Human Papillomavirus (HPV) Vaccination Report:

HPV VACCINE IS CANCER PREVENTION | Working Together to Reach National Goals for HPV Vaccination

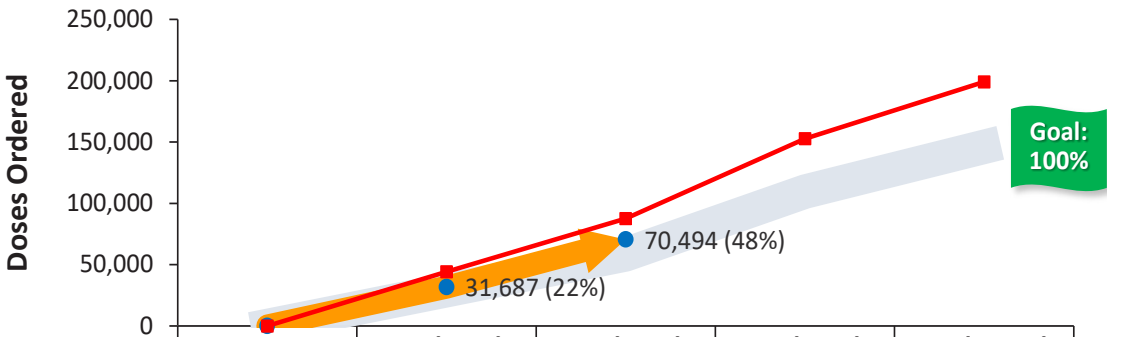
December 2018

This report highlights your jurisdiction's adolescent vaccination coverage estimates from the 2017 National Immunization Survey-Teen. In addition, please see below for your jurisdiction's human papillomavirus (HPV) vaccine distribution trend for the first two quarters of 2018.

The HPV Vaccination Report has a new look! However, the same great information is being presented. As usual, you will find HPV vaccine ordering data for your jurisdiction below. This report also features results from the 2017 National Immunization Survey-Teen on the second page.

The National Immunization Survey-Teen (NIS-Teen) is conducted annually to estimate vaccination coverage among adolescents aged 13–17 years in the 50 states, the District of Columbia, and selected local areas and territories. In 2017, data for 20,949 adolescents were analyzed. Comparing estimates from 2017 to those from 2016, coverage increased for ≥1 dose of HPV vaccine (from 60.4% to 65.5%), ≥1 dose of the meningococcal conjugate vaccine (MenACWY) (82.2% to 85.1%), and ≥2 doses of MenACWY (39.1% to 44.3%), while coverage with the tetanus, diphtheria, and acellular pertussis vaccine (Tdap) remained stable at 88.7%.[1] In addition, 48.6% of adolescents were up to date (UTD) with the HPV vaccine series in 2017 compared with 43.4% in 2016.[1] Although the increase in HPV vaccination coverage is encouraging, much work remains in order to reach the coverage levels of the other two routinely recommended adolescent vaccines and the *Healthy People 2020* goal of 80% for series completion for adolescent vaccines. For the complete national profile, click the link for the 2017 NIS-Teen *MMWR* in the "Reference" section of this report. For NIS-Teen data specific to your jurisdiction, see page 2 of this report.

Year-to-date total of HPV vaccine doses ordered* in Wisconsin, compared with the estimated number of doses needed to fully vaccinate 11-year-olds† in Wisconsin in 2017 and 2018 (first and second quarter)



	Year Start	Q1 (20%)	Q2 (40%)	Q3 (75%)	Q4 (100%)
2018 Estimated‡	0	29,219	58,438	109,571	146,094
2018 Actual	0	31,687	70,494		
2017 Actual	0	44,103	87,556	152,808	199,065

Based on an estimated total of 73,047‡ 11-year-olds in Wisconsin, your jurisdiction has thus far ordered **48%** of HPV vaccine doses needed to vaccinate all 11-year-olds in 2018. If all the ordered doses are used for 11-year-olds, Wisconsin is on track for ordering a sufficient amount of vaccine for this age group in 2018.

*These data represent an estimate of all HPV vaccine doses distributed in Wisconsin. The 9-valent HPV vaccine is currently the only HPV vaccine available in the United States.

†The 11-year-old population estimate was obtained from the U.S. Census: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2015_PEPSYASEX-&prodType=table.

‡Estimated percentages of vaccine orders are based on the 11-year-old population estimate and national HPV vaccine ordering patterns over the last several years.

Have questions? Contact us at hpvquarterlyreport@cdc.gov.

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Estimated vaccination coverage with select vaccines among all adolescents aged 13–17 years, United States and Wisconsin, National Immunization Survey–Teen (NIS-Teen), 2016–2017

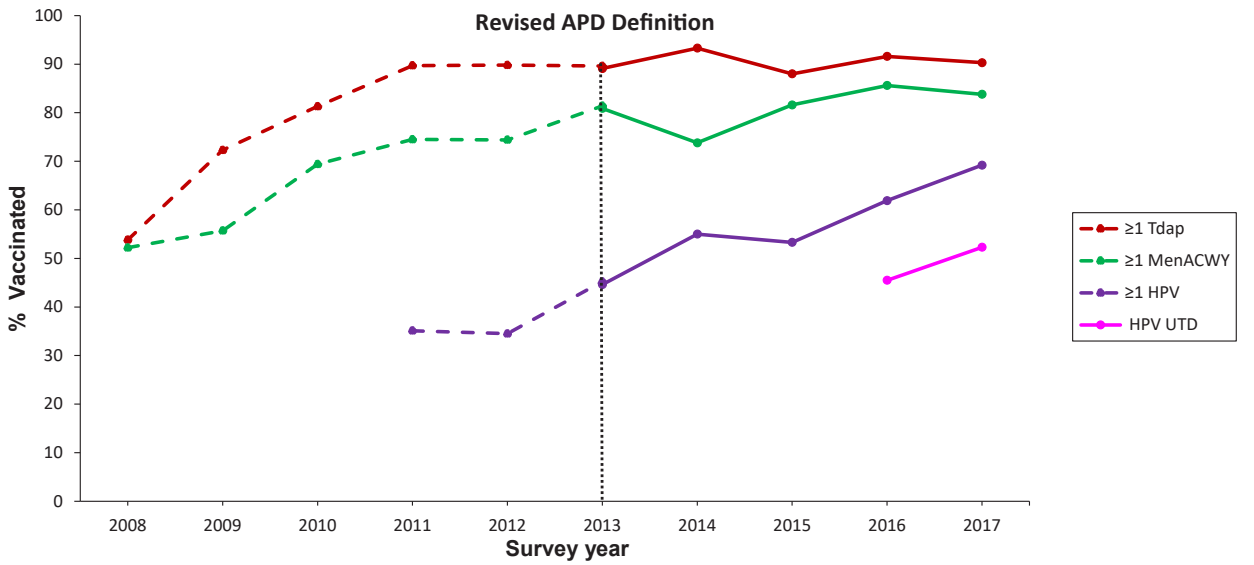
	HPV UTD*	≥1 HPV	≥1 Tdap	≥1 MenACWY
	%(95% CI)	%(95% CI)	%(95% CI)	%(95% CI)
US overall 2016 2017	 43.4(±1.3) 48.6(±1.3)†	 60.4(±1.2) 65.5(±1.2)†	 88.0(±0.9) 88.7(±0.9)	 82.2(±1.0) 85.1(±0.9)†
Wisconsin 2016 2017	 45.5(±6.5) 52.3(±6.5)	 61.9(±6.2) 69.2(±5.9)	 91.6(±3.6) 90.3(±3.8)	 85.6(±4.3) 83.8(±4.9)

Note: Statistical comparisons were made using t-tests. Differences were considered statistically significant at $p<0.05$ (†). Estimates with confidence interval half-widths >10 might not be reliable.

Abbreviations: CI = confidence interval; **HPV** = human papillomavirus vaccine; **HPV UTD** = HPV up to date; **≥1 HPV** = ≥1 dose HPV vaccine; **≥1 Tdap** = ≥1 dose tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine; **≥1 MenACWY** = ≥1 dose quadrivalent meningococcal conjugate vaccine.

***HPV UTD** includes those with ≥ 3 doses and those with 2 doses when the first HPV vaccine dose was initiated prior to age 15 years and there were at least 5 months minus 4 days between the first and second dose as specified by Clinical Decision Support for Immunization (CDSi).

Estimated vaccination coverage among all adolescents aged 13–17 years, Wisconsin, NIS-Teen, 2008–2017



*NIS-Teen estimates from 2008–2013 connected with dashed lines are previously published estimates using the previous adequate provider data (APD) definition. NIS-Teen estimates from 2013–2017 connected with solid lines use the revised APD definition. For more information, see reference 1.

- In 2017, coverage estimates for ≥1 Tdap, ≥1 MenACWY, and ≥ 1 HPV vaccine were similar to 2016 estimates.
- In 2017, ≥1 dose HPV coverage in Wisconsin was 21.1 percentage points lower than coverage for ≥1 dose Tdap and 14.6 percentage points lower than coverage for ≥1 dose MenACWY.
- In 2017, 52.3% of adolescents were up to date (UTD) with the HPV vaccine series compared with 45.5% in 2016; this change was not statistically significant.

Reference

1. Walker TY, Elam-Evans LD, Yankey D, et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2017. MMWR Morb Mortal Wkly Rep 2018;67:909–917. DOI: http://dx.doi.org/10.15585/mmwr.mm6733a1).

New Resource

- **New Continuing Medical Education (CME) Opportunity: "Making the Case, Championing for HPV Cancer Prevention in Your Practice."** This new CME is designed to educate clinicians about current HPV vaccine recommendations, best practices for effectively recommending HPV vaccination and addressing questions form parents of age-appropriate boys and girls, and strategies to foster team wide collaboration to increase HPV vaccination coverage in their practices. Access this CME opportunity here: https://www.medscape.org/viewarticle/898084.

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