BC Centre for Disease Control An agency of the Provincial Health Services Authority

Communicable Diseases and Immunization Service

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Immunization Coverage in Grade 6 Students

2011-2020

February 25, 2022

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Data Sources and Definitions

Data Sources

- As of 2020 for Northern Health Authority (NHA), 2018 for Fraser Health Authority (FHA), Vancouver Island Health Authority (VIHA) and Interior Health Authority (IHA) and in 2017 for the Rutland branch in the Okanagan Health Service Delivery Area (HSDA) of IHA: Panorama immunization registry data based on the grade cohort defined as students whose Panorama records indicated they attended grade 6 at a school within the region's service area.
- 2. For Vancouver Island Health Authority (VIHA) in 2014 to 2017: Panorama immunization registry and enrolment estimates from the BC Ministry of Education (BC MoE).
- 3. For all other health regions and years: summary reports by HSDAs and/or Health Authorities.

Coverage reported for any given year reflects coverage as of June 30 of that year (e.g., 2020 coverage is for students completing grade 6 by June 30, 2020).

Coverage presented in this report is based on reporting to September 30, 2020.

	The properties of students enrolled in grade C op of June 20 who ever correlated a corrige
Hepatitis B	The proportion of students enrolled in grade 6 as of June 30 who ever completed a series of hepatitis B vaccine (3 doses if series was started before 11 years of age; 2 doses if series was started on or after 11 years of age) by June 30.
Varicella	The proportion of students enrolled in grade 6 as of June 30 who reported a previous history of varicella disease or shingles or who received two valid doses of varicella vaccine by June 30. These children are only considered up-to-date if disease or immunization occurred on or after the first birthday.
	The evidence required to be recorded as having a previous history of varicella disease or shingles has changed over time. A self-reported history of varicella is adequate for those born before 2004; for those born in 2004 and later, a health care provider diagnosed history is required for reliability. Most children born in 2004 were in grade 6 during the 2015/16 school year.
	Prior to 2013, only one dose of varicella vaccine (on or after the first birthday) was required in order to be considered up-to-date for varicella vaccine. This change in definition reflects a change in immunization policy that was implemented during the 2012/13 school year, when a second dose of varicella vaccine was offered to susceptible students in grade 6.
Human Papillomavirus (up-to-date / complete	The proportion of female or male students enrolled in grade 6 as of June 30 that was up- to-date for age for Human Papillomavirus (HPV) vaccine by June 30.
series)	Starting in the 2017/18 school year, HPV vaccine was routinely offered to males in grade 6; previously, it was only offered to females.
	Starting in the 2010/11 school year, the HPV immunization schedule in grade 6 changed from requiring 3 doses of HPV vaccine (with at least 4 weeks between doses 1 and 2 and at least 12 weeks between doses 2 and 3) to requiring 2 doses of HPV vaccine (with at least 6 months between doses until 2013/14, which changed to at least 5 months between doses from 2014/15 onwards).
Human Papillomavirus (initiated, but did not complete series)	The proportion of female or male students enrolled in grade 6 as of June 30 who received at least one dose of HPV vaccine, but did not complete a 2-dose or a 3-dose series.

Up-to-date for Age Definitions

All analyses were conducted using business rules which calculated ages and time intervals at receipt of immunization. Each dose was counted as a valid dose only if given at or after the earliest eligible age, or at a time interval equal to or greater than the shortest recommended interval.

See: Minimum Intervals between Eligible Doses

Caution

Data in this report should be interpreted with caution. Please refer to the <u>Notes</u> for additional information.

Grade 6 Students with Up-to-date Immunizations: Hepatitis B

HEALTH AUTHORITY /	YEAR									
HEALTH SERVICE DELIVERY AREA	2011	2012	2013	2014*	2015*	2016*	2017*	2018*	2019*	2020*
INTERIOR *	83.9%	83.8%	89.4%	90.5%	89.2%	89.9%	89.3%	90.2%	90.5%	88.3%
East Kootenay	81.9%	82.9%	91.4%	91.4%	89.0%	91.2%	85.8%	90.5%	90.2%	88.8%
Kootenay Boundary	72.8%	73.6%	80.9%	82.9%	82.4%	80.5%	82.8%	80.2%	80.4%	73.7%
Okanagan	83.2%	83.5%	88.2%	89.1%	89.3%	89.7%	88.9%	89.9%	90.7%	89.5%
Thompson Cariboo Shuswap	89.6%	88.6%	93.5%	94.8%	91.3%	93.2%	93.5%	94.2%	93.9%	91.4%
FRASER *	81.0%	83.5%	87.5%	89.0%	89.0%	90.6%	91.8%	88.3%	89.0%	88.8%
Fraser East	76.7%	78.7%	86.9%	89.0%	86.9%	87.2%	90.5%	90.8%	89.9%	89.7%
Fraser North	79.6%	80.6%	82.9%	86.5%	86.3%	90.1%	91.5%	87.7%	88.0%	88.2%
Fraser South	83.6%	87.2%	91.0%	90.7%	91.7%	92.3%	92.5%	87.7%	89.3%	88.9%
VANCOUVER COASTAL	90.9%	91.9%	92.4%	93.0%	93.2%	94.2%	93.6%	93.7%	93.4%	90.4%
Richmond	97.0%	97.1%	97.3%	96.9%	96.9%	98.5%	96.8%	97.8%	97.7%	95.7%
Vancouver	91.4%	92.6%	92.8%	93.4%	93.8%	94.0%	94.3%	94.6%	94.4%	90.9%
North Shore / Coast Garibaldi	86.3%	87.4%	88.8%	90.0%	90.1%	91.8%	90.6%	90.1%	89.2%	86.8%
VANCOUVER ISLAND *	80.8%	79.6%	90.5%	95.9%	97.9%	97.5%	98.5%	91.4%	91.1%	88.9%
South Vancouver Island	81.3%	83.1%	92.2%	93.2%	98.5%	97.0%	97.9%	92.5%	91.2%	89.9%
Central Vancouver Island	81.9%	75.7%	89.6%	98.4%	96.2%	99.0%	97.9%	91.3%	91.4%	88.0%
North Vancouver Island	77.5%	78.5%	88.0%	98.1%	99.6%	96.0%	100.0%	88.6%	90.5%	87.9%
NORTHERN *	88.0%	85.9%	93.4%	94.4%	92.7%	92.9%	91.5%	91.5%	91.1%	89.8%
Northwest	85.8%	83.9%	93.1%	95.2%	92.5%	94.4%	93.5%	90.6%	89.7%	86.9%
Northern Interior	90.0%	88.5%	94.3%	95.5%	94.4%	94.8%	92.5%	94.3%	92.7%	91.0%
Northeast	86.0%	83.2%	92.0%	91.2%	89.5%	88.0%	87.7%	86.7%	89.4%	90.2%
BRITISH COLUMBIA *	84.0%	85.0%	89.7%	91.5%	91.5%	92.4%	92.8%	90.4%	90.6%	89.1%

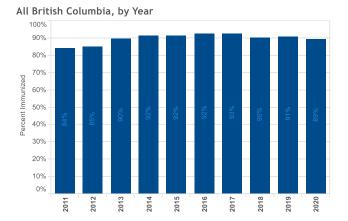
Hepatitis B uptake was assessed in 2002 onward. Data for 2005-2020 are available in the BCCDC Childhood Immunization Coverage Dashboard. Data for 2002-2004 are in previous coverage reports.

* The 2014-2020 estimates for BC and some of the health authorities are not directly comparable to previous years. Immunization coverage rates approaching 100% in VIHA in 2014-2017 are likely over-estimates resulting from the use of different data sources for numerators and denominators. See <u>Notes</u>.

In 2020, Hepatitis B immunization coverage dropped below 90% at the provincial level for the first time in seven years. Rates dropped in all health authorities and fourteen of the sixteen health service delivery areas. The high coverage rates for the years beginning in 2013 reflect immunization in infancy and thereafter. Although most grade 6 students complete their Hepatitis B series in infancy, the drop in the 2019/20 school year may reflect a limited ability to catch up a small percentage of grade 6 students who started their series in fall 2019 and were not given

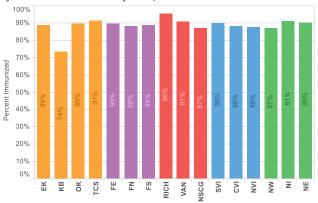
Grade 6 Immunization Coverage 2011-2020

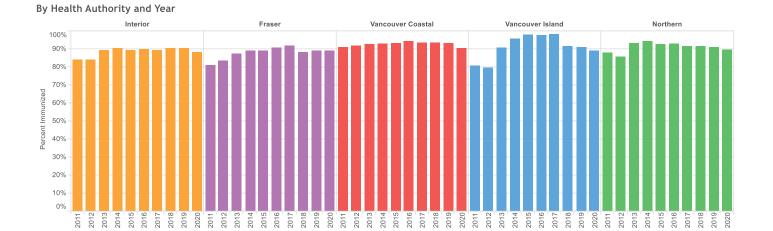
the opportunity to receive their 2nd dose by the end of the school year due to public health resources being redirected to the COVID-19 pandemic response. Rates and trends varied by Health Service Delivery Area. In 2020, hepatitis B coverage rates by Health Service Delivery Area ranged from 73.7% to 95.7%.



Grade 6 Students Immunized Hepatitis B Vaccine, British Columbia

By Health Service Delivery Area, 2020





Grade 6 Immunization Coverage

2011-2020

Grade 6 Students with Up-to-date Protection: Varicella

HEALTH AUTHORITY /	YEAR									
HEALTH SERVICE DELIVERY AREA	2011	2012	2013	2014*	2015*	2016*	2017*	2018*	2019*	2020*
INTERIOR *	90.4%	88.3%	85.7%	84.7%	82.2%	83.4%	82.5%	87.4%	86.2%	85.4%
East Kootenay	89.6%	91.7%	88.0%	90.0%	85.4%	82.8%	82.4%	88.9%	86.5%	87.0%
Kootenay Boundary	87.1%	81.9%	74.6%	74.3%	78.4%	76.7%	78.5%	86.8%	74.2%	72.3%
Okanagan	89.2%	87.0%	83.9%	82.5%	80.6%	82.6%	80.9%	85.8%	86.1%	86.4%
Thompson Cariboo Shuswap	94.0%	91.6%	91.6%	89.4%	84.9%	87.3%	86.5%	89.6%	90.4%	87.8%
FRASER *	84.6%	83.5%	82.6%	82.6%	81.9%	82.8%	83.4%	81.4%	84.0%	82.9%
Fraser East	84.8%	80.5%	80.9%	80.1%	80.6%	79.3%	79.8%	84.8%	84.3%	83.9%
Fraser North	79.9%	79.3%	80.0%	81.1%	79.0%	80.2%	80.9%	81.5%	83.3%	82.3%
Fraser South	87.7%	87.5%	85.1%	84.6%	84.3%	85.9%	86.2%	80.0%	84.4%	83.0%
VANCOUVER COASTAL	89.3%	87.7%	85.0%	85.8%	85.6%	87.0%	85.9%	88.0%	91.7%	88.7%
Richmond	84.4%	90.1%	92.0%	90.1%	91.8%	93.4%	86.8%	94.1%	96.0%	94.7%
Vancouver	90.4%	86.4%	84.5%	85.0%	84.8%	84.9%	86.8%	88.5%	92.2%	88.7%
North Shore / Coast Garibaldi	90.4%	88.2%	81.5%	84.6%	83.3%	86.6%	83.7%	84.0%	88.5%	85.6%
VANCOUVER ISLAND *	89.2%	88.2%	82.5%	76.1%	78.0%	84.8%	82.3%	88.4%	86.9%	86.0%
South Vancouver Island	89.3%	90.0%	82.6%	72.0%	78.0%	84.9%	81.8%	91.6%	87.3%	87.3%
Central Vancouver Island	92.1%	85.9%	81.7%	80.1%	78.5%	86.5%	82.7%	87.4%	86.9%	84.9%
North Vancouver Island	83.3%	88.0%	83.6%	79.2%	76.9%	81.3%	83.2%	81.8%	85.7%	84.6%
NORTHERN *	92.6%	91.1%	87.7%	86.1%	84.2%	84.6%	83.1%	85.3%	87.5%	81.8%
Northwest	92.3%	92.0%	90.4%	87.9%	87.7%	84.5%	84.9%	85.1%	87.3%	80.9%
Northern Interior	93.3%	91.4%	86.8%	86.5%	83.8%	87.7%	86.1%	88.0%	90.1%	82.3%
Northeast	91.3%	89.7%	86.6%	83.7%	81.3%	78.7%	75.8%	80.4%	83.0%	81.6%
BRITISH COLUMBIA *	87.8%	86.4%	83.9%	82.9%	82.3%	84.2%	83.6%	85.0%	86.6%	84.9%

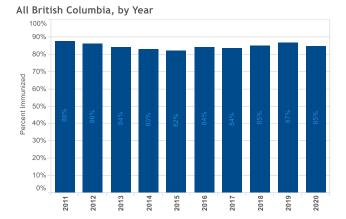
Varicella coverage was assessed in 2006 onward. Data for 2006-2020 are available in the BCCDC Childhood Immunization Coverage Dashboard.

* The 2014-2020 estimates for BC and some of the Health Authorities are not directly comparable to previous years. The evidence required to record a previous history of varicella disease or shingles became more stringent as of the 2004 birth cohort (in grade 6 in the 2015/16 school year). See <u>Notes</u>.

Compared to 2019, the percent of grade 6 students protected against varicella disease (through vaccination or previous disease) in 2020 decreased in all health authorities. The percent of children receiving vaccine had been increasing every year, but declined in 2020 with 84.9% of grade 6 students having received 2 doses of varicella vaccine. The proportion of children

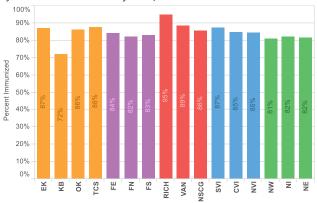
reporting varicella disease has dropped from 67.7% in 2007 to 1.5% in 2020, as fewer children are exposed to wild-type varicella. Rates and trends varied by Health Service Delivery Area. In 2020, varicella coverage rates by Health Service Delivery Area ranged from 72.3% to 94.7%.

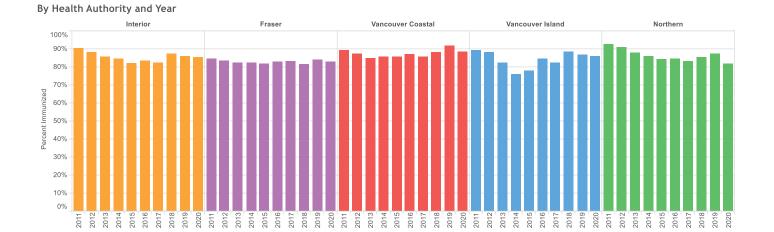
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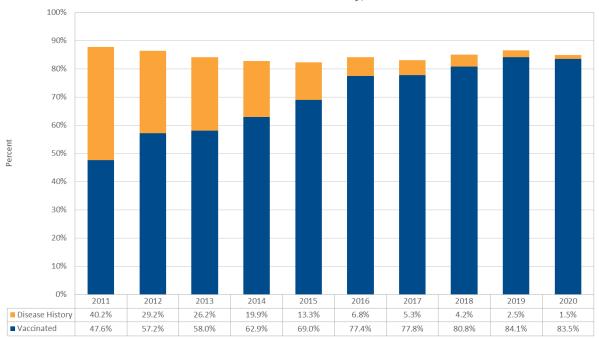


Grade 6 Students Immunized Varicella Vaccine, British Columbia

By Health Service Delivery Area, 2020







Grade 6 Students Immunized Varicella Vaccine and Disease History, British Columbia

Grade 6 Immunization Coverage 2011-2020

Grade 6 Students with Up-to-date Immunizations: Human Papillomavirus (HPV)

HEALTH AUTHORITY /	YEAR												
HEALTH AUTHORITY /	2011	2012	2013	2014*	2015*	2016*	2017*	201	L8*	20 1	L9*	202	20*
	Females	Males	Females	Males	Females	Males							
INTERIOR *	67.9%	67.7%	67.8%	68.1%	63.4%	64.6%	63.4%	64.7%	63.2%	65.2%	63.7%	42.1%	39.4%
East Kootenay	70.5%	65.5%	69.2%	65.6%	60.7%	57.1%	59.5%	62.6%	58.5%	61.7%	64.2%	42.0%	45.6%
Kootenay Boundary	57.9%	57.7%	53.5%	55.9%	46.5%	56.3%	52.1%	55.5%	49.9%	51.6%	48.3%	26.0%	25.3%
Okanagan	64.4%	66.4%	66.6%	66.6%	64.0%	64.3%	61.9%	64.7%	63.0%	65.0%	64.3%	52.8%	48.5%
Thompson Cariboo Shuswap	75.9%	74.6%	74.3%	74.9%	69.8%	70.6%	71.4%	69.3%	69.3%	71.1%	68.2%	30.4%	27.0%
FRASER *	68.4%	68.7%	71.0%	69.9%	69.1%	69.6%	70.1%	69.3%	66.0%	65.2%	62.1%	25.3%	24.7%
Fraser East	60.9%	62.5%	63.6%	61.6%	57.5%	57.1%	58.2%	59.6%	55.0%	58.3%	53.9%	17.8%	15.8%
Fraser North	66.9%	66.7%	70.9%	68.2%	65.7%	68.8%	68.6%	70.7%	66.3%	65.3%	63.0%	19.7%	20.7%
Fraser South	72.4%	72.6%	74.0%	73.9%	75.4%	75.1%	75.5%	72.0%	70.0%	67.8%	64.6%	31.7%	30.5%
VANCOUVER COASTAL	68.9%	69.9%	66.2%	64.5%	66.4%	66.4%	66.7%	68.6%	65.8%	71.8%	68.8%	15.9%	14.3%
Richmond	77.2%	76.9%	71.7%	61.4%	74.8%	74.4%	68.4%	75.3%	72.7%	78.0%	73.6%	60.2%	56.4%
Vancouver	67.7%	66.9%	66.1%	64.4%	64.3%	65.9%	67.7%	70.9%	65.6%	74.2%	70.6%	1.7%	0.8%
North Shore / Coast Garibaldi	65.8%	70.5%	62.8%	66.2%	65.2%	62.7%	64.2%	61.1%	62.3%	64.1%	63.1%	12.9%	13.1%
VANCOUVER ISLAND *	67.2%	67.4%	67.4%	54.3%	54.3%	65.6%	60.8%	62.6%	61.9%	64.0%	61.9%	35.3%	34.8%
South Vancouver Island	68.8%	72.2%	67.3%	51.2%	55.6%	67.5%	63.1%	69.0%	65.7%	68.7%	66.5%	37.3%	34.3%
Central Vancouver Island	65.6%	62.4%	68.4%	57.2%	52.9%	65.2%	57.4%	59.3%	61.2%	63.1%	59.4%	37.6%	39.9%
North Vancouver Island	66.2%	65.4%	65.2%	56.8%	53.5%	60.9%	61.5%	52.6%	52.6%	53.3%	55.0%	25.4%	26.5%
NORTHERN	67.3%	69.7%	68.5%	66.2%	61.1%	62.8%	63.9%	62.1%	61.0%	61.6%	59.3%	31.3%	29.1%
Northwest	68.8%	71.7%	69.7%	67.7%	67.3%	65.5%	67.6%	66.0%	57.3%	61.2%	58.3%	33.4%	24.4%
Northern Interior	67.9%	69.9%	69.1%	67.7%	58.9%	65.4%	68.4%	66.8%	65.5%	66.2%	60.7%	24.7%	23.6%
Northeast	64.6%	67.2%	66.2%	62.0%	59.2%	55.4%	52.3%	48.2%	56.0%	53.5%	57.6%	41.8%	43.0%
BRITISH COLUMBIA *	68.2%	68.7%	68.8%	65.8%	64.8%	67.1%	66.5%	66.9%	64.6%	66.1%	63.5%	28.1%	26.8%

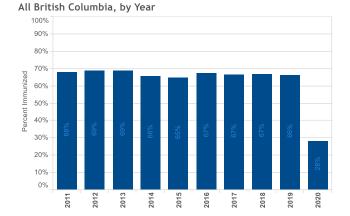
HPV coverage was assessed in 2009 onward. Data for 2009-2020 are available in the BCCDC Childhood Immunization Coverage Dashboard.

* The 2014-2020 estimates for BC and some of the health authorities are not directly comparable to previous years. See Notes.

The percent of grade 6 girls up-to-date for HPV increased in 2011-2013; some of this increase is likely due to the changing requirements (only 2 doses are required by the end of grade 6). When compared to 2019 rates, HPV coverage in grade 6 girls in 2020 decreased dramatically in all health authorities and health service delivery areas. These decreases reflect the redirection

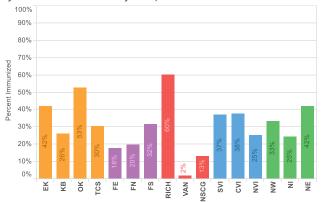
of public health resources from routine immunization programs to the COVID-19 pandemic response during the latter part of the school year. Rates and trends varied by Health Service Delivery Area. In 2020, HPV coverage rates in girls by Health Service Delivery Area ranged from 1.7% to 60.2%.

The 2019/20 school year was the third year of the HPV immunization program for boys in grade 6. Similar to observations in females, HPV coverage in grade 6 males in 2020 decreased dramatically in all health authorities and health service delivery areas. These decreases reflect the redirection of public health resources from routine immunization programs to the COVID-19 pandemic response during the latter part of the school year. As seen in previous years, uptake among male students was slightly lower than for female students in 2020 (26.8% in males compared to 28.1% in females), but the 2020 rate reflects lack of completion of the 2nd dose due to the COVID-19 response. Rates and trends varied by Health Service Delivery Area. In 2020, HPV coverage rates in males by Health Service Delivery Area ranged from 0.8% to 56.4%.

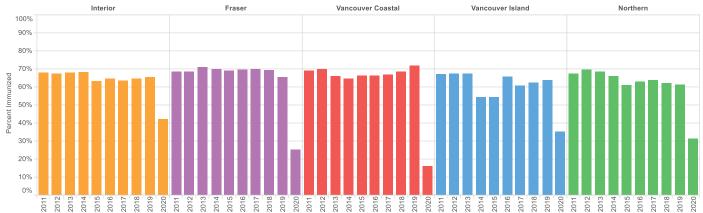


Grade 6 Female Students Immunized Human Papillomavirus (HPV) Vaccine, British Columbia

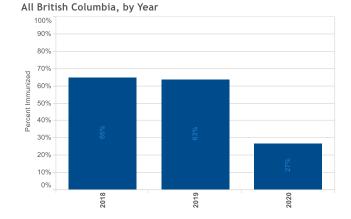
By Health Service Delivery Area, 2020



By Health Authority and Year

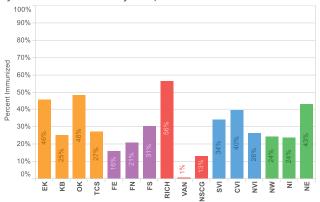


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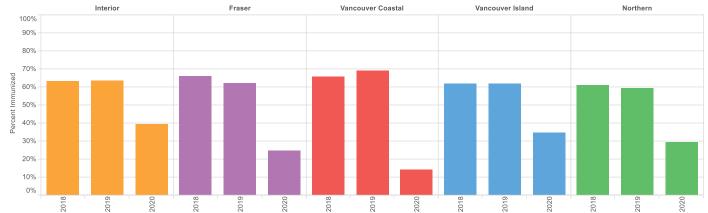


Grade 6 Male Students Immunized Human Papillomavirus (HPV) Vaccine, British Columbia

By Health Service Delivery Area, 2020







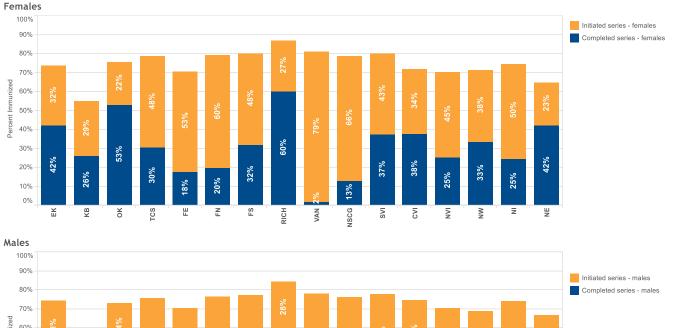
Grade 6 Students who Initiated, but did not Complete, a Human Papillomavirus (HPV) Vaccine Series

HEALTH AUTHORITY /	20	2018		19	2020		
HEALTH SERVICE DELIVERY AREA	Females	Males	Females	Males	Females	Males	
INTERIOR	7.2%	7.3%	8.6%	9.2%	31.8%	32.8%	
East Kootenay	6.5%	5.7%	9.7%	12.1%	31.6%	28.4%	
Kootenay Boundary	6.8%	7.8%	9.7%	12.1%	28.7%	32.7%	
Okanagan	7.3%	7.6%	8.1%	7.5%	22.5%	24.3%	
Thompson Cariboo Shuswap	7.5%	7.3%	8.8%	9.4%	48.4%	48.3%	
FRASER	6.6%	6.6%	11.9%	12.1%	52.7%	50.8%	
Fraser East	8.5%	9.6%	10.8%	11.6%	52.8%	54.5%	
Fraser North	7.3%	6.6%	12.0%	11.8%	59.5%	55.6%	
Fraser South	5.4%	5.5%	12.3%	12.6%	48.2%	46.4%	
VANCOUVER COASTAL	12.6%	13.4%	11.9%	12.3%	65.4%	64.0%	
Richmond	11.6%	12.3%	10.1%	10.5%	26.9%	27.8%	
Vancouver	11.9%	13.4%	11.3%	11.9%	79.3%	77.1%	
North Shore / Coast Garibaldi	14.2%	13.9%	13.9%	13.8%	65.9%	63.0%	
VANCOUVER ISLAND	10.1%	11.0%	10.9%	11.8%	40.1%	40.5%	
South Vancouver Island	7.6%	9.6%	8.4%	9.2%	42.8%	43.5%	
Central Vancouver Island	11.8%	11.2%	12.7%	15.0%	34.2%	34.7%	
North Vancouver Island	12.9%	14.3%	13.8%	12.0%	44.6%	43.6%	
NORTHERN	12.6%	11.7%	14.1%	14.8%	39.7%	41.6%	
Northwest	12.8%	12.0%	13.9%	15.1%	37.8%	44.4%	
Northern Interior	14.4%	13.3%	17.0%	18.1%	49.6%	50.3%	
Northeast	9.0%	8.3%	9.2%	8.5%	22.8%	23.7%	
BRITISH COLUMBIA	8.9%	9.1%	11.4%	11.8%	49.0%	48.4%	

In 2020, 49.0% of female students and 48.4% of male students in grade 6 in BC initiated, but did not complete, an HPV immunization series; these are dramatic increases, compared to 2019. When partial series are counted, 77.2% of female students and 75.2% of male students received at least one dose of HPV vaccine, similar to the proportions of male and female students who received at least one dose in 2019 (77.5% and 75.3%, respectively). This indicates that the first dose of HPV vaccine was administered at the beginning of the school year; however receipt of the second dose was greatly affected by the reallocation of public health resources from routine immunization to the COVID-19 pandemic response in the latter part of the school year. In 2020, the proportions of female and male grade 6 students with incomplete HPV series by Health Service Delivery Area ranged from 22.5% (Okanagan) to 79.3% (Vancouver) and 23.7% (Northeast) to 77.1% (Vancouver), respectively.

Grade 6 Immunization Coverage 2011-2020

BC Centre for Disease Control An agency of the Provincial Health Services Authority



Grade 6 Students Immunized HPV Series Initiation and Series Completion by Gender, British Columbia, 2020

60% 50% 40% Dar 56% 30% 48% 46% 43% 40% 20% 34% 31% 26% 24% 25% 24% 21% 27 10% -16% 13% 0% NSCG 벁 ЧĽ EK KВ ОК TCS FS RICH VAN SVI CVI ١٨ z NE ΝŇ

Notes

1. Changes in Data Sources:

The data sources used for each of the health authorities changed over time as follows:

Health	Year										
Authority	2012 and Earlier	2013	2014	2015	2016	2017	2018	2019	2020		
IHA	Health Authority Summary Reports*							Pan-Grade*			
FHA	Hea	alth Autho	rity Sumn	nary Rep	orts		Pan-Grade				
VCHA			Health	n Authori	ty Summ	nary Rep	orts				
VIHA	Health Aut Summary R	~		Pan-Ye	ar/MoE		Pan-Grade				
NHA	Health Authority Summary Reports								Pan-Grade		

Health Authority Summary Reports: Health authorities provided summary reports including the number of students in grade 6 and, of those, the numbers up-to-date for each measure. These were usually based on class lists provided by schools and health authority records of immunizations given.

Pan-Grade: The Panorama immunization registry records were included for children with active Panorama records that indicated they were in grade 6 as of June 30 of the school year of interest.

Pan-Year/MoE: The numerator was the number of children in the birth cohort for which the majority of children attended grade 6 during the school year of interest with active records in Panorama immunization registry who were up-to-date for the specified agent. The denominator was the number of children in the birth cohort of interest attending grade 6 in schools within the health authority, based on estimates derived from BC Ministry of Education enrolment statistics.

* In 2017, the Rutland Branch in the Okanagan Health Service Delivery Area used Pan-Grade, while the rest of the Interior Health Authority used Health Authority Summary Reports.

- 2. The numerator used to calculate percent uptake was the number of students enrolled in grade 6 as of June 30 of the specified year who were up-to-date for age for the vaccine in question (per up-to-date for age definitions).
- Unless otherwise indicated, the denominator used to calculate percent uptake was the number of students enrolled in grade 6 as of June 30 of the specified year, according to class lists. For HPV uptake, only the number of female or male students enrolled in grade 6 as of June 30 was used.

Exceptions:

- a. The Vancouver HSDA (2002-2019), Richmond HSDA (2002-2019), urban region of the North Shore/Coast Garibaldi HSDA (2012-2019) and rural region of the North Shore/Coast Garibaldi HSDA (2013-2019) used grade cohorts as identified in the PARIS immunization registry.
- b. In 2014-2017, all HSDAs in VIHA used enrolment estimates from the BC MoE.
- c. The Rutland branch in the Okanagan HSDA (2017) and all of FHA, VIHA and IHA in 2018-2020 and NHA in 2020 used the grade cohorts as identified in the Panorama immunization registry.
- 4. The COVID-19 pandemic was declared in March 2020. This pandemic initially resulted in a province-wide shut down, which impacted the provision of public health services as well as in-person clinical services by physician providers. As a result, some coverage rates were lower in 2020 than previous years, particularly for the doses scheduled to be received in the last few months of the 2019/20 school year.
- 5. Due to the difference in methods used to calculate coverage in FHA, VIHA and IHA in 2018-2020 and NHA in 2020, the FHA, VIHA, IHA, NHA corresponding provincial data are not directly comparable to previous years.

- 6. Starting in 2018 for FHA, IHA and VIHA and 2020 for NHA, school and grade information is attached to students' records in the Panorama immunization registry in two ways:
 - a. For schools using the MyEdBC information system and who have signed a letter of agreement, information is uploaded from a Ministry of Education extract into Panorama using a tool called STIX. Health authority staff reconciles the school information against the Panorama record.
 - b. For schools using other information systems, health authority staff either manually enters or uploads the school and grade information.

The following school types are included in the Panorama registry: Alternate, Distance, Distance Learning, Independent, Long Term Program, Self-Directed, Short Term Program, and Standard. Students attending First Nations schools may be under-represented in this dataset because some First Nations schools are not registered with the BC Ministry of Education and are therefore not captured in the provincial list of schools.

- Due to the difference in methods used to calculate coverage in the Rutland branch in the Okanagan HSDA in 2017, the Okanagan and IHA results, and corresponding provincial data for 2017 are not directly comparable to previous years.
- 8. Due to a difference in methods used for enumerating the numerator and denominator, the VIHA results, and corresponding provincial data for 2014 to 2017 are not directly comparable to previous or later years. Related to implementation of the new public health information system (called Panorama) in July 2013, VIHA was unable to reconcile all records of students enrolled in schools; therefore coverage was calculated using numerator data from Panorama on active records for those born in 2002 (for 2014), 2003 (for 2015), 2004 (for 2016) and 2005 (for 2017) without the ability to confirm school/grade 6 enrolment; denominators were aggregate data from the BC MoE's data on enrolment in grade 6 to attempt to account for those who have moved out of VIHA. This change led to inaccurate ascertainment of coverage rates, which may be artefactually higher or lower than true coverage rates depending on the antigen.

School district boundaries do not directly line up with health region boundaries. BC MoE enrolment data are based on a process that requires the Health Authority to identify schools corresponding to each HSDA. The BC MoE enrolment data exclude youth custody and continuing education schools.

Ideally, numerators and denominators should be taken from the same data source. Using different data sources for numerators and denominators can result in inaccurate results, including coverage calculations exceeding 100%. Immunization coverage rates approaching 100% in the VIHA in 2014-2017 are likely over-estimates resulting from the use of different data sources for numerators and denominators.

As an example of these limitations, when the 2011-2013 coverage estimates for the VIHA HSDAs that were calculated using class list enrolment reconciled against immunization registry for the numerator data and class lists for denominator data were compared to estimates obtained using the methods used in 2014-2017, large differences were identified. For instance, hepatitis B coverage estimates were 11% lower to 25% higher by HSDA and year using the routine methods.

- 9. The HPV immunization program for male students in grade 6 started in the 2017/18 school year. The HPV immunization program for female students in grade 6 started in the 2008/09 school year. As a result, the first year of assessment of HPV uptake for female students was 2009 and the first year for male students was 2018.
- 10. In 2015, three schools with grade 6 students in the Kootenay Boundary HSDA did not provide public health with class lists. As the children attending these schools could not be identified, they could not be included in the immunization coverage analysis. Based on information posted on the BC MoE's website, these schools accounted for approximately 3% of grade 6 students in Kootenay Boundary.
- 11. While all grade 6 students attending BC schools are intended to be included in this report, some students may be under-represented. This includes home-schooled students and international students. It also includes students who attend schools that do not receive services from regional public health, including some schools serviced by

First Nations Health Services Organizations, some distance/distributed learning schools and schools refusing any contact with public health due to religious or philosophical reasons.

12. Data may not be comparable by HSDA from year to year due to ongoing changes in data collection methods and changes in geographic health area boundaries. However, assuming consistency in reporting practices, overall trends in immunization coverage can be assessed by examining these data.

13. Abbreviations

Health Authorities:

FHA	Fraser Health Authority	VCHA	Vancouver Coastal Health Authority
IHA	Interior Health Authority	VIHA	Vancouver Island Health Authority
NHA	A Northern Health Authority		
Health Se	ervice Delivery Areas:		
EK	East Kootenay	VAN	Vancouver

KB	Kootenay Boundary	NSCG	North Shore / Coast Garibaldi
OK	Okanagan	SVI	South Vancouver Island
TCS	Thompson Cariboo Shuswap	CVI	Central Vancouver Island
FE	Fraser East	NVI	North Vancouver Island
FN	Fraser North	NW	Northwest
FS	Fraser South	NI	Northern Interior
RICH	Richmond	NE	Northeast

For an explanation of BC Health Authorities, please visit: <u>http://www.health.gov.bc.ca/socsec/index.html</u>

14. The BCCDC Immunization Coverage Dashboard is available online at <u>http://www.bccdc.ca/health-professionals/data-reports/childhood-immunization-coverage-dashboard</u>.

Minimum Intervals Between Doses

Antigen/Agent	Minimum Age or Minimum Time Interval Between Eligible Doses					
	Dose 1 ^A	Dose 2	Dose 3			
Hepatitis B						
Series started at any age:						
Received 3rd dose before June 2007	0 days	28 days	28 days			
Received 3rd dose between June 2007 and May 2014	0 days	28 days	56 days ^B			
Received 3rd dose in June 2014 or later	0 days	28 days	56 days ^{B,C}			
Series started on or after 10 years and 8 months of age	10 years + 8 months	16 weeks ^D				
Varicella ^E	12 months	28 days				
Human Papillomavirus						
2 Dose schedule	9 years	150 days				
3 Dose schedule	9 years	28 days	12 weeks ^F			

- A. Dose 1 refers to the earliest age a child can receive the initial dose.
- B. Dose 3 must be given at least 16 weeks (112 days) after dose 1.
- C. Dose 3 must be given on or after 24 weeks of age.
- D. Dose 2 must be given at least 24 weeks after dose 1 if either dose 1 or dose 2 is Engerix®-B.
- E. To be counted as valid, varicella vaccine must be administered on or after 12 months of age. Guidelines also state that children with a history of varicella disease should only be considered protected if the illness occurred on or after 12 months of age. The date of varicella disease onset is not systematically entered into Panorama. For the purposes of this assessment, any child with a past history of varicella disease recorded in Panorama is considered protected, regardless of their age at the time of illness.
- F. Dose 3 must be given at least 24 weeks after dose 1.