

Annual Immunisation Coverage Report 2021 Summary

This 2021 report is the first in the series to comprehensively document the impact of the COVID-19 pandemic and associated public health response measures on vaccine coverage. **We analysed Australian Immunisation Register (AIR) data for children, adolescents and adults, focusing on changes in vaccination coverage since the previous (2020) report.**

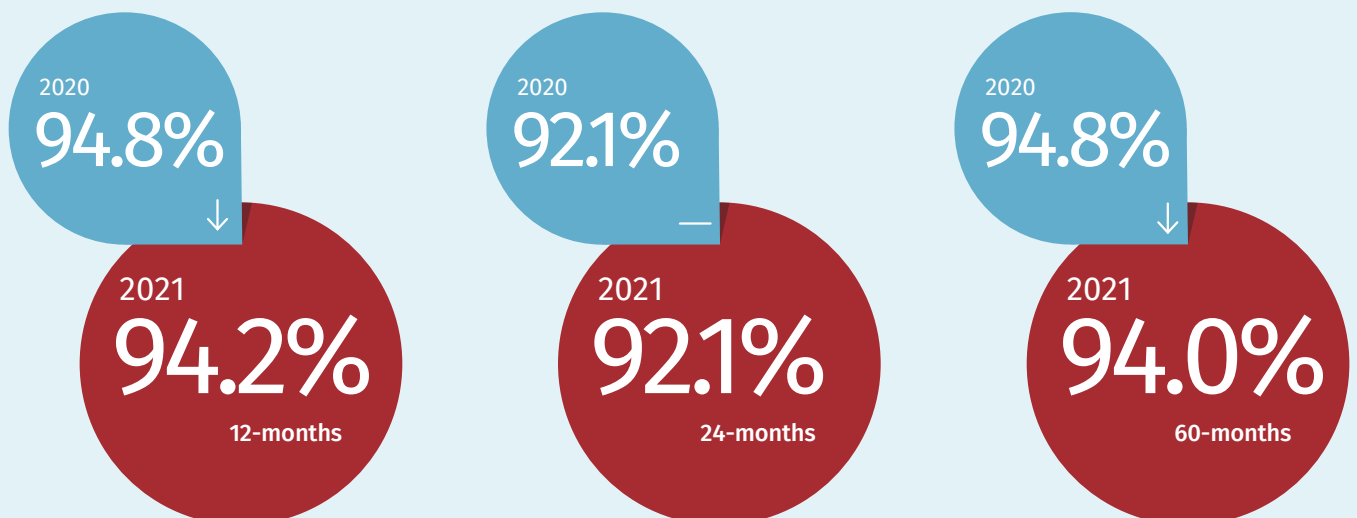
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Section 1 Impact of the COVID-19 pandemic on vaccination coverage

‘Fully vaccinated’ coverage in children

As standard assessment time points are 6–18 months after vaccines are due, childhood ‘fully vaccinated’ coverage figures for 2021 predominantly reflect vaccinations due in 2020. The figures show a small impact on childhood coverage in the first year of the COVID-19 pandemic, lower than that seen in most other countries.

‘Fully vaccinated’ coverage for children overall decreased at 12 months and 60 months of age, but remained stable at 24 months

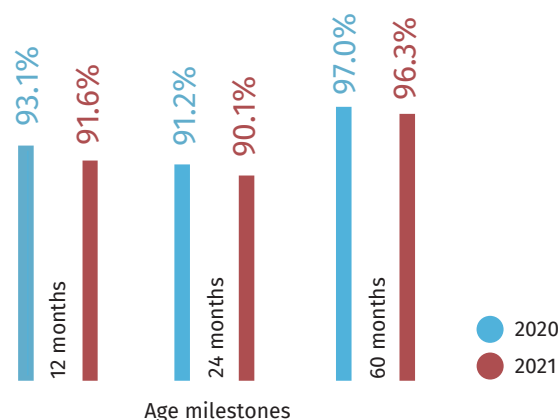


 Refer to Table 1 on page 11 of the full Annual Immunisation Coverage Report 2021 for further detail. Refer also to Table A2 in the Appendix on page 74 of the full Annual Immunisation Coverage Report 2021 for further detail and definitions of ‘fully vaccinated’ and age cohorts.

'Fully vaccinated' coverage for Aboriginal and Torres Strait Islander children decreased at all three age milestones

'Fully vaccinated' coverage at 60 months of age continues to be higher in Aboriginal and Torres Strait Islander children (96.3%) than all children (94.0%).

'Fully vaccinated' coverage for Aboriginal and Torres Strait Islander children.



Refer to Table 1 on page 11 of the full Annual Immunisation Coverage Report 2021 for further detail.

Influenza vaccination coverage in children

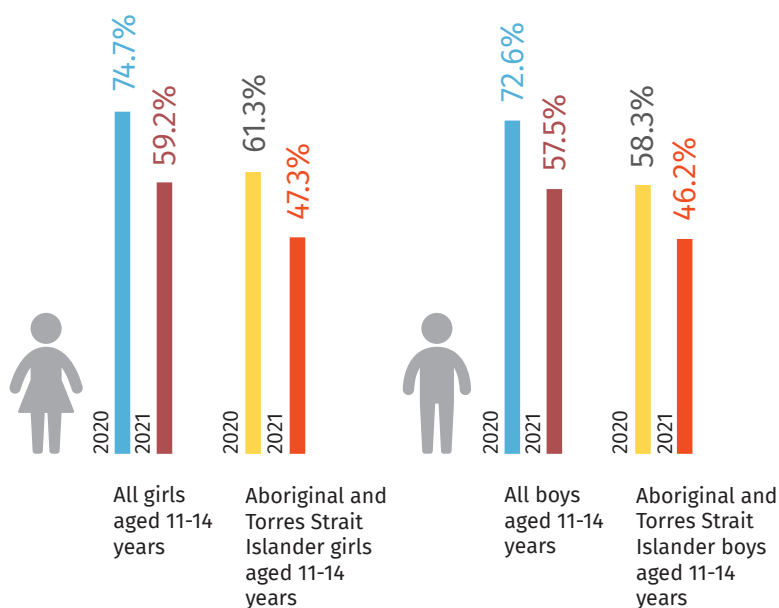
Influenza vaccine coverage in children aged 6 months to 4 years decreased from 46.1% in 2020 to 26.5% in 2021, and in children aged 5 to 9 years from 29.9% to 15.6%, in the context of very low levels of influenza disease due to border closures and other pandemic-related measures.

See Figures 2 and 4, on pages 13 and 15 of the full Annual Immunisation Coverage Report 2021 for further detail.

Human papillomavirus (HPV) vaccination in adolescents

The proportion of adolescents aged 11-14 years who received a first dose of HPV vaccine in 2021 and then went on to receive their second dose in that year was 15.3 percentage points lower than the similar figure in 2020. This is likely due to pandemic-related school closures in the second half of 2021.

Percentage of adolescents who had received dose 1 who then went on to receive a second dose in the same calendar year



See Tables 8 and 9, on pages 33 and 34 of the full Annual Immunisation Coverage Report 2021 for further detail.

It is important to maintain high levels of vaccination coverage in Australia. There have been concerns about the risk of imported disease (particularly measles and polio) following the return of international travel, given pandemic-related decreases in vaccine coverage and outbreaks overseas.

Measles-mumps-rubella (MMR) vaccination coverage

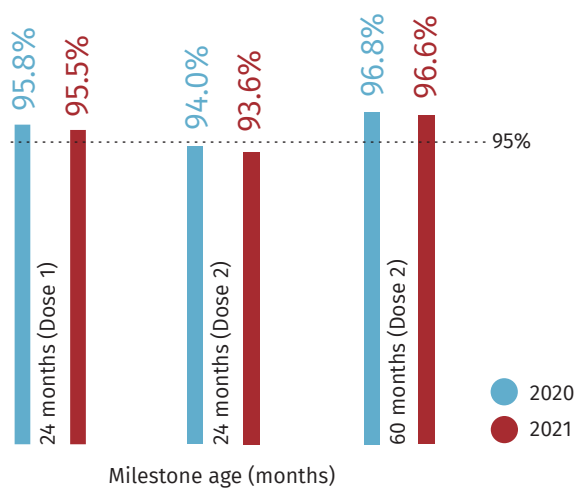
Two-dose coverage of MMR-containing vaccine in all children at 60 months of age was 96.6% in 2021, above the national target of 95%.

Although Aboriginal and Torres Strait Islander children had lower coverage for the second dose of MMR-containing vaccine when assessed at 24 months of age (92.4% versus 93.6% for all children in 2021), coverage increased to 98.6% when assessed at 60 months of age, showing that MMR catch-up vaccination activity is occurring.



Refer to Table 1 on page 11 of the full Annual Immunisation Coverage Report 2021 for vaccination coverage estimates (%) in children by age assessment milestone, vaccine/antigen and Indigenous status, Australia, 2020 versus 2021.

Overall measles-mumps-rubella vaccine coverage in all children



Polio vaccination coverage

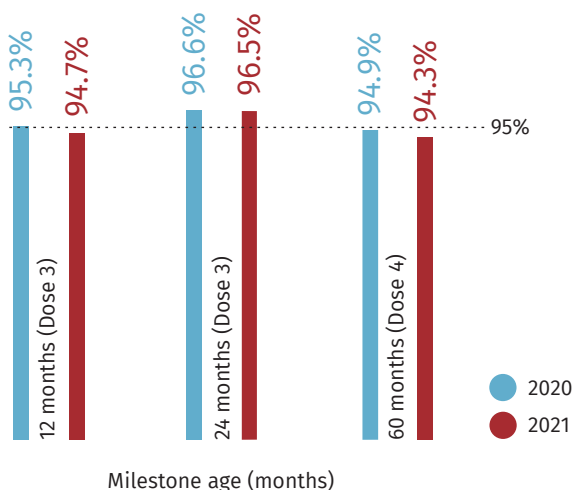
Three-dose coverage of polio-containing vaccine in all children at 12 months of age was 94.7% in 2021, slightly below the national target of 95% and 0.6 of a percentage point lower than in 2020.

Although Aboriginal and Torres Strait Islander children had lower coverage for the third dose of polio containing vaccine when assessed at 12 months of age (91.8% versus 94.7% for all children in 2021), coverage increased to 96.9% when assessed at 24 months of age, showing that polio catch-up vaccination activity is occurring.



Refer to Table 1 on page 11 of the full Annual Immunisation Coverage Report 2021 for vaccination coverage estimates (%) in children by age assessment milestone, vaccine/antigen and Indigenous status, Australia, 2020 versus 2021.

Overall polio vaccine coverage in all children

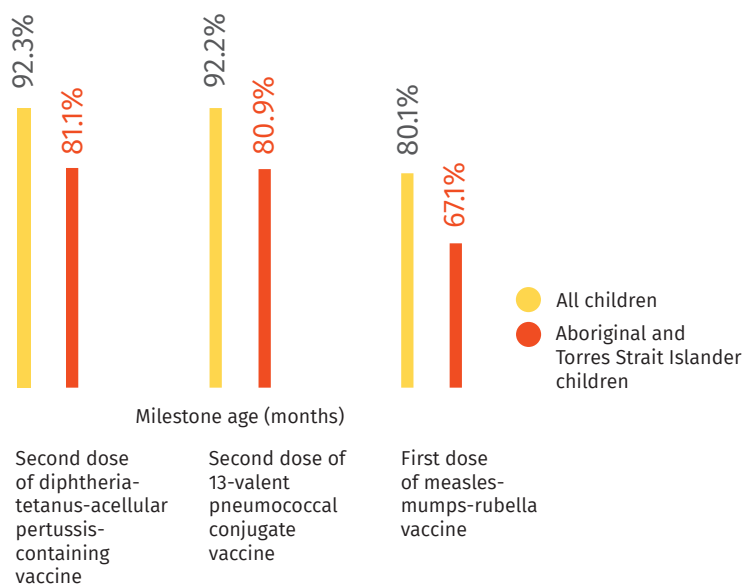


Timeliness of vaccination

Issues with timeliness of vaccination persist, particularly in Aboriginal and Torres Strait Islander and socioeconomically disadvantaged children.



Refer to pages 16-18 of the full Annual Immunisation Coverage Report 2021 for further detail.



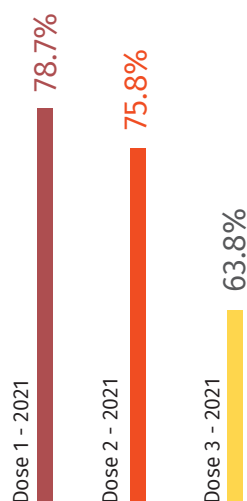
On-time (within 30 days of the recommended age) vaccination rates for Aboriginal and Torres Strait Islander children remain lower than non-Indigenous children. This is consistent with longstanding vaccination timeliness issues among Aboriginal and Torres Strait Islander children.

Meningococcal B vaccine coverage

Meningococcal B vaccine coverage, for the first cohort of Aboriginal and Torres Strait Islander children eligible to have received 3 doses of meningococcal B vaccine by 31 December 2021 under the National Immunisation Program, was relatively high for a new program.



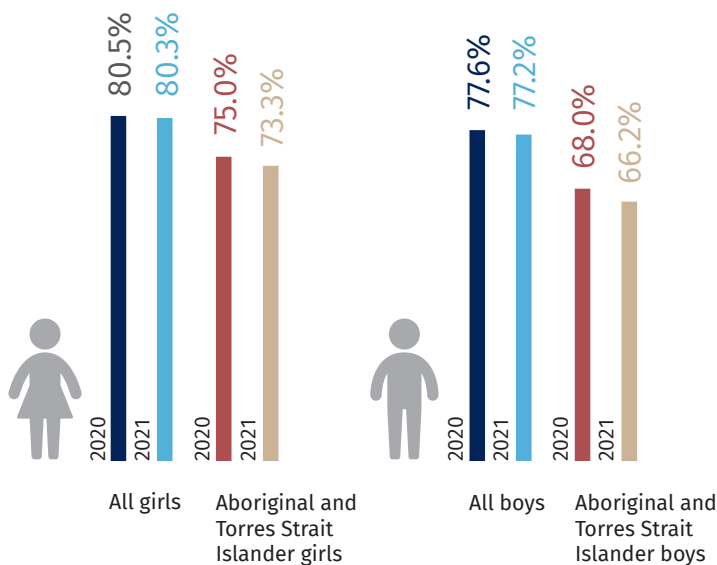
Refer to page 16 of the full Annual Immunisation Coverage Report 2021 for further detail.



THREE-DOSE MENINGOCOCCAL B VACCINE COVERAGE WAS HIGHEST IN SOUTH AUSTRALIA (85.6%), WHERE A STATE-FUNDED PROGRAM FOR ALL CHILDREN WAS ESTABLISHED IN 2018, FOLLOWED BY THE NORTHERN TERRITORY (78.2%), AND LOWEST IN VICTORIA (37.7%) AND TASMANIA (43.5%).

Human papillomavirus (HPV) vaccination coverage

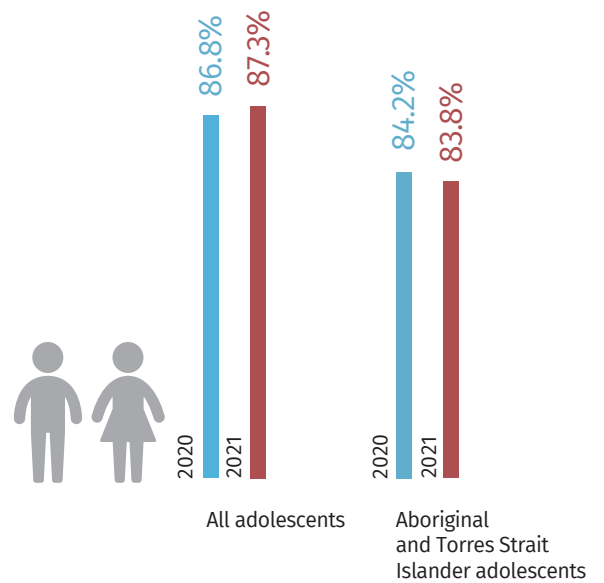
In 2021, 80.3% of girls and 77.2% of boys (and 73.3% and 66.2% of Aboriginal and Torres Strait Islander girls and boys) had completed the HPV vaccination schedule by 15 years of age (WHO standard assessment age), marginally lower than 2020. These figures predominantly reflect vaccinations given in school programs prior to the pandemic.



Refer to pages 29 and 30 of the full Annual Immunisation Coverage Report 2021 for further detail.

Diphtheria-tetanus-acellular pertussis (dTpa) adolescent booster dose coverage

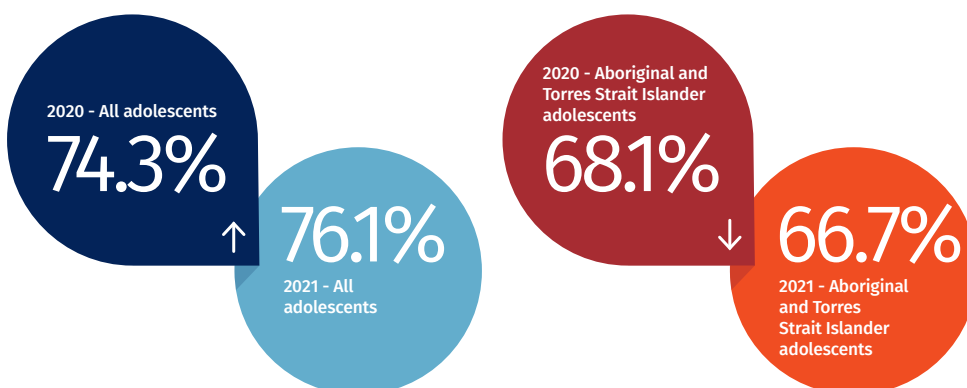
Coverage of the dTpa booster dose by 15 years of age for adolescents overall was slightly higher in 2021 than 2020. These figures predominantly reflect vaccinations given in school programs prior to the pandemic.



Refer to Figures 19 and 20 on pages 35 and 36 of the full Annual Immunisation Coverage Report 2021 for further detail.

Meningococcal ACWY vaccine coverage

Coverage was higher for adolescents overall in 2021 than 2020, but lower for Aboriginal and Torres Strait Islander adolescents. These figures predominantly reflect vaccinations given in school programs prior to the pandemic.



Coverage (%) of meningococcal ACWY vaccine in adolescents by 17 years of age

See Figures 21-22 on page 37 of the full Annual Immunisation Coverage Report 2021 for further detail.



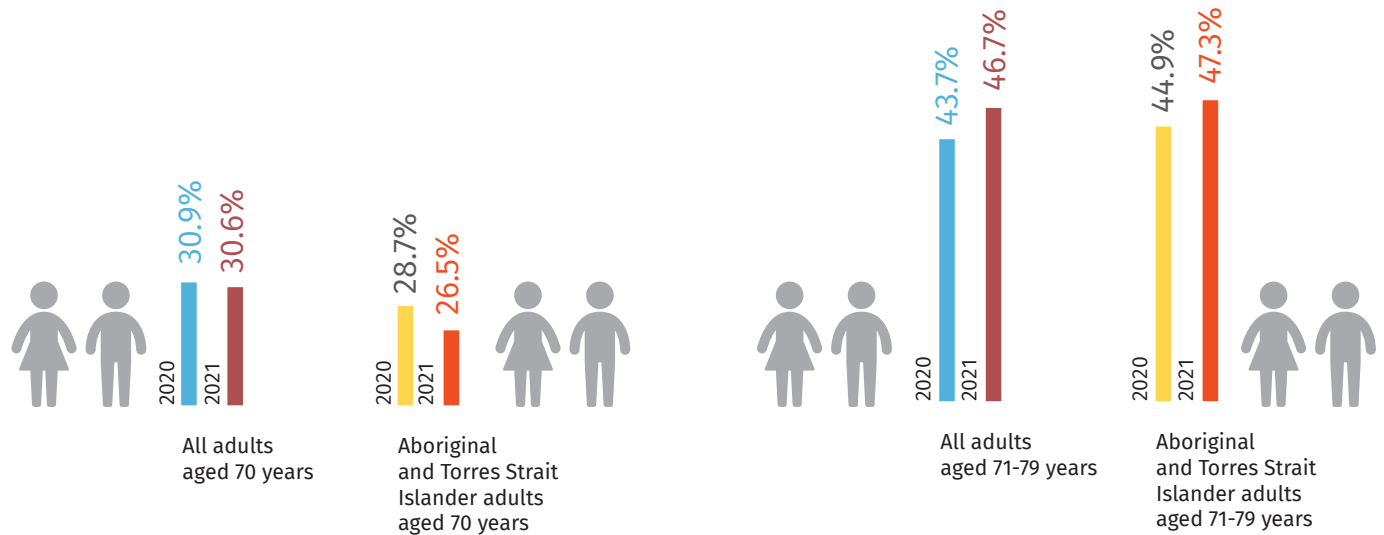
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Zoster vaccination coverage

Zoster vaccine coverage for adults aged 70 years was slightly lower in 2021 than 2020, but higher in adults aged 71-79 years reflecting ongoing catch-up vaccination.



See Figures 24-27 on page 39-41 of the full Annual Immunisation Coverage Report 2021 for further details.

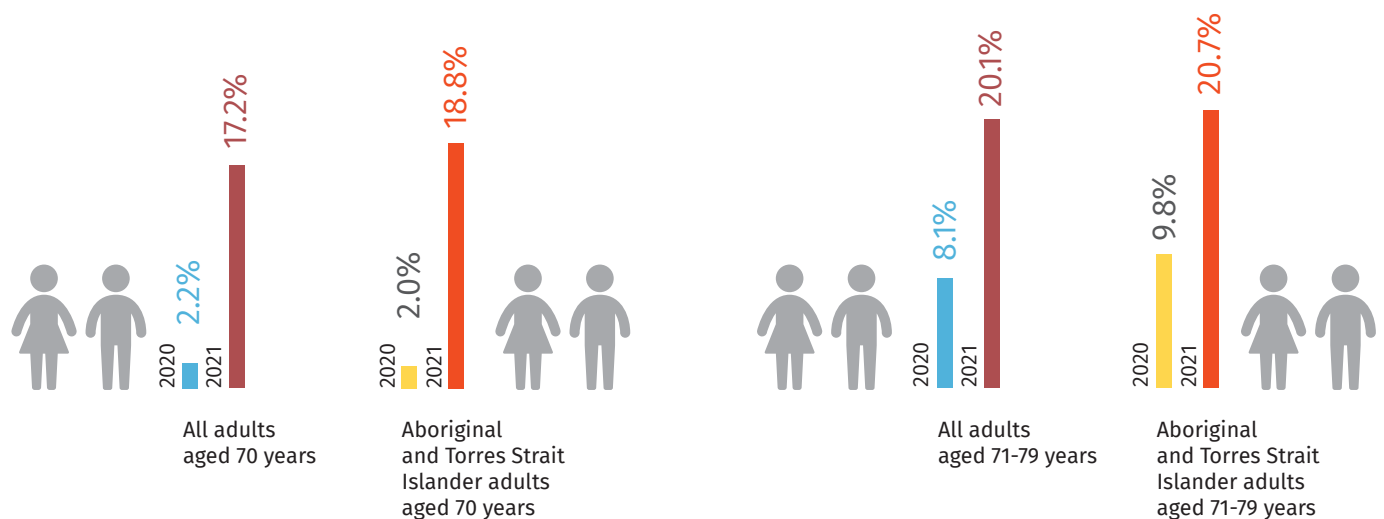


Pneumococcal vaccination coverage

Pneumococcal vaccine coverage in adults aged 70-79 years increased in 2021, but was fairly low for all adults and for Aboriginal and Torres Strait Islander adults.



See Figures 24-27 on page 42 of the full Annual Immunisation Coverage Report 2021 for further details.



Key findings:

Vaccine coverage in children in Australia remained relatively high overall in 2021, despite the major disruptions associated with the COVID-19 pandemic.

While coverage in **Aboriginal and Torres Strait Islander children** was relatively high overall, timeliness of vaccination remains a persistent issue.

Adolescent coverage was also relatively high in 2021, although evidence of pandemic impacts was seen, particularly on HPV vaccine course completion within the calendar year.

A strengthened focus on **adult vaccination** is needed as coverage remained suboptimal in 2021.