School Age Immunization Coverage

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 than 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 those 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.

What Is Being Done?

Immunization Activities

To Learn More:

About the Data

Saskatchewan Childhood Immunization Schedule

Chief Medical Health Officer's Call to Action

Highlights

The Region's immunization coverage of school age children has decreased slightly.

- Measles coverage in seven-year-olds was 88.9% in 2016 (*Figure 1*), compared to 88.5% in 2015. See also urban and rural coverage.
- Pertussis coverage in seven-year-olds was 82.4% in 2016 (*Figure 1*).
- Human papilloma virus (HPV) coverage in fourteen-year-olds was 69.3% in 2016 (*Figure 2*), and shows a decrease over two years.
- Pertussis booster coverage in fifteen-year-olds was 85.6%, the lowest it has been since 2012 (*Figure 2*). See urban and rural coverage.
- Hepatitis B coverage in thirteen-year-olds has also decreased since 2012 (*Figure 2*) to 82.4%.
- Meningococcal coverage in fourteen-year-olds has also declined in 2015 to 87.7% in 2015 (*Figure 2*).

Figure 1: Seven-year-old Pertussis and Measles Coverage Percent, Saskatoon Health Region, 2012 to 2016

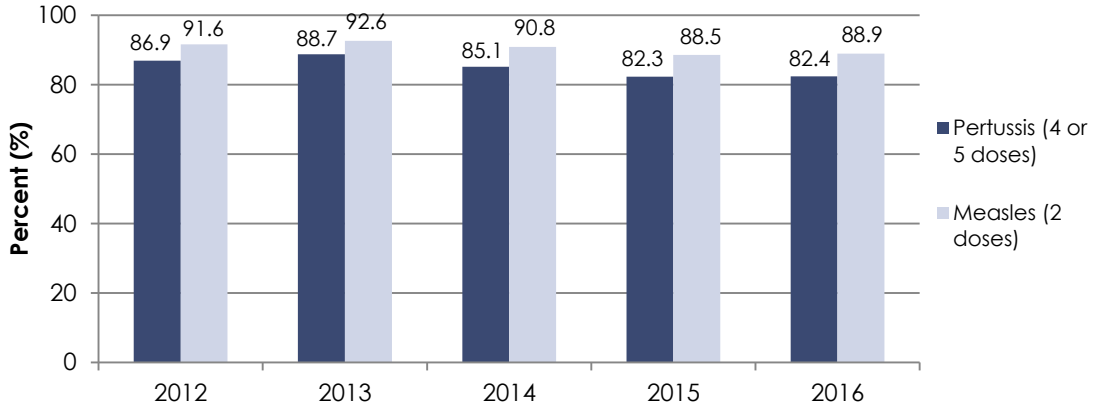
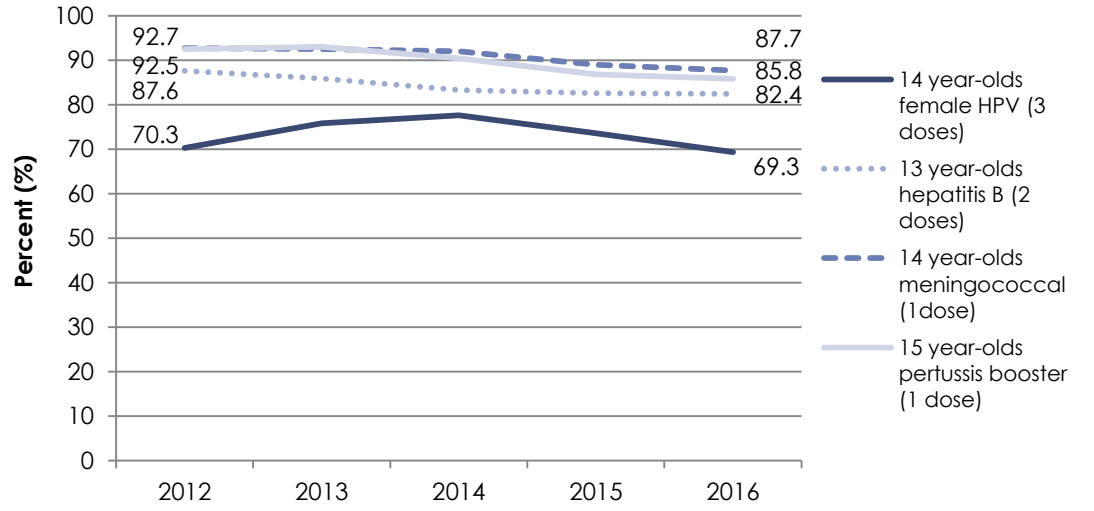


Figure 2: Selected Vaccine Coverage Percent in Adolescents, Saskatoon Health Region, 2012 to 2016



Source: SIMS and Panorama