Dental public health epidemiology programme

Oral health survey of three-year-old children 2013

A report on the prevalence and severity of dental decay

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Executive summary

This report presents summarised results from the Public Health England (PHE) dental public health epidemiology programme (DPHEP) survey of three-year-old children, 2013. Estimates for disease prevalence and severity are reported at national, regional, PHE centre and upper and lower-tier local authority level. Data provides key information to identify suitable life stages for targeting activities to address the dental indicator (tooth decay in children aged five) included in the public health outcomes framework (PHOF).

No national survey has previously been undertaken for this age group.

Overall, of the three-year-old children in England whose parents gave consent for their participation in this survey 12% had experienced dental decay. On average, these children had 3.07 teeth that were decayed, missing or filled (at age three most children have all 20 primary teeth). The average number of decayed, missing or filled teeth ($d_{3}mft$) in the whole sample (including the 88% who were decay free) was 0.36.

At the government regional level, the results revealed wide variation in the prevalence and severity of dental decay but the trend did not match that of five year olds where the areas with poorer oral health tended to be in the north. The four regions with highest severity were East Midlands, North West, London and Yorkshire and the Humber. At lower-tier local authority level there was also wide variation with the highest prevalence of caries experience affecting 34% of children in Leicester and below 2% in many other areas. Severity ranged from below 0.1 $d_{3}mft$ in 28 lower tier local authorities to greater than 1.0 $d_{3}mft$ in four local authorities. Further analysis is required to investigate associations with a range of factors that could be impacting on these estimates.

Summary results can be found in appendix 1 and appendix 2 of this report. Full tables of results are available at www.nwph.net/dentalhealth

Local authorities are now responsible for improving health and reducing inequalities, including oral health. This report provides baseline and benchmarking data that can be used in joint strategic needs assessments and to plan and commission oral health improvement interventions. PHE produced ‘Local authorities improving oral health: commissioning better oral health for children and young people: an evidence-informed toolkit for local authorities’ in June 2014, which provides guidance regarding commissioning evidence-informed oral health improvement interventions.

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Survey data were collected during the 2012-13 school year but are referred to here as 2013. The North West region data were collected during the 2010-11 school year but amalgamated with the data from the rest of England.
Introduction

This report presents summarised results of the oral health of three-year-old children surveyed in the school year 2012-13. This is the first national dental survey of this age group in England.

Since 1985 standardised and coordinated surveys of child dental health have been conducted across the UK which have provided robust, comparable information for use at local, regional and national levels. In England these surveys are now part of the Public Health England (PHE) dental public health epidemiology programme, supported by the dental public health epidemiology team (DPHET) and the knowledge and intelligence team North West (KIT NW). The surveys follow UK wide standards set down by the British Association for the Study of Community Dentistry (BASCD). This survey took place during the reorganisation of the NHS and fieldwork teams were commissioned by primary care trusts (PCTs) to undertake the fieldwork according to a national protocol. From 1 April 2013 the responsibility for commissioning dental public health functions transferred to local authorities as set out in Statutory Instrument 3094 (2012).³

Information produced from nationally coordinated surveys of child dental health is used by commissioners when conducting oral health needs assessments at a local level and forms an important component of the commissioning cycle when planning and evaluating local services and health improvement interventions.

The survey reported here provides information on the prevalence and severity of dental decay (caries) in three-year-old children attending nurseries, both private and state funded, nursery classes attached to schools and playgroups. It has not been possible to include children who do not attend such sites and the possibility for bias from this is acknowledged but cannot be measured. The survey also provides relevant information relating to the dental indicator (tooth decay in children aged five) in the public health outcomes framework (PHOF).⁴
Section 1. Methodology

The survey was undertaken during the 2012-13 school year. The sampling frame was children attending state or privately funded nurseries, nursery classes attached to schools and playgroups who were aged three years at the time of the survey. Sampling took into account the varying levels of provision of each of these in each local authority.

Data was collected by trained and calibrated examiners employed by NHS Trusts providing community dental services. The training and calibration of examiners was carried out using the methodology described by Pine et al.\textsuperscript{5} BASCD criteria for clinical examination described by Pitts at al\textsuperscript{6} were employed. This involves visual-only examination for missing teeth (mt), filled teeth (ft) and teeth with obvious dentinal decay (d\textsubscript{3}t). The subscript 3 indicates this level of detection, which is widely accepted in the literature, acknowledging that it provides an underestimate of the true prevalence and severity of disease. The presence and absence of plaque and oral sepsis were also recorded.

An adjustment was made to allow accurate calculation of severity and prevalence for this younger age group, for whom it cannot be assumed that missing incisors had been naturally shed (exfoliated), as is the case for five-year-olds. Where such teeth were missing, most would have been extracted because of caries, so it is important to include these teeth when calculating severity and prevalence. Examiners were therefore required to record missing incisors in two ways – one which recorded the most likely true fate of missing incisors and a second which aligned with the convention applied for examining five-year-olds and therefore made for fairer comparison with the older age group.

The survey was conducted according to a standard protocol which gave details of the sampling methodology based on that described by Pine et al.\textsuperscript{7} The primary sampling unit was local authorities. Random samples were drawn for each local authority in England using a method that ensured the sample mirrored the proportions of children attending each type of childcare institution within each local authority.

The protocol also required that positive consent was obtained before the survey from the child’s parent or from someone with the competence to give consent on behalf of the child. Requests for consent for sampled children were sent to parents and followed by a second request where no response was made to the first.

Data was collected using the ‘Dental SurveyPlus 2’ computer program. Electronic files of the raw, anonymised data were sent from fieldwork teams to regional coordinators and on to the PHE DPHET via a secure web portal. Data cleaning, quality checks and initial analyses were undertaken before the data was linked via the child’s home postcode to look-up tables for geographic allocation and for scores from the index of multiple deprivation 2010 (IMD 2010).

The DPHET and the KIT NW worked jointly on the analyses, result collation, report compilation and quality assurance.

Population weighting\(^i\) was used to calculate estimates of a range of measures of oral health for each local authority. The postcode of residence for each record was used to assign a deprivation score which has been adjusted for the 2011\(^8\) census. These were then used to allow weighting of the sample data to more closely match the actual distribution of deprivation quintiles\(^ii\) in the source population.

Confidence limits were calculated and are presented as errors bars on charts in this report and in the tables available from www.nwph.net/dentalhealth. The 95% confidence limits are the lower and upper levels of a range of values, around the estimate, within which we can say we are 95% confident that the true value lies. Larger sample sizes result in smaller confidence interval ranges, thus values are more likely to be true. When comparing results, if the lower and upper confidence intervals of sample estimates do not overlap, then it can be assumed there is a significant difference between the estimates.

Section 2. Results

Headline results are presented here along with an indication of the range of results and some high-level illustrations. Full tables and charts of results at lower and upper-tier local authorities, PHE centre, regional and national levels are available at www.nwph.net/dentalhealth

Reports with further analyses and interactive maps will be made available in due course from the same site.

Participation in the survey

In total, 145 upper-tier local authorities out of 152 took part in the survey providing reliable estimates for 289 lower-tier local authorities out of 326.

Simple non-response to the request for consent was the most common reason for non-consent, despite two requests and childcare sites actively seeking returned forms. Only 8% of children

\(^i\) The sampling methodology used for this survey was child care site based and therefore not truly representative of the population of three-year-old children by index of multiple deprivation (IMD) quintile. Thus, the sample was treated as a stratified random sample, that is children were selected randomly from each IMD quintile, but the sampling probability varied between IMD quintiles. For this reason, IMD-weighted estimates were produced to provide more robust estimates of overall prevalence.

\(^ii\) Deprivation quintiles divide populations into fifths according to the IMD, and are used to identify the range of deprived and affluent sections of the population.

with consent declined to take part on the day of examination. Absenteeism accounted for a further loss of 9% of consented children.

A total of 53,814 clinical examinations were linked to geographical areas and included in the final analysis which represented 8% of the population of this age cohort and 97% of those children examined.

The proportion of children who participated in the survey varied at regional and upper and lower-tier local authority level and this probably reflects the provision of child care in different areas which impacts upon the ability to access children. Across the regions, representation varied from 5% in Yorkshire and the Humber and in London to 14% in the North West. At upper-tier local authority level coverage varied from less than 1% in West Sussex to 46% in Rutland.

Prevalence of dental decay at age three

In England, 12% of three-year-old children had experience of obvious dental decay (caries), having one or more teeth that were decayed to dentinal level, extracted or filled because of caries ($d_3mft>0$). The remaining 88% were free from visually obvious dental decay. Across the regions, estimates ranged from 8% in the East of England to 15% in the East Midlands (figures 1 and 2).

Figure 1: Percentage of three-year-old children with decay experience ($d_{mft} > 0$) in England by government region, 2013.

Error bars represent 95% confidence limits.
Figure 2: Percentage of three-year-old children with decay experience ($d_{3mft} > 0$) in England by government region, 2013.
Severities of dental decay at age three

In England, the average number of teeth per child affected by decay (decayed, missing or filled teeth (d$_3$mft)) was 0.36. At the regional level this ranged from 0.24 in the East of England to 0.47 in the North West (figure 3).

The number of teeth with obvious, untreated dentinal decay (d$_3$t) made up 89% of the d$_3$mft index in this age group so there is little reason to look at the components of the index in more detail.

Figure 3: Average number of dentinally decayed, missing (due to decay) and filled teeth (d$_3$mft) among three-year-old children in England by government region, 2013

There was wide variation in mean d$_3$mft across upper-tier local authorities, ranging from 0.03 in South Gloucestershire to 1.17 in Slough (figure 4).

Figure 4: Average number of dentinially decayed, missing (due to decay) and filled teeth ($d_3mft$) among three-year-old children in England by upper-tier local authorities, 2013

Variation was also evident at the lower-tier local authority level and the severity of decay has some correlation with deprivation (figures 5 and 6).

Correlation of decay prevalence and severity with deprivation

The association of high levels of decay with high levels of deprivation have been widely described. For example, in the most recent survey of five-year-olds in England, the correlation was shown to be good, with 44% of the variation in decay levels in local authorities being explained by differences in deprivation.\(^9\) Deprivation is measured using the index of multiple deprivation.\(^8\) A similar analysis using the current survey data shows a far weaker association with greater scatter and only 19% of the prevalence and 25% of the severity being explained by deprivation (figures 5 and 6).

Figure 5: Correlation between proportion of three-year-old children with caries experience and index of multiple deprivation (IMD 2010) score. Lower-tier local authorities in England, 2013

![Figure 5](image1)

R² = 0.1895

Figure 6: Correlation between number of dentinially decayed, missing (due to decay) and filled teeth (d₃mft) among three-year-old children and index of multiple deprivation (IMD 2010) score. Lower-tier local authorities in England, 2013

![Figure 6](image2)

R² = 0.2458
Severity of decay among children with caries experience at age three

It is helpful to look more closely at those children who had experience of decay, separately from those with none. In 2013, all of the decay identified occurred in 12% of those surveyed. Calculation of the average number of decayed, missing or filled teeth in this group with decay (referred to as $d_3mft>0$) allows us to understand more about the extent of disease in the mouths of children who were affected.

Among the children with decay experience, the average number of decayed, missing (due to decay) or filled teeth was 3.07 (most children have all 20 primary teeth present by age three). Figure 7 shows the England average and far less variation across the regions than for the average $d_3mft$ calculated for all children.

Figure 7: Average number of dentinally decayed, missing (due to decay) and filled teeth ($d_3mft$) among three-year-old children with decay experience ($d_3mft>0$). England by government region, 2013

Error bars represent 95% confidence limits

At upper-tier local authority level the variation of severity among affected children was greater, ranging from 2.09 $d_3mft$ in Leicestershire to 4.75 in Bristol (only valid estimates included).

At lower-tier local authority level the variation was wider with an average $d_3mft$ for this sub-group with valid estimates ranging from 1.61 in Blaby to 4.75 in Bristol.
Prevalence of extraction experience (children with teeth extracted due to dental decay) at age three

The proportion of three-year-old children, who have had one or more teeth extracted on one or more occasions, across England, was less than 1% (figure 8). At upper-tier level the variation was small and ranged from zero in many areas to 3% in Herefordshire county. The range at lower tier level was greater with little relationship between caries prevalence and the likelihood of having an extraction experience. For example, Leicester had the highest prevalence of disease experience at 34%, the joint third poorest severity with an average $d_3mft$ of 1.06 but had the second lowest proportion of children who had experienced extractions.

It should be noted that the vast majority of these extractions would have required admission to hospital for such young children.

**Figure 8: Percentage of three-year-old children with caries experience who have had one or more teeth extracted due to dental decay ($mt > 0$) in England by region, 2013**

Prevalence of early childhood caries

For the first time data was collected that allowed for investigation into a specific type of caries called early childhood caries (ECC). This is an aggressive form of decay that affects upper incisors and can be rapid and extensive in attack. It is associated with long term bottle use with sugar-sweetened drinks, especially when these are given overnight or for long periods of the day. The definition of ECC used here is:

Caries affecting any surface of one or more upper primary incisors, regardless of the caries status of any other teeth.\textsuperscript{10}

Overall the prevalence of ECC was 4\% (figure 9) and varied by region, but at upper-tier level there was a far wider range from less than 1\% in eight local authorities to 16\% in Hillingdon.

At lower-tier local authority the range was greater with 32 local authorities having less than 1\% of their three-year olds with ECC, in contrast nine local authorities had 10\% or more affected.

Figure 9: Percentage of three-year-old children with early childhood caries in England by government region, 2013

Error bars represent 95\% confidence limits
Children with sepsis at the time of the examination

Among three-year olds, virtually all sepsis will be the result of the dental decay process rather than originating from gum problems. Sepsis was defined in the protocol as the presence of a dental abscess or sinus recorded by visual examination of the soft tissues. Across England 0.4% of three-year-old children showed signs of sepsis and, as expected, the level was generally higher in those areas where there were higher levels of decay. For example, the highest levels occurred in the East Midlands region (0.6%) and the lowest in the South West, South East and North East (0.2%).

Between lower-tier local authorities the range ran from less than 1% in 81 authorities to over 3% in Bradford.

Comparisons with survey results of five-year-old children

It is of value to investigate the relationship between caries levels found among three-year-olds and that among five-year olds for each lower-tier local authority. Data from the most recent survey of five-year olds has been used to do this. While the analysis does not constitute a longitudinal survey as different children appear in the two samples, it can give indications as to the change in disease levels between the two ages and show the age at which interventions may be most beneficial in areas where caries levels are high.

For this purpose the same convention was used with regard to missing incisors for both age groups, ie, that missing incisors are all assumed to have exfoliated. Therefore, figures for three-year olds vary slightly from those quoted in the rest of the report.

Overall, the strength of association between caries prevalence at age three and age five at lower-tier local authority level was moderate ($R^2=0.48$) (figure 10). It is to be expected that there would be some association as dentinal carious lesions do not resolve, so if they are measured at age three they will also be present at age five. However, there is a fair degree of scatter that shows there are localities where this relationship is weak and suggest the need for investigation.
Section 3. Implications of results

Variation and inequality

For the first time, this report is able to show the wide variation in the levels of dental decay experienced by three-year-old children living in different parts of the country. The cause of dental decay is well understood and is related to a range of factors, most commonly the frequent consumption of sugar in foods and drinks and low fluoride exposure. In this young age group the impact of infant and young child feeding is of particular note. High levels of consumption of sugar-containing food and drink is also a contributory factor to other issues of public health concern in children – for example, childhood obesity.

The variation in dental decay reported at the local authority (lower-tier level) has some correlation with the index of multiple deprivation, with the highest levels of disease tending to be seen in the most deprived areas. However, there were several examples of local authorities with relatively high IMD 2010 score but where the prevalence of caries experience was low; Hartlepool (IMD 2010 38.43, prevalence 5%), Stoke on Trent (38.53, 7%) and Sandwell (40.32, 3.8%).
10%). In contrast there were examples of relatively affluent lower-tier local authorities where caries prevalence was high: Blaby (9.62, 25%), Charnwood (16.34, 29%) and Hillingdon (19.86, 25%). While the two out of the three former situations can be explained by the presence of natural or artificial water fluoridation it is difficult to explain the situation of the latter three. Other factors should be considered as the reason, such as cultural behavioural norms.

Results show that a very large proportion of three-year-old children had no decay and that there was greater polarisation of caries in this age group than has been typically seen among five-year olds.

**Changes in levels of decay between the ages of three and five**

The association between caries prevalence at age three and the same measure at age five is to be expected but does not explain all the variation in disease at age five. It is therefore likely to be useful for each local authority to seek advice about the patterns of decay and stages when this occurs for their own population. What seems clear, however, is that caries experience is already apparent in many children by the age of three.

**Putting this information to use**

Data from this survey can be used to give background information when approaching the PHOF dental indicator (4.2 tooth decay in children aged five).

Where general caries levels at age three are high, it is clear that interventions need to be targeted at younger age groups in an effort to reduce caries levels at age five.

For local authorities where the specific problem of ECC is widely prevalent interventions should be developed that tackle specific problems related to infant feeding practices, essential action would be to stop the prolonged use of feeding bottles that contain sugar sweetened beverages. Substitution with water or unsweetened milk and introduction of free flow trainer cups and beakers instead of feeding bottles from about six months onwards are recommended. By the age of one, the use of bottles with teats should have stopped. Support for parents is required to bring these changes about. Guidance is provided in ‘Delivering better oral health: an evidence based toolkit for prevention’ and ‘Local authorities improving oral health: commissioning better oral health for children and young people, an evidence-informed toolkit for local authorities’.

Where caries levels increase sharply between the ages of three and five years, interventions need to tackle the causes of caries during this later stage of the life course. Such interventions would seek to reduce the frequency and amount of sugar consumption in food and drinks as well as increasing the availability of fluoride in a choice of vehicles.

Locally these data can also be used in oral health needs assessments, and in contributions to Joint Strategic Needs Assessments (JSNAs). Commissioning or providing dental public health programmes, which are the responsibility of local authorities, should be commissioned following strategic planning. Advice is available from consultants in dental public health at PHE centres regarding planning and commissioning tailored oral health improvement programmes. There is good evidence that, in addition to place based generic health improvement activities, which will address some of the common risk factors for dental decay, strategies to increase the exposure to fluoride are effective.\(^{13}\) The PHE guidance ‘Local authorities improving oral health: commissioning better oral health for children and young people, an evidence-informed toolkit for local authorities’\(^{2}\) provides a range of tools to assist with selection of suitable interventions to improve oral health.

Local authorities may also wish to seek dental public health advice from PHE centres with regard to commissioning of specific surveys or larger samples using this methodology to evaluate their interventions and gain more detailed information about the oral health of their populations.

Section 4. References


Section 5. Supplementary tables


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**Note:**
- All or part LA did not partake in survey
- Number examined too small (<30) for robust estimate
- Based on fewer than 30 volunteers
- Mean dmft incl. incl.: Mean decayed, missing, filled teeth including inclisors
- % dmft > 0 incl. incl.: Percent decayed, missing, filled teeth > 0 including inclisors
- % with early childhood caries (ECC): Percent with early childhood caries
- Lower dmft including incl.: Lower decayed, missing, filled teeth including inclisors
- Upper dmft including incl.: Upper decayed, missing, filled teeth including inclisors
- Lower dmft > 0 incl. incl.: Lower decayed, missing, filled teeth > 0 including inclisors
- Upper dmft > 0 incl. incl.: Upper decayed, missing, filled teeth > 0 including inclisors
- Lower dmft > 0 (mean): Lower decayed, missing, filled teeth > 0 (mean)
- Upper dmft > 0 (mean): Upper decayed, missing, filled teeth > 0 (mean)
- Lower dmft > 0 (mean) incl.: Lower decayed, missing, filled teeth > 0 (mean) including inclisors
- Upper dmft > 0 (mean) incl.: Upper decayed, missing, filled teeth > 0 (mean) including inclisors
- Mean dmft: Mean decayed, missing, filled teeth
- % with early childhood caries: Percent with early childhood caries
- 95% Confidence Limits: 95% confidence limits for percentages


### Upper Tier LA Name

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- **All or part LA did not participate in survey**
- **Number examined too small (<30) for robust estimate**
- **Based on fewer than 30 volunteers**

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**References:**


**Note:**

- Weighted Measures 95 % Confidence Limits
- **Lower % with early childhood caries (ECC)**
- **Upper % with early childhood caries (ECC)**

---

**Legend:**

- mft: mean number of decayed, missing or filled teeth
- %: percentage of population examined
- d: decayed teeth
- incisors: incisors
- mft > 0: number of decayed, missing or filled teeth
- % with early childhood caries (ECC)

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1 Isles of Scilly figures have been reported because 100% of the sample and 42% of the population have been examined.


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Weighted Measures 95% Confidence Limits

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### Appendix 2. Dental Public Health Epidemiology Programme for England, Oral Health Survey of three-year-old children 2013, lower tier local authority (LA) LA did not partake in survey Number examined too small (<30) for robust estimate Based on fewer than 30 volunteers

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| North East           |                     |                    |                          |                             |                               |                                       |                                       |                                      |
| County Durham        | 00EJ               | County Durham      | 4.0                      | 0.21                        | 6.30                          | 3.30                                  | 1.5                                    | 0.08                                |
| Darlington           | 00EH               | Darlington         | 15.5                     | 0.28                        | 6.18                          | 4.50                                  | 3.2                                    | 0.10                                |
| Gateshead            | 00CH               | Gateshead          | 9.2                      | 0.37                        | 13.74                         | 2.73                                  | 3.0                                    | 0.19                                |
| Hartlepool           | 00EB               | Hartlepool         | 18.2                     | 0.12                        | 4.66                          | 2.54                                  | 1.3                                    | 0.03                                |
| Middlesbrough        | 00EC               | Middlesbrough      | 14.2                     | 0.53                        | 17.26                         | 3.08                                  | 8.1                                    | 0.34                                |
| Newcastle upon Tyne  | 00CC               | Newcastle upon Tyne | 6.9                      | 0.26                        | 10.95                         | 2.41                                  | 3.5                                    | 0.14                                |
| North Tyneside       | 00CD               | North Tyneside     | 8.4                      | 0.16                        | 4.02                          | 4.03                                  | 1.5                                    | 0.02                                |
| Northumberland       | 00CE               | Northumberland     | 7.0                      | 0.28                        | 9.66                          | 2.90                                  | 4.6                                    | 0.13                                |
| Redcar and Cleveland | 00CF               | Redcar and Cleveland | 14.0                    | 0.45                        | 17.31                         | 2.61                                  | 5.0                                    | 0.26                                |
| South Tyneside       | 00CL               | South Tyneside     | 12.3                     | 0.17                        | 5.09                          | 3.25                                  | 1.3                                    | 0.05                                |
| Stockton-on-Tees     | 00CF                | Stockton-on-Tees   | 8.5                      | 0.23                        | 7.34                          | 3.18                                  | 2.2                                    | 0.08                                |
| Sunderland           | 00CM               | Sunderland         | 6.3                      | 0.54                        | 18.41                         | 2.94                                  | 7.4                                    | 0.34                                |
### Table 1: Dental Public Health Epidemiology Programme for England, Oral Health Survey of three-year-old children 2013, lower tier local authority (LA)

<table>
<thead>
<tr>
<th>Region</th>
<th>Lower Tier LA Code</th>
<th>Lower Tier LA Name</th>
<th>% of population examined</th>
<th>Weighted Measures</th>
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#### North West

- **16UB Airedale**: 22.7% population examined
  - Mean d(3mft including incisors) = 11.59
  - Lower % d(3mft > 0) = 3.95
  - Upper % d(3mft > 0) = 4.8
  - Lower % with early childhood caries (ECC) = 0.22
  - Upper % with early childhood caries (ECC) = 0.73

- **16UC Barrow-in-Furness**: 35.1% population examined
  - Mean d(3mft including incisors) = 20.64
  - Lower % d(3mft > 0) = 2.86
  - Upper % d(3mft > 0) = 3.6
  - Lower % with early childhood caries (ECC) = 0.20
  - Upper % with early childhood caries (ECC) = 0.73

- **00EX Blackburn with Darwen**: 15.9% population examined
  - Mean d(3mft including incisors) = 16.89
  - Lower % d(3mft > 0) = 3.74
  - Upper % d(3mft > 0) = 8.1
  - Lower % with early childhood caries (ECC) = 0.38
  - Upper % with early childhood caries (ECC) = 0.62

- **00B Blackpool**: 13.9% population examined
  - Mean d(3mft including incisors) = 17.23
  - Lower % d(3mft > 0) = 4.94
  - Upper % d(3mft > 0) = 8.2
  - Lower % with early childhood caries (ECC) = 0.34
  - Upper % with early childhood caries (ECC) = 1.9

- **30UB Bolton**: 13.0% population examined
  - Mean d(3mft including incisors) = 17.84
  - Lower % d(3mft > 0) = 4.25
  - Upper % d(3mft > 0) = 9.1
  - Lower % with early childhood caries (ECC) = 0.57
  - Upper % with early childhood caries (ECC) = 0.77

- **30UD Burnley**: 14.0% population examined
  - Mean d(3mft including incisors) = 18.81
  - Lower % d(3mft > 0) = 3.82
  - Upper % d(3mft > 0) = 1.8
  - Lower % with early childhood caries (ECC) = 0.41
  - Upper % with early childhood caries (ECC) = 0.42

- **00BM Bury**: 8.7% population examined
  - Mean d(3mft including incisors) = 18.41
  - Lower % d(3mft > 0) = 3.29
  - Upper % d(3mft > 0) = 5.3
  - Lower % with early childhood caries (ECC) = 0.38
  - Upper % with early childhood caries (ECC) = 0.40

- **16UD Carlisle**: 17.4% population examined
  - Mean d(3mft including incisors) = 15.28
  - Lower % d(3mft > 0) = 4.39
  - Upper % d(3mft > 0) = 9.0
  - Lower % with early childhood caries (ECC) = 0.36
  - Upper % with early childhood caries (ECC) = 0.41

- **00E Cheshire East**: 1.5% population examined
  - Mean d(3mft including incisors) = 11.17
  - Lower % d(3mft > 0) = 0.00
  - Upper % d(3mft > 0) = 0.00
  - Lower % with early childhood caries (ECC) = 0.00
  - Upper % with early childhood caries (ECC) = 0.00

- **00W Cheshire West and Chester**: 21.1% population examined
  - Mean d(3mft including incisors) = 11.79
  - Lower % d(3mft > 0) = 1.00
  - Upper % d(3mft > 0) = 1.5
  - Lower % with early childhood caries (ECC) = 0.13
  - Upper % with early childhood caries (ECC) = 0.15

#### South East

- **54UB Adur**: 0.0% population examined
  - Mean d(3mft including incisors) = 11.45
  - Lower % d(3mft > 0) = 0.34
  - Upper % d(3mft > 0) = 0.62
  - Lower % with early childhood caries (ECC) = 0.00
  - Upper % with early childhood caries (ECC) = 0.50

- **45UC Aylesbury Vale**: 1.0% population examined
  - Mean d(3mft including incisors) = 14.59
  - Lower % d(3mft > 0) = 0.49
  - Upper % d(3mft > 0) = 0.77
  - Lower % with early childhood caries (ECC) = 0.22
  - Upper % with early childhood caries (ECC) = 0.63

- **29UB Ashford**: 4.4% population examined
  - Mean d(3mft including incisors) = 8.61
  - Lower % d(3mft > 0) = 2.75
  - Upper % d(3mft > 0) = 3.1
  - Lower % with early childhood caries (ECC) = 0.00
  - Upper % with early childhood caries (ECC) = 0.77

- **11UB Aylesbury Vale**: 8.7% population examined
  - Mean d(3mft including incisors) = 13.26
  - Lower % d(3mft > 0) = 3.23
  - Upper % d(3mft > 0) = 4.9
  - Lower % with early childhood caries (ECC) = 0.22
  - Upper % with early childhood caries (ECC) = 0.63

- **24UB Basingstoke and Deane**: 4.1% population examined
  - Mean d(3mft including incisors) = 8.02
  - Lower % d(3mft > 0) = 3.48
  - Upper % d(3mft > 0) = 4.5
  - Lower % with early childhood caries (ECC) = 0.05
  - Upper % with early childhood caries (ECC) = 0.88

- **00MA Blackfield**: 11.0% population examined
  - Mean d(3mft including incisors) = 11.42
  - Lower % d(3mft > 0) = 3.00
  - Upper % d(3mft > 0) = 5.7
  - Lower % with early childhood caries (ECC) = 0.16
  - Upper % with early childhood caries (ECC) = 0.93

- **00ML Brighton and Hove**: 2.3% population examined
  - Mean d(3mft including incisors) = 14.91
  - Lower % d(3mft > 0) = 0.00
  - Upper % d(3mft > 0) = 0.34
  - Lower % with early childhood caries (ECC) = 0.05
  - Upper % with early childhood caries (ECC) = 0.72

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<th>Weighted Measures</th>
<th>95% Confidence Limits</th>
<th>$%$ d3mft &gt; 0 (%) including incisors</th>
<th>$%$ d$^3$mft &gt; 0 (%) including incisors</th>
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Note: LA did not participate in survey
Number examined too small (<30) for robust estimate
Based on fewer than 30 volunteers


% of population examined: The percentage of the population examined in each LA.
Weighted Measures: The weighted measures of % d3mft > 0 (%) including incisors, % d3mft > 0 (%) including incisors, % with early caries (ECC), % with early childhood caries (ECC).
95% Confidence Limits: The 95% confidence limits for % d3mft > 0 (%) including incisors, % d3mft > 0 (%) including incisors, % with early caries (ECC), % with early childhood caries (ECC).


### Weighted Measures

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<th>Mean d3mft (% d3mft &gt; 0 including incisors)</th>
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### 00HA Bath and North East Somerset

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<th>Mean d3mft (% d3mft &gt; 0 including incisors)</th>
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### South West

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<th>% d3mft &gt; 0 including incisors</th>
<th>Mean d3mft (% d3mft &gt; 0 including incisors)</th>
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†Isles of Scilly figures have been reported because 100% of the sample and 42% of the population have been examined.

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<th>Weighted Measures</th>
<th>% d3mft &gt; 0 including incisors</th>
<th>% d3mft &gt; 0 including incisors (ECC)</th>
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**Yorkshire and the Humber**

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<th>% d3mft &gt; 0 including incisors (ECC)</th>
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| 34
| Region                  | Lower Tier LA Code | Lower Tier LA Name                       | % of population examined | Mean d3mft including incisors | Mean d3mft > 0 including incisors | Mean d3mft > 0 (mean) including incisors | % with early childhood caries (ECC) | Lower d3mft including incisors | Upper d3mft including incisors | Lower % d3mft > 0 including incisors | Upper % d3mft > 0 (mean) including incisors | Lower % with early childhood caries (ECC) | Upper % with early childhood caries (ECC) |
|-------------------------|--------------------|------------------------------------------|--------------------------|-------------------------------|-----------------------------------|------------------------------------------|-------------------------------------|---------------------------------|---------------------------------|--------------------------------------|----------------------------------------|----------------------------------------|
| Yorkshire and the Humber| 00FB               | East Riding of Yorkshire                 | 1.9                      | 0.16                          | 3.95                              | 3.93                                     | 2.8                                 | 0.00                            | 0.38                            | 0.2                                | 7.7                                     | 0.00                                   | 8.90                                   | 0.0                                   | 6.3                                      |
|                         | 36UC               | Hambleton                                | 26.8                     | 0.22                          | 8.45                              | 2.57                                     | 3.5                                 | 0.09                            | 0.34                            | 4.9                                | 12.0                                    | 1.65                                   | 3.49                                   | 1.1                                   | 5.9                                      |
|                         | 36UD               | Harrogate                                | 12.8                     | 0.26                          | 8.76                              | 2.99                                     | 3.1                                 | 0.10                            | 0.43                            | 5.1                                | 12.5                                    | 1.70                                   | 4.28                                   | 0.8                                   | 5.3                                      |
|                         | 00FA               | Kingston upon Hull, City of              | 1.9                      | 0.32                          | 15.44                             | 2.10                                     | 1.2                                 | 0.13                            | 0.52                            | 7.0                                | 23.9                                    | 1.51                                   | 2.70                                   | 0.0                                   | 3.6                                      |
|                         | 00CZ               | Kirklees                                 | 3.3                      | 0.60                          | 15.80                             | 3.89                                     | 6.2                                 | 0.34                            | 0.85                            | 10.0                               | 20.6                                    | 2.78                                   | 5.01                                   | 3.3                                   | 9.1                                      |
|                         | 00DA               | Leeds                                    | 2.0                      | 0.49                          | 19.36                             | 2.51                                     | 7.5                                 | 0.30                            | 0.68                            | 13.7                               | 25.0                                    | 1.94                                   | 3.08                                   | 3.7                                   | 11.3                                     |
|                         | 00FC               | North East Lincolnshire                 | 8.7                      | 0.37                          | 15.04                             | 2.49                                     | 5.7                                 | 0.16                            | 0.59                            | 8.4                                | 21.7                                    | 1.65                                   | 3.32                                   | 1.2                                   | 10.2                                     |
|                         | 00FD               | North Lincolnshire                      | 6.0                      | 0.15                          | 8.07                              | 1.92                                     | 2.6                                 | 0.04                            | 0.27                            | 3.3                                | 12.8                                    | 1.10                                   | 2.74                                   | 0.0                                   | 5.4                                      |
|                         | 36UE               | Richmondshire                            | 24.6                     | 0.20                          | 5.49                              | 3.69                                     | 2.8                                 | 0.02                            | 0.39                            | 1.8                                | 9.2                                     | 1.86                                   | 5.52                                   | 0.1                                   | 5.6                                      |
|                         | 00CF               | Rotherham                                | 6.1                      | 0.46                          | 11.50                             | 3.99                                     | 6.1                                 | 0.21                            | 0.70                            | 6.8                                | 16.2                                    | 2.65                                   | 5.33                                   | 2.5                                   | 9.7                                      |
|                         | 36UF               | Ruydall                                  | 19.3                     | 0.18                          | 9.88                              | 1.80                                     | 2.2                                 | 0.05                            | 0.31                            | 3.7                                | 16.1                                    | 1.15                                   | 2.46                                   | 0.0                                   | 5.2                                      |
|                         | 36UG               | Scarborough                              | 13.3                     | 0.13                          | 6.73                              | 1.91                                     | 0.0                                 | 0.04                            | 0.22                            | 2.7                                | 10.8                                    | 1.37                                   | 2.44                                   | 0.0                                   | 0.0                                      |
|                         | 36UH               | Selby                                    | 18.8                     | 0.19                          | 9.06                              | 2.12                                     | 1.4                                 | 0.09                            | 0.29                            | 5.1                                | 13.0                                    | 1.44                                   | 2.80                                   | 0.0                                   | 3.0                                      |
|                         | 00CG               | Sheffield                                | 2.9                      | 0.23                          | 8.40                              | 2.70                                     | 1.8                                 | 0.09                            | 0.37                            | 4.4                                | 12.4                                    | 1.79                                   | 3.62                                   | 0.0                                   | 3.7                                      |
|                         | 00DB               | Wakefield                                | 2.5                      | 0.51                          | 19.79                             | 2.59                                     | 7.2                                 | 0.24                            | 0.79                            | 12.1                               | 27.5                                    | 1.59                                   | 3.60                                   | 2.2                                   | 12.2                                     |
|                         | 00FF               | York                                     | 7.2                      | 0.21                          | 6.52                              | 3.00                                     | 1.8                                 | 0.03                            | 0.38                            | 3.0                                | 10.8                                    | 0.93                                   | 5.06                                   | 0.0                                   | 3.8                                      |
| Regions                | E                  | East Midlands                            | 9.4                      | 0.43                          | 15.73                             | 2.83                                     | 3.7                                 | 0.39                            | 0.48                            | 14.3                               | 16.4                                    | 2.62                                   | 3.05                                   | 3.2                                   | 4.3                                      |
|                         | G                  | East of England                          | 8.5                      | 0.24                          | 8.21                              | 2.92                                     | 2.3                                 | 0.21                            | 0.27                            | 7.6                                | 8.9                                     | 2.71                                   | 3.16                                   | 1.9                                   | 2.6                                      |
|                         | H                  | London                                   | 4.7                      | 0.42                          | 13.06                             | 3.11                                     | 5.3                                 | 0.38                            | 0.46                            | 12.1                               | 14.5                                    | 2.92                                   | 3.31                                   | 4.7                                   | 5.9                                      |
|                         | A                  | North East                              | 8.7                      | 0.30                          | 10.1                              | 2.96                                     | 3.5                                 | 0.25                            | 0.34                            | 8.9                                | 11.2                                    | 2.67                                   | 3.25                                   | 2.8                                   | 4.2                                      |
|                         | B                  | North West                               | 14.1                     | 0.47                          | 14.3                              | 3.30                                     | 5.1                                 | 0.44                            | 0.50                            | 13.7                               | 14.9                                    | 3.17                                   | 3.43                                   | 4.7                                   | 5.5                                      |
|                         | J                  | South East                               | 7.2                      | 0.27                          | 8.61                              | 3.16                                     | 3.1                                 | 0.24                            | 0.30                            | 8.0                                | 9.2                                     | 2.95                                   | 3.37                                   | 2.8                                   | 3.5                                      |
|                         | K                  | South West                               | 10.1                     | 0.31                          | 10.4                              | 2.94                                     | 3.0                                 | 0.28                            | 0.34                            | 9.7                                | 11.2                                    | 2.74                                   | 3.15                                   | 2.6                                   | 3.5                                      |
|                         | F                  | West Midlands                            | 6.2                      | 0.28                          | 10.1                              | 2.77                                     | 3.0                                 | 0.25                            | 0.32                            | 9.2                                | 11.0                                    | 2.54                                   | 3.01                                   | 2.5                                   | 3.6                                      |
|                         | D                  | Yorkshire and The Humber                 | 5.1                      | 0.39                          | 12.6                              | 3.08                                     | 4.8                                 | 0.34                            | 0.44                            | 11.4                               | 13.8                                    | 2.80                                   | 3.37                                   | 4.0                                   | 5.5                                      |

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