

The National HPV Vaccination Roundtable



Taking Action to Help Save Lives

The purpose of the National HPV Vaccination Roundtable is to increase HPV vaccination coverage. Key activities include increased awareness, provider education, public education, systems changes, and health policy efforts. The American Cancer Society has led the development of the Roundtable by convening a national coalition of public, private, and voluntary organizations dedicated to increasing HPV vaccination coverage in the United States. Through coordinated leadership, strategic planning, and action, we can reduce HPV-associated cancers and related deaths.

HPV Vaccination and Cancer

Nearly all cases of cervical cancer are caused by infection with high-risk types of human papilloma virus (HPV). The virus also has been linked to cancers of the vagina, vulva, anus, penis, and throat.

HPV vaccination prevents infection by virus types that cause the vast majority of these cancers and genital warts, but the vaccine works only if given well before an infection occurs. That's why, in part, the American Cancer Society recommends it at ages 11 to 12. Vaccination at these younger ages also leads to a greater immune response.

Despite the power of HPV vaccination to prevent cervical cancer, only one-third of adolescent girls have completed the 3-dose series. The CDC reports that vaccination coverage increased slightly between 2012 and 2013 but remains too low.

In 2014, the President's Cancer Panel released a report calling "underuse of HPV vaccines a serious but correctable threat to progress against cancer."

What the Society Will Do

The National HPV Vaccination Roundtable develops and implements pilot projects focused on overcoming barriers to HPV vaccination by focusing on five priority areas.

- **Providers** – Strengthen HPV vaccination recommendations and decrease missed opportunities.
- **Parents** – Educate and raise awareness about the importance of vaccinating males and females ages 11-12 to prevent cancers and to increase acceptance of vaccination against HPV infection.
- **Systems** – Address barriers such as the inadequate reimbursement for vaccine administration and the lack of reminder systems.
- **Policies** – Maximize access to and opportunities for vaccination (e.g., by considering alternative settings such as pharmacies).
- **Health Disparities** – For underserved populations at highest risk for cervical and other HPV-associated cancers, address barriers including cultural factors, distrust of the medical system, and limited access to health care.

To Find Out More

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