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 RATES FOR 13–17 YEAR-OLDS AS OF 2022:

<table>
<thead>
<tr>
<th></th>
<th>U.S. Overall</th>
<th>Virginia</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥1 HPV</td>
<td>76%</td>
<td>78%</td>
</tr>
<tr>
<td>HPV UTD</td>
<td>63%</td>
<td>63%</td>
</tr>
</tbody>
</table>

Virginia has increased HPV vaccination coverage of ≥1 dose by 24% and up to date (UTD) by 24% since 2016. Coverage remains higher than the U.S. average, but still 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 85% for meningitis vaccine and 90% for Tdap vaccine in 2022.

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

HPV VACCINATION RATES FOR 13–17 YEAR-OLDS AS OF 2022:

- HPV Vaccination by Race/Ethnicity
- HPV Vaccination by Insurance Coverage
- HPV Vaccination by Urbanicity
- HPV Vaccination by Sex

HPV vaccination data sources: CDC NIS-TEEN, 2022; TeenVax View, 2022
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.

<table>
<thead>
<tr>
<th>New Cases</th>
<th>All HPV Cancers</th>
<th>Oropharyngeal Cancer</th>
<th>Cervical Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States Overall</td>
<td>11.8</td>
<td>5.0</td>
<td>6.5</td>
</tr>
<tr>
<td>Virginia Overall</td>
<td>10.6</td>
<td>4.8</td>
<td>5.4</td>
</tr>
<tr>
<td>United States</td>
<td>Male: 10.8, Female: 12.9</td>
<td>Male: 8.8, Female: 1.6</td>
<td>Virginia ranks in the Top 40 Nationally in cervical cancer incidence rates.</td>
</tr>
<tr>
<td>Virginia</td>
<td>Male: 10.0, Female: 11.3</td>
<td>Male: 8.5, Female: 1.6</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 Virginia:

- Encourage starting HPV vaccination at age 9 to increase series completion by age 13.
- Actively engage specialty care providers, such as oral health providers, ENTs, pharmacists, to promote cancer prevention, supported by HPV vaccination resource information.
- Implement statewide social media and marketing campaigns, newsletters, and email templates tailored for both urban and rural communities to increase HPV vaccination.
- Capitalize on school-entry requirement to improve HPV vaccination initiation and completion.
- Increase the use of evidence-based interventions (EBIs) to improve HPV vaccination uptake and completion rates among 9-12-year-olds.
- Incorporate clinical standing orders for HPV vaccination via EHRs to prompt strong provider recommendation, linked with reminder recall notifications.

