

Summary for Supplementary Figures and Tables

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

Vaccination coverage for ≥ 2 -dose MenACWY, ≥ 1 -dose HPV vaccine, and HPV up-to-date (UTD) was higher among Non-Hispanic Black adolescents compared to Non-Hispanic White adolescents (the referent group). Coverage for ≥ 1 -dose HPV was 10.0 percentage points higher for Non-Hispanic Black adolescents compared to Non-Hispanic White adolescents. HPV UTD status was 5.5 percentage points higher among black adolescents compared to white adolescents.

Coverage among Hispanic adolescents was lower for ≥ 1 Tdap compared to Non-Hispanic White adolescents. Vaccination coverage was higher for ≥ 1 -dose HPV vaccine and HPV UTD for Hispanic adolescents compared to Non-Hispanic White adolescents. Coverage for ≥ 1 -dose HPV was 14.5 percentage points higher for Hispanic adolescents compared to Non-Hispanic White adolescents. HPV UTD status was 11.7 percentage points higher among Hispanic adolescents compared to white adolescents.

American Indian/Alaska Native adolescents had lower coverage with ≥ 1 -dose MenACWY among compared with White adolescents. Coverage with ≥ 1 -dose HPV vaccine was similar among American Indian/Alaska Native and white adolescents. American Indian/Alaska Native adolescents had a higher percentage of adolescents with a history of varicella disease compared with white adolescents.

Vaccination coverage for ≥ 1 -dose MenACWY, ≥ 1 -dose HPV vaccine, and HPV up-to-date (UTD) was higher among Asian adolescents compared to Non-Hispanic White adolescents (the referent group). Coverage for ≥ 1 -dose HPV was 10.4 percentage points higher for Asian adolescents compared to Non-Hispanic White adolescents. HPV UTD status was 7.8 percentage points higher among Asian adolescents compared to white adolescents.

Multiracial adolescents had higher coverage with ≥ 1 HPV dose compared with White adolescents. Coverage was 5.1 percentage points higher among multiracial adolescents compared with White adolescents.

Supplementary Table 2. Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13–17 years, by health insurance status — National Immunization Survey–Teen (NIS-Teen), United States, 2017.

Vaccination coverage for ≥ 1 -dose HPV vaccine and HPV UTD was higher for adolescents with any Medicaid compared to adolescents with private insurance only. Coverage for ≥ 1 -dose HPV was 8.8 percentage points higher for adolescents with any Medicaid compared to adolescents with private insurance only. HPV UTD status

was 6.6 percentage points higher among adolescents with any Medicaid compared to those with private insurance only.

Coverage with vaccines routinely recommended for adolescents (i.e. ≥ 1 Tdap, ≥ 1 MenACWY, and ≥ 1 -dose HPV vaccine) and vaccines recommended for catch-up (i.e. HepB, MMR, and VAR) were similar for adolescents with other insurance compared to those with private insurance only.

Vaccination coverage was lower for ≥ 1 MenACWY, ≥ 2 MenACWY, and HPV UTD among uninsured adolescents compared to adolescents with private insurance only. Coverage was also lower for ≥ 2 MMR and ≥ 3 dose of HepB among uninsured adolescents compared to those with private insurance only. Coverage with ≥ 1 dose of HPV vaccine was similar for uninsured adolescents and those with private insurance only. Coverage for ≥ 1 MenACWY was 5.0 percentage points lower among uninsured adolescents compared to those with private insurance only. Coverage for ≥ 2 MenACWY was 22.6 percentage points lower among uninsured adolescents compared to adolescents with private insurance only. HPV UTD status was 12.7 percentage points lower among uninsured adolescents compared to those with private insurance only.

Supplementary Table 3. Estimated vaccination coverage with ≥ 1 HPV vaccine among adolescents aged 13-17 years by HHS Region, state, selected local area, and territory—National Immunization Survey-Teen (NIS-Teen), United States, 2013-2017.

During 2013-2017, the average percentage point increase in ≥ 1 -dose HPV vaccination coverage was 5.1 percentage points nationally. The significant increases ranged from 2.2 – 8.5 percentage points.

The greatest average annual increases were in Virginia (8.5 percentage points), DC (7.5), Montana (7.4), and in Arkansas, Iowa, Utah, and El Paso, TX (7.3 percentage points each).

Supplementary Figure 1. HPV Vaccination Initiation (≥ 1 dose) and HPV up-to-date (UTD) status estimates among adolescents by age 13 Years, by birth cohort — NIS-Teen, United States, 2016–2017.

Among adolescents surveyed during 2016–2017, HPV vaccination initiation by age 13 years increased an average 5.9 percentage points for each birth year, from 19.6% (1998 birth cohort) to 56.3% (2004 birth cohort). HPV UTD status by age 13 years increased an average 3.6 percentage points for each birth year, from 7.7% (1998 birth cohort) to 29.8% (2004 birth cohort).

Supplementary Figure 2. Estimated coverage with ≥ 1 doses of HPV vaccine among adolescents aged 13–17 years — National Immunization Survey-Teen, United States, 2017.

Coverage with ≥ 1 dose of HPV vaccine varied by jurisdiction, ranging from 46.9% in Wyoming to 91.9% in the District of Columbia.