**Human Papillomavirus Vaccine (HPV) Update**

Data from the 2012 National Immunization Survey-Teen (NIS-Teen) show that no progress has been made in HPV vaccination coverage in girls since last year. Between 2007 and 2011, vaccination coverage significantly increased each year for all doses, though rates lagged behind those of other recommended vaccines for teens (i.e., Tdap and MCV4). From 2011 and 2012, the percentage of girls initiating the HPV vaccine series did not improve (53.0% to 53.8%, respectively). The number of girls receiving all three recommended doses of HPV vaccine failed to improve as well (34.8% to 33.4%, respectively).

Four out of five girls who haven’t received HPV vaccine had a missed opportunity in 2012. The NIS-Teen asks parents who did not intend to vaccinate their daughters the reasons why—one of the top five reasons they list is that they never received a recommendation from the healthcare provider. This is concerning because research consistently shows that a provider’s recommendation to vaccinate is the most influential factor in parental decision-making about vaccination.

Three of the five main reasons parents reported for not intending to vaccinate their daughters (i.e., vaccine not needed, lack of knowledge, and daughter not sexually active) indicate gaps in understanding, including why vaccination is recommended by age 13 years. Safety concerns were also among the top five reasons parents did not intend to vaccinate, however, multiple studies show that HPV vaccine is safe. More than 175 million doses of HPV vaccine have been distributed worldwide and 57 million doses have been distributed in the United States. In the seven years since the vaccine was licensed, no serious safety concerns have been identified.

Findings from the NIS-Teen identify three areas that need to be addressed to improve HPV vaccination coverage:

1. The first area is education of parents.
   a. Updated educational materials that address these issues are available from CDC at [http://www.cdc.gov/vaccines/who/teens/index.html](http://www.cdc.gov/vaccines/who/teens/index.html).

2. Second, health-care providers must increase the consistency and strength of HPV vaccination recommendations. Studies have documented that, especially when counseling younger adolescents or their parents, providers give weaker recommendations for HPV vaccination compared with other vaccinations recommended for adolescents.
   a. CDC has recently developed a tip sheet ([http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.html](http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.html)) to help providers respond to parents’ questions and communicate strong, clear HPV vaccination recommendations.

3. Finally, missed vaccination opportunities need to be reduced. High HPV vaccination coverage with existing infrastructure and health-care utilization is possible in the United States. Taking advantage of every health-care encounter, including acute-care visits, to assess every adolescent’s vaccination status can help minimize missed opportunities.

**Resources**

**Articles/Reference materials for Providers**

   [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6229a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6229a4.htm)
2. AAP News Feature Article, HPV vaccine can’t wait: Immunization of younger teens is critical to preventing serious cancers later in life
   http://aapnews.aappublications.org/content/early/2012/08/31/aapnews.20120831-1.full?rss=1


4. CDC Feature, Cervical Cancer Rates by Race and Ethnicity
   http://www.cdc.gov/features/dscervicalcancer/

**Materials for Teens**

**Materials for Parents**
2. Webpage, HPV Vaccines (on CDC’s HPV Portal) http://www.cdc.gov/hpv/vaccine.html
3. CDC Feature, Are Your Kids Protected from HPV-related Cancers? http://www.cdc.gov/Features/hpvvaccine/

**Vaccination Schedules**
1. Schedule, Easy-to-read schedule of vaccines recommended for 7-18 year olds (English)
2. Schedule, Easy-to-read schedule of vaccines recommended for 7-18 year olds (Spanish)