A PATH TO PREVENTION:

State Profile: Mississippi

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 2022:

- U.S. OVERALL ≥1 HPV: 76%
- MISSISSIPPI ≥1 HPV: 61%
- U.S. OVERALL HPV UTD: 63%
- MISSISSIPPI HPV UTD: 39%

Mississippi has increased HPV vaccination coverage of ≥1 dose by 15% and up-to-date (UTD) by 9% 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. Mississippi vaccination rates among 13–17 year olds were 56% for meningitis vaccine and 87% for Tdap vaccine in 2022.

HPV vaccination data sources: CDC NIS-TEEN, 2022; TeenVax View, 2022
HPV VACCINATION RATES FOR 13–17 YEAR-OLDS AS OF 2022:

**HPV Vaccination by Race/Ethnicity**

- Black, non-Hispanic: 64% (≥1 HPV), 37% (HPV UTD)
- Hispanic: 71% (≥1 HPV), 47% (HPV UTD)
- Other: 61% (≥1 HPV), 38% (HPV UTD)
- White, non-Hispanic: 44% (≥1 HPV), 28% (HPV UTD)

**HPV Vaccination by Insurance Coverage**

- Medicaid: 64% (≥1 HPV), 37% (HPV UTD)
- Private: 46% (≥1 HPV), 31% (HPV UTD)
- Other: 45% (≥1 HPV), 25% (HPV UTD)
- Uninsured: 51% (≥1 HPV), 25% (HPV UTD)

**HPV Vaccination by Urbanicity**

- MSA Principal City: 63% (≥1 HPV), 43% (HPV UTD)
- MSA Non-Principal City: 55% (≥1 HPV), 35% (HPV UTD)
- Non-MSA: 52% (≥1 HPV), 29% (HPV UTD)

**HPV Vaccination by Sex**

- Boys: 61% (≥1 HPV), 40% (HPV UTD)
- Girls: 61% (≥1 HPV), 37% (HPV UTD)

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

HPV vaccination data sources: CDC NIS-TEEN, 2022; TeenVax View, 2022
State Profile: Mississippi

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 and cervical cancers are higher in Mississippi compared to the U.S. averages.

<table>
<thead>
<tr>
<th></th>
<th>All HPV Cancers</th>
<th>Oropharyngeal Cancer</th>
<th>Cervical Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>11.8</td>
<td>5.0</td>
<td>6.5</td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mississippi</td>
<td>13.0</td>
<td>5.7</td>
<td>7.8</td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>Male: 10.8, Female: 12.9</td>
<td>Male: 8.8, Female: 1.6</td>
<td>Mississippi ranks in the Top 10 Nationally in cervical cancer incidence rates.</td>
</tr>
<tr>
<td>Overall</td>
<td>Male: 11.6, Female: 14.2</td>
<td>Male: 9.9, Female: 1.9</td>
<td></td>
</tr>
</tbody>
</table>

Incidence rates shown are cases per 100,000 persons.

ACTION STEPS:
Identify and engage key partners in HPV vaccination to develop, implement, and evaluate priority evidence-based interventions to increase HPV vaccination coverage in clinical, community and policy settings in Mississippi:

- Encourage starting HPV vaccination at age 9 to increase series completion by age 13.
- Participate in advocacy efforts aimed at policy change to decrease cancer risk through the enactment of HPV vaccination mandates.
- Partner with community-based organizations to increase knowledge of the importance of getting vaccinated for HPV and cancer screenings.
- Expand the network of HPV vaccination providers to include oral health providers.
- Increase the number of annual evaluation and surveillance plans developed, implemented, and reviewed to assess the impact of HPV-related cancer programs, partnerships, and plans.


LEARN MORE: VISIT STJUDE.ORG/HPV OR EMAIL PREVENTHPV@STJUDE.ORG