

Immunisation Statistics 2017

Statistics Jersey: www.gov.je/statistics

Introduction

This publication reports the annual update of:

- childhood immunisations for children reaching their
 - first,
 - second, and
 - fifth birthdays between 1 January 2017 and 31 December 2017
- teenage immunisations for the academic year running from September 2017 to August 2018
- the pertussis vaccine for pregnant women
- the shingles vaccine for those aged 70 (plus a catch-up for those aged 79)
- protection against pneumococcal infections for adults aged 65 or over
- seasonal flu vaccinations covering the winter period 2017/2018

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 2017:

- uptake rates for 1 year olds of the 5-in-1 vaccine which protects children against diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type B (DTaP/IPV/Hib), the pneumococcal conjugate vaccine (PCV), the rotavirus vaccine and the infant meningitis B (MenB) vaccine were all above the WHO recommended target of 95%
- for 2 year olds, other than for the *Haemophilus influenzae* type B/Meningitis C (Hib/MenC) vaccine (94%), the uptake rates for the 5-in-1 vaccine, the first dose of the measles, mumps and rubella (MMR), and the pneumococcal conjugate vaccine (PCV) were all above the WHO target of 95%
- for 5 year olds, uptake rates for the first dose of MMR and the Hib/MenC were above 95%; the 4-in-1 diphtheria, tetanus, acellular pertussis and inactivated polio vaccine (DTaP/IPV) uptake was 89%; the uptake rate for the full course of MMR (two doses) by 5 years old was 92%
- over four-fifths (85%) of eligible females (aged 12 to 13 years) received the full course of the human papillomavirus vaccine (HPV)
- over half (56%) of 70 year olds received the shingles vaccine
- around half (52%) of patients over 65 years of age and registered with a GP in Jersey received a vaccine against pneumococcal infections
- around half (53%) of 2 to 4 year olds received the seasonal flu vaccine (via nasal spray), an increase from 2016 (32%); also 59% of primary school aged children received the flu vaccine – the vast majority of these received it in their school
- uptake of the flu vaccine at GP surgeries in the at-risk working age group was 35% in the 2017/2018 winter season, an increase from 24% the previous season (2016/2017)
- over half (57%) of patients registered with a GP and aged 65 or over received a seasonal flu vaccination at their surgery; the WHO recommends that vaccine uptake for people aged 65 years and over should be 75%

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

Childhood vaccinations

For children, the size of the population eligible for vaccinations is based on all children reaching a specified age and registered on the Child Health Information System at the end of the reporting period.

Table 1 gives a summary of the immunisations offered in Jersey, as of 2017, during the first 11 years of a child's life.

Table 1: Summary of immunisation schedule for this age group

Age to immunise	What vaccine is given
2 months	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b and hepatitis B ² (DTaP/IPV/Hib/HepB)
	Pneumococcal conjugate vaccine (PCV)
	Meningitis B (Men B) (<i>introduced in 2015</i>)
3 months	Rotavirus (<i>introduced in January 2014</i>)
	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b and hepatitis B ² (DTaP/IPV/Hib/HepB)
4 months	Rotavirus (<i>introduced in January 2014</i>)
	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b and hepatitis B ² (DTaP/IPV/Hib/HepB)
	Pneumococcal conjugate vaccine (PCV)
12 months	Meningitis B (MenB) (<i>introduced in September 2015</i>)
	Measles, mumps and rubella (1st dose – MMR1)
13 months	Meningitis B ³ (MenB)
	<i>Haemophilus influenzae</i> type b (Hib) and Meningitis C (MenC)
2 years to 4 years	Pneumococcal conjugate vaccine (PCV)
3 years 4 months	Influenza (flu) annually
	Diphtheria, tetanus, pertussis (whooping cough) and polio (booster) (DTaP/IPV)
Schoolchildren up to 11 years	Measles, mumps and rubella (2nd dose – MMR2)
	Influenza (flu) annually each year from October
Non-routine immunisations (as of 2017)	
Shortly after birth to infants with a parent or grandparent born in a high Tuberculosis incidence country	BCG (against Tuberculosis)
At birth, 1, 2 and 12 months of age for babies born to hepatitis B infected mothers	Hepatitis B

² Children received a primary course of three doses of diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (5-in-1) vaccine at eight, twelve and sixteen weeks. There was a replacement of the pentavalent vaccine (DTaP/IPV/Hib) with a hexavalent vaccine which includes hepatitis B (DTaP/IPV/Hib/HepB) for all babies born on or after 1 August 2017.

³ The MenB vaccine dose administered at 12 months of age was given for the first time from May 2016. This means annual uptake rates of MenB booster vaccine by 2 years of age will not be available until the 2018 report.

Childhood scheduled vaccinations uptake rates – by 12 months of age

Table 2 provides the uptake rates for 2017, and Figure 1 shows the uptake rates over time.

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

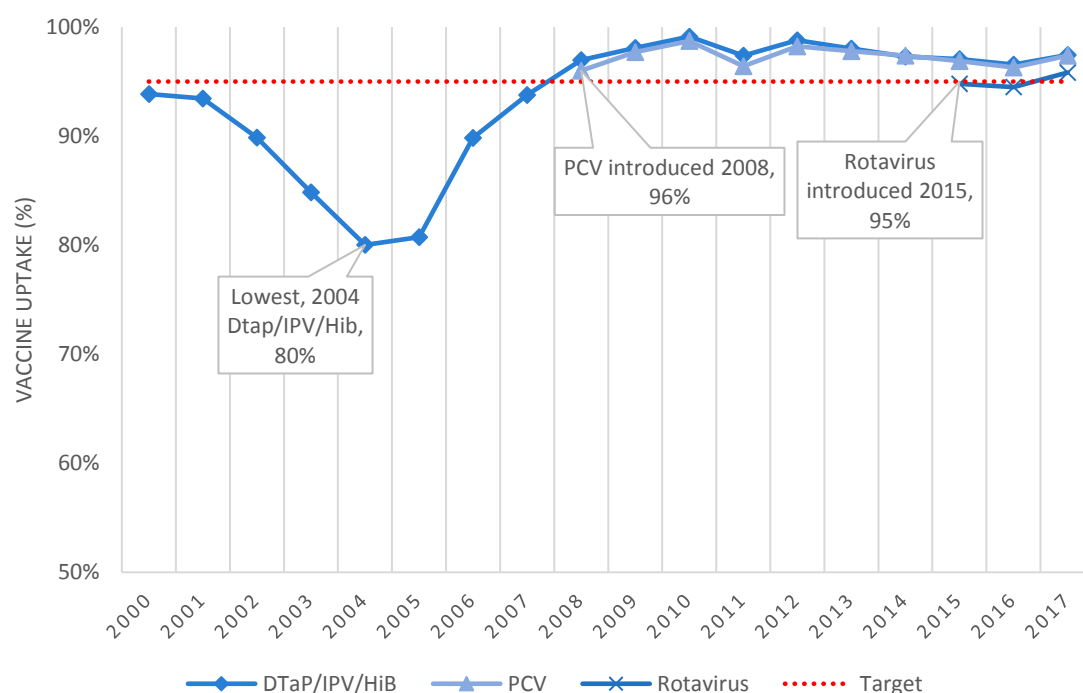
	DTaP/IPV/Hib %	PCV %	Rotavirus %	MenB %
Jersey (2017)	97	97	96	96
England (2017/18)*	93	93	90	93
Wales (2017/18)*	96	96	94	95
Scotland (2017)*	97	97	93	96
Northern Ireland (2017/18)*	96	96	94	96

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

In 2017:

- uptake rates by 12 months of age for complete primary courses of immunisations against diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (Hib) (the '5-in-1' DTaP/IPV/Hib vaccine), remained high at 97%; annual uptake has exceeded the WHO target of over 95% for the past decade (see Figure 1)
- 97% of children had completed a primary immunisation course of pneumococcal conjugate vaccine (PCV) by 12 months, similar to the previous year; uptake has exceeded 95% since the vaccine was introduced to the schedule in 2008
- uptake of the completed course of rotavirus vaccine was 96%⁴; in England 90% of children were reported to have 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%

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



⁴ 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. Coverage measured at 12 months may likely be lower than other vaccines offered at the same time as these can be caught up after six months.

Childhood scheduled vaccinations uptake rates by 24 months of age

Coverage for the three doses of the combined diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type 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) after their first birthday.

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

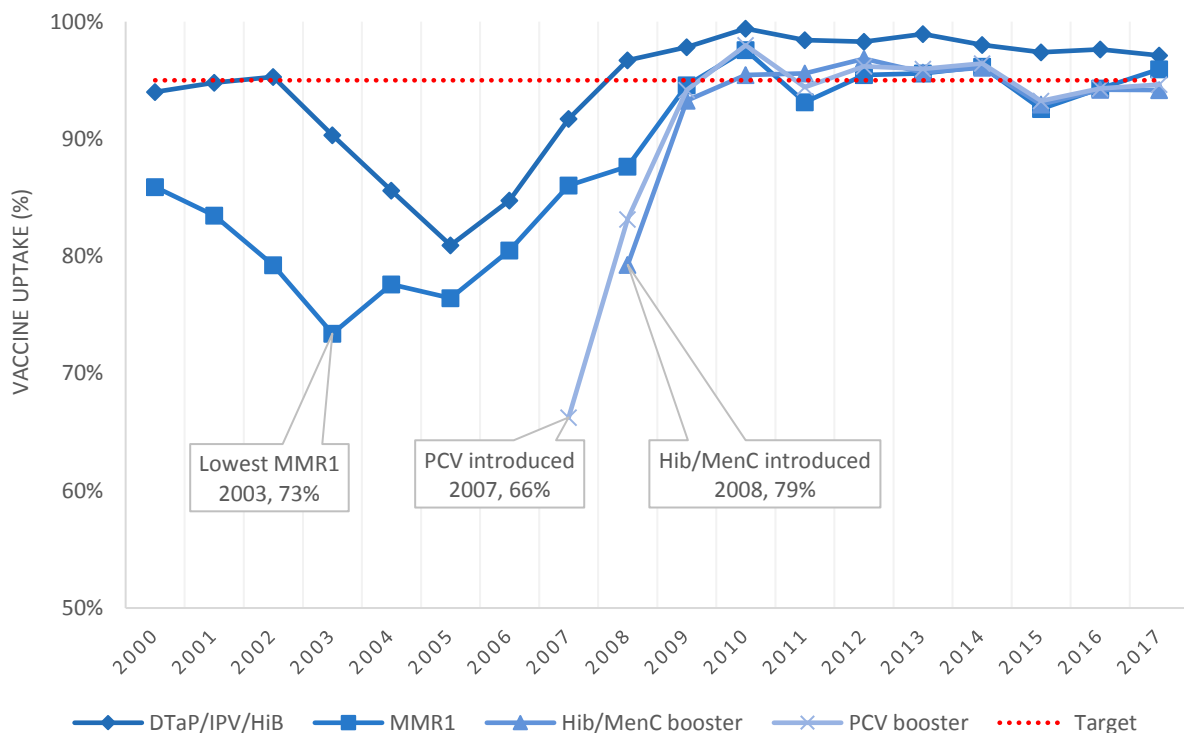
	DTaP/IPV/Hib %	MMR1 %	Hib/MenC %	PCV %
Jersey (2017)	97	96	94	95
England (2017/18)*	95	91	91	91
Wales (2017/18*)	97	95	95	95
Scotland (2017)*	98	95	95	95
Northern Ireland (2017)*	98	94	95	95

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

In 2017:

- uptake of the DTaP/IPV/Hib (5-in-1) vaccine was 97%, unchanged from when this cohort was evaluated at 12 months, and also a similar rate to 2016
- uptake rates for MMR1 was 96% and rates have exceeded 90% in every year since 2009; as in England and Scotland, uptake rates of the first dose of MMR in Jersey fell in the late 1990s and early 2000s; Jersey recorded a low of 73% in 2003
- 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; this rate is similar to the previous two years (2015 and 2016), but slightly lower than the period from 2010 to 2014, when the rates were at or above 95%
- uptake for the pneumococcal conjugate vaccine (PCV) at 24 months was 95%
- the uptake rates for the Hib/MenC and the PCV have increased since they were first introduced to the schedule in 2008 and 2007 respectively (see Figure 2)

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



Childhood scheduled vaccinations uptake rates (up to 5 years)

Uptake of the Hib/MenC and first dose of MMR (MMR1) 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 second MMR dose (MMR2) is given at 3 years 4 months and uptake is evaluated at 5 years of age.

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

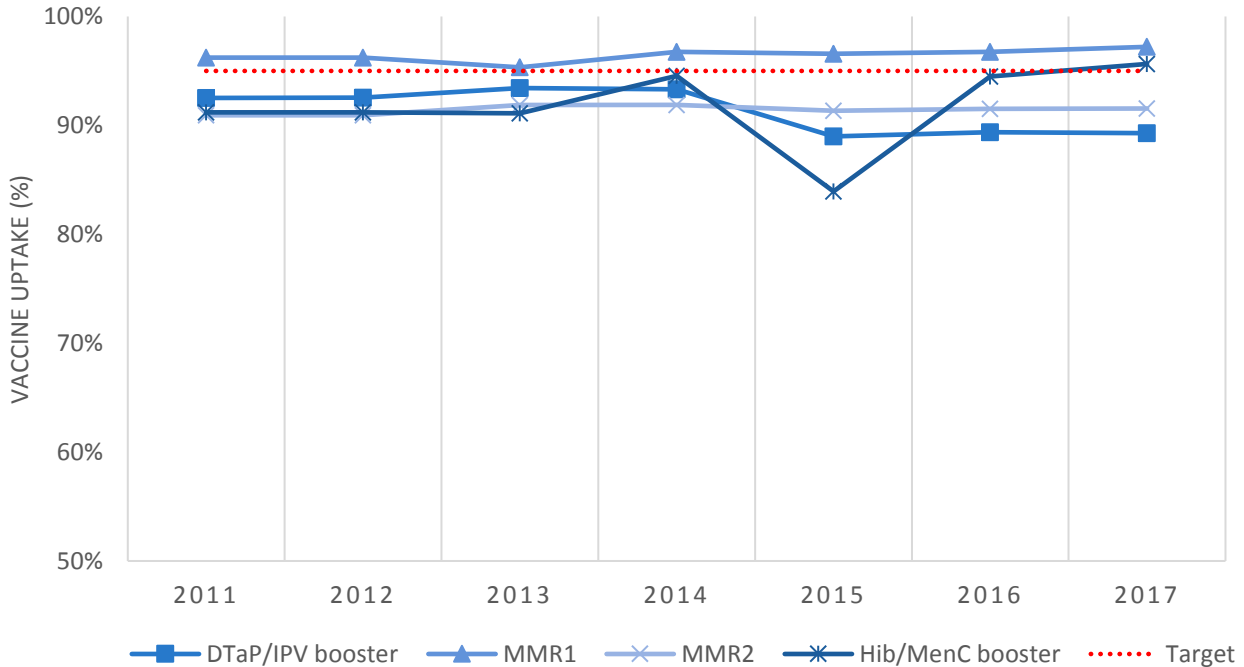
	MMR1 %	Hib/MenC %	DTaP/IPV %	MMR2 %
Jersey (2017)	97	96	89	92
England (2017/18)	95	92	86	87
Wales (2017/18)	97	92	92	90
Scotland (2017)	97	96	93	92
Northern Ireland (2017)	97	96	93	92

In 2017:

- the uptake rate for the DTaP/IPV booster (sometimes referred to as the 4-in-1 booster) remained at a similar level to the previous years (89%)
- the uptake rate for the first dose of MMR by 5 years of age was 97%; the rate has been at or above the WHO target of 95% since 2011
- the uptake rate for the second dose of MMR vaccine was 92%, similar to the past five years
- the uptake of the Hib/MenC by 5 years of age was 96%, above the WHO target of 95%

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

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

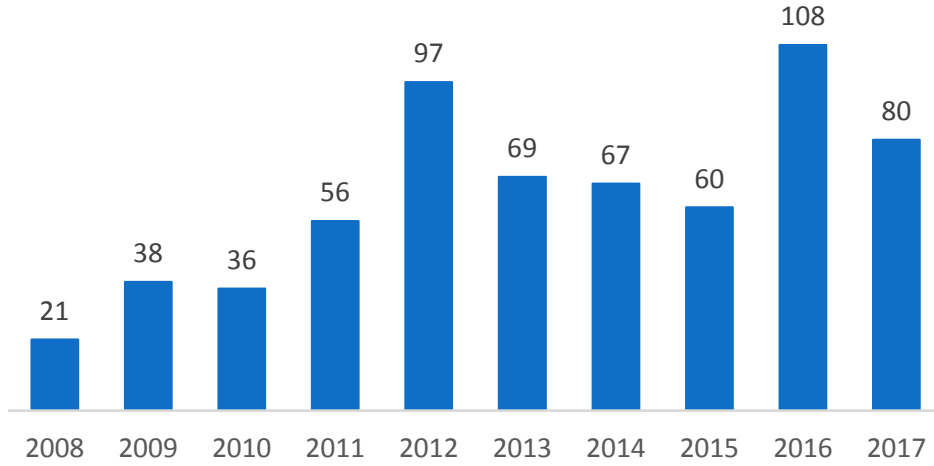


Non-scheduled childhood immunisations

The numbers of babies born to Hepatitis B positive women in Jersey annually are small; in 2017 there were no recorded cases of children with maternal Hepatitis B status positive.

The neonatal Bacillus Calmette-Guerin (BCG) vaccination protects babies who are deemed most at risk of exposure to Tuberculosis (TB) and helps 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 2017.

Figure 4: Annual number of BCG vaccinations administered to at-risk babies, 2008-2017



Teenage scheduled vaccinations uptake rates

Immunisations to teenagers are delivered in schools by school nurses. Data is presented for the academic school year 1 September 2017 to 31 August 2018.

Table 5: Summary of immunisation schedule for this age group

Age to immunise	What vaccine is given
Girls 12 to 13 years	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
13 to 14 years	Tetanus, diphtheria, and polio booster (Td/IPV)
	Meningitis ACWY ⁶ (MenACWY)

Teenage human papillomavirus (HPV) vaccination uptake rates

- in the academic year 2017/2018, 89% of females received the priming dose, and 85% of females in Year 8 received the complete course of two doses of HPV vaccine

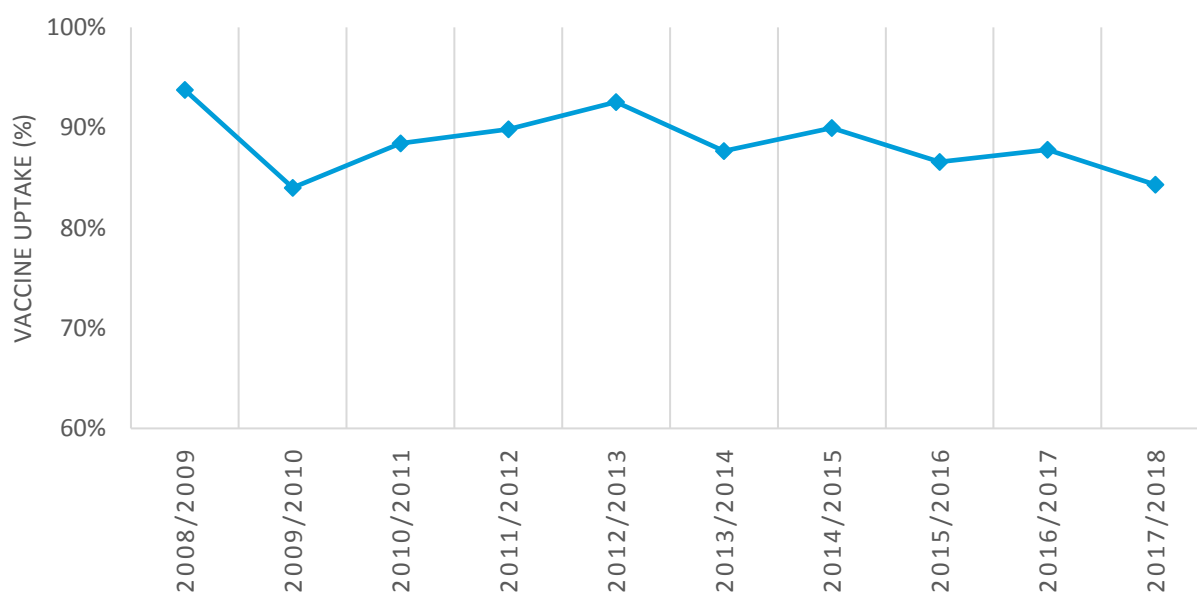
Table 6: Annual HPV vaccine coverage for latest year published, by jurisdiction, percentage completed

	HPV1 %	HPV2 %
Jersey (2017)	89	85
England (2016/17)*	87	83
Scotland (2016/17)*	91	81
Wales (2017/18)*	87	83
Northern Ireland (2016/17)*	82	75

*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 shows uptake rates for the complete course of the HPV vaccination since the vaccine was introduced into the Jersey immunisation schedule in 2008.

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



⁵ The Jersey human papillomavirus (HPV) immunisation programme was introduced in September 2008 as a school-delivered programme targeting school Year 8 females (aged 12 to 13 years) using a three-dose schedule. In March 2014, the JCVI advised changing the routine programme from a three to two-dose schedule; this was implemented in September 2014. In Jersey, Year 8 girls receive 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.

Teenage vaccination uptake rates continued

The Td/IPV vaccine provides protection against tetanus, diphtheria and polio.

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.

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

	Td/IPV⁺ %	MenACWY %
Jersey (2017/2018)	93	94
England (2016/17)*	83	84
Wales (2017/18)*	83	83
Scotland (2016/17)*	82	82

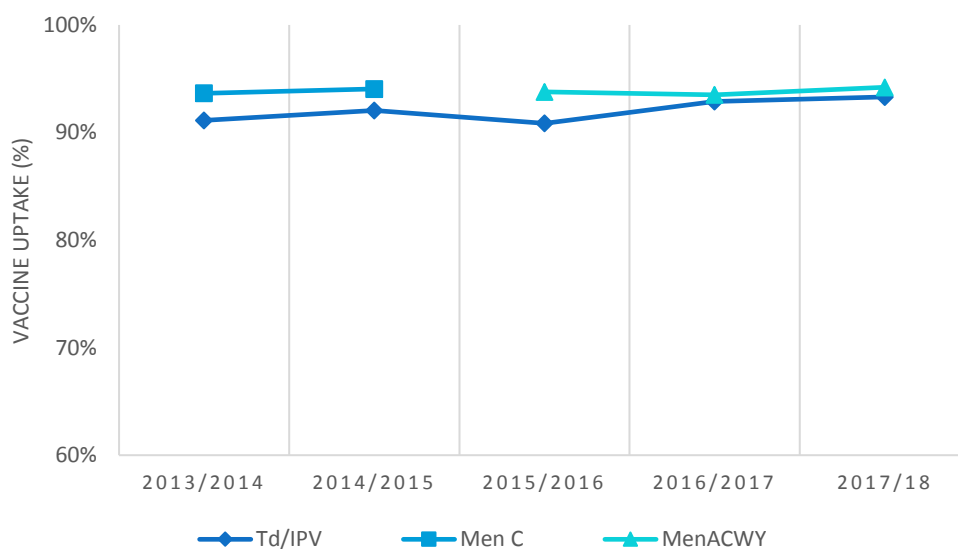
*Jersey, England and Wales Year 9, Scotland S3

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

In academic year 2017/18:

- the uptake rate for the Td/IPV vaccination was 93%, a similar level to the previous five years
- the uptake rate for TD/IPV was higher than the latest figures published for England, Scotland and Wales (Table 7)
- for children in school Year 9 in 2017/2018, uptake of the MenACWY vaccine remained at a similar level to the previous five years, at 94%, as shown in Figure 6

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



Adult vaccination uptake rates

The uptake and coverage rates for adults are given as a proportion of the **currently registered** population at GP surgeries in Jersey. This is likely to be slightly higher than the actual resident population, as there is usually a lag between residents moving off-island and deregistering; therefore uptake and coverage rates given here are likely to be slight under-estimates.

Table 8 gives the routine immunisation schedule for adults in 2017.

Table 8: Routine adult immunisation schedule

When to immunise	What vaccine is given
Pregnant women, 20 weeks gestation or more	Pertussis containing vaccine ⁷
65 years or over	Pneumococcal polysaccharide vaccine (PPV)
70 years	Shingles
79 years of age⁸	Shingles (once-only catch-up programme)

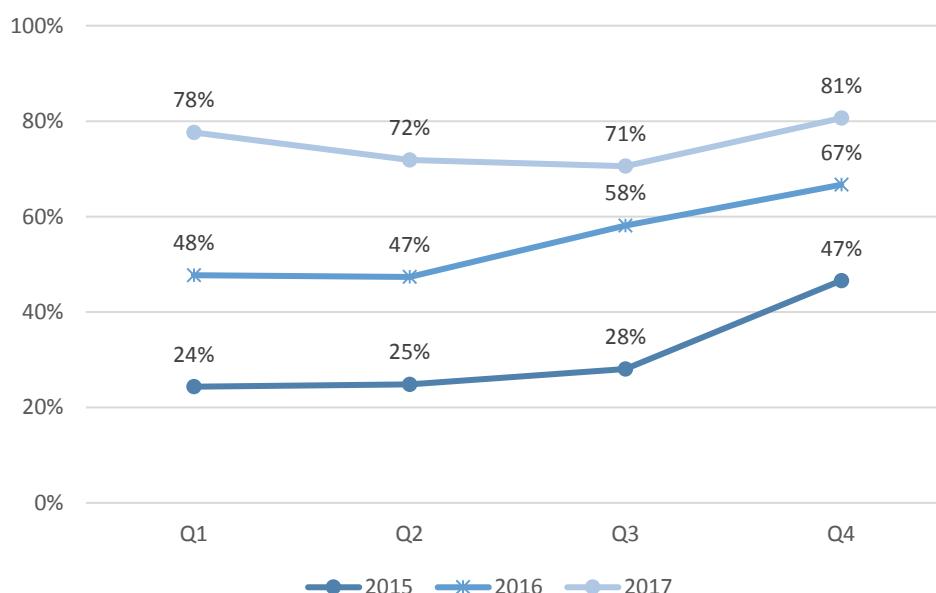
Pertussis vaccinations for pregnant women

A pertussis containing vaccination (dTaP/IPV) offered in pregnancy aims to minimise disease, hospitalisation and deaths in young infants who are susceptible to pertussis (whooping cough) in the weeks and months before they have completed their own vaccinations.

In 2017:

- uptake in pregnant women of the pertussis containing vaccination was 75%, higher than in 2016 (55%)
- each quarter recorded a higher rate than the corresponding period in the previous year (see Figure 7)
- the coverage for Jersey (75%) was higher than the rate recorded in England for the same period (72% - see Table 9)

Figure 7: Quarterly pertussis vaccination coverage in pregnant women in Jersey, 2015-2017, by quarter



⁷ 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.

⁸ Between Autumn 2016 to end 2017, a catch-up programme was gradually rolled out to those aged 71-79 years of age starting with the oldest age groups first.

Table 9: Quarterly pertussis containing vaccination coverage in pregnant women 2017, by jurisdiction, based on monthly average data

	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Annual coverage estimate
Jersey	78	72	71	81	75
England	74	72	70	74	72

Shingles vaccination

A herpes zoster (shingles) vaccination programme was introduced in 2016 for adults in their 70th birthday year. In 2017, adults born in 1947 were invited to attend their GP practice as part of this routine programme. A catch-up programme also ran across 2016 and 2017 for those aged 71 to 79 years in these years (year of birth groups 1937 to 1945)

In 2017:

- uptake in the 70 age group was lower than the previous year (2016), 56% compared to 68% respectively
- the **coverage** rate of the eligible cohort (taking into account that some people will have already had the vaccine before they were 70), was 57%. Table 11 shows coverage figures for Jersey, compared to England and Scotland
- an estimated 3% of the routine, and 5% of the catch-up cohort fell into clinical risk groups in which shingles vaccine may be contraindicated⁹; a similar proportion to 2016
- at the end of the catch-up programme, the coverage rates by year of birth are given in Table 11

Table 10: Shingles vaccine coverage for 70 year olds (percentage), by jurisdiction

	Coverage
Jersey (2017, as at August 2018)	57
England (2016/17)*	48
Scotland (2017/18, provisional)*	47

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

Table 11: Coverage rates by year of birth, as at end 2017

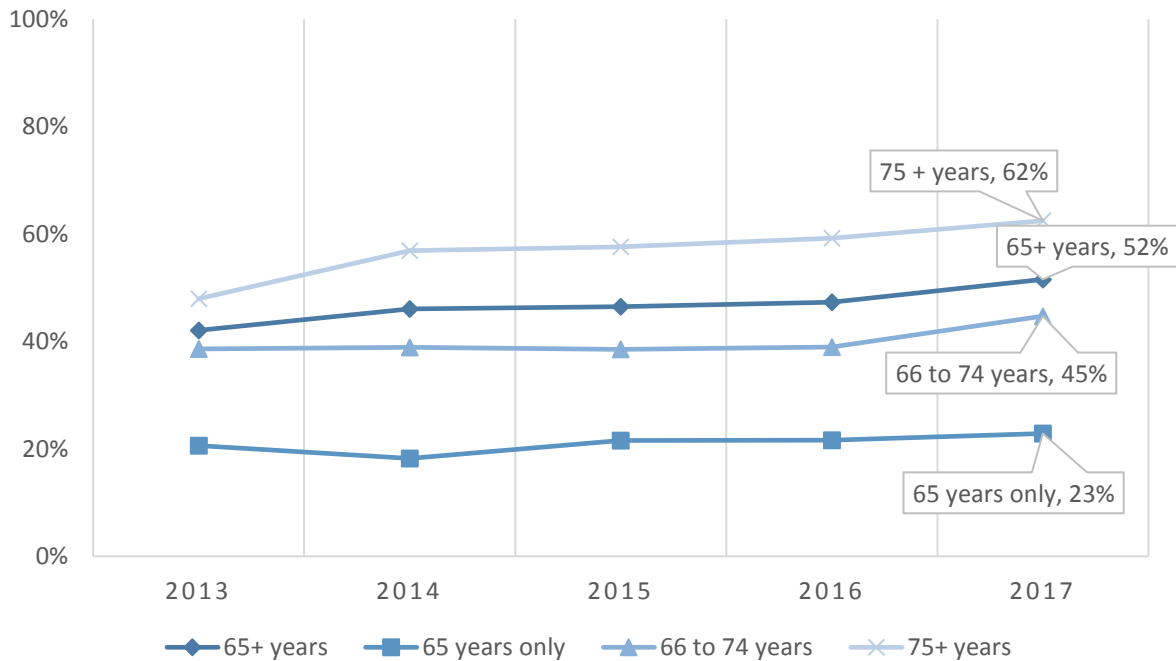
Year of birth	Vaccine offered (NB patients may have received the vaccine prior to being offered if clinically indicated)	Coverage % at August 2018
1937	In catch-up programme during Sept – Dec 2016	65
1938	In catch-up programme during Dec 2016 – Mar 2017	64
1939	In catch-up programme during Dec 2016 – Mar 2017	59
1940	In catch-up programme during Apr – Jul 2017	59
1941	In catch-up programme during Apr – Jul 2017	58
1942	In catch-up programme during Apr – Jul 2017	59
1943	In catch-up programme during Aug – Nov 2017	61
1944	In catch-up programme during Aug – Nov 2017	64
1945	In catch-up programme during Aug – Nov 2017	59
1946	In 2016 routine programme (for those aged 70 years)	71
1947	In 2017 routine programme (for those aged 70 years)	57

⁹ 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.

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).

Figure 8: Percentage PPV coverage (i.e. ever vaccinated), by age group, calendar year 2013 to 2017



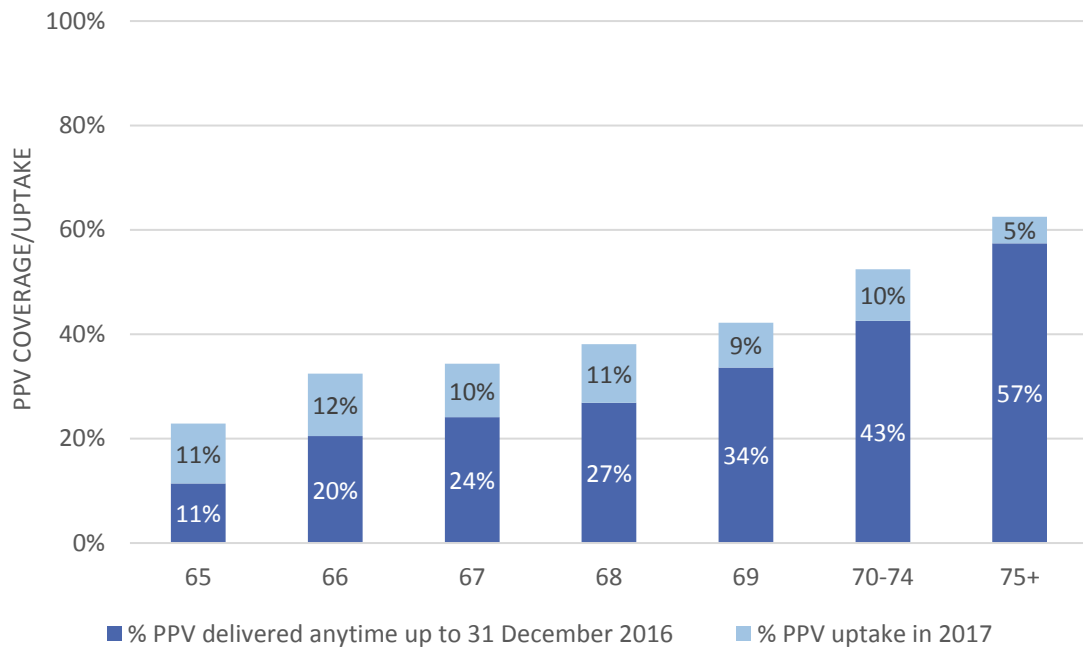
In 2017:

- PPV coverage was 52% in all patients aged 65 or over, immunised at any time up to 31 December 2017, and was 62% for those aged 75 or over (see Figure 8)
- overall (aged 65 or over) the coverage proportion was lower in Jersey than in England; the coverage in Jersey was only higher than England in the 65 years *only* age group (see Table 11)
- in those aged exactly 65 years, uptake was 11%, a similar level to the previous year (10%); however 12% of this cohort had already had the vaccine due to being in specific clinical risk groups; the coverage rate for those aged 65 years was 23% (see Figure 9)
- Figure 9 shows how there are still a proportion of older age groups being vaccinated (having not been vaccinated at age 65 years as recommended)

Table 11: Vaccination coverage for patients who received PPV anytime up to 31 December 2017 for Jersey patients and by 31 March 2018 for English patients (percentage), by age group

Age	Jersey (coverage % to 31 Dec 2017)	England (coverage % to 31 Mar 2018)
65	52	31
66	23	43
67	32	50
68	34	56
69	38	60
70-74	42	70
75 or over	52	83
All 65 or over	62	70

Figure 9: Percentage of patients having received PPV (ever or in calendar year 2017), by age group



Seasonal flu

During the 2017/2018 winter season, GP practices in Jersey offered the influenza (seasonal flu) vaccine to all registered patients who fell into the following categories:

- all children aged 2, 3 and 4 years
- at-risk school children not immunised at school, up to and including 15 years
- at-risk 16 to 64 year olds
- all patients aged 65 or over
- all pregnant women

Flu vaccine at GP surgeries

Table 12 provides the proportion of patients registered at GP practices who received an influenza vaccination at their surgery over the last three years. In the winter season of 2017/18:

- uptake in the at-risk working age group was 35%, an increase from 24% the previous season (2016/2017)
- over half of patients aged 65 or over registered with a GP received a seasonal flu vaccination (57%); the WHO recommends that vaccine uptake for people aged 65 years and over should be 75%
- over 2 in 5 pregnant women (45%) received a flu vaccination

Table 12: Percentage of currently registered patients in each eligible category who were immunised at GP surgeries against influenza, 2015/2016; 2016/2017 and 2017/2018 winter periods

	2015/16 Winter %	2016/17 Winter %	2017/18 Winter %
At-risk school children (Year 3 to Year 11)⁺	17	14	18
At-risk working age (16-64 years)*	26	24	35
Adults aged 65 or over	50	50	57
Pregnant women	28	28	45

⁺this is likely to be an underestimate, as some at-risk school children of primary school age may have been immunised in school (see Table 14), in addition to those recorded here

*this is likely to be an underestimate, since individuals who receive a seasonal flu vaccination provided at their place of work may not inform their GP practice

Flu vaccine for children aged 2 – 4 years

In the winter season of 2017/18, GPs went into nurseries to offer the flu vaccine (in the previous year, this age group were invited to take up a free flu vaccine at their GP surgery):

- uptake for 2 to 4 year olds was 53%, an increase from 2016 (32%), and slightly higher than in England (48%)¹⁰

Table 13: Percentage of 2-4 year olds vaccinated against influenza, 2015/2016; 2016/2017 and 2017/2018 winter periods

	2015/16 winter %	2016/17 winter %	2017/18 winter %
% of children aged 2-4 years vaccinated in nursery	0	0	38
% of children aged 2-4 years vaccinated in GP surgery	25	32	15
Total coverage for children aged 2-4 years	25	32	53

¹⁰ Childhood Vaccination Coverage Statistics- England 2017-18, part of Public Health England's [Childhood Vaccination Coverage Statistics](#)

Flu vaccine for primary school aged

The nasal flu vaccine was first offered to Reception class children in 2014/2015. The vaccination programme has since been extended, and in 2017/2018 the vaccine was offered to all primary school-aged children. A breakdown of the children immunised at school against flu by year group is given in Table 13.

- 4,361 influenza vaccines were given in primary schools from 1 September 2017 to 31 March 2018; an additional 117 were given at GP surgeries to primary school aged children, giving a total uptake rate for this cohort of 59%

Table 14: Percentage of school-aged children receiving flu vaccination in school by year group

	2015/16 winter %	2016/17 winter %	2017/18 winter %
Reception	61	59	62
Year 1	58	57	60
Year 2	53	62	59
Year 3	-	54	60
Year 4	-	-	56
Year 5	-	-	54
Year 6	-	-	55

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 seasonal flu vaccinations given in schools, as well as 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 are given here.

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. 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 2008/09 school year

2006: PCV vaccine introduced, given at two and four months with a booster dose 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