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: 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 protects against more than 90% of HPV cancers.

HPV Vaccination Rates for 13–17 Year-Olds As of 2020:

- **U.S. Overall ≥1 HPV**: 75%
- **Tennessee ≥1 HPV**: 72%
- **U.S. Overall HPV UTD**: 59%
- **Tennessee HPV UTD**: 53%

Tennessee has increased HPV vaccination coverage of ≥1 dose by 16% and up-to-date (UTD) by 17% 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 83% for meningitis vaccine and 89% for Tdap vaccine in 2020.
State Profile: Tennessee

HPV Vaccination Rates for 13-17 Year-Olds as of 2020 (Continued):

HPV Vaccination by Race/Ethnicity

- Black, non-Hispanic: 66%
- Hispanic: 74%
- Other: 63%
- White, non-Hispanic: 52%

HPV Vaccination by Insurance Coverage

- Medicaid: 68%
- Private: 48%
- Other: 56%
- Uninsured: 52%

HPV Vaccination by Urbanicity

- MSA Principal City: 62%
- MSA Non-Principal City: 55%
- Non-MSA: 49%

HPV Vaccination by Sex

- Boys: 74%
- Girls: 69%

Healthy People 2030

≥1 HPV Vaccination

HPV Vaccination Up-to-date

HPV vaccination data sources: CDC NIS-TEEN, 2021; TeenVax View, 2021
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 Tennessee 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>12.4</td>
<td>5.1</td>
<td>7.1</td>
</tr>
<tr>
<td>Tennessee Overall</td>
<td>15.0</td>
<td>6.1</td>
<td>8.7</td>
</tr>
<tr>
<td>United States</td>
<td>Male: 11.0, Female: 13.7</td>
<td>Male: 8.9, Female: 1.7</td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td>Male: 13.5, Female: 16.5</td>
<td>Male: 10.9, Female: 1.8</td>
<td></td>
</tr>
</tbody>
</table>


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.
