Queensland Health

Queensland School Immunisation Program

2025 Annual Report

Queensland Government

Queensland School Immunisation Program—Annual Report 2025
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For more information contact:
Communicable Diseases Branch, Immunisation Unit, Department of Health, GPO Box 48, Brisbane QLD 4001,
Email: immunisation@health.qld.gov.au.
An electronic version of this document is available at www.health.qld.gov.au

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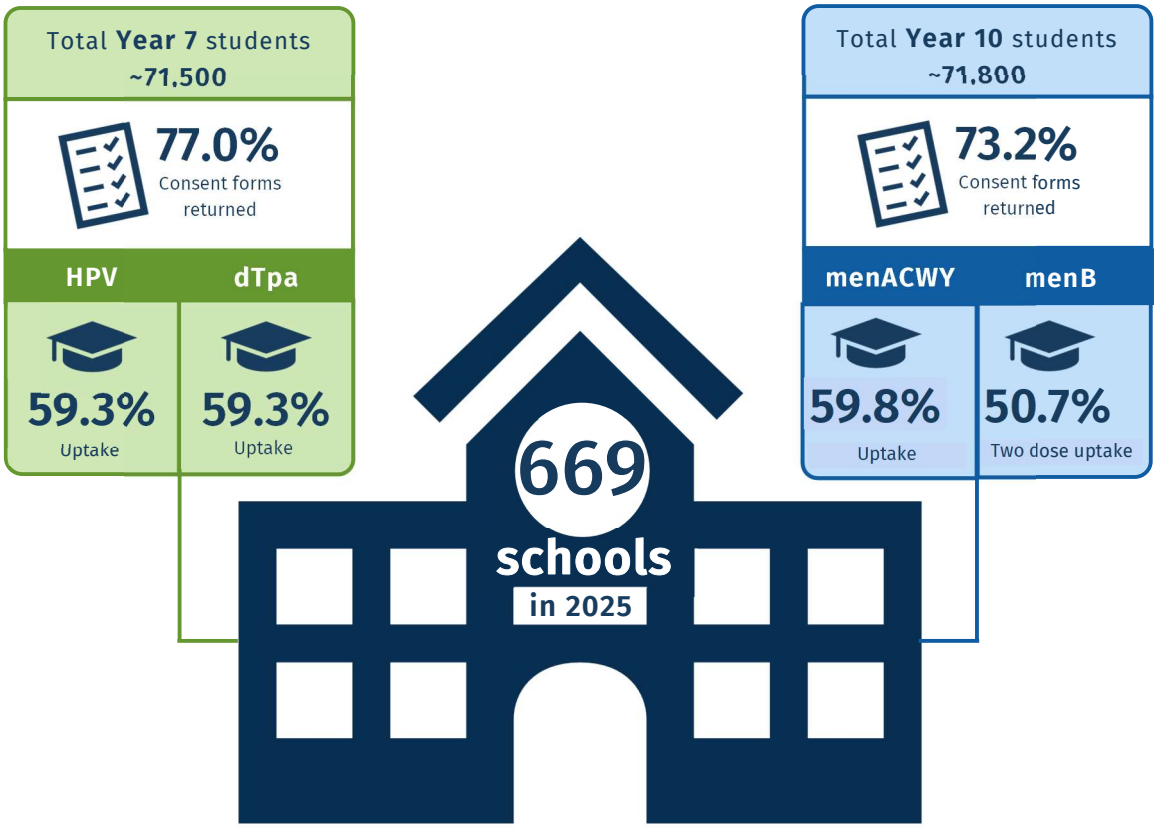
Key outcomes from the Queensland School Immunisation Program 2025



Introduction

The School Immunisation Program (SIP) offers Queensland secondary school students the opportunity to be immunised against a range of vaccine preventable diseases in the school setting. The program is delivered through Hospital and Health Services, either directly or through contracted providers[1]. The following vaccine preventable diseases are the focus of the SIP:

- human papillomavirus (HPV)
- diphtheria, tetanus, pertussis (dTpa)
- meningococcal ACWY (menACWY)
- meningococcal B (menB).

To support program delivery, the Queensland Health Immunisation Program (QHIP) undertakes a range of promotional and communication activities designed to increase awareness and engagement with SIP. QHIP provides schools with newsletter content, website text, social media tiles, posters and other ready-to-use materials to disseminate to parents and carers. These resources are intended to streamline school communication processes, reinforce key program milestones such as consent form distribution and clinic dates, and improve parental understanding of the vaccines offered.

This report focuses on uptake of the vaccines offered in the SIP for the 2025 school year.

MenB immunisation was introduced in 2024 as a two-dose course. In 2023, the immunisation recommendation for the nine-valent human papillomavirus (HPV) vaccine Gardasil 9® changed from two doses to one dose. HPV data within this report prior to 2023 are restricted to the first dose of HPV to allow comparability.

Students who missed their school-based immunisation in 2025 can receive catch-up vaccines through the school-based program in 2026 or through other immunisation providers in the community (such as GPs or community pharmacies). Population immunisation coverage rates continue to be monitored and are referenced in this report.

Recent Queensland enrolment data reflect significant shifts, most notably a substantial rise in home education registrations and a decrease in school attendance.

Between 2019 and 2025, the proportion of Queensland students in Years 7-10 attending school at a level of at least 90% fell from 66.4% to 53.6%[2]. This decline was more pronounced among Year 10 students, with only 48.1% achieving this level of attendance. As school-based immunisation relies on student presence, declining attendance constrains program reach.

During the same period, home education registrations increased more than threefold, from 1,775 in 2020 to 5,954 in 2025[3]. Students educated at home are not reached through school-based clinics, creating a growing cohort that must access vaccination through alternative pathways.

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[1] Some HHSs use a flexible model of service delivery, particularly in Far North Queensland.

[2] Australian Curriculum, Assessment and Reporting Authority. 2026. *Student attendance.* Available from https://www.acara.edu.au/reporting/national-report-on-schooling-in-australia/student-attendance

[3] Queensland Department of Education. 2026 and 2025. *Home education registrations.* Available from https://qed.qld.gov.au/our-publications/reports/statistics/Documents/home-education-registrations.pdf

Queensland School Immunisation Program 2025

Summary and key findings

Queensland school-based immunisation uptake has been declining since 2019, likely influenced by the COVID-19 pandemic and its impact on public confidence in routine immunisation programs[4]. This trend has been observed nationally, with school-based immunisation programs experiencing reduced uptake[5].

This report indicates that, in recent years, there have been lower levels of participation across the program pathway, rather than a significant increase in parents returning a 'no' consent form for vaccination.

SIP uptake has declined steadily across all vaccines since 2019, with 2025 levels at approximately 60%. The most significant contributor to reduced uptake is the non-return of consent forms, which affects nearly one quarter of students.

Despite this, vaccine confidence remains relatively high, with between 84% and 88% of returned consent forms indicating approval for vaccination. Once consent is obtained, the program performs strongly, with over 90% of students who have parental consent successfully immunised.

Key findings

- **Vaccine specific findings:**

  HPV uptake declined to 59.3% in 2025 and has shown a sustained downward trend since 2019. Despite now being delivered as a single dose, HPV uptake remains lower than other vaccines.

  Meningococcal B uptake for dose one was 58.8%, while dose two uptake was 50.7%. The drop-off between doses is likely due to factors such as student absenteeism, competing school priorities and non-attendance at scheduled school clinics. Two dose course completion improved slightly in 2025 compared to 2024 but remains a key challenge for this vaccine.

- **Consent form return as a key barrier:**

  Consent form return rates were 77.0% for Year 7 students and 73.2% for Year 10 students. Non-return of consent forms represents the largest barrier to immunisation uptake, with over 16,000 Year 7 students and 19,000 Year 10 students unable to be vaccinated due to non-return of consent forms. Consent forms may be provided and returned in either paper or electronic format, and challenges occur across both systems. Non-return of consent forms likely reflects a combination of administrative

[4] Moghtaderi A, Callaghan T, Luo Q, Motta M, Tan TQ, Hillard L, Dor A, Portnoy A, Winter A, Black B. 2025. *Evidence on trends in uptake of childhood vaccines and association with COVID-19 vaccination rates*. Vaccine, 45, 126631.

[5] National Centre for Immunisation Research and Surveillance. 2023. *Impact of COVID-19 on school-based vaccination programs*. Available from https://ncirs.org.au/reports

issues (e.g. the ability to identify parents who have not returned a consent form), communication challenges, and passive SIP refusal.

- **Slight reduction in parental consent for immunisation:**

  Since 2019, parental consent for school-based vaccinations has gradually declined. In 2025, consent rates for HPV, dTpa, and menACWY ranged from 84–88%, down from 90–93% in 2019, with HPV consistently receiving slightly lower parental approval than dTpa.

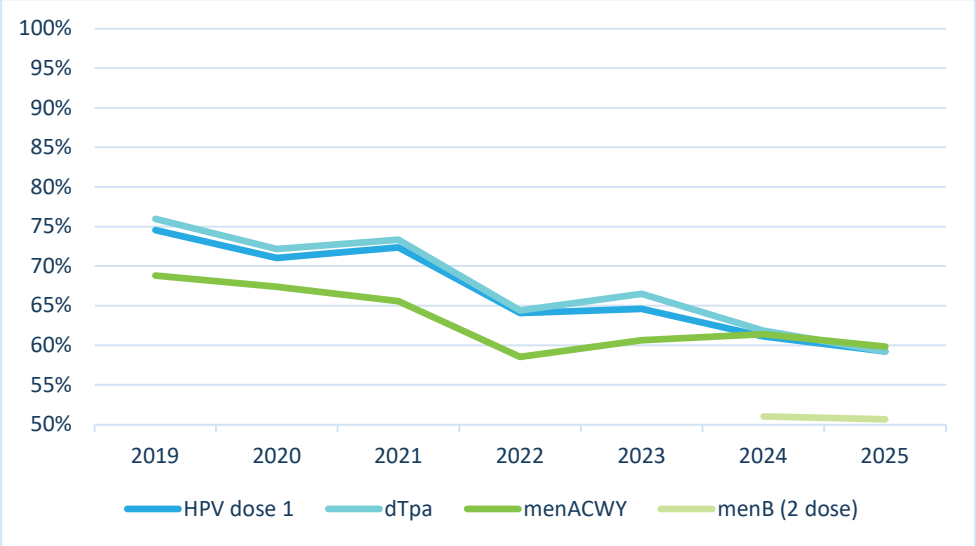
  In 2025, approximately 8,600 parents returned a consent form indicating they did not consent for their child to receive one or both vaccines offered in the Year 7 SIP. Approximately 6,400 parents returned a form indicating they did not consent for their child to receive one or both vaccines offered in the Year 10 SIP.

Uptake over time

Uptake is defined as the number of students immunised as a proportion of the total student cohort. As shown in Figure 1, uptake of SIP immunisation has generally declined since 2019.

In 2025, uptake of Year 7 and Year 10 vaccines decreased slightly to approximately 60%.

Figure 1: SIP uptake over time, Queensland, 2019-2025



Source: 2019-2025 SIP Annual Outcome Reports.

SIP uptake represents only one component of adolescent immunisation coverage. A proportion of students who miss or do not participate in school-based vaccination subsequently receive vaccines through alternative providers, resulting in higher population-level coverage than SIP uptake alone indicates.

To provide a more complete picture of adolescent protection, SIP data should therefore be interpreted alongside Australian Immunisation Register (AIR) coverage estimates, which capture vaccinations delivered across all settings and are presented in this report.

HPV results in the SIP

As shown in Table 1 and Figure 2, for the 2025 school year:

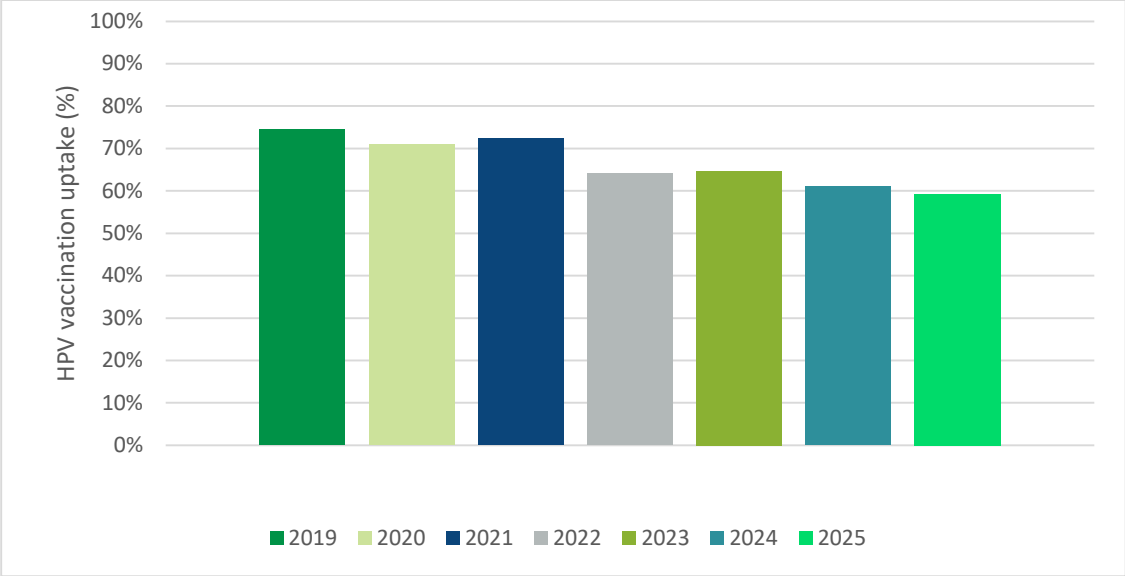
- HPV immunisation uptake declined slightly to 59.3% from 61.1% in 2024.
- South West recorded the highest uptake (74.7%), while North West had the lowest uptake (43.5%).
- HPV immunisation rates have steadily declined since 2019, when first-dose uptake peaked at 74.5%.

Table 1: Year 7 HPV vaccine uptake by HHS, Queensland SIP 2025

Hospital and Health Service	Total Schools	Total Cohort	% uptake
Cairns and Hinterland	43	3,483	56.1%
Central Queensland	43	3,534	62.9%
Central West	8	101	66.3%
Darling Downs	63	4,197	50.6%
Gold Coast	53	8,364	60.1%
Mackay	26	2,543	67.8%
Metro North	107	14,616	62.3%
Metro South	117	16,110	60.4%
North West	11	409	43.5%
South West	12	261	74.7%
Sunshine Coast	57	5,914	46.2%
Torres and Cape	10	255	71.8%
Townsville	42	3,432	69.8%
West Moreton	41	5,104	56.5%
Wide Bay	33	2,926	58.1%
Queensland Total	666	71,249	59.3%

Source: 2025 SIP Annual Outcome Reports

Figure 2: Year 7 HPV vaccine first dose uptake by year, Queensland SIP 2019-2025



Source: 2019-2025 SIP Annual Outcome Reports

HPV coverage for Queensland adolescents (including non-SIP immunisation)

The National Immunisation Program (NIP) allows for catch-up immunisation, enabling individuals who missed their HPV vaccine during school to receive a funded dose up to their 26th birthday. This can be administered at any time after the missed SIP dose and by any provider. This flexibility provides an opportunity for individuals to complete their vaccination schedule outside of the school program, potentially improving overall coverage rates over time. However, the best protection occurs when the HPV vaccine is given before exposure (i.e., before sexual activity begins).

In Queensland, HPV immunisation coverage for adolescents turning 13 years of age in 2024 was 69.4% for girls and 65.6% for boys. This increased with age to 85.2% for females turning 19 years and 83.5% for males turning 19 years[6].

Coverage rates for Aboriginal and Torres Strait Islander adolescents turning 13 years of age were lower, at 58.0% for girls and 52.6% for boys. These rates similarly increased with age to 90.1% for girls turning 19 years and 86.5% for boys turning 19 years[7].

[6,6] National Centre for Immunisation Research and Surveillance. 2024. *Annual Immunisation Coverage Report 2024*. Available from https://ncirs.org.au/reports

dTpa results in the SIP

As shown in Table 2, for the 2025 school year:

- Statewide dTpa immunisation uptake was 59.3%. This was a slight decrease from 2024 uptake of 61.8%.
- Regions with the highest vaccination uptake included South West (74.3%) and Torres and Cape (72.9%).
- The lowest uptake was observed in the North West region (44.7%), followed by the Sunshine Coast (46.6%).

Table 2: dTpa vaccine uptake by HHS, Queensland SIP 2025

Hospital and Health Service	Total schools	Total Cohort	% uptake
Cairns and Hinterland	43	3,483	56.9%
Central Queensland	43	3,534	64.1%
Central West	8	101	68.3%
Darling Downs	63	4,197	51.0%
Gold Coast	53	8,364	60.5%
Mackay	26	2,543	69.1%
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West Moreton	41	5,104	56.7%
Wide Bay	33	2,926	58.9%
Queensland Total	666	71,249	59.3%

Source: 2025 SIP Annual Outcome Reports

dTpa coverage for Queensland adolescents (including non-SIP immunisation)

Under the NIP, adolescents are eligible for a funded catch-up dose of dTpa until they turn 20 years of age if they were not immunised at school. This provides an opportunity to improve coverage rates among those who missed their scheduled dose.

Coverage data from the AIR indicates that for Queensland adolescents turning 13 years of age in 2024, 71.7% of girls and 68.3% of boys had received their adolescent booster of dTpa, increasing to 88.2% of girls and 86.1% of boys turning 19 years[8].

[8] National Centre for Immunisation Research and Surveillance. 2024. *Annual Immunisation Coverage Report 2024.* Available from https://ncirs.org.au/reports

For Aboriginal and Torres Strait Islander adolescents, coverage for those turning 13 years of age was 59.5% for girls and 55.0% for boys, rising to 91.6% for girls and 87.4% of boys turning 19 years[9].

[9] National Centre for Immunisation Research and Surveillance. 2024. *Annual Immunisation Coverage Report 2024.* Available from https://ncirs.org.au/reports

menACWY results in the SIP

As shown in Table 3, for the 2025 school year:

- Statewide immunisation uptake for menACWY decreased slightly from 61.4% in 2024 to 59.8% in 2025.
- Highest uptake of menACWY was observed in Mackay (69.8%) and Townsville (69.7%). The lowest uptake was observed on the Sunshine Coast (42.0%).

Table 3: menACWY vaccine uptake by HHS, Queensland SIP 2025

Hospital and Health Service	School count	Total cohort	% uptake
Cairns and Hinterland	43	3,716	63.9%
Central Queensland	43	3,573	58.7%
Central West	8	97	60.8%
Darling Downs	62	4,366	50.7%
Gold Coast	57	8,238	66.8%
Mackay	26	2,490	69.8%
Metro North	107	15,183	63.4%
Metro South	117	16,151	59.6%
North West	11	319	51.7%
South West	12	301	66.4%
Sunshine Coast	57	6,083	42.0%
Torres and Cape	10	267	59.6%
Townsville	42	3,413	69.7%
West Moreton	41	4,625	55.8%
Wide Bay	33	2,700	56.3%
Queensland Total	669	71,522	59.8%

Source: 2025 SIP Annual Outcome Reports

menACWY coverage for Queensland adolescents

Under the NIP, adolescents who missed their menACWY vaccine during the Year 10 SIP are eligible for a funded catch-up dose until they turn 20 years of age.

Coverage data from the AIR indicates that for Queensland adolescents turning 16 years of age in 2024, 66.5% of girls and 62.2% of boys had received their adolescent booster of menACWY, increasing to 77.1% of girls and 73.9% of boys turning 19 years[10].

For Aboriginal and Torres Strait Islander adolescents, menACWY coverage for those turning 16 years was 54.5% for girls and 49.2% for boys, increasing to 73.4% for girls and 69.9% for boys turning 19 years of age[11].

[10,11] National Centre for Immunisation Research and Surveillance. 2024. *Annual Immunisation Coverage Report 2024*. Available from https://ncirs.org.au/reports

menB results in the SIP

Since March 2024, menB immunisation has been funded by the Queensland government for infants under two years of age and adolescents aged 15–19 years. In 2025, uptake was similar to other SIP vaccines for dose 1 (58.8%) and considerably lower for dose 2 (50.7%).

As shown in Table 4, for the 2025 school year:

- Statewide, 58.8% of eligible students received dose 1. Only 50.7% of students completed both doses, reflecting an 8.1 percentage point drop off from dose 1. This was a smaller dose drop off than was observed in 2024, with a 10.6 percentage point drop-off from dose 1 to 2. Factors such as student absenteeism, competing school priorities and non-attendance at scheduled school clinics likely contributed to this drop-off.
- Two dose menB uptake was slightly lower than uptake in 2024 (51.0%).
- The highest menB dose 2 uptake was in Mackay (63.2%) and the lowest dose 2 uptake was in the Sunshine Coast (34.9%).
- Torres and Cape had the steepest drop-off between doses (16.1 percentage points).

Table 4: menB vaccine uptake by HHS, Queensland SIP 2025

Hospital and Health Service	School count	Total cohort	% dose 1 uptake	% dose 2 uptake
Cairns and Hinterland	43	3,716	62.1%	53.9%
Central Queensland	43	3,573	59.0%	46.5%
Central West	8	97	60.8%	52.6%
Darling Downs	62	4,366	51.2%	39.9%
Gold Coast	57	8,238	66.8%	54.5%
Mackay	26	2,490	70.0%	63.2%
Metro North	107	15,183	63.4%	54.3%
Metro South	117	16,151	54.2%	52.5%
North West	11	319	53.9%	42.9%
South West	12	301	67.4%	57.8%
Sunshine Coast	57	6,083	43.4%	34.9%
Torres and Cape	10	267	61.4%	45.3%
Townsville	42	3,413	69.9%	58.5%
West Moreton	41	4,625	56.0%	47.5%
Wide Bay	33	2,700	56.7%	45.6%
Queensland Total	669	71,522	58.8%	50.7%

Source: 2025 SIP Annual Outcome Reports

Other SIP outcome measures

Successfully immunising a student relies on several steps – a consent form for the student must be returned, the consent form must indicate parental consent for immunisation, and the student must attend and be immunised at the school clinic. It is useful to analyse the proportion of students who completed each step of this pathway since improving any step of this pathway will improve the immunisation uptake rate. In particular, the proportion of students fully immunised after return of a consent form indicating approval to immunisation ('Proportion of students who consented to immunisation who were immunised') is a useful measure of SIP performance since there was a demonstrable intent to immunise these students.

Consent form return

Every student must return a completed consent form (electronic or paper-based) indicating parental consent to immunisation, prior to being immunised.

Where a student does not return a consent form, school immunisation providers have the legislative power to request student and parent details from school principals to follow up directly with parents/legal guardians.

Parents/legal guardians can indicate 'yes' or 'no' to immunisation. School immunisation providers do not follow up with parents who indicate 'no' to immunisation.

Consent form return is the proportion of the student cohort that returned a consent form, including those indicating 'no' to immunisation.

It is difficult to determine whether parents who do not return a consent form are passively refusing their child's participation in the SIP, or whether other factors contribute to non-return. These may include misplaced forms, missed emails, language barriers, or limited awareness/understanding of the adolescent immunisation schedule.

As shown in Table 5, for the 2025 school year:

Year 7 consent form return

- Only 77.0% of Year 7 students returned a consent form, a small decrease from the 77.7% consent form return of 2024.
- Highest return rates were observed in Townsville (85.1%) and South West (84.3%). The lowest return rate was in the North West area (52.3%).

Year 10 consent form return rates:

- 73.2% of Year 10 students returned consent forms, slightly lower than the 74.8% return rate of 2024.
- Regional disparities were observed, with the highest return rate in the Torres and Cape (83.5%), Townsville (82.6%) and Gold Coast (82.2%) and the lowest on the Sunshine Coast (56.1%).

Table 5: Consent form return by HHS, Queensland SIP 2025

Hospital and Health Service	Year 7 consent forms returned	Year 10 consent forms returned
Cairns and Hinterland	71.0%	72.8%
Central Queensland	78.7%	72.2%
Central West	75.2%	64.9%
Darling Downs	73.7%	67.0%
Gold Coast	82.1%	82.2%
Mackay	82.6%	80.4%
Metro North	80.4%	76.5%
Metro South	78.5%	73.9%
North West	52.3%	59.2%
South West	84.3%	81.4%
Sunshine Coast	64.7%	56.1%
Torres and Cape	83.5%	83.5%
Townsville	85.1%	82.6%
West Moreton	68.8%	65.2%
Wide Bay	74.1%	68.7%
Queensland Total	77.0%	73.2%

Source: 2025 SIP Annual Outcome Reports

Consent for immunisation

As shown in Table 6, for the 2025 school year:

- The proportion of returned consent forms indicating 'yes' for immunisation ranged from 83.9% for HPV to 87.8% for menACWY.
- There has been a decline in parental consent since 2019, when consent rates ranged from 90-93%. This aligns with research indicating parental support for childhood vaccination in Australia has decreased, with a growing number expressing doubt about the importance and safety of immunisation[12,13].
- Compared to 2024, consent for Year 7 vaccines showed a slight decline, with HPV consent dropping from 84.8% to 83.9%. Consent for HPV vaccination has consistently been lower than for dTpa vaccination.
- Consent for Year 10 vaccines also decreased slightly from 2024 but remains higher than approval for Year 7 vaccines.
- The proportion of returned consent forms indicating 'yes' for immunisation was the highest in Central West and North West. The lowest proportion of forms indicating 'yes' were from the Gold Coast and the Sunshine Coast.

Table 6: Consent for vaccination by HHS, Queensland SIP 2025

Hospital and Health Service	% consented to HPV immunisation	% consented to dTpa immunisation	% consented to menACWY immunisation	% consented to menB immunisation
Cairns and Hinterland	84.2%	85.6%	89.7%	87.3%
Central Queensland	84.3%	85.6%	85.9%	86.0%
Central West	90.8%	93.4%	95.2%	96.8%
Darling Downs	85.3%	86.5%	88.1%	87.9%
Gold Coast	79.0%	79.5%	84.7%	84.8%
Mackay	86.0%	88.3%	90.0%	89.9%
Metro North	86.5%	86.5%	90.2%	90.2%
Metro South	83.1%	83.1%	86.4%	86.4%
North West	92.5%	92.5%	93.7%	95.2%
South West	91.8%	91.4%	86.9%	87.3%
Sunshine Coast	79.2%	80.1%	86.5%	83.5%
Torres and Cape	91.5%	92.0%	91.9%	92.4%
Townsville	86.2%	86.8%	88.4%	88.8%
West Moreton	87.1%	86.9%	90.2%	90.3%
Wide Bay	83.3%	83.4%	86.9%	86.9%
Queensland Total	83.9%	84.4%	87.8%	87.5%

Source: 2025 SIP Annual Outcome Reports

[12] Kaufman J, Hoq M, Rhodes AL, Measey M, Danchin MH. *Misperceptions about routine childhood vaccination among parents in Australia, before and after the COVID-19 pandemic: a cross-sectional survey study.* Med J Aust 2024; 220 (10): 530-532.

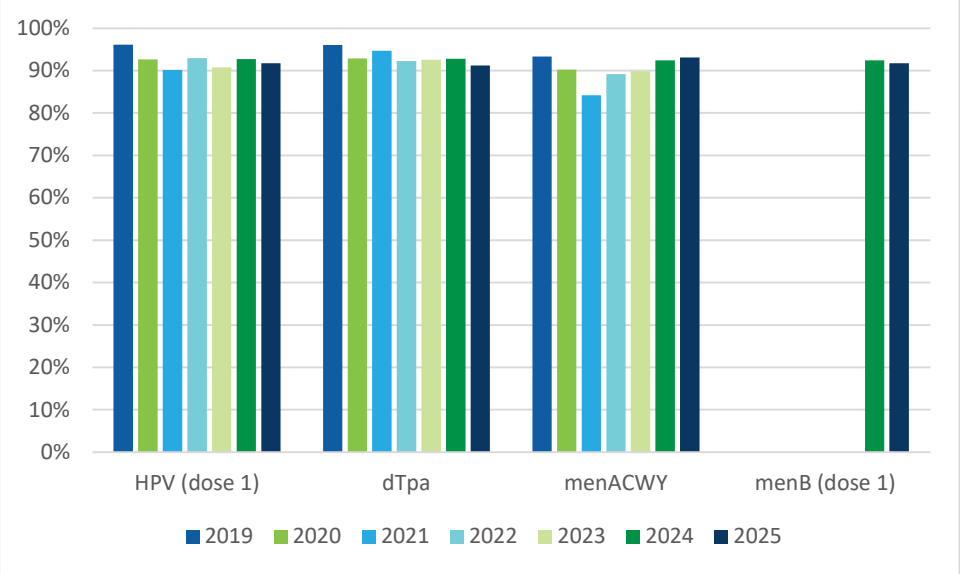
[13] Australian Department of Health. 2022. *Community attitude research on childhood immunisation 2022.* Available from: Community Attitude Research on Childhood Immunisation 2022

Students who consented to immunisation who were immunised

As shown in Figure 3:

- Immunisation completion rates in 2019 were higher than in recent years, at between 93-96%.
- Since 2023, approximately 90% of Queensland Year 7 and Year 10 students have been immunised once consent was provided, indicating reliable and effective clinic delivery.
- In 2025, with the exception of the second dose of menB, 91-93% of students were immunised after returning a consent form indicating 'yes' to vaccination, consistent with data from 2024.
- However, menB dose 2 showed a significant gap, with only 79.1% of students who consented being successfully immunised by the end of the school year. A similar gap was observed for HPV when it was a two-dose schedule.

Figure 3: Students who consented to immunisation who were immunised, Queensland, 2019-2025



Source: 2019-2025 SIP Annual Outcome Reports.

Table 7: Number and percentage of students completing steps of the Queensland SIP pathway by vaccine, 2023-2025

	2025					2024					2023		
Vaccine	HPV (dose 1)	dTpa	menACWY	menB (dose 1)	menB (dose 2)	HPV (dose 1)	dTpa	menACWY	menB (dose 1)	menB (dose 2)	HPV (dose 1)	dTpa	menACWY
Total student cohort (n)	71,249	71,249	71,522	71,522	71,522	70,118	70,118	70,366	70,366	70,366	69,647	69,647	68,932
Consent forms returned (n,%)	54,859 (77.0%)	54,859 (77.0%)	52,349 (73.2%)	52,349 (73.2%)	52,349 (73.2%)	54,458 (77.7%)	54,458 (77.7%)	52,631 (74.8%)	52,626 (74.8%)	52626 (74.8%)	58,156 (83.5%)	58,156 (83.5%)	54,145 (78.5%)
Consented to immunisation (n,%)	46,042 (83.9%)	46,277 (84.4%)	45,962 (87.8%)	45,821 (87.5%)	45,821 (87.5%)	46,201 (84.8%)	46,692 (85.7%)	46,764 (88.9%)	46,962 (89.2%)	46962 (89.2%)	49,563 (85.2%)	50,013 (86.0%)	46,503 (85.9%)
Proportion of students who consented to immunisation who were immunised (%)	42,221 (91.7%)	42,219 (91.2%)	42,790 (93.1%)	42,026 (91.7%)	36,229 (79.1%)	42,810 (92.7%)	43,339 (92.8%)	43,198 (92.4%)	43,371 (92.4%)	35,897 (76.4%)	44,992 (90.8%)	46,301 (92.6%)	41,491 (89.9%)
Vaccine uptake (n,%)	42,221 (59.3%)	42,219 (59.3%)	42,790 (59.8%)	42,026 (58.8%)	36,229 (50.7%)	42,810 (61.1%)	43,339 (61.8%)	43,198 (61.4%)	43,371 (61.6%)	35,897 (51.0%)	44,992 (64.6%)	46,301 (66.5%)	41,791 (60.6%)

Source: 2023-2025 SIP Annual Outcome Reports.

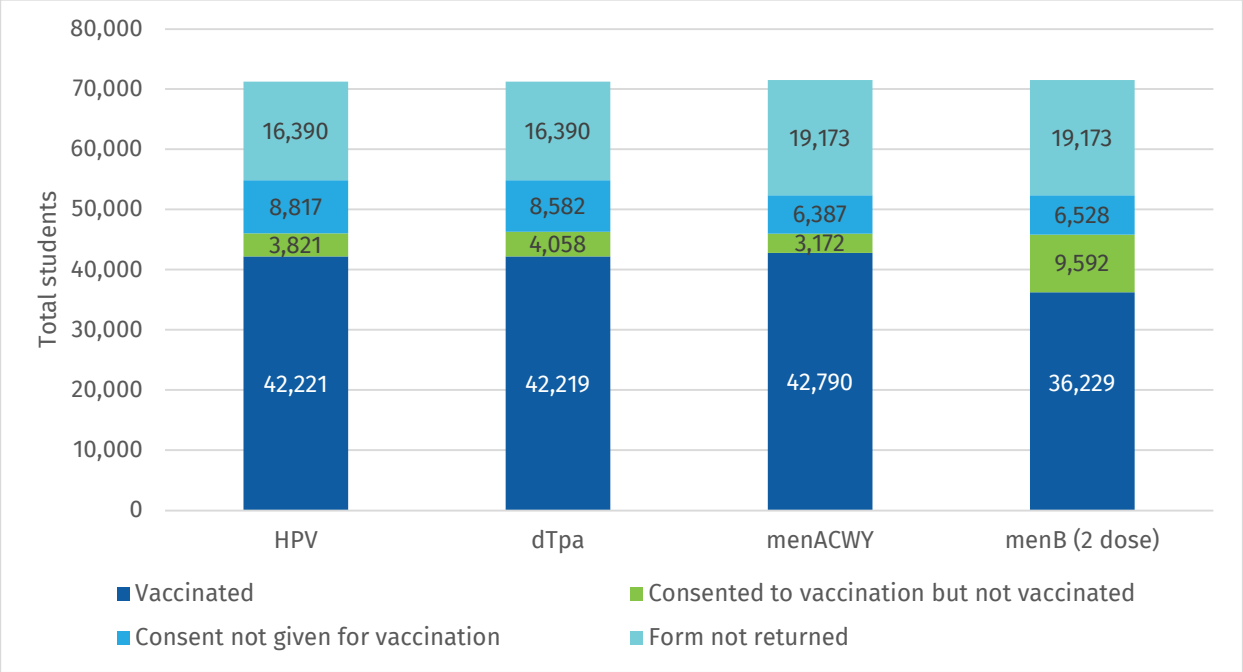
Student numbers through the SIP pathway

Figure 4 shows that in 2025, between 23% and 27% of students did not return their consent form for the School Immunisation Program (SIP). For meningococcal vaccines, this meant that over 19,000 students were not able to be immunised.

Between vaccine types, a similar proportion of parents (12% to 16%) returned a consent form indicating they did not give consent for their child to be immunised ('consent not given for vaccination'). For HPV, this resulted in a missed vaccination opportunity for more than 8,800 students.

There were a number of students who returned a form indicating consent for immunisation but who were not immunised. This was particularly marked for menB, with nearly 9,600 students providing a form indicating consent for vaccination not immunised by the end of the school year. This level of non-completion is unexpected given the strong public support and advocacy for the program within the wider Queensland community.

Figure 4: Student numbers through the 2025 Queensland SIP pathway



Source: 2025 SIP Annual Outcome Reports

Methods and definitions

Data in this report are derived from the SIP Annual Outcome Reports submitted to the Communicable Diseases Branch (CDB) by the Hospital and Health Services.[14]

The following methods and definitions were used to determine HPV, dTpa, menACWY and menB uptake in the SIP:

- **Total student cohort:** The total number of students in that year level reported as 'total cohort for dose 1' on the SIP Annual Outcome Report. This information is provided by schools to SIP providers based on student enrolments reported by the Department of Education, the Association of Independent Schools Queensland and the Queensland Catholic Education Commission at the February census date.
- **Consent forms returned (n):** Total number of consent forms returned. This was amended in this report to include Year 7 consent forms returned without a response for one of the two vaccines offered.
- **Consent forms returned (%):** The number of consent forms returned divided by the total student cohort.
- **Consented to vaccination (n):** Total number of students who returned a 'yes' consent form.
- **Consented to vaccination (%):** The number of consent forms returned indicating 'yes' for vaccination divided by the number of consent forms returned. In this report, the number of consent forms returned includes forms returned without a response for one of the two vaccines offered.
- **Proportion of students who consented to vaccination who were immunised (%):** The number of students immunised divided by the number of consent forms returned indicating 'yes' for immunisation. For menB and for HPV prior to 2023, this was presented as percentage of students immunised as a proportion of consent forms returned indicating 'yes' for dose 1.
- **Vaccine uptake (%):** The number of students immunised divided by the total student cohort.

Data in this report should not be compared to data produced by other agencies as the methodology may differ with respect to source of data, time period, age group and geographical areas.

[14] At the conclusion of each year's SIP, HHS Public Health Units collate data from each SIP provider and produce an HHS SIP Annual Outcome Report. These reports provide information such as total enrolments, number of consent forms returned, and number of students immunised by year level.