

Update on HPV Vaccination Coverage in the US

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Human Papillomavirus Vaccination Coverage Among Adolescent Girls, 2007–2012, and Postlicensure Vaccine Safety Monitoring, 2006–2013 — United States

Since mid-2006, the Advisory Committee on Immunization Practices (ACIP) has recommended routine vaccination of adolescent girls at ages 11 or 12 years with 3 doses of human papillomavirus (HPV) vaccine (1). Two HPV vaccines are currently available in the United States: quadrivalent (HPV4) and bivalent (HPV2), which protect against HPV types 16 and 18, which are the majority of other HPV types that cause cervical cancer and the majority of other HPV types that cause genital warts.* This report describes HPV vaccination coverage levels among

After a teen's parent/guardian grants permission to contact their teen's vaccination provider(s), a questionnaire is mailed to each provider to obtain a vaccination history from medical records. In 2012, the Council of American Survey Research Organizations

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National and State Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2012

At ages 11 through 12 years, the Advisory Committee on Immunization Practices (ACIP) recommends that preteens receive 1 dose of tetanus, diphtheria, and acellular pertussis (Tdap) vaccine, 1 dose of meningococcal conjugate (MenACWY) vaccine,* and 3 doses of human papillomavirus (HPV) vaccine (1–3). ACIP recommends administration of all age-appropriate vaccines during a single visit (4). ACIP also recommends that pre-teens and older adolescents receive an annual influenza vaccine as well as any overdue vaccines (e.g., varicella) (1). To monitor vaccination coverage among persons aged 13–17 years,† CDC analyzed data from the National Immunization Survey—Teen (NIS-Teen). This report highlights findings of that

and girls during the same visits when Tdap vaccine is given. In addition, whether for health problems or well-checks, providers, parents, and adolescents should use every health-care visit as an opportunity to review adolescents' immunization histories and ensure that every adolescent is fully vaccinated.

NIS-Teen identifies persons aged 13–17 years in the 50 states, the District of Columbia, selected areas,‡ and the U.S. Virgin Islands** using a random-digit-dialed sample of landline and, since 2011, cellular telephone numbers.†† Survey respondents are parents or guardians of teens aged

‡ Six areas that received federal Section 317 immunization funds were sampled

US HPV Vaccination Program

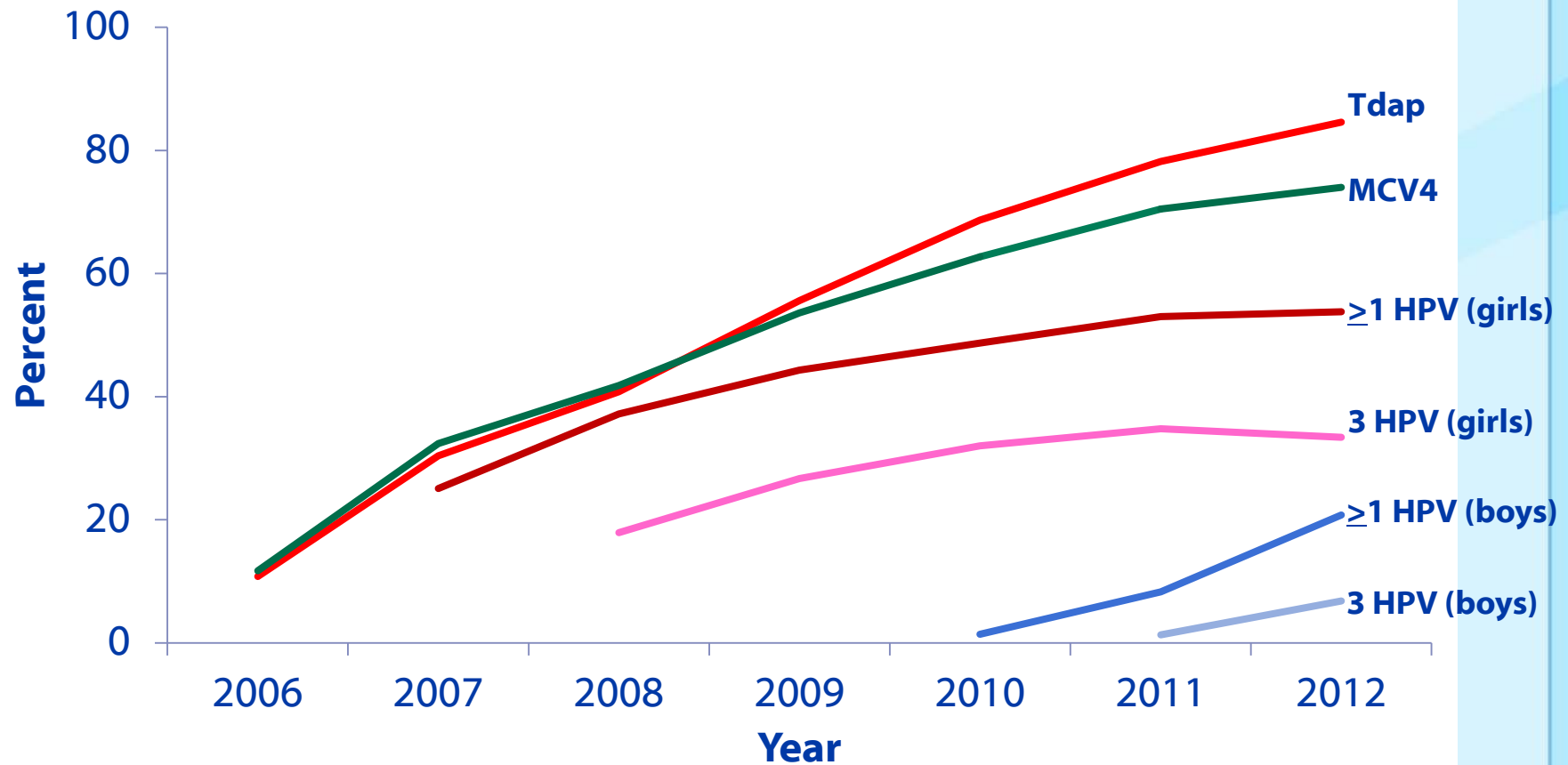
- ❑ HPV is one of several vaccines recommended for the adolescent age group**
- ❑ Majority of vaccines are administered in primary care provider offices and publicly funded clinics**
- ❑ National survey of physicians found that 98% of pediatricians and 88% of family physicians stocked and administered HPV vaccine***
- ❑ Vaccine covered by most private health insurance companies and government insurance programs**
- ❑ In 2011, 39.4% of adolescents 13-17 years of age were eligible for VFC vaccine**

*Daley et al. Pediatrics. 2010;126:425-433.

National Immunization Survey-Teen (NIS-Teen)

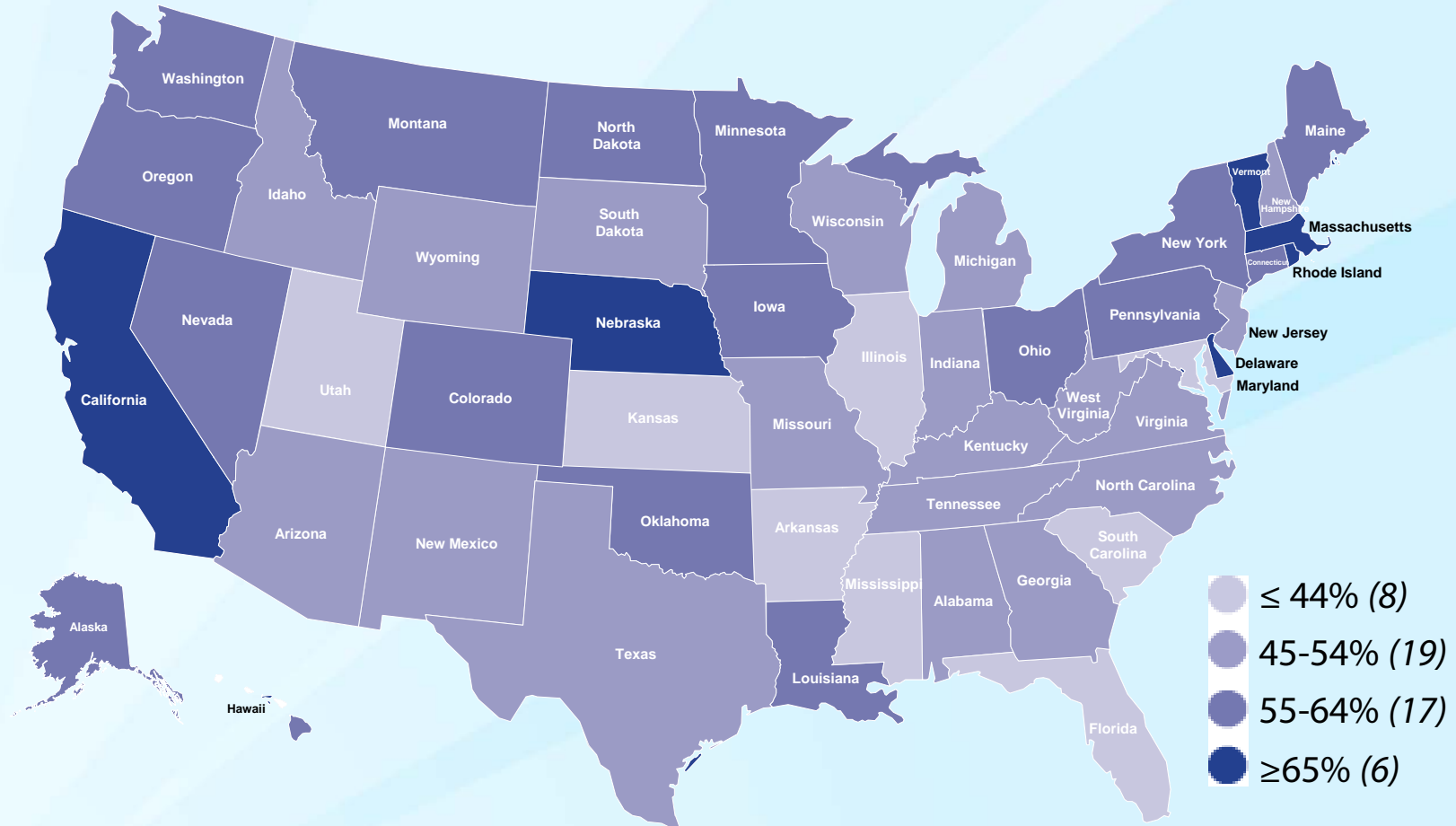
- ❑ **Annual survey**
 - Implemented in 2006
 - State level estimates available beginning 2008
- ❑ **Uses National Immunization Survey (NIS) sample frame methodology**
 - Random digit dial telephone survey
 - National sample of parents of adolescents aged 13-17 years
 - Starting 2011, uses a dual sample frame (landline and cell phone)
 - Provider record check for verification of immunizations received
- ❑ **All analyses limited to adolescents with provider reported immunization histories**

National Estimated Vaccination Coverage Levels among Adolescents 13-17 Years, NIS-Teen 2006-2012



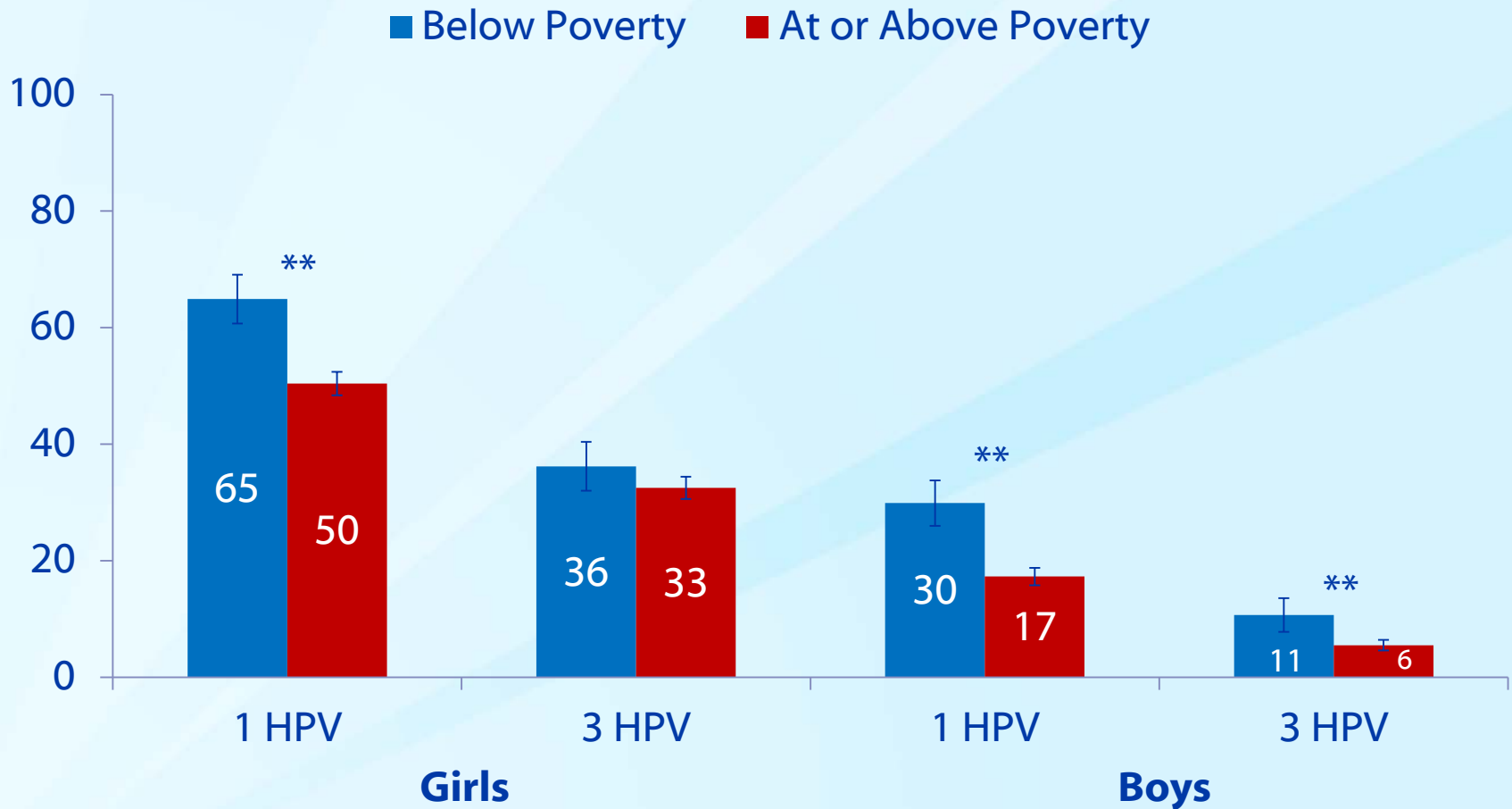
Source: MMWR. 2013;62;685-93

Coverage of 1 of More Doses of HPV among Adolescent Girls 13-17 Years by State, NIS-Teen 2012



Source: MMWR. 2013;62;685-93

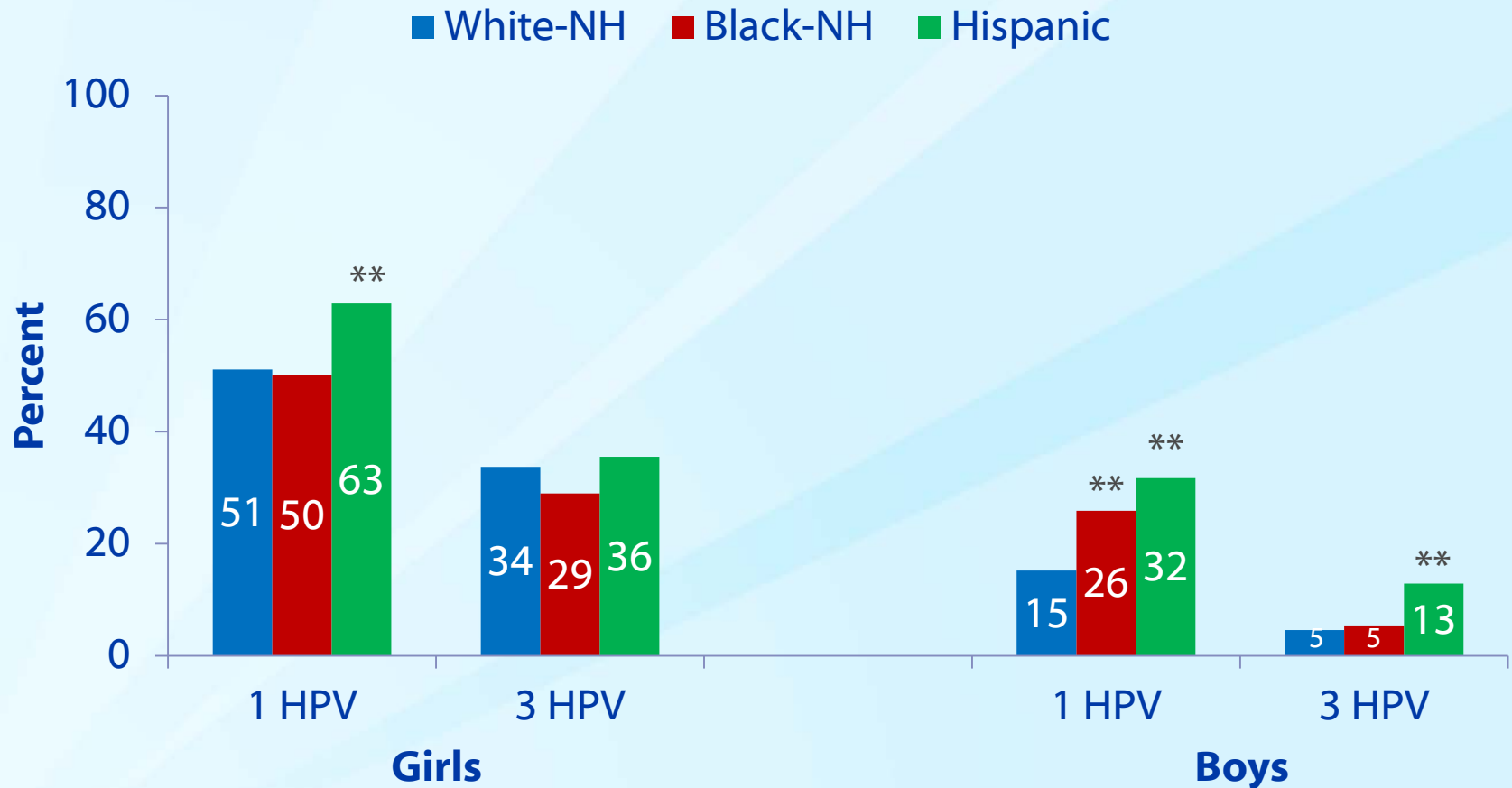
Vaccination Estimates among Adolescents 13-17 Years by Poverty Status, NIS-Teen 2012



** statistically different (p<0.05)

Source: MMWR. 2013;62;685-93

HPV Vaccination Estimates among Adolescent 13-17 Years by Race/Ethnicity, NIS-Teen 2012

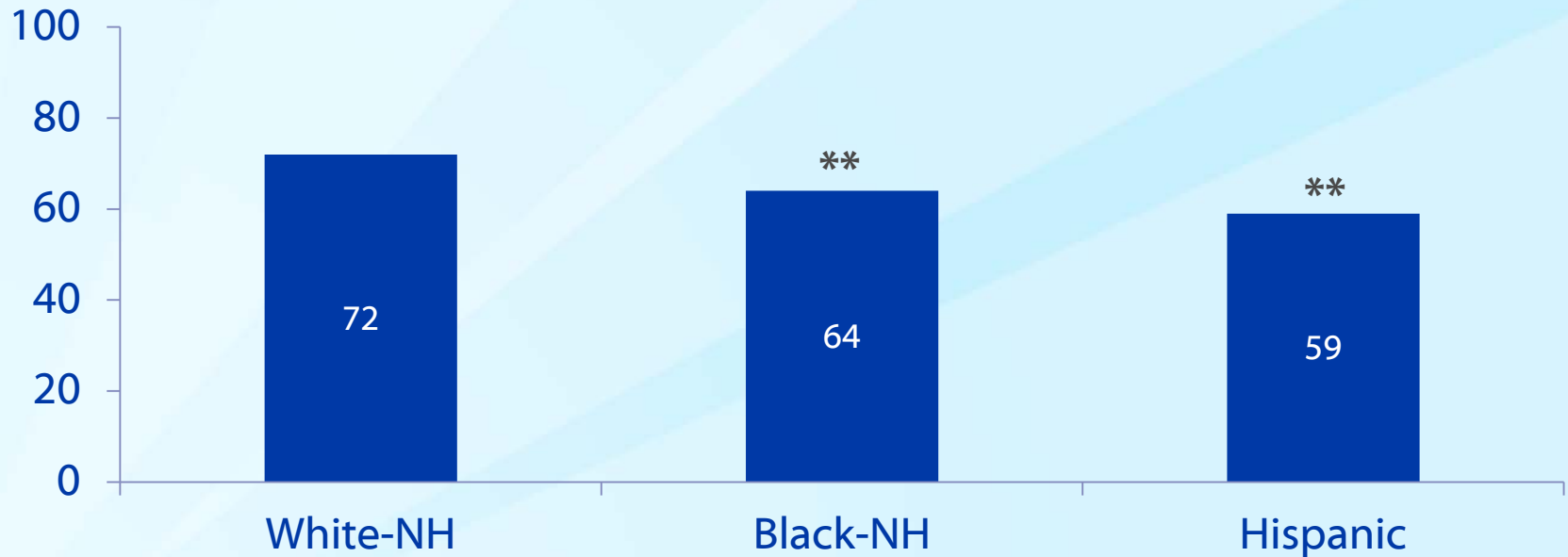


** Statistically different (P<0.05) from White-NH.

Source: MMWR. 2013;62;685-93

Completion of the HPV series

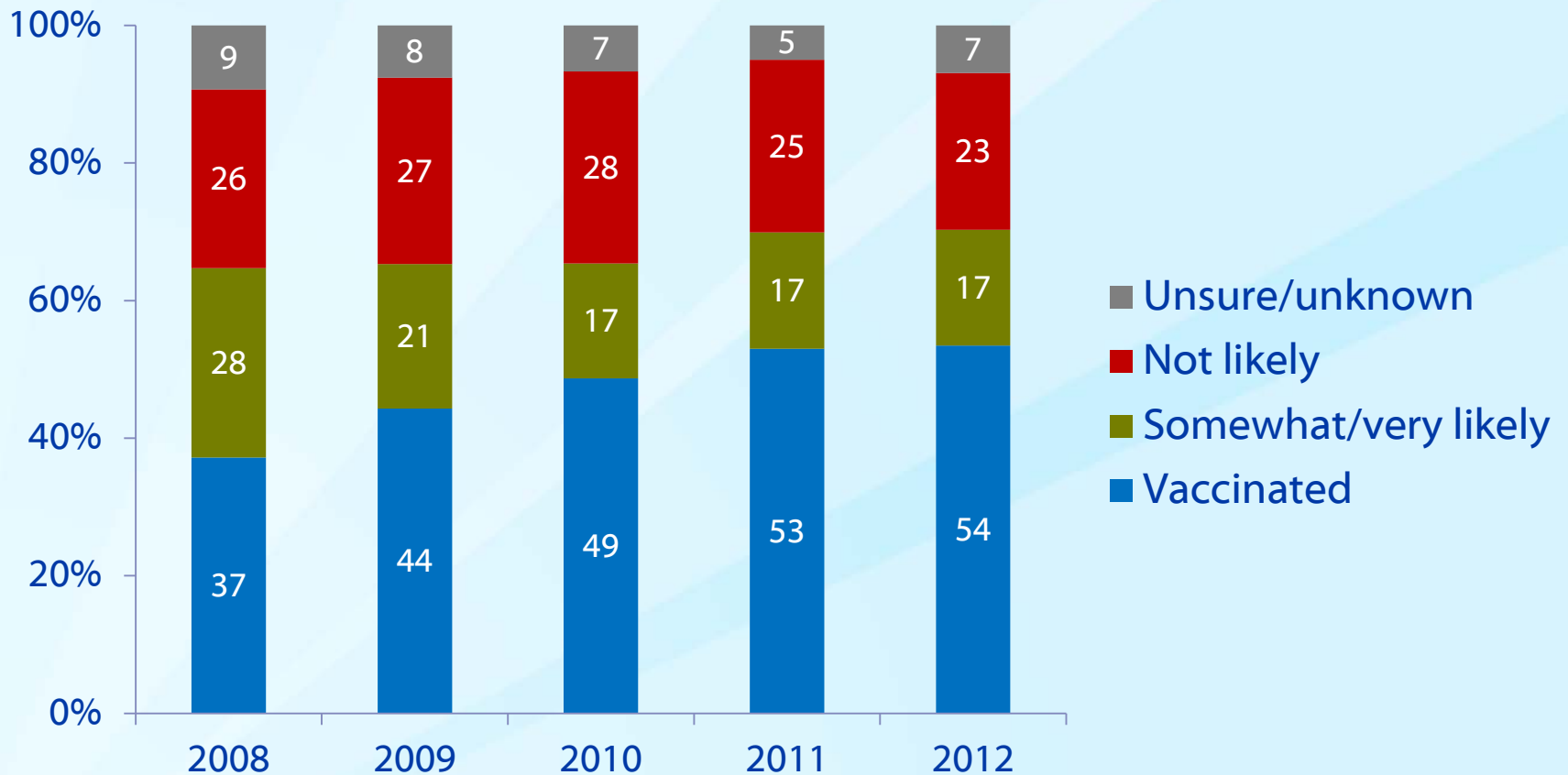
- ❑ Completion: among the girls that started the series, the proportion that received all 3 doses
 - ❑ Nationally, 67% of girls that start the HPV series, complete the series



** Statistically different ($P < 0.05$) from White-NH.

Source: MMWR. 2013;62;685-93

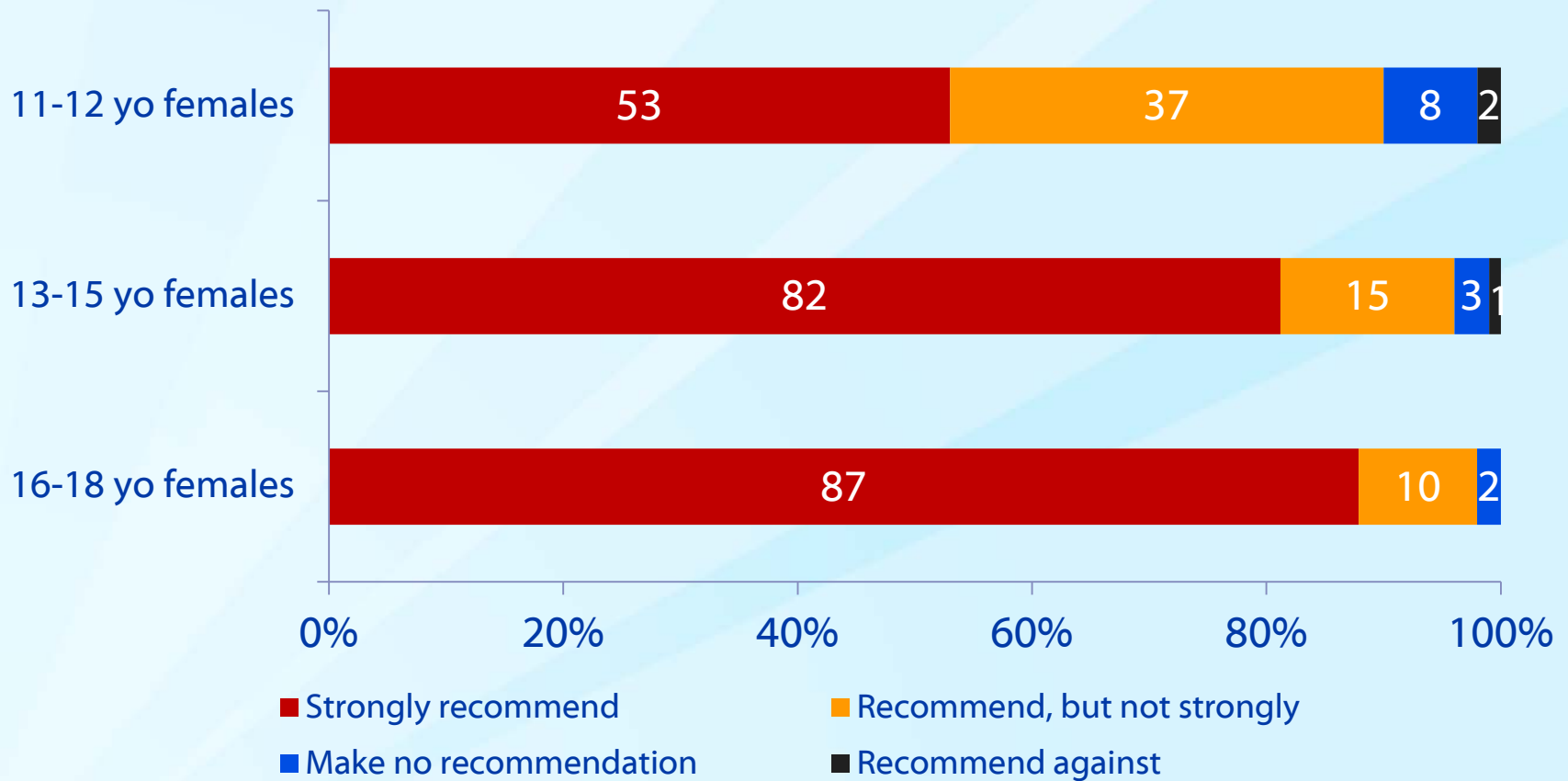
HPV Vaccine Intentions (in the Next 12 Months) Among Parents of Adolescent Girls 13-17 Years, NIS-Teen



Top 5 reasons for not vaccinating daughter, among parents with no intention to vaccinate in the next 12 months, NIS-Teen 2012

Not needed or necessary	19.1%
Not recommended by provider	14.2%
Safety concern/side effects	13.3%
Lack of knowledge	12.6%
Not sexually active	10.1%

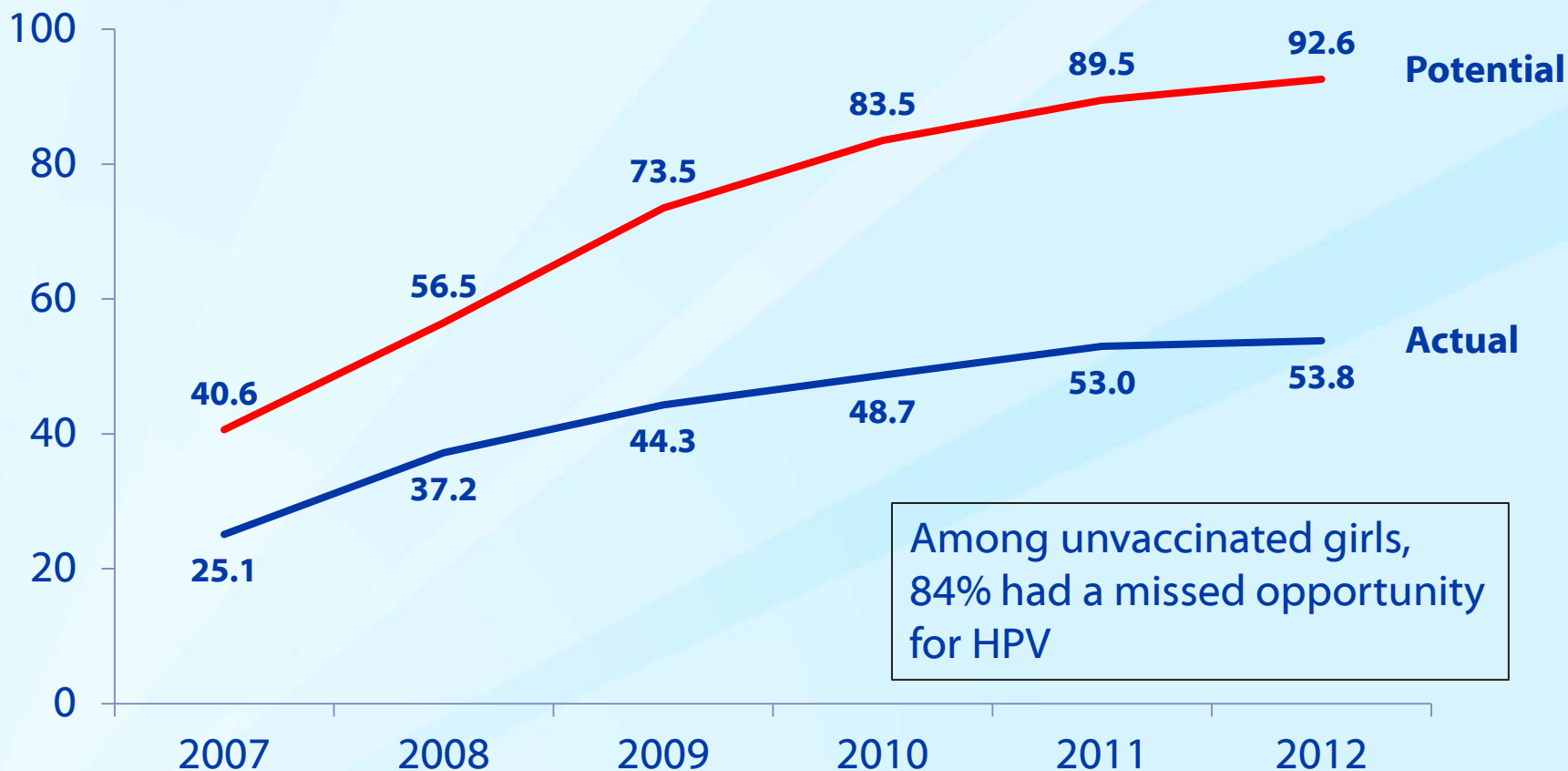
Current Strength of Recommendation in Females, Pediatricians and Family Physicians (N=609)*



HPV Vaccine Communications During the Healthcare Encounter

- ❑ HPV vaccine is often presented as 'optional' whereas other adolescent vaccines are recommended
- ❑ Some expressed mixed or negative opinions about the 'new vaccine' and concerns over safety/efficacy
- ❑ When parents expressed reluctance, providers were hesitant to engage in discussion
- ❑ Some providers shared parents' views that teen was not at risk for HPV and could delay vaccination until older

Actual and potentially achievable vaccination coverage of ≥ 1 HPV among adolescent girls if missed opportunities* were eliminated, NIS-Teen



*Missed opportunity defined as having a healthcare encounter where at least one vaccine was administered but HPV was not
MMWR. 2013; 62:591-5

Summary

- ❑ **Progress with improving HPV vaccination coverage among U.S. adolescent girls has stalled**
- ❑ **Vaccination coverage among boys is increasing**
- ❑ **Main reasons parents give for not vaccinating daughters indicate lack of awareness/gaps in understanding need for vaccination**
- ❑ **Primary care providers are key to increasing vaccination coverage**
 - Provide strong recommendations
 - Do not delay vaccination
 - Implement evidence-based strategies to improve vaccine delivery
 - Prevent missed vaccination opportunities

CDC Activities


- ❑ Awarded PPHF funds to 11 immunization awardees to conduct targeted activities to increase HPV coverage**
- ❑ Initiating study to improve physicians' communication skills and comfort level with talking about and recommending HPV vaccines**
- ❑ Research-based outreach and education to parents to improve awareness and vaccine uptake**

Additional CDC Communication Activities

- ❑ Developed TIPS sheet for clinicians (<http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.html>)
- ❑ Created speakers bureau of HPV-related cancer specialists to present to pediatricians and family physicians on the importance of HPV vaccination
- ❑ Media outreach through professional and parent channels



HPV Vaccination Resources for HCPs

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HPV Vaccine Resources for Healthcare Professionals



Contact Us:

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1600 Clifton Rd
Atlanta, GA 30333
- 800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
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HPV Vaccine is Cancer Prevention

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- HPV is so common that almost everyone will be infected with HPV at some point in their lives; however most people will never know they have been infected.
- HPV exposure can occur with any type of intimate sexual contact.
- In the U.S., HPV causes about 17,000 cancers in women, and about 9,000 cancers in men each year.

Low HPV vaccination rates are leaving another generation of

Resource Spotlight



www.cdc.gov/vaccines/YouAreTheKey

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Thank you

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.