

HPV vaccine uptake among girls is lowest in states with highest rates of cervical cancer

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The proportion of adolescent girls receiving human papillomavirus (HPV) vaccines was much lower in states with higher rates of cervical cancer incidence and mortality, according to data presented at the American Association for Cancer Research (AACR) conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, held Nov. 9–12.

HPV vaccines can prevent individuals from developing several types of [cancer](#), including cervical, anal, vaginal, and vulvar cancers.

"Cervical cancer incidence and mortality rates vary widely by state," said Jennifer L. Moss, MSPH, a doctoral student in the Department of Health Behavior at the University of North Carolina Gillings School of Global Public Health in Chapel Hill. "Our data show that [adolescent girls](#) remain vulnerable to disease in areas where women already have a higher risk of developing and dying from cervical cancer. If more adolescents, both girls and boys, in these states received an HPV vaccine, their risk of HPV-related cancers would drop dramatically.

"Teens don't visit their health care providers as often as younger children, so increasing the frequency and efficiency of preventive visits is really important for HPV vaccination and cancer prevention," continued Moss. "We know that a health care provider's recommendation is the single biggest influence on whether an adolescent receives an HPV vaccine. So, we hope that the findings of our study impress upon clinicians, especially those practicing in states with higher

cancer rates, that cancer prevention means recommending HPV vaccination to adolescent patients at every visit."

Moss and colleagues collected data on HPV vaccination rates in different states from the National Immunization Survey–Teen and on cancer rates in different states from the United States Cancer Statistics database.

They found that as cervical cancer incidence rates increased, HPV vaccine initiation rates among girls decreased. "For example, in a state like Massachusetts, about 6 per 100,000 women develop cervical cancer each year and 69 percent of teen girls have initiated HPV vaccination," said Moss. "However, in states with higher rates of cervical cancer incidence, such as Arkansas, where the rate is 10 per 100,000 women, vaccination is much lower—41 percent of teen girls."

HPV vaccine initiation was also lower among girls living in states with higher [cervical cancer](#) mortality rates, higher proportions of non-Hispanic black residents, and lower proportions of high-income residents. Completion of the three-dose course of HPV vaccine was higher in [states](#) with greater levels of adolescent contact with the healthcare system.

According to the researchers, the current patterns of HPV vaccination may not be adequate to reverse the current geographic disparities in HPV-related [cancer incidence](#) and mortality. They suggest that strengthening adolescent preventive [health care](#) use may be particularly important to increase completion of the HPV vaccine course.

Provided by American Association for Cancer Research

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