Asians/Pacific Islanders accounted for 4.5% of the total US population in 2000, and according to the US Census Bureau, Asians are increasing at a much faster rate than the population as a whole.1–3 From 2000 to 2003, the number of people reporting Asian race increased 12.5%, from 12.0 million to 13.5 million, and those reporting Native Hawaiian and other Pacific Islander increased 5.8% from 907,000 to 960,000. The Asian/Pacific Islander group is diverse; in 2000, ethnic and national groups consisted of Chinese (21.4%), Filipino (18.5%), Asian Indian (14.9%), Korean (9.6%), Vietnamese (9.6%), Japanese (9.0%), Native Hawaiian (3.1%), other Pacific Islander (2.7%), Cambodian (1.6%), Laotian (1.6%), Pakistani (1.6%), Hmong (1.5%), Thai (1.2%), Taiwanese (1.1%), and Samoan (1.0%).1–2

In 1999 an executive order (EO 13125) was passed (and extended in 2001) that focused on increasing participation of Asian/Pacific Islanders in federal programs.4,5 One of its goals was to increase collection of data related to Asian/Pacific Islander populations and subpopulations and to foster research and data on public health. However, data reported for Asian/Pacific Islanders are traditionally combined into the one aggregate group, which masks differences among the many ethnic/national/cultural groups that make up this population. There remains a paucity of public health research among the disaggregated Asian/Pacific Islander groups.6–10

To our knowledge, no study has examined childhood immunization status among the individual Asian/Pacific Islander groups. We used data from the National Immunization Survey (NIS) to examine demographic characteristics and immunization status among this population [individual Asian/Pacific Islander groups].

Methods
The NIS is a random-digit-dialing survey conducted annually by the Centers for Disease Control and Prevention to obtain vaccination coverage for the US noninstitutionalized population of children aged 19–35 months. To obtain vaccination information, a follow-up survey is mailed to all of the eligible children’s immunization health providers.11 Results are weighted to be nationally representative. Details about the design and weighting have been previously published.12

We analyzed NIS data collected from 2002 to 2004, only including children who had adequate vaccination histories from providers for 2002 to 2004; among these, 2673 (4.3%) were Asian only, Native Hawaiian only, or Pacific Islander only. The sample sizes reported are unweighted, while results are based on weighted analyses.

Results: Vaccination coverage estimates for children in the Native Hawaiian only group were consistently higher than estimates for all US children, whereas those in the Asian only group were nearly the same. Children in the Pacific Islander only group had vaccination coverage estimates that were lower than estimates for all US children.

Conclusion: The results of this study indicated that although overall the Asian/Pacific Islander group had similar childhood vaccination coverage to all US children, the group does not have homogeneous coverage, with Pacific Islanders having lower coverage. Public health researchers should, whenever possible, examine individual groups of Asian/Pacific Islanders to more accurately measure the health status of this growing population. (Ethn Dis. 2008;18:72–76)