Table 1: Census Demographics and Disease and Immunization Rates by Vaccination and Nirsevimab Hotspots

Characteristic	Vaccination			Nirsevimab			Vaccination vs. Nirsevimab		
	Cold n = 5	*Not Significant n = 74*	*p-value*	*Hot N = 7*	*Not Significant N = 81⁺*	*p-value*	*Vaccination Cold N = 5*	*Nirsevimab Hot N = 7*	*p-value*
Nirsevimab Administration*	1.58 (1.67)	2.80 (1.78)	0.11	6.03 (2.96)	2.25 (1.38)	**<0.001**	1.58 (1.67)	6.03 (2.96)	**0.018**
Kindergarten Up-to-Date Vaccination Rate (%)	88 (17)	96 (3)	0.15	94 (8)	95 (5)	0.6	88 (17)	94 (8)	0.3
Race/Ethnicity (%)									
White	48 (16)	30 (19)	**0.039**	54 (9)	32 (21)	**0.003**	48 (16)	54 (9)	0.9
Hispanic	28 (19)	41 (23)	0.2	31 (15)	38 (23)	0.6	28 (19)	31 (15)	0.5
Asian	9 (9)	20 (15)	**0.052**	4 (4)	20 (15)	**0.002**	9 (9)	4 (4)	0.5
Black	1 (1)	2 (1)	0.15	1 (1)	1 (1)	0.8	1 (1)	1 (1)	0.5
American Indian/Alaska Native	1 (1)	1 (1)	0.7	0 (0)	1 (1)	0.3	1 (1)	0 (0)	0.3
COI z-score	1.62 (0.66)	0.93 (0.73)	**0.035**	1.33 (0.36)	1.01 (0.75)	0.4	1.62 (0.66)	1.33 (0.36)	0.3

Table 1. Census Demographics and Disease and Immunization Rates by RSV and Nirsevimab Hotspots. Data were reported as mean (SD). Significance was set at $p<0.05$. Population-level sociodemographic disparities were noted in high clusters of nirsevimab administration as well as in low clusters of vaccination uptake. In contrast, direct comparison of the population-level characteristics between low vaccination clusters and high nirsevimab clusters showed similar populations.

*Rate was normalized per 1000 children and annualized.

⁺Nine ZCTAs had no kindergarten vaccination rate data available due to blinding given low student numbers. All nine were classified as not significant in the nirsevimab hotspot analysis.

SD = standard deviation. COI = Childhood Opportunity Index 3.0