



ADOLESCENT IMMUNIZATION DATA BRIEF

August 2025



ADOLESCENT IMMUNIZATION COVERAGE IN NEW JERSEY

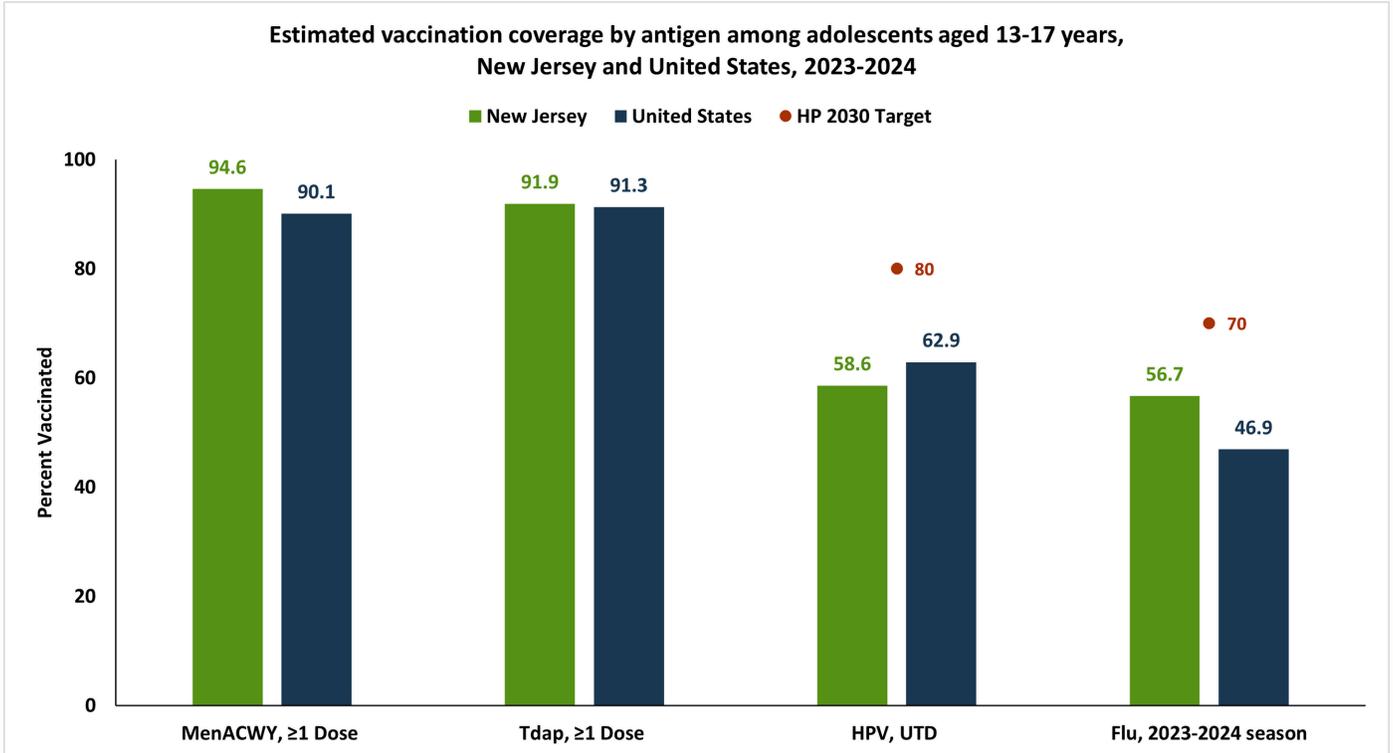
Vaccination is one of the most convenient and safest preventive care measures available. Vaccines are needed across the lifespan, including in adolescence. As people age, immunity from some childhood vaccines can wear off. In addition, the risk may increase for certain diseases. Vaccines may be needed based on age, health conditions, job, lifestyle, or travel habits.¹

In addition to an annual flu vaccine, three vaccines are routinely recommended for adolescents to prevent diseases that include pertussis, meningococcal disease, and cancers caused by human papillomavirus (HPV). Additional vaccines may be recommended as catch-up if doses were missed in earlier years. This data brief provides current immunization estimates for adolescents in New Jersey and the United States. Data is retrieved from the Centers for Disease Control and Prevention (CDC) National Immunization Survey Teen (NIS-Teen), which provides estimated immunization coverage rates in New Jersey and the US by antigen, in addition to focusing on certain demographic characteristics such as race/ethnicity and gender.

Presented throughout this data brief are summary graphs of New Jersey adolescent immunization rates compared to the national rates. Subsequent pages of this data brief present more detailed views of immunization estimates for specific vaccines. Healthy People 2030 objectives* have been included, where applicable. The Healthy People objectives and targets are national measurable 10-year objectives for improving health and well-being.²

Key Findings

- New Jersey's flu vaccination rate (**56.7%**) was notably higher compared to the national rate (**46.9%**); however, it still remains below the Healthy People 2030 goal rate of **70%**.
- In New Jersey, the up-to-date HPV vaccination rate (**58.6%**) remains below the national level (**62.9%**), while neither meets the Healthy People 2030 goal of **80%**.
- In 2024, both meningococcal and Tdap vaccination coverage rates were above **90%** in New Jersey.



Source: NIS-Teen and NIS-Flu 2024



Data Notes

- CDC-NIS data provide a “report card” on how well the nation is doing in protecting teens from vaccine-preventable diseases.
- NIS-Teen is a random telephone survey of parents/guardians of teens 13-17 years old.
- A telephone survey is followed by a questionnaire mailed to vaccination providers to obtain the teen’s vaccination history.
- The 2024 data include responses from 16,325 adolescents, with 42.8% of adequate provider data and completed interviews. This is comparable to prior survey years.



Limitations

- Due to sample size constraints, data are not available for small geographic areas.
- The 2024 data sample size for New Jersey was small, with 400 responses from adolescents.
- Small sample sizes do not allow for detailed sociodemographic breakdowns for some of the vaccine types.

TDAP VACCINATION

The Tdap vaccine protects against tetanus, diphtheria, and pertussis, and one dose is recommended at 11-12 years of age. The Tdap bolsters immunity from the childhood DTaP vaccine series. A booster dose of any tetanus-containing vaccine is then recommended every 10 years.

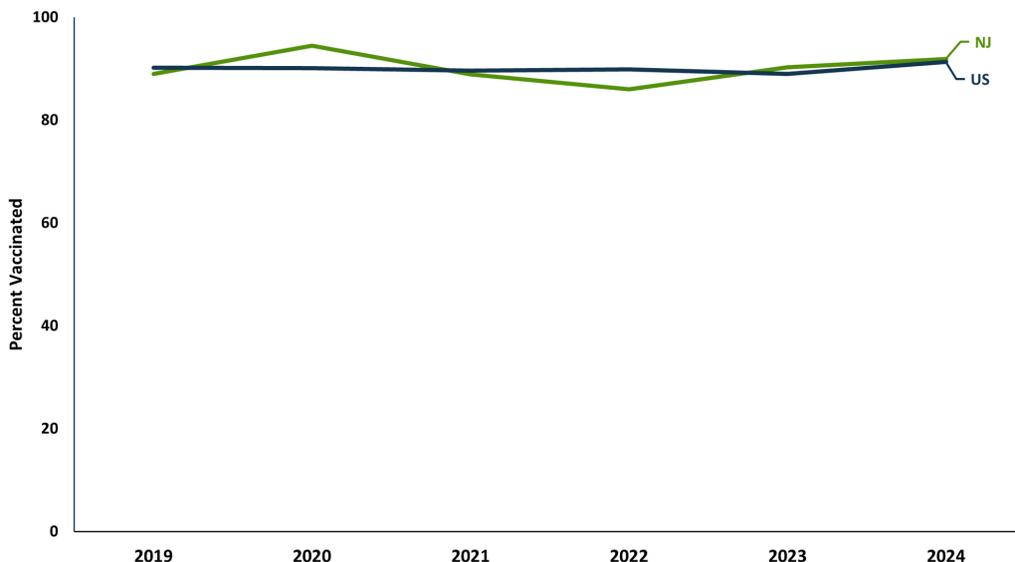
The graphs below present trends in state and national levels of Tdap vaccination for individuals aged 13-17 years from 2019 to 2024, as well as data on race and ethnicity.



Key Findings

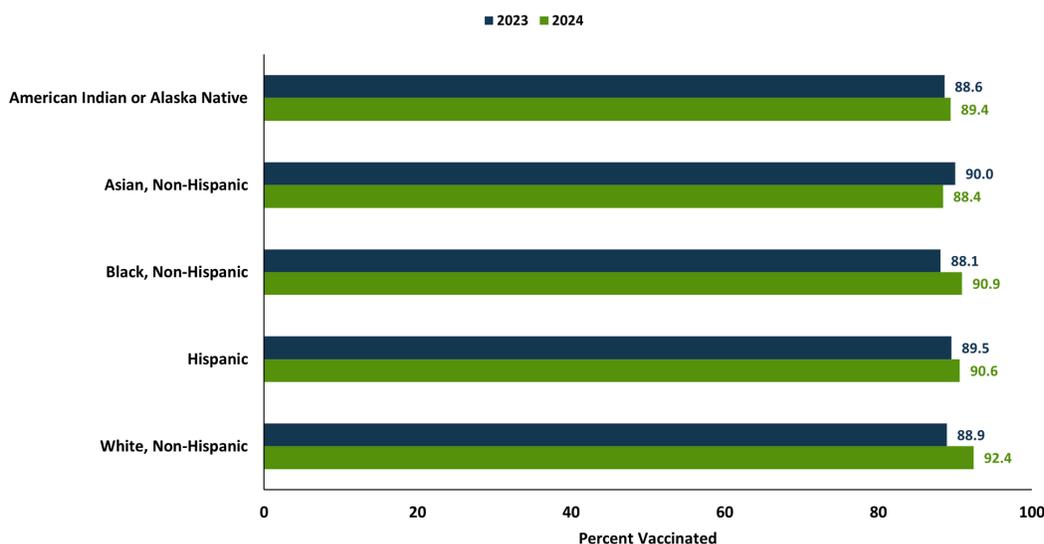
- Tdap vaccination coverage rates have remained relatively consistent from 2019 to 2024 in the US; however, New Jersey has experienced slight fluctuations over the years.
- In 2024, ≥ 1 dose of Tdap vaccination coverage was similar in NJ and the US, with approximately **91%**.
- In 2024, all races and ethnicities exceeded their Tdap vaccination coverage from 2023, except for Asian, non-Hispanic, which decreased to **88.4%**.

Estimated percentage of ≥ 1 dose of Tdap vaccination coverage among adolescents aged 13-17 years, New Jersey and United States, NIS-Teen, 2019-2024



New Jersey has a school requirement for Tdap vaccination, which has helped to maintain high immunization rates.³

Estimated percentage of ≥ 1 dose of Tdap vaccination coverage among adolescents aged 13-17 years by race and ethnicity, New Jersey, NIS-Teen, 2023-2024



HPV VACCINATION

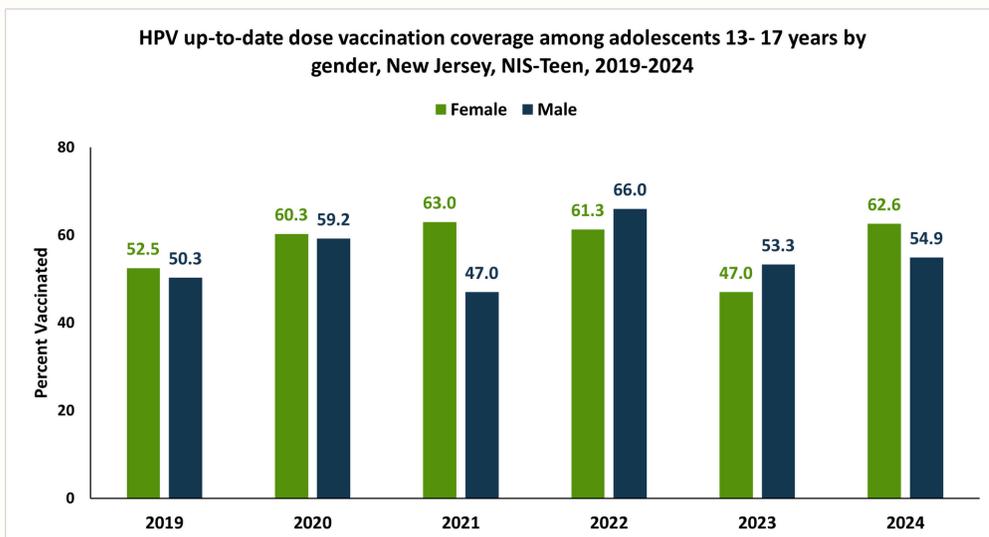
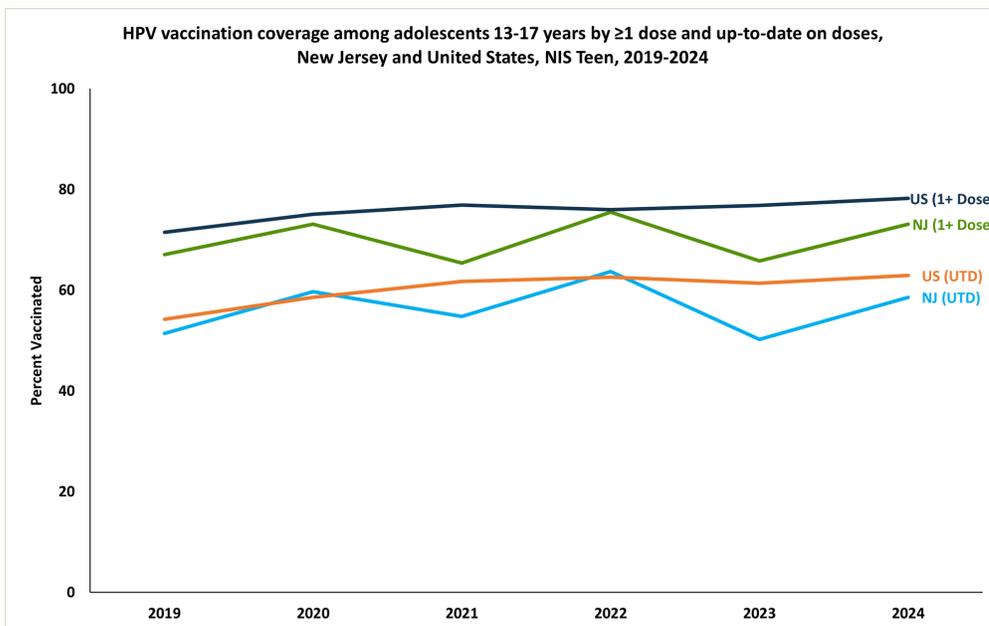
Human papillomavirus, or HPV, is a common virus that can cause cancers later in life. About 13 million people, including teens, become infected with HPV each year. Every year in the US, HPV causes about 36,000 cases of cancer in both men and women. The HPV vaccine has the potential to prevent more than 90% of HPV-attributable cancers.⁴ All preteens aged 11-12 should receive two doses of the HPV vaccine six to twelve months apart. It can be administered as early as age nine. Dosing of the HPV vaccine depends on age and health condition.

The graphs below present trends in state and national levels of HPV vaccination estimates for ages 13-17 years from 2019 to 2024, as well as data for up-to-date HPV vaccination by gender.



Key Findings

- In New Jersey, the HPV ≥ 1 dose vaccination estimate was **73.1%**. These estimates have fluctuated between about 65-75% since 2019.
- Similar to the HPV ≥ 1 dose coverage estimates, the up-to-date HPV vaccination coverage estimates have also notably fluctuated since 2019 but currently sit at **58.6%**.
- In 2024, up-to-date HPV vaccination coverage among females was notably higher, reversing the results of the past 2 years.



Healthy People 2030 Objective:
 Increase the proportion of adolescents who receive the recommended doses of the HPV vaccine. [IID-08]
U.S. Target: 80%

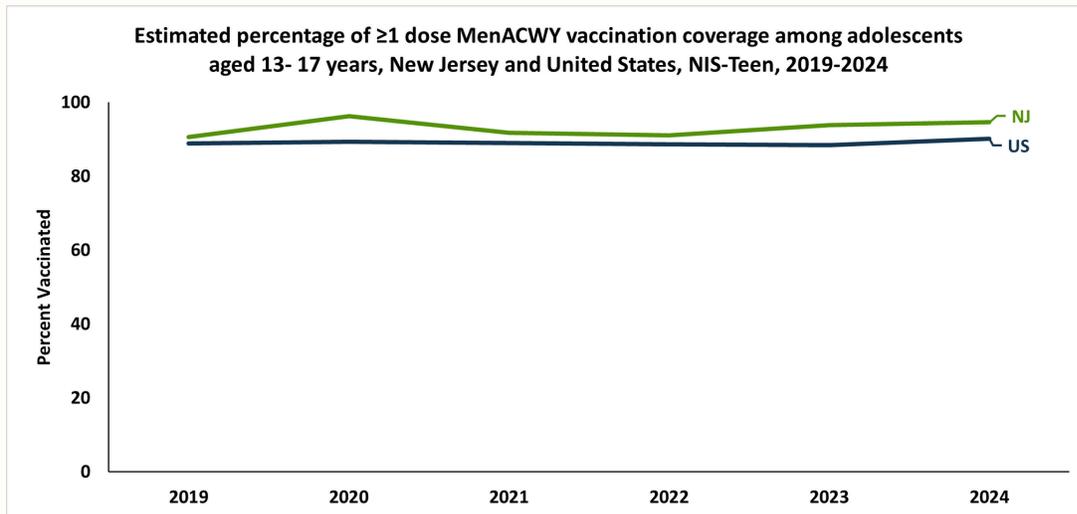
MENINGOCOCCAL VACCINATION

Meningococcal disease is any type of illness caused by *Neisseria meningitidis* bacteria. There are two types of meningococcal vaccines available in the United States: meningococcal conjugate (MenACWY) vaccine and serogroup B meningococcal (MenB) vaccines. It is currently recommended that all preteens receive one dose of the MenACWY vaccine at ages 11-12 years old and receive a booster dose at age 16 years. MenB vaccines are recommended for individuals aged ten and older who are at increased risk for meningococcal disease. Teens and young adults (ages 16-23 years) may also get a MenB vaccine.

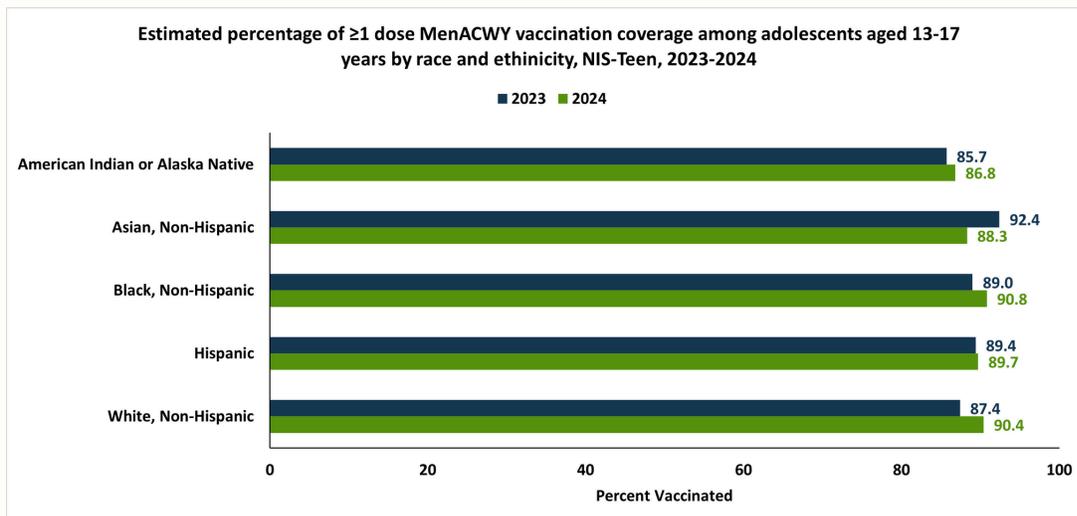
The graphs below present data trends in state and national levels of MenACWY vaccination estimates for ages 13-17 years between 2019 to 2024, as well as data by race/ethnicity.

Key Findings

- New Jersey's MenACWY has remained consistently higher than the national level.
- New Jersey has a school requirement for MenACWY vaccination, which is likely contributing to maintaining high immunization rates.⁴
- In 2024, vaccination coverage with ≥ 1 dose of MenACWY was **94.6%** similar to 2023 estimates.
- In 2024, all races and ethnicities exceeded their MenACWY vaccination coverage from 2023, except for Asian, non-Hispanic, which decreased to **88.3%**.



Currently, there are no coverage estimates either nationally or statewide for MenB vaccines. New Jersey level data are also not available for MenACWY booster doses.



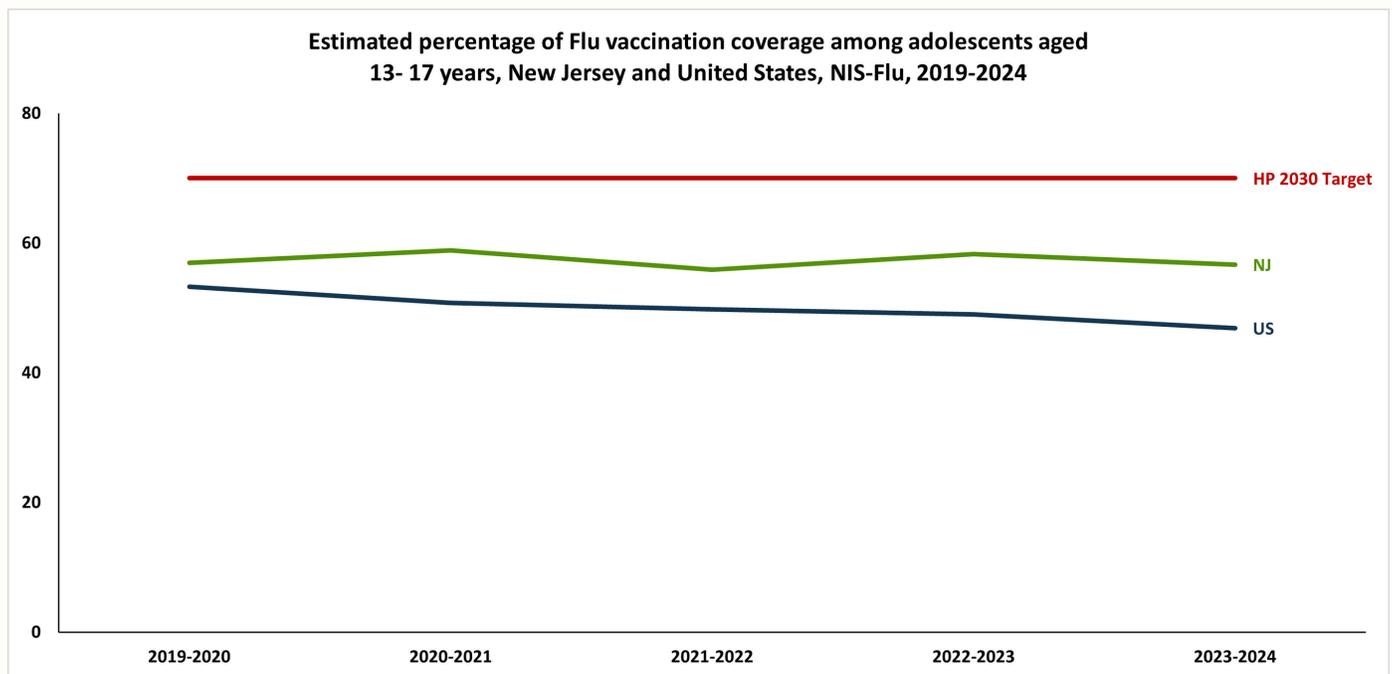
INFLUENZA VACCINATION

An annual influenza vaccine is recommended for everyone six months of age and older. Vaccination is particularly important for people who are at high risk of serious complications from influenza. High-risk persons can include those aged 65 years and older, those with certain chronic medical conditions (such as asthma, diabetes, or heart disease), pregnant women, and children under five years of age.⁵

The graph below presents trends in state and national levels of influenza vaccination estimates for adolescents 13-17 years for the 2023-24 flu season.

Key Findings

- Approximately **56.7%** of New Jersey's adolescents aged 13-17 years received a flu vaccination in the 2023-2024 flu season. This was substantially above the national rate (**46.9%**) for this age group.
- Both New Jersey and the US are below the Healthy People 2030 goal of **70%**.



Healthy People 2030 Objective:

Increase the proportion of people who get the flu vaccine every year. [IID-09]

U.S. Target: 70%

MMR VACCINATION

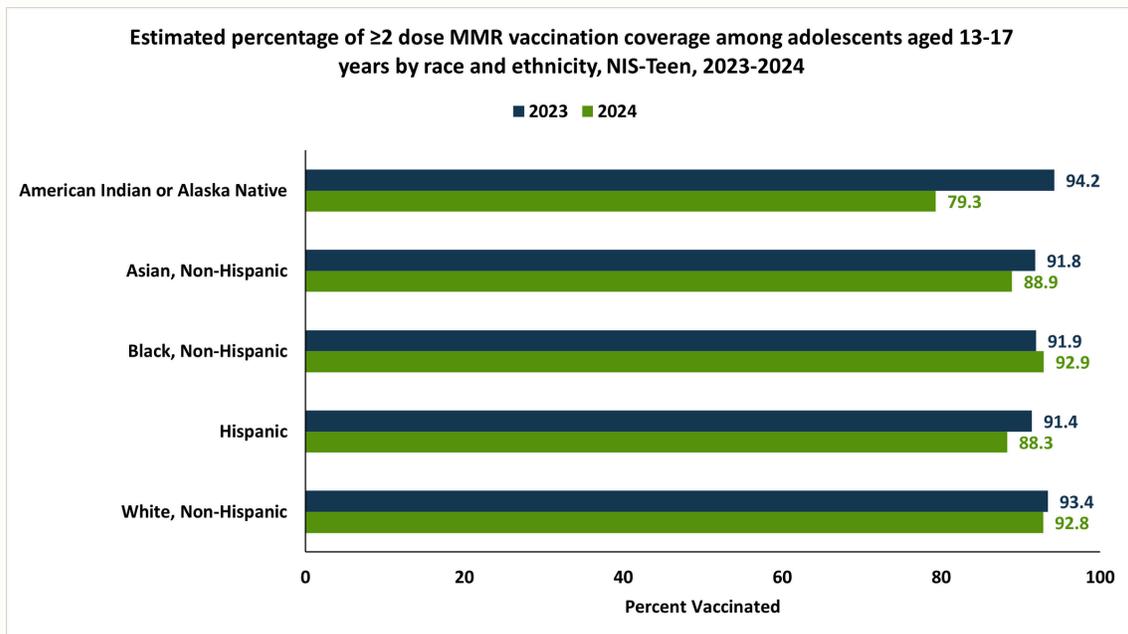
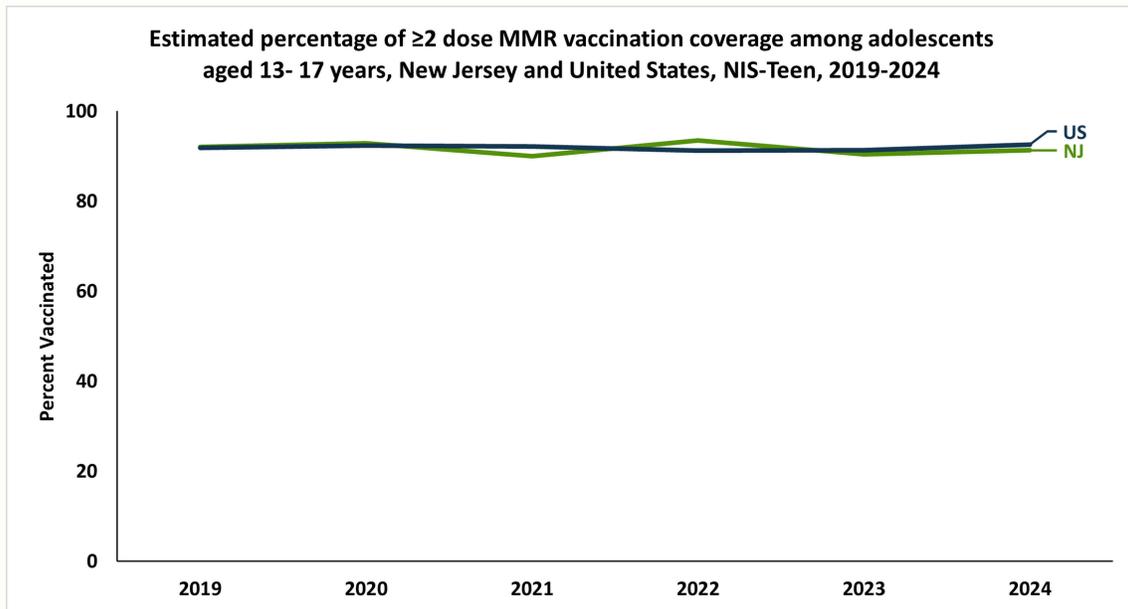
MMR vaccination protects against three diseases: measles, mumps, and rubella. MMR is also a routine childhood immunization that can be administered to adolescents as a catch-up vaccination if they have not yet received the vaccine.

The graphs below present trends in state and national levels of MMR vaccination estimates for adolescents 13-17 years between 2019 to 2024, as well as data by race/ethnicity.



Key Findings

- New Jersey's and the US's ≥ 2 doses of MMR vaccination coverage rates have remained consistent between 2019-2024.
- In 2024, two or more doses of the MMR vaccine ticked up from **90.4%** in 2023 to **91.3%**.
- In 2024, all races and ethnicities showed slight declines in their MMR vaccination coverage from 2023, except for Black, non-Hispanic, which slightly increased to **92.9%**.



VARICELLA VACCINATION

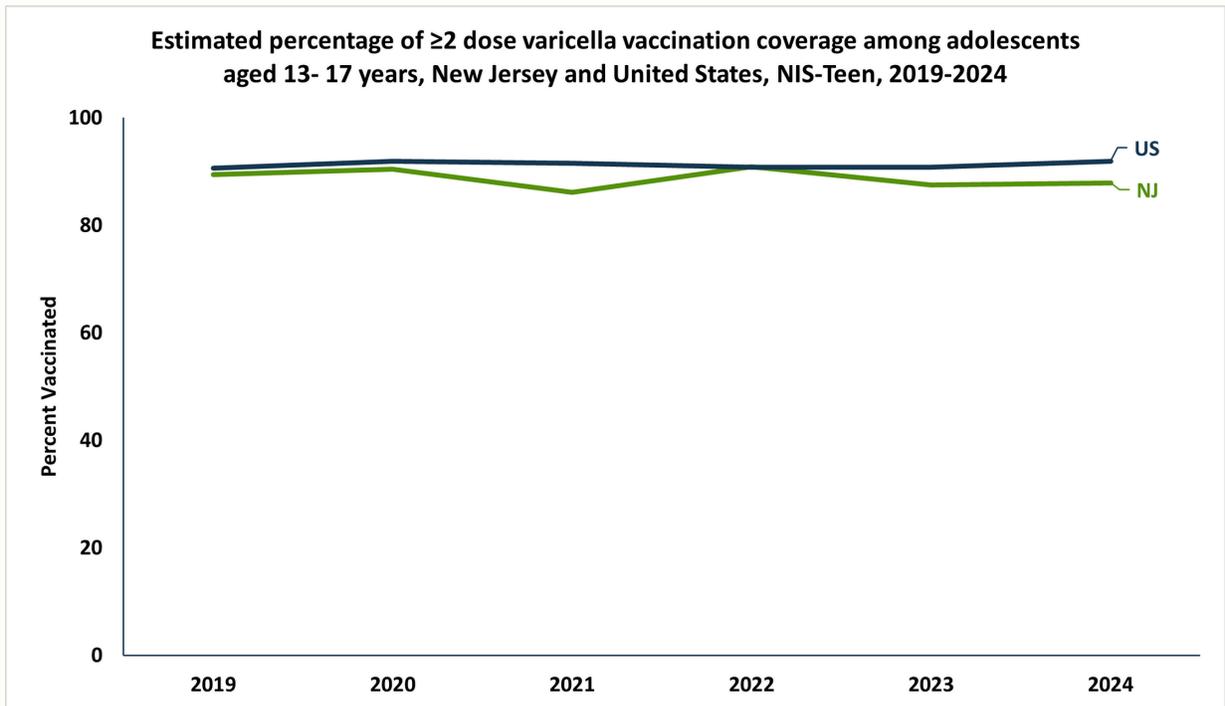
Varicella vaccination protects against chickenpox disease. Two doses of the vaccine are about 90% effective at preventing chickenpox. While varicella is a routine childhood immunization, catch-up vaccination can be administered to adolescents if they do not have evidence of immunity via a history of infection or prior vaccination.

The graph below presents trends in state and national levels of Varicella vaccination estimates for adolescents 13-17 years between 2019 to 2024.



Key Findings

- In New Jersey, varicella vaccination coverage rates have remained relatively consistent between 2019 and 2024, sitting between 85-90% during that time.
- In 2024, the ≥ 2 doses of varicella vaccination coverage rate (**87.9%**) was virtually unchanged in New Jersey compared to 2023 (**87.5%**).



RESOURCES

Protect Me With 3+

The annual Protect Me With 3+ campaign is an adolescent immunization awareness campaign hosted by the Partnership for Maternal and Child Health of Northern New Jersey in collaboration with the New Jersey Department of Health. Students in middle and high school are encouraged to submit posters or videos about one of the routine adolescent immunizations.

Visit protectmewith3.com to learn more about the campaign and to view previous winning submissions.



NJIS and Docket app



Immunization registries are confidential, population-based, computerized information systems that collect and consolidate vaccination data within a geographic area. In New Jersey, the NJIS is the established statewide immunization information system serving as the official repository of immunizations administered to its residents.

Visit njiis.nj.gov to learn more about New Jersey's immunization registry.

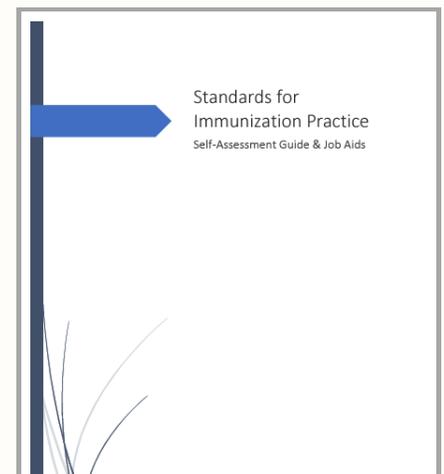


The Docket app supports consumer access to all immunization records that have been recorded within the NJIS. To access your immunization record through Docket, visit: myhealthnj.com/

Immunization Standards

The most essential immunization practices are outlined in the Standards for Child and Adolescent Immunization Practice.⁶ Among the standards are criteria that outline best practices to assess patient vaccination status at every clinical encounter, strongly recommend needed vaccines, either offer needed vaccines or refer patients to another provider who can administer the recommended vaccines, and document vaccinations received by patients in an immunization information system.

The New Jersey Department of Health, Vaccine Preventable Disease Program, developed an immunization standards guide to assist in the routine implementation of the standards. This guide provides a self-assessment job aid, instructions, and tips on how to improve upon self-identified gaps. The guide can be accessed at: nj.gov/health/cd/documents/vpdp/imm_standards_guide.pdf.



RECOMMENDATIONS

- Health care professionals should provide **strong recommendations** when patients are due for vaccines.
 - Clinicians are the most trusted source of vaccine information for parents and patients.
 - A strong recommendation from a health care professional is the best predictor of whether parents decide to vaccinate their child.⁷
- Health care providers should use **evidence-based strategies** to increase immunization rates.
 - **Implementing the standards for child and adolescent immunization practice**, which outlines best practices to improve vaccination rates within your facility.
 - **Establish a platform for 16-year-olds** to help ensure adherence to receiving recommended vaccines at this age, as well as offering an opportunity for catching up on any missed vaccines.⁸
 - **Provide educational materials** in waiting rooms. Materials should be in plain language and should meet patients' social, cultural, and linguistic needs.
 - **Assess patient immunization records at every visit** and provide education on the importance of vaccination. Plan to continue the conversation if a patient is hesitant.
 - **Use NJIIS** to conduct reminder/recall reports to view patients who are due for vaccination or have missed vaccinations. Outreach to those patients to set up follow-up appointments.^{9 10}
 - Recommend patients to **download the Docket App** and utilize it to provide proof of vaccination status as needed. The Docket App also has built-in reminders about when the patient is due for their next immunizations.
 - **Implement standing orders** to allow other members of the health care team to administer immunizations.
 - Consider hiring or working with a partner organization to provide community outreach and education to diverse populations.
- **Decrease barriers** to immunizations. Patients often delay or forgo vaccination due to a lack of awareness or access. Providers can help address these barriers by:
 - **Educating patients about coverage.** Most health insurance plans cover the cost of recommended vaccines.
 - **Supporting uninsured and underinsured individuals.** Certain patients may be eligible to receive vaccines at no cost through the Vaccines for Children (VFC) program through VFC-enrolled doctors.¹¹ The VFC program helps ensure that all children have a better chance of getting their recommended vaccines by providing vaccines at no cost to children who might not otherwise be vaccinated because of their inability to pay.



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DATA SOURCES

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National Immunization Survey-Flu (NIS-Flu). Data accessed via the FluVaxView portal at: cdc.gov/fluview/index.html

To view the Adolescent Data Brief, visit our website at:
nj.gov/health/cd/vpdp.shtml