

Georgia Adolescent Immunization Study

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Abbreviations and Vaccine Names

Abbreviation	Definition
ACIP	Advisory Committee on Immunization Practices
CDC	Centers for Disease Control and Prevention
GAIS	Georgia Adolescent Immunization Study
IRC	Immunization Regional Consultant (data collectors)
GRITS	Georgia Registry of Immunization Transactions and Services
UTD	Up-to-date [immunization history]
HepB	Hepatitis B [vaccine]
MMR	Measles, Mumps, Rubella [vaccine]
Varicella	Varicella (chicken pox) [vaccine]
Tdap	Tetanus, Diphtheria and acellular Pertussis [vaccine]
MCV4	Meningococcal Conjugate [vaccine]
HPV	Human Papillomavirus [vaccine]

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Purpose of Study

The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) recommend that adolescents routinely receive Tdap, MCV4, and HPV vaccinations at 11 to 12 years of age¹. Beginning in the 2014-2015 school year, Tdap and MCV4 were added to the list of required vaccines for Georgia students entering seventh grade who were born on or after January 1, 2002. This report summarizes the annual assessment of immunization coverage for school-required vaccinations as well as one-dose and complete dose coverage of HPV among seventh grade students in Georgia's 18 Public Health Districts. HPV coverage was assessed using the 2016 ACIP recommendations of a 2 or 3-dose schedule based on the age of the recipient².

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1. Kroger AT, Duchin J, Vázquez M. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP). <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>. Accessed on 12/22/2017
 2. Meites E, Kempe A, Markowitz LE. Use of a 2-Dose Schedule for Human Papillomavirus Vaccination – Updated Recommendations of the Advisory Committee on Immunization Practices. MMWR Morb Mortal Wkly Rep 2016;65:1405–1408. DOI: <http://dx.doi.org/10.15585/mmwr.mm6549a5>

Methods

Study Design

The annual Georgia Adolescent Immunization Study (GAIS) employs a cross-sectional research design to ascertain the vaccine coverage rate for 7th grade children in the State of Georgia. Immunization history data for 7th grade students from 18 Health Districts were analyzed to calculate these rates. Identifying information and immunization history data were obtained from school 3231 files and the Georgia Registry of Immunization Transactions and Services (GRITS). Immunization rates for Tdap, Polio, MMR, MCV4 (meningococcal), Hepatitis B, Varicella and HPV vaccines were calculated.

Data collection for the 2017 GAIS study began February 1, 2017 and lasted for three months. A two-stage cluster-sampling scheme was developed to randomly select the study sample. Stage one of the cluster sampling scheme involved randomly selecting up to 30 middle schools from each of the 18 Health Districts. The number of schools sampled from each district was determined using the following factors:

- target population size per district
- estimated percent response rate
- estimate design effect
- confidence interval width

If a District had fewer than 30 schools, then all schools in that District were sampled.

Stage two of the sampling scheme involved randomly selecting an established number of students from each school. This number varied by District depending on the number of schools sampled and population. Basic coverage rates were then calculated for each of the specific vaccines of interest.

Target and Sample Populations

The target population of the 2017 GAIS included all 7th grade children in the State of Georgia during the 2016-2017 school year. A sample of 6,191 seventh grade students, attending both private and public Georgia schools, were selected for the study. The sample design allowed for independent estimates to be calculated for each of the 18 Health Districts in the State.

Data Collection

An electronic web-based data collection system named "GAIS" was created to systematically collect the required information for each child. This system interfaces with GRITS to extract immunization data for students enrolled in the study.

Data collection was carried out by the State's Immunization Regional Consultants (IRCs), who are responsible for 13 health regions of the state which may overlap Health District boundaries. The IRCs participated in training at the start of the data collection period. A Training Manual was also provided and made available on the GAIS log-in screen.

Data Collection Protocol

Step #1: Obtain student sample

Before the data collection process began, IRCs were assigned a maximum of 30 schools in their respective Districts and assigned a required number of students per school to be sampled. Once at a school, the IRC obtained an alphabetized roster of all current 7th graders attending that school. Using the total number of seventh graders, a random number generator was applied to randomly select the 13 students chosen as the 2017 GAIS sample.

Step #2: Collect immunization forms at public and private schools

Once the IRC selected the school sample, each specific child's 3231 form was located to obtain their immunization history. A comparison of the GRITS record and the 3231 form was conducted for each child to make sure all vaccines received matched between sources. If any dates were missing from either source, steps were taken to update the 3231 form and/or the GRITS record to match. If a 3231 was found to be expired, a new one was printed out from GRITS for the school's record.

Step #3: Input children to data collection website

A record was created by the IRC for each sampled child in the GAIS website. Information collected included first and last name, date of birth, county, school, exemption and waiver status and lab confirmation of immunity. A blank vaccine list was also available in the GAIS record for the IRC to either: 1) add each of the vaccine dates of interest in the table; or, 2) perform a direct upload from GRITS into the GAIS record.

Step #4: Record review

As the records were completed using the web GAIS system, problematic records were reviewed by the Principal Investigator and resolved before data analysis began.

Data Analysis

The data cleaning and analysis for the 2017 GAIS were performed using R (ver. 3.4.2) software.

Immunization data were used to determine what percentage of 7th graders were up-to-date (UTD), which was defined as having at least 3 doses of Hepatitis B, 2 doses of MMR, 2 doses of Varicella, 1 dose of Tdap and 1 dose of MCV4 vaccines. UTD immunization rates as well as individual vaccine coverage rates were assessed at both the State and Health District level. A vaccination was considered valid if it met ACIP's recommendations for dosing and spacing and was given prior to January 1, 2017.

Margins of error are provided for all immunization coverage estimates. The margin of error is a convenient notation of the 95% confidence interval range. For example, 94.4 ± 0.6 represents the confidence interval (93.8, 95.0) for the statewide UTD estimate of 94.4%. Immunization rate differences between comparison groups were tested with R (ver 3.4.2, *Epi* package), utilizing a 2 sample test for equality of proportions. Significant differences ($p < 0.05$) are **bolded and italicized** in the appropriate tables. Comparison groups are defined as:

- 2017 State rates vs individual 2017 District rates
- Individual District rates for 2016 vs 2017
- 2017 coverage rates for male vs. female students
- 2017 coverage rates for students attending public vs. private schools

Sample Table 1 serves to illustrate these comparisons. For example, in Sample Table 1, the rates for having 1 dose of HPV are significantly different ($p < 0.05$) between :

- The State (50.1%) and District X (58.6%) in 2017
- Male (52.6%) and female students (65.5%) in District X in 2017

Similarly, the rates for completing the HPV series are significantly different ($p < 0.05$) between :

- The State (28.0%) and District X (20.2%) in 2017
- 2016 (12.4%) and 2017 (20.2%) for District X
- Students attending public (24.9%) and private schools (14.2%) in District X in 2017

Limitations

When interpreting the study results, the following limitations of the study should be considered:

1. Compared to other sampling methods, cluster sampling is least representative of the population. Individuals within a cluster tend to have similar characteristics and there is a chance of over- or underrepresentation of the population, leading to skewed results. The two-stage cluster sampling scheme was used because of its low-cost and efficient method of collecting a larger sample size across a wide area.
2. Some IRCs had less than 30 middle schools in their District and were therefore required to sample all middle schools. Larger Districts were restricted to a maximum sample of 30 schools, due to time and resource restraints. This may lead to underrepresentation in Districts that have more than 30 schools. We tried to overcome this limitation by randomly selecting schools with equal probability of selection.

Sample Table 1

	2017, State		Year, District X		Gender, 2017, District X		School type, 2017, District X	
	<i>n</i> = 6,191 (%)		2016 <i>n</i> = 363 (%)	2017 <i>n</i> = 370 (%)	Male <i>n</i> = 195 (%)	Female <i>n</i> = 170 (%)	Public <i>n</i> = 312 (%)	Private <i>n</i> = 58 (%)
1 HPV	50.1 ± 1.2	52.7 ± 5.1		58.6 ± 5.2	52.6 ± 7.5	65.5 ± 7.2	59.9 ± 6.3	55.8 ± 9.2
Complete HPV series	28.0 ± 1.1	12.4 ± 3.6		20.2 ± 4.3	19.4 ± 5.8	21.7 ± 6.5	24.9 ± 6.1	14.2 ± 5.6

Section II: Statewide Results

State-Level Immunization Study Staff, 2017 Georgia Adolescent Immunization Study

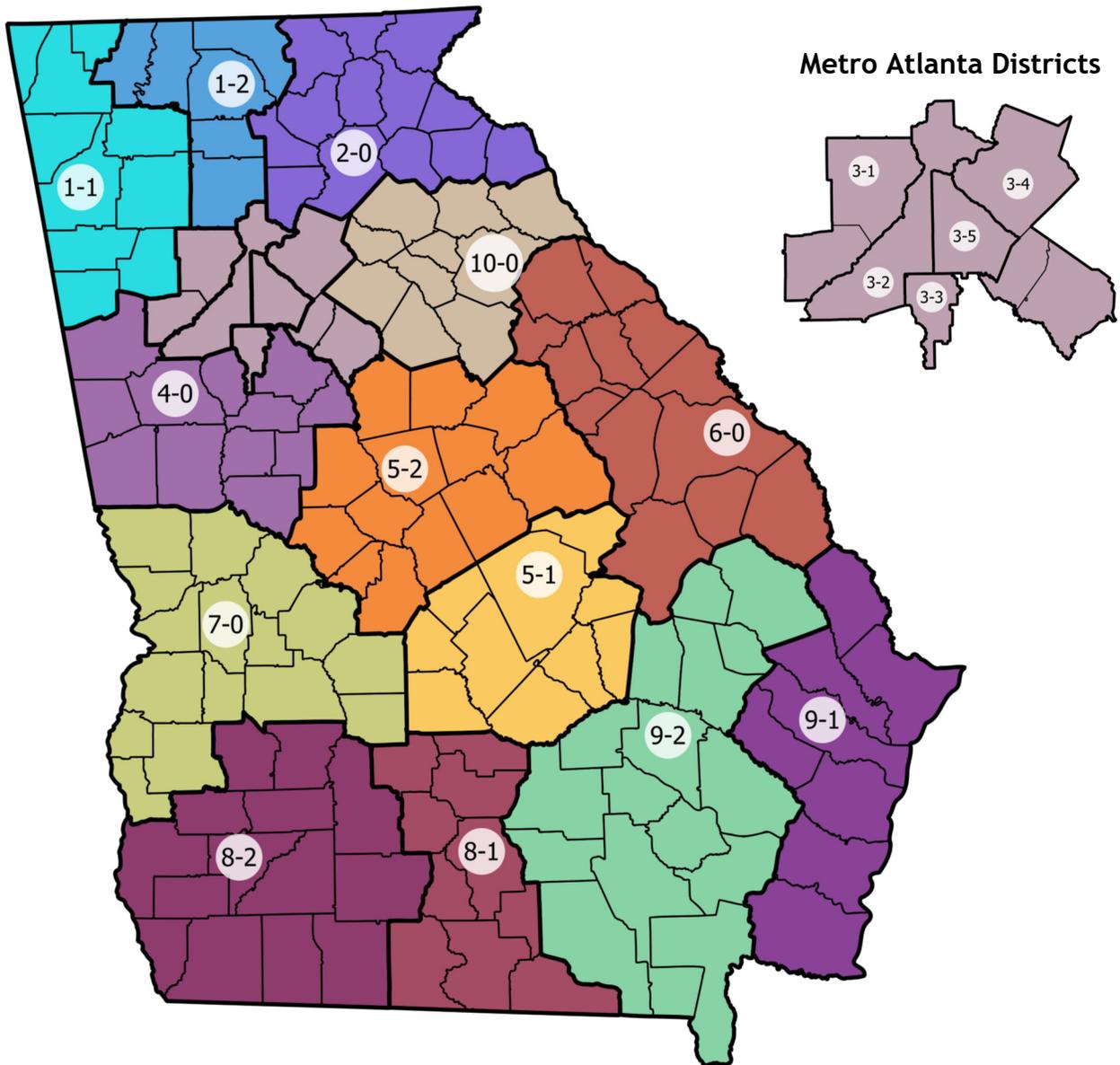
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Primary Editor

Figure 1: Georgia Health Districts



State of Georgia



The 2017 Georgia Adolescent Immunization Study (GAIS) sampled 6,191 seventh grade adolescents statewide (Table 1). Of the students sampled, 50.5% were male, 48.6% were female, and 0.9% had missing gender information. Students enrolled in public schools accounted for 71.7% of the sample; 28.3% were enrolled in private schools. A total of 479 schools were sampled (315 public, 164 private).

Adolescents were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. Statewide, the 2017 UTD immunization rate for 7th graders was 94.4%, lower than the 2016 rate (94.7%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 2).

Statewide, the 2017 coverage rates were higher than the 2016 rates except for the UTD rate, which showed a non-significant decrease. The statewide rates for Hepatitis B, MMR, Varicella, Polio and HPV (1-dose and series completion) showed a significant increase from 2016. Statewide coverage rates for HPV vaccinations (1-dose or series completion) differed significantly between male and female adolescents. Statewide coverage rates for all vaccines were significantly higher for students enrolled in public schools vs. private schools (Table 2).

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. Only ten (0.2%) of the students in the State

Table 1: Gender, school type, waiver and exemptions among Georgia adolescents, 2017 (n = 6,191).

		# of students	Percent of sample (%)
Gender	Male	3127	50.5
	Female	3011	48.6
	Unknown	53	0.9
School type	Public (315)	4436	71.7
	Private (164)	1755	28.3
Within waiver period?	Yes	10	0.2
	No	6181	99.8
Exemptions	Religious	135	2.2
	Medical	6	0.1
	No exemption	6050	97.7

sample were found to be in the school waiver period (Table 1).

Six (0.1%) of the students in the State sample had a medical exemption for one or more vaccines; 135 (2.2%) students had a religious exemption on file (Table 1).

Fourteen adolescents had documentation of serologic immunity in lieu of vaccination: 4 had varicella immunity, 1 had measles, mumps, rubella (MMR) immunity, and 9 had hepatitis B immunity. Thirty-two (32) students had either documentation of physician-diagnosed or a history of varicella (not shown). All of these students were excluded from the respective statewide vaccination rate determinations which were calculated based only on receipt of vaccine.

Table 2: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, 2017

	Year		Gender, 2017		School type, 2017	
	2016 n = 6,191 (%)	2017 n = 6,191 (%)	Male n = 3,125 (%)	Female n = 3,011 (%)	Public n = 4,435 (%)	Private n = 1,755 (%)
UTD rate*	94.7 ± 0.6	94.4 ± 0.6	94.6 ± 0.8	94.9 ± 0.8	94.9 ± 0.6	93.3 ± 1.2
3+ Hepatitis B	97.7 ± 0.4	98.3 ± 0.3	98.4 ± 0.4	98.8 ± 0.4	98.5 ± 0.4	97.7 ± 0.7
2+ MMR	97.6 ± 0.4	98.3 ± 0.3	98.4 ± 0.4	98.8 ± 0.4	98.8 ± 0.3	97.2 ± 0.8
2+ Varicella	96.5 ± 0.5	97.2 ± 0.4	97.2 ± 0.6	97.7 ± 0.5	97.6 ± 0.5	96.2 ± 0.9
1 Tdap	96.1 ± 0.5	96.6 ± 0.5	96.8 ± 0.6	96.9 ± 0.6	97.0 ± 0.5	95.5 ± 1.0
1 MCV4	96.0 ± 0.5	96.4 ± 0.5	96.4 ± 0.7	96.8 ± 0.6	96.8 ± 0.5	95.3 ± 1.0
4+ Polio	96.0 ± 0.5	97.6 ± 0.4	97.7 ± 0.5	98.0 ± 0.5	98.0 ± 0.4	96.5 ± 0.9
1 HPV	43.8 ± 1.2	47.9 ± 1.2	45.9 ± 1.7	50.4 ± 1.8	51.9 ± 1.5	37.9 ± 2.3
Complete HPV series	14.5 ± 0.9	23.3 ± 1.0	22.3 ± 1.5	24.6 ± 1.5	24.5 ± 1.3	20.2 ± 1.9

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

Section III: Health District Immunization Reports¹¹

Immunization Study Data Collection Team by Health District, Georgia Adolescent Immunization Study, 2017

<i>District</i>	<i>Immunization Regional Consultant</i>
1-1	Jamie Henley Farrah Machida
1-2	Jamie Henley Farrah Machida
2-0	Farrah Machida
3-1	Angie Webster
3-2	Saron Ephraim
3-3	Janet Kelly Saron Ephraim
3-4	Angie Webster Janet Kelly Farrah Machida
3-5	Janet Kelly
4-0	Tina Dempsey
5-1	Kelly Duke Kelly Seegmueller
5-2	Kelly Duke
6-0	Shelia Fultz
7-0	Kelly Seegmueller
8-1	Lisa Jenkins
8-2	Lisa Jenkins Kelly Seegmueller
9-1	Kelly Duke
9-2	Kelly Duke Lisa Jenkins Shelia Fultz
10-0	Angie Webster

District 1-1



The 2017 GAIS sampled 370 seventh grade adolescents in District 1-1 (Table 1-1-A). Of the students sampled, 52.7% were male, 45.9% were female, and 1.4% had missing gender information. Students enrolled in public schools accounted for 84.3% of the sample; 15.7% were enrolled in private schools. A total of 30 schools were sampled (24 public, 6 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 1-1, the 2017 UTD immunization rate for 7th graders was 94.3%, lower than the 2016 rate (96.1%) and higher than the State rate for 2017 (94.1%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 1-1-B).

The 2017 District 1-1 coverage rates for most vaccines varied slightly from the 2016 rates except for HPV completion which showed a significant increase from 9.9% to 21.9%. The UTD coverage rate differed significantly among adolescents who attended public vs. private schools. District 1-1 coverage rates did not differ significantly from overall State rates, or by gender (Table 1-1-B).

Table 1-1-A: Gender, school type, waiver and exemptions among District 1-1 adolescents, 2017 (n = 370).

		# of students	Percent of sample (%)
Gender	Male	195	52.7
	Female	170	45.9
	Unknown	5	1.4
School type	Public (24)	312	84.3
	Private (6)	58	15.7
Within waiver period?	Yes	1	0.3
	No	369	99.7
Exemptions	Religious	9	2.4
	Medical	0	0
	No exemption	361	97.6

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. Only one (0.3%) of the students in the District 1-1 sample was found to be in the school waiver period (Table 1-1-A).

None of the students in the District 1-1 sample had a medical exemption for one more vaccines; 9 (2.4%) students had a religious exemption on file (Table 1-1-A).

Table 1-1-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 1-1, 2017

	2017, State	Year, District 1-1		Gender, 2017, District 1-1		School type, 2017, District 1-1	
	Overall n = 6,191 (%)	2016 n = 363 (%)	2017 n = 370 (%)	Male n = 195 (%)	Female n = 170 (%)	Public n = 312 (%)	Private n = 58 (%)
UTD rate*	94.4 ± 0.6	96.1 ± 2.0	94.3 ± 2.4	94.9 ± 3.1	94.7 ± 3.4	95.5 ± 2.3	87.9 ± 8.4
3+ Hepatitis B	98.3 ± 0.3	98.6 ± 1.2	97.3 ± 1.7	98.5 ± 1.7	97.1 ± 2.5	97.8 ± 1.6	94.8 ± 5.7
2+ MMR	98.3 ± 0.3	98.3 ± 1.3	97.6 ± 1.6	98.5 ± 1.7	97.6 ± 2.3	98.1 ± 1.5	94.8 ± 5.7
2+ Varicella	97.2 ± 0.4	97.0 ± 1.8	97.3 ± 1.7	97.9 ± 2.0	97.6 ± 2.3	98.1 ± 1.5	93.1 ± 6.5
1 Tdap	96.6 ± 0.5	97.2 ± 1.7	95.9 ± 2.0	96.4 ± 2.6	96.5 ± 2.8	96.5 ± 2.0	93.1 ± 6.5
1 MCV4	96.4 ± 0.5	97.2 ± 1.7	94.9 ± 2.3	95.4 ± 2.9	95.3 ± 3.2	95.8 ± 2.2	89.7 ± 7.8
4+ Polio	97.6 ± 0.4	97.0 ± 1.8	97.3 ± 1.7	98.5 ± 1.7	97.1 ± 2.5	98.1 ± 1.5	93.1 ± 6.5
1 HPV	47.9 ± 1.2	43.8 ± 5.1	47.6 ± 5.1	50.8 ± 7.0	43.5 ± 7.5	48.1 ± 5.6	44.8 ± 12.8
Complete HPV series	23.3 ± 1.0	9.9 ± 3.1	21.9 ± 4.2	23.1 ± 5.9	20.6 ± 6.1	21.8 ± 4.6	22.4 ± 10.7

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg 7).

District 1-2



The 2017 GAIS sampled 314 seventh grade adolescents in District 1-2 (Table 1-2-A). Of the students sampled, 51.0% were male, 48.4% were female, and 0.6% had missing gender information. Students enrolled in public schools accounted for 72.0% of the sample; 28.0% were enrolled in private schools. A total of 29 schools were sampled (18 public, 11 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 1-2, the 2017 UTD immunization rate for 7th graders was 92.0%, higher than the 2016 rate (90.5%) and lower than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 1-2-B).

The 2017 District 1-2 coverage rates for all vaccines were slightly higher than the 2016 rates except for HPV completion which was significantly higher. The 2017 coverage rates for MMR, Varicella, Tdap, MCV4, Polio and HPV (1-dose) were significantly lower in District 1-2 when compared to the State rates. The 2017 District 1-2 coverage rates did not vary by gender, however, the rates for all vaccines were significantly higher for students enrolled in public vs. private schools (Table 1-2-B).

Table 1-2-A: Gender, school type, waiver and exemptions among District 1-2 adolescents, 2017 (n = 314).

		# of students	Percent of sample (%)
Gender	Male	160	51.0
	Female	152	48.4
	Unknown	2	0.6
School type	Public (18)	226	72.0
	Private (11)	88	28.0
Within waiver period?	Yes	0	0
	No	314	100
Exemptions	Religious	19	6.1
	Medical	0	0
	No exemption	295	93.9

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. None of the students in the District 1-2 sample were found to be in the school waiver period (Table 1-2-A).

None of the students in the District 1-2 sample had a medical exemption for one or more vaccines; 19 (6.1%) students had a religious exemption on file (Table 1-2-A).

Table 1-2-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 1-2, 2017

	2017, State	Year, District 1-2		Gender, 2017, District 1-2		School type, 2017, District 1-2	
	Overall n = 6,191 (%)	2016 n = 326 (%)	2017 n = 314 (%)	Male n = 160 (%)	Female n = 152 (%)	Public n = 226 (%)	Private n = 88 (%)
UTD rate*	94.4 ± 0.6	90.5 ± 3.2	92.0 ± 3.0	90.6 ± 4.5	94.1 ± 3.8	94.7 ± 2.9	85.2 ± 7.4
3+ Hepatitis B	98.3 ± 0.3	96.0 ± 2.1	97.5 ± 1.7	96.9 ± 2.7	98.7 ± 1.8	98.7 ± 1.5	94.3 ± 4.8
2+ MMR	98.3 ± 0.3	95.1 ± 2.3	95.2 ± 2.4	93.8 ± 3.8	97.4 ± 2.5	97.3 ± 2.1	89.8 ± 6.3
2+ Varicella	97.2 ± 0.4	93.9 ± 2.6	94.6 ± 2.5	93.1 ± 3.9	96.7 ± 2.8	96.9 ± 2.3	88.6 ± 6.6
1 Tdap	96.6 ± 0.5	92.6 ± 2.8	93.9 ± 2.6	93.1 ± 3.9	95.4 ± 3.3	96.9 ± 2.3	86.4 ± 7.2
1 MCV4	96.4 ± 0.5	91.4 ± 3.0	93.3 ± 2.8	92.5 ± 4.1	94.7 ± 3.6	96.0 ± 2.6	86.4 ± 7.2
4+ Polio	97.6 ± 0.4	92.0 ± 2.9	94.6 ± 2.5	93.1 ± 3.9	96.7 ± 2.8	96.5 ± 2.4	89.8 ± 6.3
1 HPV	47.9 ± 1.2	39.9 ± 5.3	40.8 ± 5.4	38.1 ± 7.5	44.1 ± 7.9	46.9 ± 6.5	25.0 ± 9.1
Complete HPV series	23.3 ± 1.0	14.1 ± 3.8	20.4 ± 4.5	18.8 ± 6.1	22.4 ± 6.6	23.5 ± 5.5	12.5 ± 6.9

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 2-0



The 2017 GAIS sampled 323 seventh grade adolescents in District 2-0 (Table 2-0-A). Of the students sampled, 47.1% were male, 52.3% were female, and 0.6% had missing gender information. Students enrolled in public schools accounted for 72.4% of the sample; 27.6% were enrolled in private schools. A total of 29 schools were sampled (18 public, 11 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 2, the 2017 UTD immunization rate for 7th graders was 92.9%, lower than the 2016 rate (94.8%) and lower than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 2-0-B).

The 2017 District 2-0 coverage rates for all vaccines were slightly higher than the 2016 rates except for HPV completion which was significantly higher than the 2016 rate. The 2017 coverage rates for HPV (1-dose and series completion) were significantly lower in District 2-0 when compared to the State rates. The 2017 District 2-0 coverage rates did not vary by gender, however, the rates for Tdap, MCV4, Polio and HPV (1-dose and series completion) were significantly higher for students enrolled in public vs. private schools (Table 2-0-B).

Table 2-0-A: Gender, school type, waiver and exemptions among District 2-0 adolescents, 2017 (n = 323).

		# of students	Percent of sample (%)
Gender	Male	152	47.1
	Female	169	52.3
	Unknown	2	0.6
School type	Public (18)	234	72.4
	Private (11)	89	27.6
Within waiver period?	Yes	0	0
	No	323	100
Exemptions	Religious	8	2.5
	Medical	0	0
	No exemption	315	97.5

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. None of the students in the District 2-0 sample were found to be in the school waiver period (Table 2-0-A).

None of the students in the District 2 sample had a medical exemption for one or more vaccines; 8 (2.5%) students had a religious exemption on file (Table 2-0-A).

Table 2-0-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 2-0, 2017

	2017, State	Year, District 2-0		Gender, 2017, District 2-0		School type, 2017, District 2-0	
	Overall n = 6,191 (%)	2016 n = 344 (%)	2017 n = 323 (%)	Male n = 152 (%)	Female n = 169 (%)	Public n = 234 (%)	Private n = 89 (%)
UTD rate*	94.4 ± 0.6	94.8 ± 2.4	92.9 ± 2.8	92.8 ± 4.1	93.5 ± 3.7	94.0 ± 3.0	89.9 ± 6.3
3+ Hepatitis B	98.3 ± 0.3	97.4 ± 1.7	99.4 ± 0.9	99.3 ± 1.3	100.0 ± 0.0	99.6 ± 0.8	98.9 ± 2.2
2+ MMR	98.3 ± 0.3	96.8 ± 1.9	99.1 ± 1.0	99.3 ± 1.3	99.4 ± 1.2	99.6 ± 0.8	97.8 ± 3.1
2+ Varicella	97.2 ± 0.4	95.9 ± 2.1	96.9 ± 1.9	96.1 ± 3.1	98.2 ± 2.0	97.0 ± 2.2	96.6 ± 3.8
1 Tdap	96.6 ± 0.5	94.8 ± 2.4	95.4 ± 2.3	96.7 ± 2.8	94.7 ± 3.4	97.0 ± 2.2	91.0 ± 6.0
1 MCV4	96.4 ± 0.5	95.1 ± 2.3	95.7 ± 2.2	96.7 ± 2.8	95.3 ± 3.2	97.4 ± 2.0	91.0 ± 6.0
4+ Polio	97.6 ± 0.4	95.3 ± 2.2	97.8 ± 1.6	98.7 ± 1.8	97.6 ± 2.3	99.1 ± 1.2	94.4 ± 4.8
1 HPV	47.9 ± 1.2	34.9 ± 5.0	37.2 ± 5.3	34.9 ± 7.6	39.1 ± 7.4	44.0 ± 6.4	19.1 ± 8.2
Complete HPV series	23.3 ± 1.0	11.3 ± 3.4	17.3 ± 4.1	15.8 ± 5.8	18.3 ± 5.8	20.5 ± 5.2	9.0 ± 6.0

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 3-1



The 2017 GAIS sampled 267 seventh grade adolescents in District 3-1 (Table 3-1-A). Of the students sampled, 54.7% were male, 44.9% were female, and 0.4% had missing gender information. Students enrolled in public schools accounted for 48.3% of the sample; 51.7% were enrolled in private schools. A total of 22 schools were sampled (10 public, 12 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 3-1, the 2017 UTD immunization rate for 7th graders was 93.3%, lower than the 2016 rate (94.1%) and lower than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 3-1-B).

The 2017 District 3-1 coverage rates for all vaccines were similar to the 2016 rates and the 2017 State rates. Rates also did not vary for District 3-1 based on student gender or school type (Table 3-1-B).

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. None of the students in the District 3-1 sample were found to be in the school waiver period (Table 3-1-A).

Table 3-1-A: Gender, school type, waiver and exemptions among District 3-1 adolescents, 2017 (n = 267).

		# of students	Percent of sample (%)
Gender	Male	146	54.7
	Female	120	44.9
	Unknown	1	0.4
School type	Public (10)	129	48.3
	Private (12)	138	51.7
Within waiver period?	Yes	0	0
	No	267	100
Exemptions	Religious	5	1.9
	Medical	0	0
	No exemption	262	98.1

None of the students in the District 3-1 sample had a medical exemption for one or more vaccines; 5 (1.9%) students had a religious exemption on file (Table 3-1-A).

Table 3-1-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 3-1, 2017

	2017, State	Year, District 3-1		Gender, 2017, District 3-1		School type, 2017, District 3-1	
	Overall n = 6,191 (%)	2016 n = 358 (%)	2017 n = 267 (%)	Male n = 145 (%)	Female n = 120 (%)	Public n = 129 (%)	Private n = 138 (%)
UTD rate*	94.4 ± 0.6	94.1 ± 2.4	93.3 ± 3.0	93.8 ± 3.9	92.5 ± 4.7	91.5 ± 4.8	94.9 ± 3.7
3+ Hepatitis B	98.3 ± 0.3	99.2 ± 0.9	98.1 ± 1.6	96.6 ± 3.0	100.0 ± 0.0	96.1 ± 3.3	100.0 ± 0.0
2+ MMR	98.3 ± 0.3	99.2 ± 0.9	98.9 ± 1.3	97.9 ± 2.3	100.0 ± 0.0	97.7 ± 2.6	100.0 ± 0.0
2+ Varicella	97.2 ± 0.4	96.4 ± 1.9	97.4 ± 1.9	96.6 ± 3.0	98.3 ± 2.3	95.3 ± 3.6	99.3 ± 1.4
1 Tdap	96.6 ± 0.5	95.3 ± 2.2	96.6 ± 2.2	97.9 ± 2.3	95.0 ± 3.9	96.9 ± 3.0	96.4 ± 3.1
1 MCV4	96.4 ± 0.5	95.5 ± 2.1	95.9 ± 2.4	96.6 ± 3.0	95.0 ± 3.9	95.3 ± 3.6	96.4 ± 3.1
4+ Polio	97.6 ± 0.4	97.5 ± 1.6	97.0 ± 2.0	95.9 ± 3.2	98.3 ± 2.3	95.3 ± 3.6	98.6 ± 2.0
1 HPV	47.9 ± 1.2	48.0 ± 5.2	43.1 ± 6.0	39.7 ± 8.0	47.5 ± 9.0	45.7 ± 8.6	40.6 ± 8.2
Complete HPV series	23.3 ± 1.0	17.0 ± 3.9	21.0 ± 4.9	22.6 ± 6.8	19.2 ± 7.1	20.9 ± 7.0	21.0 ± 6.8

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 3-2



The 2017 GAIS sampled 378 seventh grade adolescents in District 3-2 (Table 3-2-A). Of the students sampled, 52.6% were male, 46.8% were female, and 0.5% had missing gender information. Students enrolled in public schools accounted for 55.0% of the sample; 45.0% were enrolled in private schools. A total of 30 schools were sampled (16 public, 14 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 3-2, the 2017 UTD immunization rate for 7th graders was 94.7%, lower than the 2016 rate (95.3%) and higher than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 3-2-B).

The 2017 District 3-2 coverage rates for most vaccines were similar to the 2016 rates except for HPV (1-dose and series completion) which showed a significant increase. No significant differences in the 2017 coverage rates were observed between the State and District 3-2, or between male and female students in District 3-2. Within District 3-2 the rate for HPV series completion was significantly lower among children attending public vs. private schools (Table 3-2-B).

Table 3-2-A: Gender, school type, waiver and exemptions among District 3-2 adolescents, 2017 (n = 378).

		# of students	Percent of sample (%)
Gender	Male	199	52.6
	Female	177	46.8
	Unknown	2	0.5
School type	Public (16)	208	55.0
	Private (14)	170	45.0
Within waiver period?	Yes	0	0
	No	378	100
Exemptions	Religious	6	1.6
	Medical	1	0.3
	No exemption	371	98.1

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. None of the students in the District 3-2 sample were found to be in the school waiver period (Table 3-2-A).

One (0.3%) of the students in the District 3-2 sample had a medical exemption for one or more vaccines; 6 (1.6%) students had a religious exemption on file (Table 3-2-A).

Table 3-2-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 3-2, 2017

	2017, State	Year, District 3-2		Gender, 2017, District 3-2		School type, 2017, District 3-2	
	Overall n = 6,191 (%)	2016 n = 362 (%)	2017 n = 378 (%)	Male n = 199 (%)	Female n = 177 (%)	Public n = 208 (%)	Private n = 170 (%)
UTD rate*	94.4 ± 0.6	95.3 ± 2.2	94.7 ± 2.3	94.0 ± 3.3	95.5 ± 3.1	93.8 ± 3.3	95.9 ± 3.0
3+ Hepatitis B	98.3 ± 0.3	97.5 ± 1.6	98.9 ± 1.0	99.0 ± 1.4	98.9 ± 1.6	99.5 ± 0.9	98.2 ± 2.0
2+ MMR	98.3 ± 0.3	97.5 ± 1.6	98.4 ± 1.3	98.0 ± 2.0	98.9 ± 1.6	98.6 ± 1.6	98.2 ± 2.0
2+ Varicella	97.2 ± 0.4	96.7 ± 1.8	97.1 ± 1.7	96.0 ± 2.7	98.3 ± 1.9	96.2 ± 2.6	98.2 ± 2.0
1 Tdap	96.6 ± 0.5	96.7 ± 1.8	97.9 ± 1.5	98.0 ± 2.0	97.7 ± 2.2	97.6 ± 2.1	98.2 ± 2.0
1 MCV4	96.4 ± 0.5	97.0 ± 1.8	97.1 ± 1.7	96.5 ± 2.6	97.7 ± 2.2	97.1 ± 2.3	97.1 ± 2.5
4+ Polio	97.6 ± 0.4	96.4 ± 1.9	98.4 ± 1.3	98.0 ± 2.0	98.9 ± 1.6	99.0 ± 1.3	97.6 ± 2.3
1 HPV	47.9 ± 1.2	43.1 ± 5.1	51.6 ± 5.0	51.3 ± 7.0	52.0 ± 7.4	51.9 ± 6.8	51.2 ± 7.5
Complete HPV series	23.3 ± 1.0	11.9 ± 3.3	25.1 ± 4.4	28.1 ± 6.3	21.5 ± 6.1	20.7 ± 5.5	30.6 ± 6.9

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 3-3



The 2017 GAIS sampled 294 seventh grade adolescents in District 3-3 (Table 3-3-A). Of the students sampled, 49.0% were male, 50.7% were female, and 0.3% had missing gender information. Students enrolled in public schools accounted for 99.7% of the sample; only 0.3% were enrolled in private schools, a number too small to generate any meaningful estimates or comparisons. A total of 21 schools were sampled (20 public, 1 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 3-3, the 2017 UTD immunization rate for 7th graders was 95.9%, higher than the 2016 rate (92.8%) and higher than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 3-3-B).

The 2017 District 3-3 coverage rates varied only slightly from the 2016 rates except for MMR, Varicella, Tdap, and Polio which showed significant increases. The 2017 rate of 1-dose HPV vaccination was significantly higher for District 3-3 when compared with the State. No significant differences were observed in District 3-3 coverage rates by gender or by school type (Table 3-3-B).

Table 3-3-A: Gender, school type, waiver and exemptions among District 3-3 adolescents, 2017 (n = 294).

		# of students	Percent of sample (%)
Gender	Male	144	49.0
	Female	149	50.7
	Unknown	1	0.3
School type	Public (20)	293	99.7
	Private (1)	1	0.3
Within waiver period?	Yes	0	0
	No	294	100
Exemptions	Religious	3	1.0
	Medical	0	0
	No exemption	291	99.0

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. None of the students in the District 3-3 sample were found to be in the school waiver period (Table 3-3-A).

None of the students in the District 3-3 sample had a medical exemption for one or more vaccines; 3 (1.0%) students had a religious exemption on file (Table 3-3-A).

Table 3-3-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 3-3, 2017

	2017, State	Year, District 3-3		Gender, 2017, District 3-3		School type, 2017, District 3-3		
	Overall n = 6,191 (%)	2016 n = 293 (%)	2017 n = 294 (%)	Male n = 144 (%)	Female n = 149 (%)	Public n = 293 (%)	Private n = 1 (%)	
UTD rate*	94.4 ± 0.6	92.8 ± 3.0	95.9 ± 2.3	96.5 ± 3.0	95.3 ± 3.4	95.9 ± 2.3		
3+ Hepatitis B	98.3 ± 0.3	95.6 ± 2.4	98.3 ± 1.5	97.9 ± 2.3	98.7 ± 1.9	98.3 ± 1.5		
2+ MMR	98.3 ± 0.3	95.2 ± 2.4	99.7 ± 0.7	100.0 ± 0.0	99.3 ± 1.3	99.7 ± 0.7		Sample size is too small to generate meaningful estimates or comparisons
2+ Varicella	97.2 ± 0.4	94.5 ± 2.6	98.3 ± 1.5	98.6 ± 1.9	98.0 ± 2.3	98.3 ± 1.5		
1 Tdap	96.6 ± 0.5	93.9 ± 2.8	98.0 ± 1.6	98.6 ± 1.9	97.3 ± 2.6	98.0 ± 1.6		
1 MCV4	96.4 ± 0.5	93.9 ± 2.8	97.6 ± 1.7	97.9 ± 2.3	97.3 ± 2.6	97.6 ± 1.8		
4+ Polio	97.6 ± 0.4	94.2 ± 2.7	98.6 ± 1.3	98.6 ± 1.9	98.7 ± 1.9	98.6 ± 1.3		
1 HPV	47.9 ± 1.2	57.7 ± 5.7	58.5 ± 5.6	58.3 ± 8.1	59.1 ± 7.9	58.4 ± 5.7		
Complete HPV series	23.3 ± 1.0	16.7 ± 4.3	23.1 ± 4.8	22.9 ± 6.9	23.5 ± 6.8	22.9 ± 4.8		

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 3-4



The 2017 GAIS sampled 362 seventh grade adolescents in District 3-4 (Table 3-4-A). Of the students sampled, 48.3% were male, 50.8% were female, and 0.8% had missing gender information. Students enrolled in public schools accounted for 68.5% of the sample; 31.5% were enrolled in private schools. A total of 30 schools were sampled (20 public, 10 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 3-4, the 2017 UTD immunization rate for 7th graders was 91.4%, lower than the 2016 rate (92.1%) and lower than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 3-4-B).

The 2017 District 3-4 coverage rates varied only slightly from the 2016 rates except for MCV4, Polio and HPV series completion which showed significant increases. The 2017 UTD and Varicella coverage rates were significantly lower in District 3-4 compared to the State. The 2017 District 3-4 coverage rates did not vary by gender, but the rates for MMR, and HPV (1-dose and series completion) were significantly higher in children attending public vs. private schools (Table 3-4-B).

Table 3-4-A: Gender, school type, waiver and exemptions among District 3-4 adolescents, 2017 (n = 362).

		# of students	Percent of sample (%)
Gender	Male	175	48.3
	Female	184	50.8
	Unknown	3	0.8
School type	Public (20)	248	68.5
	Private (10)	114	31.5
Within waiver period?	Yes	0	0
	No	362	100
Exemptions	Religious	13	3.6
	Medical	0	0
	No exemption	349	96.4

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. None of the students in the District 3-4 sample were found to be in the school waiver period (Table 3-4-A).

None of the students in the District 3-4 sample had a medical exemption for one or more vaccines; 13 (3.6%) students had a religious exemption on file (Table 3-4-A).

Table 3-4-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 3-4, 2017

	2017, State	Year, District 3-4		Gender, 2017, District 3-4		School type, 2017, District 3-4	
	Overall n = 6,191 (%)	2016 n = 353 (%)	2017 n = 362 (%)	Male n = 175 (%)	Female n = 184 (%)	Public n = 248 (%)	Private n = 114 (%)
UTD rate*	94.4 ± 0.6	92.1 ± 2.8	91.4 ± 2.9	90.3 ± 4.4	93.5 ± 3.6	91.9 ± 3.4	90.4 ± 5.4
3+ Hepatitis B	98.3 ± 0.3	96.3 ± 2.0	97.0 ± 1.8	96.6 ± 2.7	97.8 ± 2.1	98.0 ± 1.8	94.7 ± 4.1
2+ MMR	98.3 ± 0.3	96.0 ± 2.0	97.8 ± 1.5	98.3 ± 1.9	97.8 ± 2.1	99.2 ± 1.1	94.7 ± 4.1
2+ Varicella	97.2 ± 0.4	95.5 ± 2.2	95.0 ± 2.2	94.9 ± 3.3	95.7 ± 3.0	95.2 ± 2.7	94.7 ± 4.1
1 Tdap	96.6 ± 0.5	94.1 ± 2.5	96.4 ± 1.9	96.6 ± 2.7	97.3 ± 2.4	97.6 ± 1.9	93.9 ± 4.4
1 MCV4	96.4 ± 0.5	93.8 ± 2.5	97.0 ± 1.8	96.6 ± 2.7	98.4 ± 1.8	98.0 ± 1.8	94.7 ± 4.1
4+ Polio	97.6 ± 0.4	93.2 ± 2.6	97.0 ± 1.8	96.6 ± 2.7	97.8 ± 2.1	97.6 ± 1.9	95.6 ± 3.8
1 HPV	47.9 ± 1.2	39.4 ± 5.1	45.9 ± 5.1	42.3 ± 7.3	49.5 ± 7.2	53.6 ± 6.2	28.9 ± 8.3
Complete HPV series	23.3 ± 1.0	15.6 ± 3.8	24.3 ± 4.4	21.1 ± 6.1	27.7 ± 6.5	29.4 ± 5.7	13.2 ± 6.2

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 3-5



The 2017 GAIS sampled 345 seventh grade adolescents in District 3-5 (Table 3-5-A). Of the students sampled, 50.1% were male, 48.7% were female, and 1.2% had missing gender information. Students enrolled in public schools accounted for 67.2% of the sample; 32.8% were enrolled in private schools. A total of 30 schools were sampled (18 public, 12 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 3-5, the 2017 UTD immunization rate for 7th graders was 87.2%, lower than the 2016 rate (88.2%) and lower than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 3-5-B).

The 2017 District 3-5 coverage rates varied only slightly from the 2016 rates except for HPV series completion which showed a significant increase. Compared to the 2017 State coverage rates, the UTD, Hepatitis B, MMR, Varicella, Tdap, MCV and Polio coverage rates were significantly lower in District 3-5, but the 1-dose HPV was significantly higher. The 2017 District 3-5 coverage rates did not vary by gender, but the rates for UTD, Varicella, Tdap and MCV4 were significantly lower in children attending public vs. private schools (Table 3-5-B).

Table 3-5-A: Gender, school type, waiver and exemptions among District 3-5 adolescents, 2017 (n = 345).

		# of students	Percent of sample (%)
Gender	Male	173	50.1
	Female	168	48.7
	Unknown	4	1.2
School type	Public (18)	232	67.2
	Private (12)	113	32.8
Within waiver period?	Yes	2	0.6
	No	343	99.4
Exemptions	Religious	14	4.1
	Medical	0	0
	No exemption	331	95.9

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. Two (0.6%) students in the District 3-5 sample were found to be in the school waiver period (Table 3-5-A).

None of the students in the District 3-5 sample had a medical exemption for one or more vaccines; 14 (4.1%) students had a religious exemption on file (Table 3-5-A).

Table 3-5-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 3-5, 2017

	2017, State	Year, District 3-5		Gender, 2017, District 3-5		School type, 2017, District 3-5	
	Overall n = 6,191 (%)	2016 n = 374 (%)	2017 n = 345 (%)	Male n = 173 (%)	Female n = 168 (%)	Public n = 232 (%)	Private n = 113 (%)
UTD rate*	94.4 ± 0.6	88.2 ± 3.3	87.2 ± 3.5	88.4 ± 4.8	87.5 ± 5.0	84.1 ± 4.7	93.8 ± 4.5
3+ Hepatitis B	98.3 ± 0.3	95.7 ± 2.1	93.6 ± 2.6	95.4 ± 3.1	93.5 ± 3.7	92.2 ± 3.4	96.5 ± 3.4
2+ MMR	98.3 ± 0.3	96.5 ± 1.9	96.2 ± 2.0	97.7 ± 2.2	95.2 ± 3.2	94.4 ± 3.0	100.0 ± 0.0
2+ Varicella	97.2 ± 0.4	96.0 ± 2.0	93.3 ± 2.6	96.0 ± 2.9	91.7 ± 4.2	90.9 ± 3.7	98.2 ± 2.4
1 Tdap	96.6 ± 0.5	92.2 ± 2.7	93.9 ± 2.5	93.6 ± 3.6	94.6 ± 3.4	91.4 ± 3.6	99.1 ± 1.7
1 MCV4	96.4 ± 0.5	91.7 ± 2.8	93.6 ± 2.6	93.1 ± 3.8	94.6 ± 3.4	90.9 ± 3.7	99.1 ± 1.7
4+ Polio	97.6 ± 0.4	90.9 ± 2.9	94.2 ± 2.5	96.5 ± 2.7	93.5 ± 3.7	91.4 ± 3.6	100.0 ± 0.0
1 HPV	47.9 ± 1.2	52.7 ± 5.1	54.2 ± 5.3	49.1 ± 7.5	59.5 ± 7.4	55.6 ± 6.4	51.3 ± 9.2
Complete HPV series	23.3 ± 1.0	16.8 ± 3.8	25.8 ± 4.6	23.1 ± 6.3	29.2 ± 6.9	24.6 ± 5.5	28.3 ± 8.3

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 4-0



The 2017 GAIS sampled 341 seventh grade adolescents in District 4-0 (Table 4-0-A). Of the students sampled, 52.8% were male, 46.0% were female, and 1.2% had missing gender information. Students enrolled in public schools accounted for 56.6% of the sample; 43.4% were enrolled in private schools. A total of 30 schools were sampled (17 public, 13 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 4, the 2017 UTD immunization rate for 7th graders was 90.3%, lower than the 2016 rate (94.6%) and lower than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 4-0-B).

The 2017 District 4-0 coverage rates varied only slightly from the 2016 rates except for the UTD rate which showed a significant decrease. Compared to the 2017 State coverage rates, most rates were significantly lower in District 4-0. The 2017 District 4-0 coverage rates did not vary by gender, but the rates for UTD, MMR, Varicella, Polio and 1-dose of HPV were significantly higher in children attending public vs. private schools (Table 4-0-B).

Table 4-0-A: Gender, school type, waiver and exemptions among District 4-0 adolescents, 2017 (n = 341).

		# of students	Percent of sample (%)
Gender	Male	180	52.8
	Female	157	46.0
	Unknown	4	1.2
School type	Public (17)	193	56.6
	Private (13)	148	43.4
Within waiver period?	Yes	1	0.3
	No	340	99.7
Exemptions	Religious	13	3.8
	Medical	1	0.3
	No exemption	327	95.9

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. Only one (0.3%) of the students in the District 4-0 sample was found to be in the school waiver period (Table 4-A).

One (0.3%) of the students in the District 4-0 sample had a medical exemption for one or more vaccines; 13 (3.8%) students had a religious exemption on file (Table 4-0-A).

Table 4-0-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 4-0, 2017

	2017, State	Year, District 4-0		Gender, 2017, District 4-0		School type, 2017, District 4-0	
	Overall n = 6,191 (%)	2016 n = 315 (%)	2017 n = 341 (%)	Male n = 180 (%)	Female n = 157 (%)	Public n = 193 (%)	Private n = 148 (%)
UTD rate*	94.4 ± 0.6	94.6 ± 2.5	90.3 ± 3.1	91.1 ± 4.2	91.7 ± 4.3	93.3 ± 3.5	86.5 ± 5.5
3+ Hepatitis B	98.3 ± 0.3	98.1 ± 1.5	96.8 ± 1.9	96.7 ± 2.6	99.4 ± 1.2	98.4 ± 1.7	94.6 ± 3.6
2+ MMR	98.3 ± 0.3	97.8 ± 1.6	95.6 ± 2.2	96.1 ± 2.8	97.5 ± 2.5	97.9 ± 2.0	92.6 ± 4.2
2+ Varicella	97.2 ± 0.4	96.5 ± 2.0	94.1 ± 2.5	94.4 ± 3.4	96.2 ± 3.0	97.9 ± 2.0	89.2 ± 5.0
1 Tdap	96.6 ± 0.5	96.5 ± 2.0	93.3 ± 2.7	93.3 ± 3.6	95.5 ± 3.2	94.8 ± 3.1	91.2 ± 4.6
1 MCV4	96.4 ± 0.5	96.8 ± 1.9	93.5 ± 2.6	93.9 ± 3.5	95.5 ± 3.2	94.8 ± 3.1	91.9 ± 4.4
4+ Polio	97.6 ± 0.4	96.8 ± 1.9	94.4 ± 2.4	94.4 ± 3.4	96.8 ± 2.8	97.4 ± 2.2	90.5 ± 4.7
1 HPV	47.9 ± 1.2	37.1 ± 5.3	37.8 ± 5.2	37.8 ± 7.1	38.9 ± 7.6	45.6 ± 7.0	27.7 ± 7.2
Complete HPV series	23.3 ± 1.0	12.4 ± 3.6	17.3 ± 4.0	16.1 ± 5.4	19.1 ± 6.2	20.7 ± 5.7	12.8 ± 5.4

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 5-1



The 2017 GAIS sampled 367 seventh grade adolescents in District 5-1 (Table 5-1-A). Of the students sampled, 50.4% were male, 49.3% were female, and 0.3% had missing gender information. Students enrolled in public schools accounted for 92.4% of the sample; 7.6% were enrolled in private schools. A total of 14 schools were sampled (12 public, 2 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 5-1, the 2017 UTD immunization rate for 7th graders was 97.3%, lower than the 2016 rate (97.7%) and higher than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 5-1-B).

The 2017 District 5-1 coverage rates for all vaccines were similar to the 2016 rates. Compared to the 2017 State coverage rates, the rates for UTD and Varicella were significantly higher in District 5-1, but the rates for HPV (1-dose and series completion) were significantly lower. The 2017 District 5-1 coverage rates did not vary by gender, but the coverage rate for 1-dose of HPV was significantly higher in children attending public vs. private schools (Table 5-1-B).

Table 5-1-A: Gender, school type, waiver and exemptions among District 5-1 adolescents, 2017 (n = 367).

		# of students	Percent of sample (%)
Gender	Male	185	50.4
	Female	181	49.3
	Unknown	1	0.3
School type	Public (12)	339	92.4
	Private (2)	28	7.6
Within waiver period?	Yes	0	0
	No	367	100
Exemptions	Religious	2	0.5
	Medical	0	0
	No exemption	365	99.5

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. None of the students in the District 5-1 sample were found to be in the school waiver period (Table 5-1-A).

None of the students in the District 5-1 sample had a medical exemption for one or more vaccines; 2 (0.5%) students had a religious exemption on file (Table 5-1-A).

Table 5-1-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 5-1, 2017

	2017, State	Year, District 5-1		Gender, 2017, District 5-1		School type, 2017, District 5-1	
	Overall n = 6,191 (%)	2016 n = 304 (%)	2017 n = 367 (%)	Male n = 185 (%)	Female n = 181 (%)	Public n = 339 (%)	Private n = 28 (%)
UTD rate*	94.4 ± 0.6	97.7 ± 1.7	97.3 ± 1.7	97.8 ± 2.1	96.7 ± 2.6	97.1 ± 1.8	100.0 ± 0.0
3+ Hepatitis B	98.3 ± 0.3	99.0 ± 1.1	99.7 ± 0.5	99.5 ± 1.1	100.0 ± 0.0	99.7 ± 0.6	100.0 ± 0.0
2+ MMR	98.3 ± 0.3	99.0 ± 1.1	99.7 ± 0.5	99.5 ± 1.1	100.0 ± 0.0	99.7 ± 0.6	100.0 ± 0.0
2+ Varicella	97.2 ± 0.4	98.4 ± 1.4	99.2 ± 0.9	99.5 ± 1.1	98.9 ± 1.5	99.1 ± 1.0	100.0 ± 0.0
1 Tdap	96.6 ± 0.5	98.4 ± 1.4	98.1 ± 1.4	98.4 ± 1.8	97.8 ± 2.1	97.9 ± 1.5	100.0 ± 0.0
1 MCV4	96.4 ± 0.5	98.0 ± 1.6	97.8 ± 1.5	97.8 ± 2.1	97.8 ± 2.1	97.6 ± 1.6	100.0 ± 0.0
4+ Polio	97.6 ± 0.4	98.7 ± 1.3	99.2 ± 0.9	99.5 ± 1.1	98.9 ± 1.5	99.1 ± 1.0	100.0 ± 0.0
1 HPV	47.9 ± 1.2	34.5 ± 5.4	40.3 ± 5.0	38.9 ± 7.0	41.4 ± 7.2	41.9 ± 5.3	21.4 ± 15.2
Complete HPV series	23.3 ± 1.0	12.2 ± 3.7	16.6 ± 3.8	14.6 ± 5.1	18.8 ± 5.7	17.1 ± 4.0	10.7 ± 11.5

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 5-2



The 2017 GAIS sampled 381 seventh grade adolescents in District 5-2 (Table 5-2-A). Of the students sampled, 51.7% were male, 47.5% were female, and 0.8% had missing gender information. Students enrolled in public schools accounted for 57.5% of the sample; 42.5% were enrolled in private schools. A total of 30 schools were sampled (17 public, 13 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 5-2, the 2017 UTD immunization rate for 7th graders was 94.8%, lower than the 2016 rate (96.6%) and higher than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 5-2-B).

The 2017 District 5-2 coverage rates varied only slightly from the 2016 rates except for HPV series completion which showed a significant increase. No observable significant differences were found between the 2017 State and District 5-2 coverage rates. The 2017 District 5-2 coverage rate for 1-dose of HPV was lower for male vs. female adolescents. The coverage rate for HPV (1-dose and series completion) was significantly higher in children attending public vs. private schools in District 5-2 (Table 5-2-B).

Table 5-2-A: Gender, school type, waiver and exemptions among District 5-2 adolescents, 2017 (n = 381).

		# of students	Percent of sample (%)
Gender	Male	197	51.7
	Female	181	47.5
	Unknown	3	0.8
School type	Public (17)	219	57.5
	Private (13)	162	42.5
Within waiver period?	Yes	0	0
	No	381	100
Exemptions	Religious	9	2.4
	Medical	2	0.5
	No exemption	370	97.1

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. None of the students in the District 5-2 sample were found to be in the school waiver period (Table 5-2-A).

Two (0.5%) of the students in the District 5-2 sample had a medical exemption for one or more vaccines; 9 (2.4%) students had a religious exemption on file (Table 5-2-A).

Table 5-2-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 5-2, 2017

	2017, State	Year, District 5-2		Gender, 2017, District 5-2		School type, 2017, District 5-2	
	Overall n = 6,191 (%)	2016 n = 388 (%)	2017 n = 381 (%)	Male n = 197 (%)	Female n = 181 (%)	Public n = 219 (%)	Private n = 162 (%)
UTD rate*	94.4 ± 0.6	96.6 ± 1.8	94.8 ± 2.2	97.0 ± 2.4	92.8 ± 3.8	94.5 ± 3.0	95.1 ± 3.3
3+ Hepatitis B	98.3 ± 0.3	98.5 ± 1.2	99.2 ± 0.9	100.0 ± 0.0	98.9 ± 1.5	99.1 ± 1.3	99.4 ± 1.2
2+ MMR	98.3 ± 0.3	97.9 ± 1.4	99.0 ± 1.0	99.5 ± 1.0	98.9 ± 1.5	99.1 ± 1.3	98.8 ± 1.7
2+ Varicella	97.2 ± 0.4	97.9 ± 1.4	98.4 ± 1.3	99.5 ± 1.0	97.8 ± 2.1	98.2 ± 1.8	98.8 ± 1.7
1 Tdap	96.6 ± 0.5	96.9 ± 1.7	95.5 ± 2.1	97.5 ± 2.2	93.9 ± 3.5	95.9 ± 2.6	95.1 ± 3.3
1 MCV4	96.4 ± 0.5	96.6 ± 1.8	95.5 ± 2.1	97.0 ± 2.4	94.5 ± 3.3	95.4 ± 2.8	95.7 ± 3.1
4+ Polio	97.6 ± 0.4	97.4 ± 1.6	98.7 ± 1.1	99.5 ± 1.0	98.3 ± 1.9	99.1 ± 1.3	98.1 ± 2.1
1 HPV	47.9 ± 1.2	42.8 ± 4.9	46.7 ± 5.0	41.6 ± 6.9	53.0 ± 7.3	52.1 ± 6.6	39.5 ± 7.5
Complete HPV series	23.3 ± 1.0	16.8 ± 3.7	23.9 ± 4.3	21.8 ± 5.8	26.5 ± 6.4	27.9 ± 5.9	18.5 ± 6.0

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 6-0



The 2017 GAIS sampled 356 seventh grade adolescents in District 6-0 (Table 6-0-A). Of the students sampled, 49.7% were male, 48.9% were female, and 1.4% had missing gender information. Students enrolled in public schools accounted for 77.5% of the sample; 22.5% were enrolled in private schools. A total of 30 schools were sampled (21 public, 9 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 6, the 2017 UTD immunization rate for 7th graders was 95.8%, lower than the 2016 rate (97%) and higher than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 6-0-B).

The 2017 District 6-0 coverage rates varied only slightly from the 2016 rates except for HPV series completion which showed a significant increase. No observable significant differences were found between the 2017 State and District 6-0 coverage rates. The 2017 District 6-0 coverage rates for HPV (1-dose and series completion) was lower for male vs. female adolescents. The coverage rate for 1-dose of HPV was significantly higher in children attending public vs. private schools in District 6-0 (Table 6-0-B).

Table 6-0-A: Gender, school type, waiver and exemptions among District 6-0 adolescents, 2017 (n = 356).

		# of students	Percent of sample (%)
Gender	Male	177	49.7
	Female	174	48.9
	Unknown	5	1.4
School type	Public (21)	276	77.5
	Private (9)	80	22.5
Within waiver period?	Yes	1	0.3
	No	355	99.7
Exemptions	Religious	0	0
	Medical	0	0
	No exemption	356	100

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. Only one (0.3%) of the students in the District 6 sample was found to be in the school waiver period (Table 6-0-A).

None of the students in the District 6-0 sample had a medical exemption for one or more vaccines or a religious exemption on file (Table 6-0-A).

Table 6-0-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 6-0, 2017

	2017, State	Year, District 6-0		Gender, 2017, District 6-0		School type, 2017, District 6-0	
	Overall n = 6,191 (%)	2016 n = 336 (%)	2017 n = 356 (%)	Male n = 177 (%)	Female n = 174 (%)	Public n = 276 (%)	Private n = 80 (%)
UTD rate*	94.4 ± 0.6	97.0 ± 1.8	95.8 ± 2.1	95.5 ± 3.1	96.0 ± 2.9	95.7 ± 2.4	96.2 ± 4.2
3+ Hepatitis B	98.3 ± 0.3	98.8 ± 1.2	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0
2+ MMR	98.3 ± 0.3	98.8 ± 1.2	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0
2+ Varicella	97.2 ± 0.4	97.6 ± 1.6	98.0 ± 1.4	97.7 ± 2.2	98.3 ± 1.9	98.6 ± 1.4	96.2 ± 4.2
1 Tdap	96.6 ± 0.5	98.8 ± 1.2	97.8 ± 1.5	98.3 ± 1.9	97.1 ± 2.5	97.1 ± 2.0	100.0 ± 0.0
1 MCV4	96.4 ± 0.5	98.8 ± 1.2	97.2 ± 1.7	97.7 ± 2.2	96.6 ± 2.7	96.4 ± 2.2	100.0 ± 0.0
4+ Polio	97.6 ± 0.4	98.2 ± 1.4	99.2 ± 1.0	99.4 ± 1.1	98.9 ± 1.6	98.9 ± 1.2	100.0 ± 0.0
1 HPV	47.9 ± 1.2	49.1 ± 5.4	50.8 ± 5.2	43.5 ± 7.3	58.6 ± 7.3	54.0 ± 5.9	40.0 ± 10.8
Complete HPV series	23.3 ± 1.0	14.0 ± 3.7	25.8 ± 4.6	20.9 ± 6.0	31.0 ± 6.9	25.7 ± 5.2	26.2 ± 9.7

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 7-0



The 2017 GAIS sampled 329 seventh grade adolescents in District 7-0 (Table 7-0-A). Of the students sampled, 48.6% were male, 49.8% were female, and 1.5% had missing gender information. Students enrolled in public schools accounted for 79.3% of the sample; 20.7% were enrolled in private schools. A total of 18 schools were sampled (12 public, 6 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 7, the 2017 UTD immunization rate for 7th graders was 94.5%, higher than the 2016 rate (89.6%) and higher than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 7-0-B).

The 2017 District 7-0 coverage rates varied only slightly from the 2016 rates except for the UTD and HPV (1-dose and series completion) rates which showed significant increases. Compared to the 2017 State coverage rates, the rates for HPV (1-dose and series completion) were higher in District 7-0. The 2017 District 7-0 coverage rates did not vary by gender, but the rate for 1-dose of HPV was significantly higher in children attending public vs. private schools (Table 7-0-B).

Table 7-0-A: Gender, school type, waiver and exemptions among District 7-0 adolescents, 2017 (n = 329).

		# of students	Percent of sample (%)
Gender	Male	160	48.6
	Female	164	49.8
	Unknown	5	1.5
School type	Public (12)	261	79.3
	Private (6)	68	20.7
Within waiver period?	Yes	1	0.3
	No	328	99.7
Exemptions	Religious	9	2.7
	Medical	1	0.3
	No exemption	319	97.0

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. Only one (0.3%) of the students in the District 7-0 sample was found to be in the school waiver period (Table 7-0-A).

One (0.3%) of the students in the District 7-0 sample had a medical exemption for one or more vaccines; 9 (2.7%) students had a religious exemption on file (Table 7-0-A).

Table 7-0-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 7-0, 2017

	2017, State	Year, District 7-0		Gender, 2017, District 7-0		School type, 2017, District 7-0	
	Overall n = 6,191 (%)	2016 n = 318 (%)	2017 n = 329 (%)	Male n = 160 (%)	Female n = 164 (%)	Public n = 261 (%)	Private n = 68 (%)
UTD rate*	94.4 ± 0.6	89.6 ± 3.4	94.5 ± 2.5	93.8 ± 3.8	97.0 ± 2.6	95.0 ± 2.6	92.6 ± 6.2
3+ Hepatitis B	98.3 ± 0.3	94.7 ± 2.5	97.3 ± 1.8	96.2 ± 2.9	100.0 ± 0.0	97.7 ± 1.8	95.6 ± 4.9
2+ MMR	98.3 ± 0.3	94.3 ± 2.5	97.3 ± 1.8	96.9 ± 2.7	99.4 ± 1.2	98.1 ± 1.7	94.1 ± 5.6
2+ Varicella	97.2 ± 0.4	94.3 ± 2.5	97.0 ± 1.9	96.9 ± 2.7	98.8 ± 1.7	97.7 ± 1.8	94.1 ± 5.6
1 Tdap	96.6 ± 0.5	94.0 ± 2.6	95.7 ± 2.2	95.6 ± 3.2	97.6 ± 2.4	96.2 ± 2.3	94.1 ± 5.6
1 MCV4	96.4 ± 0.5	93.7 ± 2.7	95.1 ± 2.3	94.4 ± 3.6	97.6 ± 2.4	95.8 ± 2.4	92.6 ± 6.2
4+ Polio	97.6 ± 0.4	93.7 ± 2.7	97.0 ± 1.9	96.2 ± 2.9	99.4 ± 1.2	97.7 ± 1.8	94.1 ± 5.6
1 HPV	47.9 ± 1.2	39.0 ± 5.4	64.7 ± 5.2	60.6 ± 7.6	69.5 ± 7.1	68.6 ± 5.6	50.0 ± 11.9
Complete HPV series	23.3 ± 1.0	12.9 ± 3.7	34.3 ± 5.1	31.2 ± 7.2	37.2 ± 7.4	36.4 ± 5.8	26.5 ± 10.5

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 8-1



The 2017 GAIS sampled 343 seventh grade adolescents in District 8-1 (Table 8-1-A). Of the students sampled, 47.8% were male, 49.6% were female, and 2.6% had missing gender information. Students enrolled in public schools accounted for 70.0% of the sample; 30.0% were enrolled in private schools. A total of 25 schools were sampled (15 public, 10 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 8-1, the 2017 UTD immunization rate for 7th graders was 98.8%, higher than the 2016 rate (97.7%) and higher than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 8-1-B).

The 2017 District 8-1 coverage rates for all vaccines were similar to the 2016 rates. Compared to the 2017 State coverage rates, the rates for UTD, Varicella, Tdap and MCV4 were higher in District 8-1. The 2017 District 8-1 coverage rates did not vary by gender, but the rate for 1-dose of HPV was significantly higher in children attending public vs. private schools (Table 8-1-B).

Table 8-1-A: Gender, school type, waiver and exemptions among District 8-1 adolescents, 2017 (n = 343).

		# of students	Percent of sample (%)
Gender	Male	164	47.8
	Female	170	49.6
	Unknown	9	2.6
School type	Public (15)	240	70.0
	Private (10)	103	30.0
Within waiver period?	Yes	1	0.3
	No	342	99.7
Exemptions	Religious	1	0.3
	Medical	0	0
	No exemption	342	99.7

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. Only one (0.3%) of the students in the District 8-1 sample was found to be in the school waiver period (Table 8-1-A).

None of the students in the District 8-1 sample had a medical exemption for one or more vaccines; 1 (0.3%) student had a religious exemption on file (Table 8-1-A).

Table 8-1-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 8-1, 2017

	2017, State	Year, District 8-1		Gender, 2017, District 8-1		School type, 2017, District 8-1	
	Overall n = 6,191 (%)	2016 n = 347 (%)	2017 n = 343 (%)	Male n = 164 (%)	Female n = 170 (%)	Public n = 240 (%)	Private n = 103 (%)
UTD rate*	94.4 ± 0.6	97.7 ± 1.6	98.8 ± 1.1	98.8 ± 1.7	98.8 ± 1.6	98.7 ± 1.4	99.0 ± 1.9
3+ Hepatitis B	98.3 ± 0.3	98.8 ± 1.1	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0
2+ MMR	98.3 ± 0.3	98.6 ± 1.3	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0
2+ Varicella	97.2 ± 0.4	98.0 ± 1.5	99.1 ± 1.0	99.4 ± 1.2	98.8 ± 1.6	99.2 ± 1.2	99.0 ± 1.9
1 Tdap	96.6 ± 0.5	98.6 ± 1.3	99.7 ± 0.6	99.4 ± 1.2	100.0 ± 0.0	99.6 ± 0.8	100.0 ± 0.0
1 MCV4	96.4 ± 0.5	98.6 ± 1.3	99.7 ± 0.6	99.4 ± 1.2	100.0 ± 0.0	99.6 ± 0.8	100.0 ± 0.0
4+ Polio	97.6 ± 0.4	96.0 ± 2.1	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0	100.0 ± 0.0
1 HPV	47.9 ± 1.2	43.2 ± 5.2	46.6 ± 5.3	46.3 ± 7.6	48.8 ± 7.5	53.3 ± 6.3	31.1 ± 9.0
Complete HPV series	23.3 ± 1.0	18.4 ± 4.1	23.3 ± 4.5	23.8 ± 6.5	24.1 ± 6.4	23.3 ± 5.4	23.3 ± 8.2

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 8-2



The 2017 GAIS sampled 361 seventh grade adolescents in District 8-2 (Table 8-2-A). Of the students sampled, 54.3% were male, 45.4% were female, and 0.3% had missing gender information. Students enrolled in public schools accounted for 74.8% of the sample; 25.2% were enrolled in private schools. A total of 30 schools were sampled (22 public, 8 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 8-2, the 2017 UTD immunization rate for 7th graders was 97.8%, lower than the 2016 rate (99.1%) and higher than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 8-2-B).

The 2017 District 8-2 coverage rates varied only slightly from the 2016 rates except for HPV series completion which showed a significant increase. Compared to the 2017 State coverage rates, the rates for UTD, Varicella and HPV (1-dose and series completion) were higher in District 8-2. The 2017 District 8-2 coverage rates did not vary by gender, but the rates for HPV (1-dose and series completion) were significantly higher in children attending public vs. private schools (Table 8-2-B).

Table 8-2-A: Gender, school type, waiver and exemptions among District 8-2 adolescents, 2017 (n = 361).

		# of students	Percent of sample (%)
Gender	Male	196	54.3
	Female	164	45.4
	Unknown	1	0.3
School type	Public (22)	270	74.8
	Private (8)	91	25.2
Within waiver period?	Yes	1	0.3
	No	360	99.7
Exemptions	Religious	3	0.8
	Medical	0	0
	No exemption	358	99.2

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. Only one (0.3%) of the students in the District 8-2 sample was found to be in the school waiver period (Table 8-2-A).

None of the students in the District 8-2 sample had a medical exemption for one or more vaccines; 3 (0.8%) students had a religious exemption on file (Table 8-2-A).

Table 8-2-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 8-2, 2017

	2017, State	Year, District 8-2		Gender, 2017, District 8-2		School type, 2017, District 8-2	
	Overall n = 6,191 (%)	2016 n = 341 (%)	2017 n = 361 (%)	Male n = 196 (%)	Female n = 164 (%)	Public n = 270 (%)	Private n = 91 (%)
UTD rate*	94.4 ± 0.6	99.1 ± 1.0	97.8 ± 1.5	98.0 ± 2.0	98.2 ± 2.1	98.1 ± 1.6	96.7 ± 3.7
3+ Hepatitis B	98.3 ± 0.3	100 ± 0.0	99.4 ± 0.8	100.0 ± 0.0	99.4 ± 1.2	99.6 ± 0.7	98.9 ± 2.1
2+ MMR	98.3 ± 0.3	100 ± 0.0	99.4 ± 0.8	100.0 ± 0.0	99.4 ± 1.2	99.6 ± 0.7	98.9 ± 2.1
2+ Varicella	97.2 ± 0.4	99.4 ± 0.8	99.2 ± 0.9	100.0 ± 0.0	98.8 ± 1.7	99.3 ± 1.0	98.9 ± 2.1
1 Tdap	96.6 ± 0.5	99.7 ± 0.6	98.1 ± 1.4	98.0 ± 2.0	98.8 ± 1.7	98.5 ± 1.4	96.7 ± 3.7
1 MCV4	96.4 ± 0.5	100 ± 0.0	98.1 ± 1.4	98.0 ± 2.0	98.8 ± 1.7	98.5 ± 1.4	96.7 ± 3.7
4+ Polio	97.6 ± 0.4	100 ± 0.0	99.2 ± 0.9	100.0 ± 0.0	98.8 ± 1.7	99.3 ± 1.0	98.9 ± 2.1
1 HPV	47.9 ± 1.2	55.1 ± 5.3	53.5 ± 5.2	52.0 ± 7.0	55.5 ± 7.6	60.0 ± 5.9	34.1 ± 9.8
Complete HPV series	23.3 ± 1.0	17.3 ± 4.0	30.7 ± 4.8	31.6 ± 6.5	29.9 ± 7.0	34.4 ± 5.7	19.8 ± 8.2

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 9-1



The 2017 GAIS sampled 489 seventh grade adolescents in District 9-1 (Table 9-1-A). Of the students sampled, 47.6% were male, 51.7% were female, and 0.6% had missing gender information. Students enrolled in public schools accounted for 71.2% of the sample; 28.8% were enrolled in private schools. A total of 38 schools were sampled (26 public, 12 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 9-1, the 2017 UTD immunization rate for 7th graders was 97.8%, higher than the 2016 rate (94.8%) and higher than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 9-1-B).

The 2017 District 9-1 coverage rates significantly increased from the 2016 rates except for MMR and Tdap. Compared to the 2017 State coverage rates, the rates for UTD, Hepatitis B, Varicella, MCV4 and HPV series completion were higher in District 9-1. The 2017 District 9-1 coverage rates did not vary by gender, but the coverage rate for 1-dose of HPV was significantly higher in children attending public vs. private schools (Table 9-1-B).

Table 9-1-A: Gender, school type, waiver and exemptions among District 9-1 adolescents, 2017 (n = 489).

		# of students	Percent of sample (%)
Gender	Male	233	47.6
	Female	253	51.7
	Unknown	3	0.6
School type	Public (26)	348	71.2
	Private (12)	141	28.8
Within waiver period?	Yes	0	0
	No	489	100
Exemptions	Religious	8	1.6
	Medical	0	0
	No exemption	481	98.4

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. Only one (0.3%) of the students in the District 9-1 sample was found to be in the school waiver period (Table 9-1-A).

None of the students in the District 9-1 sample had a medical exemption for one or more vaccines; 8 (1.6%) students had a religious exemption on file (Table 9-1-A).

Table 9-1-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 9-1, 2017

	2017, State	Year, District 9-1		Gender, 2017, District 9-1		School type, 2017, District 9-1	
	Overall n = 6,191 (%)	2016 n = 344 (%)	2017 n = 489 (%)	Male n = 233 (%)	Female n = 253 (%)	Public n = 348 (%)	Private n = 141 (%)
UTD rate*	94.4 ± 0.6	94.8 ± 2.4	97.8 ± 1.3	97.9 ± 1.9	97.6 ± 1.9	98.6 ± 1.3	95.7 ± 3.3
3+ Hepatitis B	98.3 ± 0.3	97.7 ± 1.6	99.6 ± 0.6	100.0 ± 0.0	99.2 ± 1.1	99.4 ± 0.8	100.0 ± 0.0
2+ MMR	98.3 ± 0.3	97.7 ± 1.6	99.2 ± 0.8	99.1 ± 1.2	99.2 ± 1.1	99.7 ± 0.6	97.9 ± 2.4
2+ Varicella	97.2 ± 0.4	95.1 ± 2.3	99.4 ± 0.7	99.6 ± 0.8	99.2 ± 1.1	99.7 ± 0.6	98.6 ± 2.0
1 Tdap	96.6 ± 0.5	95.9 ± 2.1	98.2 ± 1.2	97.9 ± 1.9	98.4 ± 1.5	98.6 ± 1.3	97.2 ± 2.7
1 MCV4	96.4 ± 0.5	95.3 ± 2.2	98.2 ± 1.2	97.9 ± 1.9	98.4 ± 1.5	98.6 ± 1.3	97.2 ± 2.7
4+ Polio	97.6 ± 0.4	95.3 ± 2.2	98.6 ± 1.1	98.7 ± 1.4	98.4 ± 1.5	98.6 ± 1.3	98.6 ± 2.0
1 HPV	47.9 ± 1.2	43.6 ± 5.2	52.6 ± 4.4	52.8 ± 6.4	53.0 ± 6.2	55.7 ± 5.2	44.7 ± 8.2
Complete HPV series	23.3 ± 1.0	14.5 ± 3.7	27.8 ± 4.0	27.0 ± 5.7	28.9 ± 5.6	29.0 ± 4.8	24.8 ± 7.1

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 9-2



The 2017 GAIS sampled 224 seventh grade adolescents in District 9-2 (Table 9-2-A). Of the students sampled, 51.8% were male, 47.8% were female, and 0.4% had missing gender information. Students enrolled in public schools accounted for 81.2% of the sample; 18.8% were enrolled in private schools. A total of 14 schools were sampled (11 public, 3 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 9-2, the 2017 UTD immunization rate for 7th graders was 95.5%, lower than the 2016 rate (96.9%) and higher than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 9-2-B).

The 2017 District 9-2 coverage rates for all vaccines were similar to the 2016 rates and the 2017 State rates. Rates also did not vary for District 9-2 based on student gender or school type (Table 9-2-B).

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. None of the students in the District 9-2 sample were found to be in the school waiver period (Table 9-2-A).

Table 9-2-A: Gender, school type, waiver and exemptions among District 9-2 adolescents, 2017 (n = 224).

		# of students	Percent of sample (%)
Gender	Male	116	51.8
	Female	107	47.8
	Unknown	1	0.4
School type	Public (11)	182	81.2
	Private (3)	42	18.8
Within waiver period?	Yes	0	0
	No	224	100
Exemptions	Religious	6	2.7
	Medical	0	0
	No exemption	218	97.3

None of the students in the District 9-2 sample had a medical exemption for one or more vaccines; 6 (2.7%) students had a religious exemption on file (Table 9-2-A).

Table 9-2-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 9-2, 2017

	2017, State	Year, District 9-2		Gender, 2017, District 9-2		School type, 2017, District 9-2	
	Overall n = 6,191 (%)	2016 n = 355 (%)	2017 n = 224 (%)	Male n = 116 (%)	Female n = 107 (%)	Public n = 182 (%)	Private n = 42 (%)
UTD rate*	94.4 ± 0.6	96.9 ± 1.8	95.5 ± 2.7	96.6 ± 3.3	95.3 ± 4.0	95.6 ± 3.0	95.2 ± 6.5
3+ Hepatitis B	98.3 ± 0.3	98.6 ± 1.2	99.1 ± 1.2	99.1 ± 1.7	100.0 ± 0.0	98.9 ± 1.5	100.0 ± 0.0
2+ MMR	98.3 ± 0.3	99.2 ± 1.0	99.1 ± 1.2	99.1 ± 1.7	100.0 ± 0.0	98.9 ± 1.5	100.0 ± 0.0
2+ Varicella	97.2 ± 0.4	98.3 ± 1.3	98.2 ± 1.7	98.3 ± 2.4	99.1 ± 1.8	97.8 ± 2.1	100.0 ± 0.0
1 Tdap	96.6 ± 0.5	97.5 ± 1.6	96.4 ± 2.4	97.4 ± 2.9	96.3 ± 3.6	96.7 ± 2.6	95.2 ± 6.5
1 MCV4	96.4 ± 0.5	98.0 ± 1.4	96.9 ± 2.3	98.3 ± 2.4	96.3 ± 3.6	97.3 ± 2.4	95.2 ± 6.5
4+ Polio	97.6 ± 0.4	97.7 ± 1.5	97.8 ± 1.9	97.4 ± 2.9	99.1 ± 1.8	97.3 ± 2.4	100.0 ± 0.0
1 HPV	47.9 ± 1.2	44.5 ± 5.2	48.7 ± 6.6	46.6 ± 9.1	51.4 ± 9.5	51.1 ± 7.3	38.1 ± 14.7
Complete HPV series	23.3 ± 1.0	14.6 ± 3.7	18.3 ± 5.1	16.4 ± 6.7	20.6 ± 7.7	17.6 ± 5.5	21.4 ± 12.4

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

District 10-0



The 2017 GAIS sampled 347 seventh grade adolescents in District 10-0 (Table 10-0-A). Of the students sampled, 50.4% were male, 49.3% were female, and 0.3% had missing gender information. Students enrolled in public schools accounted for 65.1% of the sample; 34.9% were enrolled in private schools. A total of 29 schools were sampled (18 public, 11 private).

Adolescent were considered up-to-date (UTD) if they received 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4 vaccines by January 1, 2017. In District 10-0, the 2017 UTD immunization rate for 7th graders was 93.9%, lower than the 2016 rate (95.7%) and lower than the State rate for 2017 (94.4%). Immunization rates that decreased from the previous year are shown in **red**; rates that were significantly different ($p < 0.05$) between comparison categories are **bolded and italicized** (Table 10-0-B).

The 2017 District 10-0 coverage rates for all vaccines were similar to the 2016 rates. Similarly, the 2017 District 10-0 coverage rates did not vary by gender. Compared to the 2017 State coverage rates, the rates for HPV (1-dose and series completion) were higher in District 10-0. The coverage rates for MMR and Polio were significantly higher for students attending public vs. private schools in District 10-0 (Table 10-0-B).

Table 10-0-A: Gender, school type, waiver and exemptions among District 10-0 adolescents, 2017 (n = 347).

		# of students	Percent of sample (%)
Gender	Male	175	50.4
	Female	171	49.3
	Unknown	1	0.3
School type	Public (18)	226	65.1
	Private (11)	121	34.9
Within waiver period?	Yes	2	0.6
	No	345	99.4
Exemptions	Religious	7	2.0
	Medical	1	0.3
	No exemption	339	97.7

Transfer students with incomplete immunization records have a 30-day waiver period to meet immunization requirements. Only two (0.6%) of the students in the District 10-0 sample were found to be in the school waiver period (Table 10-0-A).

One (0.3%) of the students in the District 10-0 sample had a medical exemption for one or more vaccines; 7 (2.0%) students had a religious exemption on file (Table 10-0-A).

Table 10-0-B: Georgia adolescent immunization coverage rates by vaccine antigen, gender and school type, District 10-0, 2017

	2017, State	Year, District 10-0		Gender, 2017, District 10-0		School type, 2017, District 10-0	
	Overall n = 6,191 (%)	2016 n = 370 (%)	2017 n = 347 (%)	Male n = 175 (%)	Female n = 171 (%)	Public n = 226 (%)	Private n = 121 (%)
UTD rate*	94.4 ± 0.6	95.7 ± 2.1	93.9 ± 2.5	93.1 ± 3.7	95.3 ± 3.2	94.7 ± 2.9	92.6 ± 4.7
3+ Hepatitis B	98.3 ± 0.3	98.4 ± 1.3	97.4 ± 1.7	97.7 ± 2.2	97.7 ± 2.3	98.7 ± 1.5	95.0 ± 3.9
2+ MMR	98.3 ± 0.3	98.1 ± 1.4	97.7 ± 1.6	97.1 ± 2.5	98.8 ± 1.6	99.1 ± 1.2	95.0 ± 3.9
2+ Varicella	97.2 ± 0.4	95.7 ± 2.1	96.0 ± 2.1	94.9 ± 3.3	97.7 ± 2.3	97.3 ± 2.1	93.4 ± 4.4
1 Tdap	96.6 ± 0.5	96.8 ± 1.8	96.8 ± 1.8	96.0 ± 2.9	98.2 ± 2.0	97.3 ± 2.1	95.9 ± 3.6
1 MCV4	96.4 ± 0.5	96.2 ± 1.9	96.5 ± 1.9	96.0 ± 2.9	97.7 ± 2.3	97.3 ± 2.1	95.0 ± 3.9
4+ Polio	97.6 ± 0.4	96.8 ± 1.8	96.5 ± 1.9	96.6 ± 2.7	97.1 ± 2.5	98.2 ± 1.7	93.4 ± 4.4
1 HPV	47.9 ± 1.2	39.5 ± 5.0	40.6 ± 5.2	38.9 ± 7.2	42.7 ± 7.4	41.6 ± 6.4	38.8 ± 8.7
Complete HPV series	23.3 ± 1.0	14.1 ± 3.5	17.9 ± 4.0	16.6 ± 5.5	19.3 ± 5.9	19.9 ± 5.2	14.0 ± 6.2

* UTD if adolescent has 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Tdap and 1 MCV4.

Red font indicates a rate decrease since 2016.

Bolded and italicized font indicates a significant difference ($p < 0.05$) from the comparison group (see methods, pg. 7).

Appendices

Appendix A: Immunization Coverage Measures

Appendix Table A: Vaccine antigen-specific immunization coverage by District, GAIS, 2017

District	Highest rate								
	UTD (%)	3+ Hepatitis B (%)	2+ MMR (%)	2+ Varicella (%)	1 Tdap (%)	1 MCV4 (%)	4+ Polio (%)	1 dose HPV (%)	Complete HPV series (%)
1-1 Northwest (Rome)	94.3	97.3	97.6	97.3	95.9	94.9	97.3	47.6	21.9
1-2 North Georgia (Dalton)	92.0	97.5	95.2	94.6	93.9	93.3	94.6	40.8	20.4
2-0 North (Gainesville)	92.9	99.4	99.1	96.9	95.4	95.7	97.8	37.2	17.3
3-1 Cobb-Douglas	93.3	98.1	98.9	97.4	96.6	95.9	97.0	43.1	21.0
3-2 Fulton	94.7	98.9	98.4	97.1	97.9	97.1	98.4	51.6	25.1
3-3 Clayton	95.9	98.3	99.7	98.3	98.0	97.6	98.6	58.5	23.1
3-4 East Metro (Lawrenceville)	91.4	97.0	97.8	95.0	96.4	97.0	97.0	45.9	24.3
3-5 DeKalb	87.2	93.6	96.2	93.3	93.9	93.6	94.2	54.2	25.8
4-0 LaGrange	90.3	96.8	95.6	94.1	93.3	93.5	94.4	37.8	17.3
5-1 South Central (Dublin)	97.3	99.7	99.7	99.2	98.1	97.8	99.2	40.3	16.6
5-2 North Central (Macon)	94.8	99.2	99.0	98.4	95.5	95.5	98.7	46.7	23.9
6-0 East Central (Augusta)	95.8	100.0	100.0	98.0	97.8	97.2	99.2	50.8	25.8
7-0 West Central (Columbus)	94.5	97.3	97.3	97.0	95.7	95.1	97.0	64.7	34.3
8-1 South (Valdosta)	98.8	100.0	100.0	99.1	99.7	99.7	100.0	46.6	23.3
8-2 Southwest (Albany)	97.8	99.4	99.4	99.2	98.1	98.1	99.2	53.5	30.7
9-1 Coastal (Savannah)	97.8	99.6	99.2	99.4	98.2	98.2	98.6	52.6	27.8
9-2 Southeast (Waycross)	95.5	99.1	99.1	98.2	96.4	96.9	97.8	48.7	18.3
10 Northeast (Athens)	93.9	97.4	97.7	96.0	96.8	96.5	96.5	40.6	17.9
Georgia	94.4	98.3	98.3	97.2	96.6	96.4	97.6	47.9	23.3

Appendix B: Frequency of exemptions

Appendix Table B: Frequency of exemptions and school waiver status by District, GAIS, 2017

<i>District</i>	<i>Sample size</i>	<i>Within school waiver period</i>	<i>Religious exemption</i>	<i>Medical exemption</i>	<i>Total</i>
1-1 Northwest (Rome)	370	1	9	0	10
1-2 North Georgia (Dalton)	314	0	19	0	19
2-0 North (Gainesville)	323	0	8	0	8
3-1 Cobb-Douglas	267	0	5	0	5
3-2 Fulton	378	0	6	1	7
3-3 Clayton	294	0	3	0	3
3-4 East Metro (Lawrenceville)	362	0	13	0	13
3-5 DeKalb	345	2	14	0	16
4-0 LaGrange	341	1	13	1	15
5-1 South Central (Dublin)	367	0	2	0	2
5-2 North Central (Macon)	381	0	9	2	11
6-0 East Central (Augusta)	356	1	0	0	1
7-0 West Central (Columbus)	329	1	9	1	11
8-1 South (Valdosta)	343	1	1	0	2
8-2 Southwest (Albany)	361	1	3	0	4
9-1 Coastal (Savannah)	489	0	8	0	8
9-2 Southeast (Waycross)	224	0	6	0	6
10 Northeast (Athens)	347	2	7	1	10
Georgia	6,191	10	135	6	151

Additional Resources

For more information about the Georgia Department of Public Health Immunization Program, please visit the following website:

<http://dph.georgia.gov/immunization-section>

For past Georgia Immunization Study Final Reports, please visit the following website:

<http://dph.georgia.gov/immunization-publications>

For more information about the Georgia Department of Public Health Acute Disease Epidemiology Unit, please visit the following website:

<http://dph.georgia.gov/acute-disease-epidemiology>

To access current vaccine schedules, vaccine information sheets and other immunization materials, please visit the Immunization Action Coalition website: <http://www.immunize.org>

For questions relating to this document, please email the author at Fabio.Machado@dph.ga.gov



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