



# Human Papillomavirus (HPV) Vaccination Report: Michigan

## Working Together to Reach National Goals for HPV Vaccination

Oct 2014

Three vaccinations are recommended for boys and girls aged 11-12 years: human papillomavirus (HPV), tetanus, diphtheria, and acellular pertussis (Tdap), and meningococcal (MenACWY). Nationally, HPV vaccination coverage lags behind the other vaccinations for this age group and remains far below the Healthy People 2020 target of 80% coverage by 2020. Many efforts have focused on accelerating HPV vaccination uptake, and this quarterly report will highlight data and strategies to continue to facilitate collaboration in increasing HPV vaccination coverage. This October report will highlight **missed opportunities**. Your Immunization Program may also have other data and information about strategies already being implemented that may further inform efforts to increase HPV vaccination in Michigan.

### Estimates of HPV Vaccination Coverage Nationwide and in Michigan

Nationwide and Jurisdiction-specific HPV Vaccination Coverage, Teens Aged 13-17 Years, NIS-Teen 2013\*

	Michigan	US National (range)	HP2020 Target
<b>Girls</b>			
≥1 doses	66.0%	57.3% (39.9%-78.4%)	80.0%
3 doses	34.5%	37.6% (20.5%-56.5%)	80.0%
<b>Boys</b>			
≥1 doses	30.0%	34.6% (11.0%-69.3%)	80.0%†
3 doses	7.7%	13.9% (7.3%-43.2%)	80.0%†

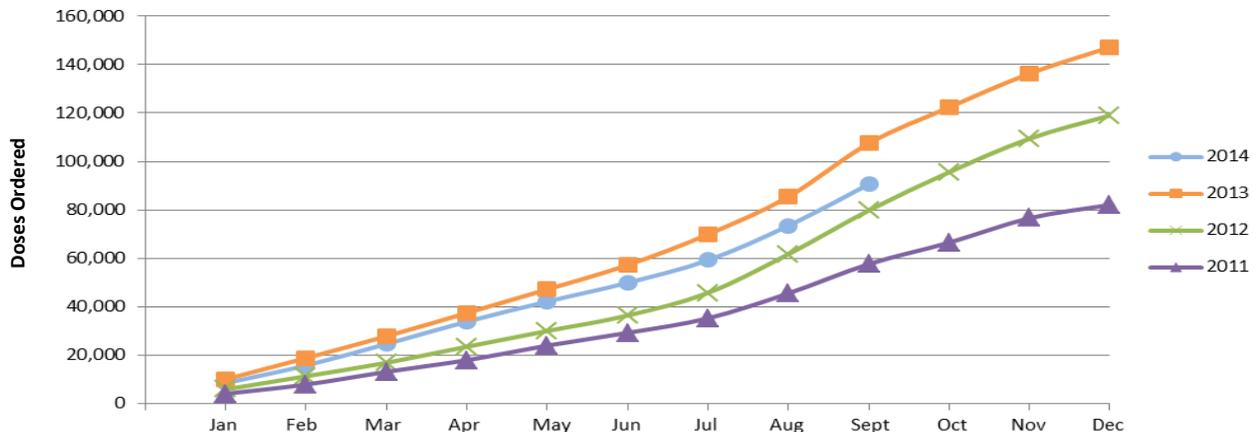
In 2013, there were an estimated **352,778 Michigan teens** aged 13-17 years who had not received any doses of HPV vaccination:  
**111,743 (about 3 in 10) girls**  
**241,035 (about 7 in 10) boys**

\*CDC. National, Regional, State, and Selected Local Area Vaccination Coverage among Adolescents Aged 13-17 Years: United States, 2013. *Morbidity and Mortality Weekly Report (MMWR)*. July 25, 2014.  
 †In April 2014, the federal HP2020 workgroup approved a new HP2020 objective for males.

### 2014 HPV Vaccine Ordering Trends

CDC recommends examining vaccine ordering data for trends to identify recent changes in HPV vaccination uptake, as ordering data are available sooner than coverage data and can inform action in real time. Ordering data for individual clinicians can also be reviewed to target outreach activities to clinicians who have inconsistent or low ordering patterns.

Cumulative Year-to-date Total of Publicly\* Ordered HPV Vaccination Doses in MI (2011-2014)



Cumulative Year-to-date Total of Publicly\* Ordered HPV Vaccination Doses in MI (2013-2014)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>2013</b>	9,990	18,780	27,770	37,390	47,160	57,190	69,910	85,400	107,460	122,400	136,340	147,240
<b>2014</b>	8,390	15,710	24,590	33,830	42,120	49,870	59,210	73,460	90,590			
<b>% change</b>	<b>-16.0%</b>	<b>-16.3%</b>	<b>-11.5%</b>	<b>-9.5%</b>	<b>-10.7%</b>	<b>-12.8%</b>	<b>-15.3%</b>	<b>-14.0%</b>	<b>-15.7%</b>			

CDC. Vaccine Tracking System (VTrckS). October 2014.

\*Defined as orders for publicly funded vaccine (i.e. Vaccines for Children, 317, state/local, or CHIP doses).

Have questions? Contact us at [preteenvaccines@cdc.gov](mailto:preteenvaccines@cdc.gov).





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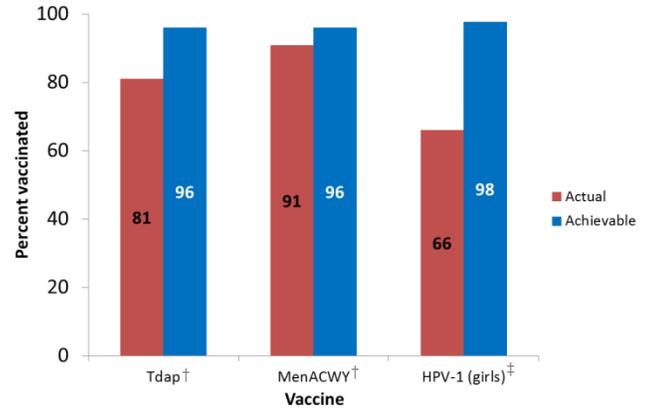
## Data Spotlight: Missed HPV Vaccination Opportunities in Michigan

A missed opportunity is a healthcare encounter where a person does not receive a vaccination for which he or she is eligible. In this analysis, encounters where at least one vaccination was administered were evaluated. Achievable coverage may be higher if all healthcare visits were included. Missed opportunities for the three adolescent vaccinations are displayed on the right.

In 2013, 93% of Michigan girls who were unvaccinated against HPV had a missed opportunity for HPV vaccination.

98% of Michigan girls could have started the HPV vaccine series if missed opportunities were eliminated.

Actual and Achievable\* Vaccination Coverage if Missed Opportunities Were Eliminated: Teens 13-17 Years of Age, Michigan, NIS-Teen 2013



\*Achievable: vaccination coverage that could have been achieved if all recommended vaccines were administered during the same healthcare encounter  
† Tdap and MenACWY calculations include both boys and girls  
‡ HPV-1: Receipt of at least one dose of HPV among girls only. Due to data limitations, boys were not included in this analysis.

## Call to Action!

### Key Recommendations for Preventing Missed HPV Vaccination Opportunities

Below are suggested strategies for engaging clinicians, parents, and partners to prevent missed opportunities for HPV vaccination in your jurisdiction:

- **Educate clinicians about the importance of making a strong and timely HPV vaccination recommendation, focused on cancer prevention.** The best recommendation for HPV vaccination is one that bundles all indicated adolescent vaccinations. HPV vaccination should be recommended in the same way and during the same visit that other adolescent vaccinations are recommended. View CDC's "Tips and Timesavers" for making a strong recommendation here: <http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf>.
- **Encourage clinicians to partner with practice managers to implement standards of practice to:**
  - ✓ Check the vaccination status of each teen patient and offer all indicated vaccines at every visit. Every healthcare visit is an opportunity to review teens' immunization histories and ensure every teen is fully vaccinated.
  - ✓ Schedule the next HPV vaccination dose appointment before the family leaves the office.
  - ✓ Utilize reminder/recall strategies to ensure teens return for remaining doses.
- **Partner with local stakeholders to implement these and other strategies to minimize missed HPV vaccination opportunities.** For additional strategies to reduce missed opportunities, visit <http://go.usa.gov/wa9F>.

Visit the clinician-specific web portal for more resources and materials: [www.cdc.gov/vaccines/YouAreTheKey](http://www.cdc.gov/vaccines/YouAreTheKey)

# You are the key to cancer prevention!

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