



# Immunisation: MMR (18 months)

NICE indicator

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[www.nice.org.uk/indicators/ind216](http://www.nice.org.uk/indicators/ind216)

## Indicator

The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months.

## 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

MMR is the combined vaccine that protects against measles, mumps and rubella. These

are highly infectious conditions that can have serious complications such as meningitis and encephalitis. The first MMR vaccine (MMR1) is due as part of the routine vaccination schedule for England within a month of the child's first birthday ([UK Health Security Agency's Complete routine immunisation schedule 2024](#)).

The indicator supports early vaccination with the first dose of the MMR vaccine according to the routine immunisation schedule. Measurement by 18 months old allows for vaccination deferral due to febrile illness but aims to achieve vaccination against the named acute infectious diseases as early as possible.

## 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, 1.3.14, and 1.3.16
- [Immunizations – childhood. NICE clinical knowledge summary \(updated 2024\)](#)

## Specification

**Numerator:** The number in the denominator who have received at least one dose of MMR between 12 and 18 months old.

**Denominator:** The number of children who reached 18 months old in the preceding 12 months.

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

**Exclusions:**

- Children with a confirmed anaphylactic reaction to a previous dose of the vaccine or any component of the vaccine.
- 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 VI002) shows that 1.0% of people in England reached 18 months in the preceding 12 months: 96 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.

## Update information

### Minor changes since publication

**September 2024:** Information about the minimum population was replaced by that of the expected population size. References (publication year) in the rationale and source guidance sections were updated.

**May 2023:** 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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