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Introduction

This publication reports the annual update of:

- immunisations for children reaching their
 - first
 - second
 - fifth birthdaysbetween 1 January 2019 and 31 December 2019
- teenage immunisations for the academic year from September 2019 to August 2020
- the pertussis vaccine for pregnant women
- the shingles vaccine for adults aged 70
- protection against pneumococcal infections for adults aged 65 and over

The European Region of the World Health Organization (WHO) recommends that on a national basis at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control¹.

Key definitions

Uptake: the proportion of the eligible population who received the recommended dose(s) of the relevant vaccine during a specified period

Coverage: the proportion of the eligible population who have ever received the recommended dose(s) of the relevant vaccine

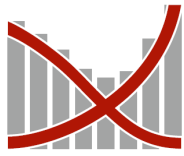
Headlines

In 2019:

- uptake for 1-year olds of the following were at or above the World Health Organisation (WHO) recommended national target of 95%
 - 5-in-1 vaccine (97%) which protects children against diphtheria, tetanus, pertussis, polio and *Haemophilus influenza* type B (DTaP/IPV/Hib)
 - pneumococcal conjugate vaccine (PCV) (97%)
 - rotavirus vaccine (95%)
 - infant meningitis B (MenB) vaccine (95%)
- uptake for 2-year olds of the following were at or above the World Health Organisation (WHO) recommended national target of 95%
 - 5-in-1 (DTaP/IPV/Hib) vaccine (97%)
 - first dose of the measles, mumps and rubella (MMR) (96%),
 - *Haemophilus influenza* type B/Meningitis C (Hib/MenC) vaccine² (95%)
 - pneumococcal conjugate vaccine (PCV) (95%)
 - infant meningitis B (MenB) vaccine (95%)

¹ World Health Organisation Regional Office for Europe, *Health21: the health for all policy framework for the WHO European Region, European Health for All Series No. 6, Denmark 1999, available from:* http://www.euro.who.int/__data/assets/pdf_file/0010/98398/wa540ga199heeng.pdf

² *Haemophilus influenza* type B/Meningitis C (Hib/MenC) vaccine has previously been referred to as Hib/MenC booster.



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- for 5 year olds, uptake for the first dose of MMR (97%) and the Hib/MenC (96%) were at or above the 95% WHO recommendation; the 4-in-1 diphtheria, tetanus, acellular pertussis and inactivated polio vaccine (DTaP/IPV) uptake was 94%; the uptake for the full course of MMR (two doses) by 5 years old was 94%
- 87% of eligible females and males (aged 12 to 13 years) received the first (Priming) course of the human papillomavirus vaccine (HPV)
- over half (53%) of the birth cohort who became eligible on their 70th birthday received the shingles vaccine

Childhood vaccinations

In this section, the population eligible for vaccinations is based on all children who reached a specified age and were registered at the end of the reporting period (31 December 2019) on the Child Health Information System (CHIS).

Table 1 gives a summary of the immunisations offered in Jersey, as of 2019, during the first 5 years of a child's life.

Table 1: Summary of immunisation schedule for each age group, 2019

Age to immunise	What vaccine is given
Eight weeks old	<i>Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b and hepatitis B (6-in-1 DTaP/IPV/Hib/HepB)</i> <i>(introduced September 2017)</i>
	Pneumococcal conjugate vaccine (PCV)
	Meningitis B (MenB) <i>(introduced in 2015)</i>
	Rotavirus <i>(introduced in January 2014)</i>
Twelve weeks old	<i>Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b and hepatitis B (6-in-1 DTaP/IPV/Hib/HepB)</i>
	Rotavirus <i>(introduced in January 2014)</i>
Sixteen weeks of age	<i>Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b and hepatitis B (6-in-1 DTaP/IPV/Hib/HepB)</i>
	Pneumococcal conjugate vaccine (PCV)
	Meningitis B (MenB) <i>(introduced in September 2015)</i>
One year old (but not before 1st birthday)	Haemophilus influenzae type b and Meningitis C (booster Hib/MenC)
	Pneumococcal conjugate vaccine (booster PCV)
	Measles, mumps and rubella (1st dose MMR1)
	Meningitis B (MenB) booster
Eligible paediatric age groups each year from September	Influenza (flu) annual vaccination
3 years 4 months old or soon after	<i>Diphtheria, tetanus, pertussis (whooping cough) and polio (booster DTaP/IPV)</i>
	Measles, mumps and rubella (2 nd dose MMR2)
Non-routine immunisations	
Shortly after birth to infants with a parent or grandparent born in a country with high incidence of tuberculosis	Bacillus Calmette-Guérin vaccine (BCG) (against tuberculosis)

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Childhood scheduled vaccinations uptake by 12 months of age

Table 2 provides the uptake for 2019, and Figure 1 shows the uptake over time.

Table 2: Primary immunisation uptake by 12 months of age, by jurisdiction; percentage

	DTaP/IPV/Hib	PCV	Rotavirus	MenB
Jersey (2019)	97	97	95	95
England (2018/19) *	92	93	90	92
Scotland (2018/19) *	96	96	93	95
Wales (2018/19) *	95	95	94	95
N/Ireland (2018/19) *	95	95	92	94

*Source: Public Health England (PHE), Public Health Wales, ISD Scotland

NB: Data for the 5-in-1 vaccine (DTaP/IPV/Hib) is used as a comparison to England, Scotland, Wales and Northern Ireland

In 2019:

- in Jersey the annual uptake of the 5-in-1 (DTaP/IPV/Hib) was 97% and has exceeded the WHO target of over 95% for the past decade (see Figure 1). In contrast, in England, the 5-in-1 (DTaP/IPV/Hib) uptake at 12 months (92%) declined for the sixth year in a row and was at its lowest since 2008-09 (92%)
- 97% of children in Jersey had completed a primary immunisation course of pneumococcal conjugate vaccine (PCV) by 12 months; uptake has exceeded 95% since the vaccine was introduced to the schedule in 2008
- uptake of the completed course of rotavirus vaccine in Jersey was 95%³; in England 90% of children received two doses of rotavirus vaccine by 12 months
- uptake of the two-dose primary course of meningococcal B vaccination (MenB) by 12 months of age was 95%

From autumn 2017, babies born on or after 1 August 2017 have been eligible for a hexavalent vaccine which protects against six diseases (diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and disease caused by *Haemophilus influenzae* type b) for their primary immunisations.

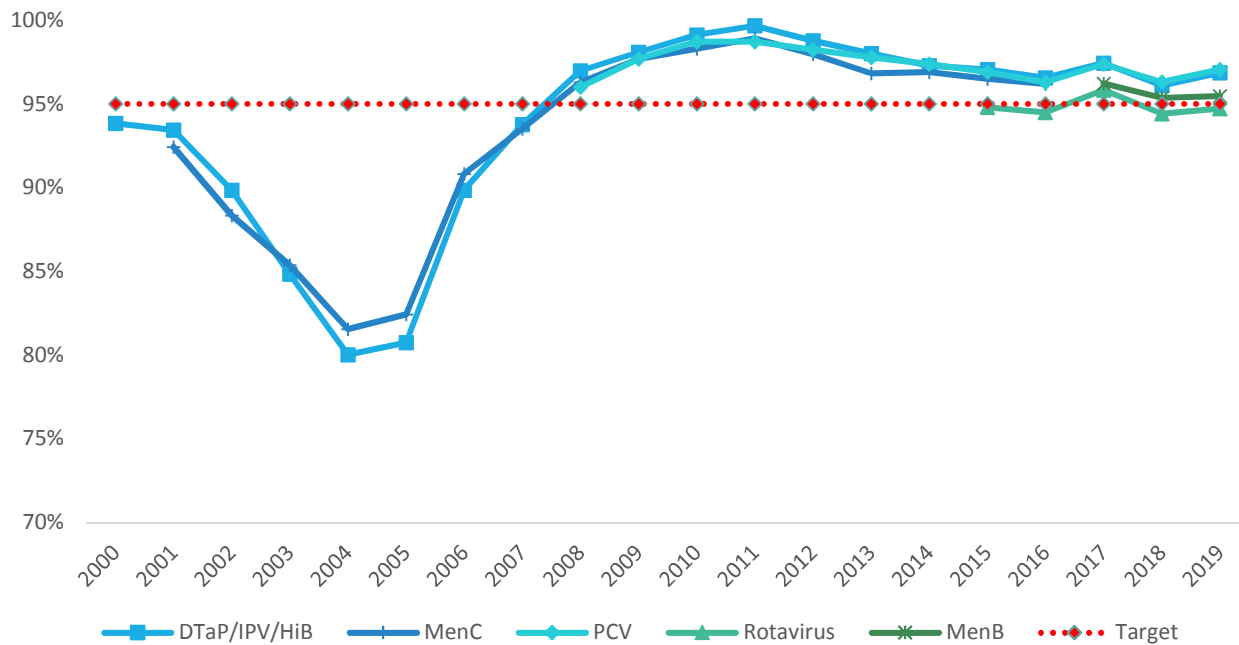
- in 2019 uptake by 12 months of age in Jersey for complete primary courses of immunisations against diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b (Hib) and hepatitis B (the '6-in-1', DTaP/IPV/Hib/HepB vaccine) was 97%

³ Rotavirus vaccination is unique in the routine childhood immunisation schedule in that administration of the vaccine is bound by strict age limits. Children require two doses of vaccine, given at four weeks apart. Opportunities for children to catch-up missed doses are therefore limited as the first and second doses of rotavirus vaccine must be completed before 15 weeks of age and 24 weeks of age, respectively. Uptake measured by 12 months may likely be lower than other vaccines offered at the same time as these can be caught up after six months.

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In England, children in the 12-month age cohort in 2018/2019 were the first age cohort affected by this change. They will have received either the pentavalent or hexavalent vaccine, depending on the date they were vaccinated. **For comparison purposes coverage figures in this report refer to the 5-in-1 vaccine.**

Figure 1: Primary immunisation uptake by 12 months of age, by calendar year



Childhood scheduled vaccinations uptake by 24 months of age

Uptake for the three doses of the combined diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b and Hepatitis B ('5-in-1' DTaP/IPV/Hib) vaccine is reported again at 24 months to monitor any improvement in the proportion of children completing their primary course after their first birthday. In addition, children are scheduled to receive their first dose of MMR vaccine (MMR1) and a MenB booster after their first birthday.

Table 3: Primary immunisation uptake by 24 months of age, by jurisdiction; percentage

	DTaP/IPV/Hib	MMR1	Hib/MenC	PCV	MenB ⁺
Jersey (2019)	97	96	95	95	95
England (2018/19) *	94	90	90	90	88
Scotland (2018/19) *	97	94	94	94	94
Wales (2018/19) *	97	95	94	95	94
N/Ireland (2018/19) *	97	93	93	94	92

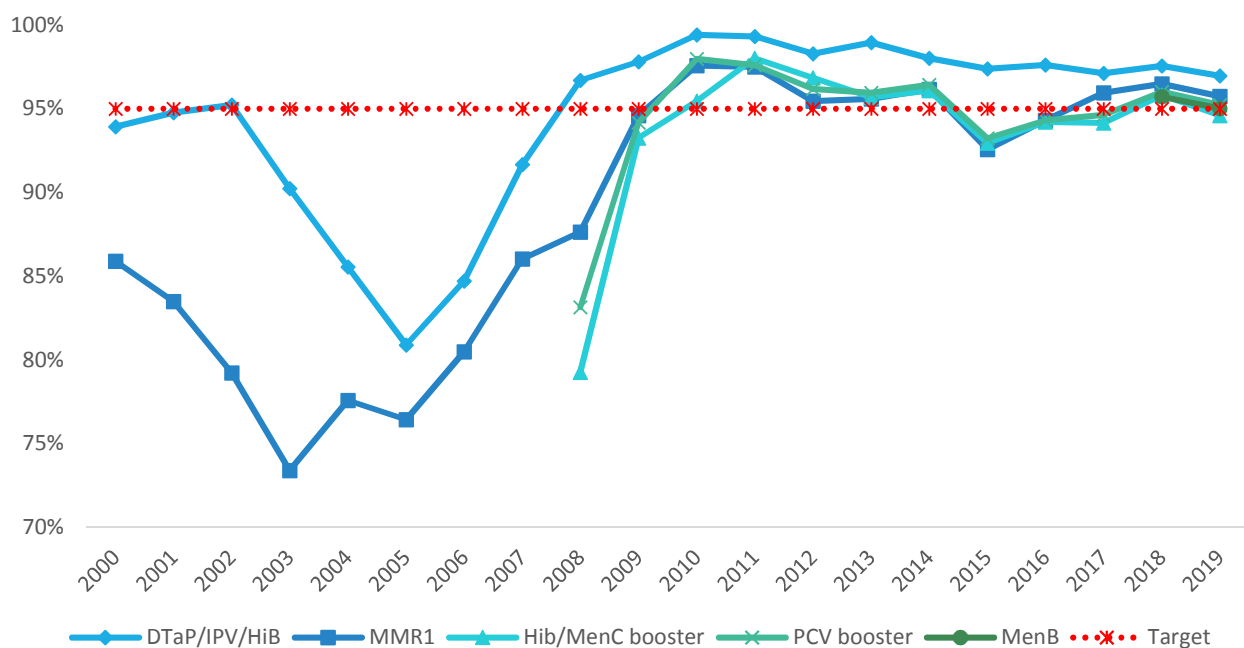
*Source: Public Health England, Public Health Wales, ISD Scotland

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In 2019:

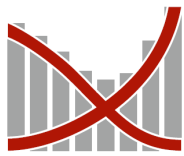
- uptake of the DTaP/IPV/Hib (5-in-1) vaccine was 97%, and has remained at a similar level since 2008
- uptake for MMR1 was 96% and has remained at a similar level for the third year in a row; uptake has exceeded 90% for the past 11 years; in England uptake of MMR decreased in 2018/2019 for the fifth year in a row to 90%, the lowest it has been since 2011/2012
- 95% of children in Jersey were reported to have received the combined *Haemophilus influenzae* type b and meningitis C vaccine (Hib/MenC) as measured at 2 years; the Hib/MenC uptake has remained at a similar level for the past decade
- uptake for the pneumococcal conjugate vaccine (PCV) booster at 24 months was 95%
- uptake of MenB booster at 24 months was 95%

Figure 2: Primary and booster immunisation uptake by 24 months of age, by calendar year



Childhood scheduled vaccinations uptake (up to 5 years)

Uptake of the first dose of Measles, mumps and rubella (MMR1) and Hib/MenC currently given to children around their first birthday is reported again at 5 years to monitor any improvement in coverage amongst children since their second birthday. The 4-in-1 pre-school booster vaccine is offered to children aged three years and four months to boost their protection against four diseases: diphtheria, tetanus, whooping cough, polio (DTaP/IPV). The second MMR dose (MMR2) is given at 3 years 4 months and uptake is evaluated at 5 years of age.



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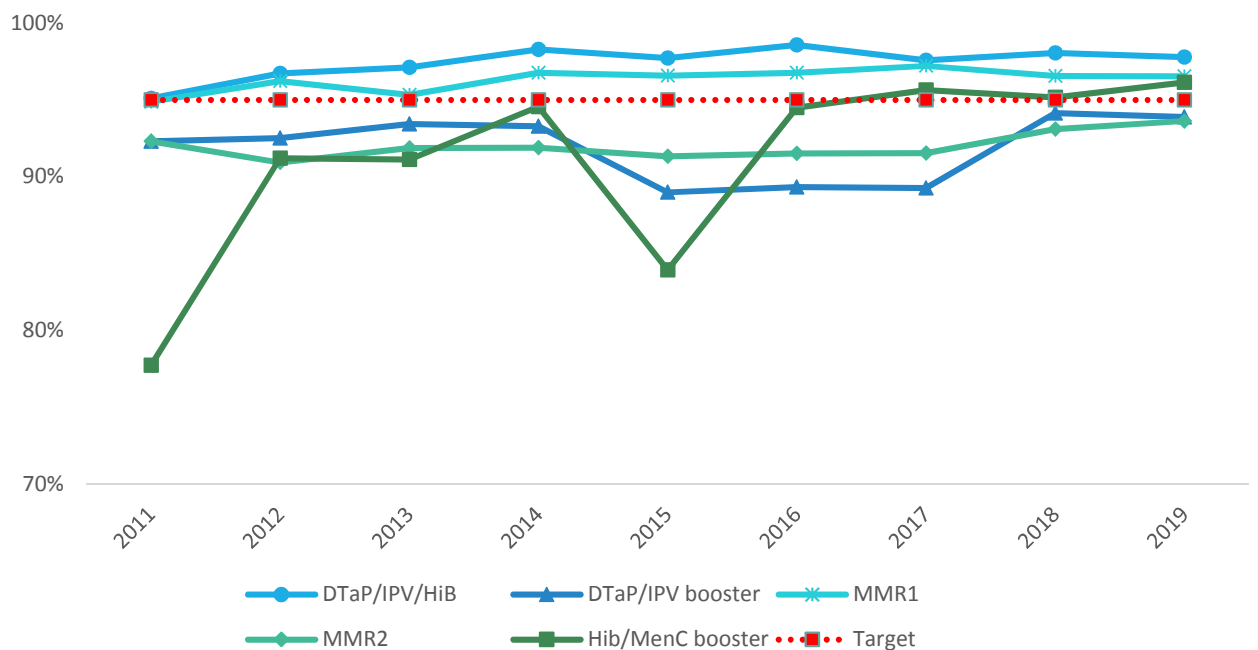
Table 4: MMR and booster immunisation uptake by five years of age; percentage

	MMR1	Hib/MenC	DTaP/IPV	MMR2
Jersey (2019)	97	96	94	94
England (2018/19)	94	92	85	86
Scotland (2018/19)	97	96	92	91
Wales (2018/19)	97	95	93	92
N/Ireland (2018/19)	97	96	93	92

In 2019:

- the uptake for the first dose of MMR by 5 years of age was 97%; the proportion has been at or above the WHO national target of 95% since 2011
- the uptake of the Hib/MenC by 5 years of age was 96%, meeting the WHO national target of 95% for the third consecutive year
- the uptake for the DTaP/IPV booster (sometimes referred to as the 4-in-1 booster) was 94% for the second year in a row, having fallen below 90% for the previous three years (2015 to 2017)
- the uptake for the second dose of MMR vaccine was 94%, and has remained at a similar level since 2011; the proportion of children vaccinated was higher than in England: 86% of children in England received their first and second dose of MMR vaccine by their fifth birthday

Figure 3: MMR1 and booster immunisation uptake by 5 years of age, by calendar year



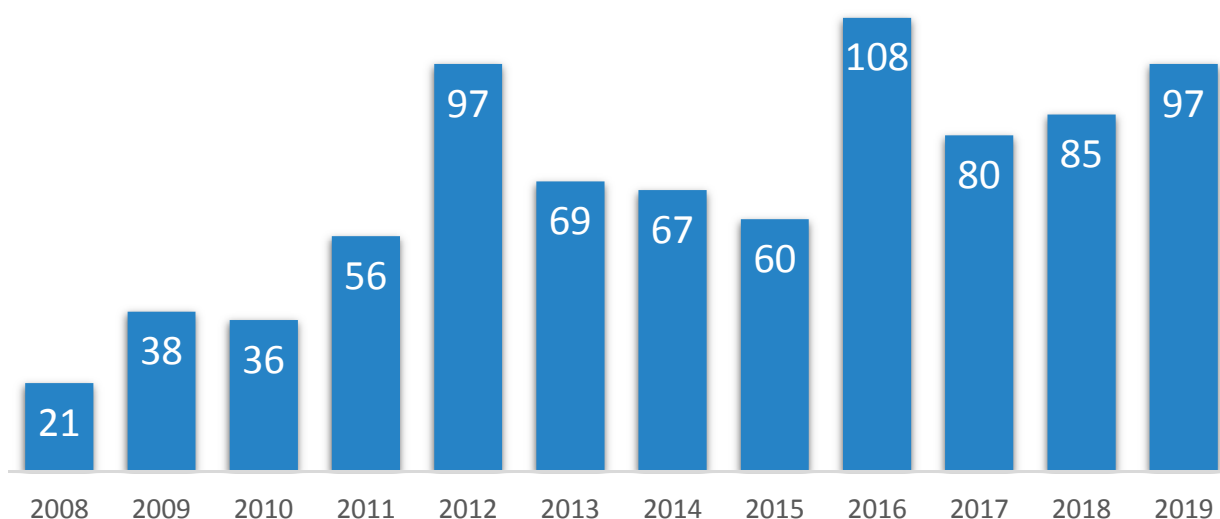
(NB: the 2015 data point for Hib/MenC is not directly comparable due to changes in recording parameters in the child health information system)

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Non-scheduled childhood immunisations

In addition to the routine vaccinations, the neonatal Bacillus Calmette-Guerin (BCG) vaccination is offered to babies and children under 5 years of age who are deemed most at risk of exposure to tuberculosis (TB) and aims to prevent the more serious childhood forms of the disease. Figure 4 shows the number of BCG vaccinations administered to at-risk babies from 2008 to 2019.

Figure 4: Annual number of BCG vaccinations administered to at-risk babies, 2008-2019



Teenage scheduled vaccinations uptake

Immunisations to teenagers are delivered in schools by the Preventative Programmes Team. Data is presented for the academic school year from 1 September 2019 to 31 August 2020.

Table 5: Summary of immunisation schedule for this age group

Age to immunise	What vaccine is given
Males and females aged 12 to 13 years ⁴ (school Year 8)	Human papillomavirus vaccine (HPV) - to protect against cervical cancer caused by HPV types 16 and 18 (two separate injections are given six months apart) ⁵
Males and females aged 13 to 14 years (school Year 9)	Tetanus, diphtheria, and polio booster (Td/IPV)
	Meningitis ACWY ⁶ (MenACWY)

⁴ The programme was extended to also offer the HPV vaccine for boys aged 12 to 13 in 2019-2020

⁵ The Jersey human papillomavirus (HPV) immunisation programme introduced in September 2008 initially used a three-dose schedule. In March 2014, the Joint Committee on Vaccinations and Immunisations (JCVI) advised changing the routine programme to a two-dose schedule; this was implemented in September 2014. In Jersey, Year 8 girls received both doses in the same academic year.

⁶ The MenACWY vaccine replaced the MenC vaccine in the routine immunisation programme for Year 9s in the 2015/16 academic year.

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Human papillomavirus vaccine (HPV) uptake

The HPV vaccination programme is a school-delivered programme targeting Year 8 pupils aged 12 to 13 years using a two-dose schedule. From September 2019, the HPV immunisation programme was expanded to a universal programme with boys in school Year 8 offered the free HPV vaccine for the first time.

The HPV programme has been affected by the COVID-19 pandemic. Due to the forced school closures from late March 2020, the campaign was only partially undertaken by this date. Due to COVID-19 restrictions causing schools to close, the second dose of HPV vaccination for year 8 pupils is postponed until September 2020. (The first dose was given in September / October 2019).

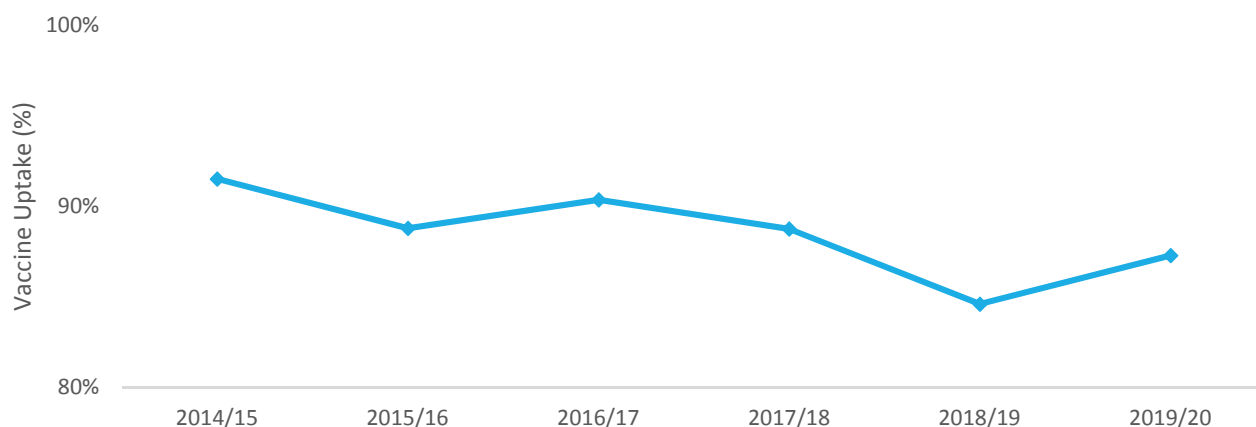
- in the academic year 2019/2020, 87% of pupils received the priming dose (HPV1)
- 89% of females (12 to 13 years) received the priming dose (HPV1), compared to 85% in 2018/2019; in the first year of the free HPV programme 86% of males received the priming dose
- in England 88% of females (12 to 13 years) in 2018/2019 received a priming dose; 84% of females completed the 2-dose HPV vaccination course

Table 6: Annual HPV vaccine Priming dose uptake for latest year published by jurisdiction, percentage completed

	HPV1	HPV2
Jersey (2019/20)	87	-
Jersey (2018/19)	85	80
England (2018/19) *	88	84
Scotland (2018/19) *	90	85
Wales (2018/19) *	87	82
N/Ireland (2018/19) *	84	83

*Source: PHE, Public Health Wales, ISD Scotland. Jersey rates are for Year 8. England, Wales and Northern Ireland rates are for Year 9. Scotland rates are for those delivered in S2 (12 to 13 years of age); however, since some areas administer vaccines in S1 or S3, this rate does not cover all areas of Scotland.

Figure 5: Annual HPV vaccine uptake, percentage completing Priming dose course by academic year



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Teenage booster (Td/IPV) and meningococcal (MenACWY) vaccine uptake

The Td/IPV vaccine, also known as the teenage booster or 3-in-1 vaccine is the fifth dose in the routine immunisation schedule for tetanus, diphtheria and polio; for the majority of students the 3-in-1 vaccine completes the course⁷.

The teenage MenACWY vaccine provides protection against meningitis and septicaemia (blood poisoning) caused by four strains of meningococcal bacteria – meningococcal (Men) groups A, C, W and Y.

- uptake of the Td/IPV vaccination programme for Year 9 students in 2019/2020 was 87%, lower than in 2018/2019 (91%); the uptake for Td/IPV was similar to the latest figures published for England, and higher than for Scotland and Wales (see Table 7)
- for children in Year 9 in 2019/2020, uptake of the MenACWY vaccine (89%) was similar to 2018/2019 (93%); the uptake in 2019/2020 was at a lower level when compared to the period 2013/2014 to 2017/2018 as shown in Figure 6; the uptake for MenACWY was similar in Jersey with the latest figures published for England, while higher than for Scotland and Wales (see Table 7)

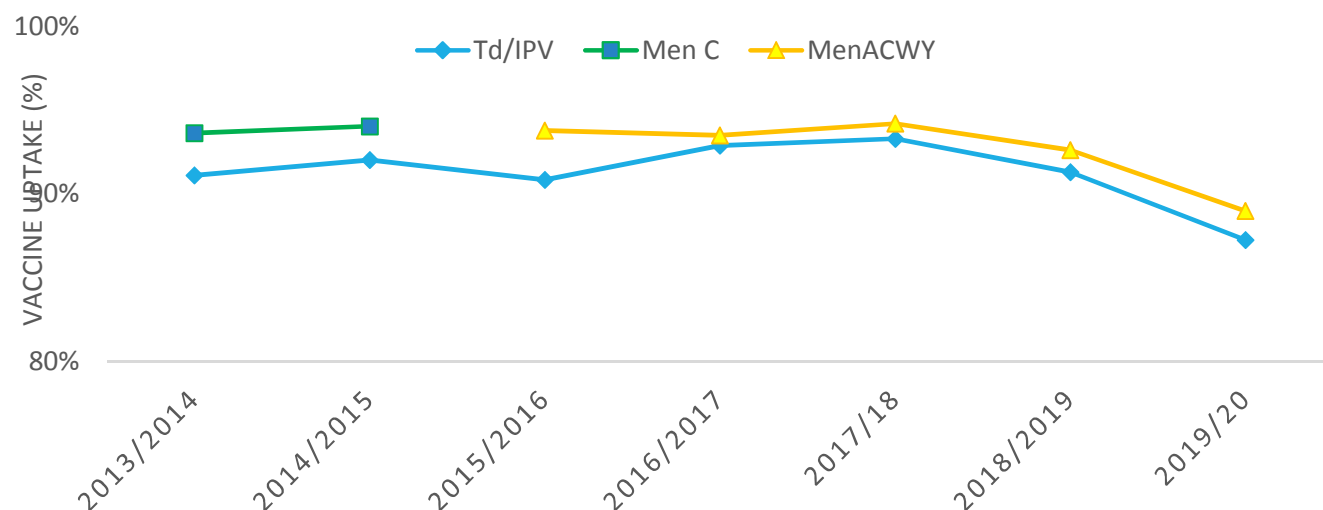
Table 7: Most recent Td/IPV and MenACWY vaccine uptake by the end of the school year, by jurisdiction; percentage

	Td/IPV ⁺	MenACWY
Jersey (2019/20)	87	89
England (2018/19) *	88	88
Scotland (2018/19) *	82	82
Wales (2018/19) *	84	84

⁺Jersey, England (provisional estimate) and Wales Year 9, Scotland S3

*Source: Public Health England, Public Health Wales, ISD Scotland

Figure 6: Td/IPV, MenC and MenACWY uptake for Year 9 pupils, by academic year



⁷ Vaccine uptake for Td/IPV may be overestimated as some students may have missed one of the initial four doses.

Adult vaccination uptake

The uptake and coverage for adults are given as a proportion of the actively registered population⁸ at GP surgeries in Jersey.

Table 8 gives the routine immunisation schedule for adults in 2019.

Table 8: Routine adult immunisation schedule

When to immunise	What vaccine is given
Pregnant women, 20 weeks gestation or more	Pertussis containing vaccine ⁹
65 years and over	Pneumococcal polysaccharide vaccine (PPV)
70 years	Shingles

Pertussis vaccinations for pregnant women

A pertussis containing vaccination (DTaP/IPV) offered in pregnancy aims to protect young infants against pertussis (whooping cough) in the weeks and months before they have completed their own vaccinations.

In 2019:

- annual coverage in pregnant women of DTaP/IPV was 74% (see Table 9); in England 69% of pregnant women were estimated to have received a dose of DTaP/IPV vaccine in 2018/2019
- vaccine coverage remained above 70% for the third consecutive year and has increased from 56% in 2016¹⁰

Table 9: Quarterly pertussis containing vaccination coverage in pregnant women 2019, based on monthly average data; percentage

	Pertussis coverage %
Jersey Q1 2019	70
Jersey Q2 2019	71
Jersey Q3 2019	76
Jersey Q4 2019	79
Jersey 2019 Annual coverage estimate	74

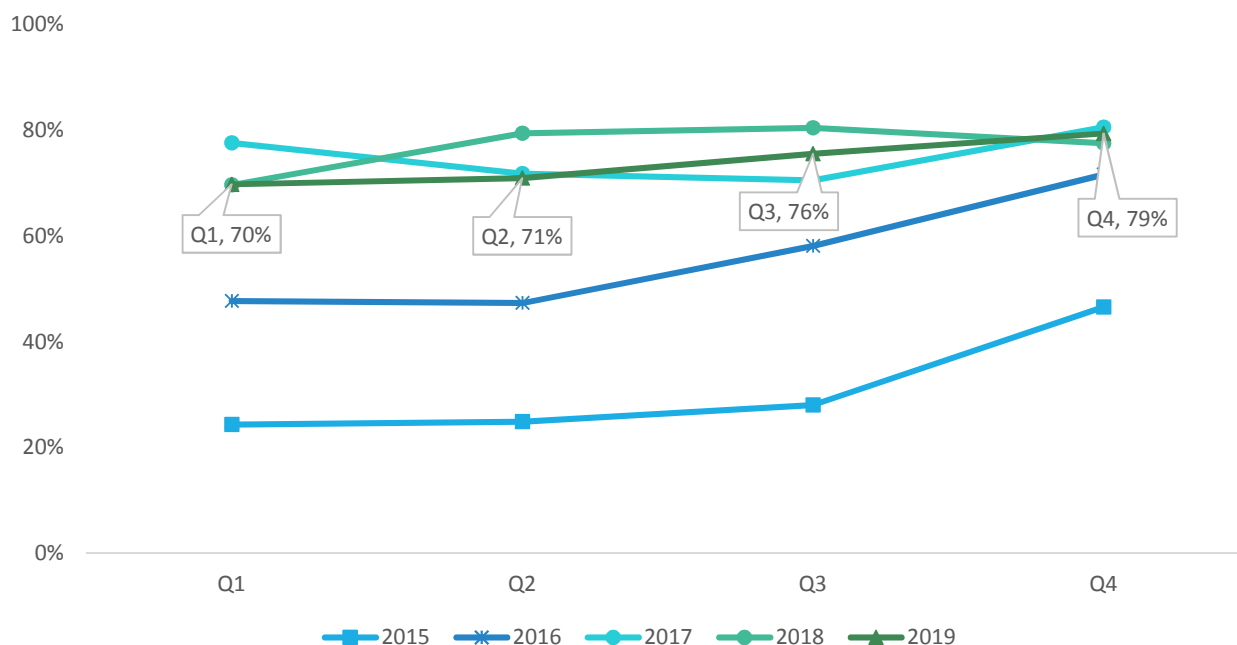
⁸ Actively registered population - those who are registered with a Jersey GP surgery and have had a consultation with their GP within the last 4 years, or have changed active registration status within the last 6 months.

⁹ Pertussis containing vaccine was introduced in Jersey in 2015 and offered to all pregnant women from 28 weeks of gestation in GP surgeries and in the Maternity Unit of the Hospital. From April 2016, the vaccination was offered from around 20 weeks, usually at or after the foetal anomaly scan.

¹⁰ There may be limitations to the data presented for Pertussis vaccination coverage. Completeness of data is reliant on the recording of delivery dates in the mothers' medical records.

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Figure 7: Quarterly pertussis vaccination coverage in pregnant women in Jersey, 2015-2019, by quarter



Shingles vaccination

A herpes zoster (shingles) routine vaccination programme was introduced in 2016 for adults in their 70th birthday year. People aged 70 years on 1 September of each year have been offered vaccination as part of the routine programme. A catch-up programme for older cohorts was also implemented to capture individuals born up to 1 September 1938 (i.e. aged 71 to 79 years on 1 September 2016 at the programme launch).

GPs also continue to offer immunisation to anyone who was eligible for the shingles vaccine but had not yet been vaccinated, up until their 80th birthday. Since the shingles vaccine programme was launched in September 2016, approximately 6,500 older Islanders have been protected. The coverage by year of birth is given in figure 8.

In 2019:

- over half (53%) of the birth cohort who became eligible on their 70th birthday received the shingles vaccine; cumulative uptake in Jersey was significantly higher compared to England, Scotland and Wales (see Table 10)
- an estimated 3% of the cohort fell into clinical risk groups in which shingles vaccine may be contraindicated for immunosuppressed individuals¹¹; this is a similar proportion to 2017 and 2018

¹¹ For example, patients undergoing medical treatment/taking medication which weakens their immune system to a degree that prohibits them receiving the shingles vaccination; this may be either temporary or permanent.

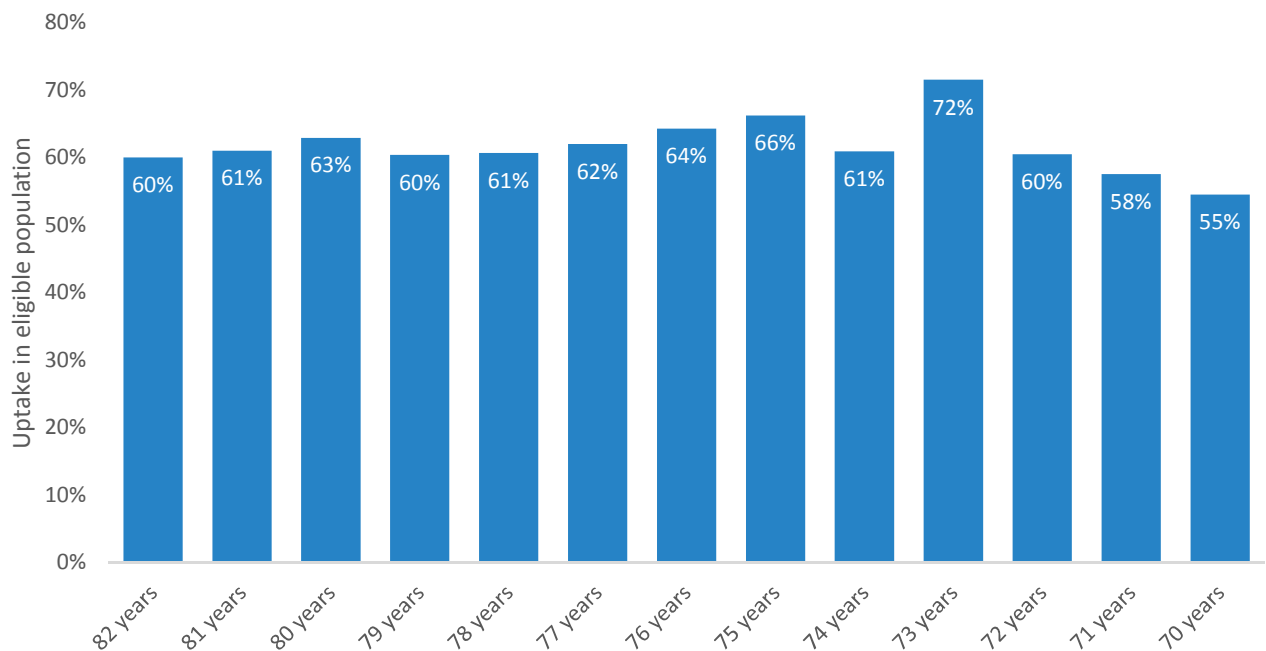
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Table 10: Shingles vaccine coverage for 70-year olds, by jurisdiction; percentage

	Shingles coverage %
Jersey (2019)	55
England (2018/19) *	32
Scotland (2018/19, provisional) *	40
Wales (2018)	38

*Source: Public Health England, Public Health Wales, Health Protection Scotland

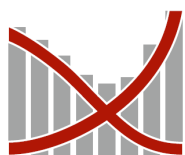
Figure 8: Cumulative shingles vaccine coverage by year of birth, as at end 2019; percentage



Pneumococcal vaccination (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against serious and potentially fatal pneumococcal infections. A once-only single dose is recommended at age 65 and is offered by GP practices in Jersey. Uptake of the vaccine is reported here, as well as overall coverage (the proportion of each cohort who have ever received the vaccine).

- in 2019 PPV coverage was 59% for those aged 75 and over immunised at any time up to 31 December 2019, and was 49% in all patients aged 65 and over (see Figure 9)
- the coverage in Jersey was lower than that in England for all age groups (see Table 11)



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Figure 9: PPV coverage (i.e. ever vaccinated), by age group, calendar year 2013 to 2019; percentage

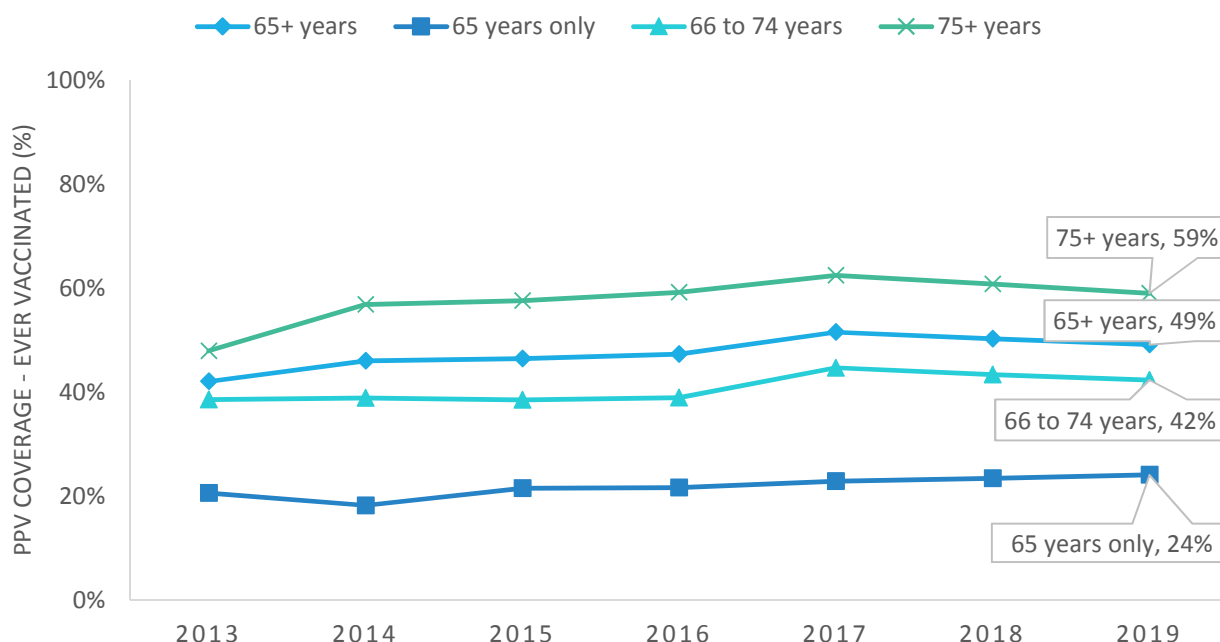
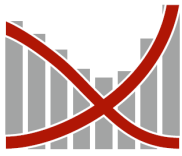


Table 11: Pneumococcal (PPV) vaccination coverage, by age group

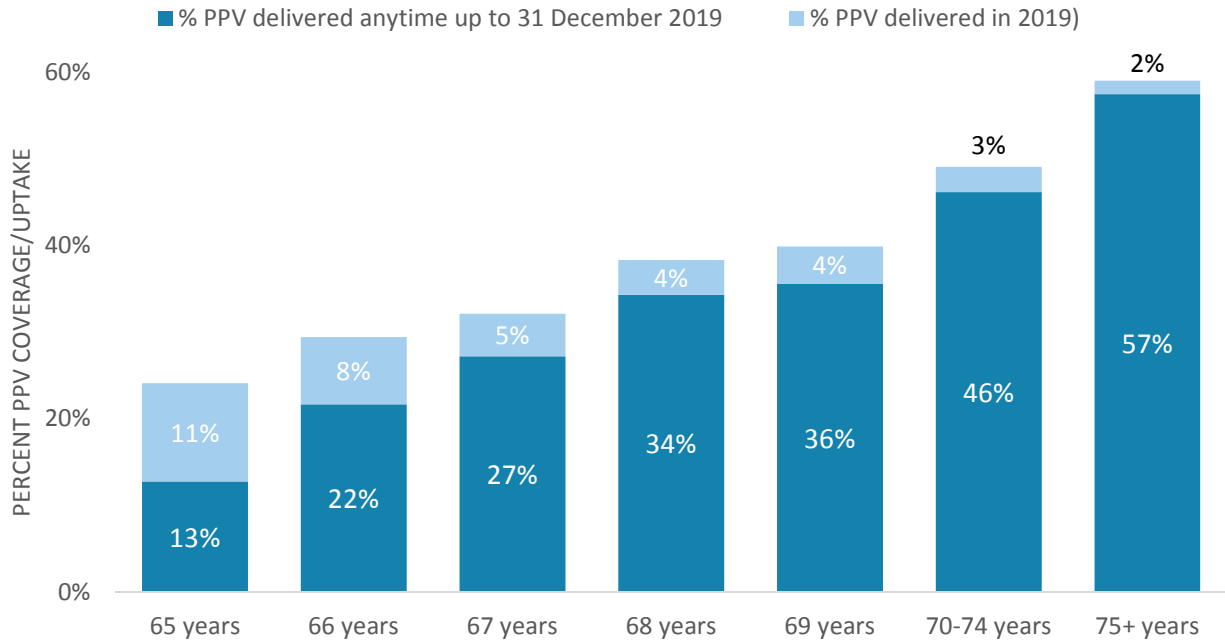
Age	Jersey (coverage % to 31 Dec 2019)	England (coverage % to 31 Mar 2019)
65	24	31
66	29	41
67	32	49
68	38	54
69	40	59
70-74	49	70
75 and over	59	83
All 65 and over	49	69

- in those aged exactly 65 years, uptake in 2019 was 11%, a similar level to the previous year (10%); however, 13% of this cohort had already had the vaccine due to being in specific clinical risk groups; the overall coverage therefore for those aged 65 years was 24% (see Figure 10)
- Figure 10 shows how people in the older age groups continue to be vaccinated, having not been vaccinated at age 65 years as recommended



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Figure 10: Percentage of patients having received PPV (before, or in calendar year 2019), by age group



Notes

Data Sources

The data for this report are derived from:

- Jersey Child Health Information System (CHIS): information on childhood immunisation coverage at ages one, two and five are collected according to the Cover of Vaccination Evaluated Rapidly (COVER) standards, as used in the UK
- GP Central Server (EMIS web)
- Information supplied by the Preventive Programmes Team about any unscheduled immunisations

Changes to the Jersey Immunisation Schedule

The childhood immunisation schedule changes periodically in line with advice from the UK expert advisory group, known as the Joint Committee for Vaccination and Immunisation (JCVI). A summary of the changes is given here.

2019: HPV immunisation programme extended with boys aged 12-13 years offered a free vaccine. There is no catch-up programme for boys aged over 13, as there was for girls on the introduction of the female HPV vaccination programme.

2018: Schedule for immunisations at one year of age amended. Babies are able to have four injections at their one-year vaccination visit including: MenB booster, Hib/MenC, PCV booster and first MMR immunisations (or the four vaccinations may be delivered via two immunisation appointments at 12 and 13, with two injections given at each appointment).

2017: Replacement of the pentavalent vaccine (DTaP/IPV/Hib) with a hexavalent vaccine which includes hepatitis B (DTaP/IPV/Hib/HepB) for all babies born after 1 September 2017. The introduction of influenza vaccination for children extended to include all children aged up to 11 years of age

2016: On 1 July 2016, the infant dose of the MenC vaccine given at 12 weeks was removed from the routine schedule. The *Haemophilus influenzae type b* and meningococcal group C (Hib/MenC) vaccine offered after the first birthday is the first MenC dose in the schedule followed by MenACWY vaccine in school Year 9. The MenB booster dose at 12 months of age was given to children for the first time from May 2016. The nasal flu vaccine was extended to include children in school Year 3.

2015: MenB vaccine was added to the programme in September 2015, with a catch-up programme for children born from 1 May 2015. In addition, the MenACWY vaccine replaced the MenC vaccine at around 14 years of age. Nasal flu vaccine was extended to include children in school Years 1 and 2.

2014: The HPV schedule for 12 to 13-year-old girls (school Year 8) changed from three to two doses. The routine HPV immunisation schedule is two doses of vaccine to complete the full course. The second dose is given no sooner than six months and no later than two years after the first dose. Nasal flu vaccine was offered to children in primary school Reception classes.

2013: Rotavirus was added to the programme and the schedule for administering the MenC vaccine changed from two to one primary dose at 3 months.

2008: Programme to vaccinate all 12 to 13-year-old girls (school Year 8) against HPV started at the beginning of the 2008/2009 school year

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2006: PCV vaccine introduced, given at two and four months, and a booster dose given at around 13 months of age. A combined Hib/MenC booster vaccine introduced for children around 12 months of age.

Further details of the Jersey Immunisation Schedule can be found on the States of Jersey website www.gov.je