


You are the Key to HPV Cancer Prevention

Understanding the Burden of HPV Disease,
the Importance of the HPV Vaccine Recommendation,
and Communicating about HPV Vaccination

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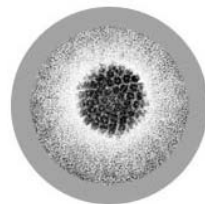
Disclosure

- *There is no conflict of interest or financial disclosures for any speaker or planner for this presentation.*



Objectives

1. Describe the burden of HPV disease.
2. Define the importance of HPV vaccination for cancer prevention.
3. Explain the rationale for vaccinating youth at ages 11 or 12.
4. List the recommendations for administering the HPV vaccine to girls and to boys.
5. Provide useful and compelling information about HPV vaccine to parents to aid in making the decision to vaccinate.
6. Locate resources relevant to current immunization practice.

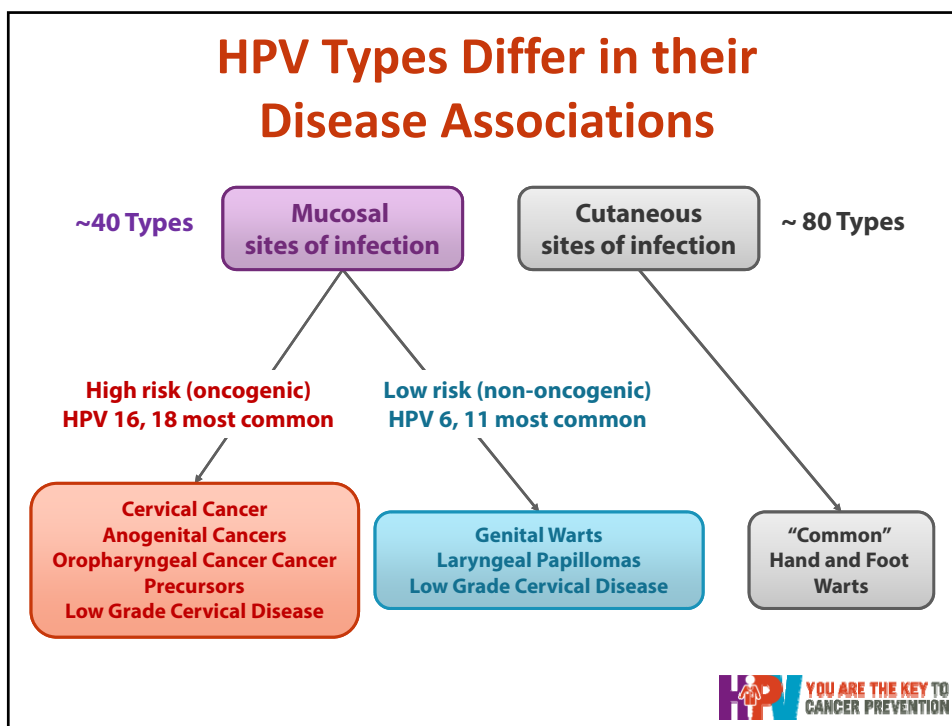


HPV
(Human papillomavirus)

Understanding the Burden

HPV INFECTION & DISEASE





HPV Infection

- ▶ **Most females and males will be infected with at least one type of mucosal HPV at some point in their lives**
 - ▶ Estimated 79 million Americans currently infected
 - ▶ 14 million new infections/year in the US
 - ▶ HPV infection is most common in people in their teens and early 20s
- ▶ **Most people will never know that they have been infected**

Every year in the United States 27,000 people are diagnosed with a cancer caused by HPV



That's 1 case every 20 minutes



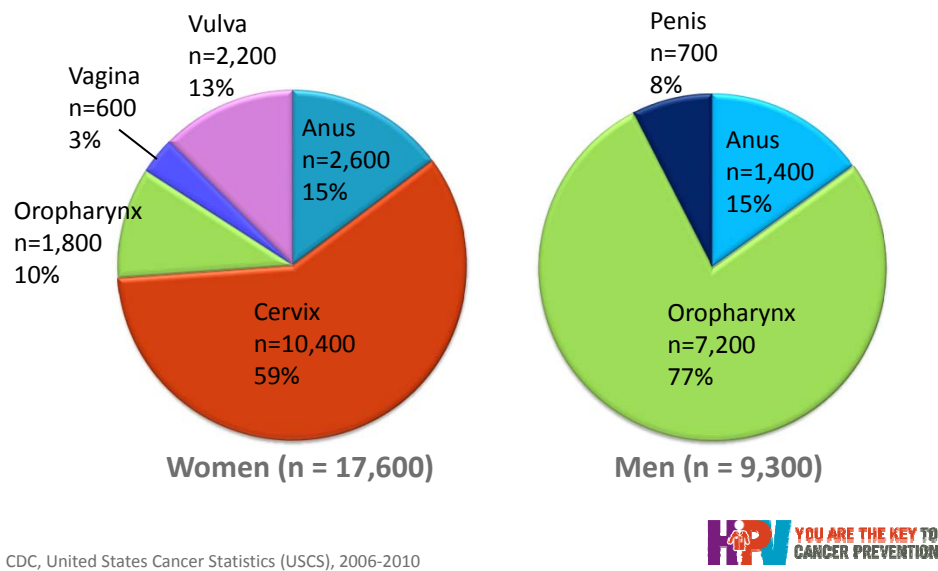
Cancers Caused by HPV, U.S.

Cancer site	Average number of cancers per year probably caused by HPV†			Percentage per year
	Male	Female	Both Sexes	
Anus	1,400	2,600	4,000	91%
Cervix	0	10,400	10,400	91%
Oropharynx	7,200	1,800	9,000	72%
Penis	700	0	700	63%
Vagina	0	600	600	75%
Vulva	0	2,200	2,200	69%
TOTAL	9,300	17,600	26,900	

CDC, United States Cancer Statistics (USCS), 2006-2010



New Cancers Caused by HPV per Year United States 2006-2010

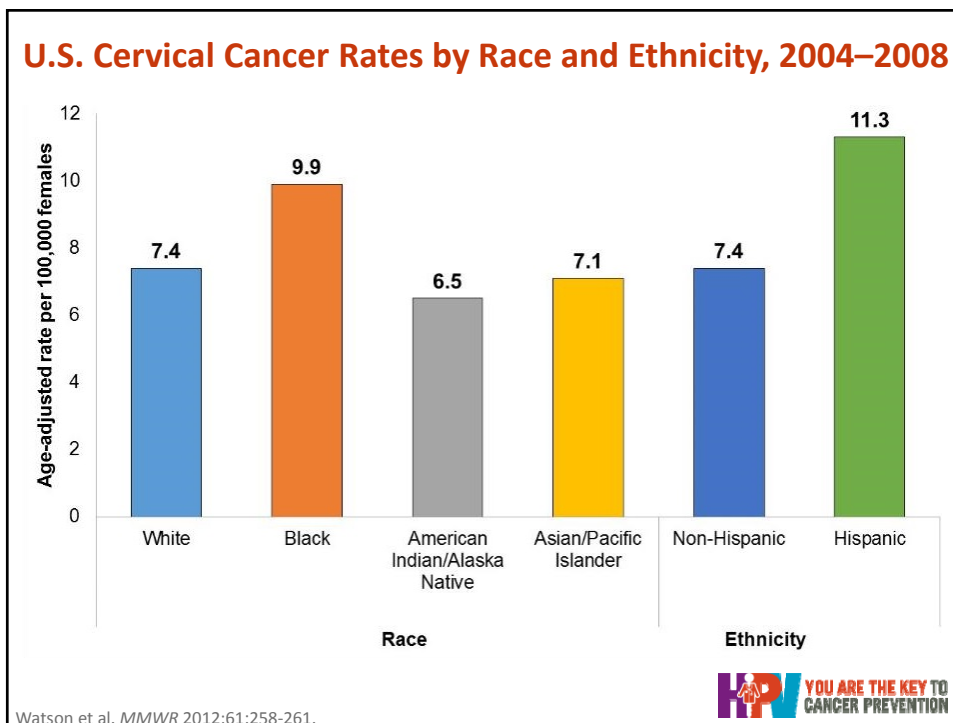
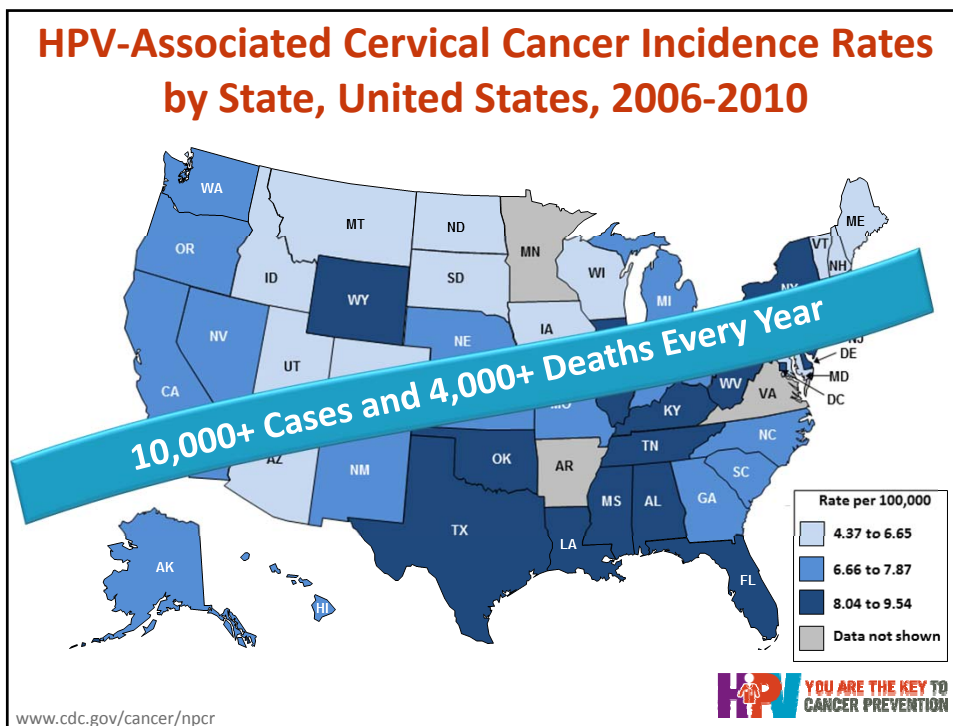


Cervical Cancer

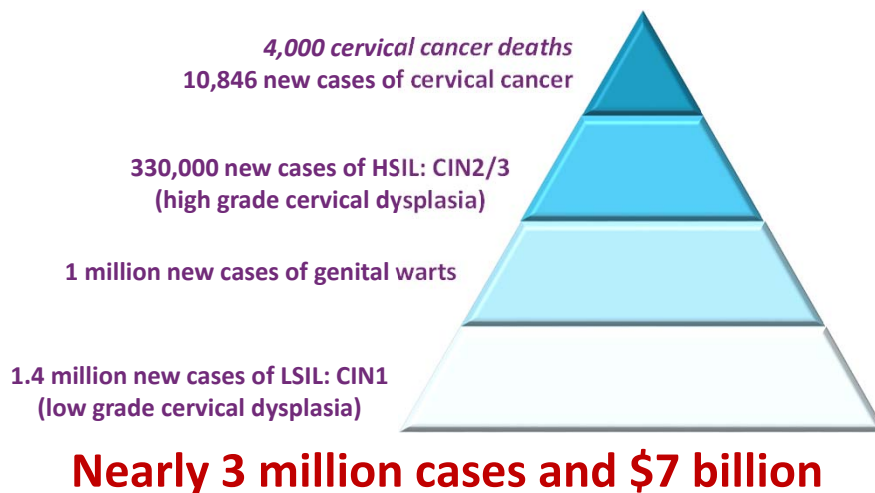
- ▶ **Cervical cancer is the most common HPV-associated cancer among women**
 - ▶ 500,000+ new cases and 275,000 attributable deaths world-wide in 2008
 - ▶ 11,000+ new cases and 4,000 attributable deaths in 2011 in the U.S.
- ▶ **37% cervical cancers occur in women who are between the ages of 20 and 44**
 - ▶ 13% (or nearly 1 in 8) between 20 and 34
 - ▶ 24% (or nearly 1 in 4) between 35 and 44

CDC. HPV-associated cancers—US, 2004–2008. MMWR 2012;61(15):258–261.
Cervical Cancer Counts by Age. US Cancer Statistics data from 2010, CDC.gov.





Without vaccination, annual burden of genital HPV-related disease in U.S. females:



American Cancer Society. 2008;
Sex Transm Dis. 2004;

Schiffman Arch Pathol Lab Med. 2003; Koshiol
Insinga, Pharmacoeconomics, 2005



Annual Report to the Nation on the Status of Cancer: HPV-Associated Cancers

- From 2000 to 2009, oral cancer rates increased
 - 4.9% for Native American men
 - 3.9% for white men
 - 1.7% for white women
 - 1% for Asian men
- Anal cancer rates doubled from 1975 to 2009
- Vulvar cancer rates rose for white and African-American women
- Penile cancer rates increased among Asian men

Jemal A et al. J Natl Cancer Inst 2013;105:175-201




HPV vaccine is cancer prevention.

Talk to the doctor about vaccinating your 11–12 year old **sons and daughters** against HPV.

#UCanStopHPV

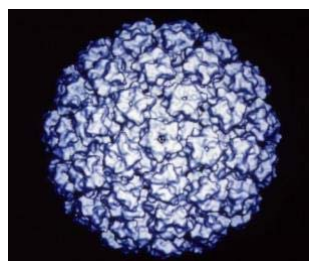
Evidence-Based HPV Disease Prevention

HPV VACCINE



HPV Prophylactic Vaccines

- Recombinant L1 capsid proteins that form “virus-like” particles (VLP)
- Non-infectious and non-oncogenic
- Produce higher levels of neutralizing antibody than natural infection



HPV Virus-Like Particle



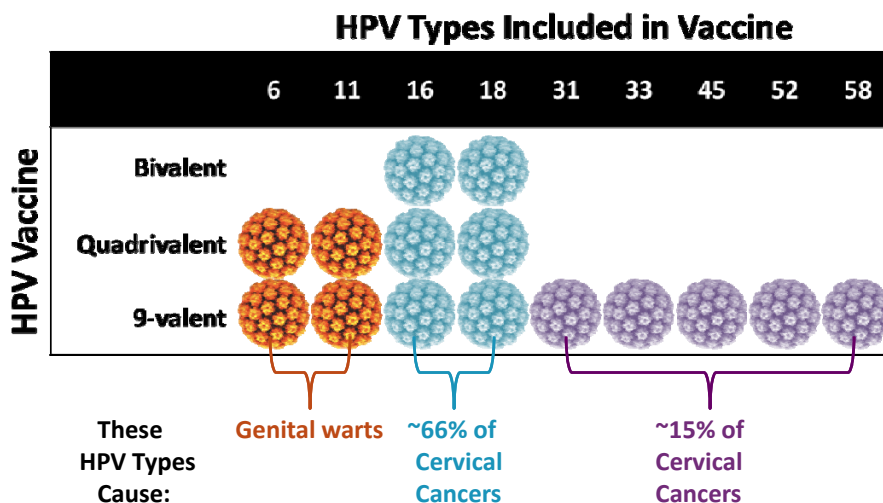
HPV Vaccines Currently Licensed in U.S.

	Bivalent 2vHPV (Cervarix)	Quadrivalent 4vHPV (Gardasil)	9-Valent 9vHPV (Gardasil 9)
Manufacturer	GlaxoSmithKline	Merck	Merck
HPV Types Included	16, 18	6, 11, 16, 18	6, 11, 16, 18, 31, 33, 45, 52, 58
Contraindications	Hypersensitivity to latex*	Hypersensitivity to yeast	Hypersensitivity to yeast
Dose Schedule	3 dose series: 0, 1, 6 months	3 dose series: 0, 2, 6 months	3 dose series: 0, 2, 6 months

* May be present in tip of pre-filled syringes



HPV Vaccine Comparison



HPV Vaccine Recommendation

Girls & Boys can start HPV vaccination at age 9

Preteens should finish HPV vaccine series by 13th birthday



Plus girls 13-26 years old who haven't started or finished HPV vaccine series



Plus boys 13-21 years old who haven't started or finished HPV vaccine series



HPV Vaccination is Routinely Recommended

- ▶ HPV vaccination is recommended for both females and males ages 11-12 years
 - ▶ HPV vaccine series should be completed before the 13th birthday

Routine immunization for 11- and 12-year-olds includes HPV vaccination.

Clinicians should recommend HPV vaccine on the same day and in the same way as the other vaccines for preteens.

MMWR, August 29, 2014, Vo1 63, #RR05



Updated ACIP Recommendations

Age

- ▶ Routine vaccination at age 11 or 12 years*
- ▶ Vaccination recommended through **age 26 for females** and through **age 21 for males** not previously vaccinated
- ▶ Vaccination recommended for men **through age 26** who have sex with men (MSM) or are immunocompromised (including persons HIV-infected)

Formulation by gender (assuming availability)

	9vHPV	4vHPV	2vHPV
Females	✓	✓	✓
Males	✓	✓	

*vaccination series can be started at 9 years of age
MMWR 2015;64:300-4



Updated ACIP Recommendations: Formulations

- ▶ 2vHPV, 4vHPV and 9vHPV all protect against HPV **16 and 18**, types that cause about 66% of cervical cancers and the majority of other HPV-attributable cancers in the United States.
- ▶ 9vHPV targets **five additional** cancer causing types, which account for about 15% of cervical cancers.
- ▶ 4vHPV and 9vHPV also protect against HPV **6 and 11**, types that cause genital warts.

MMWR 2015;64:300-4



Updated ACIP Recommendations: Interchangeability

If vaccination providers do not know, or do not have available the HPV vaccine product previously administered, or are in settings transitioning to 9vHPV:

For protection against HPV 16 and 18,

- ▶ **Females:** Any HPV vaccine product may be used to continue or complete the series
- ▶ **Males:** 4vHPV or 9vHPV may be used to continue or complete the series

MMWR 2015;64:300-4



ACIP Recommendations: Timing of the Series

- ▶ **2vHPV, 4vHPV and 9vHPV are each administered in a 3-dose schedule**
 - ▶ Interval between doses 1 → 2: 1-2 months
 - ▶ Interval between doses 1 → 3: 6 months
- ▶ **If the vaccine schedule is interrupted, the series does not need to be restarted**

MMWR 2015;64:300-4



HPV Vaccination Is Safe, Effective, and Provides Lasting Protection

▶ HPV Vaccine is SAFE

- ▶ Benefits of HPV vaccination far outweigh any potential risks
- ▶ Safety studies findings for HPV vaccination similar to safety reviews of MCV4 and Tdap vaccination

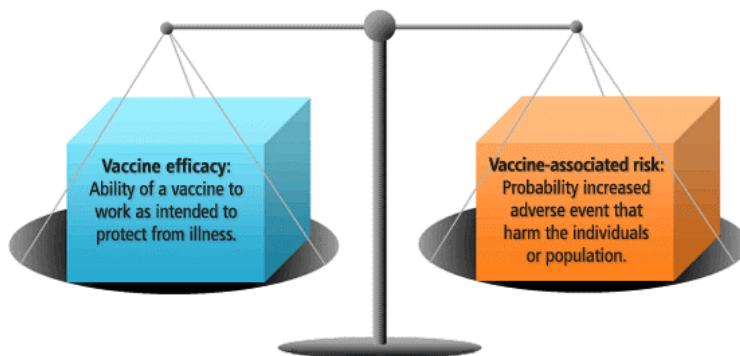
▶ HPV Vaccine WORKS

- ▶ Population impact against early and mid outcomes have been reported in multiple countries

▶ HPV Vaccine LASTS

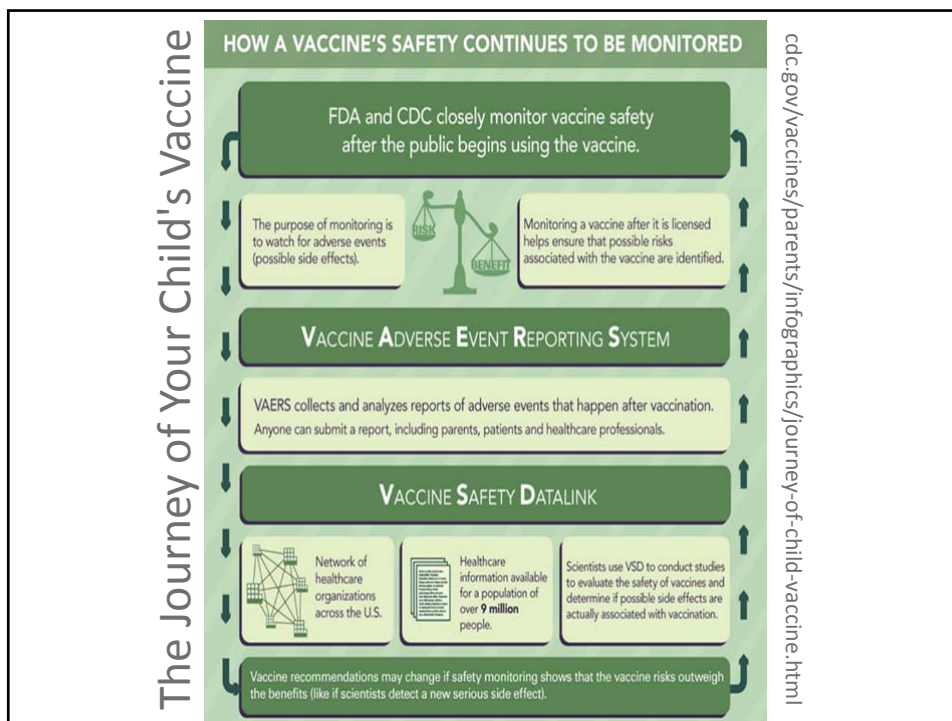
- ▶ Studies suggest that vaccine protection is long-lasting
- ▶ No evidence of waning protection

Garland et al, Prev Med 2011; Ali et al, BMJ 2013;
Markowitz JID 2013; Nsouli-Maktabi MSMR 2013



HPV VACCINE SAFETY





VAERS: HPV Vaccine Safety Monitoring

- Ongoing safety monitoring has shown most reports are non-serious
- Among the 7.6% of reports coded as “serious,” most frequently cited possible side effects are headache, nausea, vomiting, and fever
- Syncope (fainting) continues to be reported following vaccination among adolescents
 - Adherence to a 15-minute observation period after vaccination is encouraged

MMWR. 2014;63(RR05):1-30.



VSD Rapid Cycle Analysis (RCA), 4vHPV

- ▶ RCA allows VSD to detect adverse events following vaccination in near real time
- ▶ After approx. 600,000 HPV4 doses among females, **no significant risk** for any of the *pre-specified adverse events* after vaccination (including GBS, seizures, syncope, appendicitis, stroke, venous thromboembolism, and allergic reactions)

Gee J et al, Vaccine 2011;29:8279-8284.



Ongoing HPV Safety Activities at CDC

- ▶ Review of reports to VAERS to search for unusual adverse events or changing patterns of adverse events
- ▶ VSD addressing HPV vaccine safety in special populations:
 - ▶ Safety of 4vHPV among males
 - ▶ Inadvertent 4vHPV vaccination during pregnancy
- ▶ VSD addressing HPV vaccine safety concerns that may arise from case reports and/or the media



Non-CDC HPV Vaccine Safety Activities

- ▶ **Post-licensure commitments from manufacturers**
 - ▶ Vaccine in pregnancy registries
 - ▶ Long term follow-up in Nordic countries
- ▶ **Official reviews**
 - ▶ WHO's Global Advisory Committee on Vaccine Safety ¹
 - ▶ Institute of Medicine's report on adverse effects and vaccines, 2011²

¹www.who.int/vaccine_safety/Jun_2009/en/

²www.iom.edu/Reports/2011/Adverse-Effects-of-Vaccines-Evidence-and-Causality.aspx



Key Findings – CDC and Non-CDC

- ▶ **Venous thromboembolism (VTE)¹**
 - ▶ Study evaluating the risk of VTE in vaccinated persons age 9-26 years
 - ▶ *Found no increased risk of VTE following 4vHPV*
- ▶ **Autoimmune and neurologic conditions²**
 - ▶ Study addressing concerns about autoimmune and neurologic disease following 4vHPV vaccination.
 - ▶ *Found no association between 4vHPV vaccination and 16 autoimmune conditions*
- ▶ **Injection site reactions and syncope³**
 - ▶ 4vHPV vaccination may be associated with skin infections where the shot is given during the two weeks after vaccination and fainting on the day the shot is received
 - ▶ *No major safety concerns found*

¹Gee et al, Vaccine 2011

²Chao C et al. J Intern Med 2012

³Klein NP, et al.. Arch Pediatr Adolesc Med. 2012 Dec; 166(12):1140-8.



IOM Review: Syncope & Anaphylaxis

- ▶ IOM reviewed possible associations between 8 vaccines and adverse health events. Key findings:
 - ▶ Evidence “favors acceptance” of a causal relationship between HPV vaccine and anaphylaxis (rare)
 - ▶ Evidence “convincingly supports” a causal relationship between the injection of a vaccine and syncope
- ▶ Inadequate evidence was found for causal relationships between HPV vaccination and 12 other specific health events studied

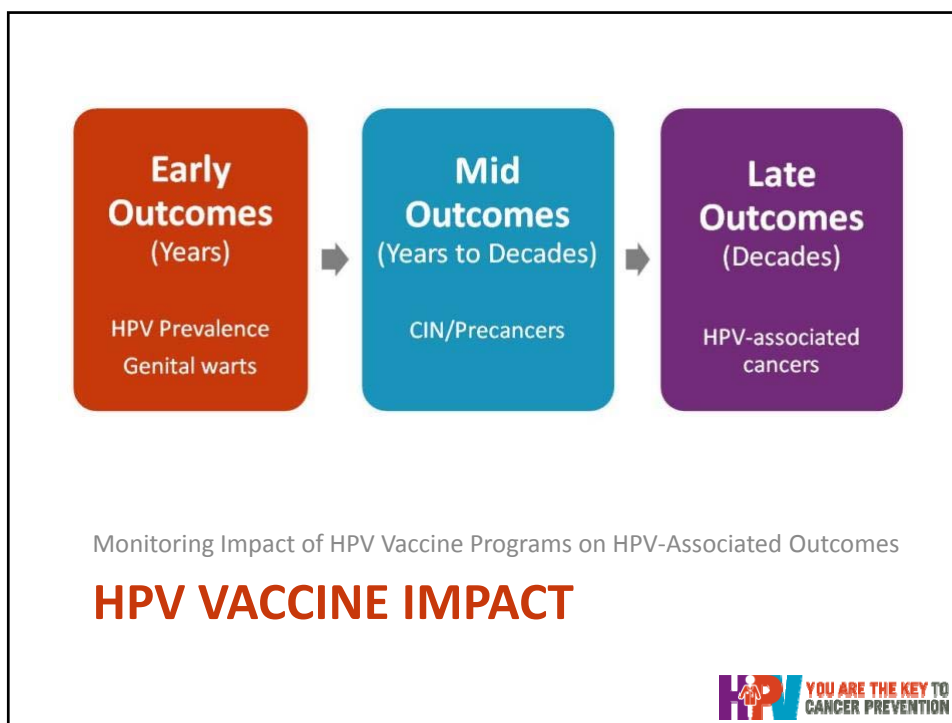
Institute of Medicine. The National Academies Press, 2012.



9vHPV Vaccine Safety

- ▶ Seven pre-licensure studies including 15,000 males and females
- ▶ Generally well tolerated
 - ▶ Adverse event profile similar to that of 4vHPV across age, gender, race, and ethnicity
 - ▶ More injection-site reactions expected among those who receive 9vHPV





HPV vaccine impact monitoring

- ▶ Post licensure evaluations are important to evaluate real world effectiveness of vaccines
- ▶ Population impact against early and mid outcomes have been reported:
 - Genital warts**
 - ▶ Australia, New Zealand, Denmark, Sweden, Germany, Quebec, US
 - HPV prevalence**
 - ▶ Australia, Norway, Denmark, Sweden, UK, US
 - Cervical lesions**
 - ▶ Australia, British Columbia, Denmark, Sweden, US



NHANES HPV Prevalence Studies

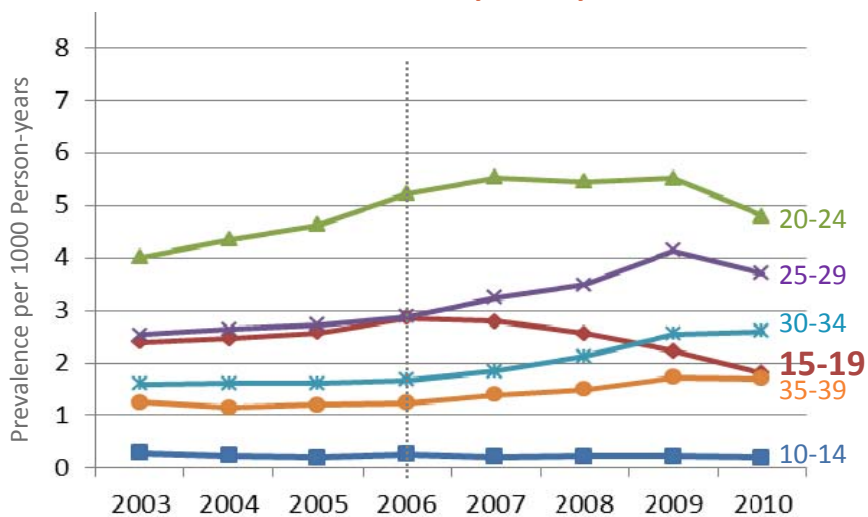
- ▶ National Health and Nutrition Examination Survey (NHANES) data used to compare HPV prevalence
 - ▶ Before the start of the HPV vaccination program (2003-2006) &
 - ▶ From the first 4 years after vaccine introduction (2007-2010)
- ▶ Results
 - ▶ In **14-19 year olds**, vaccine-type HPV prevalence **decreased 56%** (11.5% in 2003-2006 to 5.1% in 2007-2010)
 - ▶ **Other age groups** did not show a statistically significant difference over time

Vaccine effectiveness for prevention of infection was an estimated 82%

Markowitz, et al. J Infect Dis 2013



Anogenital wart prevalence, female private insurance enrollees, U.S., 2003-2010

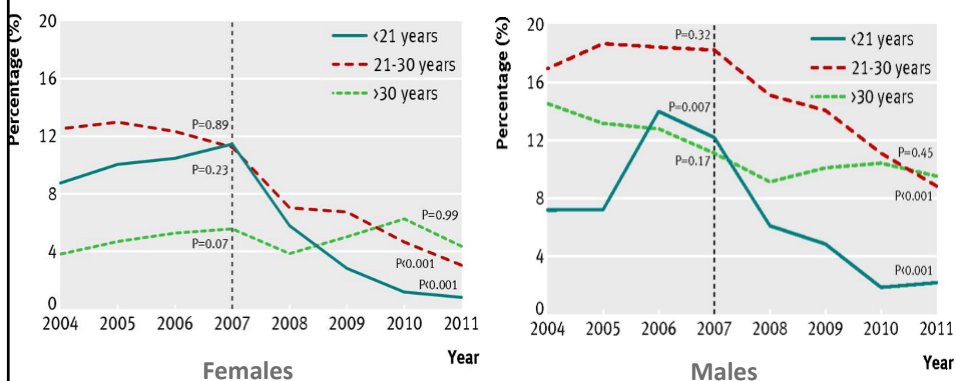


Flagg, et al. AJP 2013



Impact of HPV vaccination in Australia

Proportion of Australian born females and males diagnosed as having genital warts at first visit, by age group, 2004-11



Ali, et al. BMJ 2013



Systematic Review and Meta-Analysis: Population-Level Impact of HPV Vaccination

- ▶ Review of 20 studies in 9 high income countries
- ▶ In countries with **>50% coverage**, among 13-19 yr olds
 - ▶ HPV 16/18 prevalence **decreased at least 68%**
 - ▶ Anogenital warts decreased by ~61%
- ▶ Evidence of herd effects
- ▶ Some evidence of cross protection against other types

Drolet et al. Lancet Infect Dis 2015



Challenges in Monitoring HPV Vaccine Impact on Cervical Lesions

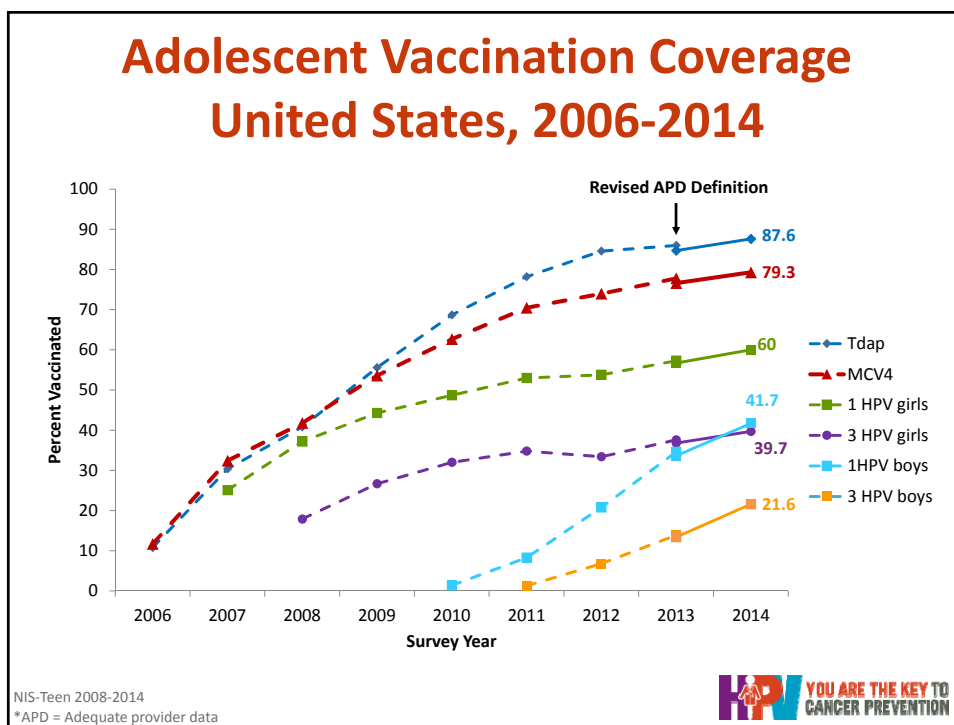
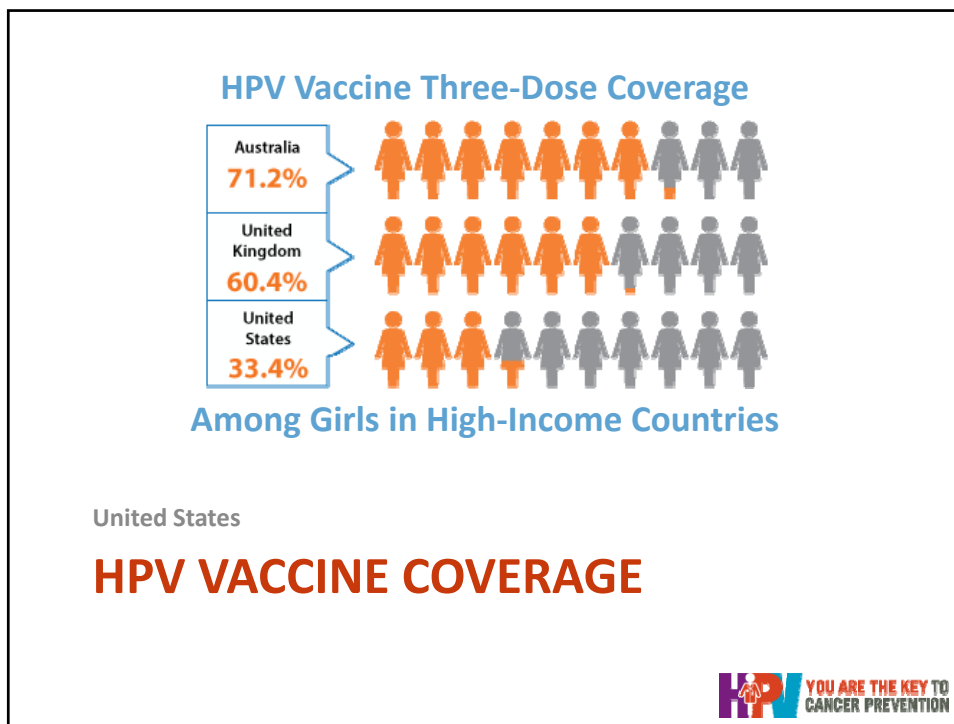
- ▶ Detected through cervical cancer screening
- ▶ Changing screening recommendations
- ▶ Lack of cervical cancer screening registries in some countries
- ▶ Incomplete linkages with vaccination registries



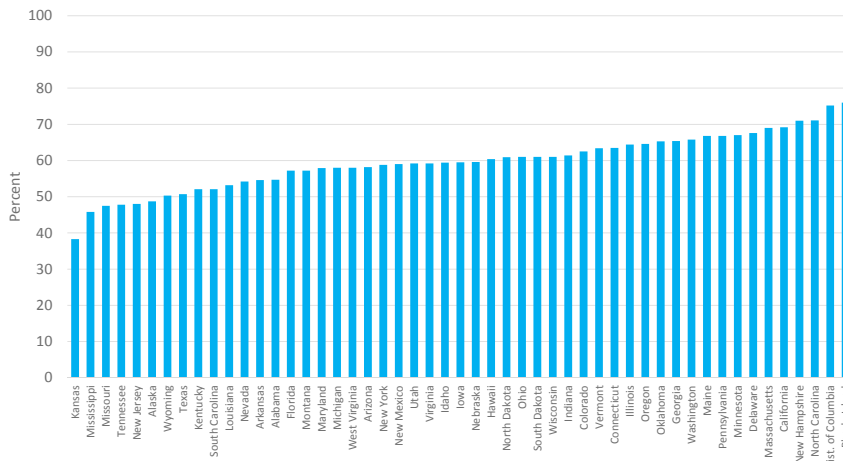
HPV Vaccine Duration of Immunity

- ▶ Studies suggest that vaccine protection is long-lasting; no evidence of waning immunity
 - ▶ *Available evidence* indicates protection for *at least* 8-10 years
 - ▶ Multiple cohort studies are in progress to monitor the duration of immunity





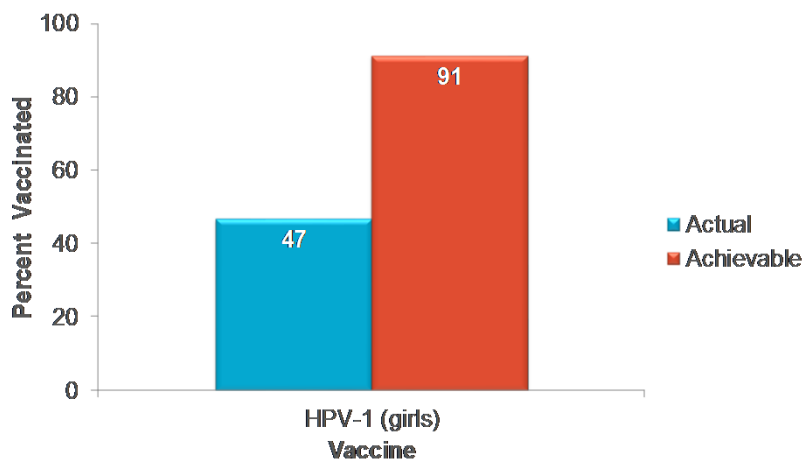
HPV Vaccine Series Initiation among Girls Aged 13-17 years, by State, NIS-Teen, 2014



- Abbreviations: HPV = Human papillomavirus; NIS-Teen = National Immunization Survey-Teen
- HPV vaccine series initiation: receipt of ≥1 HPV vaccine dose
- Source: MMWR 64(29);784-792



Impact of Eliminating Missed Opportunities by Age 13 Years in Girls Born in 2000



Missed opportunity: Healthcare encounter when some, but not all ACIP-recommended vaccines are given. HPV-1: Receipt of at least one dose of HPV. MMWR. 63(29);620-624.



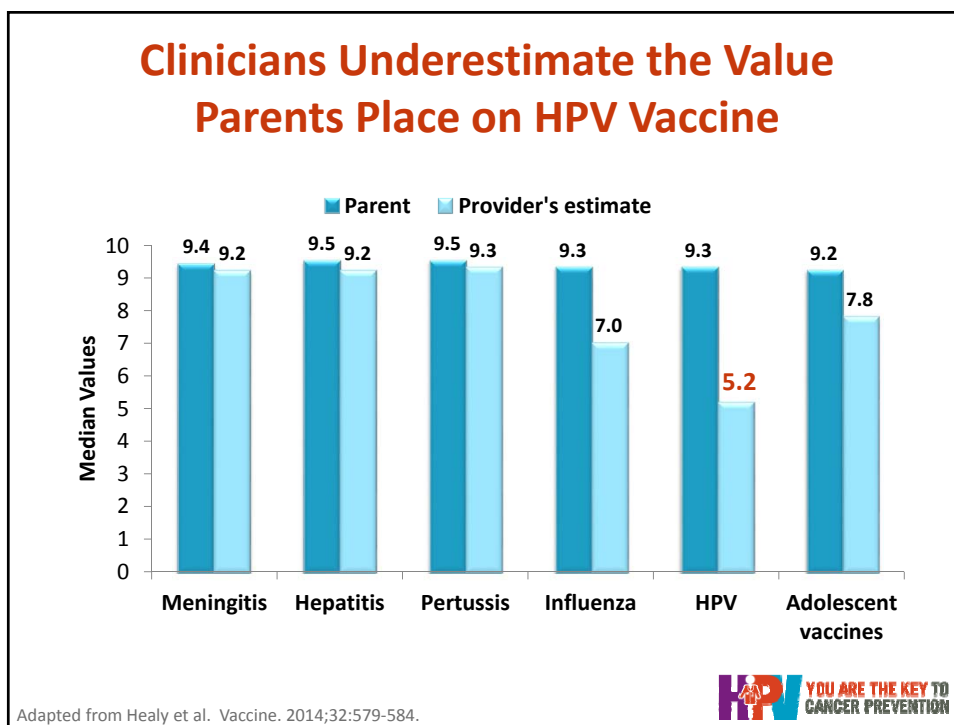
Doctors/HCP

Parent of preteen

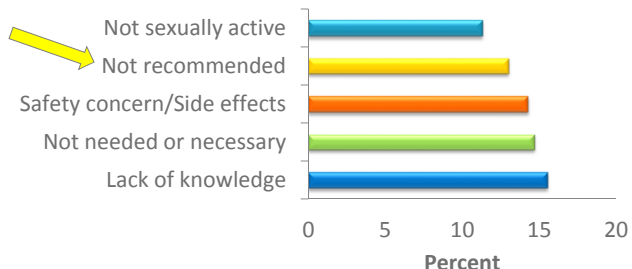
During doctor visit

Talking about HPV vaccine

FRAMING THE CONVERSATION



Give a Strong Recommendation to Receive HPV Vaccine at Ages 11 or 12



➡ **A strong recommendation from you is the main reason parents decide to vaccinate**

➡ Many moms in focus groups stated that they trust their child’s doctor and would get the vaccine for their child as long as they received a recommendation from the doctor

MMWR 2014; 63(29):625-633;
Unpublished CDC data, 2013.



Talking to parents about HPV VACCINE



Make a Bundled Recommendation

- Recommend HPV vaccine the same way and on the same day you recommend Tdap and meningococcal vaccines. A strong recommendation from you is the main reason parents decide to vaccinate.
- You can say “your preteen needs three vaccines that provide protection against meningitis, HPV cancers, and pertussis.”
- Hearing “HPV vaccine is cancer prevention” helps parents make the decision to vaccinate. Parents don’t want to talk about HPV vaccine in the context of sexuality or sexual transmission.

Address Parents’ Questions

- Help them understand why the vaccine is needed at age 11 or 12, let them know that like any other vaccine, they want their children protected long before exposure.
- Emphasize your personal belief in the importance of HPV vaccine to help parents feel secure in their decision. Let them know you have given/will give it to the children in your life.



Make an Effective Recommendation

► Same way: Effective recommendations group all of the adolescent vaccines

Recommend HPV vaccination the *same way* you recommend Tdap & meningococcal vaccines.

► Same day: Recommend HPV vaccine *today*

Recommend HPV vaccination the *same day* you recommend Tdap & meningococcal vaccines.

Unpublished CDC data, 2013.



If a parent were hesitant...

Ask	Clarify & restate their concerns to make sure you understand
Acknowledge	<ul style="list-style-type: none"> •Emphasize it is the parents' decision. •Acknowledge risks and conflicting information sources. •Applaud them for wanting what is best for their child. •Be clear that you are concerned for the health of their child, not just public health safety.
Advise	<ul style="list-style-type: none"> •Clarify their concerns to make sure you understand and are answering the question they actually care about. •Allow time to discuss the pros and cons of vaccines. •Be willing to discuss parents' ideas. •Offer written resources for parents. •Tailor your advice using this sheet or CDC's <i>Tips & Time Savers</i>.
Remember	<ul style="list-style-type: none"> •Declination is not final. The conversation can be revisited. •End the conversation with <u>at least 1 action</u> you both agree on. •Because waiting to vaccinate is the risky choice, many pediatricians ask the parent to sign a <i>Declination Form</i>



Some Parents Need Reassurance

- ▶ Many parents simply accept of this bundled recommendation
- ▶ Some parents may be interested in vaccinating, yet still have questions. Interpret a question as **they need additional reassurance from YOU, the clinician they trust with their child's health care**
- ▶ Ask parents about their main concern (be sure you are addressing their real concern)

Unpublished CDC data, 2013.



Clinicians can give a strong and effective HPV vaccine recommendation by announcing:

Sophia is due for three vaccines today. These will help protect her from meningitis, HPV cancers, and pertussis. We'll give those shots at the end of the visit.



If main concern is “**Why does my child need this vaccine**” try saying:

HPV vaccine is very important because it prevents cancer.

I know we’d like to protect Maureen from cancer and I’d feel better if she got her first dose of the HPV vaccine series today.



If main concern is “**My daughter will wait for marriage/won’t be exposed**”, try saying:

HPV is so common that almost everyone will be infected at some time.

When your daughter marries, she could catch HPV from her husband. He might have been infected before he ever met her.



If main concern is “**why now, let’s wait until child is older,**” try saying:

HPV vaccine produces a more robust immune response in preteens than in older teens which is why I recommend starting the HPV vaccine series today.



If main concern is “**HPV vaccine will be a green light for sex,**” try saying:

Studies have shown that getting the HPV vaccine doesn’t make kids more likely have sex, or to have sex at a younger age.



If main concern is “**would you give it to your child,**” try saying:

*Yes, I gave it to my child
(or grandchild, etc) because I think
preventing cancer is very important.*



If main concern is “**side effects,**” try saying:

*Vaccines, like any medication, can cause
side effects. With HPV vaccine most are
mild, primarily pain or redness in the arm.
This should go away quickly.*

*HPV vaccine has not been linked with any
serious or long-term side effects.*



If main concern is “**possible effects on fertility,**” try saying:

There is no data to suggest that getting HPV vaccine will have an effect on future fertility.

However, persistent HPV infection can cause cervical cancer and the treatment of cervical cancer can leave women unable to have children.

Even treatment for cervical pre-cancer can put a woman at risk for problems with her cervix during pregnancy causing preterm delivery or problems.



Before leaving the exam room, **remind parents when to come back.** Try saying:

To work, Robert needs the full HPV vaccine series, so . . .

When you check out, please make sure to make an appointment for about 6 weeks from now for the next shot, and put that appointment on your calendar before you leave the office today!



Increase the number of target patients who come in & leave vaccinated

1. Align office policy with mission – e.g., immunize at every opportunity
2. Align communication with mission
3. Standing orders
4. Prompt the person who is supposed to order the vaccine
 - ▶ Nursing personnel
 - ▶ EHR
 - ▶ Both



Be sure everyone in the office understands the mission

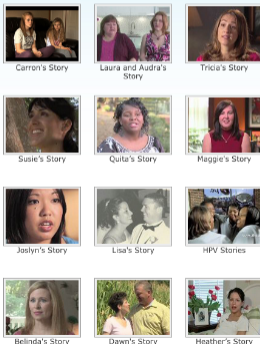


Stories of vaccine-preventable diseases

Home Story Gallery Share A Story Use A Story About Us Resources

Story Gallery

Cervical Cancer and HPV (human papillomavirus)



Browse Stories by:

Disease
 All Diseases
 Cervical Cancer and HPV
 Chikungunya
 Hepatitis B
 Hib
 Influenza
 Japanese Encephalitis
 Measles
 Meningitis
 Pertussis
 Pneumococcal Disease
 Polio
 Rotavirus
 Rubella
 Shingles
 Story Collections and PSAs

Age
 Infant and Toddler
 Early Childhood
 Preteen and Teen
 Young Adult
 Adult

Spanish/Latino
 Spanish/Latino

Written
 Written

PSAs
 PSAs

Human stories often influence people more than statistics To understand the human stories behind HPV, listen to survivors

- ▶ Shot By Shot
- ▶ Unprotected People on www.immunize.org



Standing orders

- ▶ Empower non-physician personnel to vaccinate patients (after assessing for specific contraindications) without direct physician involvement
- ▶ Practices should have on file preapproved orders to vaccinate
- ▶ Templates available for all routine vaccines at www.immunize.org/standing-orders/
- ▶ To save physicians time, staff have to be aware of the standing orders and be trained to use it



Review Question #1

HPV vaccine is recommended for the following persons:

- A. All adolescents at the 11 to 12 year old visit.
- B. Females only at the 13 year old visit.
- C. Males only at the 11 to 12 year old visit.
- D. Females only at the 11 to 12 year old visit.



Review Question #1

HPV vaccine is recommended for the following persons:

- A. All adolescents at the 11 to 12 year old visit.**
- B. Females only at the 13 year old visit.
- C. Males only at the 11 to 12 year old visit.
- D. Females only at the 11 to 12 year old visit.



Review Question #2

Why should males receive HPV vaccine?

- A. Prevention of infection with HPV types 6, 11, 16, 18.
- B. Prevention of genital warts caused by HPV types 6 and 11.
- C. Prevention of anal cancer caused by HPV types 16 and 18.
- D. All of the above.**



Review Question #2

Why should males receive HPV vaccine?

- A. Prevention of infection with HPV types 6, 11, 16, 18.
- B. Prevention of genital warts caused by HPV types 6 and 11.
- C. Prevention of anal cancer caused by HPV types 16 and 18.
- D. All of the above.**



Review Question #3

Which of the following HPV vaccine recommendations for a child aged 11 or 12 years is the most likely to be successful?

- A. Ask parent if child is sexually active and then discuss importance of HPV vaccination.
- B. Tell parent that their child needs three vaccinations to prevent meningitis, HPV cancers, and pertussis.
- C. Tell parent about the vaccinations that are mandatory for school entry and ask if they also want HPV vaccine.
- D. Ask parent if they want to get HPV vaccination for their child or wait until the child is older.**



Review Question #3

Which of the following HPV vaccine recommendations for a child aged 11 or 12 years is the most likely to be successful?

- A. Ask parent if child is sexually active and then discuss importance of HPV vaccination.
- B. Tell parent that their child needs three vaccinations to prevent meningitis, HPV cancers, and pertussis.**
- C. Tell parent about the vaccinations that are mandatory for school entry and ask if they also want HPV vaccine.
- D. Ask parent if they want to get HPV vaccination for their child or wait until the child is older.



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SEARCH

CDC A-Z INDEX ▾

Human Papillomavirus (HPV)

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- For Clinicians -**
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- Continuing Education
- Provider Fact Sheets
- Schedules & Recommendations
- HPV Coverage Data
- Commit to the Cause -
 - Tools for Your Office
 - Information for Parents
 - Spanish Resources
- Lead the Conversation -**
 - Answering Questions
 - Speaking to Colleagues
 - Website Syndication
 - Resources
- Related Links

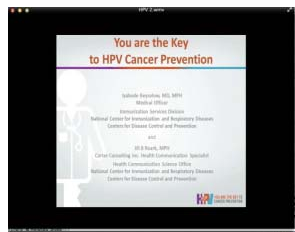
KNOW THE FACTS
Get information on the burden of HPV cancers, the importance of HPV vaccination, and how to help parents overcome hesitancy about HPV vaccine.

COMMIT TO THE CAUSE
Find ways to help improve HPV vaccination rates by promoting vaccination in your offices. Get CDC resources to help raise awareness among parents about the importance of HPV vaccine for preventing cancer.

LEAD THE CONVERSATION
Learn how to successfully communicate about HPV vaccine with the parents of your preteen patients, as well as how to become an HPV vaccination champion with your colleagues and in your community.

www.cdc.gov/hpv

Continuing Education



Factsheets for Parents in English & Spanish

La vacuna HPV para preadolescentes y adolescentes

HPV Vaccine for Preteens and Teens

Why does my child need HPV vaccine?

When should my child be vaccinated?

What else should I know about HPV vaccine?

When can I learn more?

2013 Vacunas recomendadas para los niños de los 7 años hasta los 18 años de edad

7 to 10 AÑOS

11 to 12 AÑOS

13 to 18 AÑOS

2013 Recommended Immunizations for Children from 7 through 18 Years Old

7-10 YEARS

11-12 YEARS

13-18 YEARS

DECLARACION INFORMATIVA SOBRE LA VACUNA

Vacuna contra el VPH

Lo que usted necesita saber

1. ¿Qué es el VPH?

2. ¿Por qué se recomienda la vacuna contra el VPH a los 11 o 12 años?

3. ¿Quién debe vacunarse contra el VPH y cuándo?

4. ¿Por qué se recomienda la vacuna contra el VPH a los 11 o 12 años?

5. ¿Qué vacuna contra el VPH se recomienda para niños y niñas de 11 a 12 años?

6. ¿Por qué se recomienda la vacuna contra el VPH a los 13 a 18 años?

7. ¿Por qué se recomienda la vacuna contra el VPH a los 13 a 18 años?

8. ¿Por qué se recomienda la vacuna contra el VPH a los 13 a 18 años?

cdc.gov/vaccines/who/teens/infographic/hpv-cancer-prevention.html

HPV CANCER PREVENTION

1 HPV VACCINE IS CANCER PREVENTION
 HPV vaccine protects against HPV types that most commonly cause anal, cervical, oropharyngeal, penile, vaginal, and rectal cancers.
 Every year in the U.S., 27,000 people get cancer caused by HPV. That's 1 person every 20 minutes of every day, all year long.
 Most of these cancers can be prevented by HPV vaccine.

2 HPV VACCINE IS RECOMMENDED AT THE SAME TIME AS OTHER TEEN VACCINES
 Preteens need three vaccines at 11 or 12. They protect against whooping cough, tetanus, and meningitis. HPV vaccine is recommended for 11-12 year olds.

3 HPV VACCINE IS BEST AT 11-12 YEARS
 Preteens have a higher immune response to HPV vaccine than older teens.
 While there is very little risk of exposure to HPV before age 15, the risk of exposure increases thereafter.

Parents and healthcare professionals are the key to protecting adolescents from HPV cancers.

VACCINATE YOUR 11-12 YEAR OLDS.

www.cdc.gov/vaccines/teens

Free posters available for ordering in the following sizes: 8.5x11, 11x17, 18x24

Want to know when we have new resources and tools?

Send us an email to request our newsletter:

PreteenVaccines@cdc.gov

We can help provide speakers for grand rounds and continuing education events, as well.

**HPV VACCINE IS
CANCER PREVENTION**
And YOU are the key!

#WeCanStopHPV

HPV YOU ARE THE KEY TO
CANCER PREVENTION