

Immunisation: rotavirus (24 weeks)

NICE indicator

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Indicator

The percentage of babies who reached 24 weeks old in the preceding 12 months, who have received 2 doses of rotavirus vaccine before the age of 24 weeks.

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

Rotavirus is highly contagious and leads to gastroenteritis. The routine immunisation schedule states that the rotavirus vaccine is due at 8 and 12 weeks old. The indicator supports vaccination with rotavirus vaccine according to the routine immunisation schedule. This indicator measures receipt of 2 doses of the rotavirus vaccine before 24 weeks to ensure inclusion of babies who had a delay to vaccination due to acute illness with fever but achieve immunisation against rotavirus before the vaccine is contraindicated.

Source guidance

- [Vaccine uptake in the general population. NICE guideline NG218 \(2022\)](#)
- [Childhood immunizations – up to 1 year of age. NICE clinical knowledge summary \(2021\)](#)

Specification

Numerator: The number in the denominator who received 2 doses of a rotavirus vaccine before they reached 24 weeks old.

Denominator: The number of babies who reached 24 weeks old in the preceding 12 months.

Calculation: Numerator divided by denominator, multiplied by 100.

Exclusions: Babies with a rotavirus vaccination contraindicated or history of rotavirus vaccine allergy code. See [Public Health England's rotavirus: the green book, chapter 27b](#) and [NHS webpage on rotavirus vaccine](#).

(Taken from [NHS Digital's business rules for vaccination and immunisation programmes 2021/22 rotavirus v11.0.](#))

Personalised care adjustments or exception reporting should be used if vaccination is declined.

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

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