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.

**State Profile: Washington, D.C.**

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**HPV Vaccination Rates for 13-17 Year-Olds as of 2022:**

- **U.S. Overall**: 76% ≥1 HPV, 63% HPV UTD
- **Washington, D.C.**: 87% ≥1 HPV, 78% HPV UTD

Washington, D.C. has increased HPV vaccination coverage of ≥1 dose by 7% and up to date (UTD) by 16% since 2016. Coverage is higher than the U.S. average and falls just 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. Washington, D.C. vaccination rates among 13-17 year olds were 92.9% for meningitis vaccine and 89.7% for Tdap vaccine in 2022.

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

NOVEMBER 2023
HPV VACCINATION RATES FOR 13–17 YEAR-OLDS AS OF 2022:

HPV Vaccination by Race/Ethnicity

- Black, non-Hispanic: 86%
- Hispanic: 94%
- Other: 80%
- White, non-Hispanic: 85%

HPV Vaccination by Urbanicity

- MSA Principal City: 87%
- MSA Non-Principal City: 75%
- Non-MSA: N/A

HPV Vaccination by Insurance Coverage

- Medicaid: 90%
- Private: 85%
- Other: 76%
- Uninsured: N/A

HPV Vaccination by Sex

- Boys: 85%
- Girls: 88%

Healthy People 2030

- ≥1 HPV Vaccination: 87%
- HPV Vaccination Up-to-date: 78%

State Profile: Washington, D.C.

HPV vaccination data sources: CDC NIS-TEEN, 2022; TeenVax View, 2022
State Profile: Washington, D.C.

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 lower in Washington, D.C. 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 Overall</td>
<td>11.8</td>
<td>5.0</td>
<td>6.5</td>
</tr>
<tr>
<td>Washington, D.C. Overall</td>
<td>10.4</td>
<td>3.8</td>
<td>5.3</td>
</tr>
<tr>
<td>United States</td>
<td>Male: 10.8, Female: 12.9</td>
<td>Male: 8.8, Female: 1.6</td>
<td></td>
</tr>
<tr>
<td>Washington, D.C.</td>
<td>Male: 9.3, Female: 11.3</td>
<td>Male: 6.4, Female: rate suppressed because &lt;16 cases were reported</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 Washington, D.C.:

- Encourage starting HPV vaccination at age 9 to increase series completion by age 13.
- Promote school-entry requirement for HPV vaccination and encourage limiting opt-out provisions.
- Utilize schools as key contributors to HPV cancer prevention in collaboration with school nurses and staff by integrating education about the HPV vaccine and vaccine-preventable cancers into school curricula for both parents and students.
- Encourage practices to implement a comprehensive approach that includes patient and parent education, client reminder and recall systems, provider reminders, and standing orders to increase HPV vaccination rates.
- Utilize Provider Assessment and Feedback programs, such as Immunization Quality Improvement for Providers (IQIP), to identify and avoid missed opportunities for vaccination.


