

Table 80 (page 1 of 2). Vaccination coverage for selected diseases among adolescents aged 13–17, by selected characteristics: United States, 2006–2012

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#080>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

Vaccination coverage	2006 ¹	2007 ¹	2008	2009	2010	2011	2012			
Percent of adolescents aged 13–17										
Measles, mumps, rubella (2 doses or more) . . .	86.9	88.9	89.3	89.1	90.5	91.1	91.4			
Hepatitis B (3 doses or more)	81.3	87.6	87.9	89.9	91.6	92.3	92.8			
History of varicella or received varicella vaccine (2 doses or more) ²	---	---	73.5	75.7	76.8	79.9	82.6			
Td or Tdap (1 dose or more) ³	60.1	72.3	72.2	76.2	81.2	85.3	88.5			
Tdap (1 dose or more) ³	10.8	30.4	40.8	55.6	68.7	78.2	84.6			
Meningococcal conjugate vaccine (MenACWY) (1 dose or more) ⁴	11.7	32.4	41.8	53.6	62.7	70.5	74.0			
Human papillomavirus (HPV) (1 dose or more among females)	---	25.1	37.2	44.3	48.7	53.0	53.8			
Human papillomavirus (HPV) (3 doses or more among females)	---	---	17.9	26.7	32.0	34.8	33.4			
Human papillomavirus (HPV) (1 dose or more among males) . . . . .	...	...	...	...	...	8.3	20.8			
Human papillomavirus (HPV) (3 doses or more among males) . . . . .	...	...	...	...	...	1.3	6.8			
	<i>Race and Hispanic origin⁵</i>				<i>Poverty level⁶</i>		<i>Location of residence</i>			
	<i>Not Hispanic or Latino</i>						<i>Inside MSA⁷</i>			
<i>Vaccination coverage, 2012</i>	<i>White</i>	<i>Black or African American</i>	<i>American Indian or Alaska Native</i>	<i>Asian</i>	<i>Hispanic or Latino</i>	<i>Below poverty level</i>	<i>At or above poverty level</i>	<i>Central city</i>	<i>Remaining area</i>	<i>Outside MSA⁷</i>
Percent of adolescents aged 13–17										
Measles, mumps, rubella (2 doses or more) . . .	92.4	91.4	95.9	90.4	89.1	89.7	92.0	91.1	91.4	92.2
Hepatitis B (3 doses or more)	93.7	92.5	94.1	92.0	91.1	91.3	93.3	92.5	93.1	92.7
Varicella (2 doses or more) ²	74.0	75.2	78.4	79.4	76.3	72.0	75.8	76.4	77.1	62.8
Td or Tdap (1 dose or more) ³	87.9	87.7	93.8	92.8	89.6	88.1	88.6	90.1	89.2	82.3
Tdap (1 dose or more) ³	84.4	83.7	89.5	84.9	85.4	83.6	85.1	85.8	85.8	77.9
Meningococcal conjugate vaccine (MenACWY) (1 dose or more) ⁴	71.3	75.8	82.0	79.4	77.6	73.2	74.1	77.2	75.7	60.9
Human papillomavirus (HPV) (1 dose or more among females)	51.1	50.1	67.7	55.9	62.9	64.9	50.4	55.5	53.2	51.3
Human papillomavirus (HPV) (3 doses or more among females)	33.7	29.0	36.8	33.8	35.5	36.2	32.5	34.5	33.5	30.3
Human papillomavirus (HPV) (1 dose or more among males)	15.2	25.9	24.9	22.3	31.7	29.9	17.3	24.8	19.7	14.6
Human papillomavirus (HPV) (3 doses or more among males)	4.6	5.4	*	*	12.9	10.7	5.5	8.1	6.5	4.5

--- Data not available.

... Category not applicable.

* Estimates are not reliable and not shown if the unweighted sample size for the denominator is less than 30 or the confidence interval half-width divided by the estimate is greater than 0.588.

¹For 2006 and 2007, data were only collected in the 4th quarter of the year. Starting with 2008, data were collected for the entire year.

²Varicella is chickenpox.

³Td or Tdap refers to tetanus toxoid-diphtheria vaccine (Td) or tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) received since the age of 10 years.

⁴Includes persons receiving MenACWY or meningococcal-unknown type vaccine.

⁵Persons of Hispanic origin may be of any race. Estimates were tabulated using the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. Data for Native Hawaiian and Other Pacific Islander persons and persons of multiple races were not included because of small sample sizes. See [Appendix II, Hispanic origin; Race](#).

⁶Poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. In 2012, less than 3.1% (unweighted) of adolescents with provider-reported vaccination data were missing information about poverty level and were not included in the estimates of vaccination coverage by poverty level. See [Appendix II, Poverty](#).

⁷MSA is metropolitan statistical area. See [Appendix II, Metropolitan statistical area \(MSA\)](#).

See notes at end of table.

Table 80 (page 2 of 2). Vaccination coverage for selected diseases among adolescents aged 13–17, by selected characteristics: United States, 2006–2012

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[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

NOTES: Vaccination coverage estimates are based on provider-verified responses from parents who live in households with telephones. Complex statistical methods are used to adjust vaccination estimates to account for adolescents whose parents refuse to participate in the survey, for adolescents who live in households without telephones, or for adolescents whose vaccination histories cannot be verified through their providers. Detailed vaccination data among adolescents, by race and Hispanic origin, percent of poverty level, and MSA were not available prior to 2008. Interpretation of vaccination data needs to take into account when specific vaccines were licensed and recommended for use among adolescents. Quadrivalent HPV vaccine was licensed by the U.S. Food and Drug Administration (FDA) in June 2006. For the initial recommendations on HPV vaccination, see: CDC. Quadrivalent human papillomavirus vaccine: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2007;56(RR-02):1–24. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm?s_cid=rr5602a1_e; HPV vaccine was recommended for males in October 2011. CDC. Recommendations on the use of quadrivalent human papillomavirus vaccine in males—Advisory Committee on Immunization Practices (ACIP), 2011. MMWR 2011;60(50):1705–8. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm>. Meningococcal vaccine was licensed for use by the FDA in January 2005. For the initial recommendations on meningococcal vaccination, see: CDC. Prevention and control of meningococcal disease: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2005;54(RR-07):1–21. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm>. Tdap vaccines were licensed by the FDA in May and June of 2005. For the initial recommendations on Tdap vaccination, see: CDC. Preventing tetanus, diphtheria, and pertussis among adolescents: Use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccines. Recommendations of the Advisory Committee on Immunization Practices. MMWR 2006;55(RR-03):1–34. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm>. See [Appendix I, National Immunization Survey \(NIS\)](#). Additional information on the recommended schedule for adolescent vaccination is available from: <http://www.cdc.gov/vaccines/schedules/index.html>.

SOURCE: CDC/NCHS and National Center for Immunization and Respiratory Diseases, National Immunization Survey—Teen. Available from: <http://www.cdc.gov/vaccines/imz-managers/coverage/imz-coverage.html>. See [Appendix I, National Immunization Survey \(NIS\)](#).