

MONTHLY COMMUNICABLE DISEASE REPORT

AUGUST 2026

Volume 10, Issue 8: September 15, 2026

CHILDHOOD VACCINATION COVERAGE RATES

Vaccinations are a significant global public health achievement. The Centers for Disease Control and Prevention (CDC) estimates that among children born in the United States (U.S.) from 1994-2023, routine vaccinations have prevented 508 million illnesses, 32 million hospitalizations, more than 1 million deaths, and provided \$2.7 trillion in economic savings.

California is a member of the [West Coast Health Alliance](#) whose [vaccine recommendations](#) align with the American Academy of Pediatrics and include administration of the 4:3:1:3:3:1:4 vaccine series. This series consists of 4 or more doses of DTaP vaccine, which protects against diphtheria, tetanus and pertussis; 3 or more doses of polio vaccine, which protects against poliovirus; 1 or more doses of MMR vaccine, which protects against measles, mumps, and rubella; 3 or more doses of Hib vaccine, which protects against *Haemophilus influenzae* type b; 3 or more doses of hepatitis B (Hep B) vaccine; 1 or more doses of varicella vaccine, which protects against chickenpox; and 4 or more doses of PCV vaccine, which protects against pneumococcal disease.

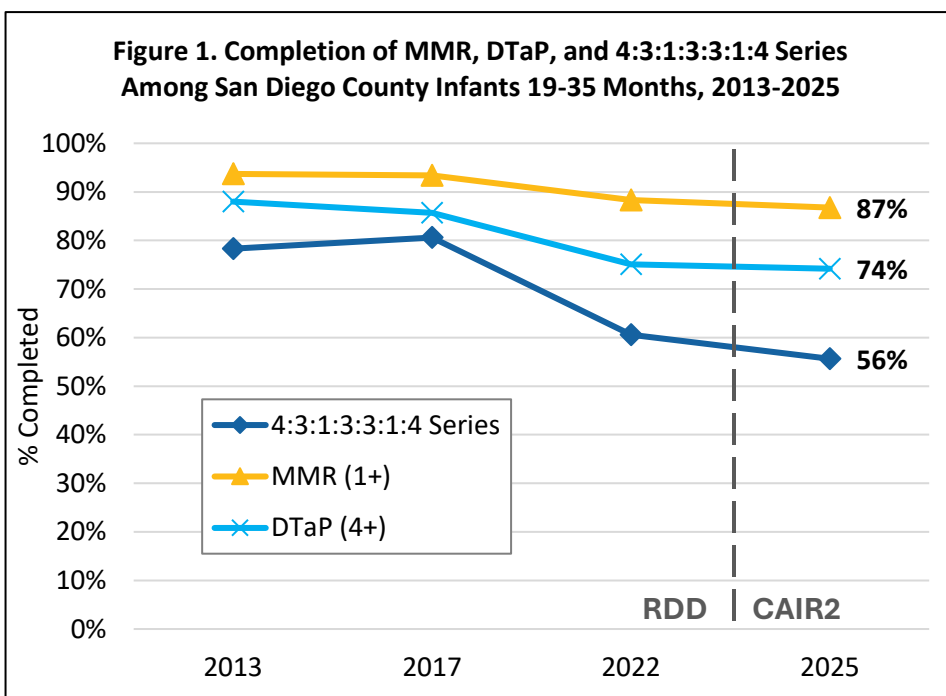
In the U.S., certain vaccines, as determined by each state, are required for school attendance to ensure coverage and protect students while in close contact environments. All states require MMR, DTaP, polio, and varicella vaccination, but vary in other requirements. All states also allow some vaccination exemptions, though the types of exemptions allowed differ by state. California state law requires a K-12 school vaccination schedule that includes 5 DTaP, 4 polio, 2 MMR, 3 hepatitis B, and 2 varicella, with 1 Tdap dose for 7th grade. California does not

allow [personal, or non-medical, exemptions](#) from vaccination when attending public or private school.

In recent years, national vaccination coverage has declined, while the number of children receiving vaccination exemptions has increased. Coverage rates are estimates of the proportion of the eligible population who have been vaccinated; differing methodologies have been used. The County of San Diego has been estimating vaccination coverage rates for many years using data from the [Random Digit Dialing \(RDD\) Survey](#), a phone survey modeled after the CDC's National Immunization Survey. After considerable research, modeling, and testing, the County elected to change methodology in 2025 and begin calculating vaccination coverage using data from the [California Immunization Registry \(CAIR2\)](#).

Continued on next page

Figure 1. Completion of MMR, DTaP, and 4:3:1:3:3:1:4 Series Among San Diego County Infants 19-35 Months, 2013-2025



Coverage rates prior to 2025 were calculated using data from the San Diego County Random Digit Dialing (RDD) Survey, a local survey modeled after the Centers for Disease Control and Prevention's National Immunization Survey (NIS). Coverage rates in 2025 were calculated using data from the California Immunization Registry (CAIR2). Due to differences in methodology, direct comparisons between 2022 and 2025 estimates should be made with caution. Data are provisional and subject to change as additional information becomes available.

The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB identifies, investigates, registers, and evaluates communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the [Data and Reports](#) page on the Epidemiology Program website (www.sdepi.org) and click on the subscribe link.

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CHILDHOOD VACCINATION COVERAGE RATES, continued

In recent years, vaccine coverage rates for San Diego County children 19-35 months of age have declined (Figure 1). Estimates for completion of the pediatric 4:3:1:3:3:1:4 series have decreased since 2017. While the drop in MMR coverage has not been as steep, it is now estimated at 87% for San Diego County, below the 92-94% threshold for herd immunity. Interpretation of rate fluctuations should be made with caution due to differing methodology; however, the County is confident in the new estimates. The decline in coverage was evident prior to the methodology change and is consistent with decreases seen nationwide in [kindergarten vaccination rates](#).

Additional vaccinations are recommended for adolescents to boost existing immunity as well as provide protection against diseases they are more likely to encounter as they age. The recommendation for youth 11-12 years of age is to have completed a 2-dose series of hepatitis A vaccine, 2 doses of chickenpox (varicella) vaccine, and 1 or more doses of MenACWY vaccine, which protects against 4 meningococcal serogroups (MCV). One Tdap vaccine dose (protects against diphtheria, tetanus, pertussis) is recommended for all adolescents aged 11 to 12 years and is required for 7th graders in California. In addition, 2 doses of HPV vaccine, which protects against human papillomavirus are

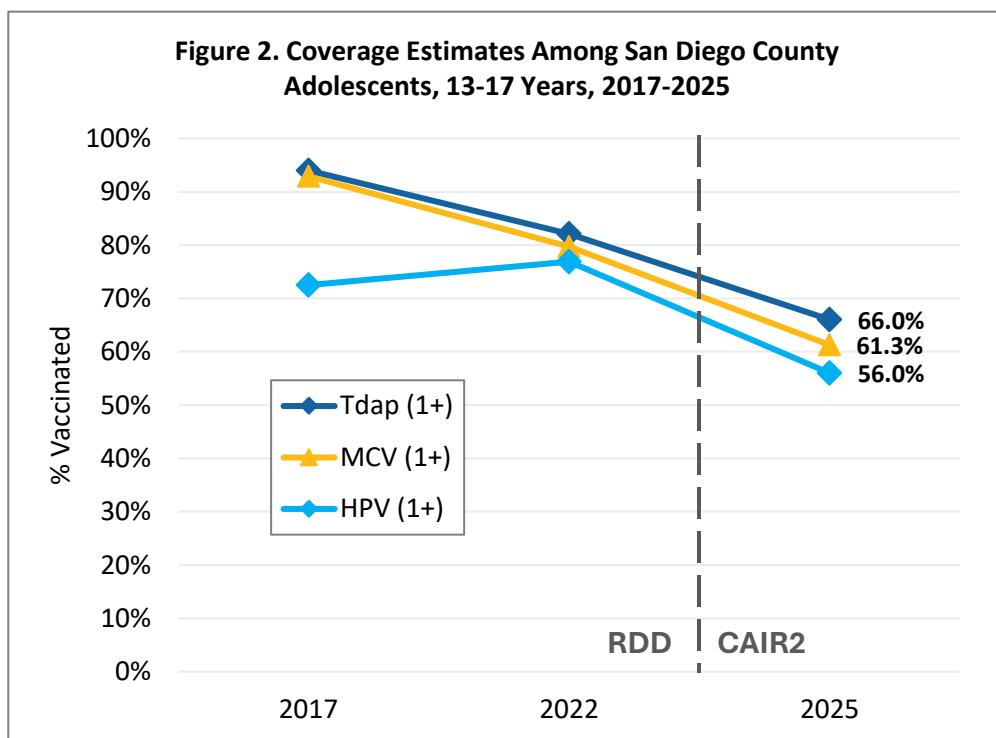
recommended for youth ages 11-12 but can be started at 9 years of age.

Coverage estimates for local adolescents have also declined since 2017 (Figure 2), with rates for Tdap, which were once above 90%, now below 70%.

Although neither the meningococcal (MCV) nor human papillomavirus (HPV) vaccines are required for California junior high or high schools, they offer essential protection against serious and potentially fatal diseases. Coverage for these important vaccines has also dropped below 70%.

Vaccination rates can vary significantly even within a community and from school to school. Both [San Diego County](#) and [California](#) make vaccination coverage data available by school.

Higher coverage rates are key to directly protecting vaccinated children, as well as reducing transmission to vulnerable children in the community who are unable to be vaccinated.



Coverage rates prior to 2025 were calculated using data from the San Diego County Random Digit Dialing (RDD) Survey, a local survey modeled after the Centers for Disease Control and Prevention's National Immunization Survey (NIS). Coverage rates in 2025 were calculated using data from the California Immunization Registry (CAIR2). Due to differences in methodology, direct comparisons between 2022 and 2025 estimates should be made with caution. Data are provisional and subject to change as additional information becomes available.

Resources

- [County of San Diego Immunization Unit website](#)
- [American Academy of Pediatrics Immunization website](#)
- [World Health Organization Vaccines and Immunization website](#)
- [California Department of Public Health \(CDPH\) California School Immunization Law](#)
- [Centers for Disease Control and Prevention \(CDC\) SchoolVaxView website](#)
- [Centers for Disease Control and Prevention \(CDC\) ChildVaxView website](#)
- [Centers for Disease Control and Prevention \(CDC\) TeenVaxView website](#)

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Table 1. Select Reportable Diseases		2026			Prior Years		
		August	July	January - August (YTD)	2025 YTD	Avg YTD, 2023-2025	2025 Total
Disease and Case Inclusion Criteria (C,P,S)							
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	1	3	2.3	4
Brucellosis	C,P	0	0	2	0	0.7	0
Campylobacteriosis	C,P	113	119	794	724	759.0	1,199
<i>Candida auris</i>	C	21	10	132	118	89.7	169
Chickenpox, Hospitalization or Death	C,P	0	0	2	1	3.7	2
Chikungunya	C,P	0	1	1	0	0.7	1
Coccidioidomycosis	C	60	93	500	469	387.7	662
Cryptosporidiosis	C,P	32	18	125	86	90.7	154
Cyclosporiasis	C,P	1	15	30	20	16.7	21
Dengue Virus Infection	C,P	1	2	5	12	18.3	17
Encephalitis, All	C	1	2	18	24	24.3	35
Giardiasis	C,P	20	30	153	170	162.7	250
Hepatitis A, Acute	C	0	0	3	5	15.3	11
Hepatitis B, Acute	C	0	1	12	13	10.7	15
Hepatitis B, Chronic	C,P	50	48	395	487	460.0	704
Hepatitis C, Acute	C,P	1	0	54	69	74.7	93
Hepatitis C, Chronic	C,P	148	114	790	996	1,265.7	1,391
Legionellosis	C	3	6	70	45	53.3	79
Listeriosis	C	2	2	8	6	7.7	10
Lyme Disease	C,P	0	1	2	6	6.7	8
Malaria	C	0	1	4	13	9.3	16
Measles (Rubeola)	C	0	0	0	1	1.7	1
Meningitis, Aseptic/Viral	C,P,S	4	2	38	50	56.3	93
Meningitis, Bacterial	C,P,S	0	1	24	31	28.0	51
Meningococcal Disease	C,P	0	0	1	9	5.7	11
Mumps	C,P	0	0	0	7	2.7	8
Pertussis	C,P	11	21	182	245	255.7	342
Rabies, Animal	C	15	8	39	13	7.3	21
Rocky Mountain Spotted Fever	C,P	0	0	0	1	2.0	1
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	78	133	585	639	509.7	928
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	22	49	206	186	169.3	301
Shigellosis	C,P	44	50	300	256	289.7	400
Typhoid Fever	C,P	2	0	3	1	3.0	2
Vibriosis	C,P	6	14	44	31	31.3	59
West Nile Virus Infection	C,P	4	1	7	0	0.0	0
Yersiniosis	C,P	27	24	132	118	90.3	160
Zika Virus	C,P	0	0	1	1	0.3	1

Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Includes San Diego County resident cases only.

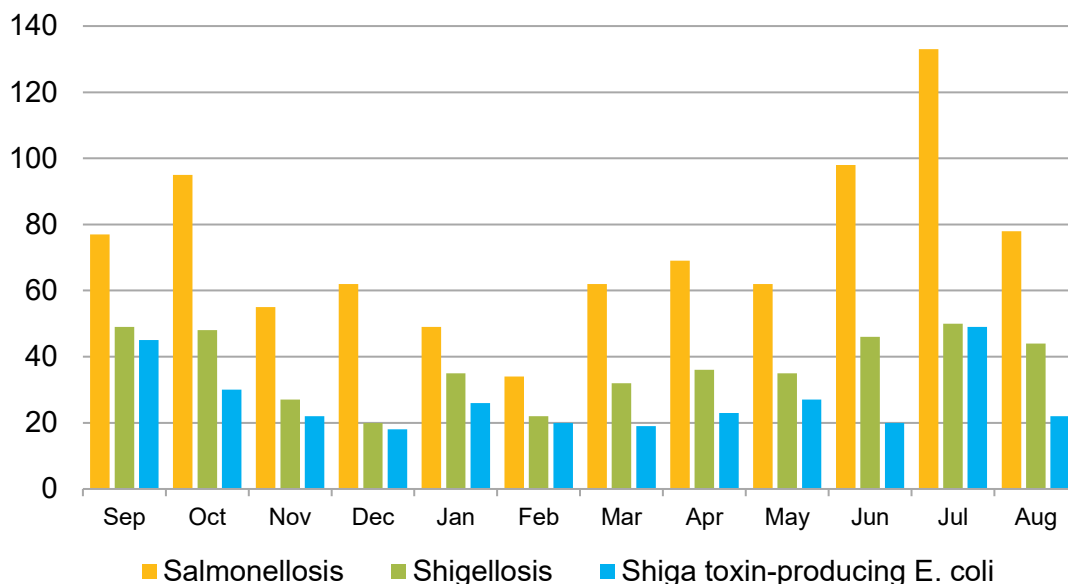
[San Diego County Sexually Transmitted Infection Data](#) | [San Diego County Tuberculosis Data](#)

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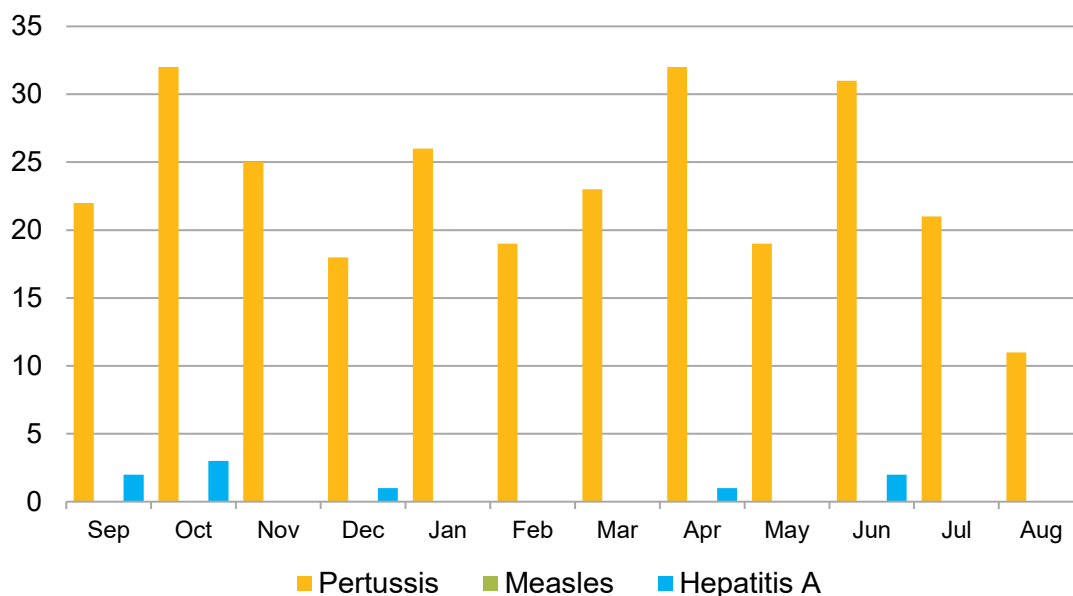
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**Figure 3. Select Enteric Infections by Month
September 2025 – August 2026**



**Figure 4. Select Vaccine-Preventable Infections by Month
September 2025 – August 2026**



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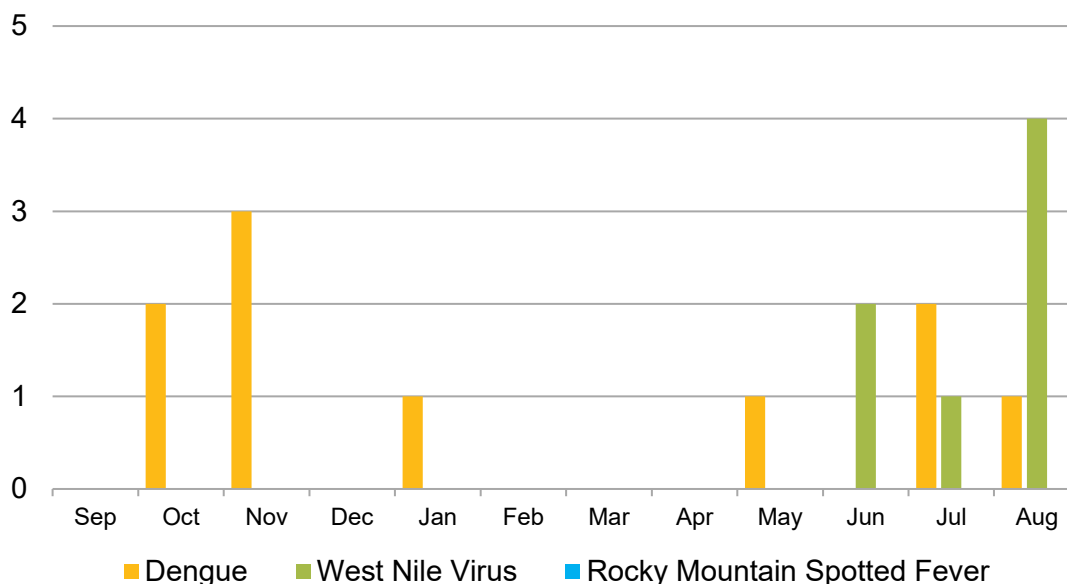


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**Figure 5. Select Vector-Borne Infections by Month
September 2025 – August 2026**



See the County disease-specific webpages, for more information on [West Nile virus](#) and [Dengue](#).

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Disease Reporting in San Diego County

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the [San Diego Health Connect](#) Health Information Exchange (HIE). The data presented in this report are the result of this effort.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections [2500](#), [2505](#), and [2508](#)), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, www.sdepi.org.

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, <http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html>.