St. Jude Children's Research Hospital | HPV Cancer Prevention Program

PATH to prevention

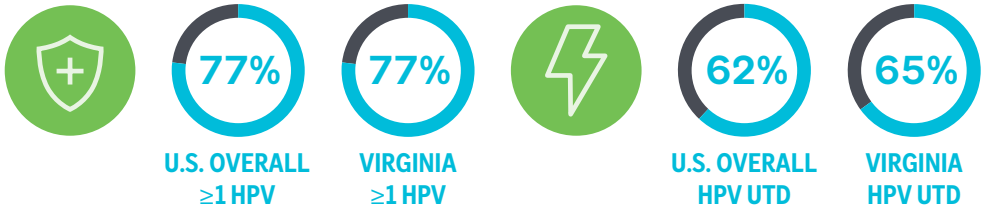
A PATH TO PREVENTION:

State Profile: Virginia

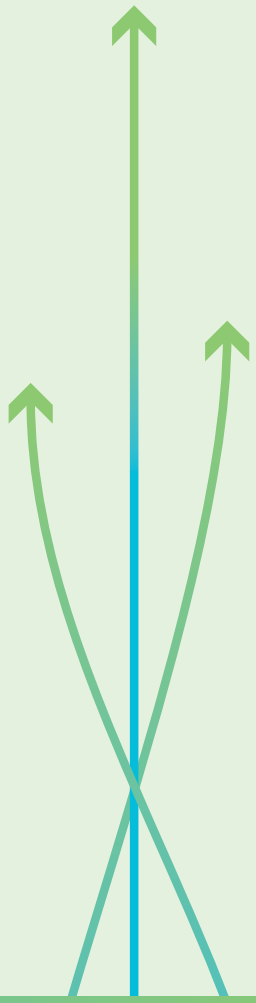
HPV vaccination is recommended for routine vaccination at **age 11 or 12 years and may be started at age 9.** Adults age 27 to 45 should talk to their doctors to see if HPV vaccination is recommended for them.

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

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



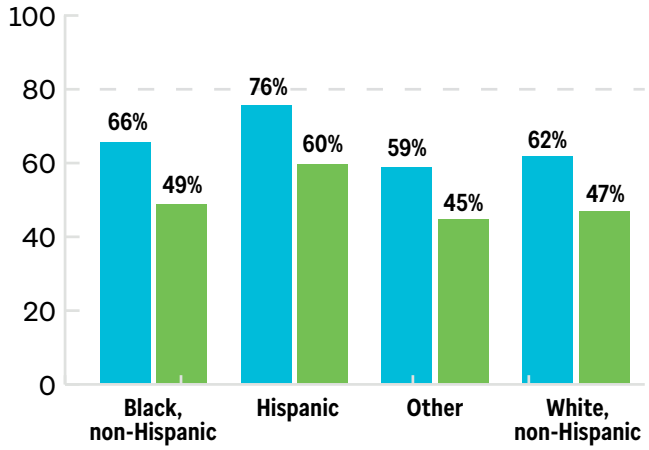
Virginia has increased HPV vaccination coverage of **≥1 dose by 23% and up to date (UTD) by 26% since 2016.** However, coverage remains below the Healthy People 2030 goal of 80% UTD. Compared to meningitis and whooping cough (Tdap) vaccines routinely recommended for adolescents, HPV vaccination coverage lags. Virginia vaccination rates **among 13–17 year olds were 88% for meningitis vaccine and 88% for Tdap vaccine in 2021.**



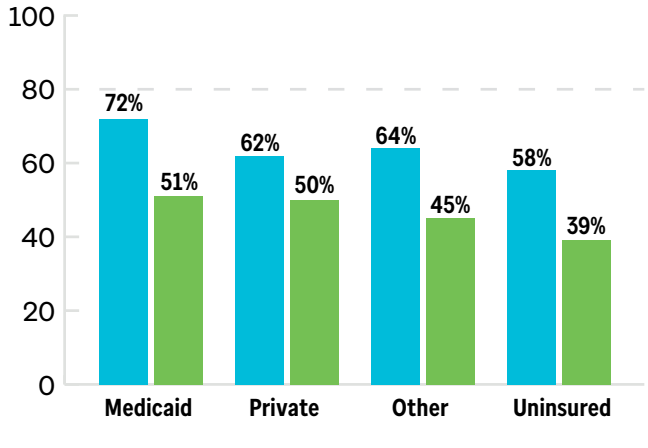
HPV vaccination data sources: CDC NIS-TEEN, 2021; TeenVax View, 2021

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

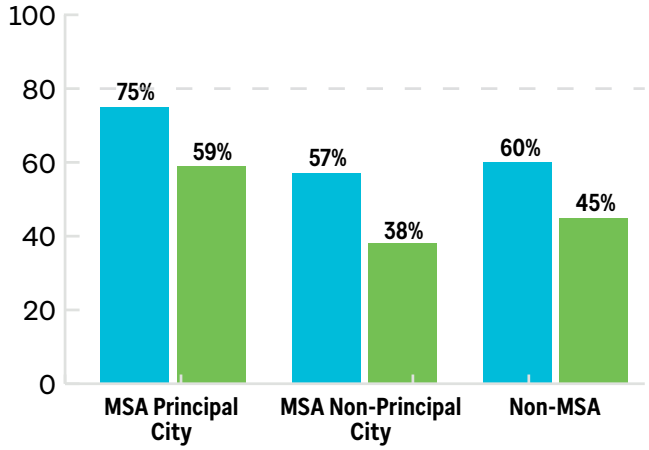
HPV Vaccination by Race/Ethnicity



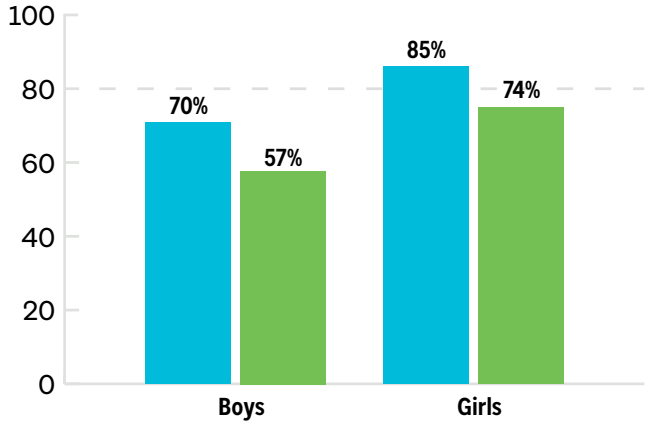
HPV Vaccination by Insurance Coverage



HPV Vaccination by Urbanicity



HPV Vaccination by Sex



Healthy People 2030 ≥1 HPV Vaccination HPV Vaccination Up-to-date

HPV vaccination data sources: CDC NIS-TEEN, 2019; TeenVax View, 2019

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 oropharyngeal cancer are lower in Virginia compared to the U.S. averages.**

New Cases

	All HPV Cancers	Oropharyngeal Cancer	Cervical Cancer
United States Overall	12.5	5.2	7.2
Virginia Overall	11.5	5.1	5.8
United States	Male: 11.2, Female: 13.9	Male: 9.1, Female: 1.7	Virginia ranks in the **Top 40 Nationally** in cervical cancer incidence rates.
Virginia	Male: 10.8, Female: 12.2	Male: 9.1, Female: 1.6	

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 Virginia 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