Annual Immunisation Coverage Report 2021
Summary

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.
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.

'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%).

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

‘Fully vaccinated’ coverage for Aboriginal and Torres Strait Islander children.

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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.

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

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

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

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.

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.
Timeliness of vaccination

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

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.

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.
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.

![Graph showing Zoster vaccination coverage in adults](image)

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.

![Graph showing Pneumococcal vaccination coverage in adults](image)

Key findings:

**Vaccine coverage in children**

- 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**

- 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.**