Why Is This Important?
Immunization coverage among seven-year-olds is a standard indicator of population immunity against vaccine preventable diseases among school age children. Many factors influence coverage rates including access, education, family support, competing family priorities, mobility of populations, housing insecurity and poverty.

Measles and pertussis vaccines are included in vaccines that prevent other diseases such as mumps and rubella (MMR) and diphtheria, tetanus, haemophilis influenza B, & polio (DPTaP-Hib)

Human papillomavirus (HPV) is estimated to infect 70% of female Canadians at some point in their lives, and some types can cause cervical cancer. Hepatitis B virus is one of several causes of hepatitis that can cause liver disease and cancer. Pertussis, or whooping cough, is highly infectious. Severe outcomes from this respiratory infection are greatest among infants too young to have started immunization or partially immunized. A high coverage in young adults is important to prevent community outbreaks and infection of vulnerable infants. Meningococcal bacteria can cause meningitis and long-term disability among survivors; outbreaks are most common among young adults. The C ACYW-135 protects against four common strains of meningococcal disease.

Examples of Action Being Taken:
Saskatoon Health Region’s: Immunization Activities; Immunization Strategic Goals and Directions (Pending); Summary of Targets & Benchmarks (Pending)

To Learn More:
About the Data; Saskatoon Health Region 2013 Annual Immunization Report (pending); Saskatchewan Childhood Immunization Schedule; and the Chief Medical Health Officer’s Call to Action

Highlights

The Region’s immunization coverage of school age children is high.

- Measles coverage in seven-year-olds was 92.6% in 2013 (Figure 1). Coverage has been over 90% for the past five years. See urban and rural coverage.
- Pertussis coverage in seven-year-olds was 88.7% in 2013 (Figure 1).
- Human papilloma virus (HPV) coverage in thirteen-year-olds was 75.8% in 2013 (Figure 2). The uptake continues to increase.
- Pertussis booster coverage in fifteen-year-olds has increased 12% since 2009 (Figure 2). See urban and rural coverage.
- Hepatitis B coverage in fourteen-year-olds has decreased slightly (Figure 2).
- Meningococcal coverage in fourteen-year-olds has been stable at about 92% for five years (Figure 2).
- Immunization coverage varies by geography.

Figure 1: Seven-year-old Pertussis and Measles Coverage Percent, Saskatoon Health Region, 2009 to 2013

- Pertussis (4 or 5 doses*)
- Measles (2 doses)

Figure 2: Selected Vaccine Coverage Percent in Adolescents, Saskatoon Health Region, 2009 to 2013

- 13 year-old female HPV (3 doses)
- 14 year-olds hepatitis B (2 doses)
- 14 year-olds meningococcal C-ACYW-135 (1 dose)
- 15 year-olds pertussis booster (1 dose)

Source: SIMS