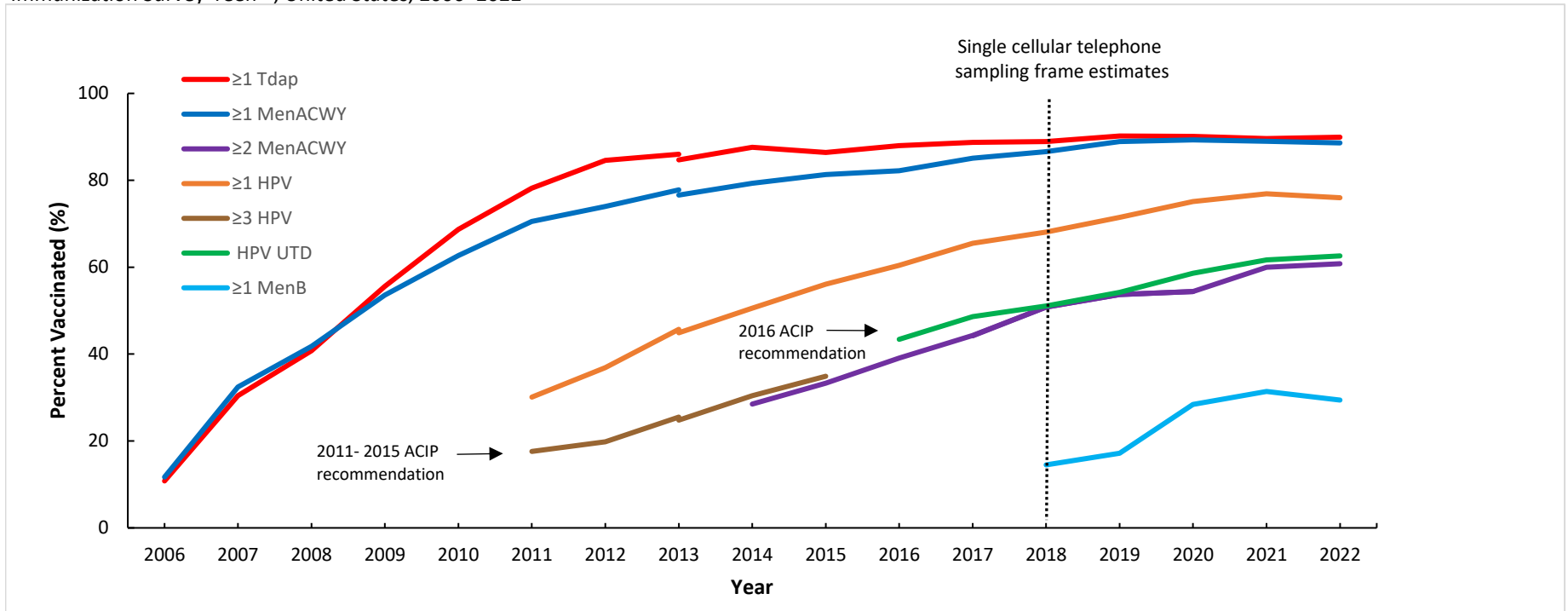


Supplemental Figure 1. Estimated vaccination coverage with selected vaccines and doses^{*,†} among adolescents aged 13-17 years, by survey year — National Immunization Survey-Teen^{§¶}, United States, 2006–2022



Abbreviations: ACIP = Advisory Committee on Immunization Practices; APD = adequate provider data definition; HPV = human papillomavirus; HPV UTD = up to date with HPV vaccination; MenACWY = quadrivalent meningococcal conjugate vaccine; MenB= serogroup B meningococcal vaccine; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine;

^{*}≥1 dose Tdap at or after age 10 years; ≥1 dose MenACWY or meningococcal-unknown type vaccine; ≥2 doses MenACWY or meningococcal-unknown type vaccine, calculated only among adolescents aged 17 years at time of interview. Does not include adolescents who received their first and only dose of MenACWY at or after 16 years of age; HPV vaccine, nine-valent (9vHPV), quadrivalent (4vHPV) or bivalent (2vHPV). The routine ACIP recommendation for HPV vaccination was made for females in 2006 and for males in 2011. Because HPV vaccination was recommended for boys in 2011, coverage for all adolescents was not measured before that year; HPV UTD - Includes those with ≥3 doses, and those with 2 doses when the first HPV vaccine dose was initiated before age 15 years and at least five months minus four days elapsed between the first and second dose.

[†] ACIP revised the recommended HPV vaccination schedule in late 2016. The schedule changed from a 3-dose to 2-dose series with appropriate spacing between receipt of the 1st and 2nd dose for immunocompetent adolescents initiating the series before the 15th birthday. Three doses are still recommended for adolescents initiating the series between the ages of 15 and 26 years. Because of the change in definition, the graph includes estimates for ≥3 doses HPV from 2011 to 2015 and the HPV UTD estimate for 2016 - 2022. Because HPV vaccination was recommended for boys in 2011, coverage for all adolescents was not measured before that year.

[§] NIS-Teen implemented a revised adequate provider data definition (APD) in 2014, and retrospectively applied the revised APD definition to 2013 data. Estimates using different APD definitions may not be directly comparable.

[¶] NIS-Teen moved to a single-sample frame in 2018.