

**Estimated Vaccination Coverage* with Individual Vaccines and Vaccination Series
Among Children 19-35 Months of Age by Race/Ethnicity[†] --
US, National Immunization Survey, Q1/2000-Q4/2000[‡]**

	3+DTP [§]	4+DTP	3+Polio [¶]	1+MMR ^{**}	3+Hib ^{††}	3+HepB ^{‡‡}	1+Var ^{§§}	3:3:1	4:3:1 ^{¶¶}	4:3:1:3 ^{***}	4:3:1:3:3 ^{†††}
US National	94.1±0.5 ⁺⁺⁺	81.7±0.8	89.5±0.6	90.5±0.6	93.4±0.5	90.3±0.6	67.8±0.9	83.6±0.8	77.6±0.9	76.2±0.9	72.8±0.9
White, non-Hispanic	95.0±0.6	84.3±0.9	90.6±0.8	91.5±0.7	94.7±0.6	91.4±0.7	66.4±1.2	85.3±0.9	80.3±1.0	79.4±1.0	76.0±1.1
Black, non-Hispanic	92.1±1.6	76.4±2.4	86.8±1.9	87.9±1.8	92.8±1.3	89.2±1.7	67.3±2.6	79.7±2.3	71.5±2.6	70.6±2.6	68.2±2.6
Hispanic	93.3±1.2	78.6±1.9	87.9±1.6	90.0±1.4	91.1±1.4	88.2±1.5	70.2±2.1	81.9±1.8	74.8±2.0	72.7±2.1	68.5±2.2
American Indian or Alaskan Native	91.3±5.2	74.5±7.5	89.6±5.2	86.9±5.7	90.2±5.1	90.6±4.8	61.6±7.5	81.6±6.4	70.3±7.6	69.2±7.6	66.9±7.6
Asian or Pacific Islander	95.0±2.4	84.9±3.7	92.7±2.7	89.6±4.3	91.9±3.1	90.5±3.4	77.2±4.4	84.9±4.5	78.8±4.8	75.3±5.0	71.2±5.2
Other	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Estimate=NA (Not Available) if the unweighted sample size for the numerator was <30 or (CI half width)/Estimate >0.5 or (CI half width)>10

[†] Self-reported by respondent. Individual racial groups do not include Hispanic children. Children of Hispanic ethnicity may be of any race

* Children in the Q1/2000-Q4/2000 National Immunization Survey were born between February 1997 and May 1999.

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

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[¶] Three or more doses of any poliovirus vaccine

^{**} One or more doses of measles-mumps-rubella vaccine; previous reports of vaccination coverage were for measles-containing vaccine (MCV)

^{††} Three or more doses of *Haemophilus influenzae* type b (Hib) vaccine

^{‡‡} Three or more doses of hepatitis B vaccine

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

^{|||} Three or more doses of DTP, three or more doses of poliovirus vaccine, and one or more doses of any MCV.

^{¶¶} Four or more doses of DTP, three or more doses of poliovirus vaccine, and one or more doses of any MCV.

^{***} Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MCV, and three or more doses of Hib

^{†††} Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB

⁺⁺⁺ % ± 95% Confidence Interval