

# Annual Immunisation Coverage Report 2022 Summary

**This 2022 report comprehensively documents the impact of the COVID-19 pandemic and associated public health response measures on vaccine coverage.**

We analysed Australian Immunisation Register data for children, adolescents and adults, focusing on changes in vaccination coverage since the previous (2021) report.

## Section 1 Vaccination coverage in children

### Fully vaccinated coverage in children

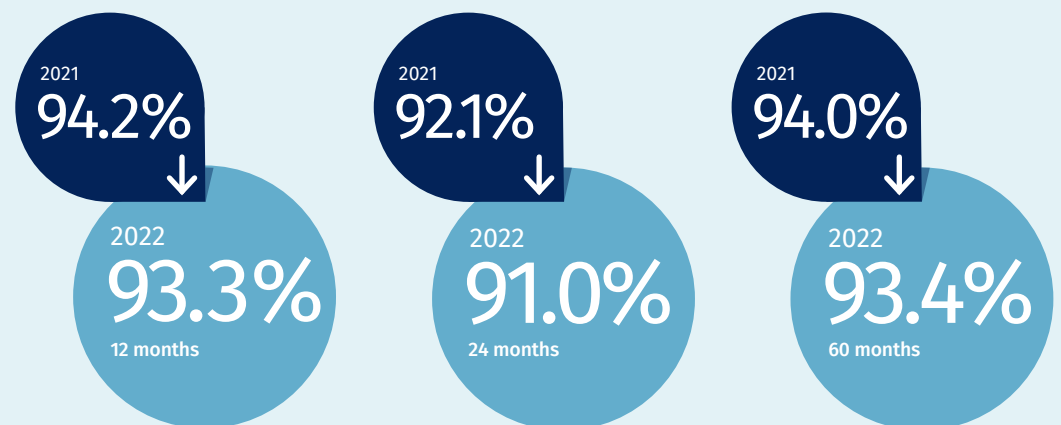
Given that standard assessment time points are 6–18 months after vaccines are due, childhood fully vaccinated coverage figures for 2022 predominantly reflect vaccinations due in 2021.

This report shows a modest impact of the COVID-19 pandemic on childhood vaccination coverage. Decreases of similar magnitude have been seen in comparable developed countries, such as the UK and US.

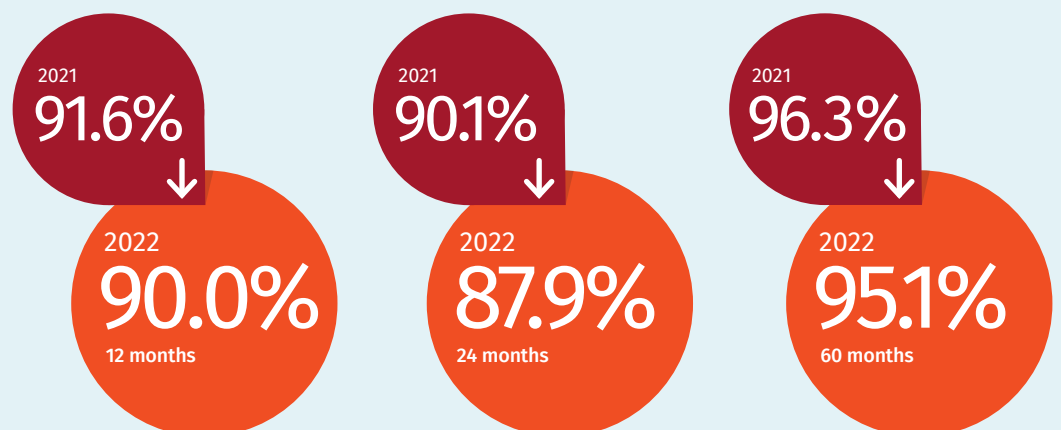
Fully vaccinated coverage for both children overall and for Aboriginal and Torres Strait Islander (hereafter, respectfully, referred to as Indigenous) children decreased at all three standard age milestones (12 months, 24 months and 60 months of age).


These decreases were all larger in Indigenous children than in children overall, indicating differential impacts of the pandemic and increasing the disparity in coverage at 12 and 24 months of age. However, fully vaccinated coverage at 60 months of age continues to be higher in Indigenous children (95.1%) than in children overall (93.4%).

#### Children overall



#### Indigenous children



 Refer to Table 1 on p. 14 of the full Annual Immunisation Coverage Report 2022 for further detail. Refer also to Table A2 in the Appendix on p. 74 for definitions of 'fully vaccinated' and age cohorts used in these reports.

## Measles-mumps-rubella (MMR) vaccination coverage

In 2022, coverage of the second dose of MMR-containing vaccine in children at 60 months of age was 96.3% overall, 0.3 of a percentage point lower than in 2021 but remaining above the national target of 95%.

Although Indigenous children had lower coverage for the second dose of MMR-containing vaccine when

assessed at 24 months of age (90.2% versus 92.7% overall), coverage increased to 98.3% (versus 96.3% overall) when assessed at 60 months of age, showing that MMR catch-up vaccination activity is occurring.

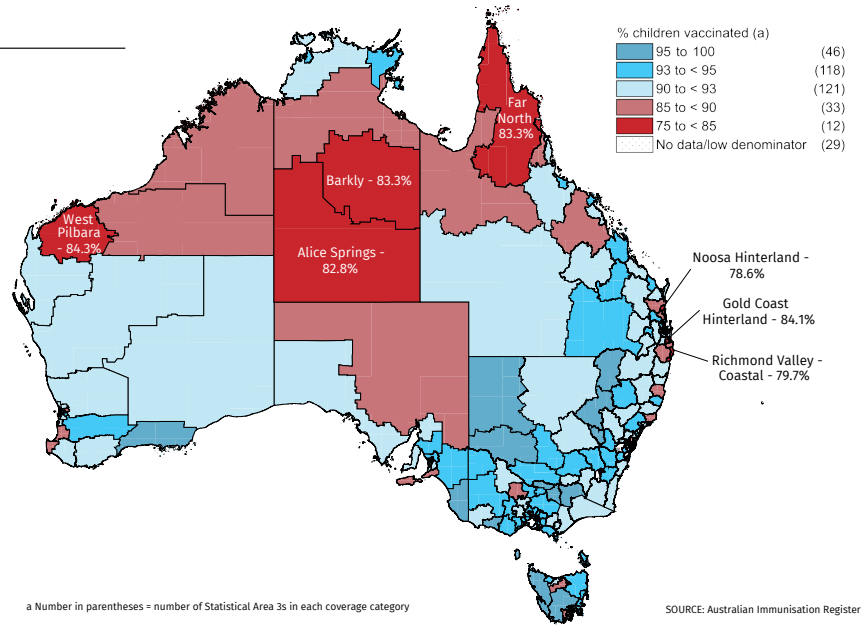
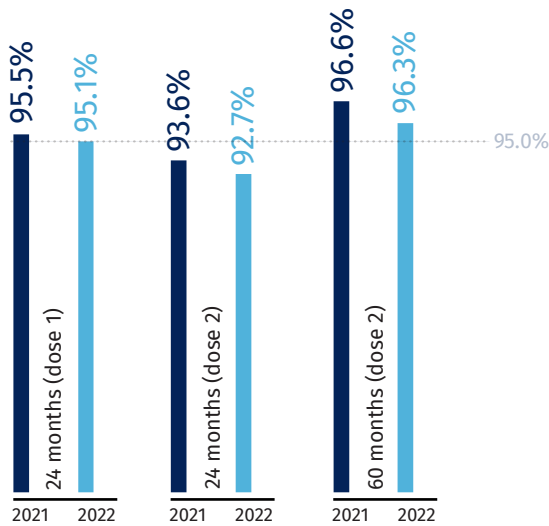
Pandemic impacts on coverage have been greater in some parts of Australia than in others. For example,

in some remote areas with a high proportion of Indigenous people, such as the West Pilbara area in Western Australia and the Barkly and Alice Springs areas in the Northern Territory, coverage for the second dose of MMR-containing vaccine at 24 months of age decreased from above 90% in the 2020 report to below 85% in 2022. For the second dose of MMR-

containing vaccine, coverage of 95% or higher at 24 months of age was achieved for only 13.6% (45/330) of Statistical Area Level 3 (SA3) areas in Australia.

Refer to Table 1 on p. 14 of the full Annual Immunisation Coverage Report 2022 for vaccination coverage estimates (%) in children by age assessment milestone, vaccine/antigen and Indigenous status in Australia in 2021 versus 2022.

Overall MMR-containing vaccine coverage in children

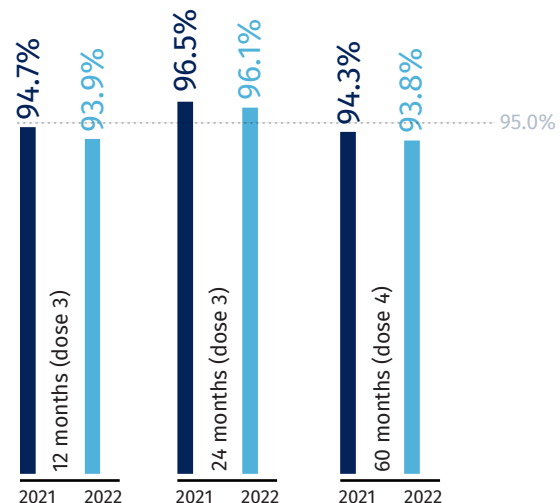


## Polio vaccination coverage

Coverage of the third dose of polio-containing vaccine in children at 12 months of age was 93.9% overall in 2022, 0.8 of a percentage point lower than in 2021 and remaining below the national target of 95%.

Indigenous children had lower coverage for the third dose of polio-containing vaccine when assessed at 12 months of age (90.2% versus 93.9% overall in 2022); however, coverage increased to 96.1% when assessed at 24 months of age, showing that polio catch-up vaccination activity is occurring.

Overall polio vaccine coverage in children




Refer to Table 1 on p. 14 of the full Annual Immunisation Coverage Report 2022 for vaccination coverage estimates (%) in children by age assessment milestone, vaccine/antigen and Indigenous status in Australia in 2021 versus 2022.

## On-time vaccination coverage

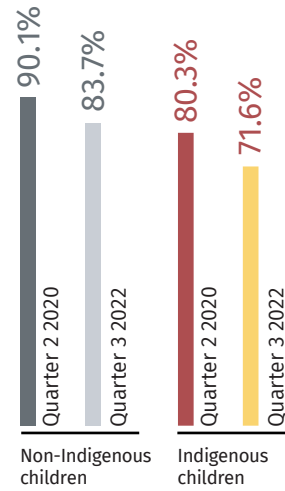
There were clear impacts of the COVID-19 pandemic on on-time vaccination coverage in young children, with the impact greater in Indigenous children.

Quarterly on-time (i.e. within 30 days of recommended age) vaccination coverage of both the second dose of diphtheria-tetanus-acellular pertussis-containing

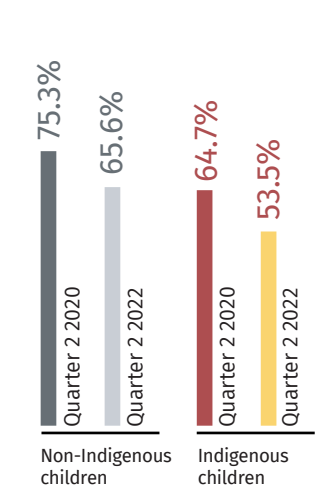
vaccine and the first dose of MMR-containing vaccine decreased progressively from the second quarter of 2020 onwards, before recovering partially in the second half of 2022. These decreases were several percentage points greater in Indigenous than in non-Indigenous children.

 Refer to Figures 7 and 8 on pp. 24–25 of the full Annual Immunisation Coverage Report 2022 for further detail.

### Second dose of diphtheria-tetanus-acellular pertussis-containing vaccine




### First dose of MMR-containing vaccine



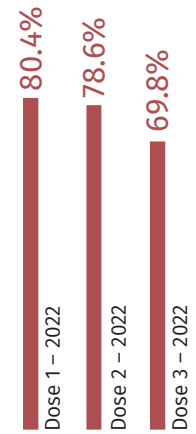
IT IS IMPORTANT TO MAINTAIN HIGH LEVELS OF VACCINATION COVERAGE IN AUSTRALIA. THERE IS A HIGHER RISK OF IMPORTED DISEASES SUCH AS MEASLES WITH THE INCREASE IN INTERNATIONAL TRAVEL FOLLOWING THE LOOSENING OF PANDEMIC-RELATED RESTRICTIONS, PARTICULARLY GIVEN THE DECREASES IN VACCINE COVERAGE AND MEASLES OUTBREAKS SEEN IN SOME COUNTRIES OVERSEAS

## Meningococcal B vaccination coverage

Meningococcal B vaccine coverage for the first year-wide cohort of Indigenous children eligible to have received three doses by 31 December 2022 under the National Immunisation Program was 80.4% for the first dose, 78.6% for the second dose and 69.8% for the third dose.

 Refer to Figure 5 on p. 22 of the full Annual Immunisation Coverage Report 2022 for further detail.

### Indigenous children



## Human papillomavirus (HPV) vaccination coverage

85.3% of girls and 83.1% of boys who turned 15 in 2022 – and 83.0% and 78.1% of Indigenous girls and boys, respectively – had received at least one dose of HPV vaccine by their 15th birthday.

HPV coverage was lower in 2022 than in 2021; however, it was comparable to 2022 coverage estimates in similar developed countries, using

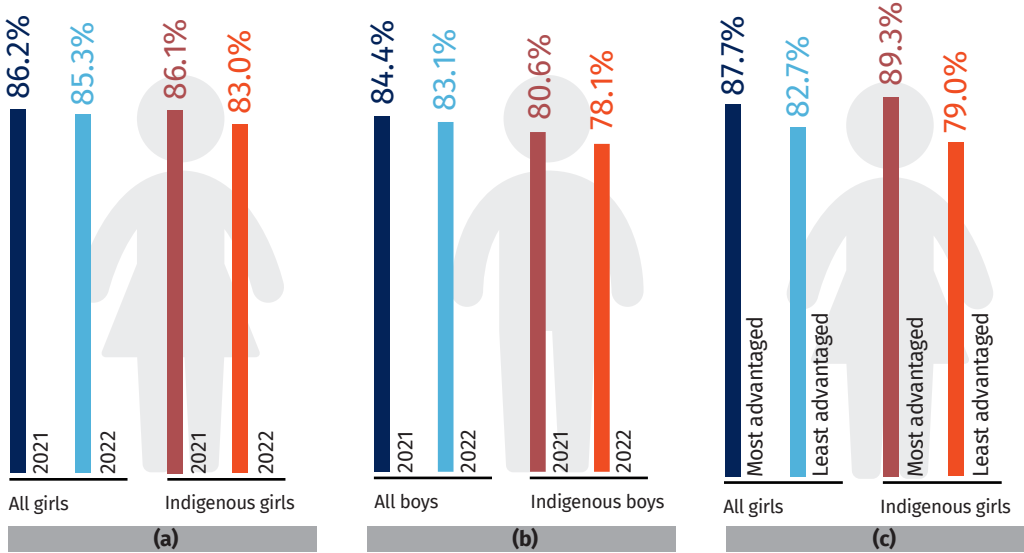
the same World Health Organization-recommended assessment methodology. The decreases seen in Australia in this report also reflect the impact of the COVID-19 pandemic.

Coverage of at least one dose of HPV vaccine by the 15th birthday in 2022 was 5.0 percentage points higher overall in girls living in the

most socio-economically advantaged areas (and 10.3 percentage points higher in Indigenous girls) than in those living in the least advantaged areas. This trend was similar for boys.

Refer to Table 3 on p. 33 of the full Annual Immunisation Coverage Report 2022 for further detail.

At least one dose of HPV vaccine – adolescents turning 15 years of age: (a) girls – 2021 vs 2022; (b) boys – 2021 vs 2022; (c) girls, by socio-economic status of area of residence – 2022

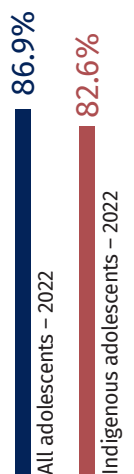


Refer to Table 4 on p. 33 of the full Annual Immunisation Coverage Report 2022 for further detail.

## Diphtheria-tetanus-pertussis vaccination coverage

In adolescents turning 15 years of age in 2022, coverage of an adolescent dose of diphtheria-tetanus-pertussis vaccine by the end of 2022 was 4.3 percentage points lower for Indigenous adolescents than for adolescents overall. This disparity decreased with increasing age, reaching less than a percentage point in Indigenous adolescents turning 18 and 19 years of age.

Diphtheria-tetanus-pertussis vaccine – adolescents turning 15 years of age

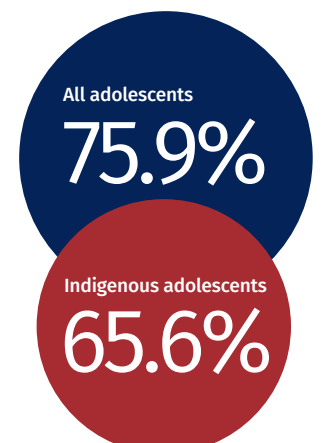


Refer to Figure 15 on p. 36 of the full Annual Immunisation Coverage Report 2022 for further detail.

## Meningococcal ACWY vaccination coverage

In adolescents turning 17 years of age in 2022, coverage of an adolescent dose of meningococcal ACWY vaccine was 10.3 percentage points lower for Indigenous adolescents than for adolescents overall. This difference decreased with increasing age, reaching 6.4 percentage points lower in Indigenous adolescents turning 19 years of age.

Meningococcal ACWY vaccine – adolescents turning 17 years of age



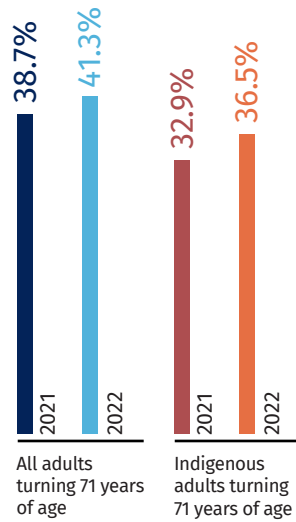
Refer to Figure 16 on p. 37 of the full Annual Immunisation Coverage Report 2022 for further detail.

### Zoster vaccination coverage

Zoster vaccine coverage for adults turning 71 years of age was higher in 2022 than in 2021. Overall coverage was highest for adults turning 75 years of age (54.6%). Coverage patterns for Indigenous adults were similar.

See Figures 23–26 on pp. 46–49 of the full Annual Immunisation Coverage Report 2022 for further detail.

Zoster vaccine – adults turning 71 years of age

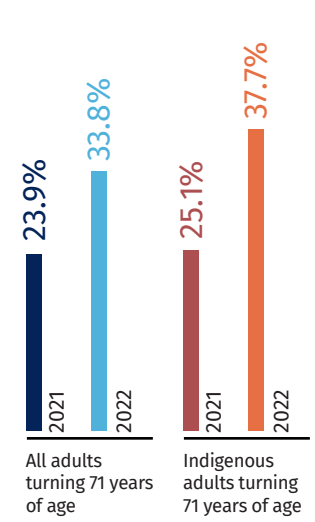


### Pneumococcal vaccination coverage

Pneumococcal vaccine coverage for adults turning 71 years of age was higher in 2022 than in 2021. Overall coverage was highest for adults turning 72 years of age (34.1%). Coverage patterns for Indigenous adults were similar.

See Figures 27–30 on pp. 50–53 of the full Annual Immunisation Coverage Report 2022 for further detail.

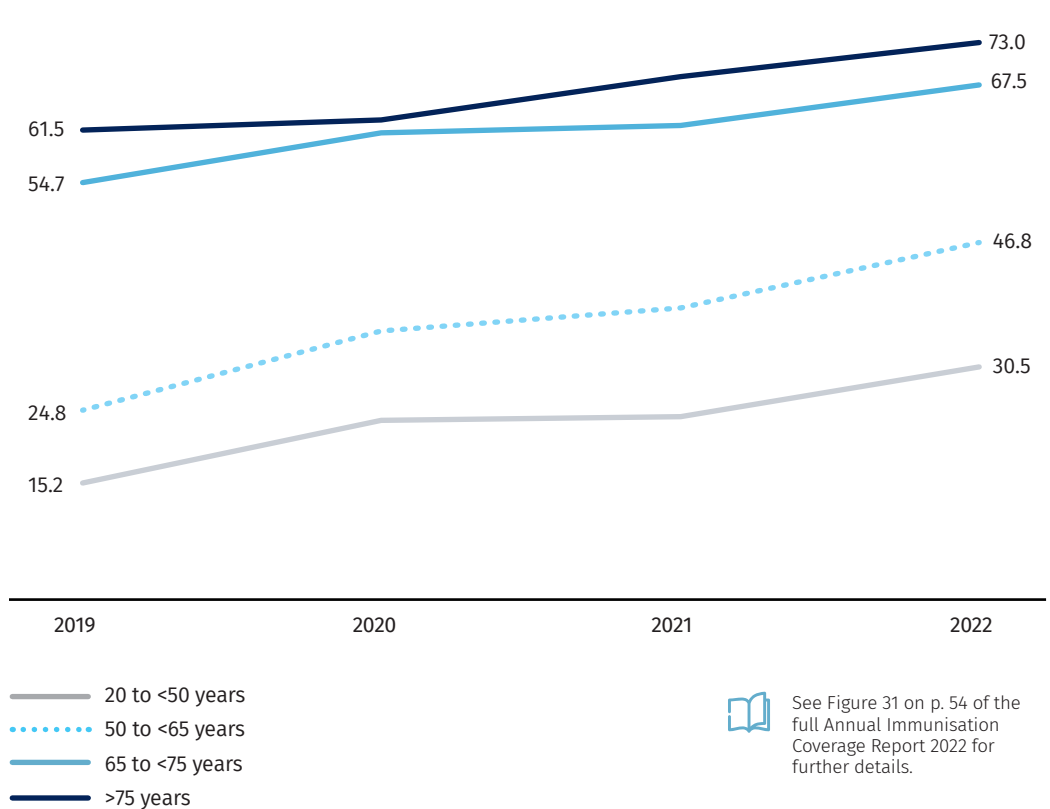
Pneumococcal vaccine – adults turning 71 years of age



### Influenza vaccination coverage

Influenza vaccine coverage in adults in 2022 increased with increasing age, reaching 73.0% in the ≥75 years age group. Coverage was higher in 2022 than in 2021 across all adult age groups, with the proportionate increase since 2019 four- to five-fold higher in those aged <65 years than in those aged ≥65 years. These increases partly reflect increased reporting of vaccinations due to the introduction of mandatory reporting to the Australian Immunisation Register in 2021.

Coverage of seasonal influenza vaccine by adult age group, Australia, 2019–2022



See Figure 31 on p. 54 of the full Annual Immunisation Coverage Report 2022 for further details.