes Framework data for 2022 to 2023 \(indicator VI003\)](#) shows that 1.1% of people in England have reached 5 years old in the preceding 12 months: 107 patients for an average practice with 10,000 patients. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

Update information

Minor changes since publication

September 2024: We replaced the minimum population with that of the expected population size and added information about personalised care adjustments and exception reporting. We also updated references in the rationale and source guidance sections.

May 2022: The source guidance section was amended to reflect that NICE's guideline on immunisations: reducing differences in uptake in under 19s (NICE guideline PH21) was fully updated and replaced by [NICE's guideline on vaccine uptake in the general population \(NICE guideline NG218\)](#).

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