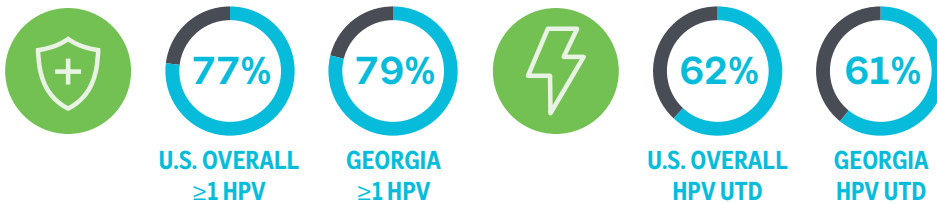


## A PATH TO PREVENTION: →

# State Profile: Georgia

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 2021:



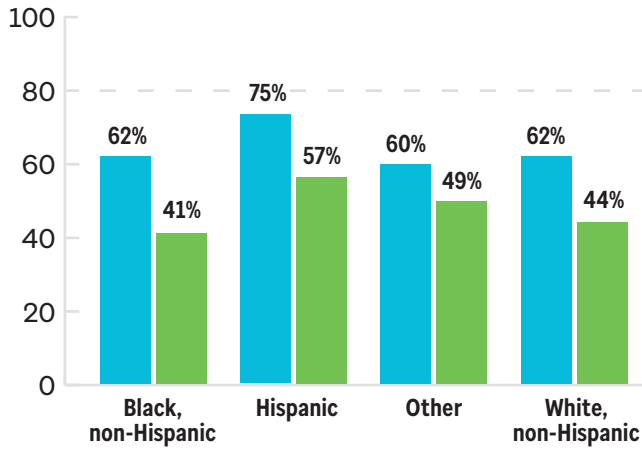
Georgia has increased HPV vaccination coverage of **≥1 dose by 12% and up-to-date (UTD) by 15% since 2016**. However, coverage remains **lower than the U.S. average** and below the Healthy People 2030 goal of 80% UTD. Compared to meningitis and whooping cough (Tdap) vaccines routinely recommended for adolescents, HPV vaccination coverage lags. Georgia vaccination rates **among 13-17 year olds were 93% for meningitis vaccine and 93% for Tdap vaccine in 2021**.



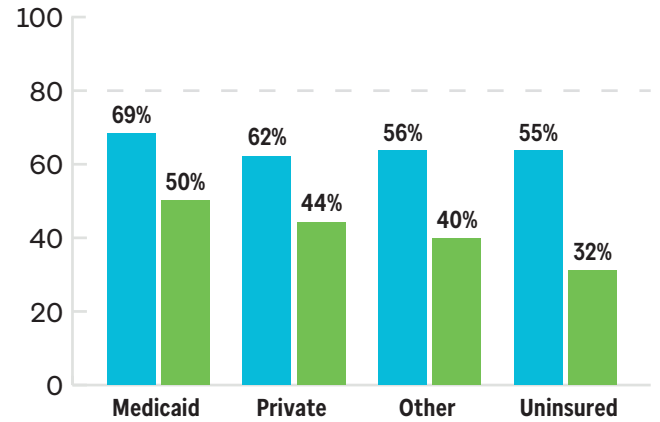
**HPV vaccination protects against more than 90% of HPV cancers.**

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

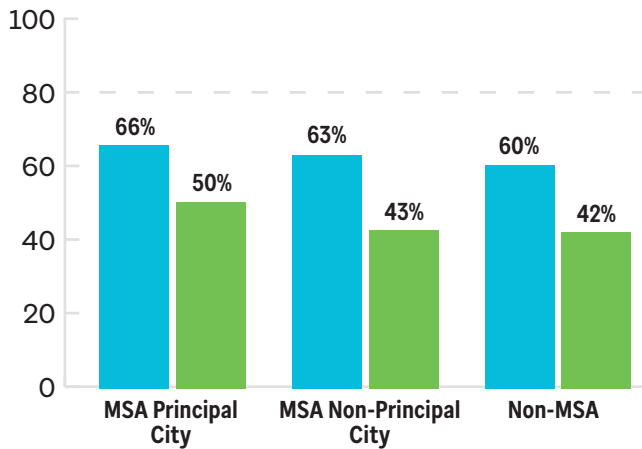
**HPV Vaccination by Race/Ethnicity**



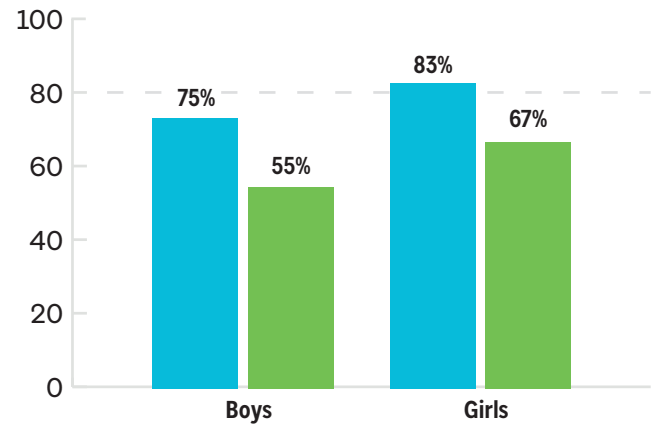
**HPV Vaccination by Insurance Coverage**



**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 higher in Georgia compared to the U.S. averages.**

### New Cases

	All HPV Cancers	Oropharyngeal Cancer	Cervical Cancer
United States Overall	12.5	5.2	7.2
Georgia Overall	13.9	5.5	7.9
United States	Male: 11.2, Female: 13.9	Male: 9.1, Female: 1.7	Georgia ranks in the <b>Top 15 Nationally</b> in cervical cancer incidence rates.
Georgia	Male: 12.7, Female: 15.1	Male: 9.9, Female: 1.7	

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 Georgia 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](http://www.cdc.gov/cancer/dataviz), released in November 2022, accessed December 2022