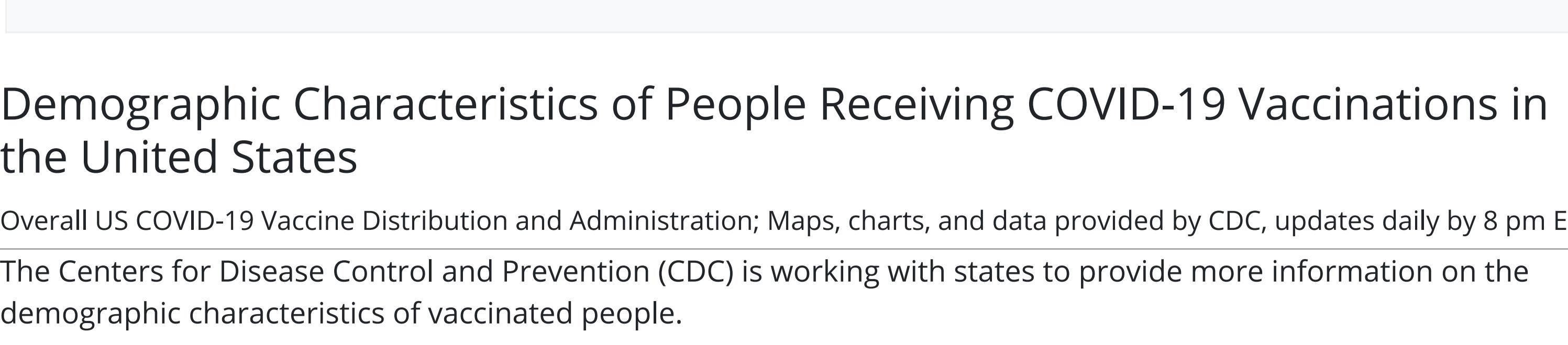


COVID Data Tracker



[CLICK TO VIEW OTHER PAGES:](#)
By Race/Ethnicity, Age, and Sex



Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States

Overall US COVID-19 Vaccine Distribution and Administration; Maps, charts, and data provided by CDC, updates daily by 8 pm ET[†]

The Centers for Disease Control and Prevention (CDC) is working with states to provide more information on the demographic characteristics of vaccinated people.

These demographic data only represent the geographic areas that contributed data and might differ by populations prioritized within each state or jurisdiction's vaccination phase. Every geographic area has a different racial and ethnic composition, and not all are in the same vaccination phase. These data are thus not generalizable to the entire US population.

Percentages displayed in the charts below represent the percent of people vaccinated for whom the demographic variable of interest is known.

[The percent of the population coverage metrics are capped at 95%. Learn how CDC estimates vaccination coverage.](#)

About these [i](#)

[How Do I Find a COVID-19 Vaccine?](#)

CDC | Data as of: January 26, 2022 6:00am ET. Posted: Wednesday, January 26, 2022 4:24 PM ET

[View Footnotes and Download Data](#)

In the figures below, the dark red/blue/purple bars represent the percentage of all vaccinated people who fall into each demographic group, and the gray bars represent the percentage of all people in the U.S. population who fall into each demographic group. If all groups got vaccinated according to their share of the population, the dark red/blue/purple bars would be the same length as the gray bars.

- Instances where the dark red bar is shorter than the gray bar indicate that the number of people in that group who received at least one shot is lower than would be expected based on the number of people in that group in the U.S. population.
- Instances where the dark blue bar is shorter than the gray bar indicate that the number of fully vaccinated people in that group is lower than would be expected based on the number of people in that group in the U.S. population.
- Instances where the dark purple bar is shorter than the gray bar indicate that the number of people with a booster dose in that group is lower than would be expected based on the number of fully vaccinated people in that group in the U.S. population.

Race/Ethnicity

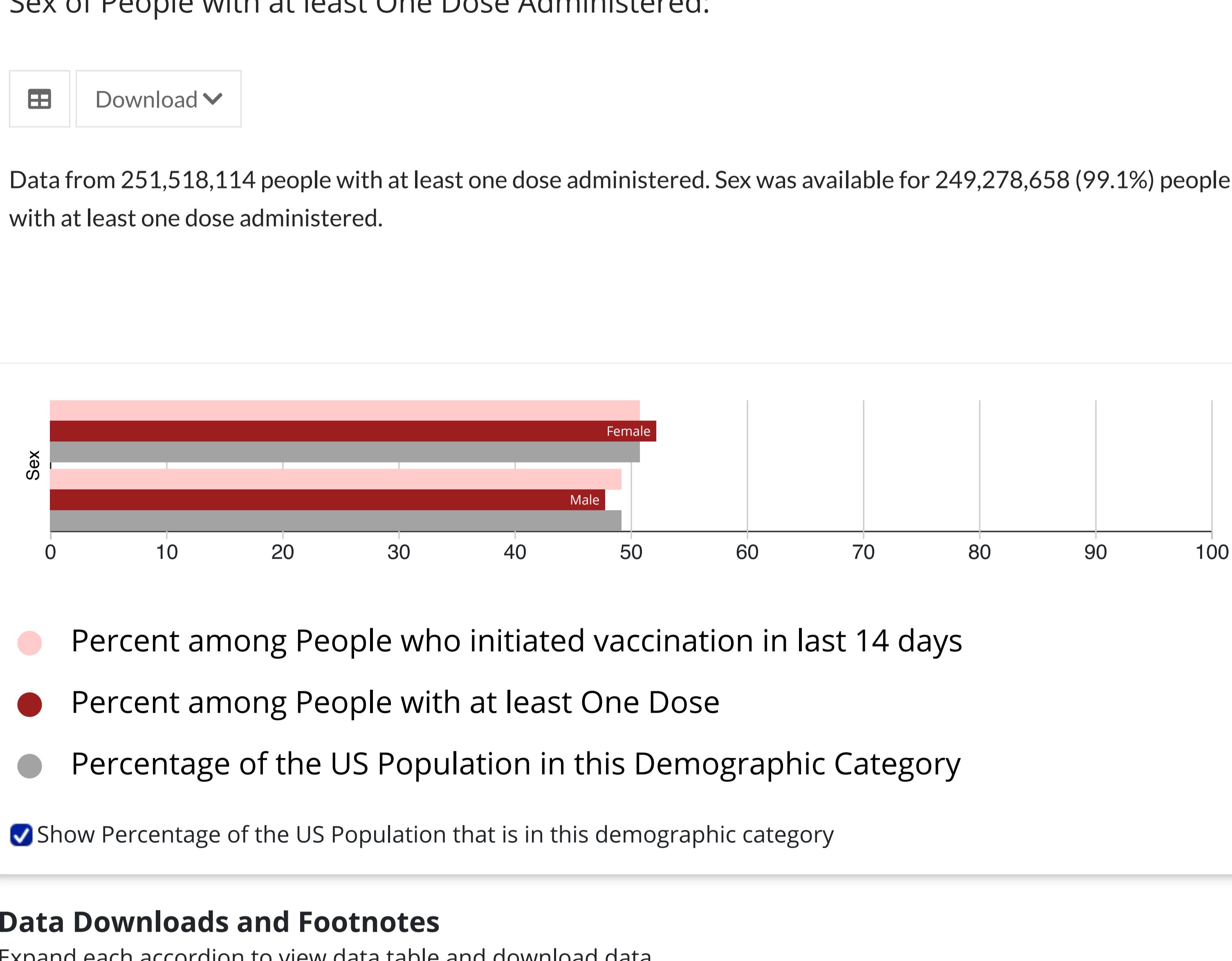
Show:

At Least One Dose Fully Vaccinated Booster Dose

Race/Ethnicity of People with at least One Dose Administered:

[Download](#)

Data from 251,518,114 people with at least one dose administered. Race/Ethnicity was available for 186,296,009 (74.1%) people with at least one dose administered.



- Percent among People who initiated vaccination in last 14 days
- Percent among People with at least One Dose
- Percentage of the US Population in this Demographic Category

Show Percentage of the US Population that is in this demographic category

Age Group

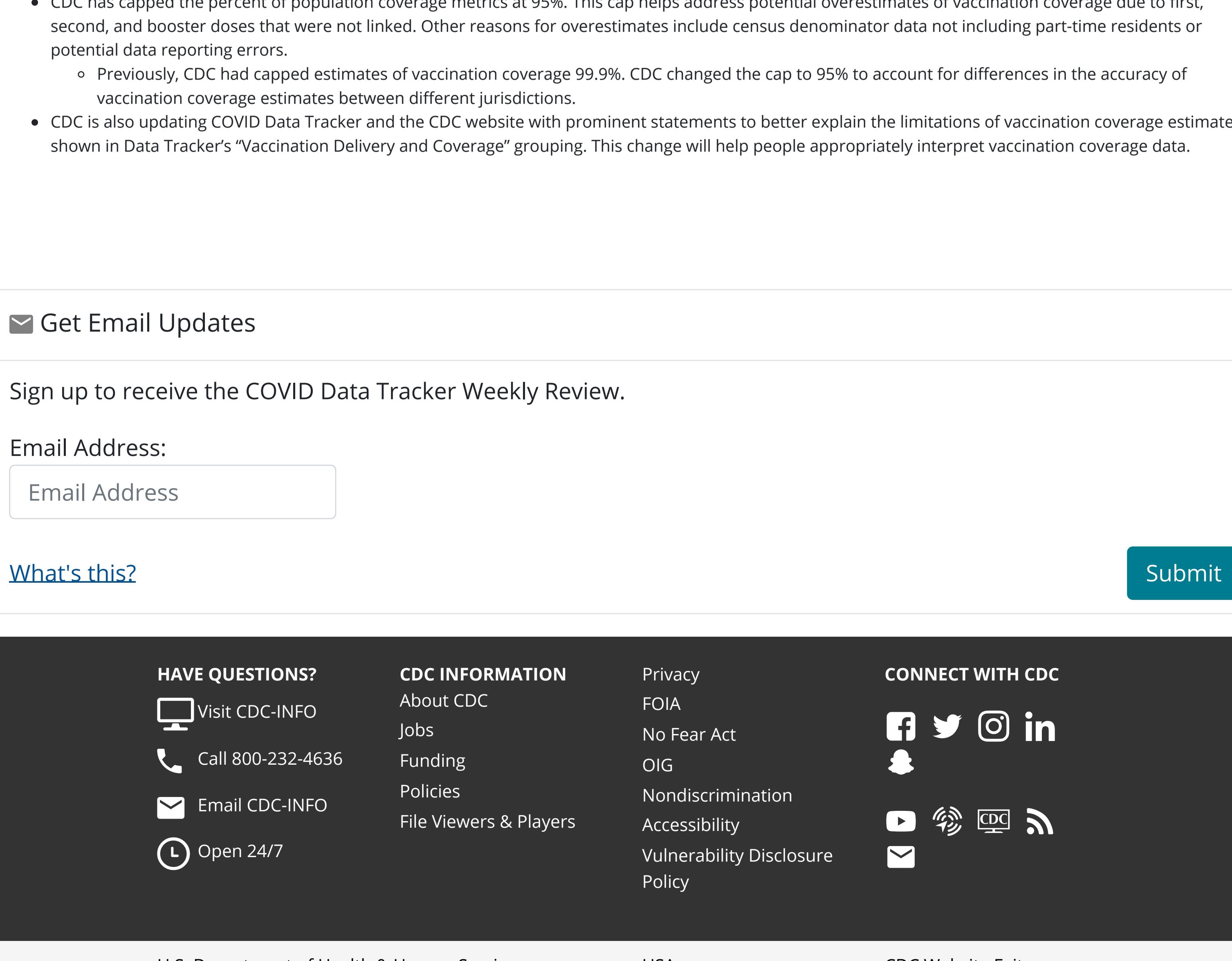
Show:

At Least One Dose Fully Vaccinated Booster Dose

Age Groups of People with at least One Dose Administered:

[Download](#)

Data from 251,518,114 people with at least one dose administered. Age was available for 251,492,648 (100%) people with at least one dose administered.



- Percent among People who initiated vaccination in last 14 days
- Percent among People with at least One Dose
- Percentage of the US Population in this Demographic Category

Show Percentage of the US Population that is in this demographic category

Sex

Show:

At Least One Dose Fully Vaccinated Booster Dose

Sex of People with at least One Dose Administered:

[Download](#)

Data from 251,518,114 people with at least one dose administered. Sex was available for 249,278,658 (99.1%) people with at least one dose administered.

- Percent among People who initiated vaccination in last 14 days
- Percent among People with at least One Dose
- Percentage of the US Population in this Demographic Category

Show Percentage of the US Population that is in this demographic category

Data Downloads and Footnotes

Expand each accordion to view data table and download data

[View Historic Vaccination Data](#)

Footnotes

Timing: Data will be updated as soon as they are reviewed and verified, often before 8:00 pm ET each day. However, daily updates may take longer if there are any delays in data reporting.

- Data on doses of vaccine administered include data received by CDC as of 6:00 am ET on the day of reporting.
- Vaccination data on the CDC COVID Data Tracker are updated daily (including weekends) between 1:30 pm and 8:00 pm ET.
- Updates will occur the day when reporting coincides with a federal holiday.

View data definitions and more information on vaccination demographic data on [Reporting COVID-19 Vaccination Demographic Trends by Report Date](#).

Vaccination Data Updates:

- August 9, 2021: Submitting this entity will have the ability to update or delete previously submitted records using functionality available in CDC's Data Cleaning House. Use of this new functionality may result in fluctuations across metrics on the CDC COVID Data Tracker as historical data are updated or deleted. The functionality will also allow for more accurate reporting and improved data quality.
- August 31, 2021: CDC will update its functionality to align with U.S. Census Bureau race/ethnicity classifications. As a result, approximately 4.5 million vaccine recipients where a valid race was reported in conjunction with "other" race who were previously categorized as "Non-Hispanic Multiracial" are now categorized into a single race/ethnicity group.
- October 26, 2021: Population estimates for all territories and protectorates (excluding Puerto Rico) have been updated using the 2020 US Census International Data Base.
- November 5, 2021: Population estimates for all territories and protectorates (excluding Puerto Rico) have been updated using the 2020 US Census International Data Base.
- November 12, 2021: CDC updated these charts to take into account the date of vaccine administration instead of the date when the vaccination was reported to CDC as the timeline measure by which the metrics are presented.
- November 18, 2021: CDC updated these charts to use the date of vaccine administration instead of the date when the vaccination was reported to CDC as the timeline measure by which the metrics are presented.
- November 23, 2021: Data previously submitted to CDC that resulted in a decrease of 1,151,719 doses administered.
- November 26, 2021: New Hampshire included in the state's COVID-19 vaccination emergency response system registry. As such, data submitted by New Hampshire since May of 2021 may not be representative of all COVID-19 vaccination occurring in the state.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

Another example of how CDC's data may change is due to reporting errors. For example, most people receive their first and second dose of a 2-dose vaccine from the same provider because those doses are given within just a few weeks of each other. As they receive their booster dose months later, it is possible that those doses will go to a new location for that dose. This means that, even with the high-quality data CDC receives from vaccination clinics, there are limits to how CDC can analyze those data.

</div