July 25, 2013

Summary of Main Points
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. From 2011 and 2012, there were no statistically significant changes in coverage. The percentage of girls initiating the HPV vaccine series did not improve. The number of girls receiving all three recommended doses of HPV vaccine failed to improve as well.

High HPV vaccination coverage can be achieved in this country with existing infrastructure and healthcare utilization. However, missed opportunities are high and we aren’t taking every advantage to vaccinate. In this report, a missed opportunity is defined as a healthcare encounter occurring on or after a girl’s 11th birthday during which a girl received at least one vaccine, but did not receive HPV vaccine. 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.

Safety concerns are one of 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 of HPV vaccine safety studies and monitoring that have been conducted since the vaccine was licensed, no serious safety concerns have been identified. Reports to the Vaccine Adverse Event Reporting System (VAERS) have decreased each year since 2008.

Survey Data: HPV vaccination coverage among girls 13 through 17 years of age
• Although vaccination coverage with ≥1 dose of any HPV vaccine increased from 25.1% in 2007 to 53.0% in 2011, coverage in 2012 (53.8%) was similar to 2011 (53.0%).
• Vaccination coverage for ≥3 doses of any HPV vaccine decreased 1.4 percentage points from 2011 (34.8%) to 2012 (33.4%). This decrease was not statistically significant.
• 84.0% of HPV-unvaccinated girls have had a missed opportunity.
  o If these girls had received the HPV vaccine during visits when another vaccine was given, coverage with ≥1 dose of HPV could be 92.6%.
• Main reasons reported by parents for not intending to vaccinate their daughters for HPV include:
  o Vaccine not needed (19.1%);
  o Vaccine not recommended (14.2%);
  o Vaccine safety concerns (13.1%);
  o Lack of knowledge about the vaccine or the disease (12.6%); and,
  o Daughter is not sexually active (10.1%).
Background on the NIS-Teen

- The National Immunization Survey on teen vaccine immunization coverage rates (also called NIS-Teen) provides us with a “report card” to let us know how well we are doing in protecting our nation’s teens against vaccine-preventable diseases.

- The NIS-Teen is a random-digit-dialing telephone survey of parents of teens 13-17 years old. It is followed by verification of records with healthcare professionals.

- The NIS-Teen includes immunization coverage estimates for three vaccines recommended at 11 or 12 years of age. These vaccines are Tdap to protect against tetanus-diphtheria-pertussis, MCV4 (to protect against meningococcal disease and HPV vaccines (to protect against infection with HPV and HPV-related cancers and disease).

- Since 2011, NIS-Teen estimates have been based on adolescents identified from both land-line and cell phone sampling frames. Previously only landline sampling frames were used. As an increasing number of families no longer have land-line telephones and are moving to cell phones only, this will help keep a nationally representative sample.