



NEW JERSEY DEPARTMENT OF HEALTH DATA BRIEF ON HUMAN PAPILLOMAVIRUS

Human Papillomavirus (HPV) Immunization Coverage

Over 90% of HPV-associated cancers are preventable through HPV vaccination.¹ All preteens ages 11 or 12 years old should get two shots of HPV vaccine six to twelve months apart. If a child initiates the HPV series on or after their 15th birthday, three shots will need to be given over 6 months. Three doses are also recommended for people with certain immunocompromising conditions aged 9 through 26 years. Catch-up vaccination may be given through age 26 for females and through age 21 for males.

Key Findings

Data from the National Immunization Survey—Teen, 2011-2017

www.cdc.gov/mmwr/volumes/67/wr/mm6733a1.htm

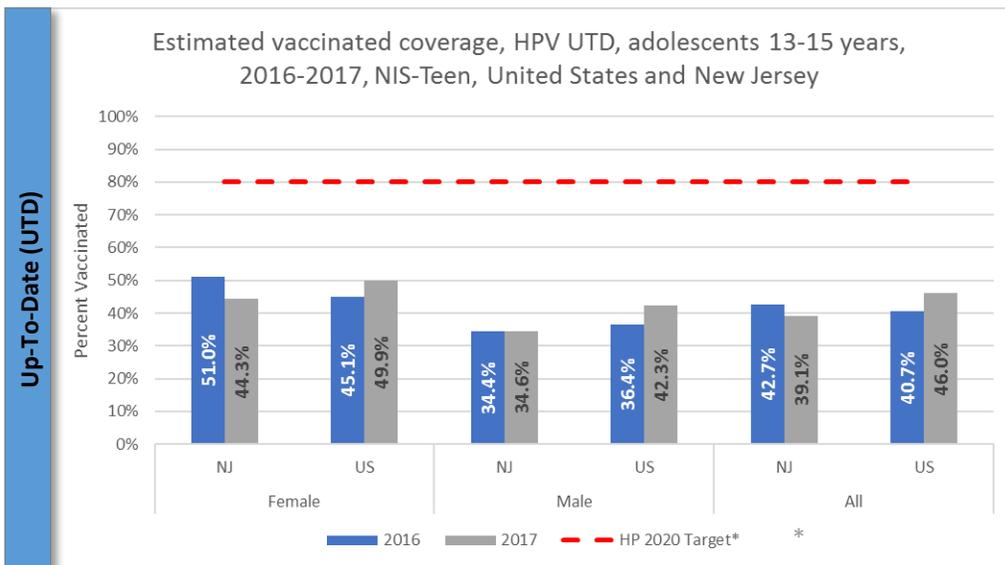
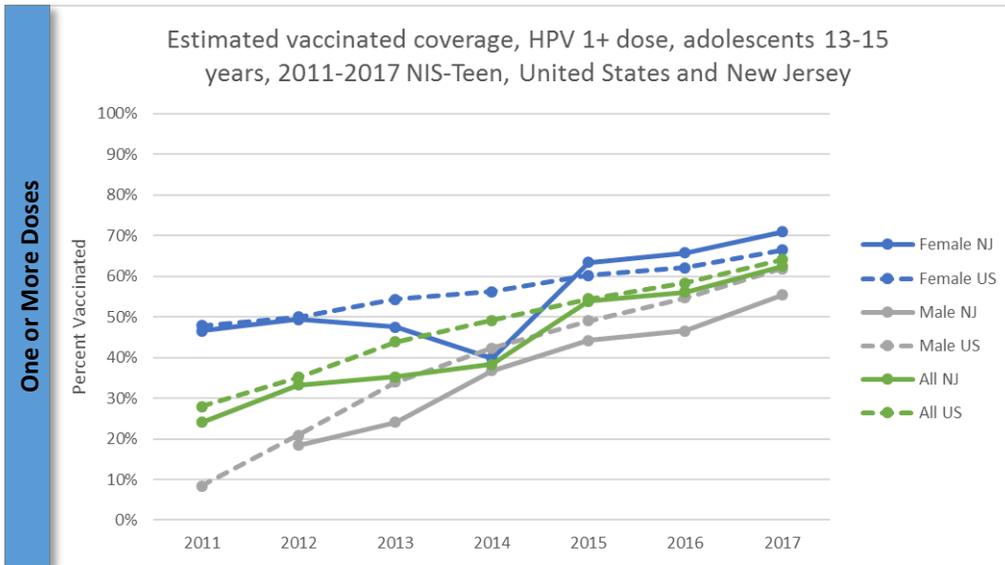
- Since 2011, HPV vaccination rates in New Jersey have shown improvement for adolescents 13-15 years.
- First dose HPV vaccination coverage for adolescents 13-15 years has increased for both males (**55.4%** in 2017) and females (**70.9%** in 2017) and remains comparable to the national averages, but lags behind two routine adolescent immunizations, Tdap (**87.0%** in 2017) and meningococcal conjugate (**94.3%** in 2017).
- In New Jersey, only an estimated **39.1%** of adolescents ages 13-15 years had completed the HPV vaccination series in 2017. *This indicates that six out of every ten adolescents are not fully protected against HPV in the state.*

Additional Findings

Data from the Blue Cross Blue Shield Association Health of America Report, 2018

www.bcbs.com/the-health-of-america/reports/adolescent-vaccination-rates-in-america

- Claims data in this report indicated that in 2016, only **21%** of adolescents ages 10-13 years in New Jersey had received the first dose of HPV vaccine.
- This highlights the need for a strong provider recommendation at 11-12 years to achieve optimal immune response prior to potential exposure.



Data Source: CDC National Immunization Survey - Teen (NIS-Teen)

*The Healthy People 2020 target for HPV vaccination is to achieve 80% series completion for both male and female adolescents ages 13-15 years. More information on Healthy People 2020 can be found at: www.healthypeople.gov.

¹www.cdc.gov/cancer/hpv/statistics/cases.htm





NEW JERSEY DEPARTMENT OF HEALTH DATA BRIEF ON HUMAN PAPILLOMAVIRUS

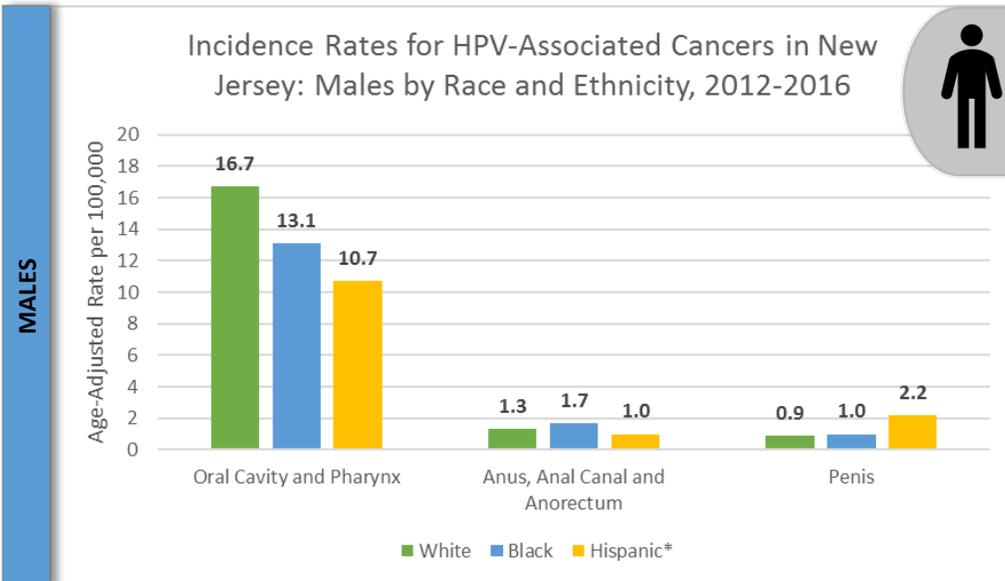
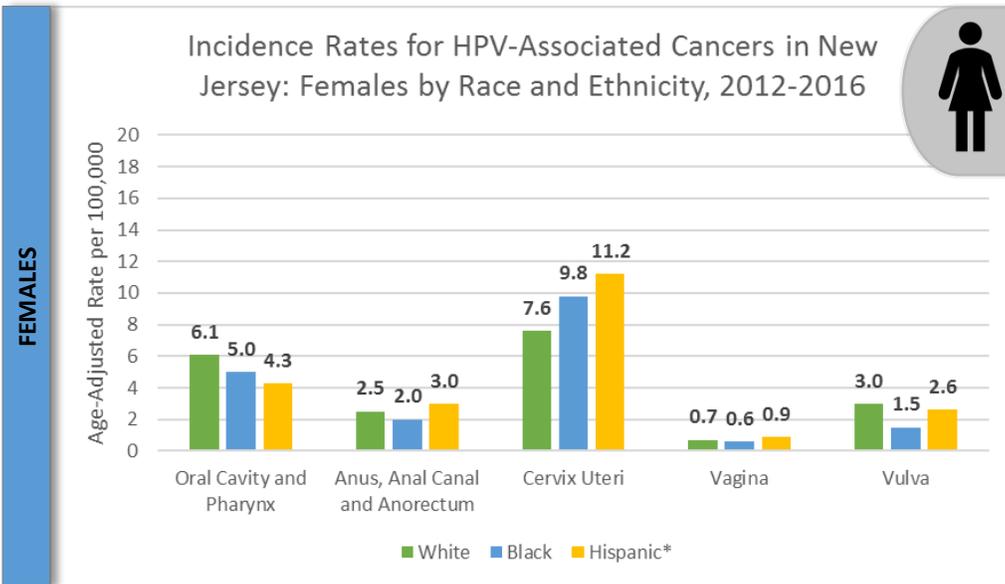
Human Papillomavirus (HPV) Associated Cancers

HPV is a group of more than 150 related viruses. Each HPV virus in this large group is given a number which is called its HPV type. HPV is named for the warts (papillomas) some HPV types can cause. Some other HPV types can lead to cancer. Men and women can get cancer of the mouth (oral cavity), throat (pharynx), and anus (including anal canal and anorectum) caused by HPV infections. HPV can also cause penile cancer in men and cervical, vaginal and vulvar cancer in women. Fortunately, there are vaccines that can prevent infection with the types of HPV that most commonly cause cancer.

Key Findings

Data from the New Jersey State Cancer Registry, 2012-2016

- Between 2012-2016, over 1,900 new cases of HPV-associated cancer occurred each year among New Jersey residents. Disparities by sex, cancer type, and race/ethnic group are evident.
- According to the CDC, New Jersey has one of the lowest incidence rates for all HPV-associated cancers combined, compared to other States www.cdc.gov/cancer/hpv/statistics/state/.
- The most common HPV-associated cancer for women was cervical cancer. Rates were the highest among Hispanic and Black women. White women had the highest rate of oral and pharyngeal cancer.
- The most common HPV-associated cancer for men was oral and pharyngeal cancer. Rates were highest in White men compared to Black and Hispanic men.
- Anal and penile cancers were the highest among Black and Hispanic men, respectively.



Data Source: SEER*Stat Database: New Jersey State Cancer Registry January 2019 file, New Jersey Department of Health. Rates are age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130) standard.
*Hispanic ethnicity may be of any race or combination of races.

The New Jersey State Cancer Registry (NJSCR) Data Guidelines containing comprehensive data analysis methods, race and ethnicity classification, population and mortality data sources, and additional information related to NJSCR data can be found at www.nj.gov/health/ces/reports.shtml.

Interactive New Jersey cancer incidence and mortality data are available through the NJDOH website at www.nj.gov/health/ces/cancer-researchers/cancer-data/index.shtml.

