

Annual Immunisation Coverage Report 2020 Summary

We analysed Australian Immunisation Register (AIR) data for children, adolescents and adults, focusing on changes in immunisation coverage between 2019 and 2020. This is the first time that adolescent and adult coverage data from AIR have been included in our annual coverage report.

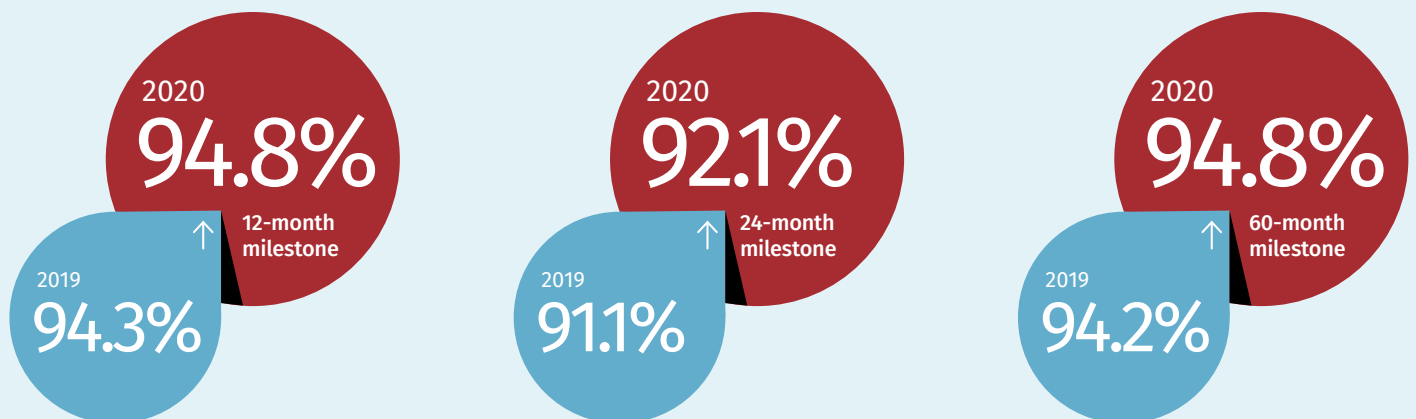
 [Read the full report ncirs.org.au/reports](https://ncirs.org.au/reports)

Section 1 Vaccination coverage in children

‘Fully vaccinated’ coverage for all children increased at all three age milestones



Refer to Table A2 in the Appendix on page 45 of the full Annual Immunisation Coverage Report 2020 for further detail and definitions of ‘fully vaccinated’ and age cohorts.

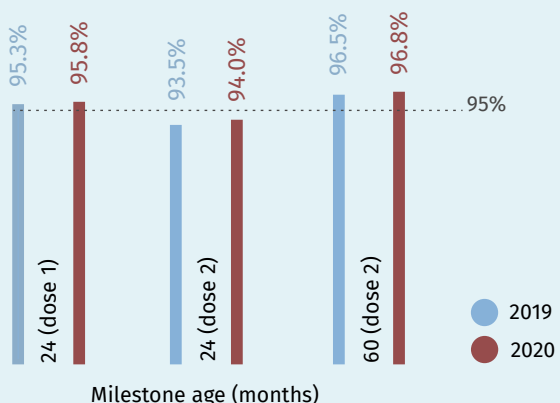



Measles-mumps-rubella (MMR) vaccination coverage

Two-dose coverage of MMR-containing vaccine in all children at 60 months of age was 96.8% in 2020, above the national target of 95%.

Although Aboriginal and Torres Strait Islander children had slightly lower coverage for the second dose of MMR-containing vaccine when assessed at 24 months of age (93.9% versus 94.0% for all children in 2020), coverage increased to 98.8% when assessed at 60 months of age, showing catch-up vaccination activity is occurring.

Overall measles-mumps-rubella vaccine coverage in all children



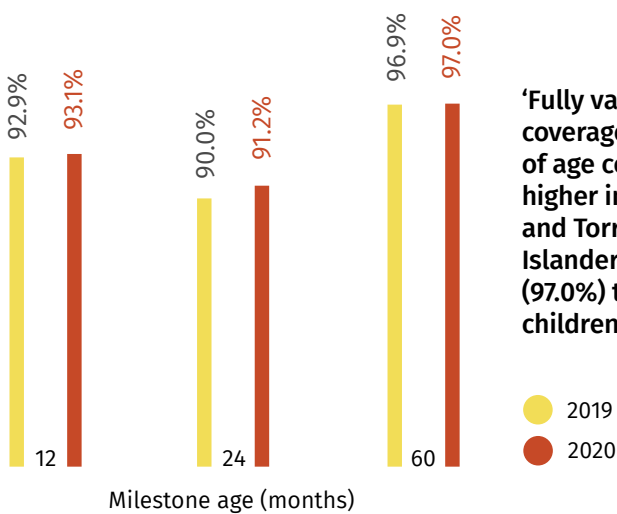
 Refer to Table 1 on page 9 of the full Annual Immunisation Coverage Report 2020 for vaccination coverage estimates (%) in children by age assessment milestone, vaccine/antigen and Indigenous status, Australia, 2019 versus 2020.

Vaccination coverage in Aboriginal and Torres Strait Islander children

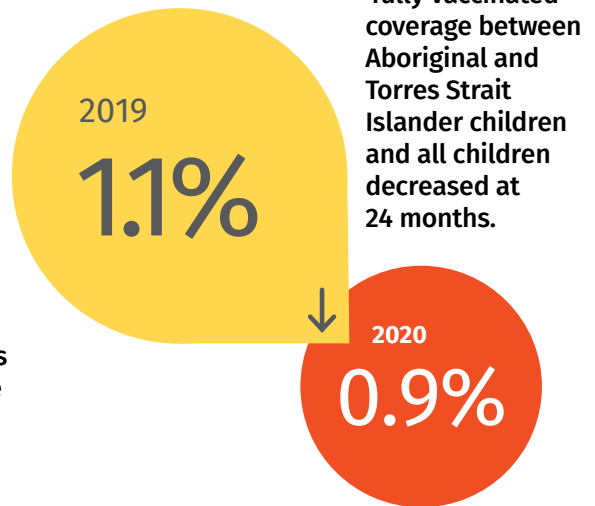
Refer to Table 1 on page 9 of the full Annual Immunisation Coverage Report 2020 for vaccination coverage estimates by age assessment milestone, vaccine/antigen and Indigenous status.

Between 2019 and 2020 'fully vaccinated' coverage for Aboriginal and Torres Strait Islander children increased for all three age milestones.

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



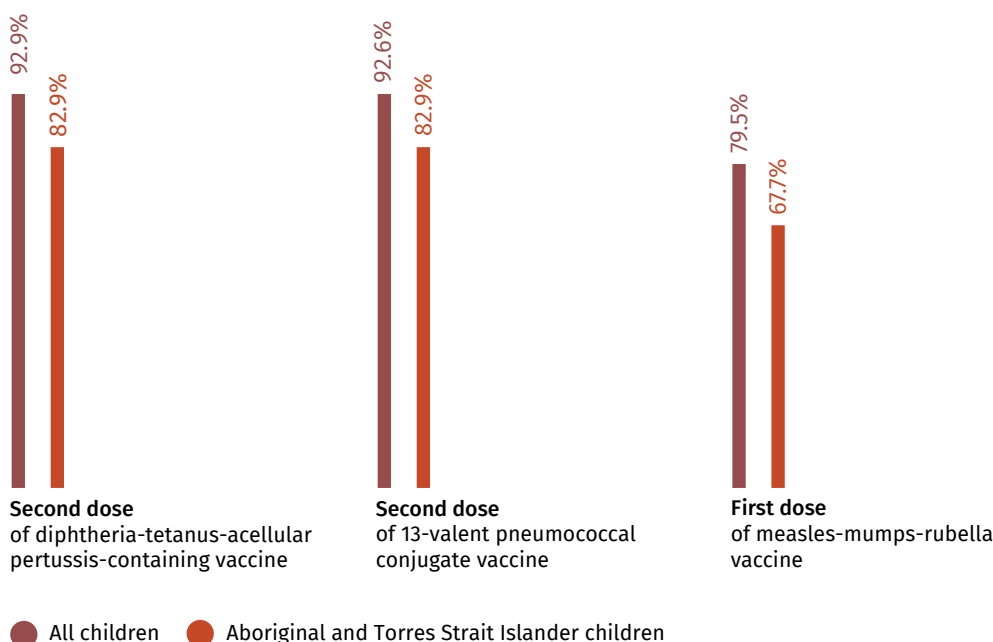
'Fully vaccinated' coverage at 60 months of age continues to be higher in Aboriginal and Torres Strait Islander children (97.0%) than all children (94.8%).



The disparity in 'fully vaccinated' coverage between Aboriginal and Torres Strait Islander children and all children decreased at 24 months.

Timeliness of vaccination in Aboriginal and Torres Strait Islander children

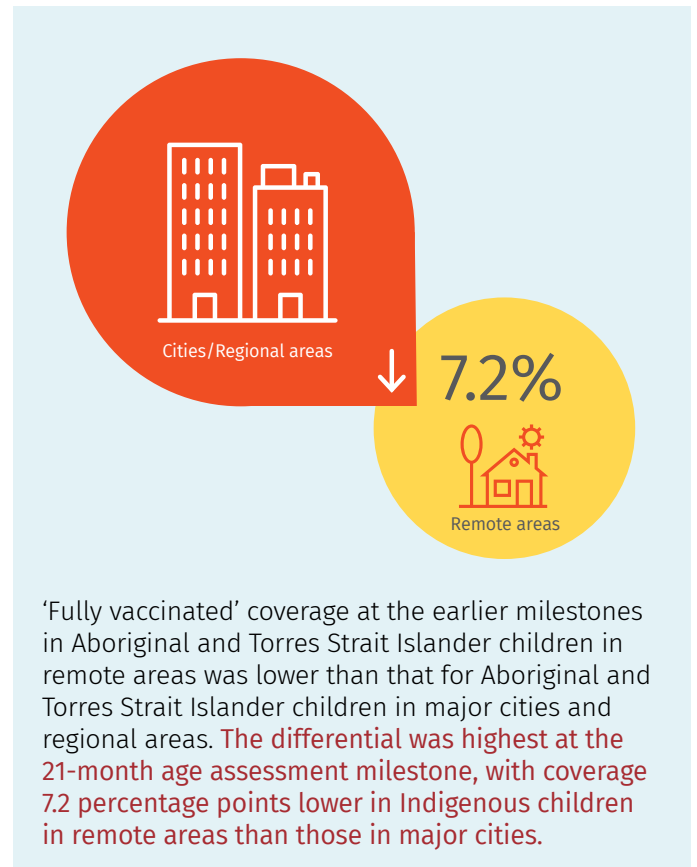
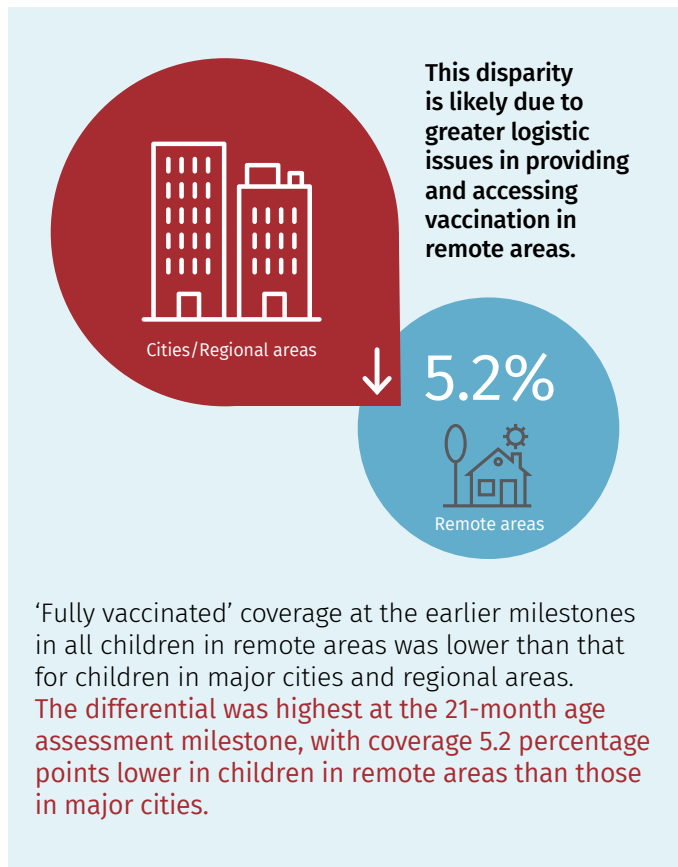
Refer to pages 14-20 of the full Annual Immunisation Coverage Report 2020 for further detail.



ON-TIME VACCINATION RATES FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN REMAIN LOWER THAN FOR NON-INDIGENOUS CHILDREN, INDICATING LONG-STANDING VACCINATION TIMELINESS ISSUES AMONG ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN PERSIST

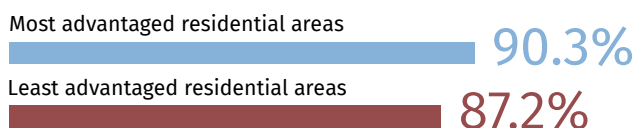
Impact of remoteness and socioeconomic status

We also calculated ‘fully vaccinated’ coverage by remoteness of area of residence at 3 months after the last vaccine dose was due (i.e. earlier than the standard assessment milestones).



We also calculated ‘fully vaccinated’ coverage by socioeconomic status of area of residence at 3 months after the last vaccine dose due (i.e. earlier than the standard assessment milestones) to capture aspects of timeliness.

Children living in the least advantaged residential areas had lower coverage at the 21-month milestone than those living in the most advantaged areas.



As younger children are generally more vulnerable to severe disease, and Aboriginal and Torres Strait Islander and socioeconomically disadvantaged children even more so, equitable coverage of vaccination at the earliest appropriate age, in line with the National Immunisation Schedule (NIP) schedule, should be a public health goal for Australia

NEW COVERAGE TARGETS FOR EARLIER PROTECTION IN THE FIRST TWO YEARS OF LIFE COULD BE USEFUL, ALONG WITH A REVIEW OF CURRENT ‘FULLY VACCINATED’ ASSESSMENT ALGORITHMS, PARTICULARLY AT THE 60-MONTH AGE MILESTONE WHERE ONLY A SINGLE VACCINE IS CURRENTLY ASSESSED



Refer to Tables 3 and 4 on pages 20 and 21 of the full Annual Immunisation Coverage Report 2020 for further detail.

Human papillomavirus (HPV) vaccination coverage

HPV vaccination coverage continues to increase, reflecting a successful, predominantly school-based, program.

Human papillomavirus (HPV) vaccination course completion by 15 years of age

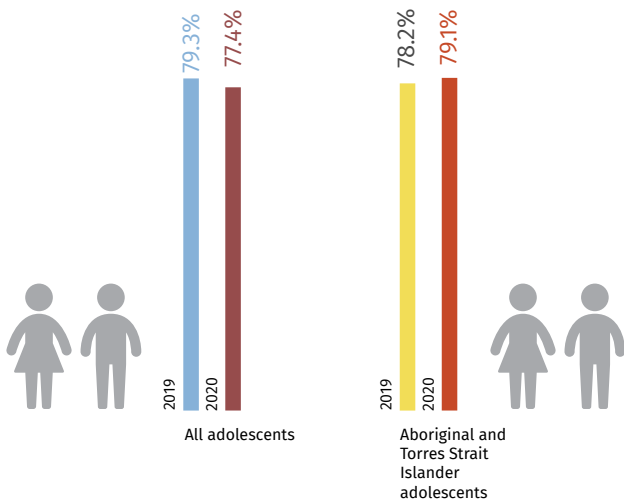
Refer to Tables 5 and 6 on pages 27 and 28 of the full Annual Immunisation Coverage Report 2020 for further detail.



HPV VACCINATION PROGRAM MODELLING SUGGESTS THAT SUSTAINED POPULATION VACCINATION COVERAGE OF OVER 80% WILL BE SUFFICIENT FOR ELIMINATION OF TARGETED HPV TYPES AND AUSTRALIA LOOKS WELL PLACED TO ACHIEVE THIS

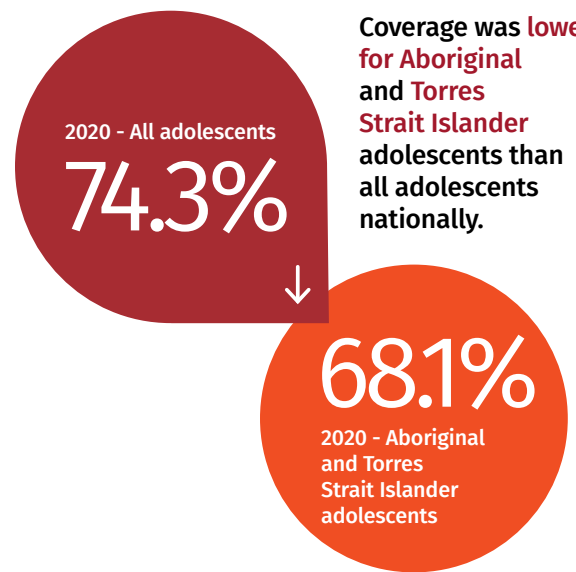
Diphtheria-tetanus-acellular pertussis (dTpa) booster vaccine coverage by 15 years of age

Nationally, dTpa coverage was 1.9 percentage points lower in 2020 than 2019, although this was due solely to a decrease in Queensland (from 81.7% to 65.8%), with coverage in all other jurisdictions increasing.



Meningococcal ACWY vaccine coverage in adolescents by 17 years of age

Coverage was lower for Aboriginal and Torres Strait Islander adolescents than all adolescents nationally.



Refer to Figures 15 and 16 on pages 31 and 32 of the full Annual Immunisation Coverage Report 2020 for further detail.



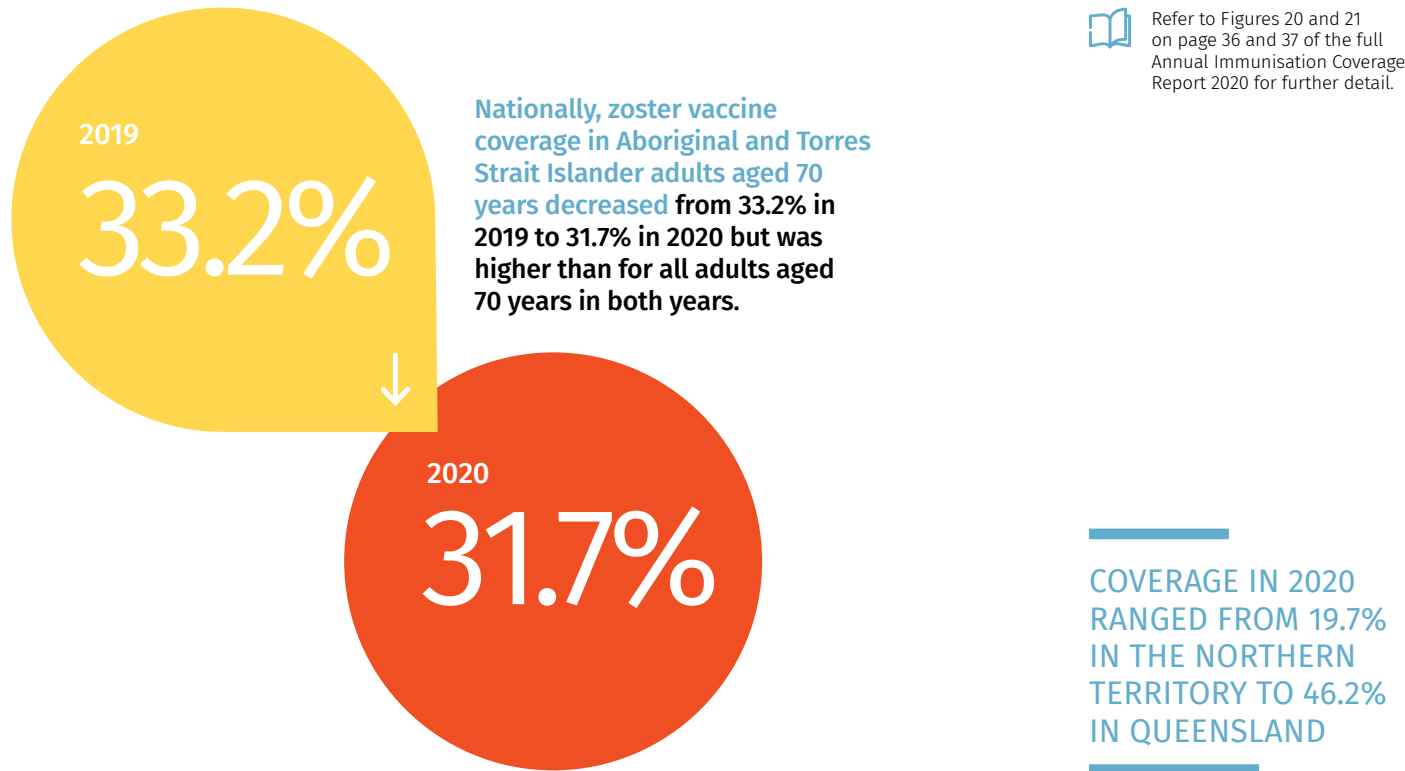
Refer to Figure 17 on page 33 of the full Annual Immunisation Coverage Report 2020 for further detail.



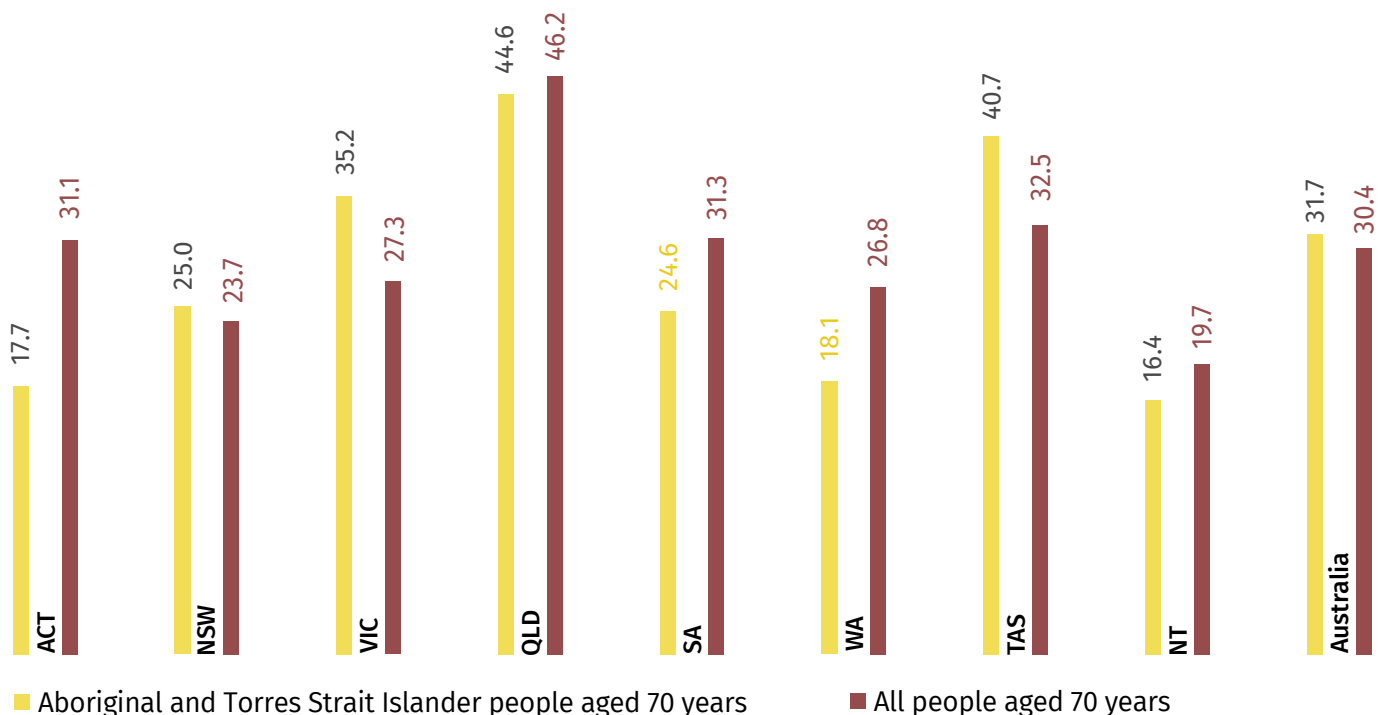
Zoster vaccination coverage

Recorded zoster vaccination coverage was low in 70-year-old adults in both 2019 and 2020, at just over 30%. This likely reflects under-reporting to AIR, with true coverage likely higher. It will be important to monitor trends in adult vaccination coverage following the introduction of mandatory reporting of all NIP vaccines to AIR from 1 July 2021.

Refer to Figures 20 and 21 on page 36 and 37 of the full Annual Immunisation Coverage Report 2020 for further detail.



Zoster vaccination coverage for all adults aged 70 years and Aboriginal and Torres Strait Islander adults aged 70 years, by jurisdiction, Australia 2020



Impact on vaccination coverage in children

The Annual Immunisation Coverage Report 2020 predominantly reflects vaccinations due in 2019, that is, before the COVID-19 pandemic, as standard assessment time points are 6–12 months after vaccines are due. However, other reports have shown no impact of the pandemic on routine childhood vaccination in young children in Australia, as demonstrated in the [COVID-19: Impact on routine childhood vaccination uptake in Australia](#) report and the [Impact of the COVID-19 pandemic on routine vaccinations in Victoria](#), published study.

Impact on influenza vaccination coverage

Influenza vaccination coverage in children aged 6 months to <5 years increased by 4.2 percentage points to 45.2% in 2020, and remained stable for Aboriginal and Torres Strait Islander children at 43.6%.

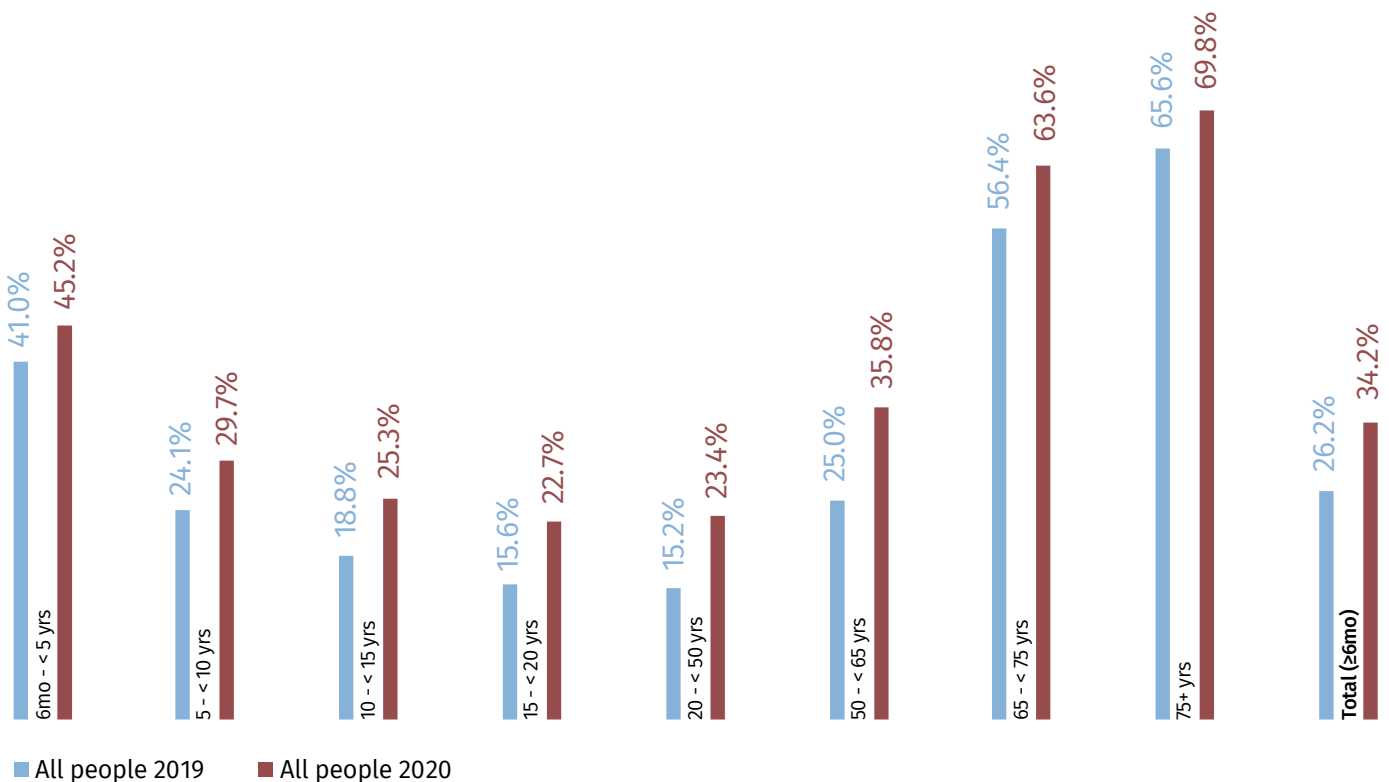
In adults, recorded influenza vaccination coverage in 2020 increased with increasing age group, reaching 64% in the 65–69 year age group and 70% in the ≥75 year age group.

Influenza vaccination coverage also increased across all age groups between 2019 and 2020. These figures likely

reflect some underreporting, with true coverage probably higher.

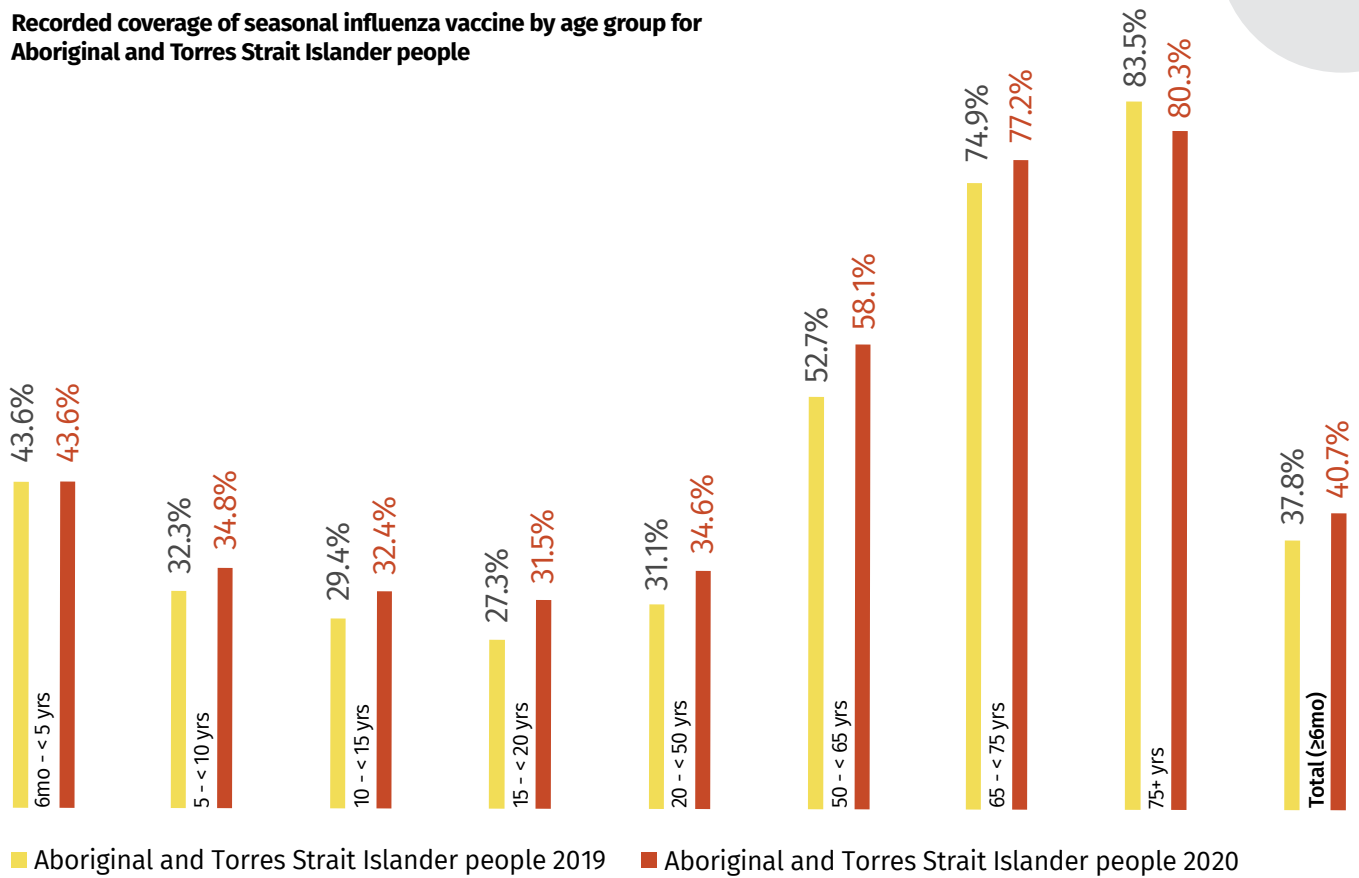
Increase in influenza vaccination coverage across all age groups between 2019 and 2020 could reflect both increased completeness of reporting vaccinations to AIR and a true increase in coverage because of early program rollout and associated public messaging around the importance of influenza vaccination in the early stages of the COVID-19 pandemic.

Recorded coverage of seasonal influenza vaccine by age group



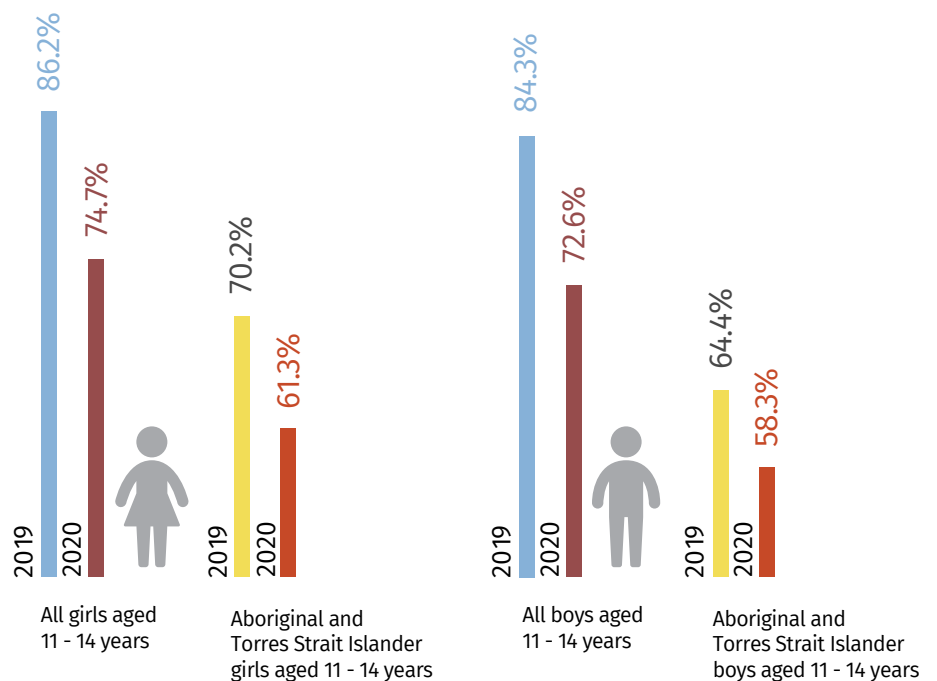


Recorded coverage of seasonal influenza vaccine by age group for Aboriginal and Torres Strait Islander people



Impact on HPV vaccination course completion

The proportion of adolescents aged 11–14 years who received their second dose of HPV vaccine in the same calendar year was 11.6 percentage points lower in 2020 than in 2019. This may reflect a flow-on effect from dose 1 vaccination delays in 2020 due to the COVID-19 pandemic and associated control measures, particularly school closures, given the minimum 6-month interval recommended between doses. It will therefore be important to monitor levels of catch-up vaccination in adolescents in 2021 and beyond.



Refer to Tables 7 and 8 on pages 29 and 30 of the full Annual Immunisation Coverage Report 2020 for further detail.