
Ed Humpherson, Director General for Regulation

To: Producers of COVID-19 vaccine statistics across the UK

20 January 2021

Number of COVID-19 vaccinations administered in the UK

I am writing further to my [letter of 1 December 2020](#), which highlighted our expectations around the publication of statistics on the COVID-19 vaccination programmes.

The publication of statistics on COVID-19 vaccinations, for the UK as a whole and for each administration, on the UK Government [coronavirus dashboard](#) is a welcome step forward in supporting transparency. These data should help keep the public informed and allow ministers and others to quote up-to-date information which is available in the public domain. I know these statistics are the result of a large amount of work undertaken by officials from each administration.

The approach taken by each administration is:

- Scotland: The Scottish Government has published information on the number of vaccinations administered in its weekday [daily data](#) summary. Public Health Scotland has included COVID-19 vaccine statistics in the [weekly COVID-19 statistics report](#).
- Wales: Public Health Wales has published weekly and weekday daily data, in its [COVID-19 rapid surveillance dashboard](#).
- England: NHS England and Improvement has published [weekly and daily data](#) for England and Public Health England has published weekly [COVID-19 vaccine monitoring reports](#).
- Northern Ireland: Beyond the information provided daily for the UK dashboard, official statistics have yet to be released in an orderly and transparent way. I have written separately to the Department of Health, Northern Ireland.

It is early in the implementation of the vaccination programmes and, whilst it is encouraging to see the statistics available, it will be important that they evolve to more effectively monitor the vaccination programmes and help users assess whether governments are meeting the vaccination targets they set.

I look forward to seeing your development plans published and, in setting out these plans, it will be helpful to indicate if some data cannot be provided, as well as where it can. I have

listed some key areas of interest to stakeholders, which should be addressed as soon as possible.

1. More detailed data

The breakdowns provided in each part of the UK are not consistent, but across all administrations, more granular information will be required to support a variety of uses. For example, the public across the UK will want to understand when they, family members, friends or co-workers are likely to be vaccinated and how the programmes are progressing. Where producers have not yet provided it, this more detailed information could include:

- The characteristics (age group, sex, ethnic group) of the recipient.
- The number and percentage of vaccinations offered, administered or declined.
- The setting where the vaccination occurred.
- The eligibility cohort denominators and the percentage take-up by cohort, for example split by the Joint Committee on Vaccination and Immunisation (JCVI) priority groups.

Information that will be useful for analysis in due course could include the type of vaccine given, the distance travelled to get a vaccination and, if someone declined the vaccination, the reason why.

2. More comprehensive metadata

The information about the data (metadata) is currently quite sparse and so it is difficult for users to understand the data collection process, the quality control applied and any impacts on the quality and timeliness of the data presented. A more thorough presentation of the metadata as soon as possible will help users understand and interpret the data correctly, such as the [methodology](#) published to support the test and trace programme in England.

3. Information about how to compare the statistics from each administration

I understand you are jointly discussing areas for further development, which I welcome. Whilst the UK dashboard helpfully combines the data for each administration to publish an aggregate summary for the UK, each administration also publishes its own vaccination data. It would be helpful if information is provided that explains any differences between the administrations' data, which data can be compared and which should not. There is also an opportunity to learn from each other and help users understand the data by providing consistent breakdowns across administrations.

My team will keep in touch with the development of these statistics and would consider a more formal review against the Code of Practice in due course.

Yours sincerely



Ed Humpherson
Director General for Regulation