

**Estimated Vaccination Coverage* Among Children 19-35 Months of Age By
Provider Facility Type[^] and by State and Local Area -- US, National Immunization
Survey, Q1/2021-Q4/2012[†]**

Vaccine	Total	Public	Private	Mixed	Other
3+DTaP [‡]	94.3±0.7	91.8±3.3	97.3±0.7	96.5±1.5	88.7±2.0
4+DTaP [‡]	82.5±1.2	75.7±5.1	86.2±1.4	83.8±3.0	77.7±2.6
3+Polio [§]	92.8±0.7	90.7±3.4	95.3±0.7	95.6±1.6	87.6±2.1
1+MMR	90.8±0.8	91.2±3.1	92.8±1.0	92.7±2.0	86.2±2.2
Hib-PS [¶]	93.3±0.7	89.8±3.5	96.5±0.6	95.1±1.7	87.7±2.1
Hib-FS ^{**}	80.9±1.2	72.7±4.3	85.0±1.4	82.3±2.9	75.7±2.6
3+HepB ^{††}	89.7±0.9	89.4±3.4	91.7±1.0	93.9±2.0	83.7±2.3
HepB Birth dose ^{‡‡}	71.6±1.4	71.3±5.3	70.0±1.8	81.1±2.7	72.2±2.9
1+Var ^{§§}	90.2±0.8	90.8±3.2	92.0±1.0	92.6±1.9	85.9±2.1
3+PCV	92.3±0.8	87.7±3.9	95.4±0.7	95.3±1.6	86.8±2.1
4+PCV ^{¶¶}	81.9±1.1	72.1±4.8	85.7±1.3	84.6±2.5	77.4±2.6
1+ HepA ^{***}	81.5±1.1	79.6±4.3	82.4±1.5	84.6±2.5	81.0±2.3
2+HepA ^{†††}	53.0±1.5	50.4±5.1	54.4±1.9	54.1±3.5	51.9±3.2
Rotavirus ^{‡‡‡}	68.6±1.4	57.5±4.6	73.3±1.8	67.9±3.3	64.6±3.1
4:3:1 ^{§§§}	80.5±1.2	74.8±5.1	83.8±1.5	82.2±3.1	75.2±2.7
(4:3:1:3*)	76.0±1.3	67.1±5.1	80.2±1.6	77.0±3.2	70.7±2.8
4:3:1:3*:3:1 ^{¶¶¶¶}	71.9±1.4	64.1±5.1	75.4±1.7	74.8±3.2	66.5±2.9
4:3:1:3*:3:1:4 ^{****}	68.4±1.4	58.4±5.3	71.7±1.8	71.9±3.3	64.2±3.0

* 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.

[^] Self-reported by provider. Public provider includes public health clinics and community health centers. Private provider includes private clinics, HMOs and group practices. Mixed provider includes more than one type of provider. Other provider includes all other types of providers such as hospitals,

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

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

^{‡‡} 4 or more doses of DTaP.

[§] 3 or more doses of any poliovirus vaccine.

^{||} 1 or more doses of measles-mumps-rubella vaccine.

[¶] 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).

^{††} 3 or more doses of hepatitis B vaccine.

^{‡‡} 1 or more doses of hepatitis B vaccine administered from birth through age 3 days.

^{§§} 1 or more doses of varicella at or after child's first birthday, unadjusted for history of varicella illness.

^{|||} 3 or more doses of pneumococcal conjugate vaccine (PCV).

^{¶¶} 4 or more doses of PCV.

^{***} 1 or more doses of Hepatitis A vaccine.

^{†††} 2 or more doses of Hepatitis A vaccine.

^{‡‡‡} ≥2 or ≥3 doses of Rotavirus vaccine, depending on product type received (≥2 doses for Rotarix® [RV1] or ≥3 doses for RotaTeq® [RV5]).

^{§§§} 4 or more doses of DTaP, 3 or more doses of poliovirus vaccine, and 1 or more doses of any MMR vaccine.

^{||||} 4:3:1 plus the full series Hib.

^{¶¶¶¶} 4:3:1 plus full series of Hib vaccine, 3 or more doses of HepB vaccine, and 1 or more doses of varicella vaccine.

^{****} 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.