

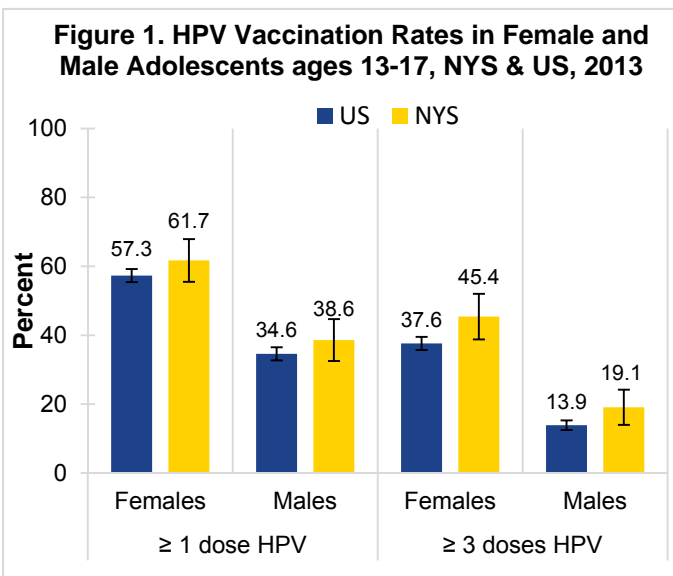
Information for Action # 2015-02

The HPV vaccine is cancer prevention. Routine vaccination in adolescents can prevent future cancers.

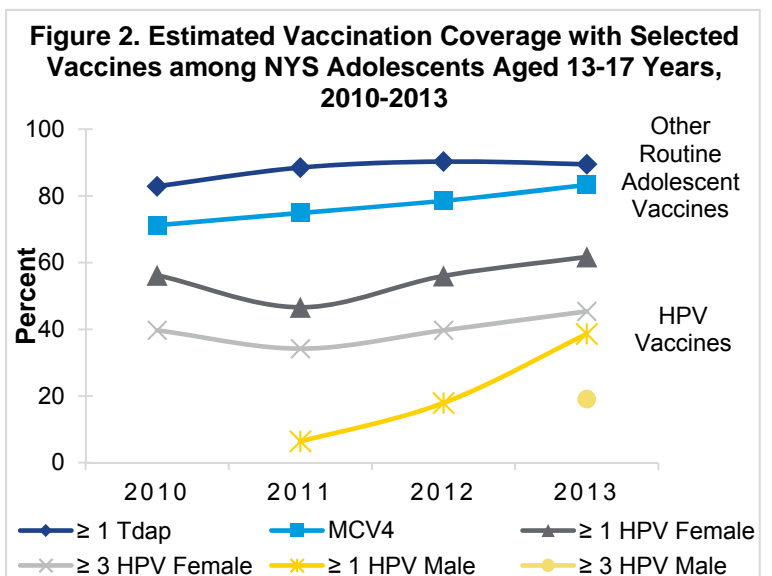
The human papillomavirus (HPV) is the most common sexually transmitted infection and can be transmitted through any type of intimate sexual contact. In the United States (US), approximately 79 million people are infected with HPV and about 14 million people become newly infected each year. Many of these new infections occur in adolescents and young adults.¹ HPV infection is a risk factor for several cancers, causing nearly all cervical cancers and many cancers of the anus, penis, vagina, vulva, and oropharynx.²

Since mid-2006, the Advisory Committee on Immunization Practices (ACIP) has recommended routine vaccination of adolescent girls at ages 11 or 12 years with three doses of HPV vaccine. In 2011, the ACIP issued recommendations for routine HPV vaccination for male adolescents.³ The HPV vaccine offers protection from the types of HPV that most often cause cancers. Increasing HPV vaccine uptake has the potential to reduce cancer morbidity and mortality.⁴

- In New York State (NYS), HPV vaccine initiation (≥ 1 dose HPV) and vaccine completion (≥ 3 doses HPV) among female and male adolescents is comparable to US national averages (Figure 1).
- Since 2011 when HPV vaccination was recommended for male adolescents, the percentage of male adolescents in NYS who received at least one dose of HPV vaccine increased from 6.4% in 2011 to nearly 40% in 2013 (Figure 2).
- Despite progress in increasing the uptake of the HPV vaccine among adolescents, current vaccination coverage rates fall below other routine vaccines recommended during adolescence (Figure 2).



Data Source: CDC National Immunization Survey – Teen
Note: Error bars represent 95% confidence intervals.



Tdap= ≥ 1 dose Tdap (Tetanus, Diphtheria, Pertussis) vaccine on or after 10 years.
MCV4= ≥ 1 dose MenACWY (meningococcal conjugate) vaccine.

PUBLIC HEALTH OPPORTUNITY

A multi-sector approach is needed to decrease the burden of disease caused by HPV, including:

- Educating the public and providers on the importance and safety of HPV vaccine.
- Making HPV vaccine available in family planning, STD treatment and other relevant care settings.
- Ensuring that insurance coverage and reimbursement of HPV vaccine is adequate.
- Investigating, researching, and working to eliminate disparities in vaccination rates.

Contact:

For more information about the data included and their specific implications for action, please send an email to DCDIPIFA@health.ny.gov with the IFA #2015-02 in the subject line.

¹Centers for Disease Control and Prevention, Genital HPV Infection – Fact Sheet. <http://www.cdc.gov/std/hpv/STDFact-HPV.htm>.

²Jemal A, Simard EP, Dorell C, et al. Annual report to the nation on the status of cancer, 1975–2009, featuring the burden and trends in human papillomavirus (HPV)-associated cancers and HPV vaccination coverage levels. *J Natl Cancer Inst* 2013;105:175–201.

³Markowitz LE, Dune EF, Saraiya M, et al. Human Papillomavirus Vaccination. Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2014;63(5):1-30.

⁴Steinbrook R. The potential of human papillomavirus vaccines. *New England Journal of Medicine* 2006; 354(11):1109–1112.