



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Mary T. Bassett, MD, MPH
Commissioner

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42-09 28th Street, CN21
Queens, NY 11101-4132

Dear Colleague:

The Health Department would like to alert all health care facilities in Staten Island of the low human papillomavirus (HPV) vaccine coverage among Staten Island adolescents, and urge you to take immediate action. Only **27.2%** of Staten Island adolescents 13-17 years have completed the HPV vaccine series, compared to 59.5% across New York City (NYC) (as of 3/31/2017, based on Citywide Immunization Registry [CIR] data). HPV vaccine coverage in Staten Island, as well as in NYC, remains substantially below the Healthy People 2020 goals of 80% and well below the >95% citywide coverage of other vaccines recommended for adolescents (tetanus-diphtheria-pertussis [Tdap] and meningococcal quadrivalent conjugate [Men ACWY] vaccines). The breakdown of HPV vaccine coverage in the other boroughs is 69.7% in the Bronx, 62.8% in Manhattan, 51.9% in Queens and 43.5% in Brooklyn.

Providers should take immediate action to increase HPV vaccine coverage in their facilities. It is important to provide a strong recommendation for HPV vaccine and to administer all three adolescent vaccines – Tdap, MenACWY and HPV – at the same visit. Avoid missed opportunities. With the start of the new school year, adolescents may be coming in to receive vaccines required for school so use this opportunity to administer HPV vaccine during the same visit. Use your electronic medical record or the CIR to identify patients who have not started or have not completed the HPV vaccine series; the CIR has tools to help identify and contact these patients. The CIR can also generate a list of patients due for HPV vaccine and facilitate recall through the use of letters, phone lists and text messages.

The Health Department has several materials available to help providers increase HPV vaccine coverage in their facilities. A provider toolkit with tips for providing a strong vaccine recommendation and answers to commonly asked question is available at <http://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-hpv.page>. The toolkit also contains several parent education materials, including a poster, health bulletin and a tear-off sheet with information about the vaccine and HPV-related cancers. The poster and tear-off sheet are available in English and Spanish; the health bulletin is available in numerous languages. The Health Department is also conducting visits to selected facilities to assist with workflows to reduce missed opportunities, provide strong HPV vaccine recommendations, and increase their HPV coverage.

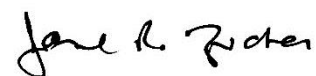
HPV causes more than 30,000 new cancers every year in the United States, including cancers of the cervix, vagina, vulva, anus, penis, and oropharynx. In clinical trials, the HPV vaccine has been shown to be up to 99% effective in preventing precancerous lesions. Evidence post-licensure demonstrates high vaccine effectiveness. Since HPV vaccine introduction in the United States in 2006, vaccine-type HPV infection has decreased by 64% among females 14 through 19 years of age. Reductions in cervical dysplasia and abnormal PAP smears have also been documented among vaccinated females. Evidence of the vaccine's strong safety record continues to accumulate. Common side effects include a sore arm at the injection site, but serious adverse reactions are extremely rare.

The 9-valent human papillomavirus vaccine (9vHPV, Gardasil 9[®], Merck) is the only licensed HPV vaccine available in the United States, and protects against the nine most common HPV types. The Advisory Committee on Immunization Practices (ACIP) recommends that all 11 and 12 year-olds should be routinely vaccinated. The vaccine may be given as early as 9 years of age. Adolescents starting the vaccine series before 15 years of age can complete the series with 2 doses, at 0 and 6-12 months (with a minimum interval between doses of 5 months). If the series was begun at age 15 years or older, or is being administered to an immunocompromised teen of any age, then a 3-dose schedule—at 0, 1-2, and 6 months—should be followed. HPV vaccine should be administered to all unvaccinated females through age 26 years and to males through age 21 years. Males 22-26 years of age may be vaccinated if at high risk, including males who are immunocompromised or who are men who have sex with men. If given at the correct intervals, prior doses of the 2-valent vaccine (Cervarix[®]) or the 4-valent vaccine (Gardasil[®]) are considered valid doses and count toward completion of the HPV vaccine series.

HPV vaccine is distributed through the Vaccines for Children (VFC) program for VFC-eligible children. New York State (NYS) insurance regulations require that all insurance written in NYS cover all childhood ACIP-recommended vaccines. Less than 1% of children in NYC have private insurance that does not cover HPV vaccine. The Health Department distributes HPV vaccine through the VFC program for these children; these doses should be reported to the CIR as having been given to “underinsured” children for VFC eligibility status. If you have a problem with insurance reimbursement, contact the Health Department at the number provided below.

If you would like to obtain additional information and guidance about HPV vaccine and on improving coverage, please contact the DOHMH at 347-396-2400. Thank you for your cooperation.

Sincerely,



Jane R. Zucker, MD, MSc