

NIP Quarterly Immunization Meeting



Agenda

- NIRS – LCDR Leatrice Begay
- ACIP Updates – Jillian Doss-Walker
- CDC Updates – Vivian Iskander Porter
- Vaccine Coverage Data – Uzo Chukwuma

National Immunization Reporting System (NIRS) Updates

LCDR Leatrice Begay

Public Health Analyst

IHS HQ

What is the National Immunization Reporting System (NIRS)?

- A web-based reporting system for collecting immunization data
- Separate from RPMS
- Purpose:
 - To improve data quality and timeliness
 - Provide facility-level feedback
 - Reduce burden on Area Immunization Coordinators

Reporting process for NIRS

Each facility generates immunization reports every quarter

- RPMS user's run reports from the Immunization package
- Non-RPMS user's can utilize the non-RPMS reporting form (available of DEDP site)

Facility logs into NIRS

Facility enters data from their immunization reports into NIRS

Reports are automatically aggregated for the Area and Nationally

- Everyone can see Area and National level reports
- Each facility can view their own data, but not data from other facilities

IMMUNIZATION REPORTING

1st Quarter
(October 1st – December 31st)



3-27 Month Old Report



Two Year Old Report



Adolescent Report



Adult Report



Influenza Report



Healthcare Personnel
Influenza Vaccination Report

Due January 21st

2nd Quarter
(January 1st – March 31st)



3-27 Month Old Report



Two Year Old Report



Adolescent Report



Adult Report



Influenza Report



Healthcare Personnel
Influenza Vaccination Report

Due April 21st

3rd Quarter
(April 1st – June 30th)



3-27 Month Old Report



Two Year Old Report



Adolescent Report



Adult Report

Due July 21st

4th Quarter
(July 1st – September 30th)



3-27 Month Old Report



Two Year Old Report



Adolescent Report



Adult Report

Due December 21st

Adolescent Report

- Updated w/in NIRS for FY21 Q2
- Current Issues
 - Historical data inaccurate after the updated logic
 - OIT working on creating another drop-down to choose historical time period (pre-FY21 Q2)

NIRS – Add New Location

- In the event you need to add an additional new ‘site’ or location within NIRS
 1. E-mail your Area Immunization Coordinator and cc the National Immunization Administrators of the request
 2. Ian Rutherford, OIT will need the following information to complete the request, if unknown information can be found @ IHS Standard Code Book
 - ASUFAC –ITU Code
 - Area name (Billings)
 - State (MT)
 - Facility ID (if known)

NIP Program Resources [Demo]

- DEDP Site: <https://www.ihs.gov/epi/>
- DEDP Statistics & Reports (non-RPMS Quarterly Reporting Forms):
<https://www.ihs.gov/epi/immunization-and-vaccine-preventable-diseases/statistics-and-reports/>
- DEDP Healthcare Personnel Reporting Site:
<https://www.ihs.gov/epi/immunization-and-vaccine-preventable-diseases/resources-for-providers/healthcare-personnel-vaccination/>
- DEDP Seasonal Influenza Surveillance Reports Site:
<https://www.ihs.gov/epi/health-surveillance/ias/>

Important Resources

- National Immunization Reporting System (NIRS)

	3-27 month	2 year old	Adolescent	Adult	Influenza	Healthcare Personnel
1st quarter	Yes	Yes	Yes	Yes	Yes	Yes
2nd quarter	Yes	Yes	Yes	Yes	Yes	Yes
3rd quarter	Yes	Yes	Yes	Yes	No	No
4th quarter	Yes	Yes	Yes	Yes	No	No

- Division of Epidemiology and Disease Prevention (DEDP)
- DEDP – Statistics & Reports
- DEDP – Healthcare Personnel Vaccination (HPV)
- DEDP – Trainings & Webinars

ACIP Meeting Update

Jillian Doss-Walker, MPH

Deputy PM/CDC Public Health Advisor

IHS Immunization Program

October ACIP Meeting Agenda

- Routine Vaccines (Day 1)
 - Pneumococcal (vote)
 - Zoster (Vote)
 - Influenza
- COVID-19 Vaccines (Day 2)
 - Moderna Booster (vote)
 - J & J Booster (vote)

Policy Questions for Pneumococcal Vaccines

Updated Policy Questions for Consideration

- Should **PCV20 alone OR PCV15 in series with PPSV23** be routinely recommended to US adults aged **≥65 years**?
- Should **PCV20 alone OR PCV15 in series with PPSV23** be recommended for U.S. adults aged **19–64 years** with certain underlying medical conditions or other risk factors*?

*alcoholism, chronic heart/liver/lung disease, cigarette smoking, diabetes mellitus, chronic renal failure, nephrotic syndrome, immunodeficiency, iatrogenic immunosuppression, generalized malignancy, human immunodeficiency virus, Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplants, congenital or acquired asplenia, sickle cell disease or other hemoglobinopathies, CSF leak, or cochlear implant.

One risk-based and one age-based recommendation are being considered.

	19–64 years	≥65 years
None of the conditions listed below	No recommendation	Age-Based Recommendation
Chronic medical conditions† (CMC)	Risk-Based Recommendation	
Cochlear implant, CSF leak		
Immunocompromising conditions*		

†Examples include alcoholism, chronic heart/liver/lung disease, diabetes, cigarette smoking

*Chronic renal failure, nephrotic syndrome, immunodeficiency, iatrogenic immunosuppression, generalized malignancy, human immunodeficiency virus, Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplants, congenital or acquired asplenia, sickle cell disease or other hemoglobinopathies

<https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

Current and Proposed Options for a Risk-Based Recommendation

	Current policy	Proposed Policy Option
None of the conditions listed below	No recommendation	No recommendation
Chronic medical conditions† (CMC)	PPSV23	PCV20 OR PCV15 and PPSV23
Cochlear implant, CSF leak	Both PCV13* and PPSV23	
Immunocompromising conditions	Both PCV13* and PPSV23, repeat PPSV23 after 5 years	

PCV13: 13-valent pneumococcal conjugate vaccine

PPSV23: 23-valent pneumococcal polysaccharide vaccine

*If not previously given; †Examples include alcoholism, chronic heart/liver/lung disease, diabetes, cigarette smoking

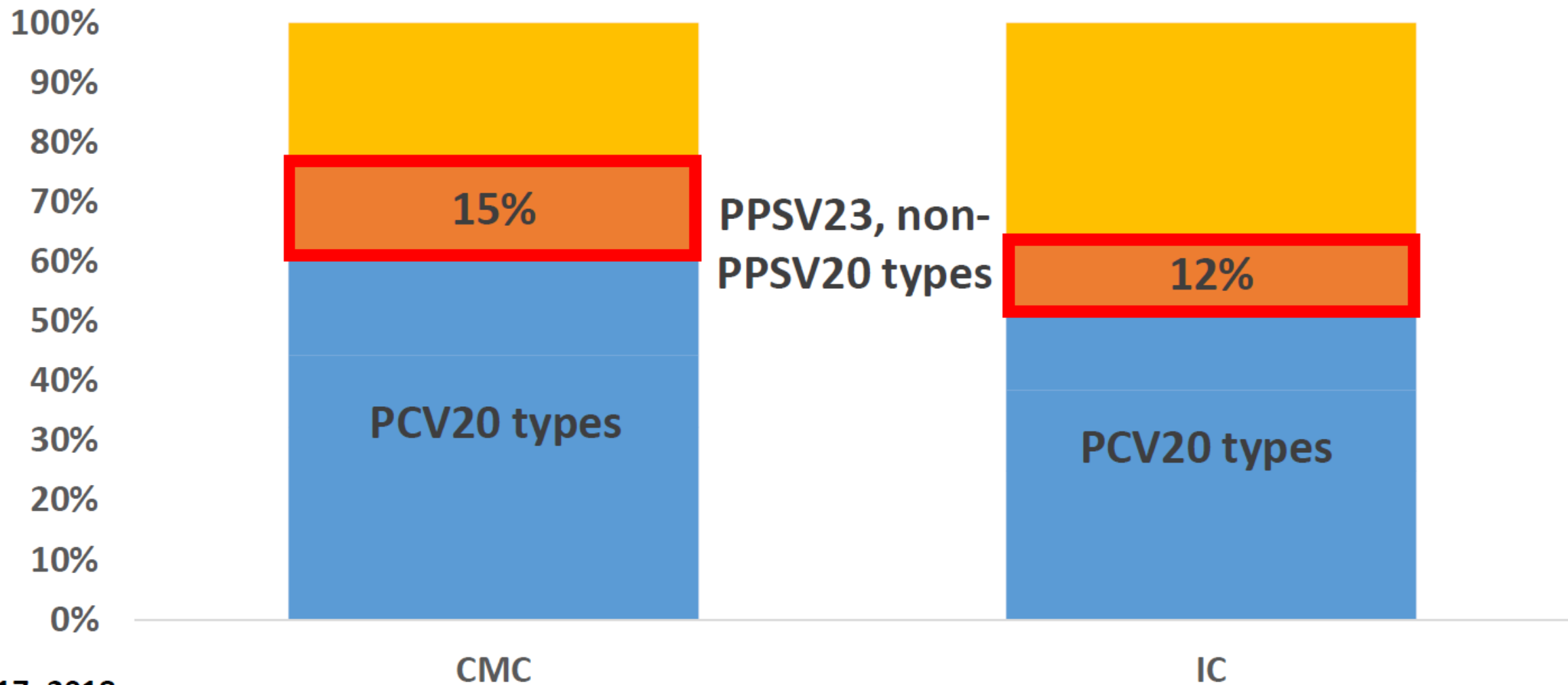
<https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

Serotypes Contained in Current and New Pneumococcal Vaccines

	1	3	4	5	6A	6B	7 F	9V	14	18 C	19 A	19 F	23 F	22 F	33 F	8	10 A	11 A	12 F	15 B	2	9N	17 F	20	
PCV13	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	White	White	White	White	White	White	White	White	White	White	White	White
PCV15	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	White	White	White	White	White	White	White	White	White	White
PCV20	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Blue	Blue	Blue	Blue	Blue	Blue	White	White	White	White
PPSV23	Yellow	Yellow	Yellow	Yellow	White	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Blue	Blue	Blue	Blue	Blue	Blue	Orange	Orange	Orange	Orange

- **PCV15 non-PCV13:** includes serotypes **22F** and **33F**
- **PCV20 non-PCV13:** includes serotypes **22F, 33F, 8, 10A, 11A, 12F, and 15B**
- **PPSV23 non-PCV20:** includes serotypes **2, 9N, 17F, and 20**

Proportion of IPD by Serotype Groups in Adults aged 19–64 Years with Risk-based Indications



ABCs 2017–2018

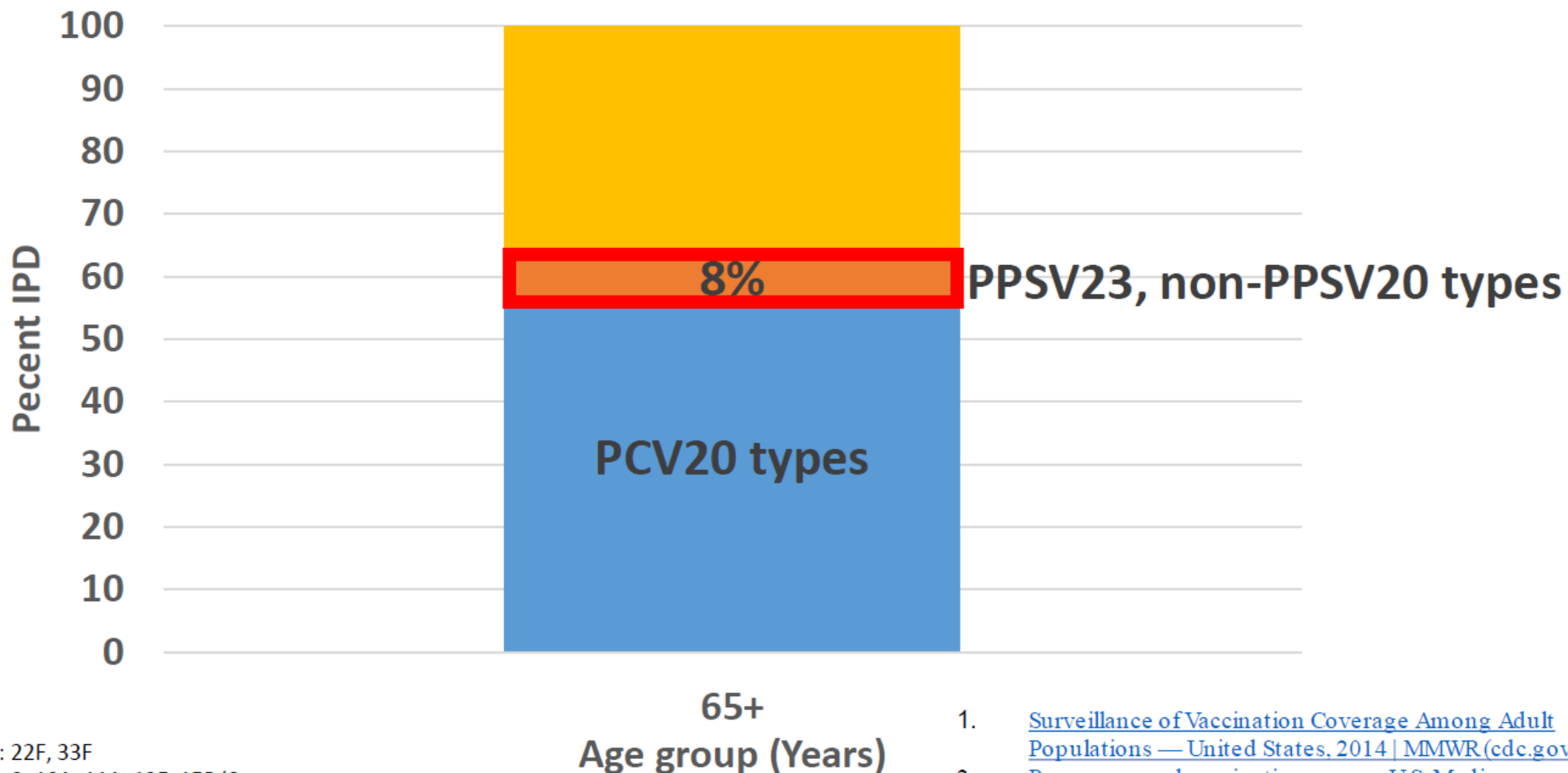
PCV15 non-PCV13 serotypes: 22F, 33F
PCV20 non-PCV15 serotypes: 8, 10A, 11A, 12F, 15B/C
PPSV23 non-PCV20 serotype: 2, 9N, 17F, 20

CMC

CMC: chronic medical conditions
IC: immunocompromising conditions

IC

In adults aged ≥ 65 years, additional serotypes contained in PPSV23 but not PCV20 comprise 8%, when PPSV23 coverage is 50–60%^{1,2}.



ABCs 2018–2019

PCV15 non-PCV13 serotypes: 22F, 33F
PCV20 non-PCV15 serotypes: 8, 10A, 11A, 12F, 15B/C
PPSV23 non-PCV20 serotype: 2, 9N, 17F, 20

1. [Surveillance of Vaccination Coverage Among Adult Populations — United States, 2014 | MMWR \(cdc.gov\)](#)
2. [Pneumococcal vaccination among U.S. Medicare beneficiaries aged \$\geq 65\$ years, 2010-2019 | CDC](#)

Pneumococcal Vaccine Votes

- **Recommended the Zoster vaccine for immunocompromised adults 19 and older:** “Two doses of recombinant zoster vaccine are recommended for the prevention of herpes zoster and its complications in adults aged 19 years and older who are or will be immunodeficient or immunosuppressed due to disease therapy.
- **Recommended pneumococcal vaccine PCV20 alone or PCV15 and PPSV23 in series for adults 65 and older:** “Adults 65 years of age and older who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown should receive a pneumococcal conjugate vaccine (either PCV20 or PCV15). If PCV15 is used, this should be followed by a dose of PPSV23”.
- **Recommended pneumococcal vaccine PCV20 alone or PCV15 and PPSV23 in series for adults 19-64 with certain underlying medical conditions or risk factors:** “Adults aged 19-64 years of age with certain underlying medical conditions or other risk factors who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown should receive a pneumococcal conjugate vaccine (either PCV20 or PCV15). If PCV15 is used, this should be followed by a dose of PPSV23.”

Zoster

- Voted to provide a Zoster vaccine to immunocompromised individuals 19 and older.
- Overall, benefits outweigh the risks, there are no safety concerns, and many physicians are already recommending the Zoster vaccine for adults 19 years and older with immunocompromised individuals.
- There is an ongoing study of co-administration of the zoster and influenza vaccine.

Zoster Vaccine Note

Two doses of recombinant zoster vaccine are recommended for the prevention of herpes zoster and its complications in adults aged ≥ 19 years who are or will be immunodeficient or immunosuppressed due to disease or therapy.

Influenza

- No influenza votes.
- The committee reviewed the safety and immunogenicity study of the **co-administration** of Fluzone® HighDose Quadrivalent Influenza Vaccine and a third dose of Moderna vaccine. There were no SAEs or deaths in the Phase II study. Overall, data supports that Fluzone and the Moderna mRNA vaccine can safely be administered together without evidence of immunogenicity interference, supporting existing co-administration recommendations of COVID-19 and influenza vaccines.
- The committee also received an update regarding **change in age indication** for Flucelvax Quadrivalent, a cell culture-based inactivated flu vaccine, which is now FDA approved for 6 months and older as of October 14th, 2021.

Inactivated Influenza Vaccines (IIV4s) for Children 6 through 35 months

- Five IIV4s are now approved for this age group
- Dose volumes vary:
 - Fluarix Quadrivalent 0.5 mL/dose
 - FluLaval Quadrivalent 0.5 mL/dose
 - Flucelvax Quadrivalent 0.5 mL/dose
 - Afluria Quadrivalent 0.25 mL/dose
 - Fluzone Quadrivalent 0.25 mL/dose *or* 0.5 mL/dose

Influenza Vaccines by Age Indication, United States, 2021–22 Influenza Season

Vaccine type		0 through 6 months	6 through 23 months	2 through 17 years	18 through 49 years	50 through 64 years	≥65 years	
IIV4s	Standard-dose, unadjuvanted inactivated (IIV4)	Not approved for age group	Egg-based				Afluria Quadrivalent Fluarix Quadrivalent FluLaval Quadrivalent Fluzone Quadrivalent	
	Cell culture-based inactivated (cIIV4)		Not egg-based					Flucelvax Quadrivalent
	Adjuvanted inactivated (aIIV4)	Not approved for age group					Fluad Quadrivalent	
	High-dose inactivated (HD-IIV4)	Not approved for age group					Fluzone High-Dose Quadrivalent	
RIV4	Recombinant (RIV4)	Not approved for age group			Not egg-based			Flublok Quadrivalent
LAIV4	Live attenuated (LAIV4)	Not approved for age group		Egg-based		Not approved for age group		FluMist Quadrivalent

IIV4=quadrivalent inactivated influenza vaccine RIV4=quadrivalent recombinant influenza vaccine LAIV4=quadrivalent live attenuated influenza vaccine



Not approved for age group



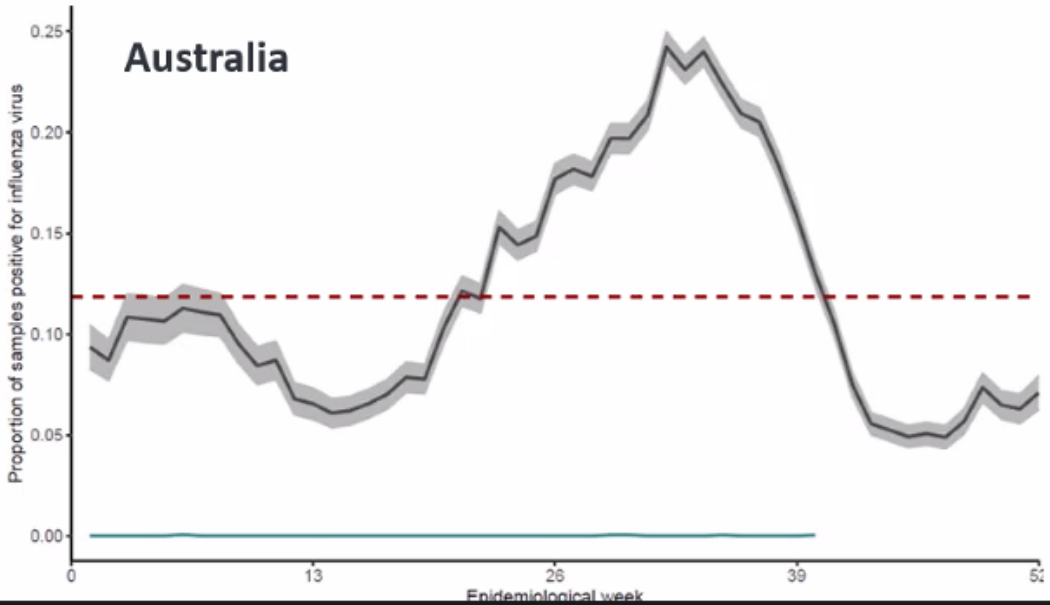
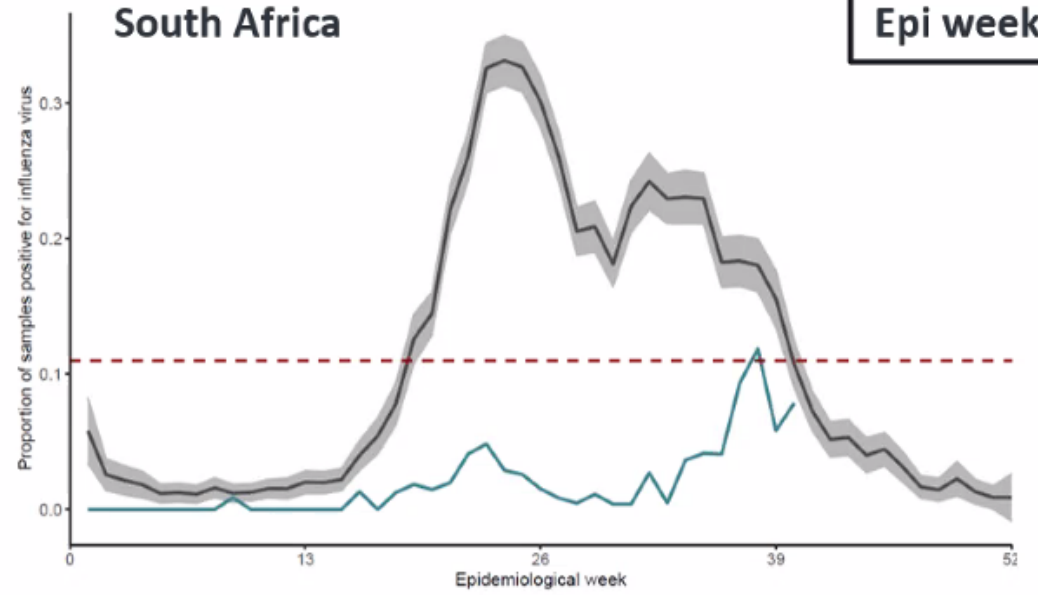
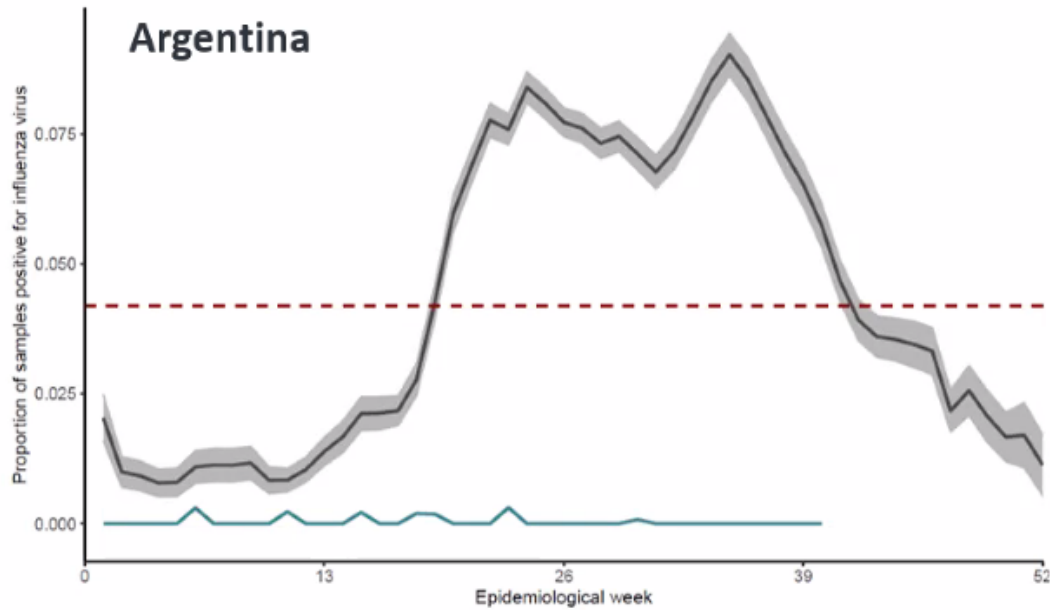
Egg-based



Not egg-based

All vaccines expected for 2021–22 are quadrivalent (i.e., contain hemagglutinin derived from four viruses: one influenza A(H1N1), one influenza A(H3N2), one influenza B/Victoria and one influenza B/Yamagata).

Epi week 40

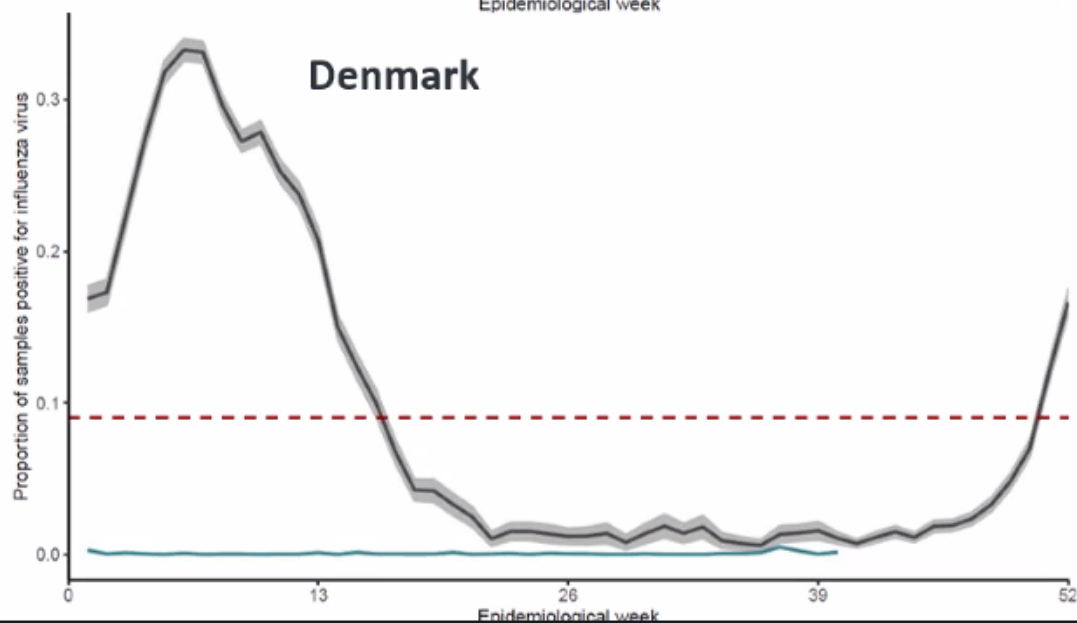
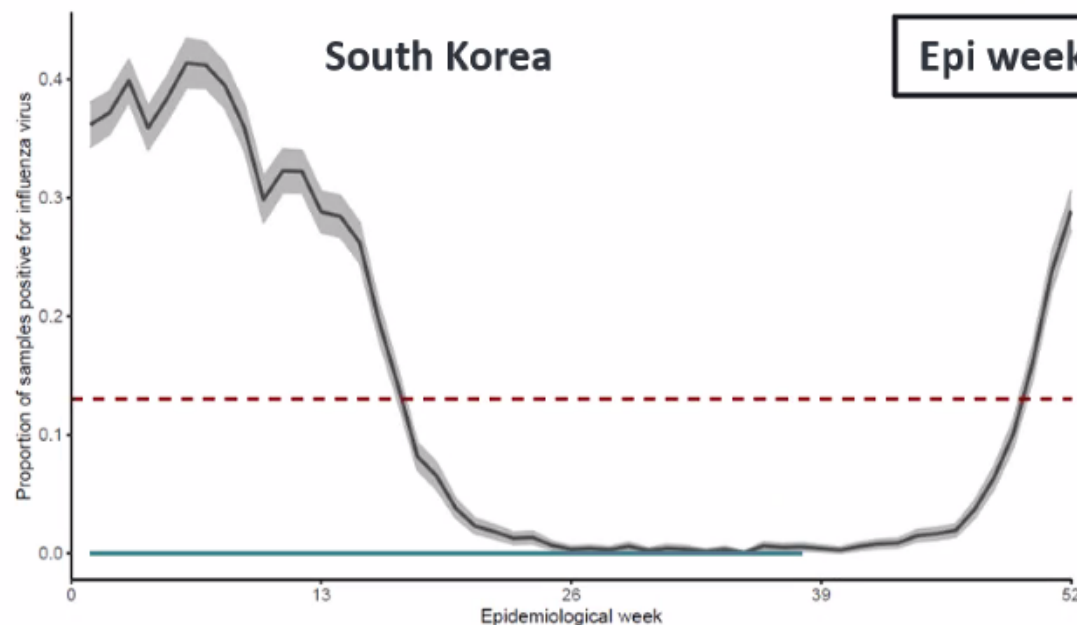
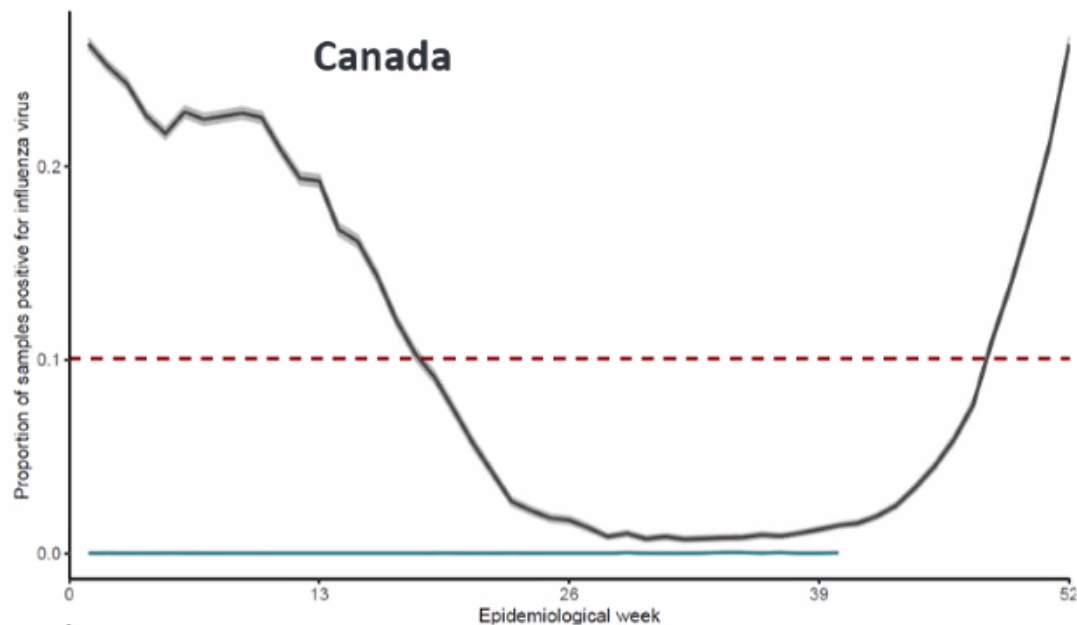


Legend

- Weighted weekly PP
- 2021 weekly PP
- 95% CI
- Epidemic threshold

PP= Proportion of samples positive for influenza virus
 Weighted weekly PP + 95% CI were calculated using 2011–2019 data
 *Note: y-axes have different scales for each country
 Source: WHO FluNet (<https://www.who.int/tools/flunet>)

Epi week 40



Legend

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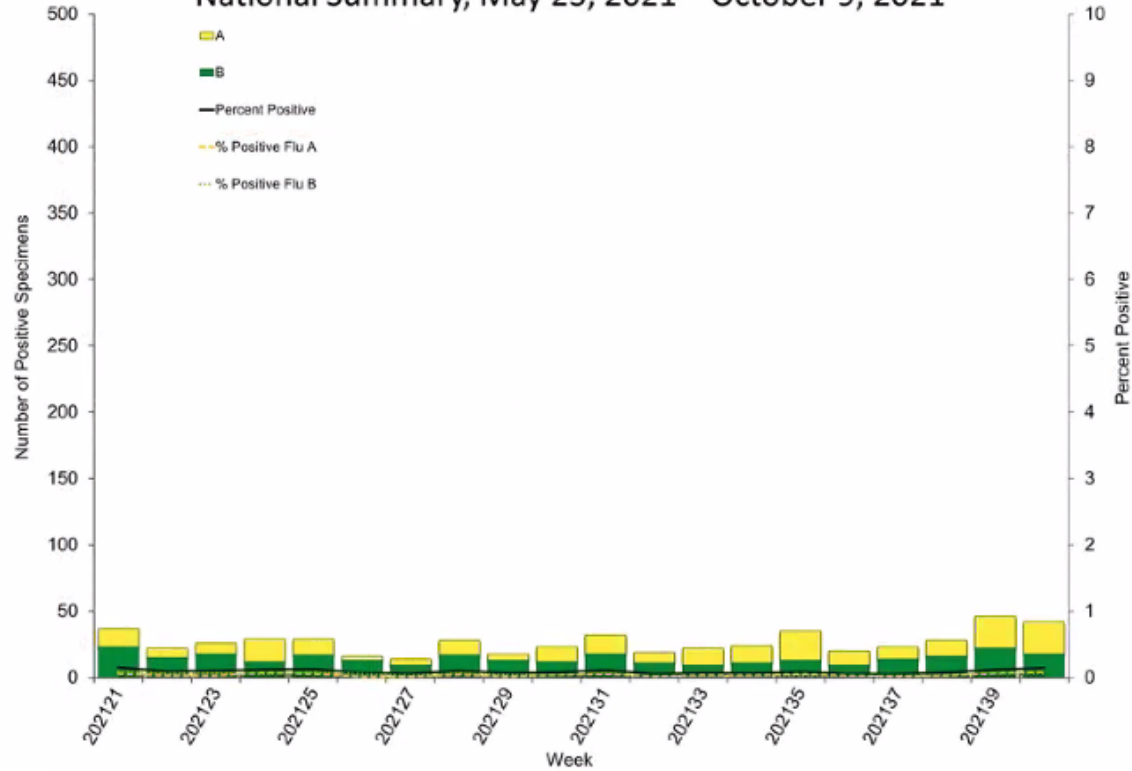
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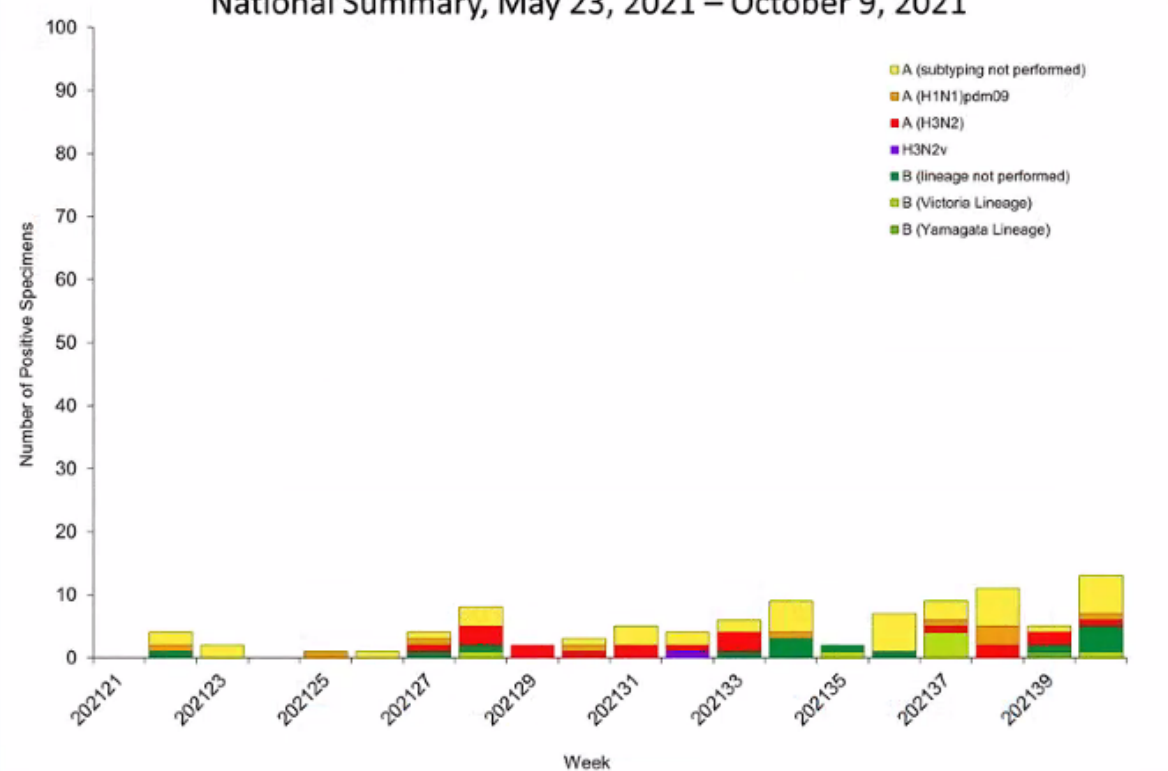
Source: WHO FluNet (<https://www.who.int/tools/flunet>)

U.S. Influenza Virologic Surveillance

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, May 23, 2021 – October 9, 2021



Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, May 23, 2021 – October 9, 2021



COVID-19 Boosters

FDA Amendments/Regulatory Actions

- FDA amended the EUAs for COVID-19 vaccines to allow for the use of a single booster dose as follows:
- The use of a single booster dose of the Moderna COVID-19 Vaccine that may be administered at least 6 months after completion of the primary series to individuals:
 - 65 years of age and older
 - 18 through 64 years of age at high risk of severe COVID-19
 - 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2
- The use of a single booster dose of the Janssen (Johnson and Johnson) COVID-19 Vaccine may be administered at least 2 months after completion of the single-dose primary regimen to individuals 18 years of age and older.
- The use of each of the available COVID-19 vaccines as a heterologous (or “mix and match”) booster dose in eligible individuals following completion of primary vaccination with a different available COVID-19 vaccine.
- To clarify that a single booster dose of the Pfizer-BioNTech COVID-19 Vaccine may be administered at least 6 months after completion of the primary series to individuals 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2.

ACIP Moderna Booster Vote

- **Recommended the Moderna 50 μ g (half dose) booster dose for adults 18+ at least 6 months after the second dose of the primary series in the same risk groups as recommended for the Pfizer booster: “A single COVID-19 vaccine booster dose is recommended greater than or equal to 6 months after completion of an mRNA primary series, in the same risk groups for whom CDC recommended a booster of Pfizer-BioNTech, under FDA’s Emergency Use Authorization”**

ACIP Johnson & Johnson (J&J) Booster Vote

- **Recommend the Johnson & Johnson booster dose for all adults 18 and older who received the J&J primary series at least 2 months after the initial dose :** “A single COVID-19 vaccine booster dose is recommended for persons aged 18 years and older, greater than or equal to 2 months after receipt of the initial Janssen dose, under the FDA’s Emergency Use Authorization.”

Mix and Match COVID-19 Vaccines

- CDC recommendations do allow for mix and matching of boosters:
 - “Eligible individuals may choose which vaccine they receive as a booster dose”

Nov 2-3rd ACIP Meeting

- COVID-19 vaccine for 5-11 year olds (vote)
- Routine vaccines (votes)
 - Hepatitis B
 - Orthopoxvirus
 - Ebola
 - Childhood and Adult IZ schedules

Covid-19 for Kids Vote

- The Pfizer-BioNTech COVID-19 vaccine is recommended for children 5 through 11 years of age in the US under the Food and Drug Administration's Emergency Use Authorization.

Hep B Vote

- The ACIP recommends the following groups **should** receive hepatitis B vaccines:
 - Adults 19 through 59 years
 - Adults 60 years and older with risk factors for hepatitis B infection
- The ACIP recommends the following groups **may** receive hepatitis B vaccines:
 - Adults 60 years and older without known risk factors for hepatitis B infection

Orthopox, Ebola, IZ Schedules

- All were voted on and approved
- Orthopoxvirus and Ebola were for occupational settings/risks

Next Scheduled ACIP meeting

- February 23-24, 2022

CDC Updates

Vivian Iskander Porter, MPH, PE

CDC Public Health Advisor

IHS Immunization Program

Brief Highlights

- COVID-19
- National Immunization Survey (NIS) Results
- FluVaxView Update

Distribution By the Numbers

for the week starting October 18, 2021



45 Weeks of distribution



24.3 M Doses to adolescents 12–17 y/o
(not including TX and ID)



493.1 M Total doses delivered



9.3 M Additional doses administered



406.6 M Total doses administered
and reported



166 K+ Total providers nationwide



78.7% of US Adults (18+) have
received at least 1 dose (n = 203.3 M)



4.67% Percentage of doses reported as
wastage



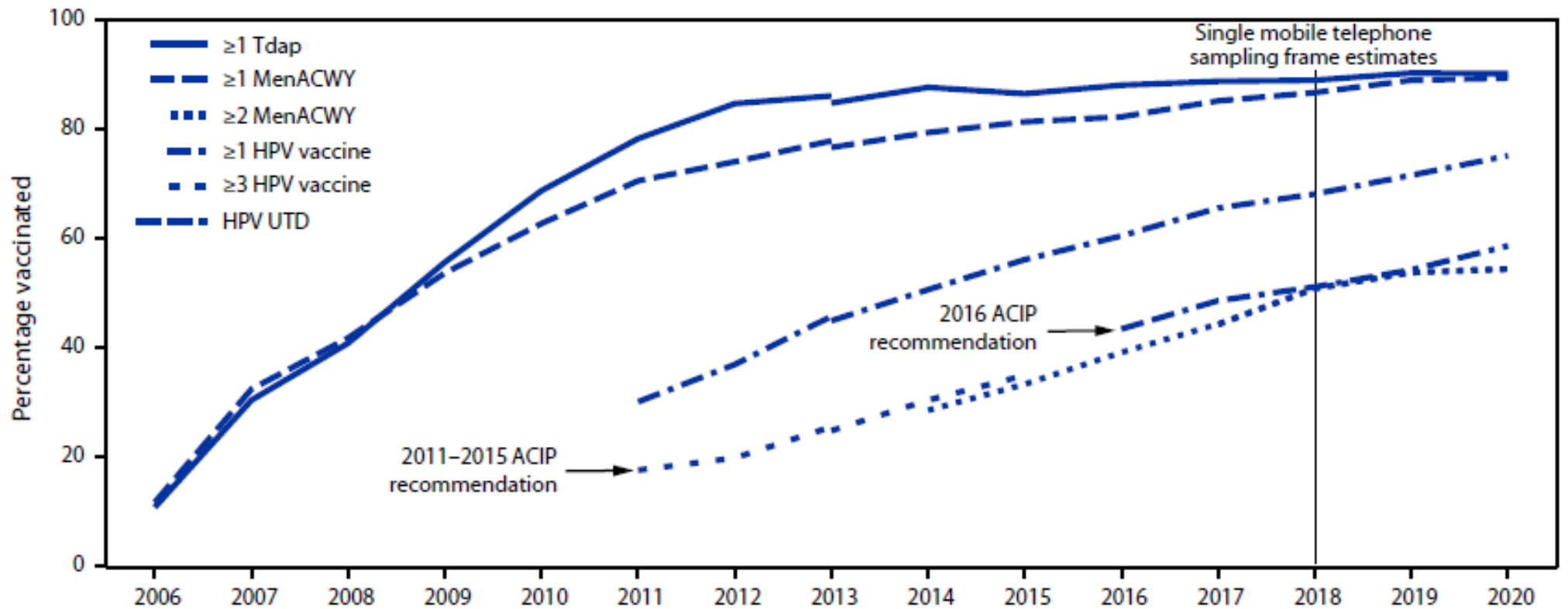
95.5% of US Adults (65+) have
received at least 1 dose (n = 52.2 M)



188.7 M Americans are fully vaccinated

NIS Teen

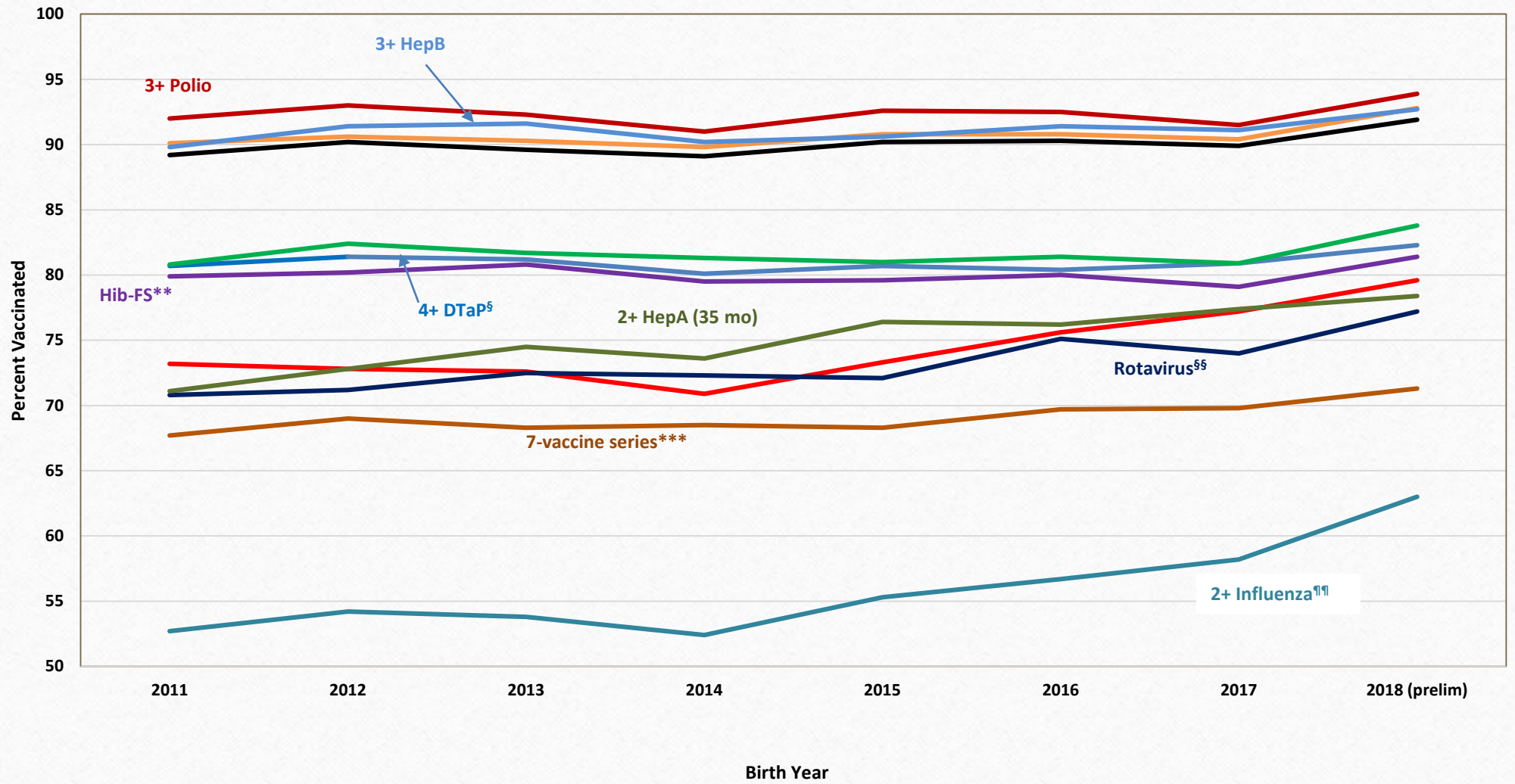
FIGURE. Estimated vaccination coverage with selected vaccines and doses* among adolescents aged 13–17 years, by survey year† — National Immunization Survey–Teen,^{5,9} United States, 2006–2020



NIS Teen

	Race/Ethnicity, % (95% CI) [§]					
	White only, non-Hispanic (n = 12,582)	Black only, non-Hispanic (n = 1,671)	Hispanic (n = 3,410)	American Indian/Alaska Native only, non-Hispanic (n = 252)	Asian, non-Hispanic (n = 808)	Multiracial, non-Hispanic (n = 1,367)
Vaccines						
Tdap¶ ≥ 1 dose	91.5 (90.6 to 92.4)	89.0 (86.3 to 91.2)	87.6 (84.9 to 89.9) **	88.7 (76.9 to 94.9)	90.8 (87.0 to 93.6)	90.6 (87.5 to 93.0)
MenACWY††						
≥1 dose	89.3 (88.2 to 90.3)	89.4 (87.0 to 91.4)	89.2 (86.4 to 91.4)	93.3 (88.3 to 96.3)	89.2 (84.2 to 92.7)	89.9 (87.1 to 92.2)
≥2 doses§§	58.0 (54.6 to 61.4)	46.8 (38.2 to 55.5) **	52.5 (44.1 to 60.8)	63.8 (42.9 to 80.6)	51.9 (34.1 to 69.2)	47.5 (36.4 to 58.8)
HPV¶¶ vaccine coverage by doses						
All Adolescents						
≥1 dose	71.1 (69.7 to 72.5)	78.1 (74.7 to 81.2) **	80.0 (77.0 to 82.7) **	85.3 (78.4 to 90.3) **	77.2 (71.4 to 82.0) **	77.9 (73.1 to 82.1) **
HPV UTD***	55.4 (53.9 to 56.9)	60.7 (56.9 to 64.4) **	62.7 (59.3 to 66.1) **	66.4 (52.8 to 77.7)	60.9 (54.2 to 67.2)	60.7 (55.7 to 65.5) **
FEMALES						
≥1 dose	72.4 (70.3 to 74.4)	80.0 (75.3 to 84.0) **	84.0 (80.1 to 87.3) **	91.8 (82.5 to 96.4) **	77.0 (68.8 to 83.5)	79.3 (71.2 to 85.6)
HPV UTD	57.1 (54.8 to 59.3)	63.9 (58.4 to 69.0) **	67.9 (62.9 to 72.5) **	71.8 (47.0 to 88.0)	62.6 (53.5 to 70.8)	62.8 (55.1 to 69.9)
MALES						
≥1 dose	69.9 (67.9 to 71.8)	76.1 (71.1 to 80.5) **	76.5 (72.1 to 80.4) **	77.1 (66.7 to 85.0)	77.4 (68.8 to 84.1)	76.3 (70.9 to 80.9) **
HPV UTD	53.8 (51.7 to 55.9)	57.4 (52.0 to 62.6)	58.3 (53.6 to 63.0)	59.5 (47.2 to 70.7)	59.2 (49.2 to 68.5)	58.2 (51.9 to 64.2)
MMR ≥2 doses	93.6 (92.7 to 94.3)	92.7 (90.7 to 94.4)	89.5 (86.9 to 91.7) **	98.3 (95.5 to 99.4) **	91.2 (84.4 to 95.3)	94.3 (92.0 to 96.0)
Hepatitis A vaccine ≥2 doses†††	79.9 (78.6 to 81.0)	80.7 (77.7 to 83.4)	85.4 (82.7 to 87.8) **	94.8 (90.5 to 97.2) **	85.6 (79.2 to 90.3) **	85.4 (81.9 to 88.4) **
Hepatitis B vaccine ≥3	93.9 (93.1 to 94.6)	92.2 (90.3 to 93.8)	89.6 (87.2 to 91.7) **	94.5 (84.9 to 98.1)	92.1 (85.6 to 95.8)	94.9 (92.8 to 96.5)
Among adolescents with no history of varicella:						
≥1 dose vaccine	96.3 (95.6 to 96.9)	95.6 (94.1 to 96.7)	93.7 (91.3 to 95.4) **	99.2 (96.6 to 99.8) **	96.2 (93.5 to 97.8)	96.8 (95.1 to 98.0)
≥2 doses vaccine	93.0 (92.0 to 93.8)	91.0 (88.8 to 92.8)	89.8 (87.0 to 92.0) **	97.6 (94.6 to 98.9) **	90.2 (82.7 to 94.6)	94.6 (92.4 to 96.1)
History of varicella or received ≥2	93.6 (92.7 to 94.4)	91.5 (89.4 to 93.2)	90.7 (88.2 to 92.8) **	97.8 (95.0 to 99.0) **	91.1 (84.2 to 95.2)	94.9 (92.9 to 96.4)

NIS Child



NIS Child

Vaccine/Dose	Race/Ethnicity						
	White, non-Hispanic (referent)	Black, non-Hispanic	Hispanic	American Indian/Alaska Native, non- Hispanic	Asian, non- Hispanic	Native Hawaiian or other Pacific Islander, non- Hispanic	Multiple Race, non-Hispanic
	(n = 17,236)	(n = 2,126)	(n = 5,731)	(n = 338)	(n = 1,275)	(n = 111)	(n = 2,297)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
DTaP[†]							
≥3 doses	95.0 (94.4-95.6)	91.3 (89.2-93.1)**	92.8 (91.3-94.1)**	87.0 (79.1-92.9)**	96.3 (94.3-97.7)	85.8 (74.9-93.6)	92.2 (89.3-94.5)**
≥4 doses	84.4 (83.3-85.5)	76.1 (72.9-79.1)**	79.1 (76.7-81.3)**	77.1 (68.3-84.8)	86.0 (82.1-89.4)	-††	80.1 (76.6-83.5)**
Poliovirus (≥3 doses)	93.8 (93.1-94.5)	90.4 (88.2-92.3)**	91.9 (90.4-93.3)**	87.0 (79.0-93.0)	96.1 (94.1-97.6)**	85.8 (74.9-93.6)	91.3 (88.4-93.7)
MMR (≥1 dose)^{§§}	93.2 (92.5-93.9)	89.1 (86.8-91.1)**	89.5 (87.5-91.2)**	87.4 (80.2-92.9)	94.6 (92.5-96.3)	88.0 (79.8-94.0)	91.3 (88.6-93.7)
Hib^{¶¶}							
Primary series	94.0 (93.2-94.7)	91.0 (88.9-92.9)**	92.0 (90.5-93.4)**	86.0 (78.1-92.2)**	96.2 (94.3-97.6)**	87.2 (76.6-94.6)	91.9 (89.0-94.2)
Full series	83.7 (82.5-84.8)	75.4 (72.3-78.4)**	76.3 (73.9-78.7)**	77.7 (68.5-85.8)	85.6 (81.3-89.3)	-††	77.9 (74.0-81.6)**
HepB							
Birth dose ^{***}	77.2 (75.9-78.5)	75.8 (72.6-78.8)	81.1 (78.9-83.1)**	-††	82.9 (78.2-86.8)**	-††	78.1 (74.3-81.5)
≥3 doses	92.8 (92.0-93.5)	91.3 (89.3-93.0)	90.6 (88.9-92.2)**	84.2 (75.5-91.1)**	94.3 (92.0-96.1)	89.1 (78.9-95.8)	91.5 (88.8-93.8)
VAR (≥1 dose)^{§§}	92.2 (91.3-92.9)	89.3 (87.1-91.3)**	89.2 (87.3-90.9)**	86.8 (79.2-92.7)	94.2 (91.5-96.3)	89.0 (81.1-94.6)	90.2 (87.3-92.7)
PCV							
≥3 doses	93.6 (92.8-94.3)	89.9 (87.8-91.9)**	91.6 (90.1-92.9)**	86.5 (78.7-92.5)	95.4 (93.4-97.0)	85.8 (74.9-93.6)	91.6 (88.7-94.0)
≥4 doses	85.5 (84.4-86.5)	76.4 (73.3-79.3)**	79.6 (77.3-81.8)**	77.8 (69.1-85.4)	85.1 (80.7-88.9)	-††	81.5 (78.0-84.7)**
HepA							
≥1 dose	87.3 (86.2-88.4)	84.9 (82.1-87.4)	87.3 (85.5-89.0)	-††	91.0 (87.9-93.6)**	-††	86.6 (83.3-89.5)
≥2 doses (by 35 months)	77.6 (75.7-79.4)	75.7 (71.2-80.0)	78.5 (74.9-81.8)	-††	84.9 (79.3-89.6)**	-††	74.3 (69.4-79.0)
Rotavirus (by 8 months)^{†††}	79.4 (78.1-80.7)	66.6 (63.1-69.8)**	72.9 (70.4-75.2)**	-††	80.7 (76.2-84.4)	-††	76.5 (72.7-80.0)
Influenza ≥2 doses^{§§§}	66.1 (64.6-67.5)	45.5 (41.9-49.1)**	56.9 (54.2-59.7)**	-††	74.7 (70.2-79.0)**	-††	57.3 (53.0-61.6)**
Combined 7-vaccine series^{¶¶¶}	74.7 (73.3-76.0)	64.7 (61.3-68.1)**	66.3 (63.6-68.9)**	-††	74.2 (69.5-78.7)	-††	68.8 (64.8-72.7)**
No vaccinations	1.0 (0.8-1.3)	1.2 (0.7-1.9)	0.7 (0.4-1.0)**	††	--††	--††	--††

FluVaxView

- FluVaxView Interactive! +
- Coverage by Season +
- Coverage by Population
- Data Sources
- Additional Publications
- Weekly National Flu Vaccination Dashboard** -
- Doses Distributed
- Child Coverage
- Pregnant Person Coverage
- Adult Coverage
- Adult 65+ Coverage
- Adult Doses Administered

Get Email Updates

To receive email updates about Flu, enter your email address:

[What's this?](#)

Weekly National Flu Vaccination Dashboard



The Weekly National Influenza (Flu) Vaccination Dashboard is an exploratory data product designed to share preliminary weekly influenza vaccination data, including coverage estimates, using existing and new data sources. The data will be updated regularly throughout the 2021-22 influenza season as new data become available. Please [email](#) to share any feedback.

Data and Visualizations



Doses Distributed



Child Coverage



Pregnant Person Coverage



Adult Coverage



Adult 65+ Coverage



Adult Doses Administered

Take Action

Healthcare Providers: [Everyone 6 months and older](#) should get a flu vaccine every season with rare exceptions. Vaccination is particularly important for [people who are at higher risk of serious complications from influenza](#).

Partners: CDC's seasonal flu vaccination campaign materials are [available](#).

Everyone: You can get a COVID-19 vaccine and a flu vaccine at the same time. [Other Flu FAQs](#).

American Indian and Alaska Native Vaccination Data

(Source: Indian Health Service)

The Indian Health Service's (IHS) Influenza-like Illness Awareness System (IIAS) captures flu vaccination coverage among American Indian and Alaska Native (AI/AN) patients who received care in an IHS and in some Tribal or Urban Indian (I/T/U) healthcare facilities.

The health care personnel flu vaccine coverage is captured through the IHS National Immunization Reporting System (NIRS) and includes employees who work in IHS and in some tribal and urban healthcare facilities.

There may be gaps in both the IIAS and NIRS systems since not all I/T/U healthcare facilities report.

Reports

Vaccine Coverage Data FY21

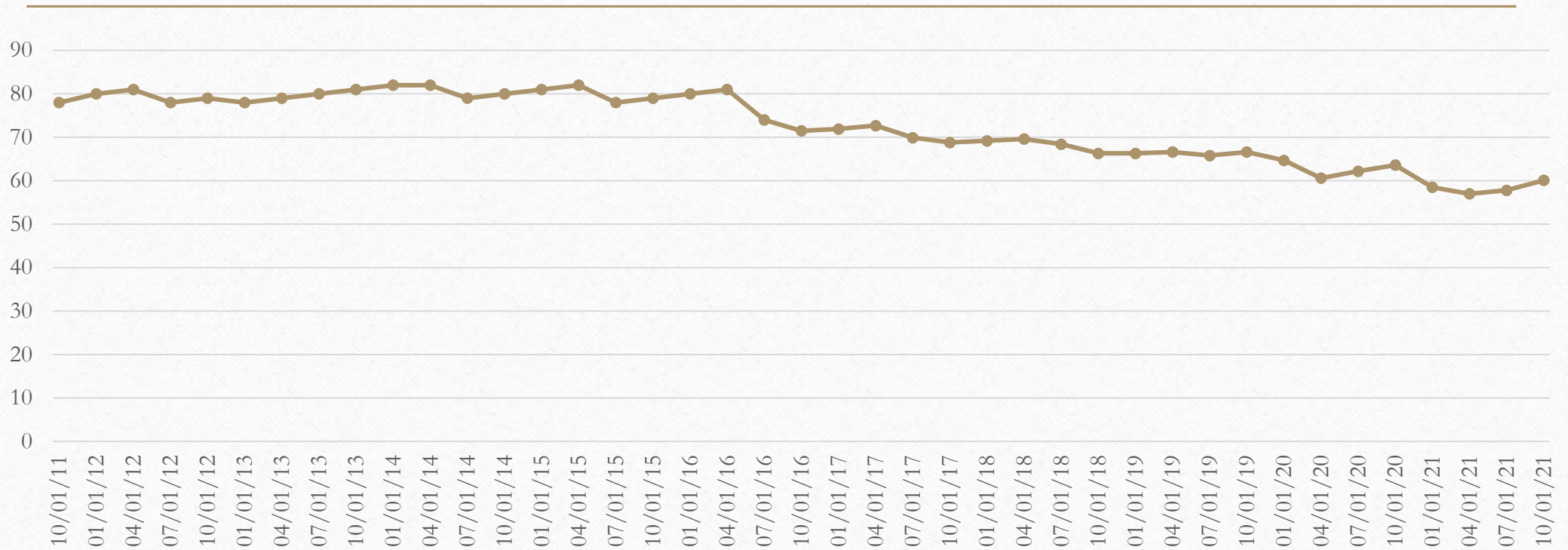
Uzo Chukwuma, MPH

Program Manager/Infectious Disease Branch Chief

IHS Immunization Program

Two Year Old Immunization National Coverage FY 2011 Q4 - FY 2021 Q4

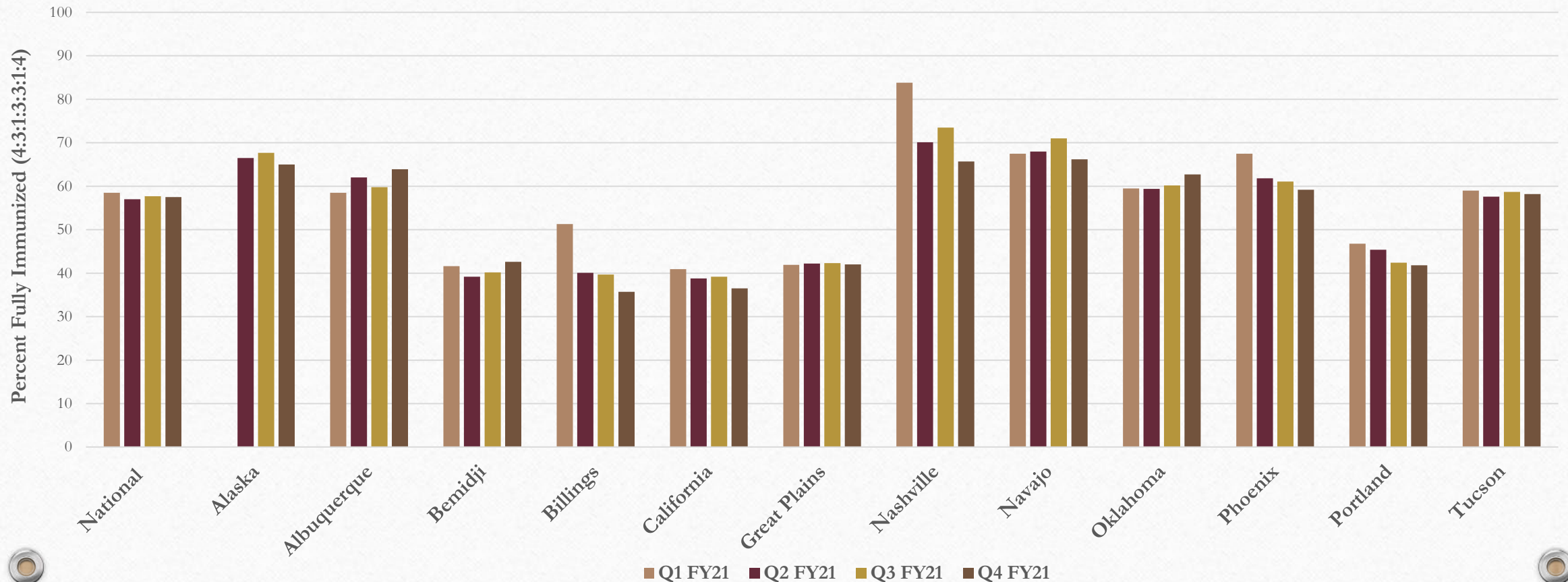
Percent Fully Immunized (4:3:1:3:3:1:4)



Data source: National Immunization Reporting System (NIRS):

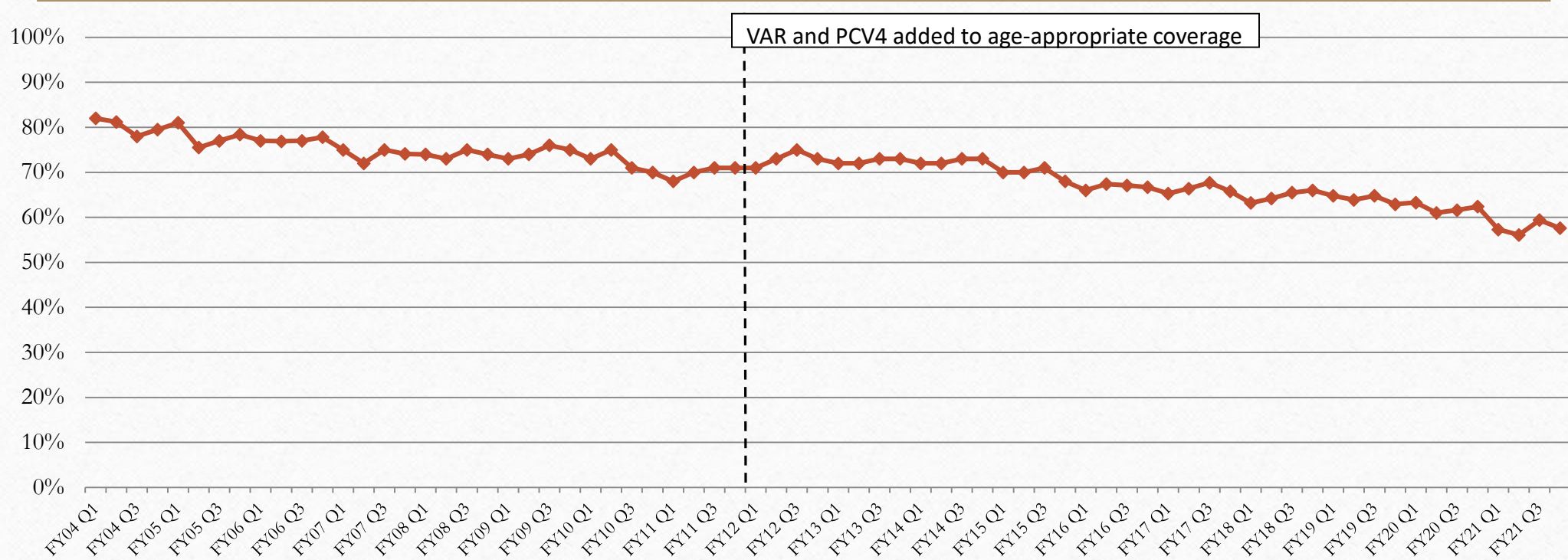
<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>

Two Year Old Immunization Coverage By Area FY 2021 Q1 - FY 2021 Q4



* 4:3:1:3:3:1:4 series includes 4 doses of DTaP, 3 doses of Polio (IPV), 1 dose of MMR, 3 doses of Hib, 3 doses of Hep B, 1 dose of Varicella and 4 doses of PCV

Age Appropriate National Immunization Coverage 3-27 Month Old FY 2011 Q4 - FY 2021 Q4



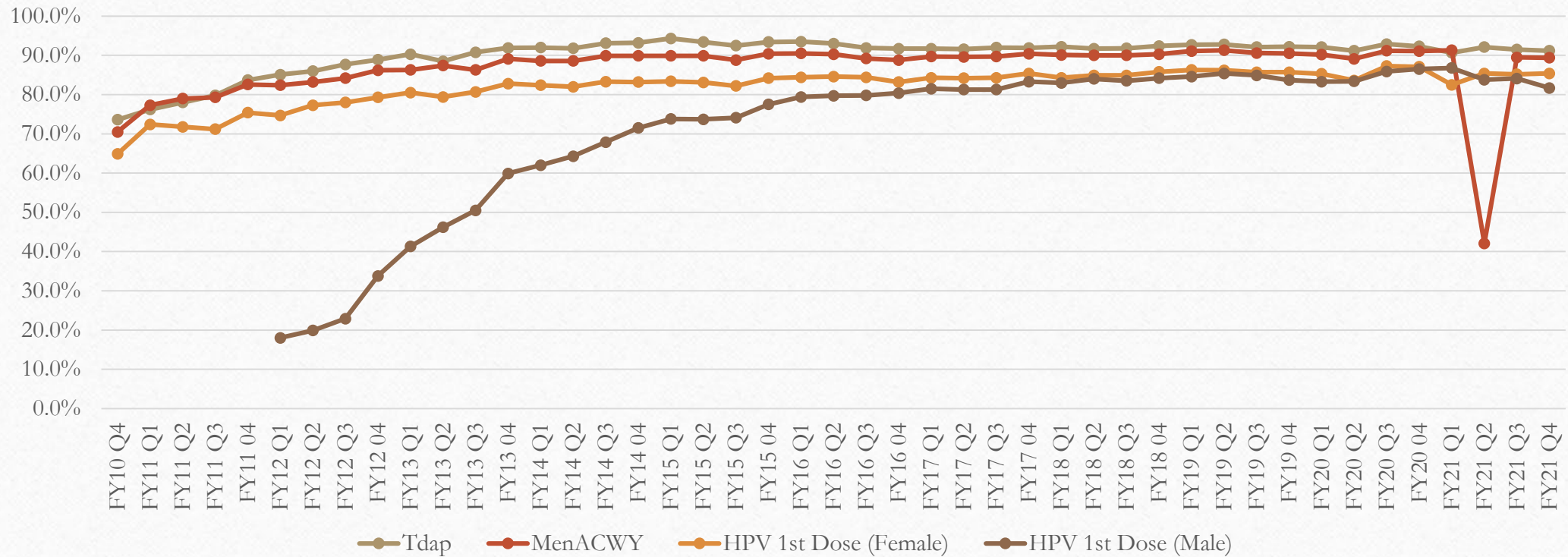
Data source: National Immunization Reporting System (NIRS):

<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>

Adolescent National Immunization Coverage

13-17 Year Olds

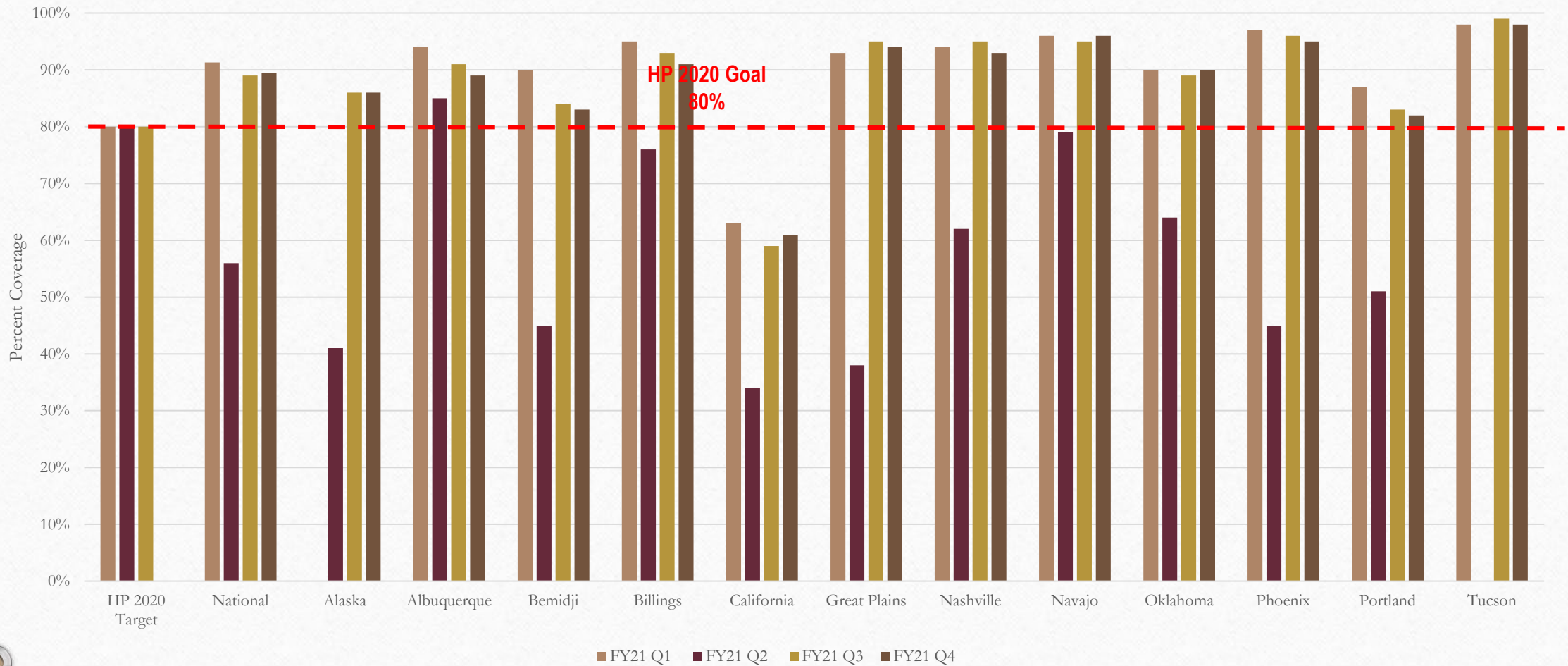
FY 2011 Q4 - FY 2021 Q4



Data source: National Immunization Reporting System (NIRS):

<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>

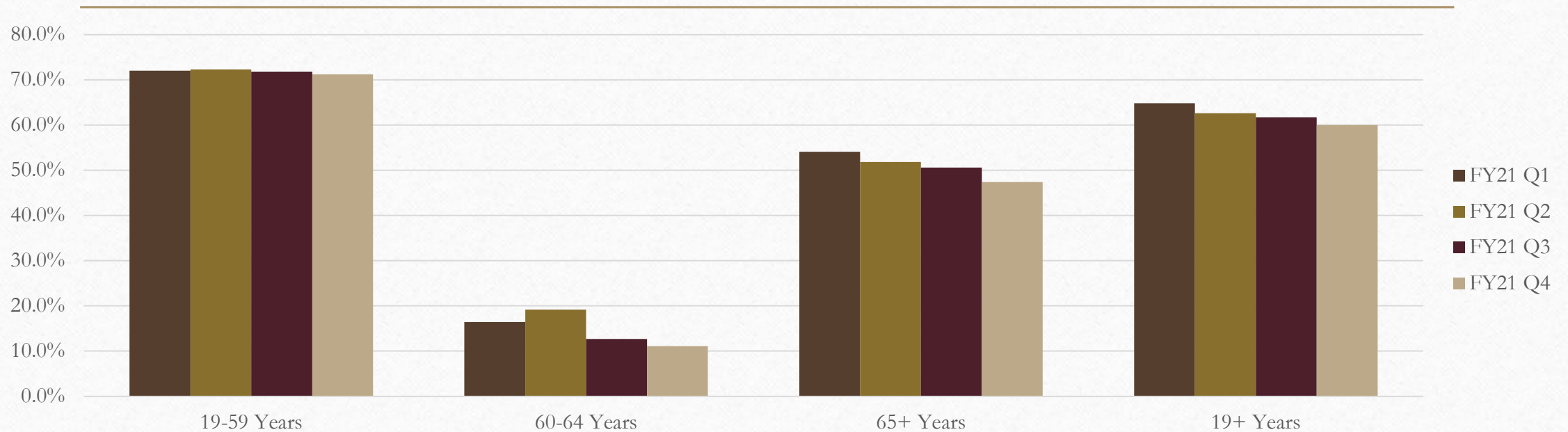
13 – 17 Years Old Men ACWY Immunization Coverage By Area FY 2021 Quarter 1 – Quarter 4



Adult National Immunization Composite Measures *

Appropriately Vaccinated Per Age Recommendations

FY 2021 Q1 - FY 2021 Q4



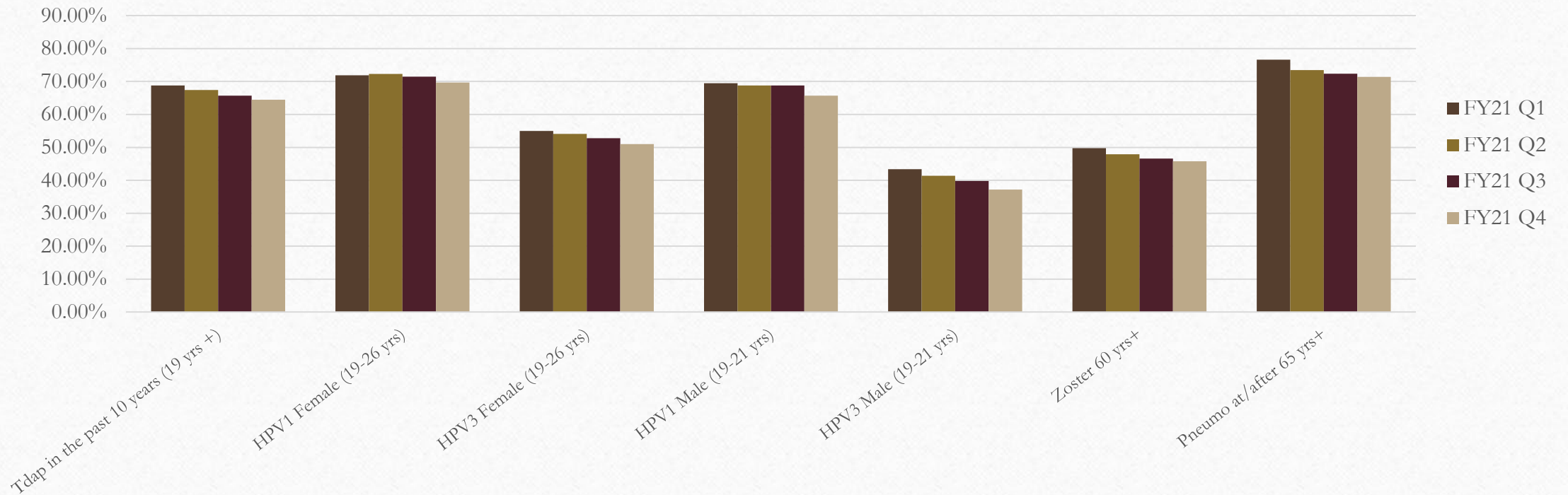
* 19-59 years with Tdap ever and Tdap/Td <10 years; 60-64 years with Tdap ever and Tdap/Td <10 years and Zoster; 65+ years with Tdap ever and Tdap/Td <10 years and Zoster and Pneumo; and 19 years and older with appropriately vaccinated per age recommendation

Data source: National Immunization Reporting System (NIRS):

<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>

Adult National Immunization Coverage

FY 2021 Q1 - FY 2021 Q4



Data source: National Immunization Reporting System (NIRS):

<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>

IHS National 2 Year Old NIRS Reporting Compliance (↑ / ↓ / =)

FY20 Q4-FY21 Q4

	Total Sites	% Sites Reporting FY20 Q4	% Sites Reporting FY21 Q1		% Sites Reporting FY21 Q2		% Sites Reporting FY21 Q3		% Sites Reporting FY21 Q4	
Alaska	14	92.9%	0.0%	↓	85.7%	↑	85.7%	=	85.7%	=
Albuquerque	22	63.6%	59.1%	↓	63.6%	↑	63.6%	=	54.5%	↓
Bemidji	36	25.0%	25.0%	=	44.4%	↑	36.1%	↓	33.3%	↓
Billings	13	23.1%	30.8%	↑	61.5%	↑	53.8%	↓	35.7%	↓
California	39	41.0%	43.6%	↑	51.3%	↑	56.4%	↑	51.3%	↓
Great Plains	24	66.7%	45.8%	↓	70.8%	↑	58.3%	↓	75.0%	↑
Nashville	29	31.0%	34.5%	↑	27.6%	↓	24.1%	↓	13.8%	↓
Navajo	12	58.3%	75.0%	↑	83.3%	↑	75.0%	↓	66.7%	↓
Oklahoma	44	31.8%	54.5%	↑	54.5%	=	54.5%	=	47.7%	↓
Phoenix	16	50.0%	50.0%	=	62.5%	↑	62.5%	=	62.5%	=
Portland	45	28.9%	33.3%	↑	33.3%	=	31.1%	↓	28.9%	↓
Tucson	4	75.0%	75.0%	=	75.0%	=	75.0%	=	75.0%	=

IHS National Adolescent NIRS Reporting Compliance (↑ / ↓ / =)

FY20 Q4-FY21 Q4

	Total Sites	% Sites Reporting FY20 Q4	% Sites Reporting FY21 Q1		% Sites Reporting FY21 Q2		% Sites Reporting FY21 Q3		% Sites Reporting FY21 Q4	
Alaska	14	78.6%	0.0%	↓	78.6%	↑	85.7%	↑	85.7%	=
Albuquerque	22	63.6%	45.5%	↓	54.5%	↑	63.6%	↑	54.5%	↓
Bemidji	36	19.4%	22.2%	↑	44.4%	↑	36.1%	↓	33.3%	↓
Billings	13	23.1%	23.1%	=	53.8%	↑	61.5%	↓	42.9%	↓
California	39	46.2%	43.6%	↓	48.7%	↑	56.4%	↑	51.3%	↑
Great Plains	24	62.5%	41.7%	↓	70.8%	↑	58.3%	↓	75.0%	↑
Nashville	29	31.0%	41.4%	↑	24.1%	↓	24.1%	↓	17.2%	↓
Navajo	12	66.7%	75.0%	↑	75.0%	=	75.0%	↓	66.7%	↓
Oklahoma	44	31.8%	40.9%	↑	52.3%	↑	54.5%	↑	45.5%	↓
Phoenix	16	56.3%	50.0%	↓	62.5%	↑	62.5%	=	62.5%	=
Portland	45	26.7%	31.1%	↑	28.9%	↓	31.1%	↓	28.9%	↓
Tucson	4	75.0%	50.0%	↓	75.0%	↑	75.0%	=	75.0%	=

IHS National Adult NIRS Reporting Compliance (↑ / ↓ / =)

FY20 Q4-FY21 Q4

	Total Sites	% Sites Reporting FY20 Q4	% Sites Reporting FY21 Q1		% Sites Reporting FY21 Q2		% Sites Reporting FY21 Q3		% Sites Reporting FY21 Q4	
Alaska	14	0.0%	0.0%	=	7.1%	=	7.1%	=	7.1%	=
Albuquerque	22	63.6%	59.1%	↓	59.1%	=	63.6%	↑	50.0%	↓
Bemidji	36	25.0%	25.0%	=	38.9%	↑	33.3%	↓	30.6%	↓
Billings	13	23.1%	30.8%	↑	61.5%	↑	61.5%	=	35.7%	↓
California	39	41.0%	43.6%	↓	51.3%	↑	51.3%	=	46.2%	↓
Great Plains	24	62.5%	41.7%	↓	70.8%	↑	54.2%	↓	75.0%	↑
Nashville	29	34.5%	37.9%	↑	27.6%	↓	24.1%	↓	17.2%	↓
Navajo	12	66.7%	75.0%	↑	66.7%	↓	66.7%	=	66.7%	=
Oklahoma	44	31.8%	43.2%	↑	54.5%	↑	50.0%	↓	47.7%	↓
Phoenix	16	56.3%	56.3%	=	62.5%	↑	62.5%	=	62.5%	=
Portland	45	28.9%	28.9%	=	31.1%	↑	31.1%	=	28.9%	↓
Tucson	4	75.0%	75.0%	=	75.0%	=	75.0%	=	75.0%	=

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