

### PATH to prevention

### A PATH TO PREVENTION:

# State Profile: Tennessee

HPV vaccination is recommended for routine vaccination at age 11 or 12 years and may be started at age 9. Adults age 27 to 45 should talk to their doctors to see if HPV vaccination is recommended for them.

## **HPV VACCINATION RATES FOR** 13–17 YEAR-OLDS AS OF 2021:





U.S. OVERALL ≥1 HPV



TENNESSE ≥1 HPV



U.S. OVERALL HPV UTD

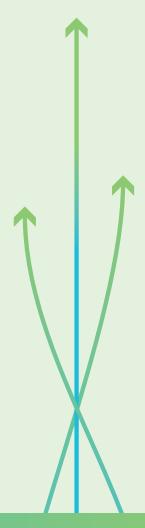


TENNESSE HPV UTD

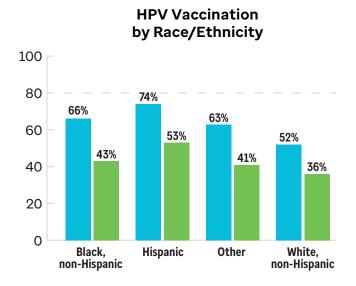
Tennessee has increased HPV vaccination coverage of ≥1 dose by 20% and up-to-date (UTD) by 21% since 2016. However, coverage remains lower than the U.S. average and below the Healthy People 2030 goal of 80% UTD. Compared to meningitis and whooping cough (Tdap) vaccines routinely recommended for adolescents, HPV vaccination coverage lags. Tennessee vaccination rates among 13–17 year olds were 88% for meningitis vaccine and 92% for Tdap vaccine in 2021.

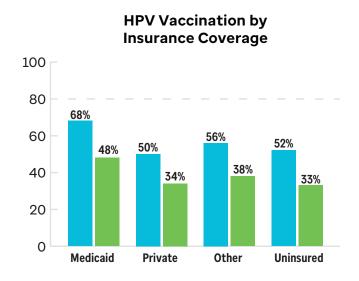


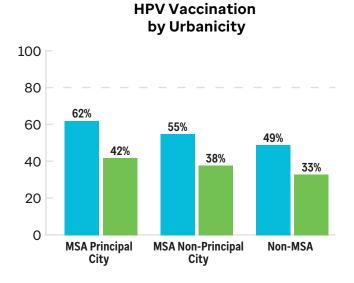
HPV vaccination protects against more than 90% of HPV cancers.



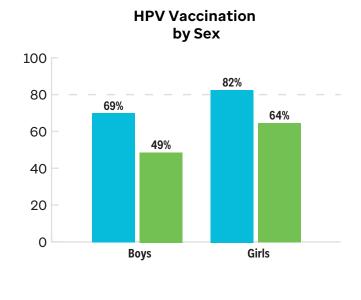
## **HPV VACCINATION RATES FOR 13–17 YEAR-OLDS AS OF 2019:**







Healthy People 2030



HPV Vaccination Up-to-date

≥1 HPV Vaccination

### **HPV CANCERS:**

HPV is a common virus linked to six types of cancer. The two most common HPV-associated cancers are oropharyngeal and cervical cancers. **Incidence rates of HPV cancers overall and for oropharyngeal cancer are higher in Tennessee compared to the U.S. averages**.

#### **New Cases**

	All HPV Cancers	Oropharyngeal Cancer	Cervical Cancer
United States Overall	12.5	5.2	7.2
Tennessee Overall	13.5	6.0	6.6
United States	Male: 11.2, Female: 13.9	Male: 9.1, Female: 1.7	Tennessee ranks in the Top 30 Nationally in cervical cancer incidence rates.
Tennessee	Male: 12.8, Female: 14.3	Male: 10.7, Female: 1.8	

Incidence rates shown are cases per 100,000 persons.

#### **ACTION STEPS:**

Identify and engage key stakeholders in HPV vaccination efforts through vaccination and cancer prevention stakeholders in Tennessee to develop, implement, and evaluate an action plan for increasing HPV vaccination coverage:

- Align with existing efforts to promote vaccinations to optimize impact.
- Increase on-time HPV vaccination overall and specifically focus on completion rates among adolescents who have initiated the HPV vaccination series and adolescents living in rural areas.
- Monitor and mitigate the ongoing effects of the COVID-19 pandemic on HPV vaccination and consider co-administration of HPV vaccination with other recommended vaccinations.

#### Implement priority evidence-based interventions in clinical and community settings, such as:

- Promote strong health care provider recommendations, integrate quality improvement approaches to build supportive clinical systems, use reminder and recall approaches, and reduce missed opportunities.
- Build HPV vaccination confidence in the public, especially among parents and caregivers, to increase HPV vaccination.

Pingali C, Yankey D, Elam-Evans LD, et al. National Vaccination Coverage Among Adolescents Aged 13-17 Years — National Immunization Survey-Teen, United States, 2021. MMWR Morb Mortal Wkly Rep 2022;71:1101-1108. DOI: http://dx.doi.org/10.15585/mmwr.mm7135a1, released in September 2022, accessed December 2022

U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2021 submission data (1999–2019): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in November 2022, accessed December 2022