

Study: Increase HPV immunization coverage by requiring other vaccines

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More adolescents receive human papillomavirus (HPV) vaccines when they are required to receive other vaccines, a new study found.

School entry requirements for a [tetanus, diphtheria and pertussis \(Tdap\) booster](#) and [meningococcal](#) vaccination were associated with improved HPV vaccination rates.

“Leveraging school entry requirements to improve vaccination can have implications for herd immunity, herd severity, and protecting the population from vaccine-preventable infectious and chronic diseases,” authors said in the report “School Entry Requirements and Coverage of Nontargeted Adolescent Vaccines” (Moss JL, et al. *Pediatrics*. Nov. 8, 2016, <http://dx.doi.org/10.1542/peds.2016-1414>).

To protect against HPV-related cancers, the Academy and Centers for Disease Control and Prevention (CDC) [recommend HPV vaccine](#) as part of routine immunization for males and females at age 11 or 12 years, although it can be started as early as 9 years. However, only about 63% of teen girls and about 50% of boys start the series, according to the CDC.

The CDC’s Advisory Committee on Immunization Practices [recently recommended a two-dose schedule](#) instead of three for children younger than 15 years of age, which could help improve rates. That recommendation has not been finalized by the CDC or reviewed by the Academy.

During the study on school entry requirements, only Virginia and Washington, D.C., required HPV vaccination. However, most states require a Tdap booster for school entry and about half require meningococcal vaccination. To study the impact of school vaccination requirements, researchers analyzed data on 99,921 adolescents from the CDC’s National Immunization Survey-Teen.

States requiring Tdap booster had a 22 percentage point higher coverage rate for Tdap and 8 percentage point higher coverage rate for the first dose of HPV vaccine among females than states without a Tdap booster requirement.

States requiring meningococcal vaccination had a 24 percentage point higher coverage rate for meningococcal vaccination and 4 percentage point higher rate of girls receiving a first dose of HPV than states without a meningococcal vaccine requirement.



The two areas with an HPV vaccine requirement, which had lax opt-out provisions, saw an increase of less than 1 percentage point of improved coverage compared to states without a requirement. They also tended to have higher Tdap booster coverage but lower meningococcal vaccine coverage.

To boost HPV vaccination rates, the authors said more states could adopt HPV vaccination requirements, but acknowledged doing so may be politically difficult in some areas. As an indirect approach, they suggested more states implement a meningococcal vaccine requirement and that states make it harder to opt out of requirements. In August, the Academy called for the **elimination of nonmedical immunization exemptions**.

“More generous opt-out provisions are associated with higher rates of exemption, lower vaccination coverage, and higher disease incidence,” the study authors wrote.

In a **related commentary**, Jason L. Schwartz, Ph.D., M.B.E., looked at the impact of treating HPV vaccines as part of routine care but not requiring them for school entry as readily as other vaccines.

“Compelling reasons for treating HPV vaccines differently in this regard may exist,” he said, “but without an explicit justification for why a unique approach is appropriate, the current status of HPV vaccination requirements complicates, if not undermines, efforts by vaccination advocates and the cancer prevention community to reject HPV vaccine exceptionalism and to normalize the vaccine in the minds of providers and parents.”