
Subject: Seasonal Vaccination Update Report – COVID-19 & Influenza
Date: 11th March 2025

This report provides details on COVID-19 and Influenza vaccinations for the 2024-2025 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 \(gov.je\)](https://www.gov.je/public-health-reports)

Key Findings

As at 1st March 2025:

- 10,790 autumn 2024 COVID-19 boosters have been administered, with 45% of those aged over 65 years having received an autumn booster dose
- an estimated 63% of care home residents have received the autumn 2024 COVID-19 booster dose
- 30,907 flu vaccinations have been administered, with 65% 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). The cohorts that are eligible for the vaccination campaign are defined in the chapter COVID-19 of the Green Book¹.

This document sets out coverage of the **2024 Autumn Booster COVID-19 vaccine programme** that commenced on 7th October 2024. The report includes the context and challenges of reporting by eligible group in Jersey.

The eligibility for the Autumn Booster 2024 is as follows:

- all adults aged 65 years and over
- residents in care homes for older adults
- persons aged 6 months to 64 years in a clinical risk group (as defined in tables 3 and 4 of the COVID-19 chapter of the Green Book¹)
- health and social care workers
- staff working in care homes for older adults

Population denominator estimates from Statistics Jersey² have been used to calculate vaccine coverage. 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 \(gov.je\)](https://www.gov.je/public-health-reports)

COVID-19 Autumn Booster: Vaccine delivery

The Autumn 2024 Booster vaccination programme has been delivered in two ways:

- Through appointments with GP surgeries
- Through visits to residential care homes

¹ [Green Book COVID-19](#)

² [Annual Population Estimates by Age and Sex – Statistics Jersey, October 2024](#)

Total COVID-19 Autumn 2024 Booster vaccinations up to 1st March 2025:

Total COVID-19 Vaccinations: Autumn 2024 Booster	10,790
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COVID-19 Autumn Booster: Coverage estimates by eligible group

Table 1 shows the estimated coverage of each eligible 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 multiple criteria.

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 coverage³ of the COVID-19 Autumn Booster 2024, by eligible group, with data quality assessment, as at 1st March 2025

Eligible group	Cohort Size	Autumn Booster 2024		Data Quality Assessment
		Doses	%	
Residents in a care home for older adults ⁴	1,027 ^o	652	63%	Amber
Adults 65 years and over	20,140 [*]	9,025	45%	Green
In a clinical risk group (aged 6 months to 64 years)	12,021 ⁺	832	7%	Red

⁴This may include younger adults living in care home

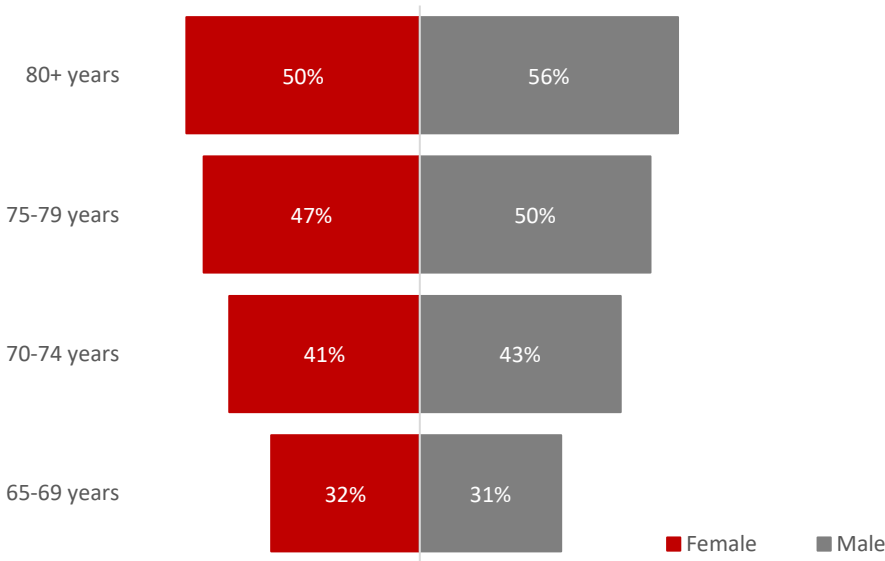
^oUnstable population (movements in and out of homes)

^{*}Based on Population Estimates from Statistics Jersey

⁺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 2024.

Figure 1. Uptake of COVID-19 Autumn Booster 2024 by gender and age



³ Vaccinated individuals who have subsequently died have not been excluded from coverage calculations as previously.

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 2024-25 flu vaccine programme to eligible groups from the 7th October 2024.

Influenza: Vaccine delivery

The flu vaccine has been delivered through several programmes:

- Through appointments with GP surgeries
- Through appointments or walk-ins with pharmacies
- Through visits to residential care homes
- Through HCS (Health and Community Services) nurses who offer the flu vaccine to school children and nurseries
- Through workplace programmes to eligible workforces such as health workers

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 1st March 2025:

Total Influenza Vaccinations: Winter 2024/2025	30,907
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Table 3. Flu vaccinations winter 2024-2025, administered by age groups:

Age Group	Cohort Size	Autumn Booster 2024		Data Quality Assessment
		Number of Vaccinations	Coverage	
0-16 Years⁵	16,780	7,804	47%	
17-49 Years⁵	43,500	3,515	8%	
Aged 50 to 64 years	23,210	6,529	28%	
Aged 65 to 79 years	14,590	8,972	61%	
Aged 80 years or over	5,550	4,087	74%	
Aged 65 years or over	20,140	13,059	65%	

⁵Please note that not all this age group cohort is 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
Missing care home information, or information about residents in care homes not provided by all homes	Cross-matching to lists provided by care homes (if available). Vaccination team requesting and collating further information about numbers of care home residents
Wrong eligibility group/tier is allocated	If possible, this is corrected based on dates and other available information. When people return for further doses, missing information will be collected
Care home populations are not stable due to movements in and out of these groups	Population denominators will be reviewed and updated when appropriate
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	As individuals who meet the eligibility criteria can receive a vaccine, this may impact on totals. This is assumed to be a small number for each eligible group.
Information about Islanders in a clinical risk group are not held in one information system centrally.	Teams are working to identify individuals in this cohort and provide targeted communications. Individuals identifying as being in a clinical risk group are verified and coded as such when arriving for their vaccine.
Individuals falling into several different eligibility groups (e.g. somebody could be over 50, clinically indicated, and a healthcare worker)	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.
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.	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.