
Subject: Jersey Immunisation Statistics 2020
Date of report: 5 May 2022

Introduction

This publication reports the annual update of:

- immunisations for children reaching their
 - first
 - second
 - fifth birthdaysbetween 1 January 2020 and 31 December 2020
- teenage immunisations for the academic year from September 2020 to August 2021
- 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 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 (98%) which protects children against diphtheria, tetanus, pertussis, polio, *Haemophilus influenza* type B and hepatitis B (DTaP/IPV/Hib/HepB)
 - pneumococcal conjugate vaccine (PCV) (98%)
 - rotavirus vaccine (97%)
 - 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 (97%)
 - first dose of the measles, mumps and rubella (MMR) (97%)
 - *Haemophilus influenza* type B/Meningitis C (Hib/MenC) vaccine² (96%)
 - pneumococcal conjugate vaccine (PCV) (97%)
 - infant meningitis B (MenB) vaccine (96%)

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

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

- for 5-year-olds, uptake for the first dose of MMR (97%), the Hib/MenC (97%), 4-in-1 diphtheria, tetanus, acellular pertussis and inactivated polio vaccine (DTaP/IPV) (96%), and the uptake for the full course of MMR (two doses) 96%, were at or above the 95% WHO recommendation
- 88% of eligible females and males (aged 12 to 13 years) received the first (Priming) course of the human papillomavirus vaccine (HPV) in 2020 to 2021
- 87% of eligible females and males (aged 13 to 14 years) received the completed course of the human papillomavirus vaccine (HPV) in 2021 to 2022
- Pertussis vaccine coverage in pregnant women for the 2020 was 78%, which was 4 percentage points higher than mean coverage for 2019 (74%)
- around half (46%) of the birth cohort who became eligible on their 70th birthday received the shingles vaccine

What the data is telling us?

In 2020, National immunisation programmes globally were at risk due to the severe health system constraints and physical distancing measures put in place to mitigate the ongoing COVID-19 pandemic.

Children - 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. Jersey has continued to meet this aspirational target for all 13 vaccine coverage measures.

Teenagers - Due to the COVID-19 pandemic, educational settings were closed from late March 2020 and the delivery of the 2019/20 school immunisation programmes was paused. All schools fully re-opened for the 2020/21 academic year.

The vaccine coverage for the HPV programme was a little lower when compared to previous years, the drop in coverage maybe mainly due to the impact of the COVID-19 pandemic.

Vaccine coverage for both the 3-in-1 teen booster, and against meningococcal infection has shown small changes over recent years. However, there does not appear to have been a significant impact from school disruption on the uptake.

Adults - Disruption to the delivery of the shingles vaccination programme caused by the COVID-19 pandemic and the guidance for elderly groups to shield may account for slightly lower coverage being reported for both Shingles and Pneumococcal polysaccharide vaccine (PPV).

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 2020) on the Child Health Information System (CHIS).

Table 1 gives a summary of the immunisations offered in Jersey, as of 2020, during the first 5 years of a child's life.

Table 1: Summary of immunisation schedule for each age group, 2020

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)

Childhood scheduled vaccinations uptake by 12 months of age

Table 2 provides the uptake for 2020, 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 (2020)	98	98	97	97
England (2020/2021) ^{^*}	92	93	90	92
Scotland (2020/2021) [*]	97	97	94	96
Wales (2020/2021) [*]	96	96	94	95
N/Ireland (2020-2021) ^{^*}	95	95	93	95

^{*}Source: Public Health Intelligence Jersey, Public Health England (PHE)³, Public Health Wales, ISD Scotland

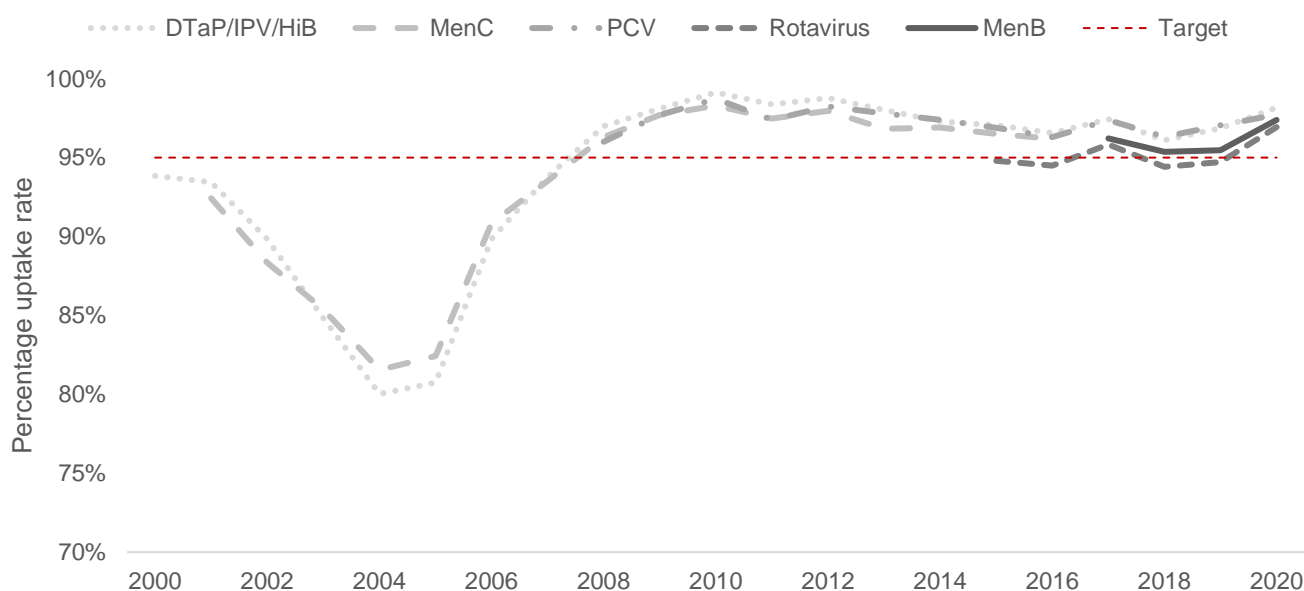
[^]PCV comparison data for England, Scotland, Wales and Northern Ireland 2019/2020⁴;

^{*}Data for the Jersey 6-in-1 vaccine (DTaP/IPV/Hib) is used as a comparison to 5-in-1 England, Scotland, Wales and Northern Ireland

In 2020:

- in Jersey the annual uptake of the 6-in-1 (DTaP/IPV/Hib/HepB) was 98%, this was similar to 2019/2020, when coverage was 97%; In England, uptake in 2020 at 12 months was 92%
- 98% 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 97%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%

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



³ Childhood Vaccination Coverage Statistics - 2020-21 - NHS Digital

⁴ PCV data for the 12 month cohort is not available for England, Scotland, Wales and Northern Ireland for 2020-2021. This is due to the change in the vaccine schedule and how the vaccine is recorded.

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.

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

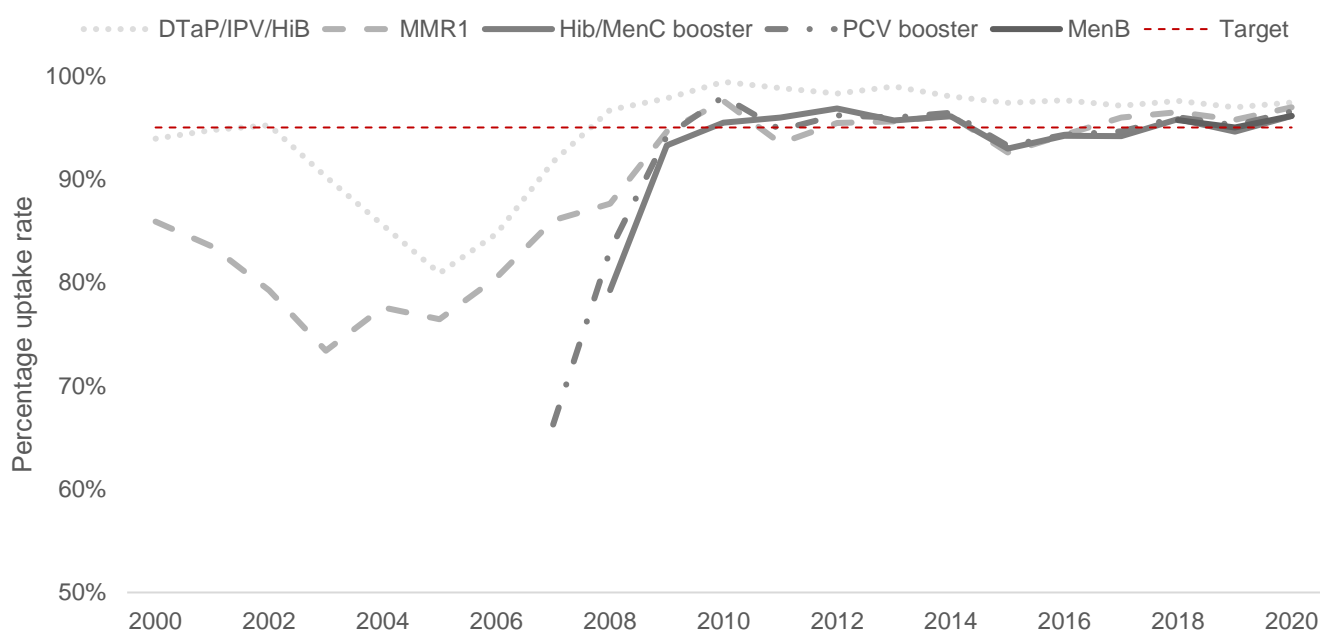
	DTaP/IPV/ Hib/HepB	MMR1	Hib/MenC	PCV	MenB ⁺
Jersey (2020)	97	97	96	97	96
England (2020/2021) *	94	90	90	90	89
Scotland (2020/2021)*	97	95	95	95	95
Wales (2020/2021) *	97	95	94	95	94
N/Ireland (2020/21) *	96	92	92	92	92

*Source: Public Health England³, Public Health Wales, ISD Scotland

In 2020:

- uptake of the DTaP/IPV/Hib(Hep) (6-in-1) vaccine was 97%, coverage is unchanged from the previous year, when it was also 97%
- uptake for MMR1 was 97% and has remained at a similar level for the third year in a row; uptake has exceeded 90% for the past 11 years; in England uptake of MMR1 was 90%
- 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; the Hib/MenC uptake has remained at a similar level for the past decade
- uptake for the pneumococcal conjugate vaccine (PCV) booster at 24 months was 97%
- uptake of 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.

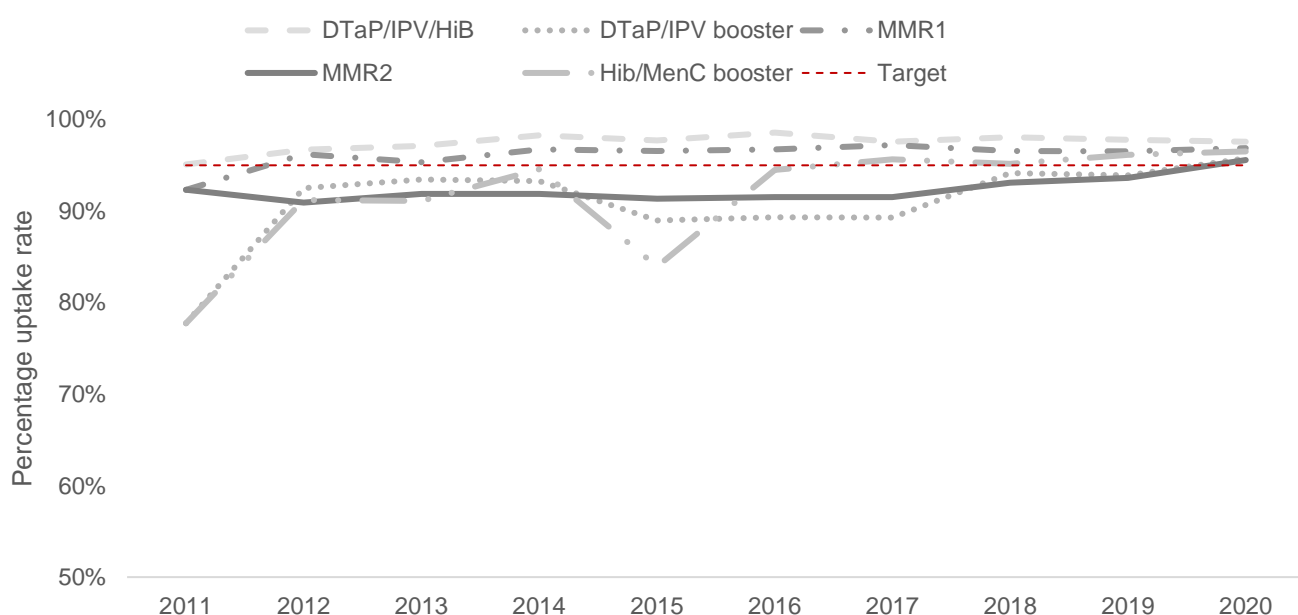
Table 4: MMR and booster immunisation uptake by five years of age; percentage

	MMR1	Hib/MenC	DTaP/IPV	MMR2
Jersey (2020)	97	97	96	96
England (2020/2021)	94	92	85	87
Scotland (2020/2021)	97	96	93	92
Wales (2020/2021)	97	95	93	92
N/Ireland (2020/2021)	96	95	91	90

In 2020:

- 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 2011
- the uptake of the Hib/MenC by 5 years of age was 97%, meeting the WHO national target of 95% for the third consecutive year
- the uptake for the DTaP/IPV booster (sometimes referred to as the 4-in-1 booster) was 96%; the 95% target was reached for the first time
- the uptake for the second dose of MMR vaccine was 96%, and has remained at a similar level since 2011; the proportion of children vaccinated was higher than in England: 87% 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

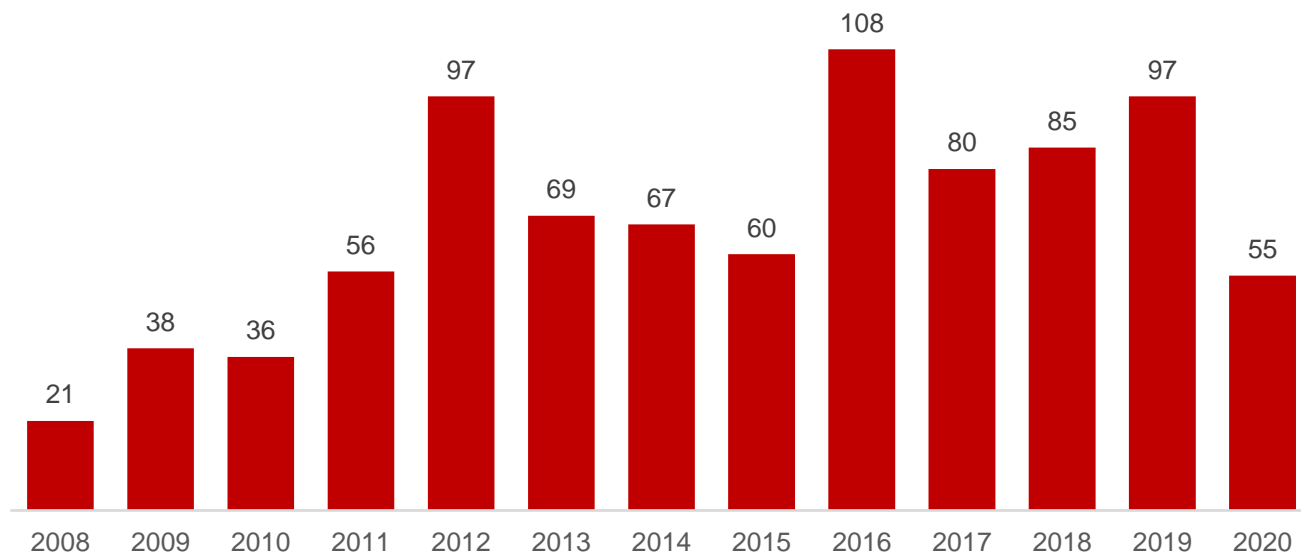


(NB: the 2015 data point for Hib/MenC is not directly comparable due to changes in recording parameters in the child health information system)

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) 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 2020.

Figure 4: Annual number of BCG vaccinations administered to at-risk babies, 2008-2020



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 2020 to 31 August 2021.

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 ⁶ (school Year 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) ⁷
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 ⁸ (MenACWY)

⁶ The programme was extended to also offer the HPV vaccine for boys aged 12 to 13 in 2019/2020

⁷ 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. In 2019/2020 the first dose was given in September/October 2019 (when in Year 8), the second dose of HPV vaccination was postponed until September/October 2020 when in Year 9

⁸ 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.

In 2020/2021 there was still some disruption to the delivery of the school-based immunisation programme as a result of the COVID-19 pandemic. The first dose was given in September / October 2020 (when in Year 8), the second dose of HPV vaccination was postponed until September 2021 when children from that cohort were in Year 9.

The Programme was again delayed in 2021/2022. 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 uptake, by school year

Cohort	Sex	HPV1 Coverage (%)	HPV2 Coverage (%)	Notes
Born 01/09/2007 to 31/08/2008	Females	91	88	1st dose Sept 2020; 2nd dose Sept 2021
	Males	87	85	
Born 01/09/2008 to 31/08/2009	Females	85	-	1st dose Sept 2021; 2nd dose Sept 2022
	Males	77	-	

Source: Child Health Information System

- in 2020/2021, HPV vaccine uptake of the priming dose for Year 8 females (born 1 September 2007 to 31 August 2008) was 91% in Jersey, higher than 2019/2020 (85%)
- in 2020/2021, HPV vaccine uptake of the priming dose for Year 8 males (born 1 September 2007 to 31 August 2008) was 87% in Jersey; uptake was statistically similar when compared to coverage for Year 8 females this academic year
- in 2021/2022 HPV vaccine uptake in Jersey for females completing a delayed 2-dose HPV schedule by Year 9 (born 1 September 2007 to 31 August 2008) was 88%, similar to that seen in 2018/2019 (80%)
- 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 85%; uptake was statistically similar when compared to coverage for Year 9 females this academic year

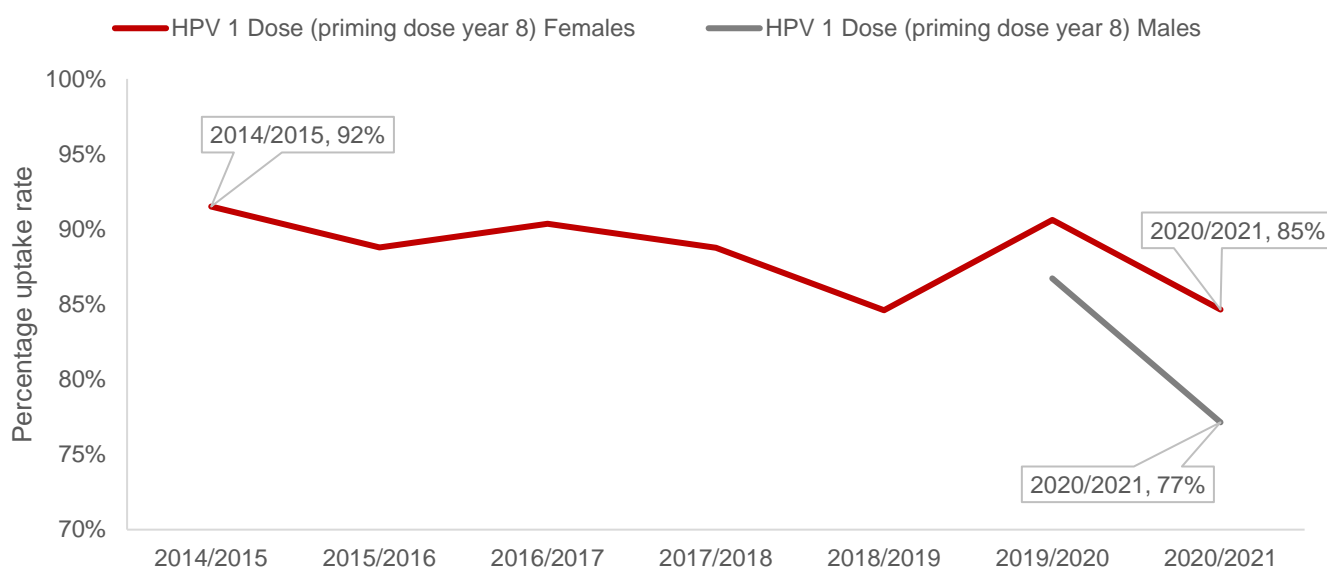
Table 7: Annual HPV vaccine Priming dose uptake for the UK and Jersey in 2020 to 2021, percentage completed

Country	Female Cohort	Male Cohort
	Coverage of one dose (%)	Coverage of one dose (%)
Jersey (Year 8)	91	87
England (Year 8)	77	71
Scotland* (S2)	83	78
Wales (Year 8)	75	69
Northern Ireland* Year 9	67	61
United Kingdom	77	71

*Source: PHE⁹, Public Health Wales, ISD Scotland. Jersey rates are for Females and Males in 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.

- in 2020/2021, HPV vaccine uptake of the priming dose for Year 8 females (born 1 September 2008 to 31 August 2009) was 85% in Jersey, slightly lower when compared with 2019/2020 (91%)
- in 2020/2021, HPV vaccine uptake of the priming dose for Year 8 males (born 1 September 2008 to 31 August 2009) was 77% in Jersey; lower when compared with 2019/2020 (87%)

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



⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1040328/HPR2021-hpv-vc-appendix.ods

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 course¹⁰.

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 2020/2021 was 86%, similar to 2019/2020 (87%)
- 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 2020/2021, uptake of the Menace vaccine was 87%; the uptake in 2020/2021 was at a similar level when compared to the period 2015/2016 to 2019/2020 as shown in Figure 6; 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)

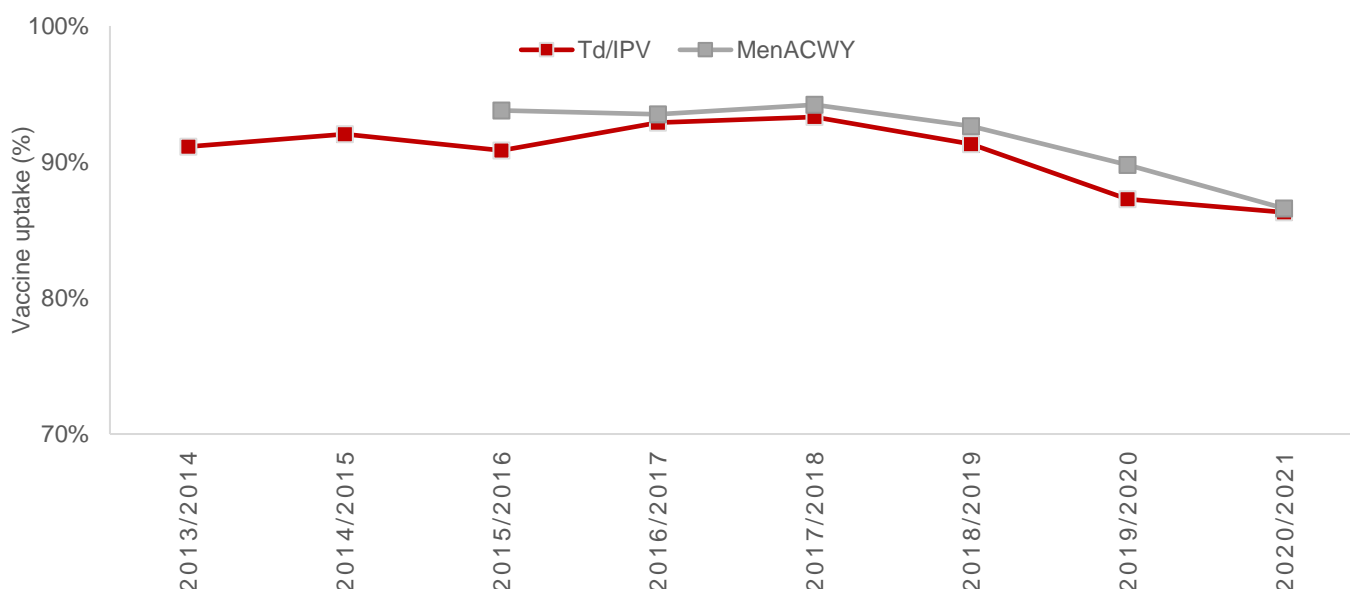
Table 8: Most recent Td/IPV and MenACWY vaccine uptake by the end of the school year, by jurisdiction; percentage

	Td/IPV+ %	MenACWY %
Jersey (2020/2021)	86	87
England (2020/2021) *	76	77
Scotland (2020/2021) *	40	40
Wales (2020/2021) *	78	85

*Jersey, England (provisional estimate) Year 9, Scotland S3

*Source: Public Health England¹¹, ISD Scotland¹², Public Health Wales¹³

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



¹⁰ Vaccine uptake for Td/IPV may be overestimated as some students may have missed one of the initial four doses.

¹¹ Vaccination coverage estimates for the MenACWY (England) programme, academic year 2020 to 2021 (publishing.service.gov.uk)

¹² Teenage booster immunisation statistics Scotland - School year 2020/2021 - Teenage booster immunisation statistics Scotland - Publications - Public Health Scotland

¹³ Wales COVER Annual Report 2021 - cover report Feb 95 [WP] (wales.nhs.uk)

Adult vaccination uptake

The uptake and coverage for adults are given as a proportion of the actively registered population¹⁴ at GP surgeries in Jersey.

Table 9 gives the routine immunisation schedule for adults in 2020.

Table 9: Routine adult immunisation schedule

When to immunise	What vaccine is given
Pregnant women, 20 weeks gestation or more	Pertussis containing vaccine ¹⁵
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 2020:

- annual coverage in pregnant women of DTaP/IPV was 78% (see Table 10); 74% of pregnant women were estimated to have received a dose of DTaP/IPV vaccine in 2019
- vaccine coverage in Jersey remained above 70% for the fourth consecutive year and has increased from 56% in 2016¹⁷
- the annual vaccine coverage in England for the financial year 2020 to 2021 was 68%¹⁸, which was 3 percentage points lower compared to the 2019 to 2020 financial year

Table 10: Quarterly pertussis containing vaccination coverage in pregnant women 2020, based on monthly average data; percentage

Period	Pertussis coverage %
Jersey 2020 Q1	80
Jersey 2020 Q2	75
Jersey 2020 Q3	75
Jersey 2020 Q4	83
Jersey 2020 Annual coverage estimate	78

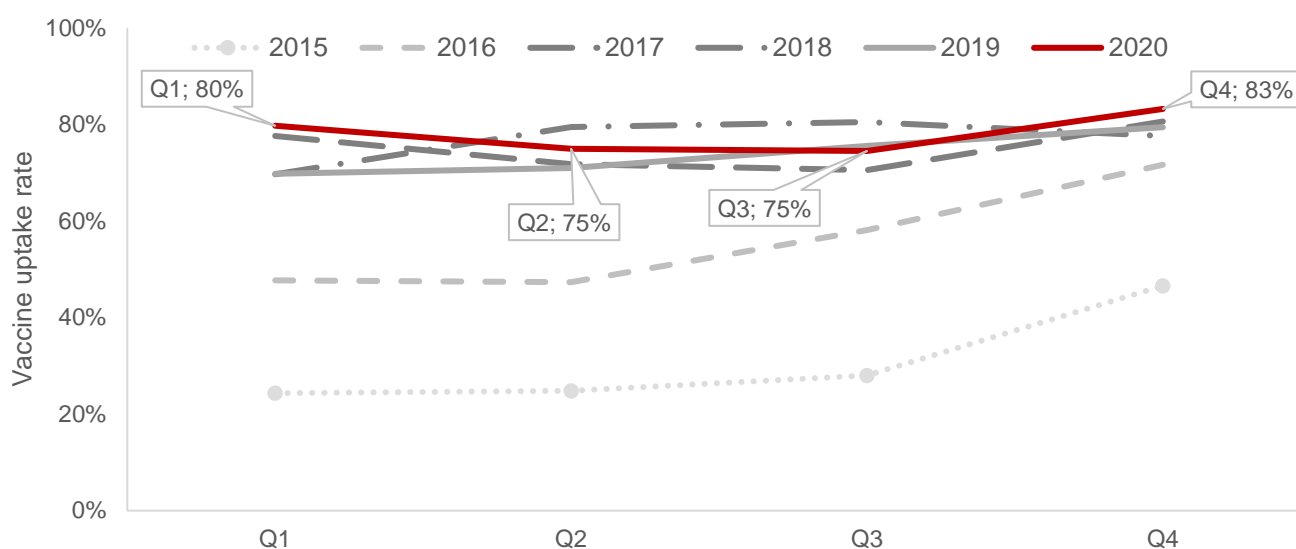
¹⁴ Actively registered population - those who are registered with a Jersey GP surgery and have had a consultation with their GP within the last 4 years or have changed active registration status within the last 6 months.

¹⁵ 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.

¹⁷ 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.

¹⁸ PHE Pertussis vaccination programme for pregnant women update: vaccine coverage in England, January to March 2021 and 2020 to 2021 annual coverage

Figure 7: Quarterly pertussis vaccination coverage in pregnant women in Jersey, 2015-2020



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).

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 6,500 older Islanders have been protected. The coverage by year of birth is given in figure 8.

In 2020:

- less than half (46%) of the birth cohort who became eligible on their 70th birthday received the shingles vaccine; similar when compared to 53% in 2019
- 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 3% of the cohort fell into clinical risk groups in which shingles vaccine may be contraindicated for immunosuppressed individuals¹⁹

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

	Shingles coverage %
Jersey (2020)	46
England (2020/2021) *	16
Wales (2020/2021) *	31

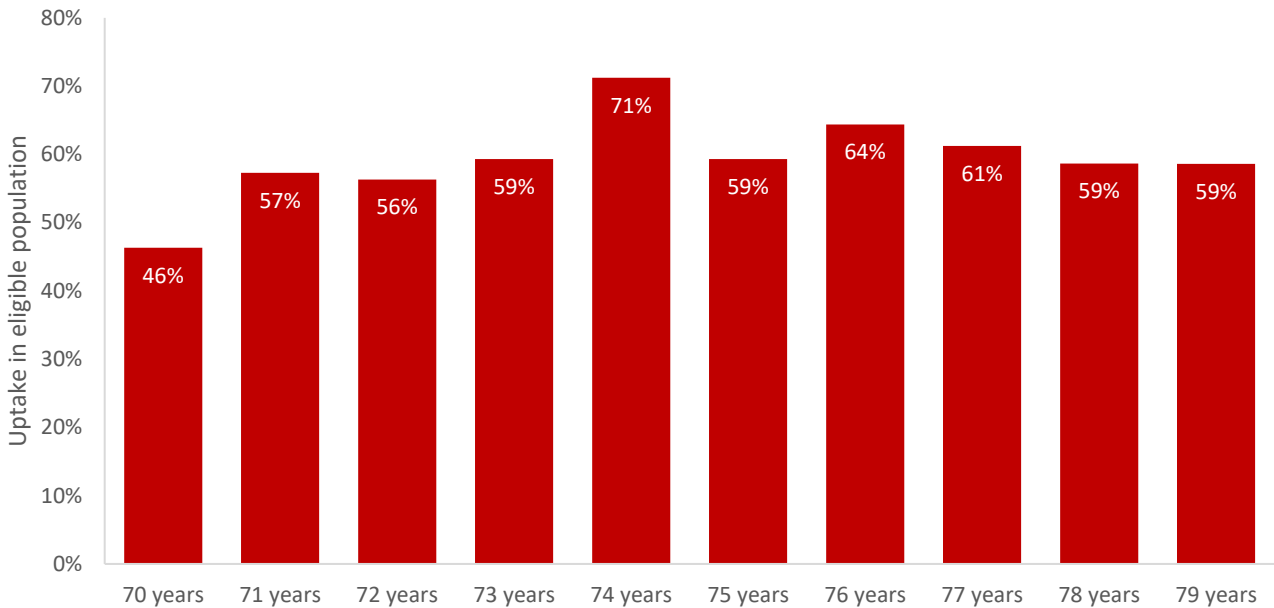
*Source: Centralised GP system (EMIS), Public Health England²⁰, Public Health Wales

¹⁹ 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.

²⁰ Shingles vaccine coverage report (cumulative shingles vaccine coverage for adults turning 70 to 80 years old between 1 April 2020 and 31 March 2021 and vaccinated by 23 March 2021): England (publishing.service.gov.uk)

- the highest cumulative coverage is observed among those who turned 74 years of age (71%), 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% coverage²¹

Figure 8: Cumulative shingles vaccine coverage by year of birth, as at end 2020; percentage



Source: Centralised GP system (EMIS)

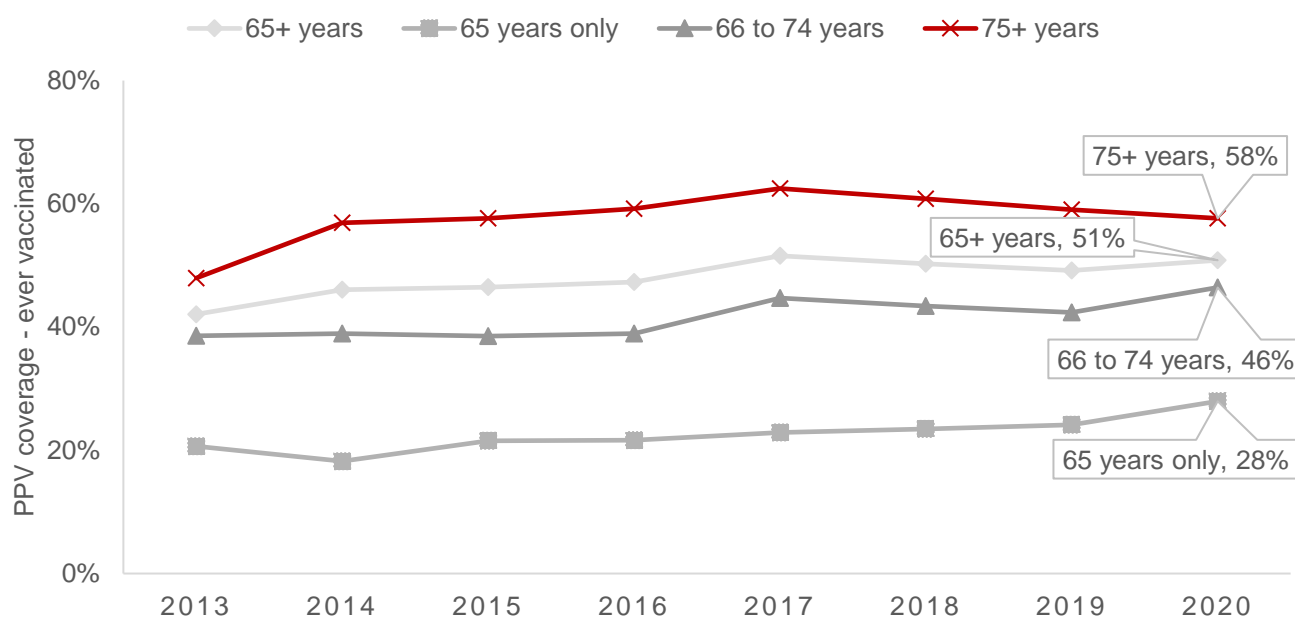
Pneumococcal vaccination (PPV)

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).

- in 2020 PPV coverage was 58% for those aged 75 and over immunised at any time up to 31 December 2020, and was 51% 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
- as in previous years the coverage in Jersey was lower than that in England for all age groups (see Table 12)

²¹ UK vaccination policy [CBP-9076.pdf \(parliament.uk\)](#)

Figure 9: PPV coverage (i.e. ever vaccinated), by age group, calendar year 2013 to 2020; percentage



*Source: Centralised GP system (EMIS)

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

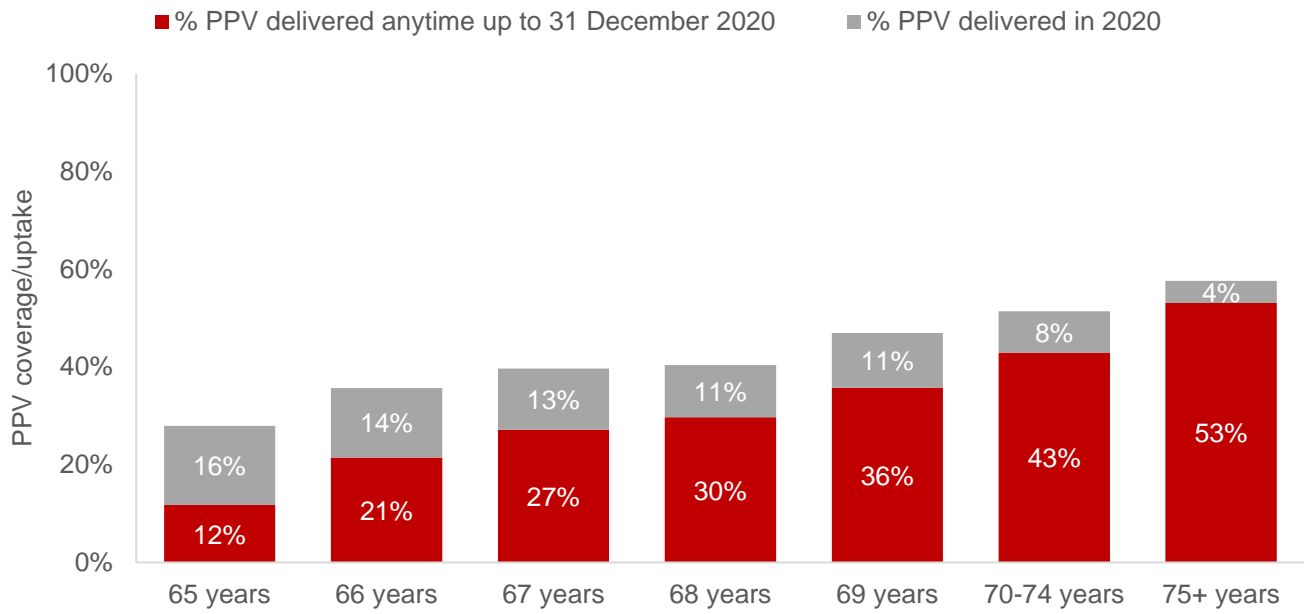
Age	Jersey (coverage % to 31 Dec 2020)	England (coverage % to 31 Mar 2021)
65	28	34
66	36	45
67	40	52
68	40	56
69	47	61
70-74	51	71
75 and over	58	83
All 65 and over	51	71

Source: Centralised GP system (EMIS); UK Health Security Agency²²

- in those aged exactly 65 years, uptake in 2020 was 16%, a similar level to the previous year (11%); however, 12% 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 28% (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

²² Pneumococcal Polysaccharide Vaccine (PPV) coverage report, England, April 2020 to March 2021 (publishing.service.gov.uk)

Figure 10: Percentage of patients having received PPV (before, or in calendar year 2020), by age group



Source: Centralised GP system (EMIS)

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 data is not a sample and it covers residents living in Jersey. 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 large 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 large 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.