

Immunisations report 2023

Public Health Intelligence

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Introduction

This publication reports the annual update of:

- immunisations for children reaching their:
 - first
 - second
 - fifth birthdaysbetween 1 January 2023 and 31 December 2023
- teenage immunisations for the academic year from September 2023 to August 2024
- the pertussis vaccine for pregnant women, 2023
- the shingles vaccine for adults aged 70, 2023
- protection against pneumococcal infections for adults aged 65 and over, 2023

High coverage of immunisations plays a vital role in safeguarding both the wellbeing of individuals and the community at large. By ensuring a broad reach of vaccinations, high coverage effectively restricts the transmission of diseases among those who have not received immunisations, be it due to personal preference or medical circumstances.

Public Health Jersey also publishes an overview of Influenza surveillance from the winter period¹. The report includes vaccine uptake for the 2023 to 2024 season, covering eligible groups including pre-school aged children, school aged children, and those aged 50 years and over. For information on COVID-19 vaccinations please refer to the COVID-19 vaccination statistics update on the gov.je website². This report contains information on the total number of COVID-19 vaccinations administered in Jersey, and information on COVID-19 vaccinations for the eligible populations.

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

¹ [Seasonal Influenza-like Illness and Vaccinations Statistics 2023 to 2024.pdf \(gov.je\)](#)

² [COVID-19 Priority group report March 2023](#)

Headline Statistics

In 2023:

10 of the 14 childhood vaccines for preventable diseases met the 95% World Health Organisation (WHO) target³

MMR1 coverage consistently exceeds the 95% target:

- at 24 months, MMR1 coverage was 95%, remaining above 95% since 2017
- at 5 years, MMR1 coverage was 97%, maintaining this level since 2012
- 94% of children received their second MMR dose by their 5th birthday, with the 95% target achieved for the first and only time in 2020

For 1-year-olds, uptake of the following vaccines **met or exceeded** the World Health Organisation (WHO) recommended target of 95%:

- 6-in-1 vaccine (DTaP/IPV/Hib/HepB), covering diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, and hepatitis B (96.5%)
- pneumococcal conjugate vaccine (PCV) (96.6%)

However, uptake for the following vaccines was slightly below the WHO target of 95%:

- Rotavirus vaccine: 94.8% coverage for two doses by the first birthday, from 94.4% the previous year
- infant meningitis B (MenB) vaccine (94.3%) coverage, falling below the target for the first time since its introduction in 2016

For 2-year-olds, uptake of the following vaccines met or exceeded the World Health Organisation (WHO) recommended target of 95%:

- 6-in-1 vaccine (DTaP/IPV/Hib/HepB) (97%)
- Haemophilus influenzae type b/Meningitis C (Hib/MenC) vaccine (95%)
- Pneumococcal conjugate vaccine (PCV) booster (95%)
- Infant meningitis B (MenB) vaccine (95%)

Uptake for 5-year-olds

- uptake of the DTaP/IPV pre-school booster⁴ was 93.0%, uptake exceeded target for first and only time in 2020
- uptake for the HibMenC was 95.8% and has exceeded target since 2017

Teenagers

- 83% of eligible females and 70% of eligible males (aged 12 to 13 years) received the first (priming) course of the human papillomavirus vaccine (HPV) in 2023-2024

Adults

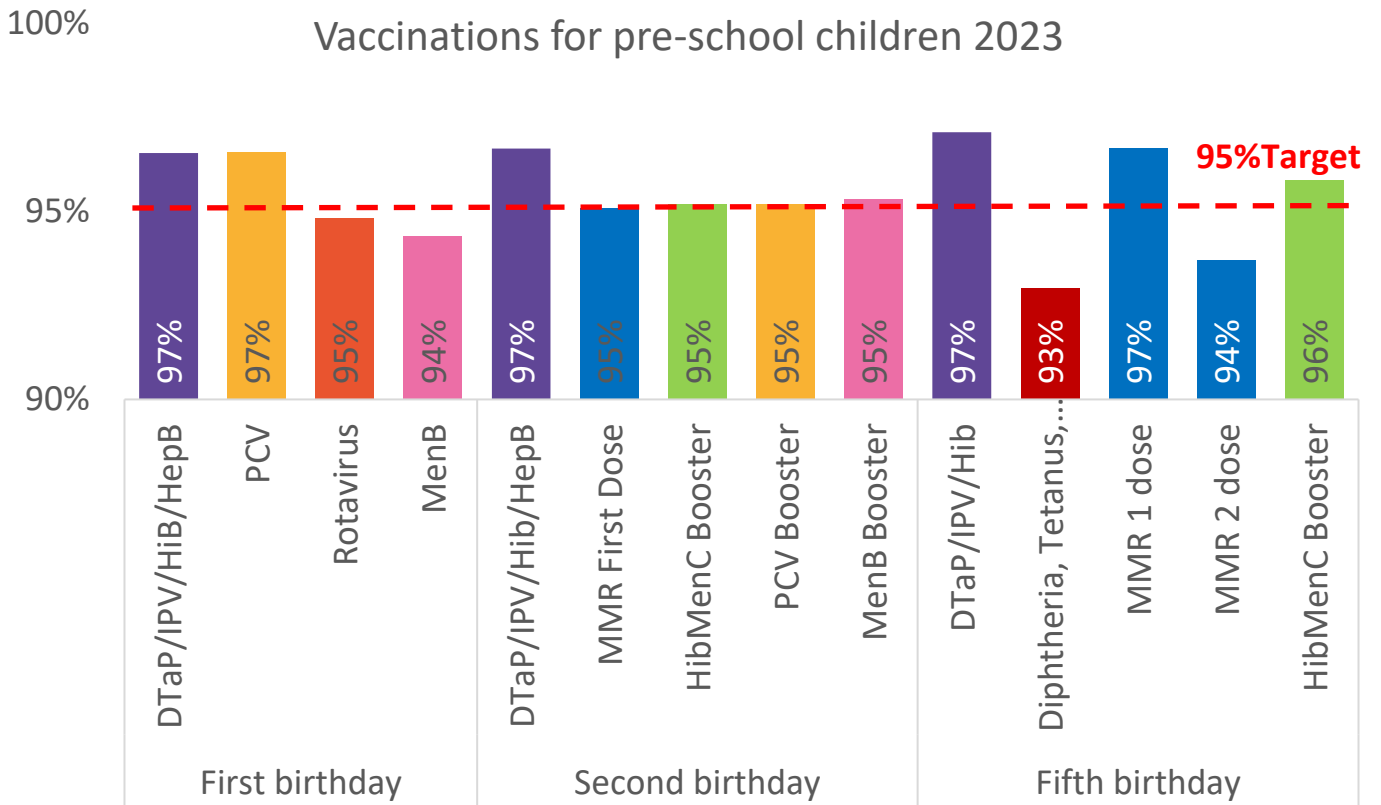
- pertussis vaccine coverage in pregnant women for 2023 was 55%, lower than previous coverage
- over half (58%) of the birth cohort who became eligible on their 70th birthday had received the shingles vaccine
- PPV coverage was three in five (59%) in all patients aged 65 years and over

³ [European Region of the World Health Organization \(WHO\)](#)

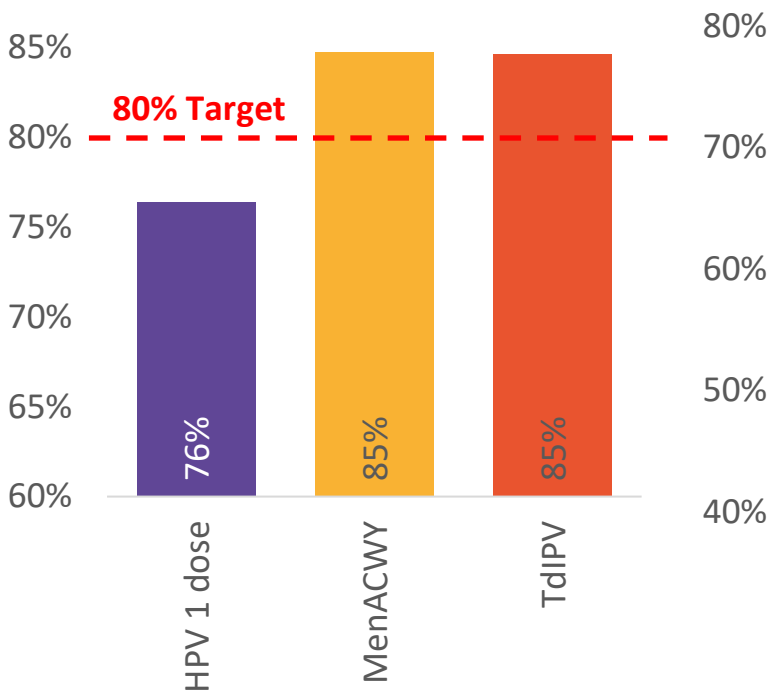
⁴ *Children should receive their DTaP/IPV pre-school booster from 3 years and 4 months or soon thereafter. (This vaccine is given to children who have received a 3-dose course of the 5-in-1 or 6-in-1 vaccination)*

Headline Statistics Graphic

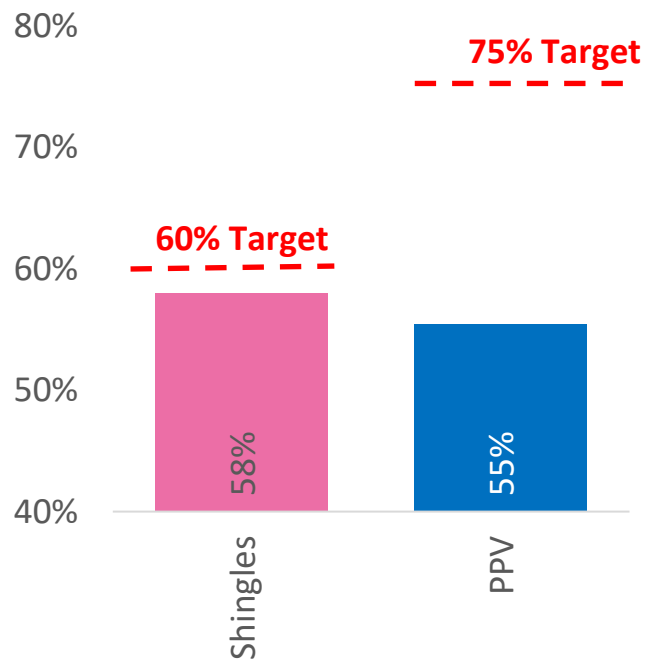
Note that the targets⁵ used on this summary graphic are those recommended by WHO, NHS (UK) or CDC, where appropriate.



Vaccinations for teenagers 2023-2024



Vaccinations for adults 2023



⁵ 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. The coverage targets for teenagers and adults are aligned with the objectives established by organisations such as the NHS(UK) and the CDC(USA).

What is the data telling us?

The 2023 data highlights Jersey's continued success in achieving high vaccination coverage, with 10 out of 14 childhood vaccines meeting the WHO's 95% target. This reflects strong vaccine uptake and demonstrates Jersey's effective immunisation programme in preventing childhood diseases, particularly when compared to other countries where coverage often falls short, especially for newer vaccines.

Jersey's coverage for the **MMR1 vaccine remains consistently high, exceeding the 95% target at both 24 months and 5 years.** This is critical for preventing measles outbreaks, and Jersey has maintained this success since 2017. However, while **coverage for the second MMR dose by age five is improving, it still remains just below the 95% target,** despite achieving it in 2020.

For 1-year-olds, the uptake of most vaccines exceeded the WHO target, though **coverage for Rotavirus and Meningitis B (MenB) was slightly below 95%.** These small declines may indicate minor challenges in universal coverage but remain higher than global averages.

Similarly, the high uptake of vaccines for 2-year-olds, including the 6-in-1 and Hib/MenC, underscores the robustness of Jersey's childhood vaccination programme, with **Jersey outperforming the UK and other European countries in several areas.**

Teenage and adult vaccination coverage presents some areas for improvement. Although HPV vaccination rates, particularly among boys, remain below desired levels—a trend mirrored across Europe—Jersey's coverage for girls stands out. HPV vaccination uptake among females varies widely across EU countries, with only a few reaching the widely accepted target of 80% coverage. In 2023, Jersey surpassed many European nations, achieving a rate of 83% for girls. This places **Jersey among the higher-performing regions in Europe and reflects strong local immunisation efforts,** though there is room to further improve vaccination rates, especially for boys.

Meanwhile, **coverage of pertussis in pregnant women, shingles and PPV in older adults falls below UK and European benchmarks,** suggesting gaps in outreach and raising concerns about increased risks for these vulnerable populations. Addressing these areas will be key to strengthening Jersey's overall immunisation strategy.

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 2023) on the Child Health Information System (CHIS).

Table 1 gives a summary of the immunisations offered in Jersey, as of 2023, during the first 5 years of a child's life.

Table 1. Summary of immunisation schedule for each age group, 2023

| 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) (introduced in 2017) Meningitis B (MenB) (introduced in 2015) Rotavirus (introduced in January 2014) |
| 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) (introduced in 2006) Rotavirus (introduced in January 2014) |
| 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) (introduced in September 2015) |
| One year old (but not before 1st birthday) | <i>Haemophilus influenzae</i> type b and Meningitis C (Booster Hib/MenC) (introduced in 2006) 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) |
| 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

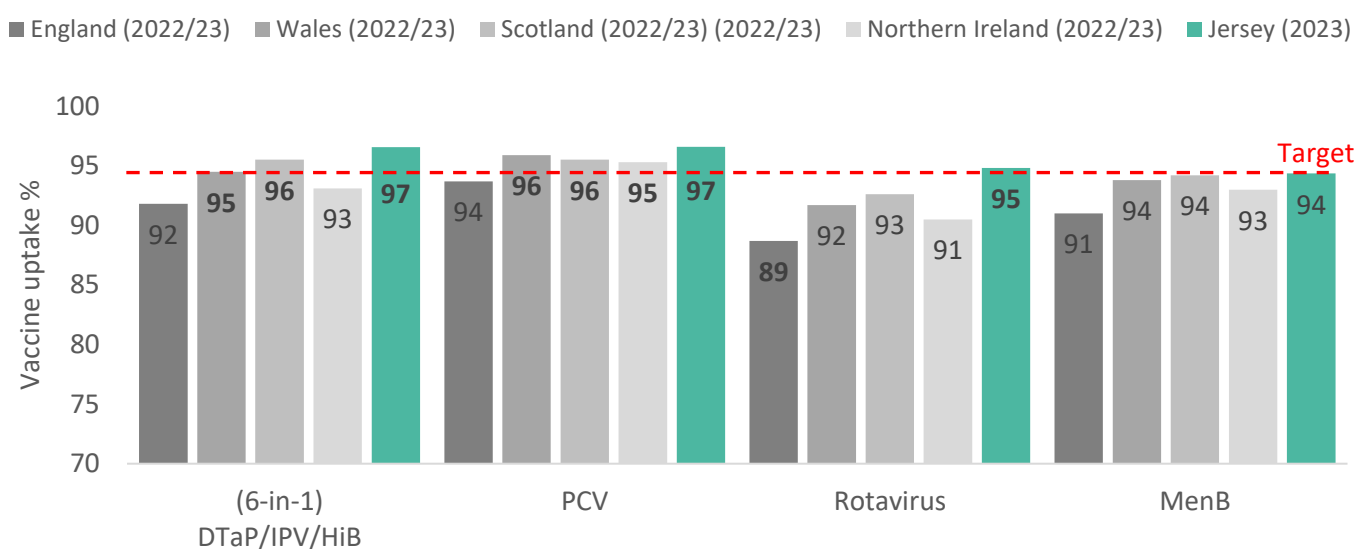
The European Region of the World Health Organization (WHO) recommends that on a national basis at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control⁶.

The tables below display the annual 2023 coverage for Jersey, as well as the 2022-23 coverage values for the four UK jurisdictions.⁷

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

Figure 1 provides the uptake for 2023/2024, and Figure 2 shows the uptake over time.

Figure 1. Primary immunisation uptake by 12 months of age, by jurisdiction; percentage



*Source: Child Health Information System
+NHS Digital, Childhood Vaccination Coverage Statistics⁸

In 2023:

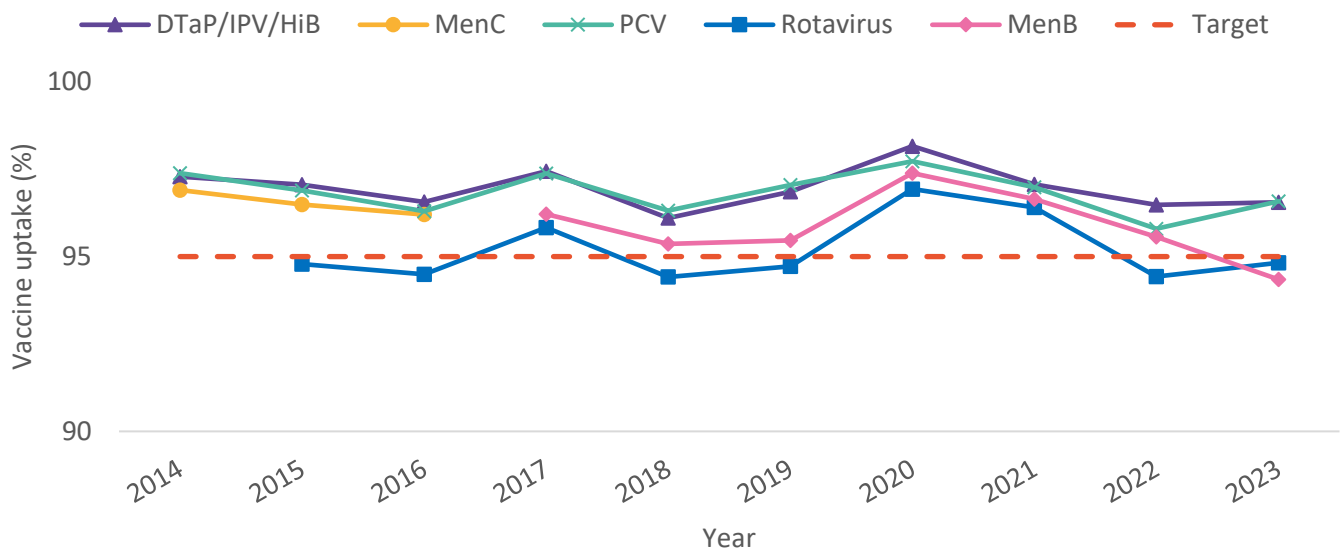
- in Jersey, 97% of children completed their primary course of three doses of the 6-in-1 vaccine by 12 months, consistently surpassing the 95% target since 2012 (including the previous 5-in-1 vaccine); in contrast, in England for 2022-2023, 92% of children completed their primary course
- 97% of children completed the primary immunisation course of PCV by 12 months, this marks the second full annual cohort of children to follow the new one-dose primary PCV schedule; In England, coverage was 94%
- the uptake of the two-dose rotavirus vaccine in Jersey was just under 95%, falling just below the 95% target in both 2022 and 2023; in England, 89% of children received both doses of the rotavirus vaccine by 12 months
- the uptake of the two-dose primary course of the MenB vaccine by 12 months in Jersey was 94%, slightly below the 95% target for the first time since the vaccine's introduction in 2016; in England, the coverage was 91%

⁶ [European Region of the World Health Organization \(WHO\)](#)

⁷ Jersey records pre-school immunizations by **calendar year** to align with its public health reporting and local health system, ensuring consistency with the timing of national vaccination schedules and population statistics. In contrast, the UK records immunisations by **school year** because its health programs are closely linked with the education system.

⁸ NHS Digital, [Childhood Vaccination Coverage Statistics: Data Tables](#)

Figure 2. Primary immunisation uptake in Jersey by 12 months of age, by calendar year



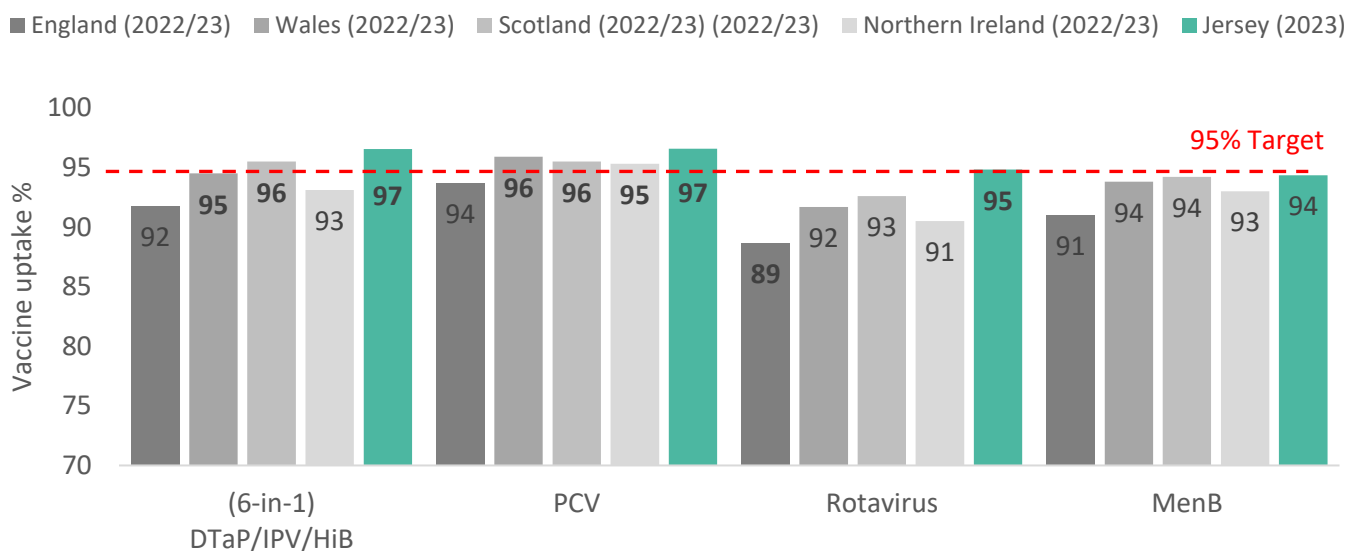
*Source: Child Health Information System

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.

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



*Source: Child Health Information System

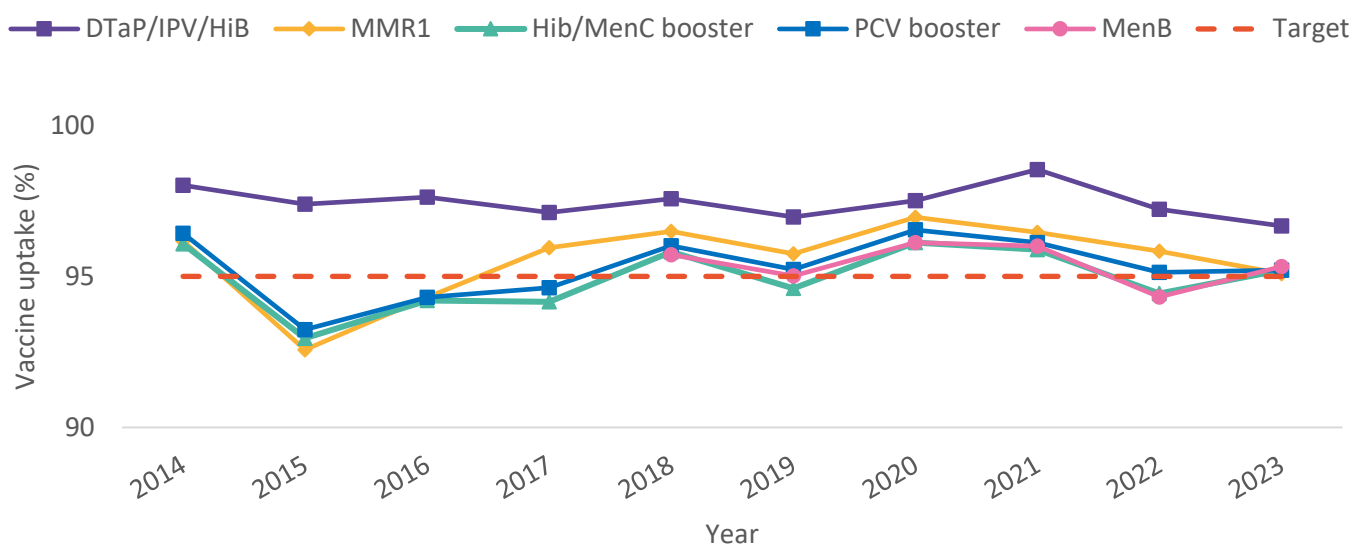
+NHS Digital, Childhood Vaccination Coverage Statistics ⁹

⁹ NHS Digital, [Childhood Vaccination Coverage Statistics: Data Tables](#)

In 2023:

- in Jersey, the uptake of the 6-in-1 vaccine at 24 months reached 97%, consistently surpassing the 95% target since 2020; in comparison, England's coverage for 2022/2023 stood at 93%
- the uptake for the first dose of the MMR vaccine in Jersey was 95.1%, maintaining coverage above the WHO target of 95% since 2017; England's coverage for the same period was 90%
- in Jersey, 95% of children received the Hib/MenC vaccine by the age of 2; although coverage dipped slightly below the 95% target in 2022 (94%), it remained significantly higher than England's coverage of 89%
- the uptake of the PCV booster at 24 months in Jersey was 95%, consistently staying above the 95% target since 2018; England's coverage for this vaccine was 89%
- the uptake of the MenB booster at 24 months in Jersey was 95%, while coverage fell below the 95% target in 2022, it has since recovered; for 2022-23, England reported a coverage rate of 88%

Figure 4. Primary and booster immunisation uptake by 24 months of age, by calendar year



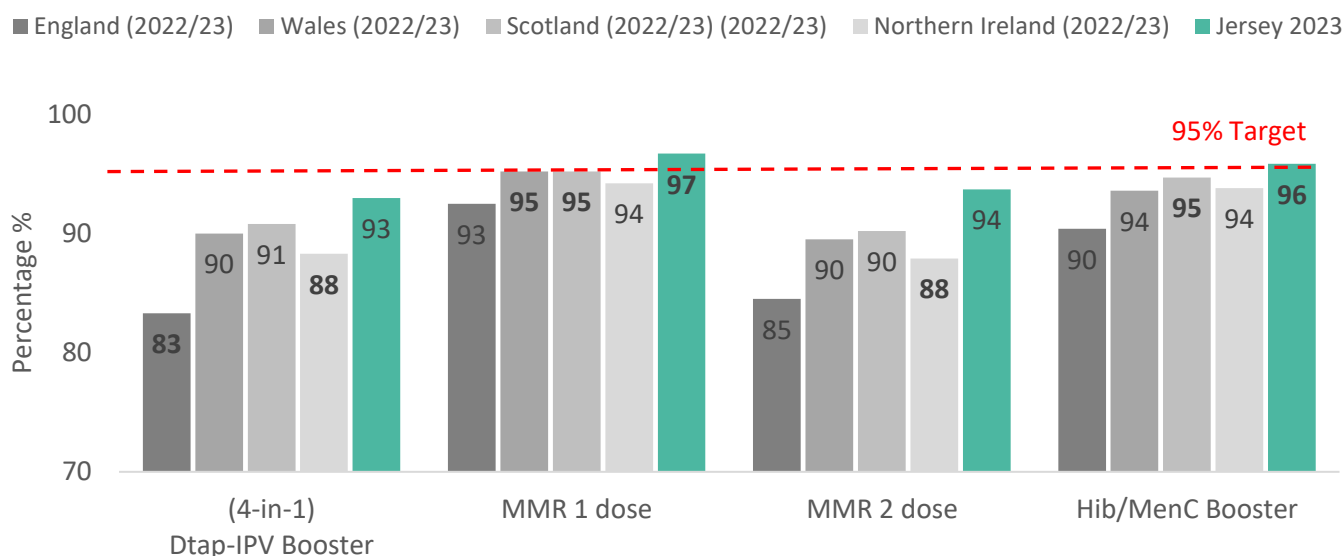
*Source: Child Health Information System

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.

Figure 5. MMR and booster immunisation uptake by five years of age; by jurisdiction; percentage

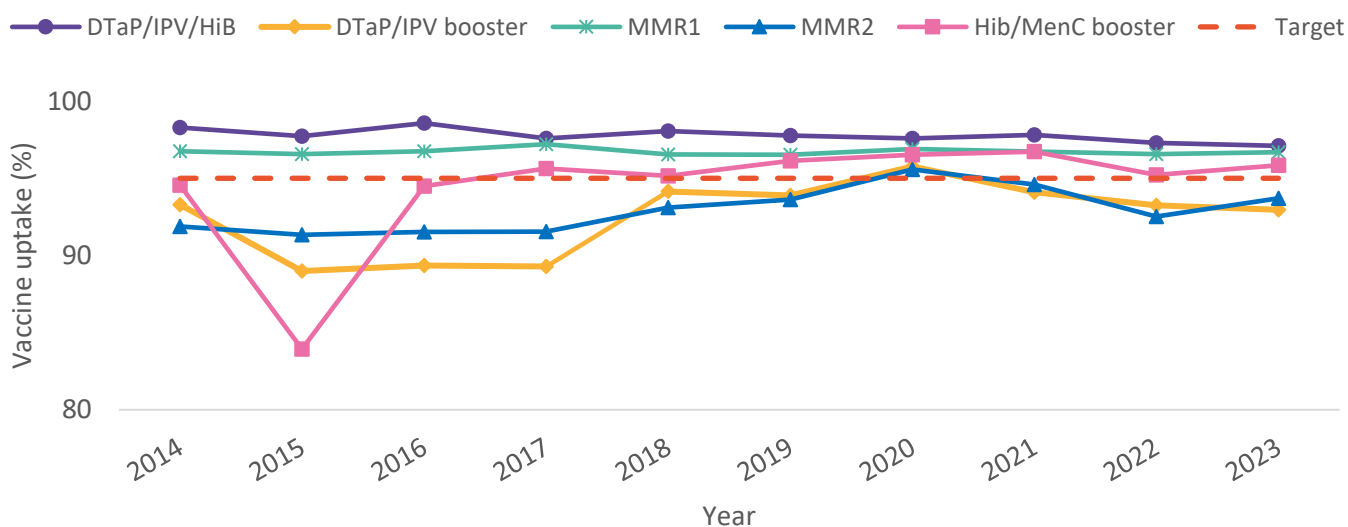


*Source: Child Health Information System / NHS Digital, Childhood Vaccination Coverage Statistics ¹⁰

In 2023:

- the uptake for the first dose of the MMR vaccine by 5 years of age in Jersey was 97%, this proportion has consistently met or exceeded the WHO target of 95% since 2012; in England, coverage for 2022-23 was 93%
- the uptake of the Hib/MenC booster by 5 years of age in Jersey was 96%, consistently meeting the WHO target of 95% since 2017; in England, coverage was 90%
- the uptake for the DTaP/IPV booster was 93%, coverage peaked in 2020, exceeding the 95% target for the first and only time; in England, coverage was 84%
- the uptake for the second dose of the MMR vaccine was 94%, coverage also peaked in 2020, reaching the 95% target for the first and only time; across the UK, the proportion of children receiving both doses of the MMR vaccine remains below the 95% target, with England recording the lowest coverage at 85%

Figure 6. MMR1 and booster immunisation uptake by 5 years of age, by calendar year



*Source: Child Health Information System

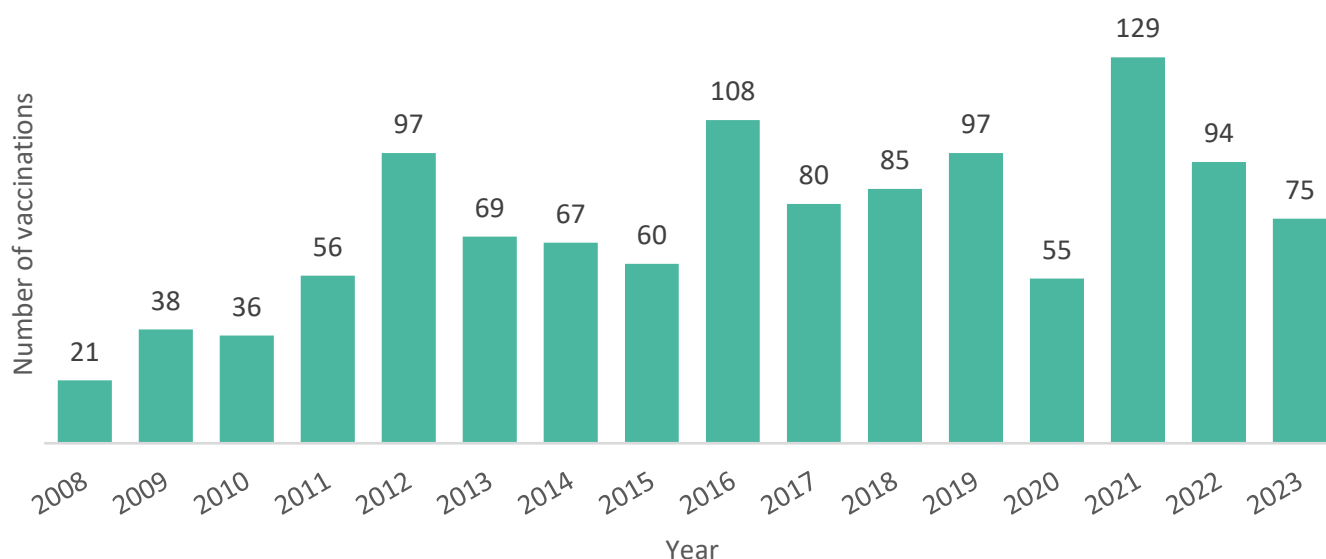
(NB: the 2015 data point for Hib/MenC is not directly comparable due to changes in recording parameters in the child health information system)

¹⁰ NHS Digital, [Childhood Vaccination Coverage Statistics: Data Tables](#)

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)¹¹ and aims to prevent the more serious childhood forms of the disease. Figure 7 shows the number of BCG vaccinations administered to at-risk babies from 2008 to 2023.

Figure 7. Annual number of BCG vaccinations administered to at-risk babies, 2008-2023



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 2023 to 31 August 2024.

Table 2. Summary of immunisation schedule for this age group

| Age to immunise | What vaccine is given |
|---|--|
| Males and females aged 12 to 13 years (school Years 8) | Human papillomavirus vaccine (HPV) - to protect against cervical cancer caused by HPV types 16 and 18 (one dose only since 2023) |
| Males and females aged 13 to 14 years (school Year 9) | Tetanus, diphtheria, and polio booster (Td/IPV) |
| | Meningitis ACWY ¹² (MenACWY) |

Human papillomavirus (HPV) vaccine uptake

The HPV vaccination program is administered in schools to Year 8 pupils, typically aged 12 to 13. HPV vaccination was introduced for girls in September 2008 and for boys from September 2019.

¹¹ 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.

¹² The MenACWY vaccine replaced the MenC vaccine in the routine immunisation programme for Year 9s in the 2015/2016 academic year.

Beginning on 1 September 2023, the HPV vaccination schedule was updated from a two-dose to a single-dose regimen for all eligible adolescents.

HPV vaccine coverage for the priming dose (dose 1) for school year 8 males and females, are summarised below and in Table 3.

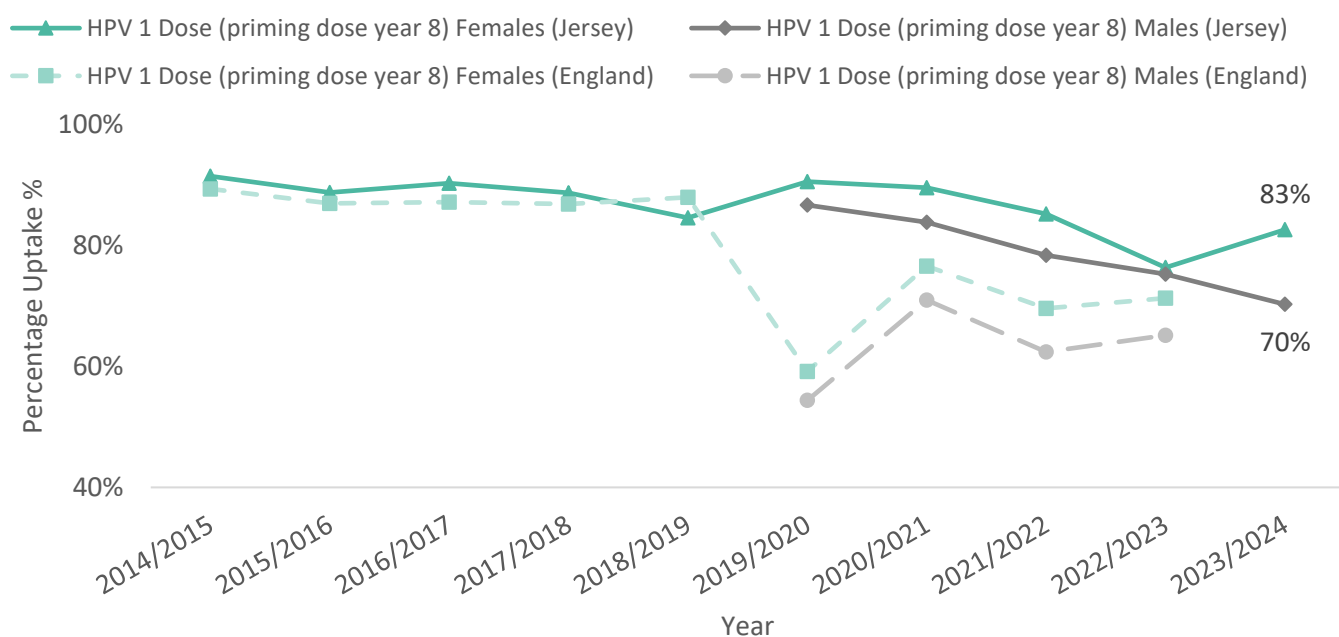
Table 3. HPV immunisation coverage, by school year

| Cohort | Sex | HPV1 Coverage (%) | Notes |
|---|---------|-------------------|-------------------|
| Born 1 st Sept 2010 to 31 st Oct 2011 | Females | 83 | 1st dose Jan 2024 |
| | Males | 70 | |

Source: Child Health Information System

- in 2023/2024, HPV vaccine coverage for the first dose among Year 8 females in Jersey (born between 1 September 2010 and 31 August 2011) was 83% (Figure 8)
- the coverage for HPV vaccination among girls in Jersey has shown fluctuations over recent years, after reaching a high of 92% in 2014/2015, coverage has generally trended downward, with a notable decline to 76% at its lowest; however, there has been a partial recovery, with the latest figure standing at 83%¹³
- for Year 8 males in Jersey (born between 1 September 2010 and 31 August 2011), HPV vaccine coverage for the first dose in 2023/2024 was 70% (Figure 8)
- HPV vaccination coverage for boys in Jersey has consistently declined over recent years; initially, coverage was 87% when the programme was first introduced for boys, but it has gradually decreased, reaching a low of 70% in the most recent data
- overall HPV vaccine coverage for the first dose among Year 8 students in Jersey (born between 1 September 2010 and 31 August 2011) was 76%

Figure 8. Annual HPV vaccine uptake, percentage completing Priming and Complete dose courses by academic year



Source: Child Health Information System

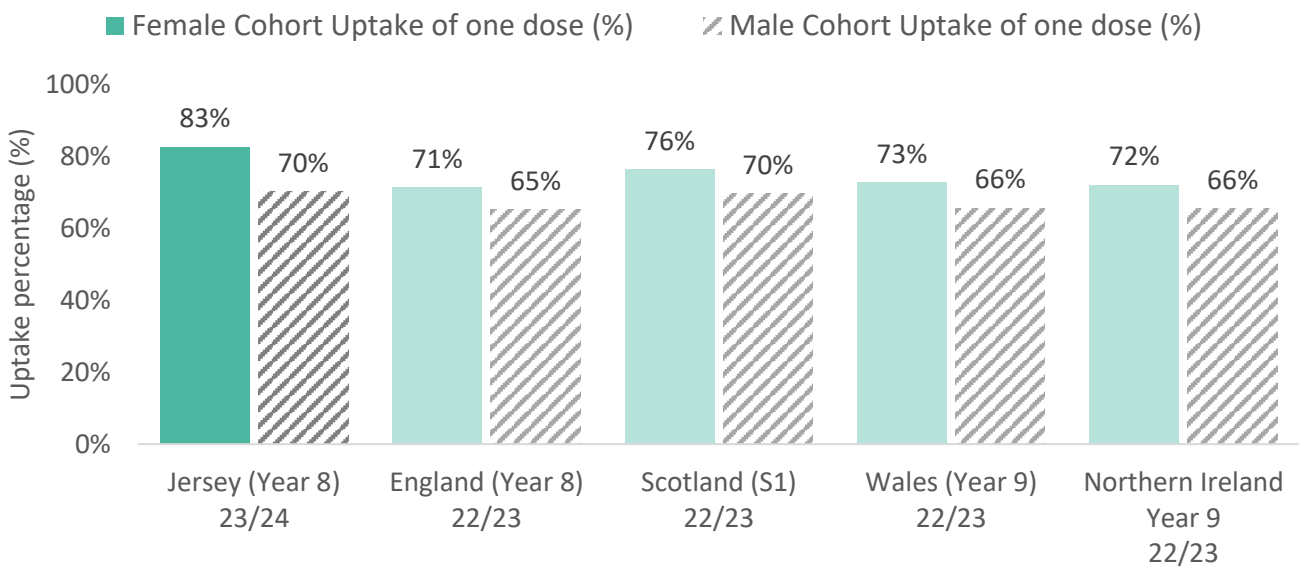
¹³ This variability may reflect challenges, including the impact of the COVID-19 pandemic on school-based vaccination programmes, but recent efforts indicate a positive shift towards improving vaccination uptake.

HPV Vaccine Uptake in Jersey: Comparison with the UK and EU

In 2023/2024:

- HPV vaccine uptake of the priming dose for Year 8 females in Jersey (born 1 September 2010 to 31 August 2011) was 83%. This rate is higher compared to England, Wales, Scotland and Northern Ireland in 2022/2023
- the HPV vaccine uptake for the priming dose among Year 8 males in Jersey (born between 1 September 2010 and 31 August 2011) was 70%; this is comparable to Scotland and higher than the uptake in the other three UK jurisdictions in 2022/2023
- the HPV vaccination uptake in females varies significantly across EU countries – few meet the widely-accepted target of at least 80% coverage¹⁴

Figure 9. Annual HPV vaccine Priming dose uptake for the UK Jurisdictions and Jersey in 2023 to 2024, percentage completed.



⁺ School cohorts Jersey Year 8 (2023/24); England Year 8 (2022/23)¹⁵, Wales Year 9 (2023/24)¹⁶, Scotland S3¹⁷, Northern Ireland Year 9 (2022/23)¹⁸

Teenage booster (Td/IPV) and meningococcal (MenACWY) 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 most students the 3-in-1 vaccine completes the course¹⁹, providing long-term protection against all 3 infections.

The main findings of this report are that:

- Td/IPV coverage for year 9 students during the 2023 to 2024 academic year was 85%, which is around 7 percentage points lower than the year 9 cohort in 2013 to 2014 (91%)
- the uptake for Td/IPV was higher than the latest estimated minimum average figures for pupils published for the England, Scotland, Wales and Northern Ireland (see Figure 10)

¹⁴ [Standard - ACTION AREA 1: HPV Prevention Via Gender Neutral Vaccination Programmes - European Cancer Organisation](#)

¹⁵ [Human papillomavirus \(HPV\) vaccination coverage in adolescents in England: 2022 to 2023 - GOV.UK \(www.gov.uk\)](#)

¹⁶ <https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-archive-folder/annual-reports/vaccine-uptake-in-children-in-wales-cover-annual-report-2023/>

¹⁷ [HPV immunisation statistics Scotland - HPV immunisation statistics Scotland school year 2021/22 - HPV immunisation statistics Scotland - Publications - Public Health Scotland](#)

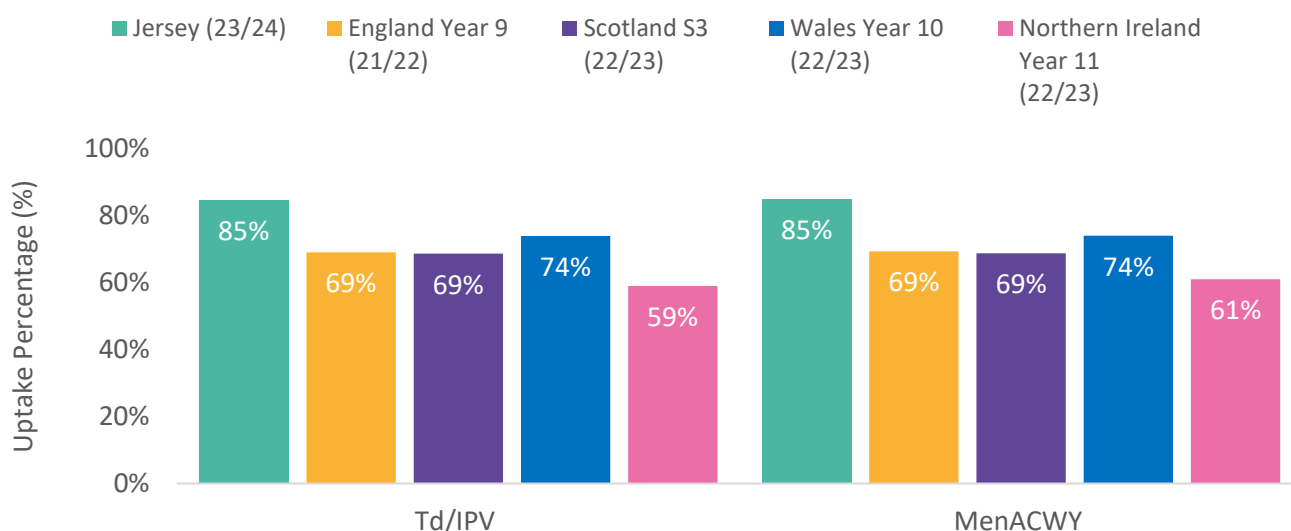
¹⁸ [HPV vaccine 2022-2023.pdf \(hscni.net\)](#)

¹⁹ *Vaccine uptake for Td/IPV may be overestimated as some students may have missed one of the initial four doses.*

The teenage MenACWY vaccine is a single injection that provides protection against meningitis and septicaemia (blood poisoning) caused by four strains of meningococcal bacteria – meningococcal (Men) groups A, C, W and Y.

- MenACWY coverage for Year 9 students during the 2023 to 2024 academic year was 85%
- the uptake for MenACWY was higher in Jersey compared with the latest average figures published for England, Scotland, Wales, and Northern Ireland (see Figure 10)

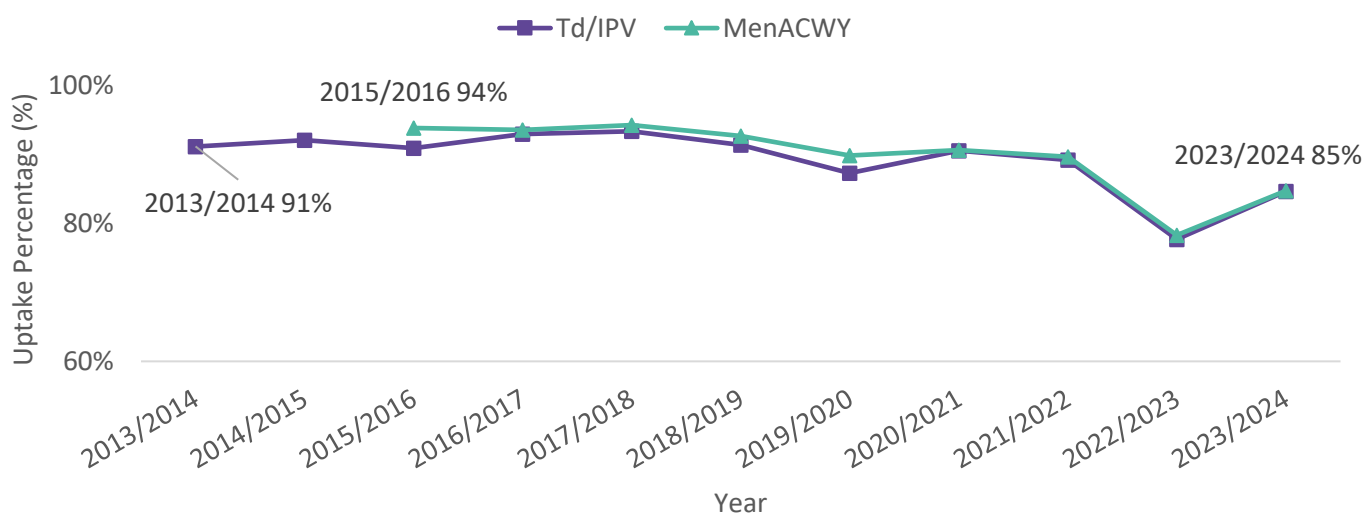
Figure 10. Most recent Td/IPV and MenACWY vaccine uptake by the end of the school year, by jurisdiction; percentage²⁰



+ School cohorts Jersey Year 9 (2023/2024); England Year 9, Scotland S3²¹, Wales Year 8 (2023/24)²²

- the Td/IPV vaccination rate declined from 91% in 2013/14 to 78% in 2022/23, before rising to 85% in 2023/24
- similarly, MenACWY vaccination coverage decreased from 94% in 2015/16 to 78% in 2022/23, then increased to 85% in 2023/24

Figure 11. Td/IPV and MenACWY uptake for Year 9 pupils, by academic year, Uptake percentage



Source: Child Health Information System

²⁰ [MenACWY-backing-table-2021-to-2022.ods \(live.com\)](#)

²¹ [Teenage booster immunisation statistics Scotland - School year 2022/23 - Teenage booster immunisation statistics Scotland - Publications - Public Health Scotland](#)

²² [Public Health Wales, cover report Feb 95 \[WP\] \(nhs.wales\)](#)

Adult vaccination uptake

The uptake and coverage for adults are given as a proportion of the actively registered population²³ at GP surgeries in Jersey.

Table 4 gives the routine immunisation schedule for adults in 2023.

Table 4. Routine adult immunisation schedule

| When to immunise | What vaccine is given |
|---|--|
| Pregnant women, 20 weeks gestation or more | Pertussis containing vaccine ²⁴ |
| 65 years and over | Pneumococcal polysaccharide vaccine (PPV) |
| 70 years | Shingles |

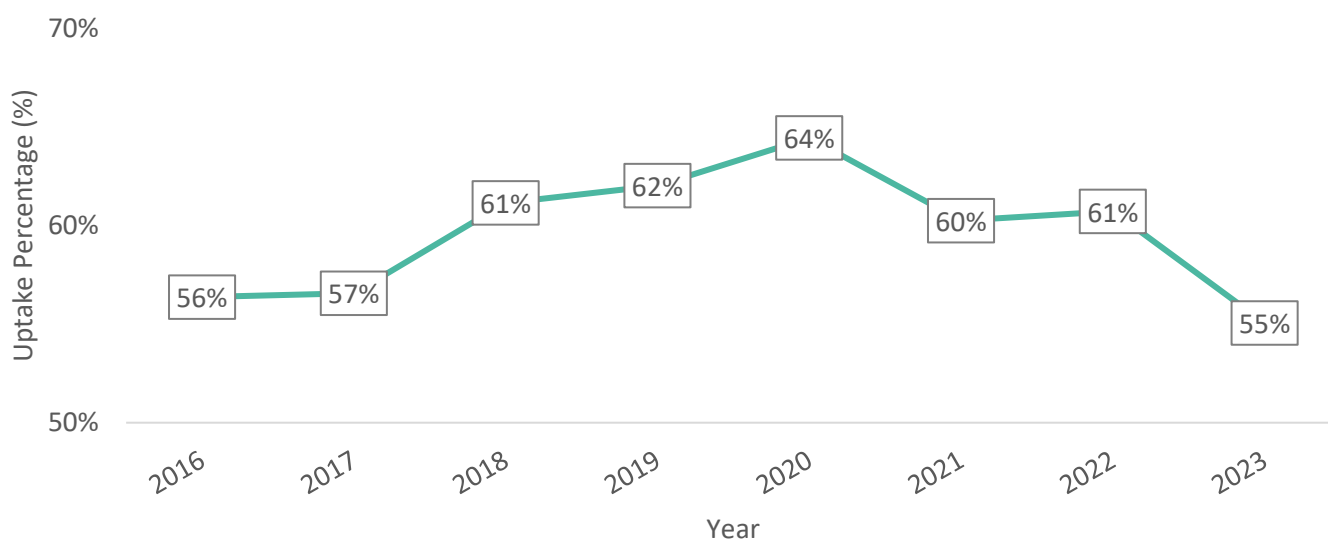
Pertussis vaccinations for pregnant women

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 2023:

- annual coverage in pregnant women of DTaP/IPV was 55% (see Figure 12)
- the data from 2016 to 2023 shows significant fluctuations; after peaking at 64% in 2020, the percentage of unplanned pregnancies decreased to 55% in 2023, the lowest level recorded since 2016
- the annual vaccine coverage in England for the financial year 2023-2024 was 59%²⁵

Figure 12. Pertussis vaccination coverage in pregnant women in Jersey, 2016-2023



Source: Centralised GP system (EMIS)

²³ 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.

²⁴ 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.

²⁵ [Prenatal pertussis vaccination coverage in England from January to March 2023 and annual coverage for 2022 to 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Shingles vaccination

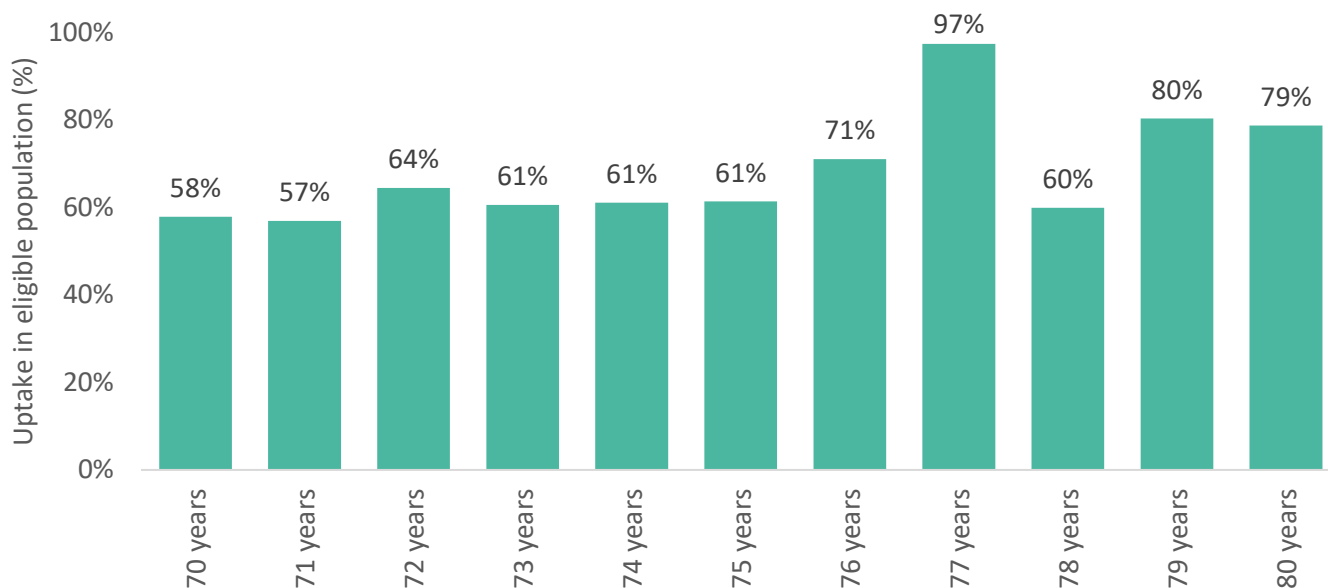
A herpes zoster (shingles) routine vaccination programme was introduced in 2016 for adults in their 70th birthday year. People aged 70 years on 1 September of each year have been offered vaccination as part of the routine programme. A catch-up programme for older cohorts was also implemented to capture 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. The coverage by year of birth is given in figure 13.

In 2023:

- Coverage in the cohort that turned 70 years old was 58%; the standard set by the Department of Health and Social Care in England is 60% coverage²⁶
- Cumulative vaccine coverage for each birth cohort continues to increase each year through opportunistic vaccination
- as of the end of December, coverage rates were highest for individuals turning 77 (97%), followed by those turning 79 (80%) and 80 (79%); the lowest coverage rate was observed among those turning 71, at 57% (see Figure 13)

Figure 13. Cumulative shingles vaccine coverage by year of birth, as at end 2023; percentage



Source: Centralised GP system (EMIS)

Shingles Vaccination Offer Changing in 2024

Starting in 2024, the shingles vaccination offer in Jersey is expanding. The eligibility age has lowered from 70 to 60, meaning more residents will now have access to the vaccine.

The vaccination will be available to individuals aged 50+ with weakened immune systems, those turning 60 or 70 in 2024, and those aged 70 to 79 who have not yet received the vaccine. Additionally, a catch-up programme will be in place for islanders born between 1955 and 1963, with letters being sent to invite them for vaccination.

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

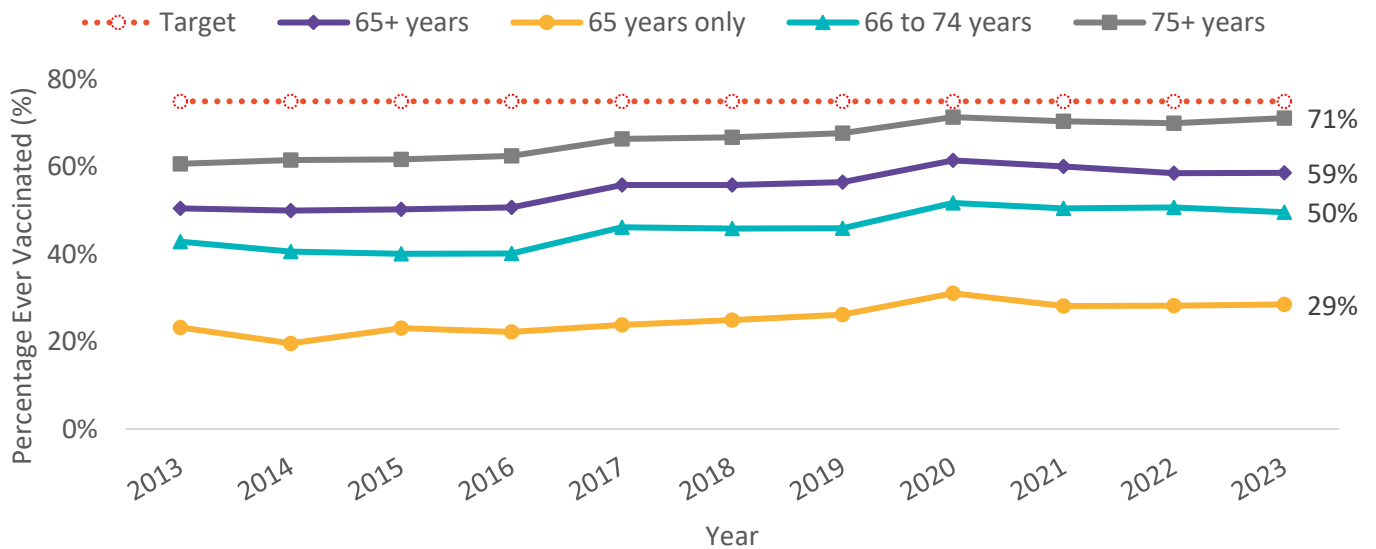
²⁶ UK vaccination policy [CBP-9076.pdf \(parliament.uk\)](#)

vaccine is reported here, as well as overall coverage (the proportion of each cohort who have ever received the vaccine).

In 2023:

- PPV coverage was 59% in all patients aged 65 years and over, immunised at any time up to 31 December 2023, rising to 74% for those aged 75 years and over (see Figure 14)
- 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

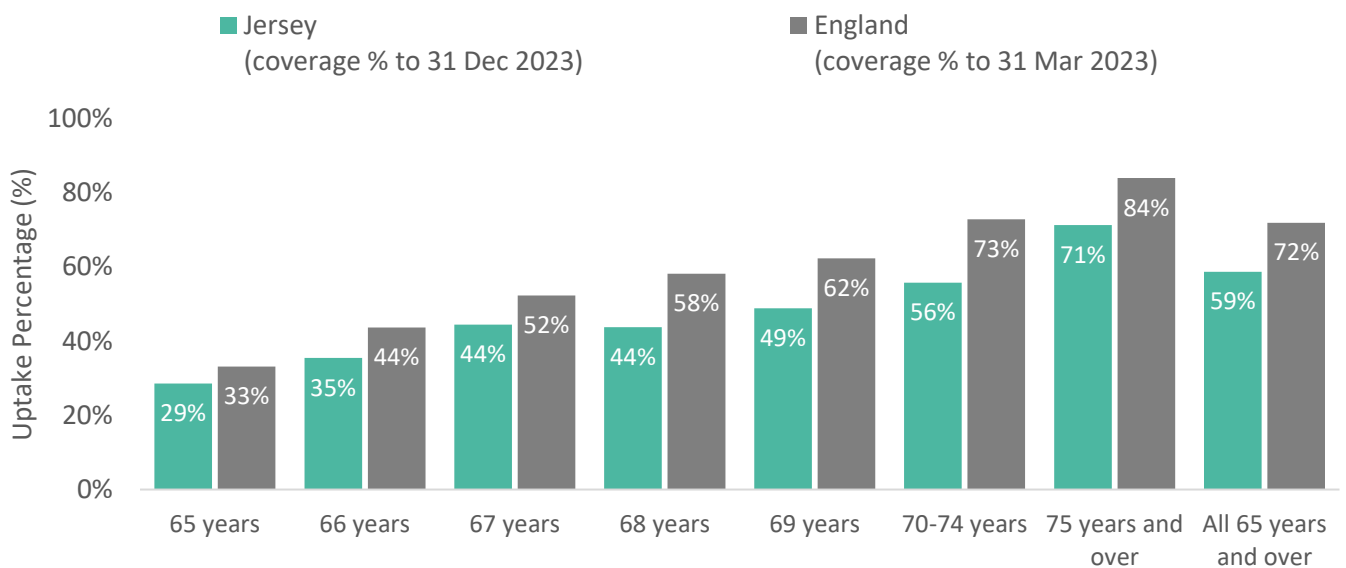
Figure 14. PPV coverage (i.e., ever vaccinated), by age group, calendar year 2013 to 2023, percentage



Source: Centralised GP system (EMIS)

- as in previous years the coverage in Jersey in 2023 was lower than that in England²⁷ for all age groups (see Figure 15)

Figure 15. Pneumococcal (PPV) vaccination coverage, by age group

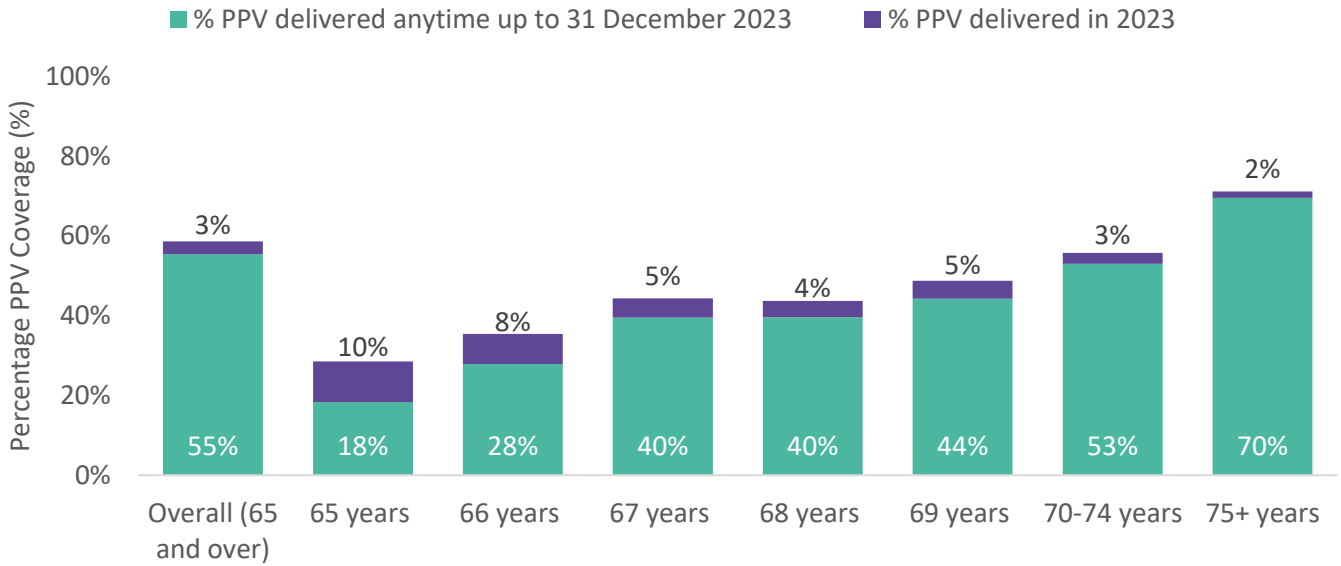


Source: Centralised GP system (EMIS)
UK Health Security Agency

²⁷ [Pneumococcal polysaccharide vaccine \(PPV\): coverage report, England, April 2022 to March 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114114/pneumococcal-polysaccharide-vaccine-ppv-coverage-report-england-april-2022-to-march-2023.pdf)

- in those aged exactly 65 years, uptake in 2023 was 10%, a similar level to the previous year (11%); however, 18% 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 of age was 29% (see Figure 16)
- Figure 16 shows how people in the older age groups continue to be vaccinated, having not been vaccinated at age 65 years as recommended

Figure 16. Percentage of patients having received PPV (before, or in calendar year 2023), by age group



Source: Centralised GP system (EMIS)

Notes

Data in this report relates to the routine vaccinations offered to all children up to the age of 5 years, derived from the Cover of Vaccination Evaluated Rapidly (COVER).

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.

(2023) The childhood schedule was revised in September 2023 to include changes to the human papillomavirus (HPV); from September 2023, the HPV vaccine programme will change from a two dose to a one dose HPV vaccine schedule for eligible adolescents

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.

Source of denominators

- Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health Jersey
- Total number of adolescents attending school in Jersey collected by Children, Young People, Education and Skills Department (CYPES)
- Number of births by month data gathered by Health Informatics Team
- Population estimates recently published by Statistics Jersey (June 2023)²⁸ are used to calculate rates in this report. As such, rates presented in this report may differ slightly to those presented in previous publications, which will have used older population estimates.

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 UK Health Security Agency, 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.

²⁸ [Population And Migration Statistics – Statistics Jersey, June 2023](#)

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.

Rotavirus

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.

HPV

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.

The HPV vaccination programme in Jersey has previously been affected by the COVID-19 pandemic. Disruptions to routine healthcare services and school closures during 2020 and 2021 led to delays in the administration of the HPV vaccine, particularly within the school-based vaccination schedule.

From September 2023, the HPV vaccine programme will change from a 2 dose to a one dose HPV vaccine schedule for eligible adolescents. This is because the Joint Committee on Vaccination and Immunisation (JCVI) has advised that a one dose HPV vaccine schedule has shown to be just as effective as 2 doses at providing protection from HPV infection. However, individuals who are immunocompromised and those known to be HIV positive should remain on the three-dose schedule.