

SUPPLEMENTARY TABLE 1. Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13–17 years,* by race/ethnicity† — National Immunization Survey–Teen (NIS-Teen), United States, 2017

Vaccines	Race/Ethnicity†					
	White (n = 13,010) % (95% CI)§	Black (n = 1,743) % (95% CI)§	Hispanic (n = 3,882) % (95% CI)§	American Indian/ Alaska Native (n = 257) % (95% CI)§	Asian (n = 818) % (95% CI)§	Multiracial (n = 1,139) % (95% CI)§
Tdap¶ ≥1 dose	89.7 (88.8–90.6)	89.7 (86.9–91.9)	86.4 (83.6–88.8)**	84.1 (70.9–92.0)	87.2 (81.1–91.5)	88.8 (85.4–91.4)
MenACWY†† ≥1 dose	84.6 (83.4–85.6)	85.7 (82.5–88.4)	86.0 (83.3–88.3)	67.2 (51.5–79.8)**	91.0 (87.6–93.6)**	83.4 (79.5–86.6)
MenACWY ≥2 doses (age 17 years only)	42.3 (39.3–45.4)	53.4 (45.6–61.1)**	42.7 (34.9–50.9)	NA	47.2 (30.2–64.9)	47.8 (36.1–59.7)
HPV§§ vaccination coverage by dose						
All Adolescents						
≥1 dose	60.0 (58.6–61.5)	70.0 (66.4–73.3)**	74.5 (71.7–77.1)**	60.2 (45.5–73.2)	70.4 (64.5–75.7)**	65.1 (60.5–69.4)**
HPV UTD¶¶	44.7 (43.3–46.2)	50.2 (46.5–53.9)**	56.4 (53.0–59.7)**	50.0 (36.6–63.3)	52.5 (45.7–59.2)**	44.5 (39.9–49.2)
≥2 MMR doses	92.6 (91.7–93.4)	91.8 (89.0–94.0)	91.0 (89.0–92.7)	85.3 (66.8–94.4)	92.3 (88.0–95.2)	93.2 (90.9–95.0)
≥3 Hepatitis B doses	92.4 (91.4–93.3)	91.6 (88.8–93.7)	91.8 (90.2–93.1)	82.1 (62.3–92.7)	88.9 (83.4–92.7)	92.9 (90.3–94.9)
Varicella						
History of varicella disease***	13.7 (12.6–14.8)	11.2 (9.1–13.8)	12.5 (10.4–14.9)	32.0 (18.8–48.9)**	16.1 (11.2–22.6)	12.5 (9.9–15.7)
Among adolescents with no history of varicella disease:						
≥1 vaccine doses	96.2 (95.3–96.9)	94.5 (91.4–96.5)	94.8 (93.1–96.1)	92.0 (83.6–96.2)	93.5 (87.7–96.7)	96.5 (94.6–97.7)
≥2 vaccine doses	89.1 (87.9–90.1)	88.9 (85.8–91.5)	88.0 (85.5–90.1)	80.0 (63.7–90.1)	86.9 (80.2–91.6)	89.5 (86.5–91.9)
History of varicella disease or received ≥2 varicella vaccine doses	90.5 (89.5–91.5)	90.2 (87.3–92.4)	89.5 (87.3–91.4)	86.4 (73.3–93.6)	89.0 (83.2–93.0)	90.8 (88.2–92.9)

Abbreviations: CI = confidence interval; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine; MenACWY = quadrivalent meningococcal conjugate vaccine; HPV = human papillomavirus; MMR = measles, mumps, and rubella vaccine; NA = not available (estimate not reported because unweighted sample size for the denominator was <30 or (95% CI half width/estimate) >0.6).

* Adolescents (N = 20,949) in the 2017 NIS-Teen were born January 1999 through February 2005.

† Adolescent's race/ethnicity was reported by the teen's parent or guardian. Adolescents identified in this report as white, black, Asian, American Indian/Alaska Native, or multiracial were reported by the parent or guardian as non-Hispanic. Adolescents identified as multiracial had more than one race category selected. Adolescents identified as Hispanic might be of any race. Native Hawaiian or other Pacific Islanders were not included in the table because of small sample sizes (n = 100).

§ Estimates with 95% confidence intervals >20 might be unreliable.

¶ Includes percentages receiving Tdap vaccine at age ≥10 years.

** Statistically significant difference (p<0.05) in estimated vaccination coverage by race/ethnicity; referent group was white, non-Hispanic adolescents.

†† Includes percentages receiving MenACWY and meningococcal vaccine of unknown type.

§§ HPV vaccine, nine-valent (9vHPV), quadrivalent (4vHPV), or bivalent (2vHPV) in females and males combined.

¶¶ HPV UTD includes those with ≥3 doses, and those with 2 doses when the first HPV vaccine dose was initiated at age <15 years and at least five months minus four days elapsed between the first and second dose. This update to the HPV recommendation occurred in December of 2016.

*** By parent/guardian report or provider records.