

Report

Public Health Intelligence

Subject: Jersey Immunisation Statistics 2021**Date of report:** 29 September 2022

Introduction

This publication reports the annual update of:

- immunisations for children reaching their
 - first
 - second
 - fifth birthdaysbetween 1 January 2021 and 31 December 2021
- teenage immunisations for the academic year from September 2021 to August 2022
- the pertussis vaccine for pregnant women
- the shingles vaccine for adults aged 70
- protection against pneumococcal infections for adults aged 65 and over

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

Key definitions

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

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

Headlines

In 2021:

- 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 (97%) which protects children against diphtheria, tetanus, pertussis, polio, *Haemophilus influenza* type B and hepatitis B (DTaP/IPV/Hib/HepB)
 - pneumococcal conjugate vaccine (PCV) (97%)
 - rotavirus vaccine (96%)
 - infant meningitis B (MenB) vaccine (97%)
- 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) vaccine (98%)

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

- first dose of the measles, mumps, and rubella (MMR) (96%)
 - *Haemophilus influenzae* type B/Meningitis C (Hib/MenC) vaccine² (96%)
 - pneumococcal conjugate vaccine (PCV) (96%)
 - infant meningitis B (MenB) vaccine (96%)
- for 5-year-olds, uptake for the first dose of MMR (97%), the Hib/MenC (97%), and the uptake for the full course of MMR (two doses) 95%, were at or above the 95% WHO recommendation; the 4-in-1 diphtheria, tetanus, acellular pertussis and inactivated polio vaccine (DTaP/IPV) had been above the WHO recommendation for the first time in 2020 (96%), but fell below the target (94%) in 2021
 - 82% 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 2021 to 2022
 - pertussis vaccine coverage in pregnant women for the 2021 was 80%, which was similar to the mean coverage for 2020 (78%)
 - around one in two (49%) of the birth cohort who became eligible on their 70th birthday received the shingles vaccine

What the data is telling us?

Children – The European Region of the World Health Organization (WHO) currently recommends that at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control. In 2021, Jersey has met this aspirational target for 12 of the 13 vaccine coverage measures

Teenagers – in Jersey the vaccine coverage for the HPV, Teen-booster and MenACWY programmes was lower in 2021/2022 when compared to previous years.

Due to school closures as a result of the COVID-19 pandemic, childhood vaccination programmes globally (published by WHO and UNICEF) have seen a decline in uptake that is yet to recover.

Adults – Coverage of the pertussis vaccine in pregnant women was 80%, similar to the coverage for 2020 (78%). Around half of the cohort who became eligible on their 70th birthday received the shingles vaccine, significantly higher than England and Wales.

As in the UK and elsewhere, disruption to the delivery of vaccination programmes in Jersey caused by the COVID-19 pandemic may account for slightly lower coverage being reported for both Shingles and Pneumococcal polysaccharide vaccine (PPV).

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

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 2021) on the Child Health Information System (CHIS).

Table 1 gives a summary of the immunisations offered in Jersey, as of 2021, during the first 5 years of a child's life.

Table 1. Summary of immunisation schedule for each age group, 2021³

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

³ About Jersey's vaccination schedule (gov.je)

Childhood scheduled vaccinations uptake by 12 months of age

The tables below display the annual 2021 coverage for Jersey, as well as the 2021-22 coverage values for the 4 UK countries.

Please note that the Values highlighted in **bold** represent those at or above the 95% target. (If a number rounds up to 95.0%, but the true figure is below 95.0%, the number is not in bold)

Table 2 provides the uptake for 2021, and Figure 1 shows the uptake over time.

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

	DTaP/IPV/ Hib/HepB ⁺	PCV [^]	Rotavirus	MenB
Jersey (2021)*	97	97	96	97
England (2021/2022)⁺	92	94	90	92
Scotland (2021/2022)⁺	96	96	94	96
Wales (2021/2022)⁺	95	97	93	95
N/Ireland (2021/2022)⁺	94	95	91	94

*Source: Public Health Intelligence Jersey

+NHS Digital, Childhood Vaccination Coverage Statistics ⁴

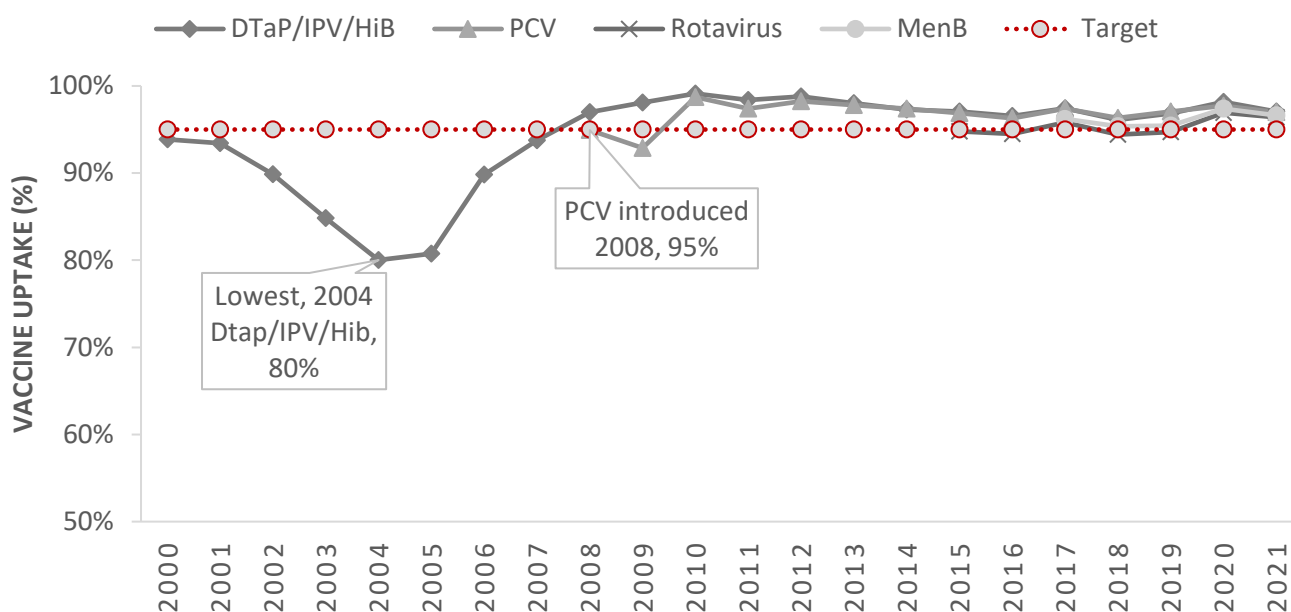
In 2021:

- in Jersey 97% 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 2020 coverage was 98%; in England in 2021-2022, 92% of children were reported to have completed their primary course
- 97% of children in Jersey had completed a primary immunisation course of pneumococcal conjugate vaccine (PCV) by 12 months; uptake has exceeded 95% since the vaccine was introduced to the schedule in 2008
- uptake of the completed course of rotavirus vaccine in Jersey was 96%⁵; in England 90% of children received two doses of rotavirus vaccine by 12 months
- uptake of the two-dose primary course of meningococcal B vaccination (MenB) by 12 months of age was 97%

⁴ *Childhood Vaccination Coverage Statistics- England, 2021-22 - NHS Digital*

⁵ *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.*

Figure 1. Primary immunisation uptake in Jersey by 12 months of age, by calendar year



Childhood scheduled vaccinations uptake by 24 months of age

Uptake for the three doses of the combined diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b and Hepatitis B ('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.

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

	DTaP/IPV/ Hib/HepB	MMR1	Hib/MenC	PCV	MenB ⁺
Jersey (2021)	99	96	96	96	96
England (2021/2022) *	93	89	89	89	88
Scotland (2021/2022)*	97	94	94	94	94
Wales (2021/2022) *	96	94	94	94	94
N/Ireland (2021/2022) *	95	92	92	92	91

*Source: Public Health Intelligence Jersey

+NHS Digital, Childhood Vaccination Coverage Statistics ⁶

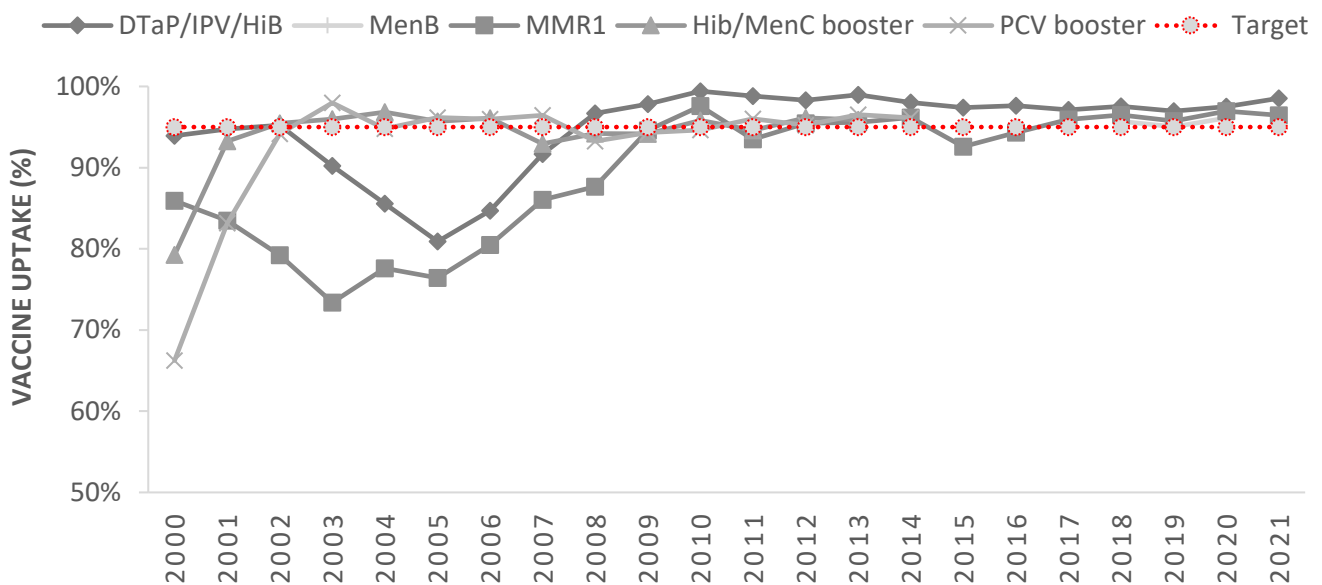
In 2021:

- uptake of the DTaP/IPV/Hib(Hep) (6-in-1) vaccine at 24 months in Jersey was 99%; coverage is similar to the previous year, when it was 98%
- uptake for MMR1 was 96% and has remained above the WHO target (95%) for the fifth year in a row; in England 89% of children completed their 1st dose of the MMR vaccine
- 96% 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

⁶ [Childhood Vaccination Coverage Statistics- England, 2021-22 - NHS Digital](#)

- uptake for the pneumococcal conjugate vaccine (PCV) booster at 24 months was 96%; in England 89% of children had completed a booster course of PCV
- uptake of the MenB booster at 24 months was 96%

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



Childhood scheduled vaccinations uptake (up to 5 years)

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

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

	MMR1	Hib/MenC	DTaP/IPV	MMR2
Jersey (2021)	97	97	94	95
England (2021/2022)	94	92	84	86
Scotland (2021/2022)	97	96	93	92
Wales (2021/2022)	96	95	91	91
N/Ireland (2021/2022)	97	95	90	89

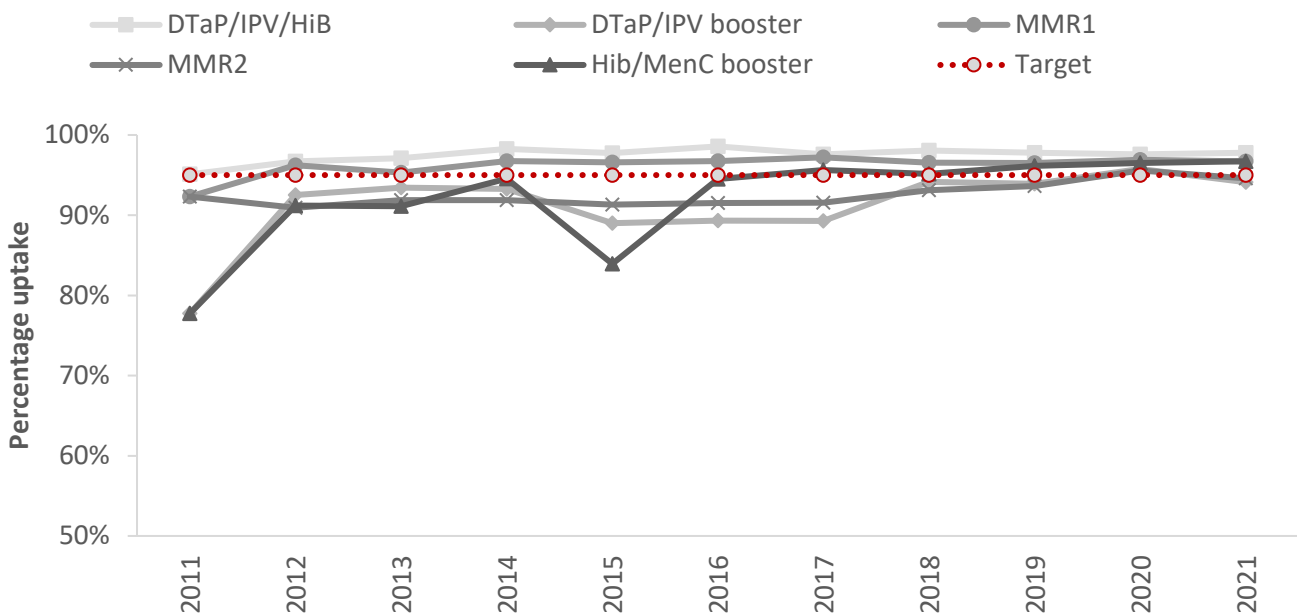
*Source: Public Health Intelligence Jersey
 +NHS Digital, Childhood Vaccination Coverage Statistics ⁷

⁷ Childhood Vaccination Coverage Statistics- England, 2021-22 - NHS Digital

In 2021:

- 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 England, the 95% target was reached for the first and only time in 2016-17
- the uptake of the Hib/MenC by 5 years of age was 97%, meeting the WHO national target of 95% for the fourth consecutive year
- the uptake for the DTaP/IPV booster (sometimes referred to as the 4-in-1 booster) was 94%; the 95% target was reached for the first time in 2020 (96%)
- the uptake for the second dose of MMR vaccine was 95%; the proportion of children vaccinated was higher than in England, where 86% of children in England received their first and second dose of MMR vaccine by their fifth birthday³

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



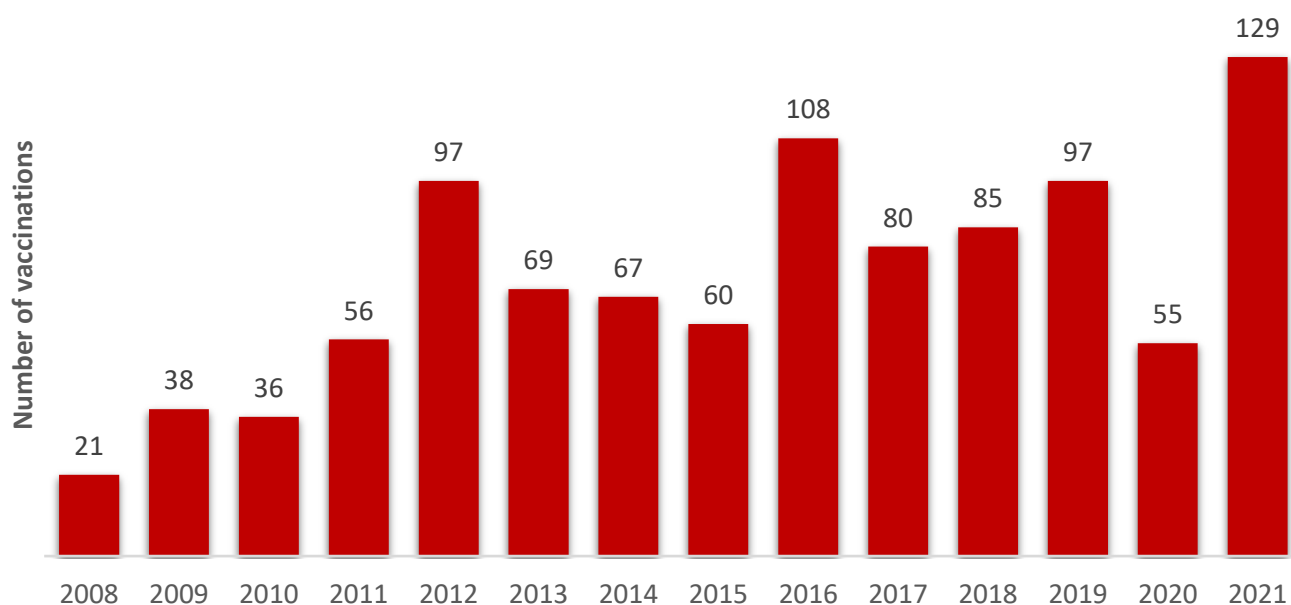
(NB: the 2015 data point for Hib/MenC is not directly comparable due to changes in recording parameters in the child health information system)

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)⁸ and aims to prevent the more serious childhood forms of the disease. Figure 4 shows the number of BCG vaccinations administered to at-risk babies from 2008 to 2021.

⁸ 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.

Figure 4. Annual number of BCG vaccinations administered to at-risk babies, 2008-2021



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 2021 to 31 August 2022.

Table 5. Summary of immunisation schedule for this age group

Age to immunise	What vaccine is given
Males and females aged 12 to 13 years ⁹ (school Years 8)	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) ¹⁰
Males and females aged 13 to 14 years (school Year 9)	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 ¹¹ (MenACWY)

⁹ The programme was extended to also offer the HPV vaccine for boys aged 12 to 13 in 2019/2020

¹⁰ 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.

¹¹ 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.

The HPV Programme has been delayed in 2021/2022 as a result of the COVID-19 pandemic. The first dose was given in September / October 2021 (when in Year 8); the second dose of HPV vaccination was postponed until September 2022 when children from that cohort will be in Year 9.

It is important that children have both doses of the vaccine to be properly protected.

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.

Table 6. HPV immunisation coverage, by school year

Cohort	Sex	HPV1 Coverage (%)	HPV2 Coverage (%)	Notes
Born 01/09/2008 to 31/08/2009	<i>Females</i>	82	-	1st dose Sept 2021; 2nd dose Sept 2022
	<i>Males</i>	76	-	
Born 01/09/2007 to 31/08/2008	<i>Females</i>	88	87	1st dose Sept 2020; 2nd dose Sept 2021
	<i>Males</i>	82	80	

Source: Child Health Information System

- in 2021/2022, HPV vaccine coverage of the priming dose for Year 8 females (born 1 September 2008 to 31 August 2009) was 82% in Jersey; in 2020/2021 (88%) of Year 8 females received the priming dose
- in 2021/2022, HPV vaccine coverage of the priming dose for Year 8 males (born 1 September 2007 to 31 August 2008) was 76% in Jersey; uptake was statistically similar when compared to coverage for Year 8 females this academic year
- in 2021/2022 HPV vaccine coverage in Jersey for females completing a delayed 2-dose HPV schedule by Year 9 (born 1 September 2007 to 31 August 2008) was 87%, similar to than that seen in 2020/2021 (88%)
- in 2021/2022 HPV vaccine coverage for males completing a delayed 2-dose HPV schedule by Year 9 (born 1 September 2007 to 31 August 2008) was 80%; uptake was statistically lower when compared to coverage for Year 9 females this academic year

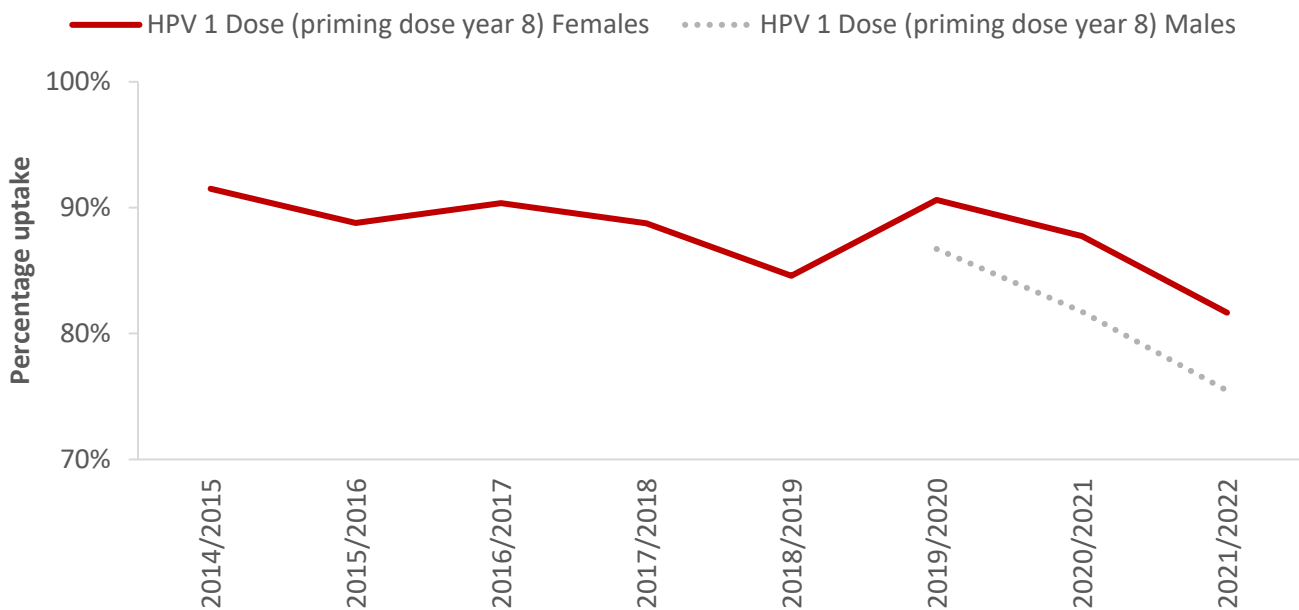
Table 7. Annual HPV vaccine Priming dose uptake for the UK and Jersey in 2021 to 2022, percentage completed

Country	Female Cohort	Male Cohort
	Uptake of one dose (%)	Uptake of one dose (%)
Jersey (Year 8) [^]	82	76
England (Year 8) [*]	77	71
Scotland* (S2) [*]	83	78
Wales (Year 8) [*]	75	69
Northern Ireland* Year 9	67	61

[^]Jersey data for 2021/2022; ^{*} UK country data for 2020/2021¹²

- in 2021/2022, HPV vaccine uptake of the priming dose for Year 8 females (born 1 September 2008 to 31 August 2009) was 82% in Jersey, slightly lower when compared with 2020/2021 (88%)
- in 2021/2022, HPV vaccine uptake of the priming dose for Year 8 males (born 1 September 2008 to 31 August 2009) was 76% in Jersey; lower when compared with 2020/2021 (82%)

Figure 5. Annual HPV vaccine uptake, percentage completing Priming and Complete dose courses by academic year



¹² HPV vaccination coverage in adolescent females and males ([publishing.service.gov.uk](https://publishing.service.gov.uk/HPR2021-hpv-vc-appendix.ods)) [HPR2021-hpv-vc-appendix.ods \(live.com\)](https://live.com)

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

The Td/IPV vaccine, also known as the teenage booster or 3-in-1 vaccine is the fifth dose in the routine immunisation schedule for tetanus, diphtheria, and polio; for the majority of students the 3-in-1 vaccine completes the course¹³.

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.

- vaccine coverage for Td/IPV vaccine administered to Year 9 students in 2021/2022 was 86%, similar to 2020/2021
- 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 Table 8)
- for children in Year 9 in 2021/2022, uptake of the Menace vaccine was 87%, similar to 2020/2021
- the uptake for MenACWY was higher in Jersey compared with the latest average figures published for England and Scotland, while similar to Wales (see Table 8)

Table 8. Most recent Td/IPV and MenACWY vaccine uptake by the end of the school year, by jurisdiction; percentage

	Td/IPV ⁺ %	MenACWY* %
Jersey (2021/2022)	86	87
England (2020/2021) *	76	77
Scotland (2020/2021) *	40	40
Wales (2020/2021) *	78	79
Northern Ireland (2020/2021)*	66	67
United Kingdom (2020/2021)*	73	74

* School cohorts Jersey Year 9 (2021/2022); England Year 9, Wales Year 8, Scotland S3, Northern Ireland Year 11 (2020/2021)¹⁴

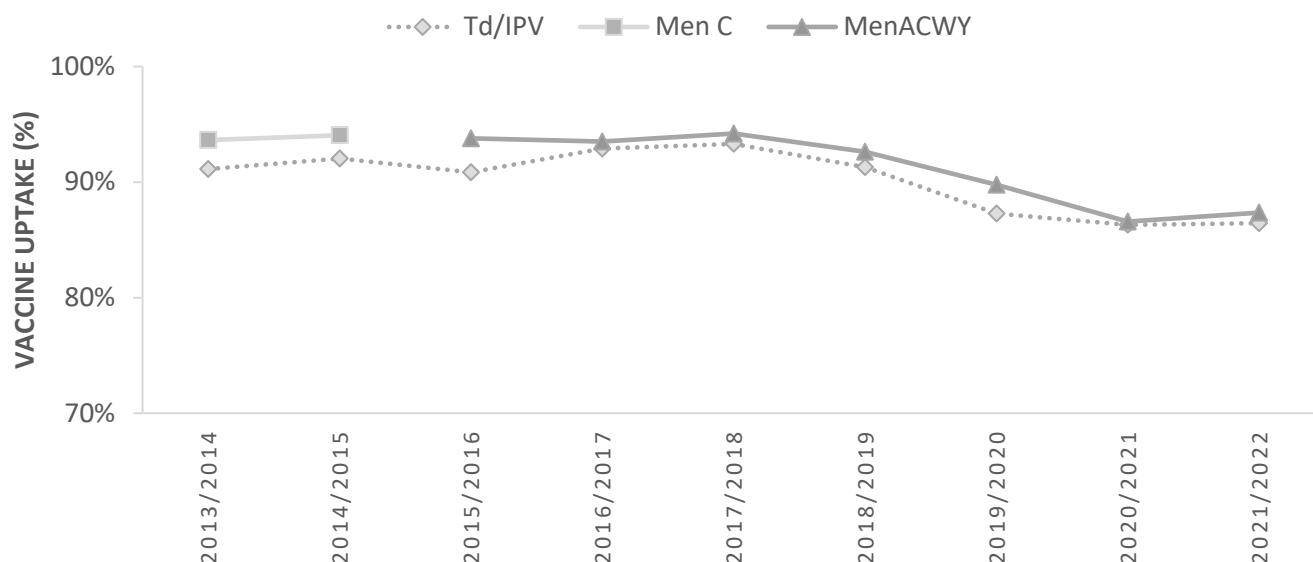
* School cohorts Jersey Year 9 (2021/2022); England Year 9, Wales Year 9, Scotland S3, Northern Ireland Year 11 (2020/2021)¹⁵

¹³ Vaccine uptake for Td/IPV may be overestimated as some students may have missed one of the initial four doses.

¹⁴ Td/IPV adolescent vaccine coverage programme (publishing.service.gov.uk) [HPR0222-TdIPV-appendix.ods](https://publishing.service.gov.uk/HPR0222-TdIPV-appendix.ods) (live.com)

¹⁵ MenACWY adolescent vaccine coverage programme (publishing.service.gov.uk) [HPR0222-MenACWY-appendix.ods](https://publishing.service.gov.uk/HPR0222-MenACWY-appendix.ods) (live.com)

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



Adult vaccination uptake

The uptake and coverage for adults are given as a proportion of the actively registered population¹⁶ at GP surgeries in Jersey.

Table 9 gives the routine immunisation schedule for adults in 2021.

Table 9. Routine adult immunisation schedule

When to immunise	What vaccine is given
Pregnant women, 20 weeks gestation or more	Pertussis containing vaccine ¹⁷
65 years and over	Pneumococcal polysaccharide vaccine (PPV)
70 years	Shingles

Pertussis vaccinations for pregnant women

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

In 2021:

- annual coverage in pregnant women of DTaP/IPV was 80% (see Table 10); 78% of pregnant women were estimated to have received a dose of DTaP/IPV vaccine in 2020

¹⁶ 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.

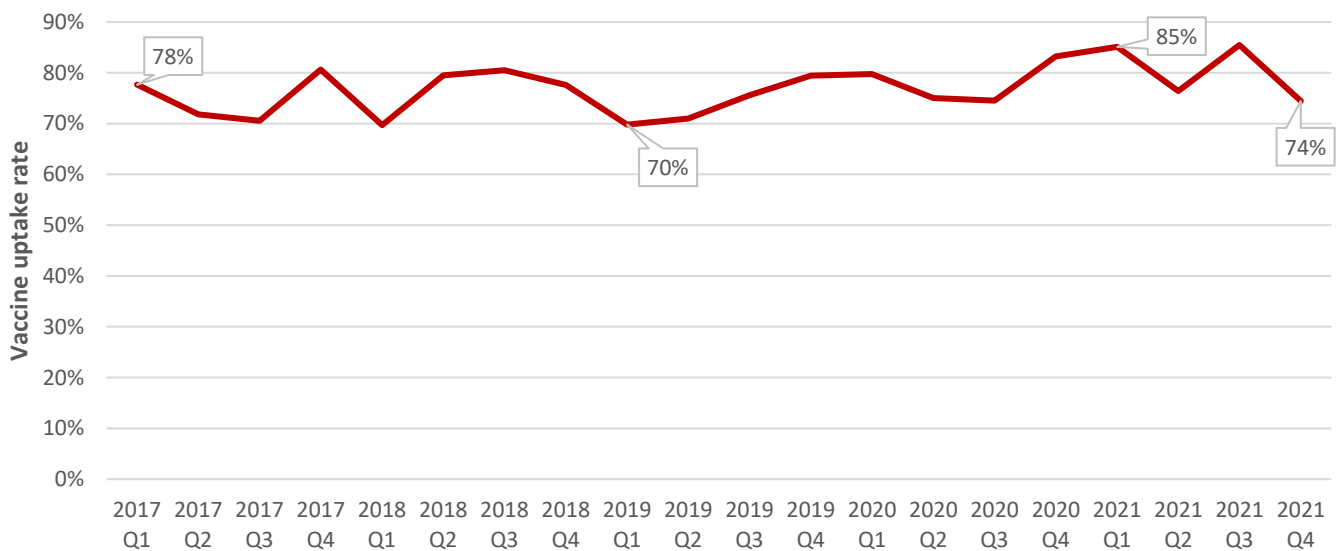
¹⁷ Pertussis containing vaccine was introduced in Jersey in 2015 and offered to all pregnant women from 28 weeks of gestation in GP surgeries and in the Maternity Unit of the Hospital. From April 2016, the vaccination was offered from around 20 weeks, usually at or after the foetal anomaly scan.

- Vaccine coverage in Jersey remained above 70% for the fifth consecutive year and has increased from 56% in 2016¹⁸; the annual vaccine coverage in England for the financial year 2021-2022 was 65%¹⁹, which was 3 percentage points lower compared to the 2020-2021 financial year

Table 10. Quarterly pertussis containing vaccination coverage in pregnant women 2021, based on monthly average data; percentage

Period	Pertussis coverage %
Jersey 2021 Q1	85
Jersey 2021 Q2	76
Jersey 2021 Q3	85
Jersey 2021 Q4	74
Jersey 2021 Annual coverage estimate	80

Figure 7. Quarterly pertussis vaccination coverage in pregnant women in Jersey, 2017-2021



Source: Centralised GP system (EMIS)

Shingles vaccination

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

¹⁸ There may be limitations to the data presented for Pertussis vaccination coverage. Completeness of data is reliant on the recording of delivery dates in the mothers' medical records.

¹⁹ Pertussis vaccination coverage for pregnant women in England, January to March and annual coverage 2021 to 2022 - GOV.UK (www.gov.uk)

GPs also continue to offer immunisation to anyone who was eligible for the shingles vaccine but had not yet been vaccinated, up until their 80th birthday. Since the shingles vaccine programme was launched in September 2016, approximately 8,600 older Islanders have been protected. The coverage by year of birth is given in figure 8.

In 2021:

- one in two (49%) of the birth cohort who became eligible on their 70th birthday received the shingles vaccine; higher when compared to 46% in 2020
- cumulative uptake for those who became eligible on their 70th birthday in Jersey has been significantly higher compared to England, and Wales (see Table 11)
- an estimated 5% of the cohort fell into clinical risk groups in which shingles vaccine may be contraindicated for immunosuppressed individuals²⁰

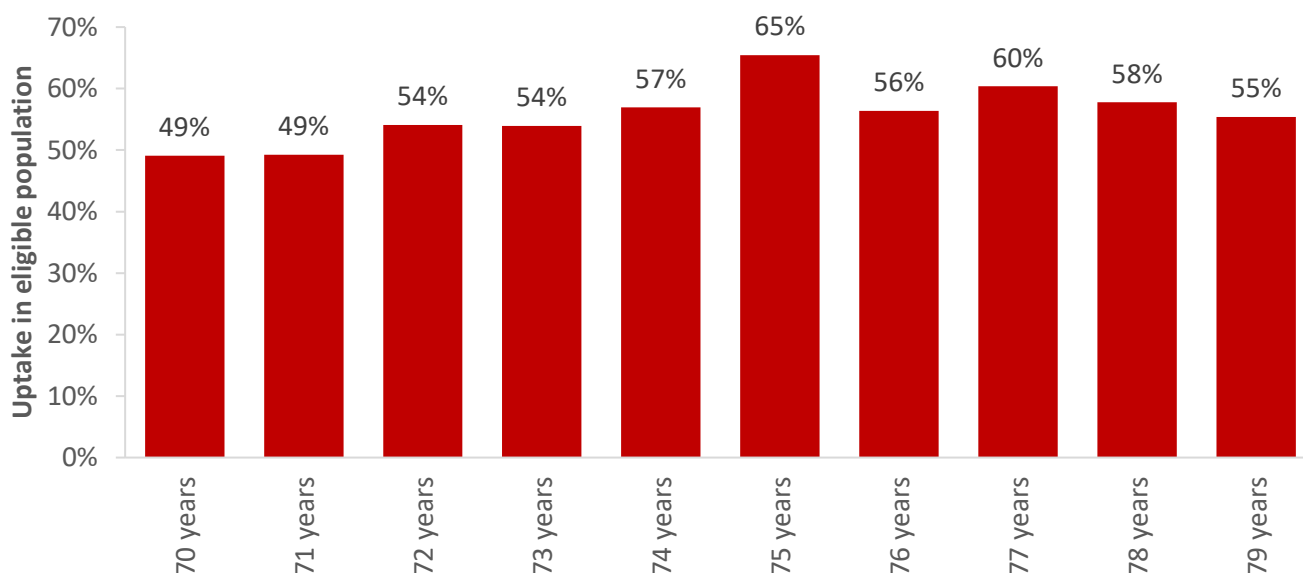
Table 11. Shingles vaccine coverage for 70-year-olds, by jurisdiction; percentage

	Shingles coverage %
Jersey (2021)	49
England (2020/2021) *	20

*Source: Centralised GP system (EMIS), Public Health England²¹

- the highest cumulative coverage is observed among those who turned 75 years of age (65%), who were offered the shingles vaccine in the routine cohort five years ago
- the standard set by the Department of Health and Social Care in England is 60% coverage²²

Figure 8. Cumulative shingles vaccine coverage by year of birth, as at end 2021; percentage



Source: Centralised GP system (EMIS)

²⁰ 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.

²¹ Shingles vaccine coverage report (adults eligible from April 2020 to March 2021 and vaccinated to the end of September 2020, December 2020, March 2021, and June 2021): England (v2) (publishing.service.gov.uk)

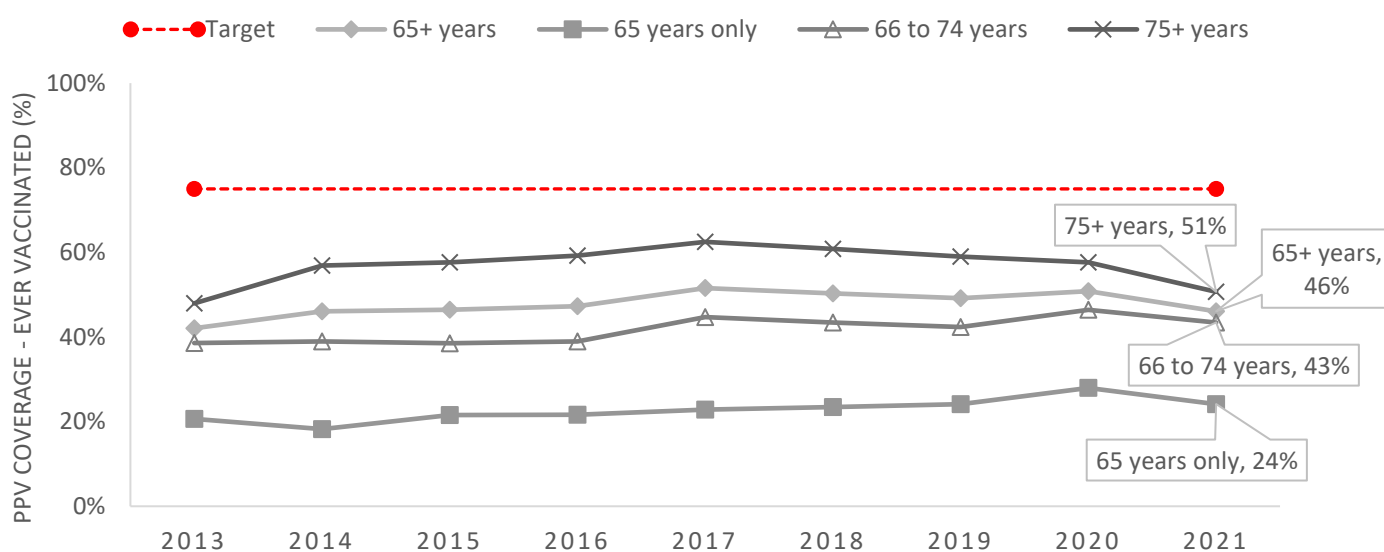
²² UK vaccination policy [CBP-9076.pdf \(parliament.uk\)](https://www.parliament.uk)

Pneumococcal vaccination (PPV)

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

- in 2021 PPV coverage was 51% for those aged 75 and over, immunised at any time up to 31 December 2021, and was 46% in all patients aged 65 and over (see Figure 9)
- 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 vaccine¹⁸

Figure 9. PPV coverage (i.e. ever vaccinated), by age group, calendar year 2013 to 2021; percentage



Source: Centralised GP system (EMIS)

- as in previous years the coverage in Jersey was lower than that in England for all age groups (see Table 12)

Table 12. Pneumococcal (PPV) vaccination coverage, by age group

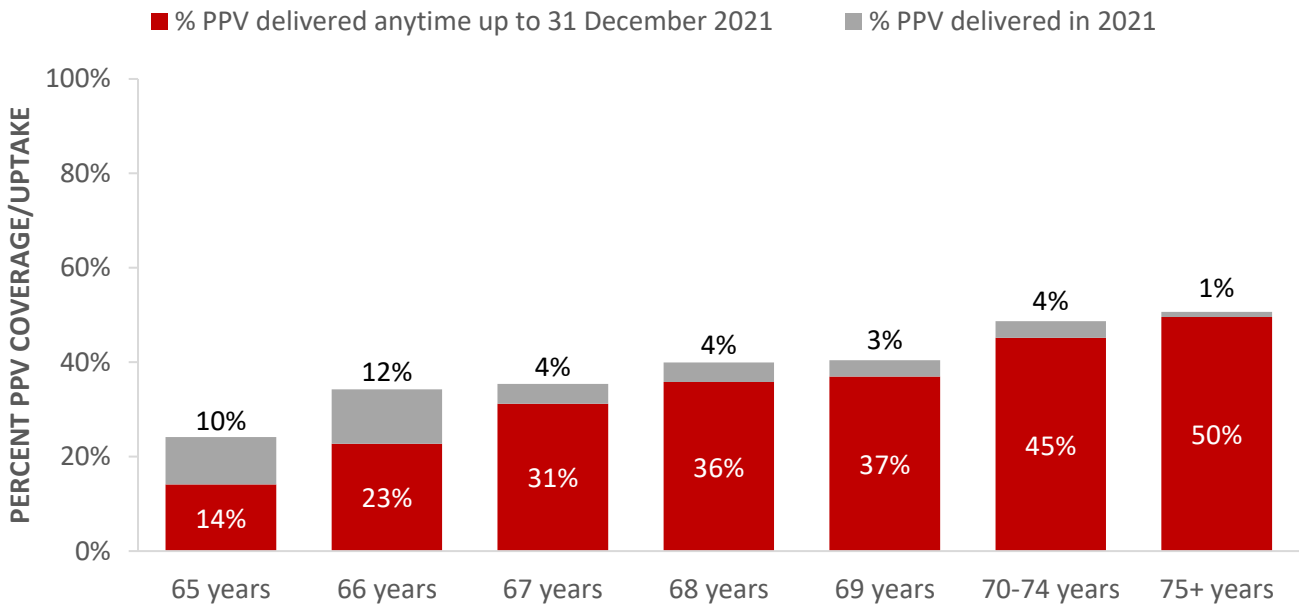
Age (years)	Jersey (coverage % to 31 Dec 2021)	England ²³ (coverage % to 31 Mar 2021)
65	24	34
66	34	45
67	35	52
68	40	56
69	40	61
70-74	49	71
75 and over	51	83
All 65 and over	46	71

Source: Pneumococcal Immunisation Vaccine Uptake Monitoring Programme (PHE)

²³ [hpr1921-ppv-vc_appendix.ods \(live.com\)](#) Pneumococcal Immunisation Vaccine Coverage Monitoring Programme, England, 2021

- in those aged exactly 65 years, uptake in 2021 was 10%, a lower level to the previous year (16%); however, 14% of this cohort had already had the vaccine due to being in specific clinical risk groups; the overall coverage therefore for those aged 65 years was 24% (see Figure 10)
- Figure 10 shows how people in the older age groups continue to be vaccinated, having not been vaccinated at age 65 years as recommended

Figure 10. Percentage of patients having received PPV (before, or in calendar year 2021), by age group



Source: Centralised GP system (EMIS)

Notes

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.

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

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.

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 Public Health England, 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.

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.