

# Early Childhood Immunization Coverage

## Why Is This Important?

Immunization is scheduled according to provincial recommendations to maximize protection during early childhood when children are most at risk of severe disease. Internationally, coverage rates are measured at two years of age. A high coverage rate helps maintain population immunity which results in decreased risk of acquiring disease, even among un-immunized individuals.

Many factors influence immunization rates including access, education, family support, immunization objectors, competing family priorities, mobility of populations, housing insecurity and poverty.

**Measles** causes serious illness and death world-wide and has been targeted for global eradication by 2020. Measles vaccine is typically administered in combination with mumps and rubella vaccine (MMR) or mumps, rubella and varicella (MMRV). Measles is highly infectious and has seen resurgence in Canada in recent years among under-immunized groups.

## What Is Being Done?

[2015/2016 Immunization Activities](#)

[Achieving Equity - Activities](#)

## To Learn More:

[Healthy Children, Healthy Families, Healthy Communities](#)

[Advancing Health Equity in Health Care](#)

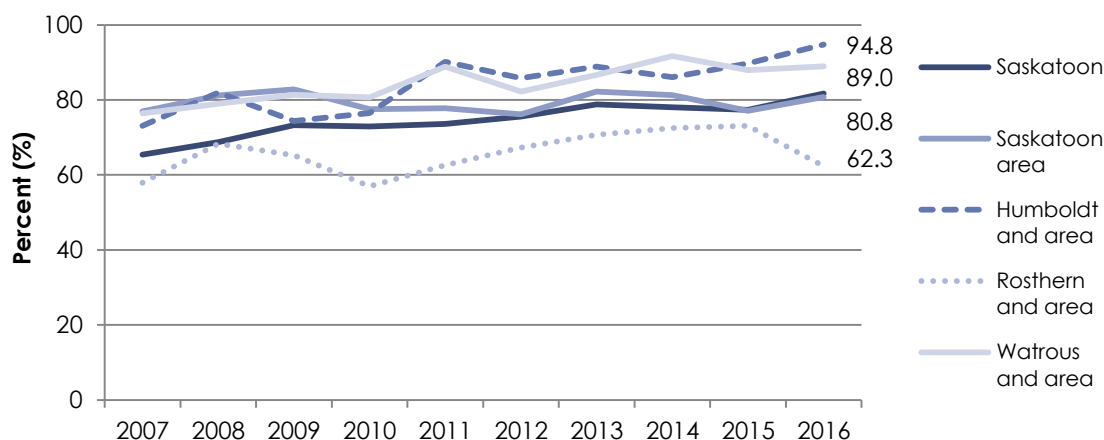
Chief Medical Health Officer's [Call to Action](#)

## Highlights

### Two-year-old immunization has dropped slightly in Saskatoon Health Region.

- Measles coverage in two-year-olds for one dose was 90.8% in 2016 compared to 89.3 % in 2015 (not shown). The national target for one dose of measles vaccine is 97% coverage.
- Measles coverage in two-year-olds for two doses, as recommended by the provincial childhood immunization schedule, was 80.7% in 2016, an absolute gain of 3.4% over 2015 (Table 1). In 2015, immunization data was merged into a new provincial reporting system, Panorama, which may have affected 2015 numbers.
- The Region's coverage is high and disparity at the sub-regional geographic level is improving (Figure 1). See [urban](#) and [rural](#) coverage and 2007 to 2016 summary of [equity in immunization](#).
- The absolute increase in percent measles coverage from 2012 to 2016 was 4.5% (Table 1).

**Figure 1: Two-year-old Measles (2 doses) Immunization Coverage Percent by Geography, Saskatoon Health Region, 2007 to 2016**



**Table 1: Annual Two-year-old Immunization Coverage Percent by Antigen, Saskatoon Health Region, 2013 to 2016**

| Antigen (doses)              | 2012 | 2013 | 2014 | 2015 | 2016 |
|------------------------------|------|------|------|------|------|
| Diphtheria (4)               | 76.9 | 80.3 | 78.8 | 77.8 | 81.1 |
| Haemophilus Influenzae B (4) | 75.7 | 79.4 | 78.2 | 77.3 | 80.6 |
| Measles (2)                  | 76.2 | 79.9 | 79.2 | 77.3 | 80.7 |
| Meningococcal (1)            | 88.4 | 90.9 | 89.6 | 89.8 | 91.8 |
| Mumps (2)                    | 75.9 | 79.8 | 79.1 | 77.3 | 80.7 |
| Pertussis (4)                | 76.9 | 80.3 | 78.8 | 76.8 | 79.6 |
| Pneumococcal (4)*            | 88.3 | 89.2 | 86.6 | 86.9 | 88.6 |
| Polio (4)                    | 76.9 | 80.3 | 78.8 | 76.9 | 79.7 |
| Rubella (2)                  | 75.9 | 79.8 | 79.1 | 77.3 | 80.7 |
| Tetanus (4)                  | 76.9 | 80.3 | 78.8 | 77.8 | 81.1 |
| Varicella (1)                | 88.0 | 90.0 | 89.6 | 89.5 | 91.6 |
| Rotovirus (1)                |      |      |      | 78.9 | 82.7 |

\*UTD coverage was three doses until 2014

Source: [SIMS and Panorama](#)