



## **Consortium State Cancer Plan Human Papillomavirus (HPV) Chapter 2017-2020 Review**

### **Description/Definition:** (3-4 sentences)

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States, and a well-known cause of oropharyngeal, cervical, vaginal, vulvar, penile, and anal cancers. Nearly 80 million Americans are infected with at least one strain of Human Papillomavirus (HPV), and it is estimated that nearly 80% of sexually active women and 61% of sexually active men will be infected with HPV during their lifetime (Blake et al., 2015; Erikson, Alvarez, & Huh, 2013). In total, there are approximately 33,000 new cases of HPV-related cancers in the United States yearly (Blake et al., 2015; Schmidt et al., 2013), affecting a significant number of both males and females.

### **Activities / Future Activities:**

1. Promote the HPV Vaccine
2. Survey college campuses about HPV Vaccine
3. Implement the Just Ask Program

### **Partners & Perspective Partners:**

- Cervical Cancer Free Tennessee Coalition
- Cervical Cancer Coalition of Tennessee
- Merck
- Metro Nashville Health Department
- Memphis Breast Cancer Consortium

### **Funding Opportunities:**

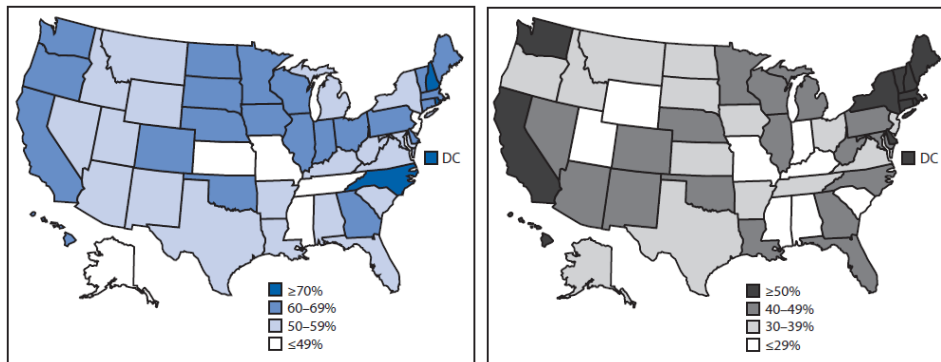
We are seeking funds to carry out these activities.

### **Supporting Data/Statistics (national/state):**

Due to the wide-reaching consequences of HPV infection, the health burden for HPV and HPV-associated cancers is quite high. In addition to the physical and emotional burdens placed on patients and families, HPV screening and treatment also constitutes a large cost burden for the United States health care system, calculated at \$8 billion annually (Chesson et al., 2012). Due to the above issues, along with the knowledge that the HPV vaccine holds promise to prevent many

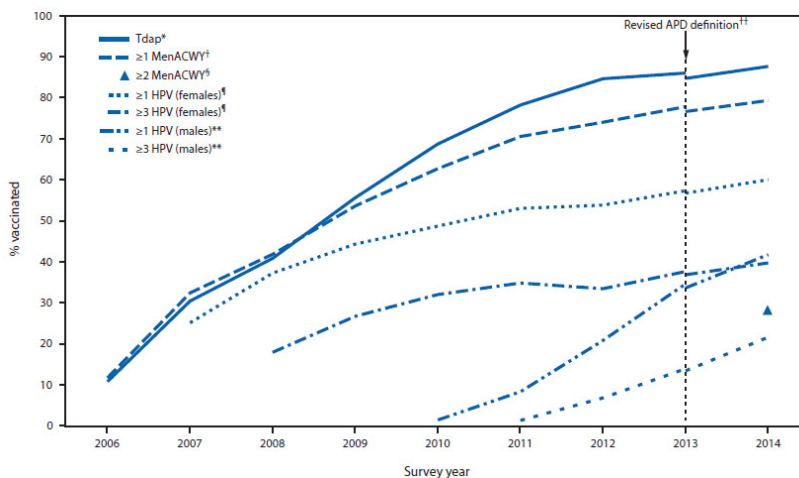
of these HPV comorbidities, *Healthy People 2020* has stated that the national target for adolescent 3-shot HPV completion should be 80% by ages 13-15 years (Stokley et al., 2014; U.S. Department of Health and Human Services (HHS), 2011).

As HPV is not a curable disease this focus on prevention through vaccination is key. Sadly, actual United States vaccination rates fall drastically short of the *Healthy People 2020* goals. According to the most recent National Immunization Survey-Teen 2014 (NIS-Teen 2014), only 39.7% of females and 21.6% of males complete the HPV vaccine series (Reagan-Steiner et al., 2015). Tennessee lags even further behind these poor national vaccination rates, and ranks lowest in all 50 states for adolescent HPV vaccination. In 2014 Tennessee's HPV vaccination completion rates fell even lower-to 20.1% for girls and 14% for boys.



**National 2014 vaccination rates for  $\geq 1$  dose of HPV in females (blue) and males (black)**

When we compare Tennessee's HPV vaccination rates with other adolescent vaccines the health disparity is clear. While 86% of Tennessee teens received the Tdap and 74% the Meningococcal vaccines, only 47.8% of females and 30.5% of males received  $\geq 1$  dose of the HPV vaccine (Reagan-Steiner et al., 2015).





These astoundingly low HPV vaccination rates serve as a call to action for promoting HPV vaccination, specifically improving familial and provider attitudes towards the vaccine and encouraging positive vaccination conversations in the community. Encouraging secondary HPV prevention through regular female Papanicolaou (Pap) smears is also key in early cancer detection and treatment. Women ages 21-29 years should have a Pap test every 3 years, and those ages 30-65 should have a Pap test with HPV co-testing every 5 years (American Congress of Obstetricians and Gynecologists (ACOG), 2016). While there are currently no approved testing methods for HPV or genital warts in men, regular health screenings and anal Pap smears for high risk men are available. Efforts should be made to facilitate access to such secondary testing in local communities, specifically in high risk populations.

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