<table>
<thead>
<tr>
<th>State</th>
<th>Vaccination Coverage</th>
<th>Estimated Vaccination Coverage* with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area US, National Immunization Survey Q1/2012-Q4/2012†</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Virginia</td>
<td>91.9±4.4</td>
<td>85.2±4.7</td>
</tr>
<tr>
<td>Virginia</td>
<td>95.8±3.0</td>
<td>90.3±3.5</td>
</tr>
<tr>
<td>Vermont</td>
<td>90.3±4.0</td>
<td>84.8±4.4</td>
</tr>
<tr>
<td>Virginia</td>
<td>95.8±3.0</td>
<td>90.3±3.5</td>
</tr>
<tr>
<td>Washington</td>
<td>91.6±3.9</td>
<td>86.5±4.4</td>
</tr>
<tr>
<td>West Virginia</td>
<td>91.9±4.4</td>
<td>85.2±4.7</td>
</tr>
<tr>
<td>Wyoming</td>
<td>95.3±2.8</td>
<td>89.6±3.3</td>
</tr>
</tbody>
</table>

*Estimated Vaccination Coverage* with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area US, National Immunization Survey Q1/2012-Q4/2012†
* Estimate=NA (Not Available) if the unweighted sample size for the denominator was <30 or (CI half width)/Estimate > 0.588 or (CI half width) >10. Estimates presented as point estimate (%) ± 95% Confidence Interval.

1 Children in the Q1/2012-Q4/2012 National Immunization Survey were born from January 2009 through May 2011.

2 3 or more doses of any diphtheria and tetanus toxoids and pertussis vaccines including diphtheria and tetanus toxoids, and any acellular pertussis vaccine (DTP/DTaP).

3 4 or more doses of DTP.

4 3 or more doses of any poliovirus vaccine.

5 4 or more doses of measles-mumps-rubella vaccine.

6 Primary series Hib: ≥2 or ≥3 doses of Hib vaccine depending on product type received.

** Full series Hib: ≥3 or ≥4 doses of Hib vaccine depending on product type received (includes primary series plus the booster dose).

7 3 or more doses of Haemophilus B vaccine.

8 1 or more doses of Haemophilus B vaccine administered from birth through age 3 days.

9 1 or more doses of varicella at or after child’s first birthday, unadjusted for history of varicella illness.

10 3 or more doses of pneumococcal conjugate vaccine (PCV).

11 4 or more doses of PCV.

12 1 or more doses of Hepatitis A vaccine.

13 2 or more doses of Hepatitis A vaccine.

14 2 or ≥3 doses of Rotavirus vaccine, depending on product type received (≥2 doses for Rotarix® [RVI] or ≥3 doses for RotaTeq® [RV5]).

15 4 or more doses of DTap. 3 or more doses of poliovirus vaccine, and 1 or more doses of any MMR vaccine.

16 4:3:1 plus the full series Hib.

17 4:3:1 plus full series of Hib vaccine and 3 or more doses of HepB vaccine

18 4:3:1 plus full series of Hib vaccine, 3 or more doses of HepB vaccine, and 1 or more doses of varicella vaccine.

19 4:3:1 plus full series Hib vaccine, 3 or more doses of HepB, 1 or more doses of varicella vaccine, and 4 or more doses of PCV.