



COVID-19 VACCINATION COVERAGE UPDATE

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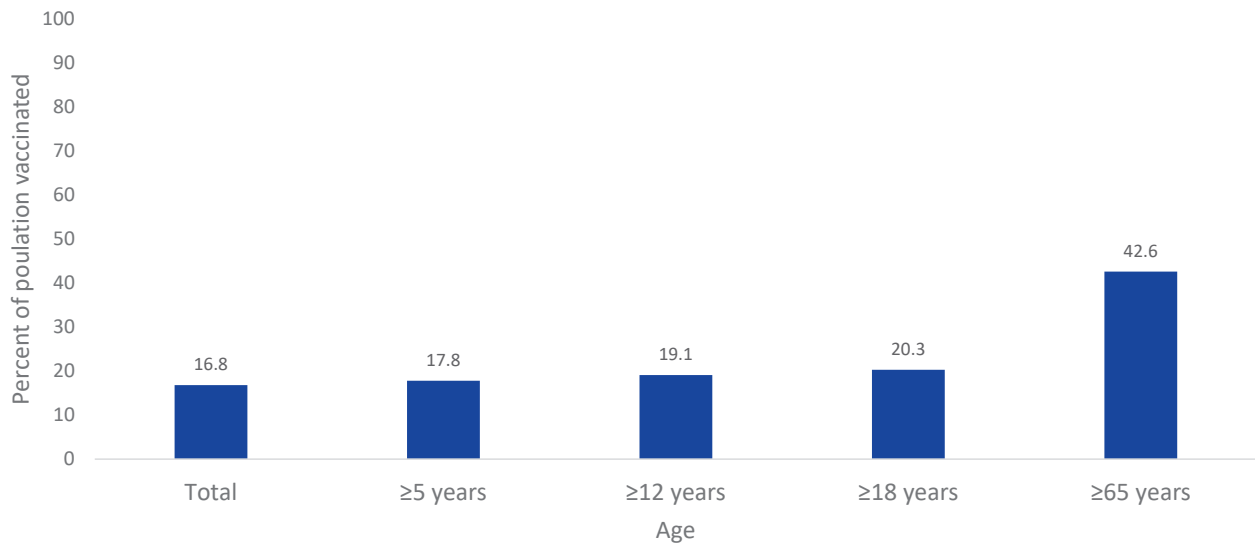
National Adult and Influenza Immunization Summit

May 9, 2023

Data sources

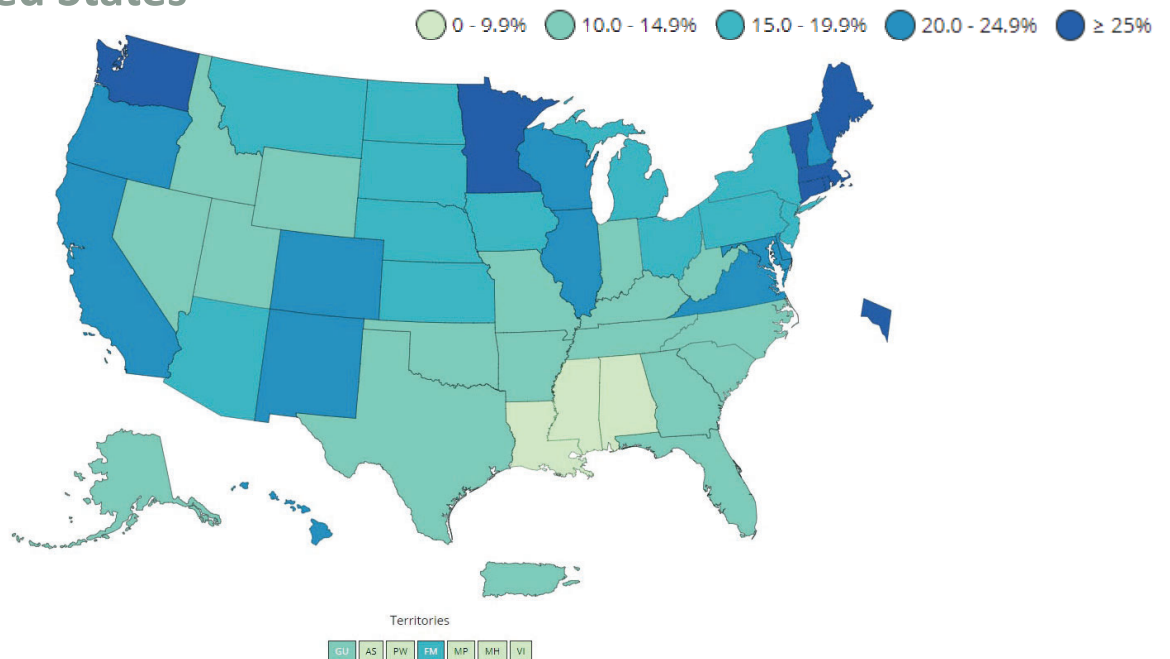
- Vaccine administration data reported to CDC by jurisdictions
- National Immunization Survey-Adult COVID Module
 - Random-digit-dial cell phone sample with ~14,000 adults interviewed per week
 - Weekly estimates of COVID-19 vaccine confidence/hesitancy at national and state levels (includes Guam, Puerto Rico, U.S. Virgin Islands)
 - Survey weights calibrated to vaccine administration data
- National Immunization Survey-Child COVID Module
 - Random-digit-dial cell phone sample with ~3,000-4,000 parents interviewed per month
 - Monthly estimates of COVID-19 vaccine confidence/hesitancy at national level
 - Survey weights calibrated to vaccine administration data

Bivalent COVID-19 vaccination dose coverage as of April 26, 2023, United States



Source: Vaccine administration data reported to CDC by jurisdictions, COVID Data Tracker

Bivalent COVID-19 vaccination dose coverage as of April 26, 2023, United States



Source: Vaccine administration data reported to CDC by jurisdictions, COVID Data Tracker

Bivalent COVID-19 Vaccination Status and Intent by Demographics, Adults ≥18 Years Who Have Completed a Primary Vaccination Series, National Immunization Survey-Adult COVID Module, April 9–15, 2023

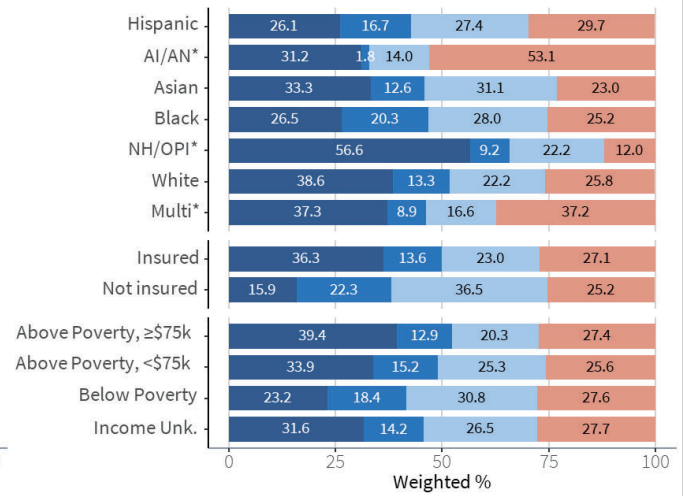
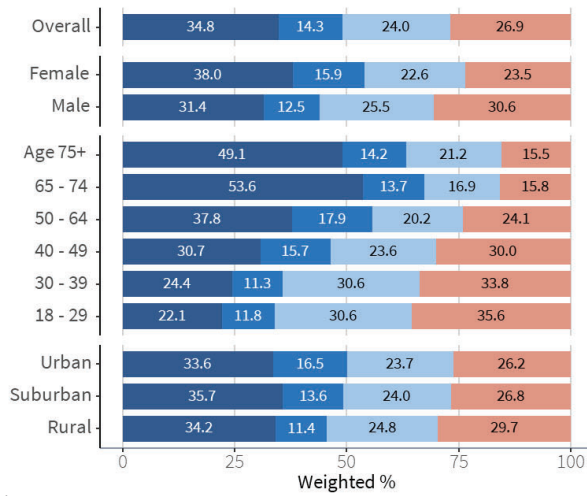
(N = 9,029)

34.8% Endorsers, received bivalent booster

14.3% Endorsers, definitely will get booster

24.0% Reachable

26.9% Reluctant

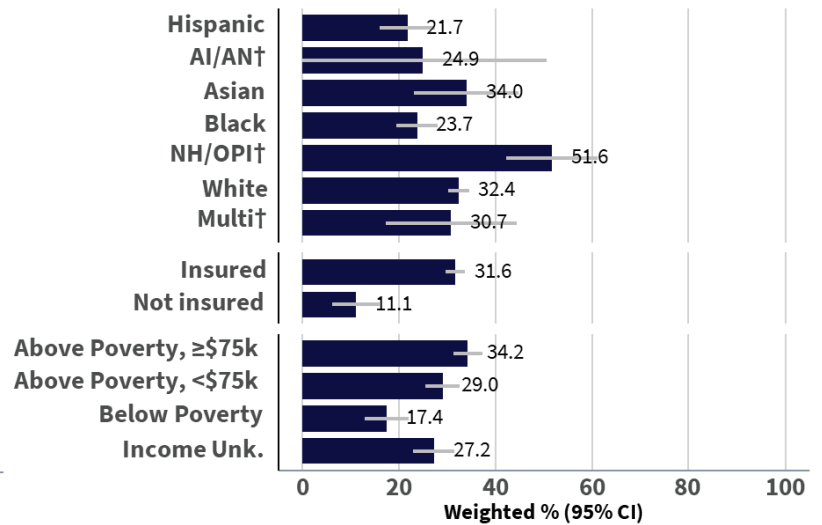
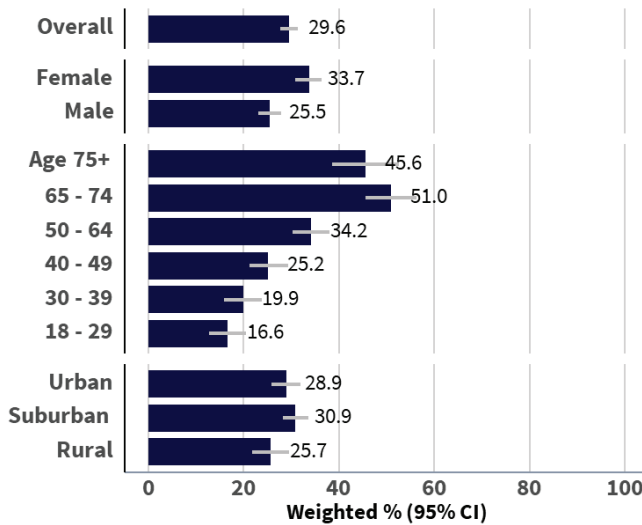


Received Bivalent Booster
 Definitely Will Get Bivalent Booster
 Probably Will Get Bivalent Booster or Are Unsure
 Probably or Definitely Will Not Get Bivalent Booster

*Due to small sample size results should be interpreted with caution.

Up-to-date* COVID-19 Vaccination Status by Demographics, Adults ≥18 Years, National Immunization Survey-Adult COVID Module, April 9–15, 2023

(N = 11,033)



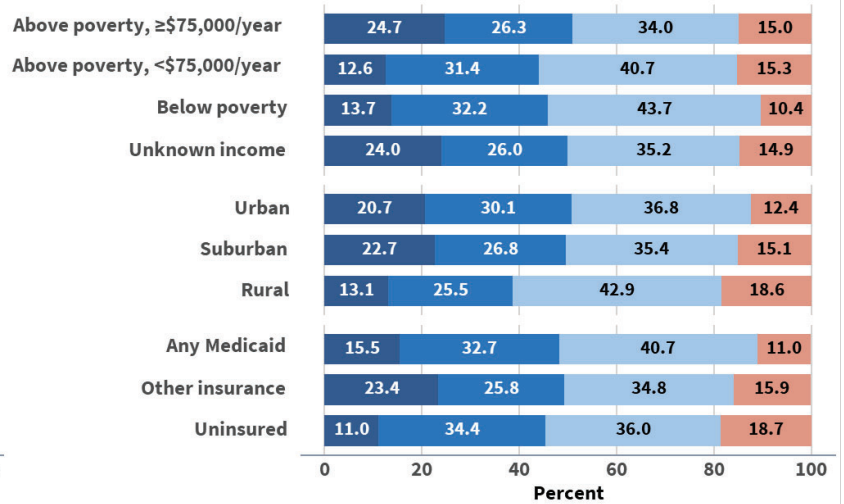
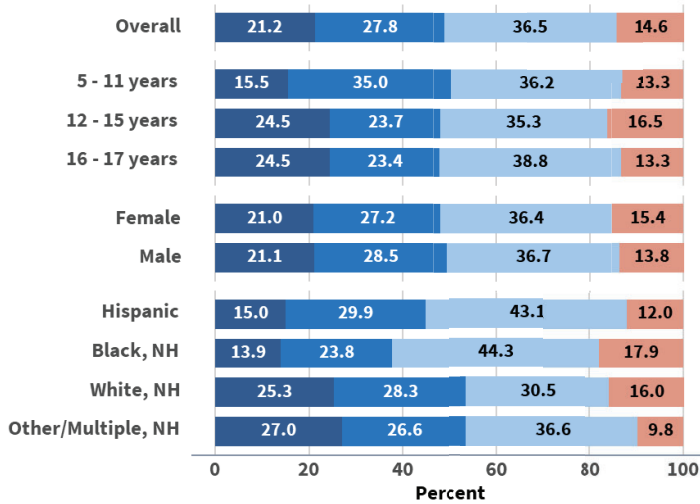
*Up-to-date defined as: received primary series and bivalent booster or received primary series and most recent COVID-19 dose within two months

†Due to small sample size results should be interpreted with caution.

Bivalent Booster Status and Intent Among Children 5–17 Years Who Have Completed the COVID-19 Primary Series by Demographics, National Immunization Survey-Child COVID Module, February 26-March 25, 2023

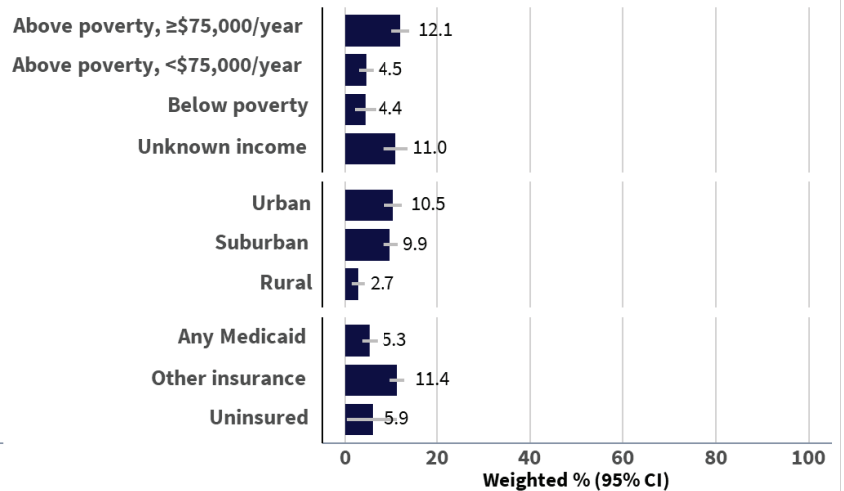
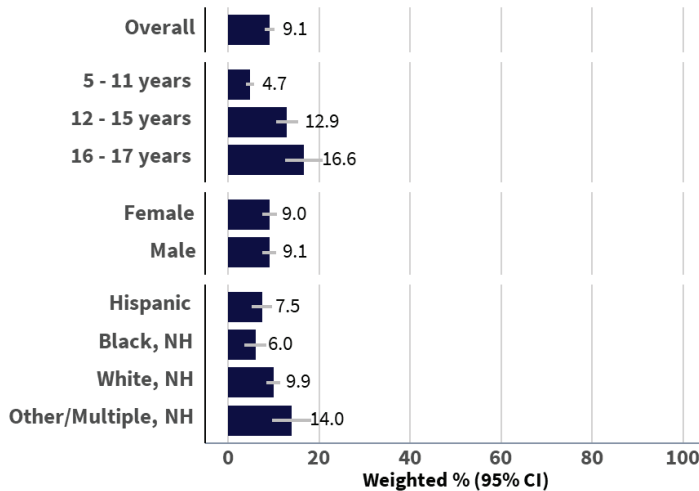
■ Received Bivalent Booster
■ Definitely Will Get Bivalent Booster
■ Probably Will Get Bivalent Booster or Are Unsure
■ Probably or Definitely Will Not Get Bivalent Booster

(N = 3,597)



Up-to-date* COVID-19 Vaccination Status by Demographics, Children 5–17 Years, National Immunization Survey-Child COVID Module, February 26–March 25, 2023

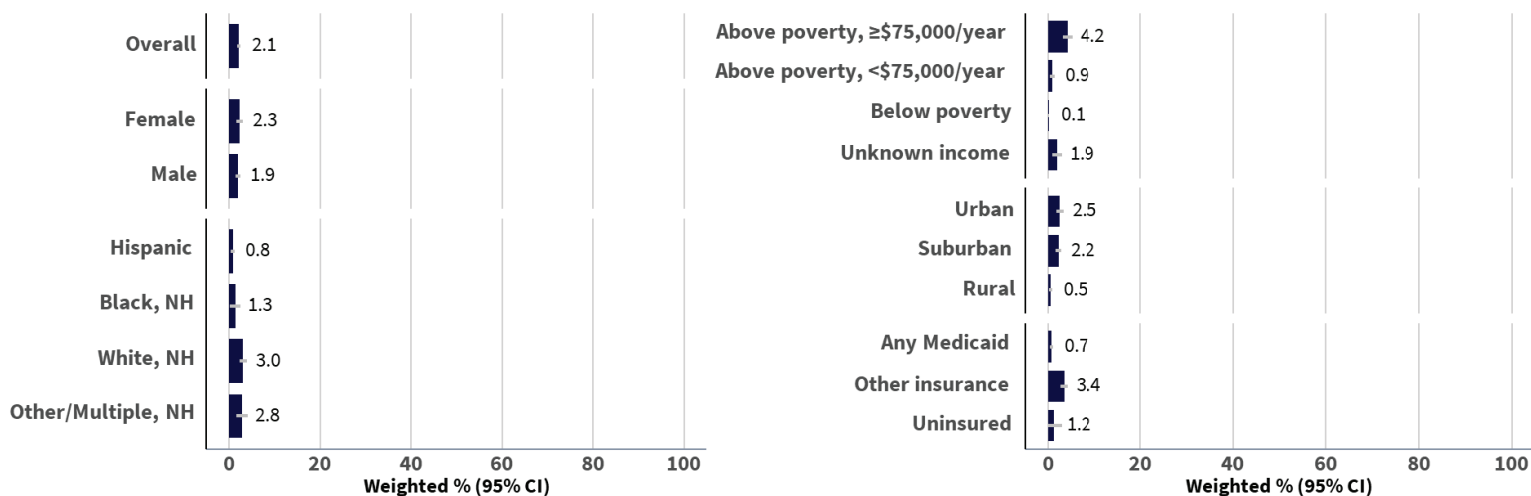
(N = 6,387)



*Up-to-date defined as: received primary series and bivalent booster or received primary series and most recent COVID-19 dose within two months

Up-to-date* COVID-19 Vaccination Status by Demographics, Children 6 Months–4 Years, National Immunization Survey-Child COVID Module, February 26–March 25, 2023

(N = 2,834)



*Up-to-date defined as: received ≥ 2 doses of a Moderna primary series and a bivalent booster dose or ≥ 3 doses of a Moderna primary series and most recent dose within two months

Summary

- COVID-19 bivalent booster dose coverage is 16.8% among all persons ≥ 5 years and 20.3% among adults ≥ 18 years
- Lower among younger adults and non-Hispanic Black and Hispanic adults
- Bivalent booster dose coverage from the NIS-CCM among children 5–17 who have completed a primary vaccination series is ~21% and ~9% overall
 - Overall coverage lower among children in households with income $< \$75,000$, with public insurance, and living in rural areas
- Coverage among children < 5 years is very low
- Most of these data are from before the April 19, 2023, recommendation change
 - Most recent data available at [CDC COVID Data Tracker: Home](#) and [COVIDVaxView | CDC](#)

Thank you!

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For more information, contact CDC
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

