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**Subject:** Jersey Immunisation Statistics 2022  
**Date of report:** 05 October 2023

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## Introduction

This publication reports the annual update of:

- immunisations for children reaching their:
  - first
  - second
  - fifth birthdaysbetween 1 January 2022 and 31 December 2022
- teenage immunisations for the academic year from September 2022 to August 2023
- the pertussis vaccine for pregnant women, 2022
- the shingles vaccine for adults aged 70, 2022
- protection against pneumococcal infections for adults aged 65 and over, 2022

High coverage of immunisations plays a vital role in safeguarding both the wellbeing of individuals and the community at large. By ensuring a broad reach of vaccinations, high coverage effectively restricts the transmission of diseases among those who have not received immunisations, be it due to personal preference or medical circumstances.

Public Health Jersey also publishes an overview of Influenza surveillance from the winter period<sup>1</sup>. The report includes vaccine uptake for the 2022 to 2023 season, covering eligible groups including pre-school aged children, school aged children, and those aged 50 years and over.

For information on COVID-19 vaccinations please refer to the COVID-19 vaccination statistics update on the gov.je website<sup>2</sup>. This report contains information on the total number of COVID-19 vaccinations administered by Public Health and Health and Community Care (HCS) in Jersey, and information on COVID-19 vaccinations for the eligible populations.

## 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

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<sup>1</sup> [Seasonal Influenza-like Illness and Vaccination Statistics 2022-2023.pdf \(gov.je\)](#)

<sup>2</sup> [COVID-19 Priority group report March 2023](#)

## What is the data telling us?

Europe has some of the highest childhood immunisation rates worldwide; however, the COVID-19 pandemic has impeded progress in vaccine coverage. Between 2019 and 2021, there was a decline in the coverage of essential vaccines, possibly due to disruptions in healthcare services caused by the pandemic. Consequently, many children missed out on their routine vaccinations.

Health officials in England have voiced 'serious concern' after child vaccination rates in England slipped in almost all categories and MMR coverage hit its lowest point in more than a decade.

- Overall, vaccination coverage for childhood immunisations in Jersey is relatively high compared to other countries. Jersey has achieved or come close to the target of 95% coverage for all age groups.

The rates of teenagers in Jersey receiving their recommended vaccines have declined since the pandemic.

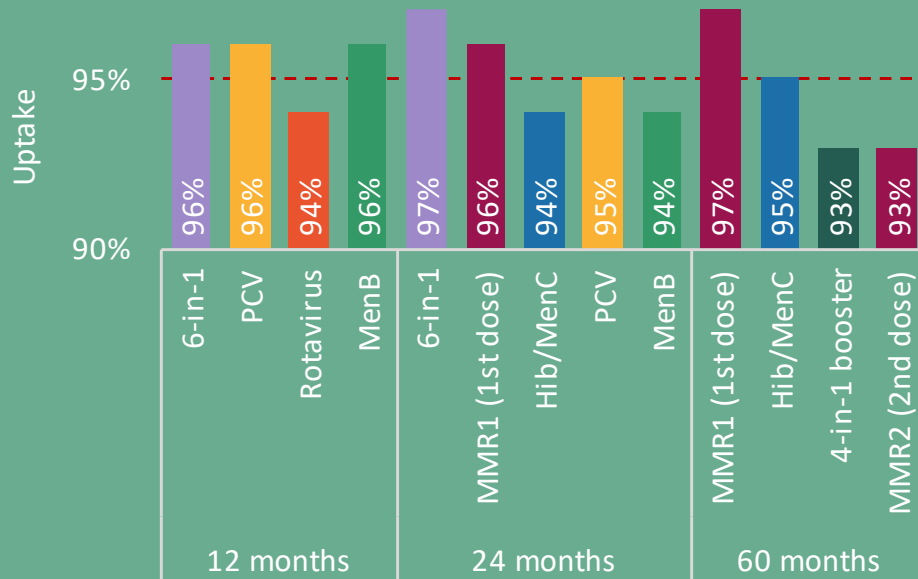
- after a steady increase since 2013, the administration of new human papillomavirus (HPV) vaccinations to teenagers has arrested, however, many countries have also seen a similar decrease in vaccination coverage
- in Jersey, there has been a general downward trend in coverage of Tdap (3-in-1 Booster) and MenACWY (meningitis and septicaemia) vaccinations since the peaks reported in 2017/18

Vaccination rates for adults are almost always lower than in paediatric populations. Despite successes in Covid-19 vaccination programmes, global uptake of some other adult vaccines fell during the same timeframe. Jersey however has seen the numbers of adults vaccinated remaining similar to previous years or even improving.

- Pertussis vaccination coverage for pregnant women in Jersey is not especially high, though uptake of the maternal whooping cough vaccine has remained at similar levels for the past 6 years
- there was encouraging coverage early in the shingles vaccination programme and while coverage has varied, it has remained fairly similar since the start of the programme
- across Europe, vaccination against pneumococcal disease remains low. Pneumococcal vaccination coverage for adults aged 65 years and over has gradually increased in Jersey over the past 6 years

## Jersey Immunisation Statistics 2022

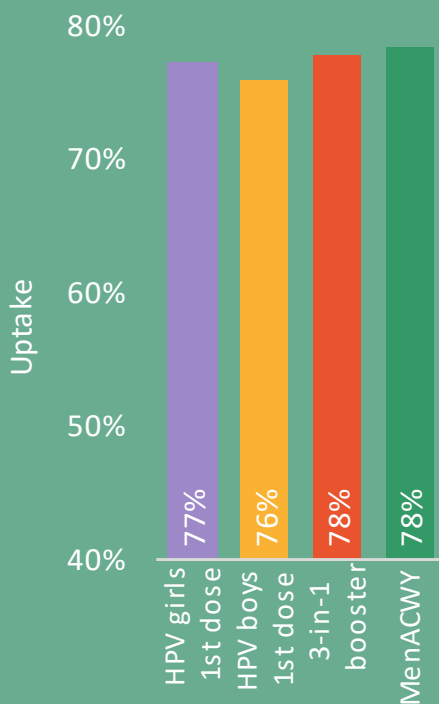
The European Region of the World Health Organization (WHO) currently recommends that on a national basis at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control



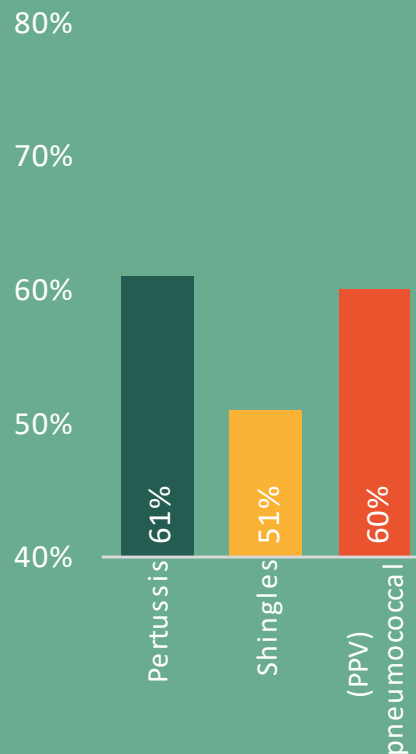
Figures presented are for 3 doses of 6-in-1; 2 doses of MenB; 1 dose of Rotavirus; 1 dose of PCV at one year of age. For two-year-olds, it is 1 dose of MMR, 3<sup>rd</sup> dose of PCV and the Hib/Menc booster.

Children who are up-to-date with their Hib/MenC booster, '4-in-1' DTaP/IPV pre-school booster and MMR vaccines

### Vaccinations for teenagers 2022-2023



### Vaccinations for adults 2022



## Headline Statistics

In 2022:

- 8 of the 13 childhood vaccines for preventable diseases met the 95% World Health Organisation (WHO) target<sup>3</sup>
- MMR1 coverage remains above the 95% target
  - MMR1 coverage at 24 months was 96%, coverage has remained above 95% since 2017
  - MMR1 coverage at 5 years was 97%, coverage has remained above 95% since 2012
  - 93% of children received their 2nd dose of MMR2 by their 5th birthday, the 95% target was reached for the first and only time in 2020
- uptake for 1-year olds of the following were at or **above** the World Health Organisation (WHO) recommended national target of 95%
  - 6-in-1 vaccine which protects children against diphtheria, tetanus, pertussis, polio, *Haemophilus influenza* type B and hepatitis B (DTaP/IPV/Hib/HepB) (96%)
  - pneumococcal conjugate vaccine (PCV) (96%)
  - infant meningitis B (MenB) vaccine (96%)
- uptake for 1-year olds of the following were **below** the World Health Organisation (WHO) recommended national target of 95%
  - Rotavirus vaccine uptake of two doses in children reaching their first birthday decreased slightly to 94%, compared to the previous year (96%)
- uptake for 2-year-olds of the following were at or **above** the World Health Organisation (WHO) recommended national target of 95%
  - 6-in-1 (DTaP/IPV/Hib/HepB) vaccine (97%)
  - pneumococcal conjugate vaccine (PCV) booster (95%)
- uptake for 2-year-olds of the following were **below** the World Health Organisation (WHO) recommended national target of 95%
  - *Haemophilus influenza* type B/Meningitis C (Hib/MenC) vaccine<sup>4</sup> (94%)
  - infant meningitis B (MenB) vaccine (94%)
- uptake for 5-year-olds
  - uptake of the DTaP/IPV pre-school booster<sup>5</sup> was 93%, uptake was highest in 2020, at 96%
  - uptake for the HibMenC was 95%
- 77% of eligible females and 76% of eligible males (aged 12 to 13 years) received the first (priming) course of the human papillomavirus vaccine (HPV) in 2022-2023
- pertussis vaccine coverage in pregnant women for 2022 was 61%, similar to the coverage for 2021
- over half (51%) of the birth cohort who became eligible on their 70<sup>th</sup> birthday had received the shingles vaccine
- PPV coverage was three in five (60%) in all patients aged 65 years and over

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<sup>3</sup> [European Region of the World Health Organization \(WHO\)](#)

<sup>4</sup> *Haemophilus influenza* type B/Meningitis C (Hib/MenC) vaccine has previously been referred to as Hib/MenC booster.

<sup>5</sup> Children should receive their DTaP/IPV pre-school booster from 3 years and 4 months or soon thereafter. (This vaccine is given to children who have received a 3-dose course of the 5-in-1 or 6-in-1 vaccination)

## 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 2022) on the Child Health Information System (CHIS).

Table 1 gives a summary of the immunisations offered in Jersey, as of 2022, during the first 5 years of a child's life.

Table 1. Summary of immunisation schedule for each age group, 2022<sup>6</sup>

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

<sup>6</sup> [About Jersey's vaccination schedule \(gov.je\)](https://www.gov.je/about-jersey/vaccination-schedule)

## Childhood scheduled vaccinations uptake by 12 months of age

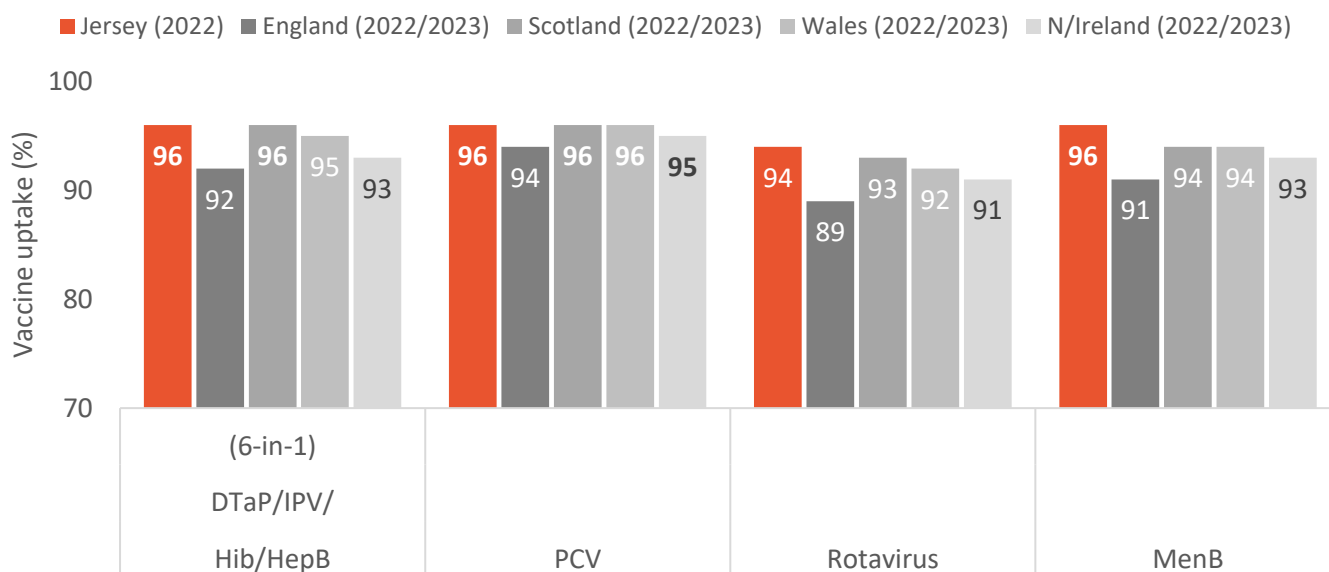
The European Region of the World Health Organization (WHO) recommends that on a national basis at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control<sup>7</sup>.

The tables below display the annual 2022 coverage for Jersey, as well as the 2022-23 coverage values for the four UK jurisdictions.

Please note that the values highlighted in **bold** represent those at or above the 95% target. (If a number rounds up to 95%, but the true figure is below 95%, the number is not in bold)

Figure 1 provides the uptake for 2022/2023, and Figure 2 shows the uptake over time.

**Figure 1. Primary immunisation uptake by 12 months of age, by jurisdiction; percentage**



\*Source: Child Health Information System  
 +NHS Digital, Childhood Vaccination Coverage Statistics<sup>8</sup>

In 2022:

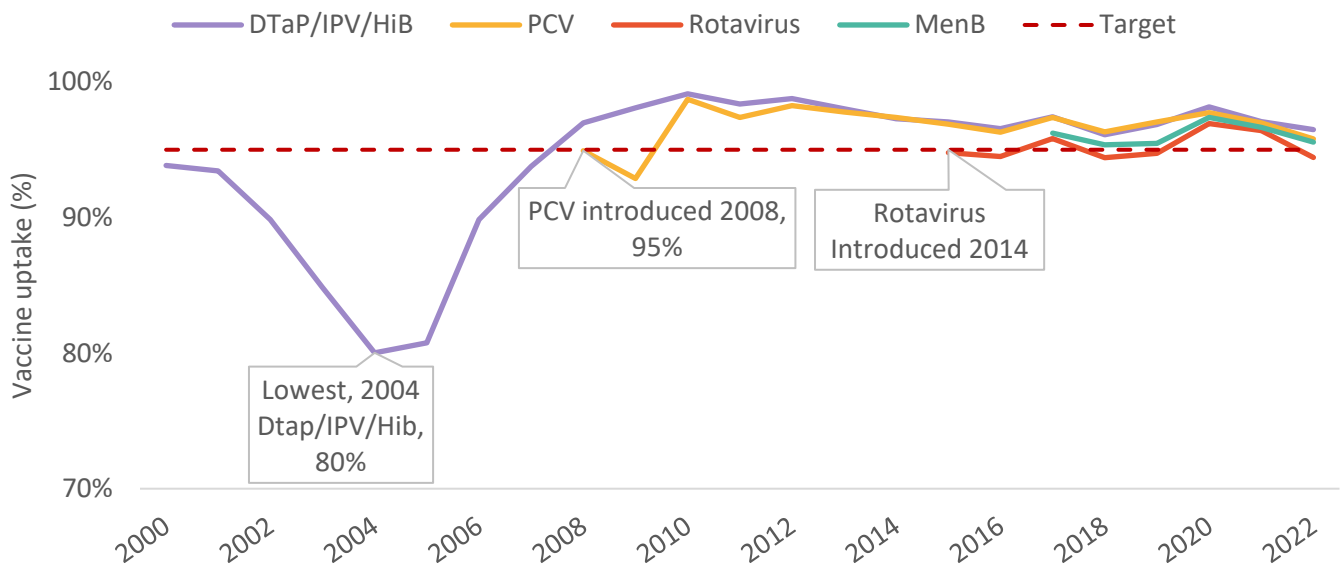
- in Jersey 96% of children were reported to have completed their primary course of 3 doses of the 6-in-1 (DTaP/IPV/Hib/HepB) at 12 months, in 2021 coverage was 97%; in England in 2022-2023, 92% of children were reported to have completed their primary course
- 96% of children in Jersey had completed a primary immunisation course of pneumococcal conjugate vaccine (PCV) by 12 months; this is the second full annual cohort of children to be on the new one dose primary PCV course
- uptake of the completed two dose course of rotavirus vaccine in Jersey was 94%<sup>9</sup>, coverage had exceeded 95% in the previous two years; in England 89% 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 96%

<sup>7</sup> [European Region of the World Health Organization \(WHO\)](#)

<sup>8</sup> [NHS Digital, childhood vaccination datatables 202223.xlsx \(live.com\)](#)

<sup>9</sup> Rotavirus – see notes section

**Figure 2. Primary immunisation uptake in Jersey by 12 months of age, by calendar year**

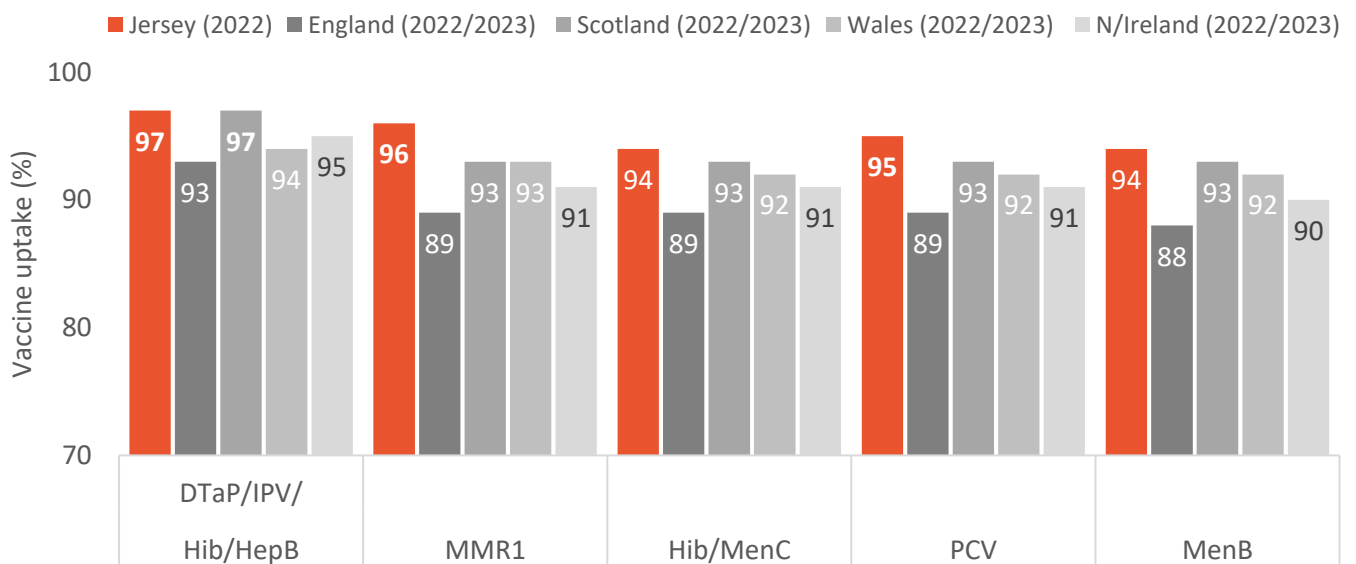


\*Source: Child Health Information System

## 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 ('6-in-1' DTaP/IPV/Hib/HepB) 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.

**Figure 3. Primary immunisation uptake by 24 months of age, by jurisdiction; percentage**



\*Source: Child Health Information System

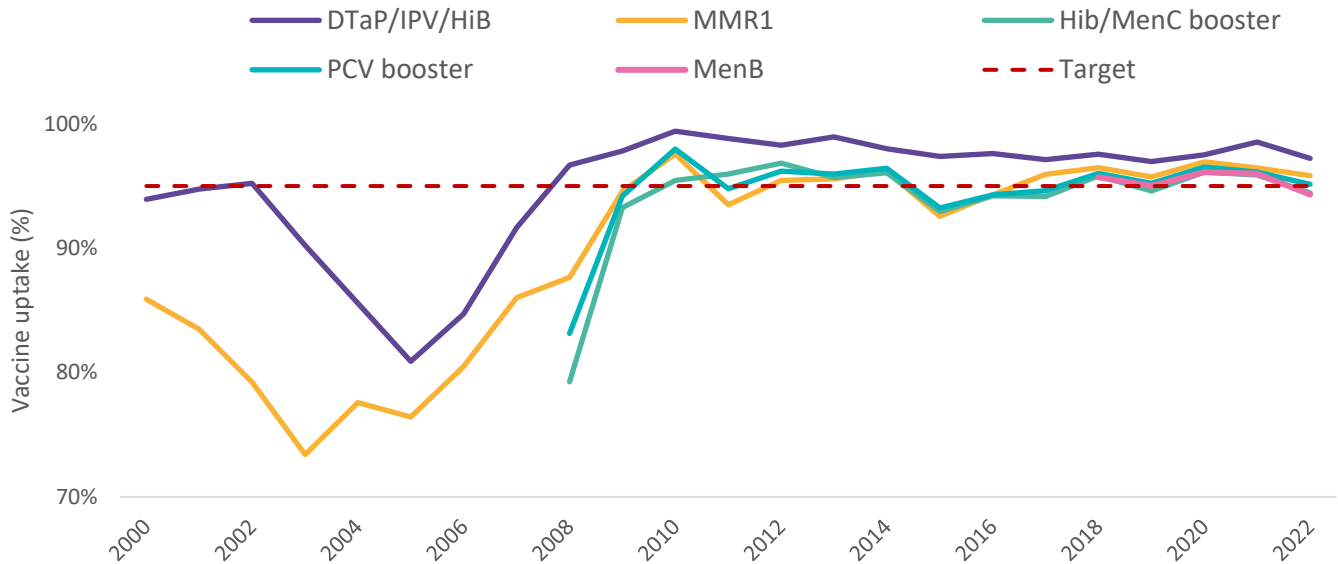
+NHS Digital, Childhood Vaccination Coverage Statistics <sup>10</sup>

<sup>10</sup> NHS Digital, [childhood vaccination datatables 202223.xlsx \(live.com\)](https://www.nhs.uk/childhood-vaccination-datatables-202223.xlsx)

In 2022:

- uptake of the DTaP/IPV/Hib/HepB (6-in-1) vaccine at 24 months in Jersey was 97%; coverage was similar to the previous year; in England, coverage in 2022/2023 for the 6-in-1 vaccine at 24 months was 93%
- uptake for MMR1 was 97% and has remained above the WHO target (95%) for the eighth year in a row
- 94% 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
- uptake for the pneumococcal conjugate vaccine (PCV) booster at 24 months was 95%
- uptake of the MenB booster at 24 months was 94%, coverage had exceeded 95% between 2018 and 2021; In 2022-22, the coverage of England was 88%

Figure 4. Primary and booster immunisation uptake by 24 months of age, by calendar year



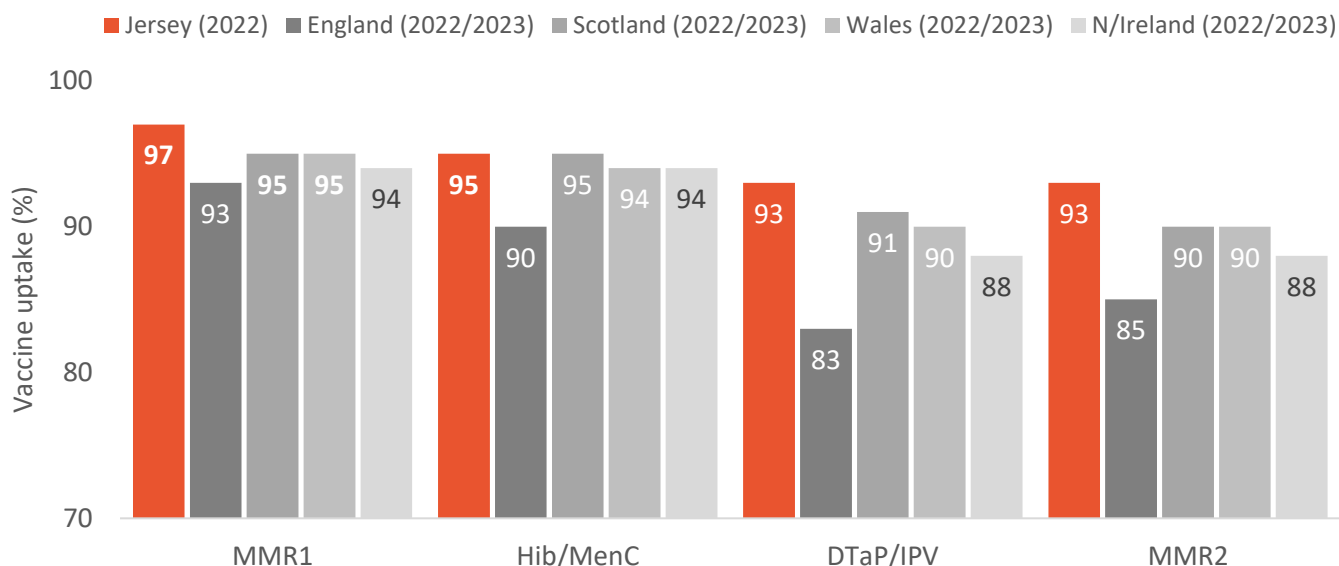
\*Source: Child Health Information System

## 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.



**Figure 5. MMR and booster immunisation uptake by five years of age; percentage**

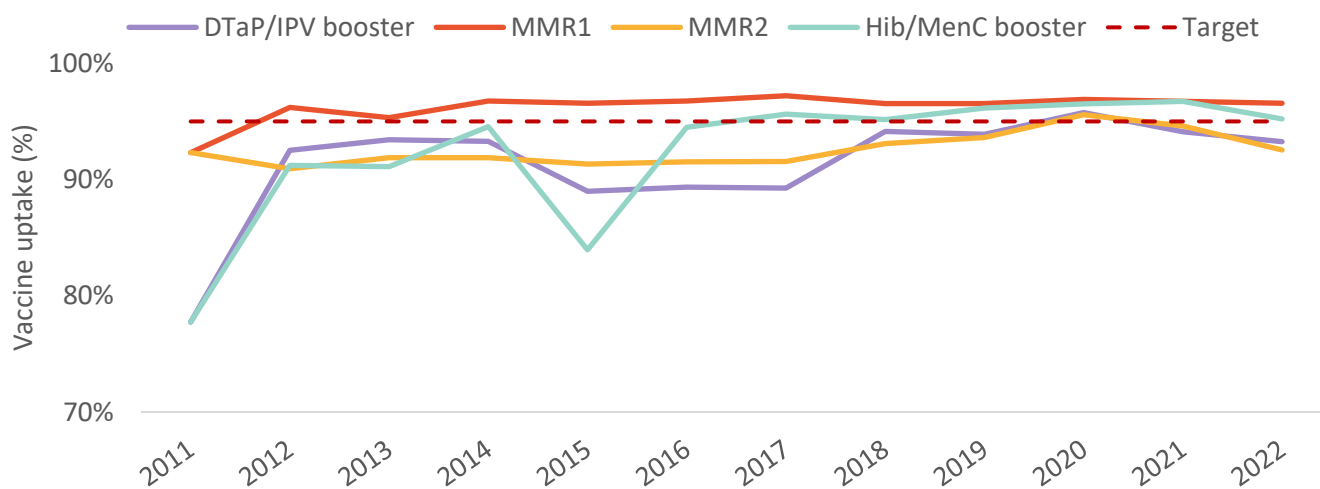


\*Source: Child Health Information System  
 +NHS Digital, Childhood Vaccination Coverage Statistics <sup>11</sup>

In 2022:

- 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 2012; in 2022-23, coverage in England was 93%
- the uptake of the Hib/MenC by 5 years of age was 95%, meeting the WHO national target of 95% for the fifth consecutive year
- the uptake for the DTaP/IPV booster (sometimes referred to as the 4-in-1 booster) was 93%; coverage was highest in 2020 when the 95% target was exceeded for the first and only time
- the uptake for the second dose of MMR vaccine was 93%, coverage was highest in 2020 when the 95% target was reached; The proportion of children receiving their first and second dose of MMR vaccine is also below the 95% threshold for all constituent countries of the UK, with the lowest rate being observed in England (85%)

**Figure 6. MMR1 and booster immunisation uptake by 5 years of age, by calendar year**



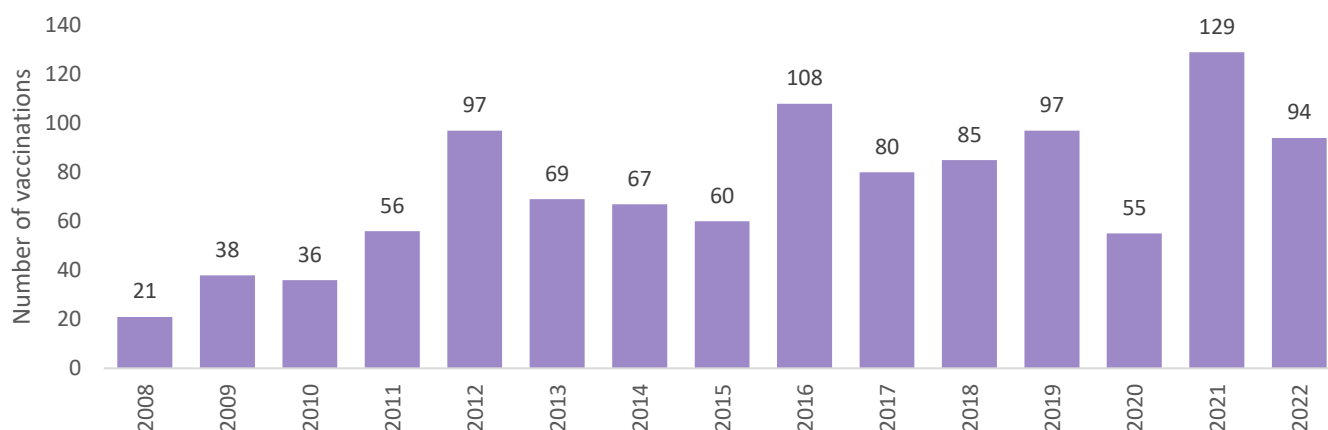
\*Source: Child Health Information System  
 (NB: the 2015 data point for Hib/MenC is not directly comparable due to changes in recording parameters in the child health information system)

<sup>11</sup> NHS Digital, [childhood vaccination datatables 202223.xlsx \(live.com\)](https://www.nhs.uk/childhood-vaccination-datatables-202223.xlsx)

## 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)<sup>12</sup> and aims to prevent the more serious childhood forms of the disease. Figure 7 shows the number of BCG vaccinations administered to at-risk babies from 2008 to 2022.

**Figure 7. Annual number of BCG vaccinations administered to at-risk babies, 2008-2022**



Source: Child Health Information System

## 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 2022 to 31 August 2023.

**Table 5. Summary of immunisation schedule for this age group**

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

<sup>12</sup> 1. All infants (aged 0 to 12 months) with a parent or grandparent who was born in a country where the annual incidence of Tuberculosis (TB) is 40/100,000 or greater. 2. All infants (aged 0 to 12 months) living in areas of the UK where the annual incidence of TB is 40/100,000 or greater.

<sup>13</sup> HPV Vaccination – see notes section

<sup>14</sup> The MenACWY vaccine replaced the MenC vaccine in the routine immunisation programme for Year 9s in the 2015/2016 academic year.

## Human papillomavirus vaccine (HPV) uptake

The HPV vaccination programme is a school-delivered programme offered to 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<sup>15</sup>.

HPV vaccine coverage for the priming dose (dose 1) for school year 8 males and females, and secondary dose (dose 2) for school year 9 pupils were calculated separately. The main points are summarised below and in Table 6.

Table 6. HPV immunisation coverage, by school year

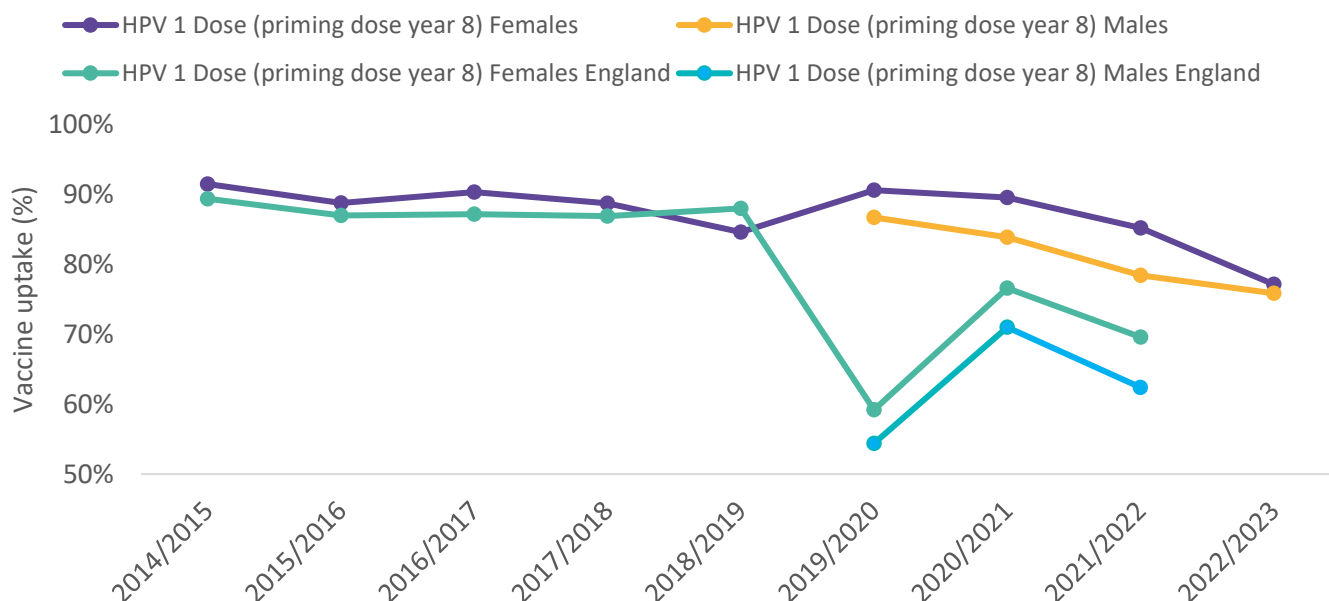
<b>Cohort</b>	<b>Sex</b>	<b>HPV1 Coverage (%)</b>	<b>HPV2 Coverage (%)</b>	<b>Notes</b>
<b>Born 01/09/2009 to 31/08/2010</b>	<i>Females</i>	77	-	1st dose Jan 2023
	<i>Males</i>	76	-	
<b>Born 01/09/2008 to 31/08/2009</b>	<i>Females</i>	85	80	1st dose April 2022; 2 <sup>nd</sup> dose Nov 2022
	<i>Males</i>	78	76	

Source: Child Health Information System

- in 2022/2023, HPV vaccine coverage of the priming dose for Year 8 females (born 1 September 2009 to 31 August 2010) was 77% in Jersey, 8 percentage points lower than in 2021/2022, 85% (Figure 8)
- in 2022/2023, HPV vaccine coverage of the priming dose for Year 8 males (born 1 September 2009 to 31 August 2010) was 76% in Jersey; uptake was statistically similar when compared to coverage for Year 8 females this academic year (Figure 8)
- in 2022/2023 HPV vaccine coverage in Jersey for females completing a delayed 2-dose HPV schedule by Year 9 (born 1 September 2008 to 31 August 2009) was 80%, lower than that seen in 2021/2022
- in 2022/2023 HPV vaccine coverage for males completing a delayed 2-dose HPV schedule by Year 9 (born 1 September 2008 to 31 August 2009) was 76%; uptake was lower when compared to coverage for Year 9 females this academic year

<sup>15</sup> HPV Vaccination – see notes section

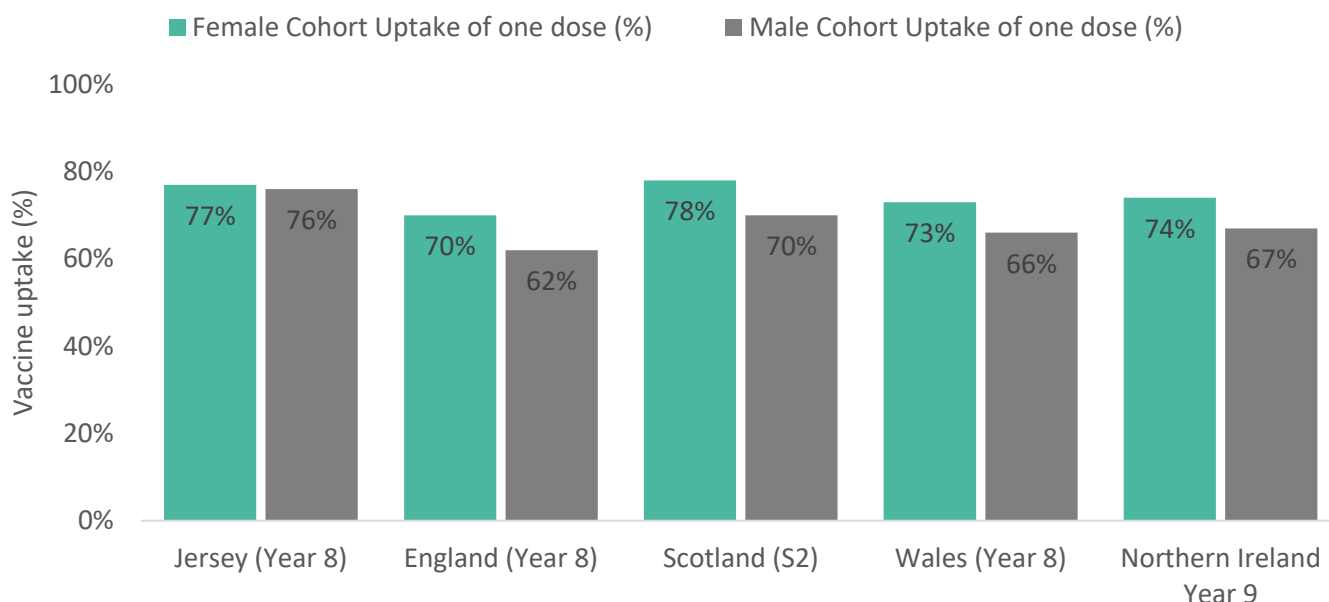
Figure 8. Annual HPV vaccine uptake, percentage completing Priming and Complete dose courses by academic year.



Source: Child Health Information System

- in 2022/2023, HPV vaccine uptake of the priming dose for Year 8 females (born 1 September 2009 to 31 August 2010) was 77% in Jersey, higher when compared to England, Wales, and Northern Ireland and similar when compared with Scotland
- in 2022/2023, HPV vaccine uptake of the priming dose for Year 8 males (born 1 September 2009 to 31 August 2010) was 76% in Jersey; higher when compared to the UK jurisdictions

Figure 9. Annual HPV vaccine Priming dose uptake for the UK Jurisdictions and Jersey in 2022 to 2023, percentage completed.



+ School cohorts Jersey Year 8 (2022/23); England Year 8 (2021/22)<sup>16</sup>, Wales Year 9 (2022/23)<sup>17</sup>, Scotland S3<sup>18</sup>, Northern Ireland Year 9 (2021/22)

<sup>16</sup> [Human papillomavirus \(HPV\) vaccination coverage in adolescents in England: 2021 to 2022 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/103114/hpv-coverage-2021-2022.pdf)

<sup>17</sup> [Public Health Wales, cover report Feb 95 \[WP\] \(nhs.wales\)](https://www.nhs.uk/publications/public-health-wales-cover-report-feb-95-wp/)

<sup>18</sup> [HPV immunisation statistics Scotland - HPV immunisation statistics Scotland school year 2021/22 - HPV immunisation statistics Scotland - Publications - Public Health Scotland](https://www.healthcare.scot.nhs.uk/HPV-immunisation-statistics-scotland-school-year-2021-22/)

## 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 most students the 3-in-1 vaccine completes the course<sup>19</sup>, providing long-term protection against all 3 infections.

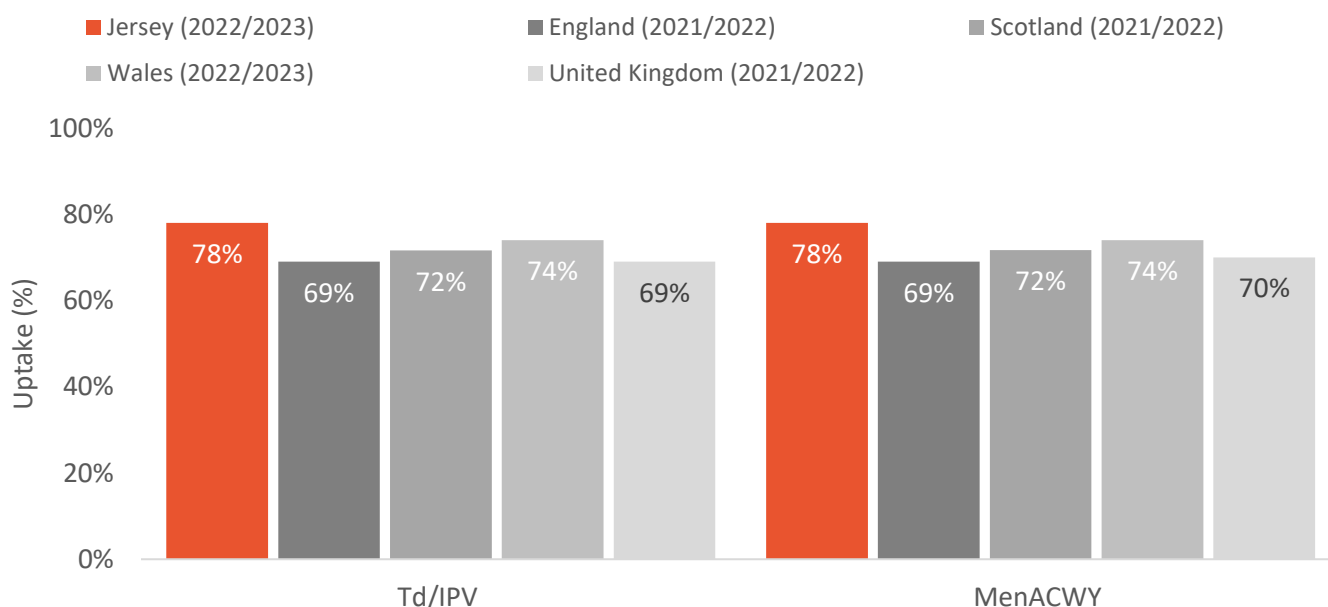
The main findings of this report are that:

- Td/IPV coverage for year 9 students during the 2022 to 2023 academic year was 78%, which is 11 percentage points lower than the year 9 cohort in 2021 to 2022
- the uptake for Td/IPV was higher than the latest estimated minimum average figures for Year 9 pupils published for England, Scotland, and Wales (see Figure 10)

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

- MenACWY coverage for Year 9 students during the 2022 to 2023 academic year was 78%, which is lower than the Year 9 cohort in 2021 to 2022 (90%)
- the uptake for MenACWY was higher in Jersey compared with the latest average figures published for England, Wales, and Scotland (see Figure 10)

**Figure 10. Most recent Td/IPV and MenACWY vaccine uptake by the end of the school year, by jurisdiction; percentage**



<sup>19</sup> School cohorts Jersey Year 9 (2022/2023); England Year 9, Scotland S3, Northern Ireland Year 11 (2021/2022)<sup>20</sup>, Wales Year 8 (2022/23)<sup>21</sup>

<sup>20</sup> School cohorts Jersey Year 9 (2022/2023); England Year 9, Scotland S3, Northern Ireland Year 11 (2020/2021)<sup>22</sup>, Wales Year 9 (2022/23)

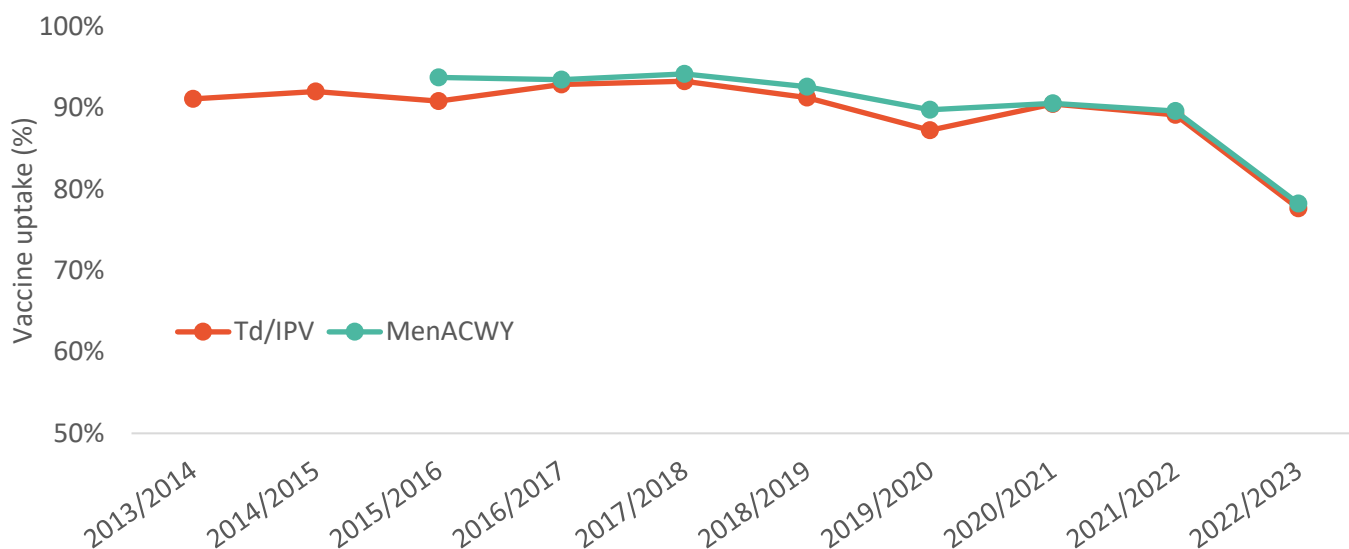
<sup>19</sup> Vaccine uptake for Td/IPV may be overestimated as some students may have missed one of the initial four doses.

<sup>20</sup> UK Health Security Agency, [TdIPV-backing-table 2021-to-2022.ods \(live.com\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101444/TdIPV-backing-table-2021-to-2022.ods)

<sup>21</sup> Public Health Wales, [cover report Feb 95 \[WP\] \(nhs.wales\)](https://www.nhs.uk/publications/cover-report-feb-95-wp/)

<sup>22</sup> UK Health Security Agency, [MenACWY-backing-table-2021-to-2022.ods \(live.com\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101444/MenACWY-backing-table-2021-to-2022.ods)

Figure 11. Td/IPV and MenACWY uptake for Year 9 pupils, by academic year



Source: Child Health Information System

## Adult vaccination uptake

The uptake and coverage for adults are given as a proportion of the actively registered population<sup>23</sup> at GP surgeries in Jersey.

Table 9 gives the routine immunisation schedule for adults in 2022.

Table 9. Routine adult immunisation schedule

When to immunise	What vaccine is given
<b>Pregnant women, 20 weeks gestation or more</b>	Pertussis containing vaccine <sup>24</sup>
<b>65 years and over</b>	Pneumococcal polysaccharide vaccine (PPV)
<b>70 years</b>	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 2022:

- annual coverage in pregnant women of DTaP/IPV was 61% (see Figure 12); similar when compared to 60% in 2021
- the annual vaccine coverage in England for the financial year 2022-2023 was 61%<sup>25</sup> which was similar to Jersey (61%)

<sup>23</sup> 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.

<sup>24</sup> 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.

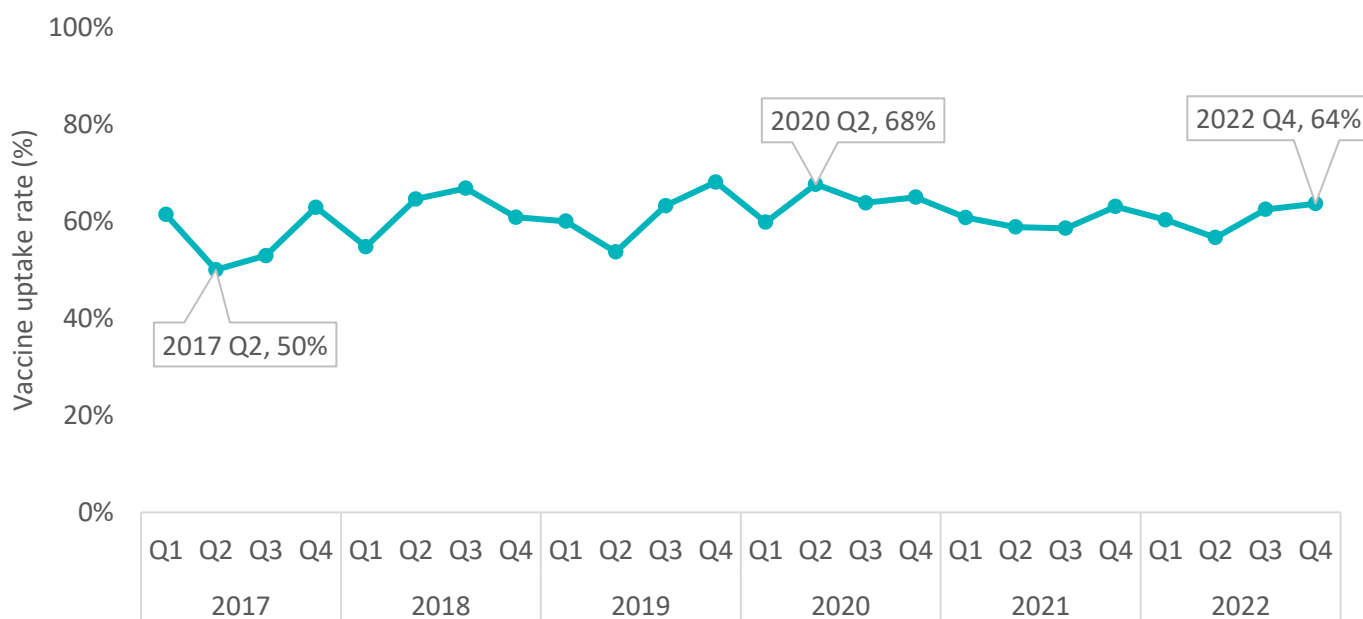
<sup>25</sup> Prenatal pertussis vaccination coverage in England from January to March 2023 and annual coverage for 2022 to 2023 - GOV.UK ([www.gov.uk](http://www.gov.uk))

Table 10. Quarterly pertussis containing vaccination coverage in pregnant women 2022, based on monthly average data percentage.

Period	Pertussis coverage %
Jersey 2022 Q1	60
Jersey 2022 Q2	57
Jersey 2022 Q3	62
Jersey 2022 Q4	64
Jersey 2022 Annual coverage estimate	61

Source: Centralised GP system (EMIS)

Figure 12. Quarterly pertussis vaccination coverage in pregnant women in Jersey, 2017-2022



Source: Centralised GP system (EMIS)

## Shingles vaccination

A herpes zoster (shingles) routine vaccination programme was introduced in 2016 for adults in their 70<sup>th</sup> 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).

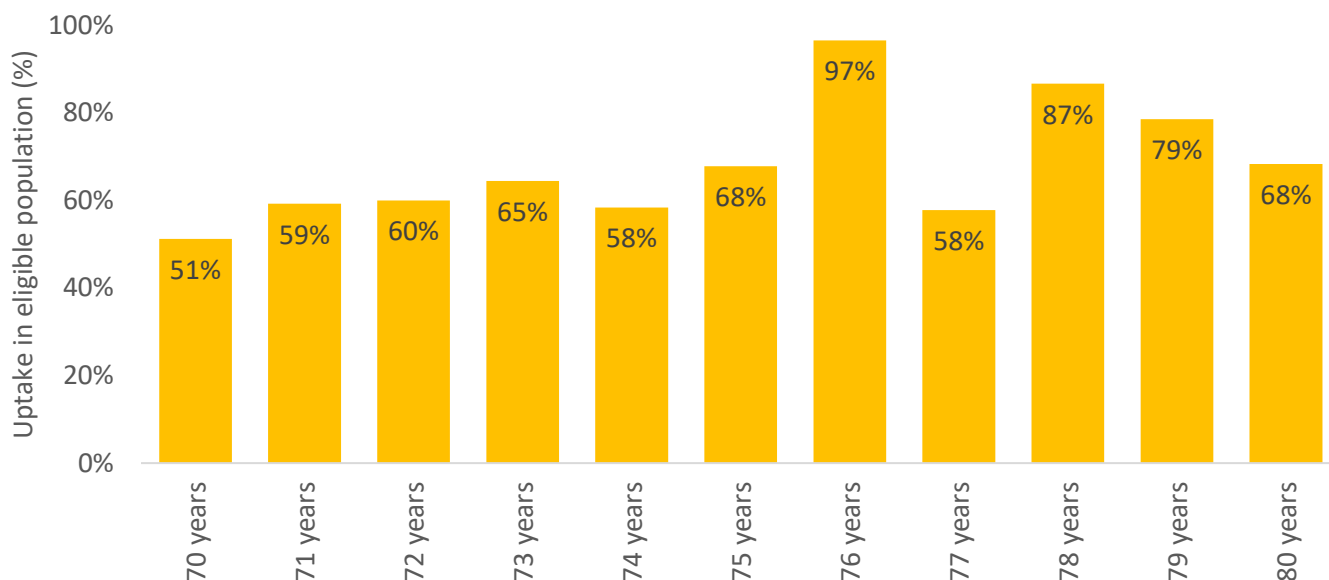
GPs also continue to offer immunisation to anyone who was eligible for the shingles vaccine but had not yet been vaccinated, up until their 80<sup>th</sup> birthday. The coverage by year of birth is given in figure 13.

In 2022:

- Coverage in the cohort that turned 70 years old was 51%; the standard set by the Department of Health and Social Care in England is 60% coverage<sup>26</sup>
- Cumulative vaccine coverage for each birth cohort continues to increase each year through opportunistic vaccination
- when estimates were taken at the end of December, coverage was highest among those turning 76 years old (97%) and lowest among those turning 70 years old (51%) (see Figure 13)

<sup>26</sup> UK vaccination policy [CBP-9076.pdf \(parliament.uk\)](#)

Figure 13. Cumulative shingles vaccine coverage by year of birth, as at end 2022; percentage



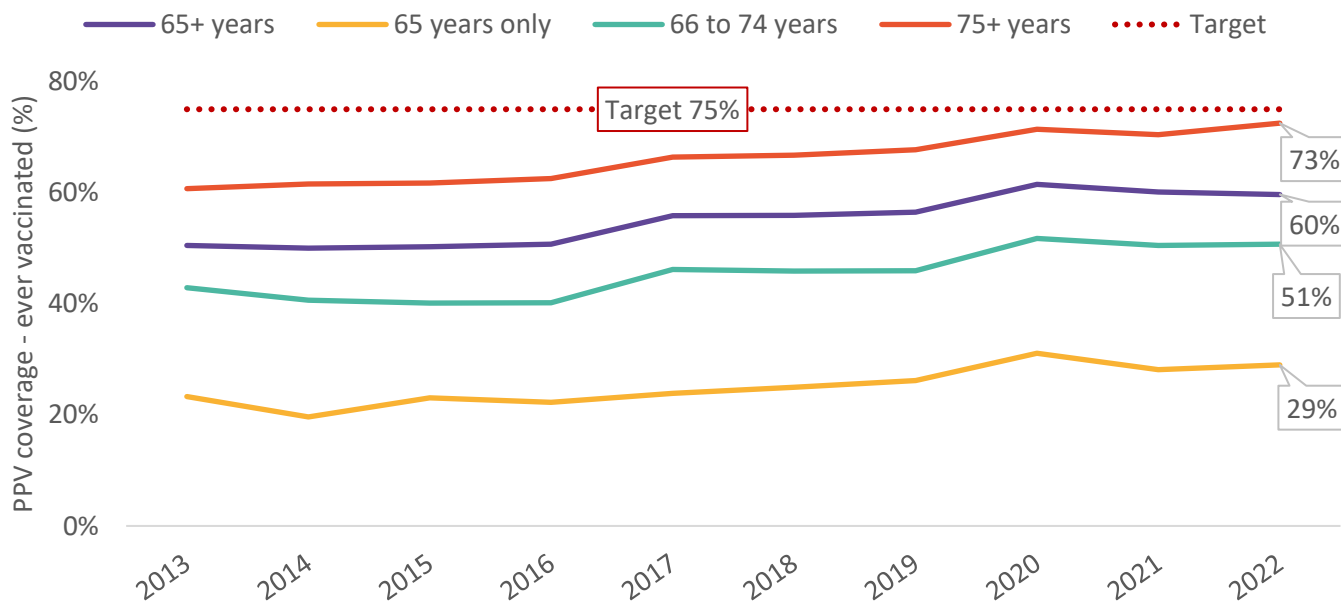
Source: Centralised GP system (EMIS)

### 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).

- PPV coverage was 60% in all patients aged 65 years and over, immunised at any time up to 31 December 2022, rising to 73% for those aged 75 years and over (see Figure 13)
- the standard set by the Department of Health and Social Care in England is 75% coverage for adults aged 65 years and over eligible for the vaccine<sup>18</sup>

Figure 14. PPV coverage (i.e., ever vaccinated), by age group, calendar year 2013 to 2022, percentage.

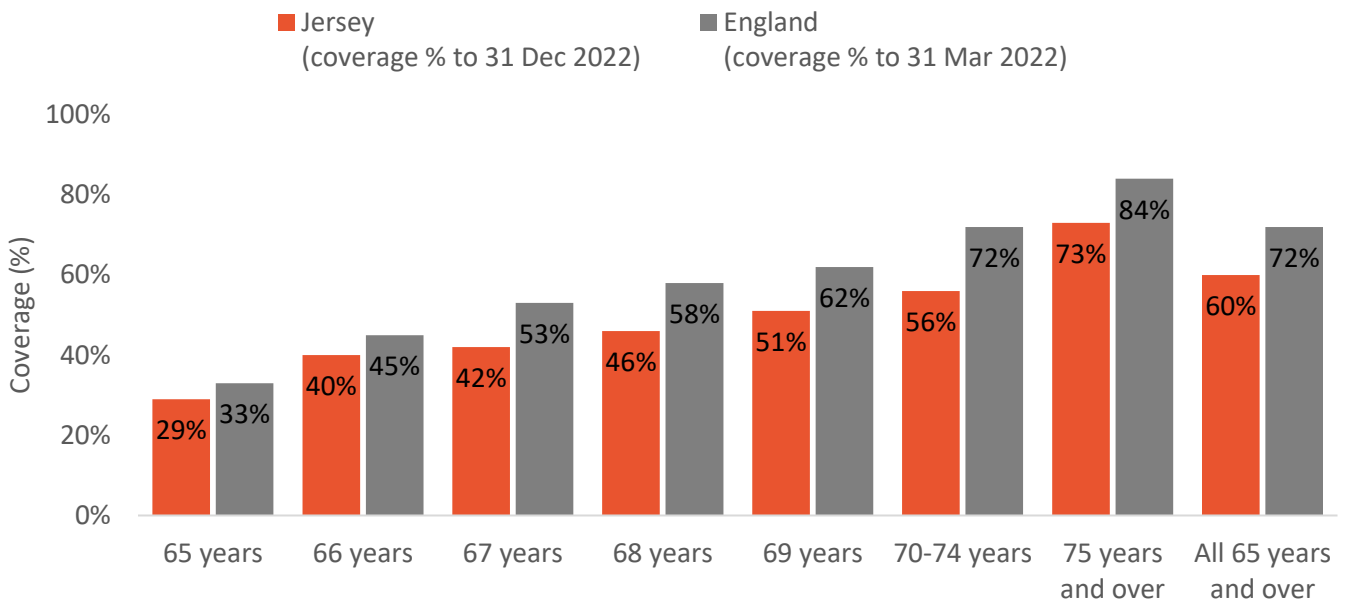


Source: Centralised GP system (EMIS)



- as in previous years the coverage in Jersey in 2022 was lower than that in England<sup>27</sup> for all age groups (see Figure 15)

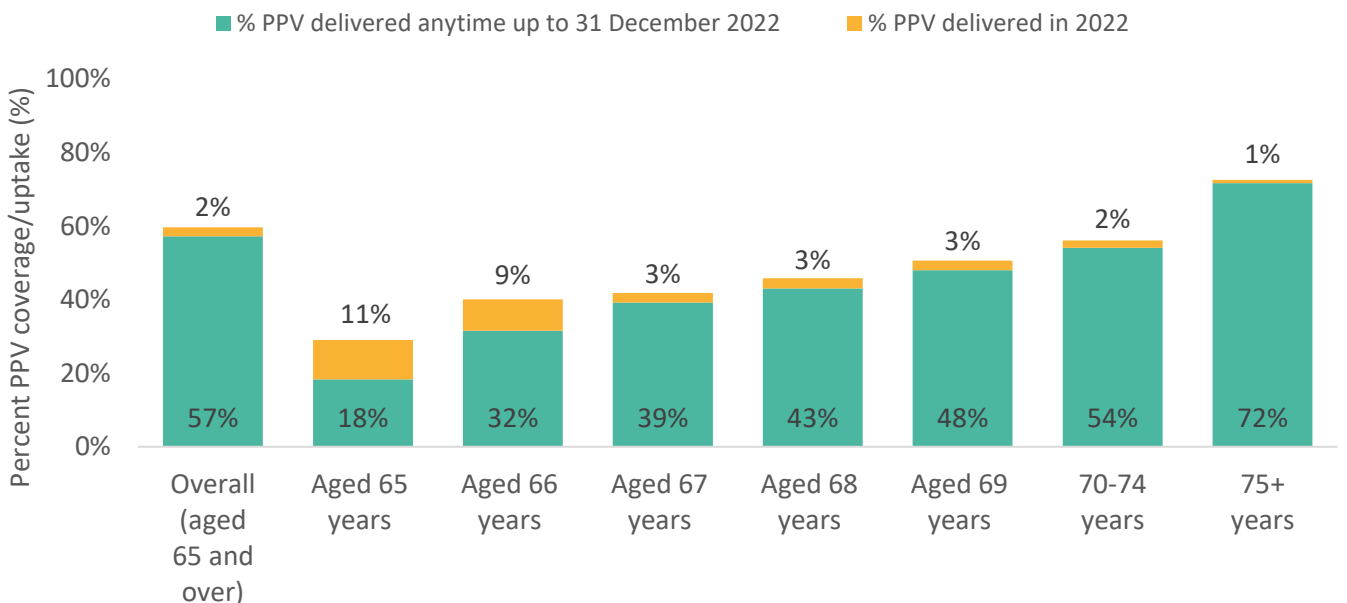
**Figure 15. Pneumococcal (PPV) vaccination coverage, by age group**



Source: Centralised GP system (EMIS)  
UK Health Security Agency

- in those aged exactly 65 years, uptake in 2022 was 18%, a similar level to the previous year (16%); however, 11% 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 of age was 29% (see Figure 16)
- Figure 16 shows how people in the older age groups continue to be vaccinated, having not been vaccinated at age 65 years as recommended

**Figure 16. Percentage of patients having received PPV (before, or in calendar year 2022), by age group.**



Source: Centralised GP system (EMIS)

<sup>27</sup> [Pneumococcal Polysaccharide Vaccine \(PPV\) coverage report, England, April 2021 to March 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/107122/pneumococcal-polysaccharide-vaccine-ppv-coverage-report-england-april-2021-to-march-2022.pdf)

## Notes

Data in this report relates to the routine vaccinations offered to all children up to the age of 5 years, derived from the Cover of Vaccination Evaluated Rapidly (COVER).

### 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.

**(2023)** The childhood schedule was revised in September 2023 to include changes to the human papillomavirus (HPV).

**2020:** From 1 January 2020, the infant vaccination schedule for pneumococcal vaccine (PCV) changed. All babies born on or after 1 January 2020 will receive their 1st dose of PCV with their other infant vaccinations at 12 weeks of age and a booster dose of this vaccine on or after their 1st birthday.

**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

**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](http://www.gov.je)

# Methods

## Data Sources

The data for this report is derived from two computer systems accessed by the Strategic Policy, Planning and Performance (SPPP), Public Health Intelligence Team:

- The Jersey Child Health Information System (CHIS)
- The GP Central Server (EMIS web)

Information about vaccinations given in school as well as any unscheduled immunisations are supplied by the Preventive Health team including the Immunisation Nurse Specialist.

## Source of denominators

- Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health Jersey
- Total number of adolescents attending school in Jersey collected by Children, Young People, Education and Skills Department (CYPES)
- Number of births by month data gathered by Health Informatics Team
- Population estimates recently published by Statistics Jersey (June 2023)<sup>28</sup> are used to calculate rates in this report. As such, rates presented in this report may differ slightly to those presented in previous publications, which will have used older population estimates.

## Comparisons

Comparisons to other jurisdictions are presented in this report to enable benchmarking and to explore where similar trends are being seen elsewhere. Data is extracted from published reports from UK Health Security Agency, NHS Digital, Public Health Wales, and the Information Services Division Scotland. All data is referenced, and the time periods are noted in the report sections.

## Accuracy and reliability

The rates reported reflect immunisation uptake at particular points in time, based on the data recorded. Information for previous years and quarters remain unchanged in subsequent publications.

Data are recorded on the Child Health Information System (CarePlus) for the primary purpose of facilitating the invitation of children for immunisation, therefore a high degree of accuracy of data recording is required. Data is monitored by the Child Health Team on a quarterly basis to ensure that uptake rates remain high and any additional chase up can occur while children are still of the correct age to receive any vaccinations they may have missed.

Data recorded on the GP central server is reliant on GPs and practice staff to accurately record activity happening in their individual practices. The Public Health Intelligence Team has access to the central server to allow statistical information to be monitored. This information is anonymised and as a result the data cannot be interrogated to look for errors or duplicates, therefore figures presented here should be treated with caution. The accuracy and reliability of this data is expected to improve as data is further shared and interrogated and as coding of the data improves.

All figures have been independently rounded to the nearest integer; this is because small numbers are more susceptible to natural variation.

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<sup>28</sup> *Population And Migration Statistics – Statistics Jersey, June 2023*

## Data quality and completeness

Information on childhood immunisation coverage at ages one, two and five are collected through the Cover of Vaccination Evaluated Rapidly (COVER) data produced from the Child Health Information System. The system follows the same standards as that used nationally.

A quality assurance process includes checks on data completeness, comparison to previous year data, comparisons to previous data for the same cohorts and investigation of any substantial changes.

The data quality and completeness of data extracted from the GP central server cannot be assured, however where variation between GP practices is identified, this is fed back to individual surgeries for further checks. Figures pulled are also compared to previous year figures to see where substantial changes have occurred, these can then be further investigated.

There are limitations to the data reported for Pertussis vaccinations of pregnant women in this report. Data completeness is reliant on the recording of delivery status in the mother's medical records and comparison of this data with that of birth registrations.

Those women receiving specialist care through the Maternity Unit in the Jersey General Hospital could potentially have their pertussis vaccine delivered in this setting, this may not, therefore, be captured by the GP reporting system.

## Cohorts

For children, the uptake rates are based on all children reaching a specified age who were alive and registered on the CHIS at the end of the reporting period.

For adults, the uptake and coverage rates are based on all adults of a specified age or who meet specific criteria who were alive and registered with a GP in Jersey at the end of the reporting period.

## Rotavirus

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.

## HPV

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.

The HPV Programme continued to be delayed in 2022/2023 as a result of the COVID-19 pandemic. The first dose was given in September / October 2022 (when in Year 8); the second dose of HPV vaccination was postponed until September 2023 when children from that cohort were in Year 9. It was important that children have both doses of the vaccine to be properly protected.

From September 2023, the HPV vaccine programme will change from a 2 dose to a one dose HPV vaccine schedule for eligible adolescents. This is because the Joint Committee on Vaccination and Immunisation (JCVI) has advised that a one dose HPV vaccine schedule has shown to be just as effective as 2 doses at providing protection from HPV infection. However, individuals who are immunocompromised and those known to be HIV positive should remain on the three-dose schedule.