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## Key Points

### National Immunization Survey Teen (NIS-Teen), United States, 2014

**Title:** National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years—United States, 2014

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#### Overview

- Coverage for all three vaccines routinely recommended for adolescents showed increases from 2013 to 2014.
- Although it's encouraging to see increases in HPV vaccine coverage for two consecutive years, four out of ten adolescent girls and six out of ten adolescent boys haven't started the HPV vaccine series, and are vulnerable to cancers caused by HPV infections.
- While there was a 3.3 percentage point overall increase nationally for first dose HPV vaccine coverage among adolescent girls, a handful of diverse state and local areas achieved large increases (ranging from 13 to 23 percentage points) masking the lack of progress in other states.
  - The large increases in these diverse areas show us what is possible, and we hope to see these kinds of increases in other states.
  - Some of the promising strategies that have been effective in combination at increasing HPV vaccine uptake for these states include:
    - joint initiatives with cancer prevention and immunization stakeholders (including clinical professional organizations like AAP),
    - incorporating HPV vaccination in the jurisdiction's cancer control plans,
    - comprehensive public communication campaigns,
    - immunization information system (IIS)-based reminder/recall,
    - assessment and feedback (AFIX) activities (including clinician-to-clinician educational sessions emphasizing how to provide strong recommendations for vaccination at ages 11 or 12 years)
    - practice-focused strategies to educate key clinical and administrative staff about the importance of timely routine HPV vaccination, and
    - using all opportunities to educate clinicians and parents about the importance of on-time HPV vaccination.
- Persistent gaps in coverage between HPV vaccine and other routinely recommended vaccines continue to highlight the need to reduce missed opportunities for HPV vaccination.
- CDC urges clinicians to recommend HPV vaccine the same way and same day they recommend other routinely recommended adolescent vaccines.
- CDC encourages parents and caregivers to talk to their child's clinicians about the HPV vaccine.

## Adolescent Vaccine Coverage

- Coverage with one or more doses of Tdap vaccine increased by 2.9 percentage points from 84.7% in 2013 to 87.6% in 2014.
- Coverage with one or more doses of meningococcal conjugate vaccine increased by 2.7 percentage points from 76.6% in 2013 to 79.3% in 2014.
- Coverage with one or more doses of HPV vaccine for girls increased by 3.3 percentage points from 56.7% in 2013 to 60.0% in 2014.
- Coverage with one or more doses of HPV vaccine for boys increased by 8.1 percentage points from 33.6% in 2013 to 41.7% in 2014.
- Coverage with two or more doses of varicella vaccine, among those without a history of disease, increased by 4.2 percentage points from 76.8% in 2013 to 81.0% in 2014.

## Healthy People 2020 Targets

- National, state, and local area coverage estimates for vaccines included in the Healthy People 2020 Immunization Objectives among adolescents 13-15 years of age is available at: <http://www.cdc.gov/vaccines/imz-managers/coverage/nis/teen/data/tables-2014.html>

## State and Local HPV Vaccine Coverage

Four states, District of Columbia, and one local area had significant increases in first-dose HPV vaccine coverage for girls with increases in coverage ranging from 13 to 23 percentage points. It is encouraging to see a handful of states increase HPV vaccination substantially. However, these states show it is possible to do much better at increasing HPV vaccination coverage, and we hope to see these kinds of increases in other states.

- Coverage with one or more doses of HPV vaccine increased significantly in four states, the District of Columbia and one local area for girls and 16 states and two local areas for boys.
  - The largest increases in one or more doses of HPV vaccine coverage were in the District of Columbia (22.8 percentage point increase for girls) and the state of Washington (24 percentage point increase for boys).
- Coverage with three or more doses of HPV vaccine increased in four states, the District of Columbia, one local area for girls and 12 states and one local area for boys.
  - The largest increases in three or more doses HPV vaccine coverage were in the District of Columbia (28.6 percentage point increase for girls) and Philadelphia (19.3 percentage point increase for boys).
- Among states, coverage with one or more doses of HPV vaccine for girls ranged from 76.0% in Rhode Island to 38.3% in Kansas.
- For girls, Puerto Rico had coverage with one or more doses of 76.1%, Chicago had coverage of 78.1%, and Philadelphia had the highest local area coverage at 80.3%.
- Among states, coverage with one or more doses of HPV vaccine for boys ranged from 69.0% in Rhode Island to 23.2% in Indiana.

## What is CDC doing?

CDC is working with partners on a number of activities to increase HPV vaccination among adolescents.

- CDC is partnering with cancer organizations and other stakeholders to educate and motivate parents and clinicians to vaccinate adolescents; collaborative efforts are critical to achieving high HPV vaccine coverage and protecting our nation's adolescents against vaccine-preventable diseases, including the cancers caused by HPV infection.
- CDC continues to support state and local public health departments across the country in their efforts to lead vaccination campaigns and build partnerships with clinicians and other health professionals that protect our nation's adolescents against vaccine-preventable diseases, including the cancers caused by HPV infection.
- CDC is supporting communication efforts targeting both the public and health care professionals.

### **Survey Methodology**

- NIS-Teen coverage data are based on vaccination history information reported by health care providers.
- This year we updated our definition of adequate provider-reported data, which allowed for a bigger sample but required us to apply the same approach to 2013 survey data in order to compare changes in rates.
  - The new definition is more inclusive than the one used in our reports for 2006-2013 and will include more teens who are not up-to-date with some of their vaccines.
  - This difference in definitions makes it difficult to directly compare 2014 with all the earlier years. We applied the new definition to last year's survey data so we could directly compare estimates for 2013 and 2014.

### **Background**

- The National Immunization Survey on adolescent immunization coverage rates (also called NIS-Teen) provides a "report card" to let us know how well we are doing in protecting our nation's teens against vaccine-preventable diseases.
- The NIS-Teen is a random-digit-dialed survey of parents or guardians of teens 13-17 years old and in 2014, included data for more than 20,000 adolescents. The telephone survey is followed by a mailed questionnaire to vaccination providers to obtain the teen's vaccination history.
- The NIS-Teen includes coverage estimates for vaccines that are routinely recommended for adolescents. These vaccines include Tdap to protect against tetanus, diphtheria, and pertussis, meningococcal conjugate vaccine to protect against meningococcal disease, and HPV vaccine to protect against HPV cancers.
- NIS-Teen immunization coverage estimates are based on a sample of households identified from both landline and cell phone sampling frames. Before 2011, only landline sampling frames were used. Including cell phones helps maintain a nationally representative sample as an increasing number of families have moved to using only cell phones and no longer have landline telephones.