

Spring 2023

## Dear Colleague:

Each year in the U.S., 37,300 people get cancer caused by human papillomavirus (HPV). Ensuring that young people get vaccinated can spare them from painful or deadly illnesses later in life. The 9-valent HPV vaccine protects against the most common HPV types that cause 83% of HPV-associated cancers in women and 74% in men.

Vaccination against HPV is the standard of care. Evidence continues to accrue regarding the safety and effectiveness of HPV vaccination, including its role in reducing the incidence of cervical cancer, oropharyngeal infections, genital warts and abnormal Pap smears. As of December 31, 2022, 67% of 13-year-olds in New York City started the vaccine series by their 13th birthday, but only 43% completed the series. HPV immunization rates are plateauing, and more than half of New York City adolescents are not fully protected against HPV.

The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination starting at 11 or 12 years old, but the HPV vaccine can be given starting at 9 years old. If the series is started at 15 years of age or older, three doses are needed. All people 9 through 26 years old should receive the HPV vaccine. Some adults ages 27 through 45 years old who are at increased risk of HPV infection may also receive the HPV vaccine.

The Health Department wants to partner with you and provide guidance and educational materials to increase HPV vaccination rates at your facility. This toolkit is centered on three core provider strategies:

- 1. Give a strong recommendation for the HPV vaccine. Focus on cancer prevention. A physician's recommendation is one of the best predictors of whether a patient will be vaccinated at a visit. Do not address sexual transmission unless directly asked. (After all, we do not talk about tetanus or meningococcal transmission.) Start the conversation at the first opportunity; HPV vaccination can be given starting at 9 years old.
- 2. Bundle adolescent vaccines. Offer HPV vaccine to all 11- and 12-year-old patients at the same time and in the same way as you offer the Tdap and meningococcal vaccines. Do not single out the HPV vaccine in your discussions with parents.
- 3. Avoid missed opportunities to vaccinate your patients against HPV. The persistent gap in coverage between HPV vaccine and the other recommended adolescent vaccines indicate missed opportunities to protect patients from HPV-associated cancers. Use every health care visit as an opportunity to ensure your patients are fully vaccinated against HPV. Teens in New York State seeking sexual health care services do not need a parent or guardian's permission to receive the HPV vaccine.

We look forward to partnering with you to increase HPV vaccination rates and protect the health of young New Yorkers.

Sincerely,

Ashwin Vasan, MD, PhD

Commissioner

New York City Department of Health and Mental Hygiene