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**Subject:** Vaccination Priority Group Report – COVID-19 & Influenza  
**Date:** 28<sup>th</sup> February 2024

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This report provides details on COVID-19 and Influenza vaccinations for the 2023-2024 winter season. It presents data and statistics for the current programmes for the eligible groups of Islanders. For historic data, please look at previous public health reports found here: [Public Health reports \(gov.je\)](#)

The COVID-19 and Influenza vaccination programmes for the 2023-2024 winter season are due to be concluded. Reporting of any other future COVID-19 and Influenza vaccination programmes will be done separately. Please check the [Public Health Reports](#) page for updates.

### Key Findings

As at 25<sup>th</sup> February 2024:

- 15,306 autumn 2023 COVID-19 boosters have been administered, with 63% of those aged over 65 years having received an autumn booster dose
- an estimated 85% of care home residents have received the 2023 COVID-19 autumn booster dose
- 32,836 flu vaccinations have been administered, with 74% of those aged over 65 years having received a dose

### COVID-19

#### Background

The roll-out of the COVID-19 vaccine in Jersey is aligned to the vaccination programme roll-out in the UK following the advice of the Joint Committee on Vaccination and Immunisation (JCVI<sup>1</sup>). The local vaccine programme has followed the JCVI advised priority groups to prioritise when individuals in our population are able to access a vaccination.

This document sets out coverage of the **2023 Autumn Booster COVID-19 vaccine programme** that commenced on 12 September 2023. The report includes the context and challenges of reporting by priority group in Jersey.

The eligibility for the Autumn Booster 2023 is as follows:

- all adults aged 65 years and over
- older adults living in residential care homes
- persons aged 6 months to 64 years in a clinical risk group
- health and social care workers
- persons aged 12 to 64 years who are household contacts of people with immunosuppression
- persons aged 16 to 64 years who are carers
- staff working in care homes for older adults

Full details on eligibility criteria can be found at [COVID-19 Autumn Booster](#).

Population denominator figures from the 2021 census<sup>2</sup> have been used to calculate vaccine coverage, and reporting has been brought in line with NHS England by removing deceased individuals from coverage estimates. For details on historic COVID-19 vaccinations to date (e.g. First and second dose coverage and so on) please see historic [Public Health reports \(gov.je\)](#)

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<sup>1</sup> [Greenbook COVID-19](#)

<sup>2</sup> [2021 Census Bulletin - Population characteristics](#)

## COVID-19 Autumn Booster: Vaccine delivery

The Autumn 2023 Booster vaccination programme has been delivered in two ways:

- Through appointments or walk ins at the vaccination centre at Fort Regent
- Through the mobile unit, which has visited care homes or individuals who are not able to access the vaccination centre

### Total COVID-19 Autumn 2023 Booster vaccinations up to 25<sup>th</sup> February 2024:

Total COVID-19 Vaccinations: Autumn 2023 Booster	15,306
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## COVID-19 Autumn Booster: Coverage estimates by priority groups

Table 1 shows the estimated coverage of each priority group, along with an assessment of the data quality. Each group contains all individuals who are eligible under that population group, therefore the cumulative number of doses may be higher than the total number of doses administered, as individuals may be eligible under more than one priority group.

Data Quality in the table has been colour coded using the following criteria:

**Red** when the estimate is based on data that is deemed to be of poor or questionable data quality

**Amber** for data of moderate quality, with only a small amount of the data being of questionable quality

**Green** when the data quality of the estimate is good

**Table 1. Estimate of coverage of the COVID-19 Autumn Booster 2023, by priority group, with data quality assessment, as at 25<sup>th</sup> February 2024**

Priority group/tier	Cohort Size	Autumn Booster 2023		Data Quality Assessment
		Doses	%	
Care home residents for older adults <sup>4</sup>	1,023 <sup>o</sup>	867	85%	Amber
Aged 80 years or over	5,450*	3,945	72%	Green
Aged 75 to 79 years	3,910*	2,712	69%	Green
Aged 70 to 74 years	4,770*	2,861	60%	Green
Aged 65 to 69 years	5,480*	2,809	51%	Green
Aged 65 years or over	19,610*	12,327	63%	Green
Immunosuppressed	1,772 <sup>+</sup>	1,028	58%	Red

<sup>4</sup>This may include younger adults living in care home

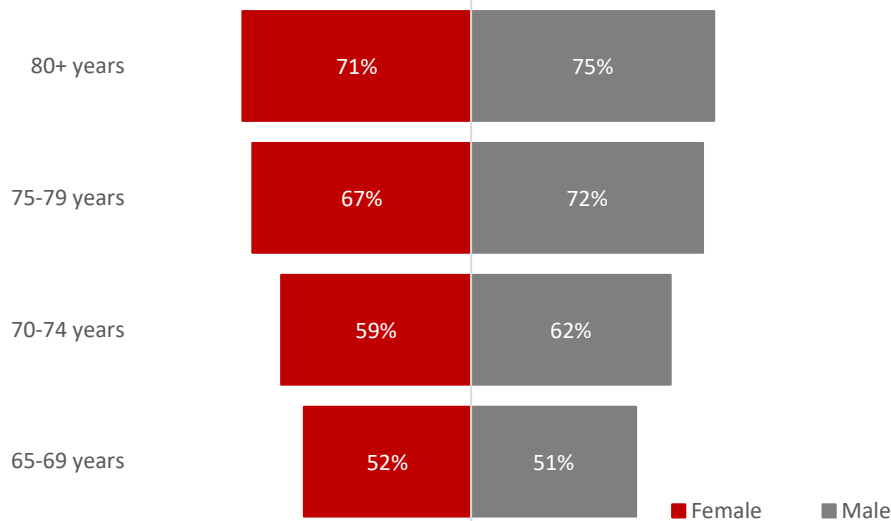
<sup>o</sup>Unstable population (movements in and out of homes)

\*Based on 2021 Population Census Figures

<sup>+</sup>collective information held in multiple systems not centralised with potential for double count and transient priority group

Figure 1 provides information about the uptake of vaccination by gender and age group. Note that for those aged under 65, only a small cohort are eligible (for example those who are immunosuppressed, or those living in a care home) to receive an Autumn Booster 2023.

**Figure 1. Uptake of COVID-19 Autumn Booster 2023 by gender and age**



The majority of the COVID-19 Autumn Booster 2023 vaccinations have been Comirnaty Omicron (Table 2).

**Table 2. COVID-19 Autumn Booster 2023 dose vaccinations administered by Manufacturer**

Manufacturer	Number of doses
Sanofi Vidprevtyn Beta	16
Comirnaty Bivalent	6,541
Comirnaty Omicron	8,743

## **Influenza**

### **Background**

The Government of Jersey co-ordinates a seasonal influenza (flu) vaccine plan every year to prevent flu amongst those who are at a higher risk of flu-associated illness and mortality. This includes older people, pregnant women, and those with certain underlying medical conditions (known clinically as being ‘at-risk’). In addition, children are offered the flu vaccine to provide both individual protection to the children themselves and reduce transmission across all age groups to protect vulnerable members of the population.

The roll-out of the 2023-24 flu vaccine programme to eligible groups from the 19 September 2023.

### **Influenza: Vaccine delivery**

The flu vaccine has been delivered through several programmes:

- Through appointments or walk ins at the vaccination centre at Fort Regent
- Through HCS nurses who offer the flu vaccine to school children and nurseries
- Through GP practices and pharmacies to those who fall into the risk categories
- Through the workplace programme to those eligible workforces such as health workers

*Please note that this month’s priority group report includes data on flu vaccinations from the vaccination centre, the workforce programme, the pharmacy programme, and data from the GP practice programme. The school/nursery programme is still outstanding.*

Estimates of coverage of the different eligible groups are provided where possible and are supported by contextual information about the data quality.

**Total flu vaccinations up to 25<sup>th</sup> February 2024:**

<b>Total Influenza Vaccinations: Winter 2023/2024</b>	<b>32,836</b>
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**Table 3. Flu vaccinations winter 2023-2024, administered by age groups:**

Age Group	Cohort Size	Autumn Booster 2023		Data Quality Assessment
		Number of Vaccinations	Coverage	
<b>0-16 Years<sup>5</sup></b>	16,940	8,108	48%	
<b>17-49 Years<sup>5</sup></b>	43,390	3,560	8%	
<b>Aged 50 to 64 years</b>	23,210	6,751	29%	
<b>Aged 65 to 79 years</b>	14,160	9,955	70%	
<b>Aged 80 years or over</b>	5,450	4,462	82%	
<b>Aged 65 years or over</b>	19,610	14,417	74%	

<sup>5</sup>Please note that not all of this age group cohort are eligible to receive the flu vaccination

## Data quality issues

In order to provide metrics on the proportions of each priority group that have received a vaccine, an understanding of the data quality issues surrounding the population data being used to generate estimates and the actions being taken to remediate these is required. Table 4 sets out these issues.

**Table 4. Issues that have been found within the data being entered when an individual has their vaccine**

Issue	Actions being taken to address issue
<b>Missing care home information, or information about residents in care homes not provided by all homes</b>	Cross-matching to lists provided by care homes (if available). Vaccination team requesting and collating further information about numbers of care home residents
<b>Wrong priority group/tier is allocated</b>	If possible, this is corrected based on dates and other available information. When people return for further doses, missing information will be collected
<b>Imperfect matching from deaths register</b>	Where possible, registered deaths are recorded against vaccine records to ensure deceased individuals are not included in coverage estimates for a given group, but due to data quality issues in either the EMIS vaccine data set or the deaths register a match is not guaranteed in every case.
<b>Care home populations are not stable due to movements in and out of these groups</b>	Population denominators will be reviewed and updated when appropriate
<b>Reciprocal health agreements mean all those on-Island who fall into eligible populations can access a vaccine, even if they don't appear in our population data</b>	As individuals who meet the eligibility criteria are able to receive a vaccine, this may impact on totals. This is assumed to be a small number for each priority group.
<b>Information about immunosuppressed Islanders not held in one information system centrally.</b>	Teams are working to identify individuals in this cohort, and provide targeted communications. Individuals identifying as being immunosuppressed are verified and coded as such when arriving for their vaccine.
<b>Individuals falling into several different eligibility groups (e.g. somebody could be over 50, clinically indicated, and a healthcare worker)</b>	Typically, a "primary eligibility criteria" is recorded at the time of vaccination, and this is used to categorise the individual into their eligibility group and so this is used for reporting.
<b>The flu programme is being delivered through several programmes, each with different data systems and recording protocols, adding difficulty in reporting across the multiple eligibility cohorts.</b>	Where possible, consistency is maintained in how primary eligibility criteria is assigned to individuals, helping to increase the accuracy of the estimates of coverage of the different eligible groups.