



# HPV Vaccination is Cancer Prevention

**Raquel Arias, MPH**

Associate Director, State Partnerships  
American Cancer Society

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No relevant financial relationships to disclose.

# Objectives for Panel Session

## **Through this session, attendees will:**

- Gain foundational knowledge of HPV cancer disease burden, HPV vaccine effectiveness, and HPV vaccination uptake data
- Understand recommended approaches and interventions for increasing HPV immunization uptake, including starting HPV vaccination at age 9 and maximizing strong provider recommendations
- Review practical considerations for advancing HPV vaccination as cancer prevention in tribal communities, and identify 1-2 actions to take within their organizations



**Vision:** End cancer as we know it, for everyone.

**Mission:** Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.



**CALIFORNIA HPV VACCINATION ROUNDTABLE**  
*Working to prevent HPV cancers*

# What is HPV?

## Human Papillomavirus is very common!

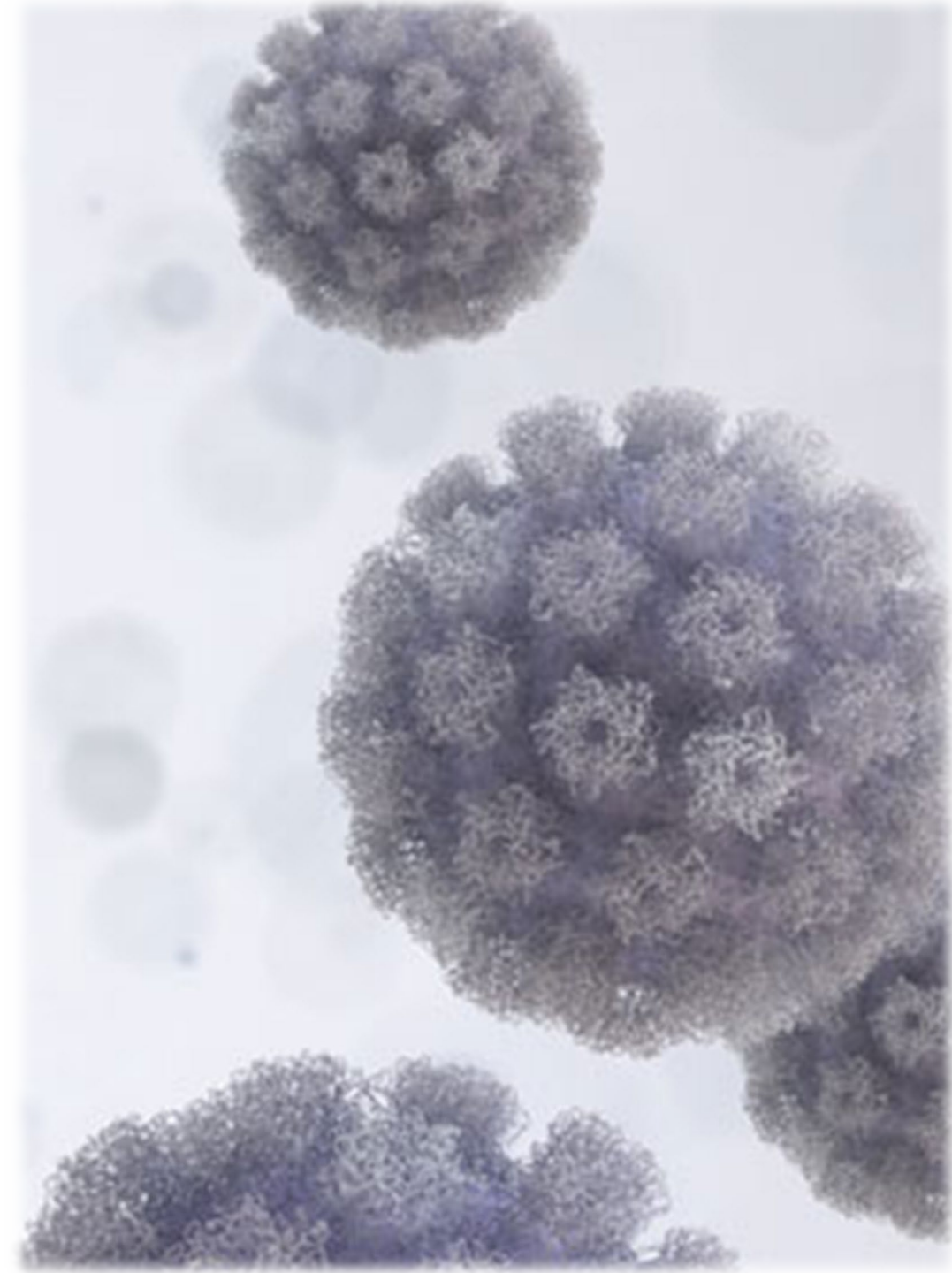
- >200 types of HPV
- About 15 types of HPV can cause cancer and pre-cancerous symptoms
- Most of us will be infected with at least 1 strain of mucosal HPV at some point during teen & young adult years (usually by age 21)
- New research shows 50% of new HPV infections happen in 15–24-year-olds
- Most HPV infections (90%) go away spontaneously within 2 years



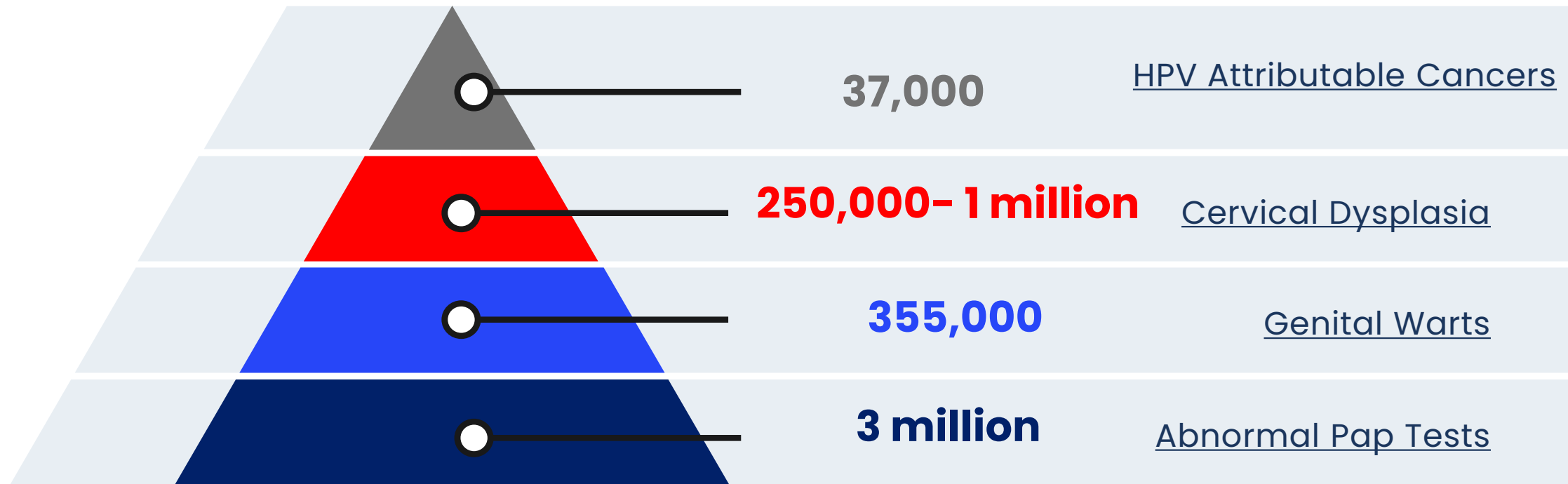
**8 out of 10 people will get HPV at some point in their lives.**

### Source:

[https://www.tandfonline.com/doi/full/10.1080/21645515.2022.2136444#:~:text=To%20improve%20low%20rates%20of,Characteristics%20\(N%20%3D%2086\).&text=U.S.,-3%25](https://www.tandfonline.com/doi/full/10.1080/21645515.2022.2136444#:~:text=To%20improve%20low%20rates%20of,Characteristics%20(N%20%3D%2086).&text=U.S.,-3%25)



# HPV: Multiple Impacts on Population Health



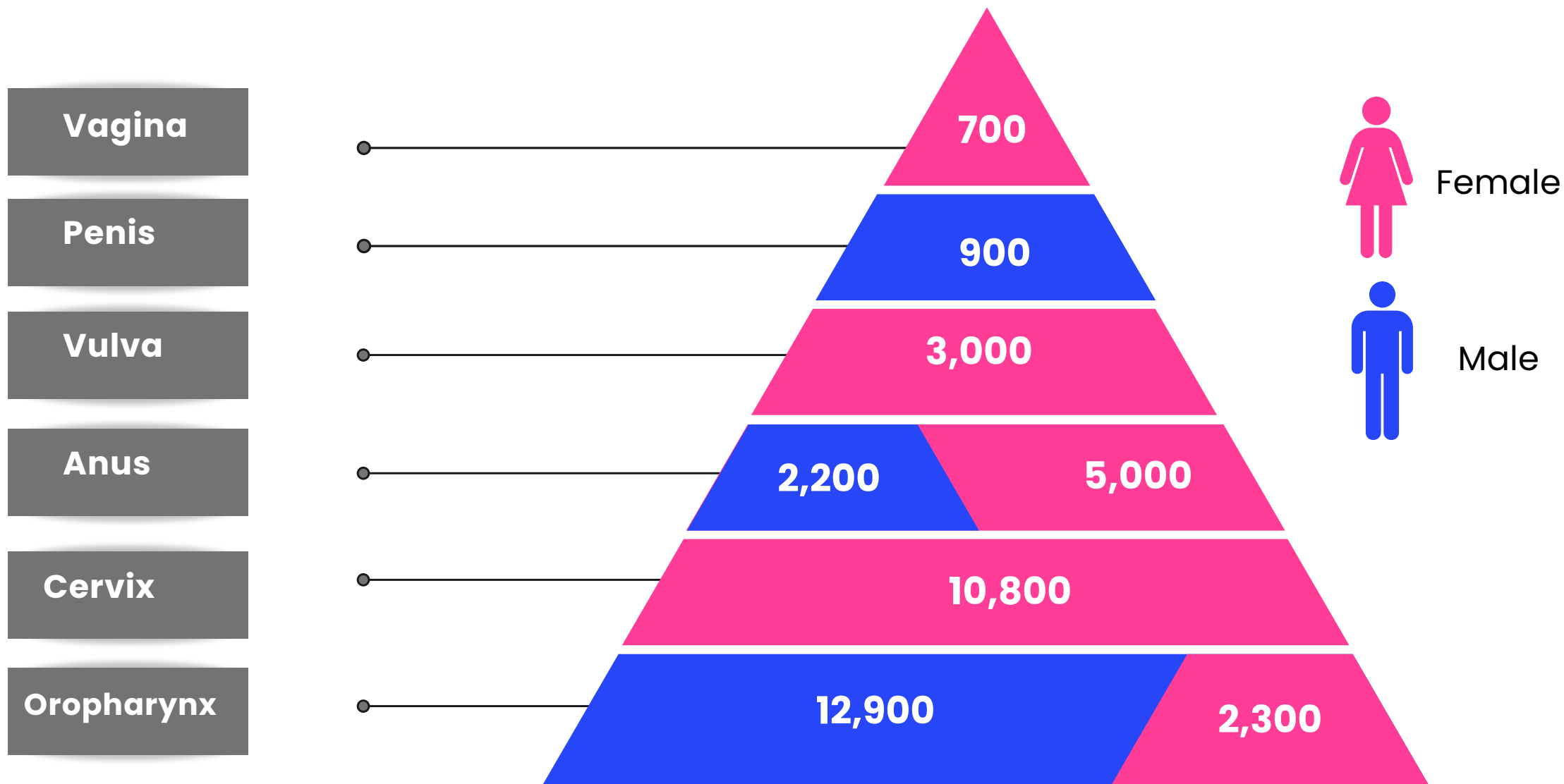
Sources: <https://www.cdc.gov/cancer/hpv/statistics/cases.htm> NOTE: Data are from population-based cancer registries participating in CDC's National Program of Cancer Registries (NPCR) and/or the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program for 2014 to 2018, covering 98% of the U.S. population.

<https://my.clevelandclinic.org/health/diseases/15678-cervical-intraepithelial-neoplasia-cin>

<https://www.cdc.gov/std/treatment-guidelines/hpv.htm>

<https://www.roswellpark.org/cancertalk/201811/abnormal-pap-smear-follow#:~:text=Most%20of%20the%20abnormal%20cells,be%20diagnosed%20with%20cervical%20cancer.>

# U.S. HPV-Attributable Cancer Cases: 37,800



# Cancers Associated with Human Papillomavirus in American Indian and Alaska Native Populations — United States, 2013–2017

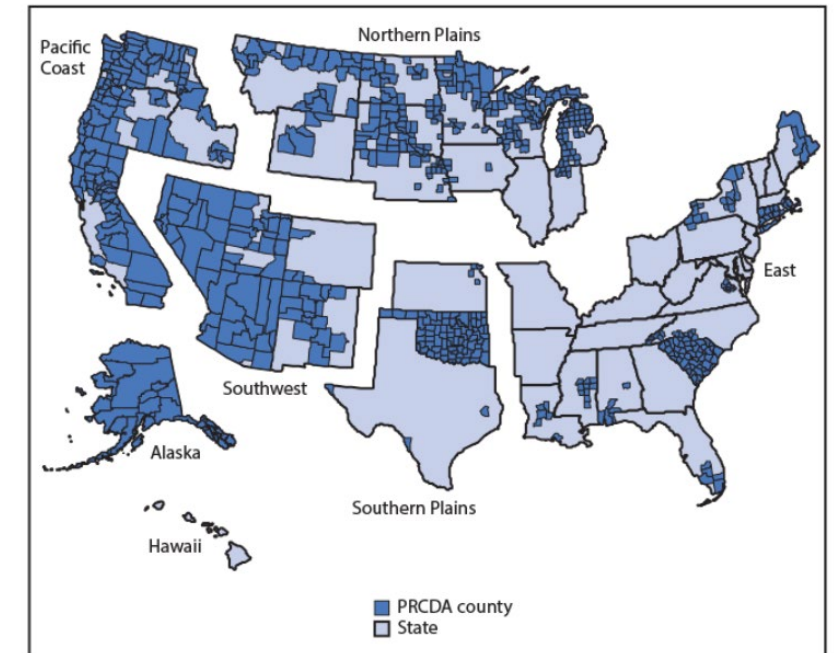
MMWR September 18, 2020 / 69(37);1283–1287

**TABLE 1. Incidence\* and percent distribution of human papillomavirus (HPV)-associated cancers,† by sex, cancer type, region, and race/ethnicity‡ — Indian Health Service (IHS) Purchased/Referred Care Delivery Area (PRCDA) counties,§ United States, 2013–2017**



Characteristic	AI/AN, rate (%)						All regions combined		RR
	Northern Plains	Alaska	Southern Plains	Pacific Coast	East	Southwest	AI/AN, rate (%)	White, non-Hispanic rate (%)	
<b>Sex, cancer type</b>									
<b>Female</b>									
All HPV-associated cancers	20.0 (100)	21.6 (100)	21.1 (100)	18.5 (100)	11.1 (100)	8.9 (100)	15.9 (100)	13.7 (100)	1.16**
Cervix	11.2 (57)	12.8 (59)	13.8 (65)	12.6 (63)	6.5 (57)	6.6 (73)	10.3 (63)	6.5 (39)	1.58**
Vagina	—††	—	—	—	—	—	0.4 (2)	0.4 (3)	1.11
Vulva	3.6 (16)	3.1 (12)	3.3 (16)	1.1 (8)	1.9 (17)	0.8 (8)	2.0 (13)	2.2 (18)	0.93
Oropharynx	2.3 (11)	3.1 (14)	1.8 (9)	2.1 (14)	—	0.4 (5)	1.5 (10)	1.9 (16)	0.80
Anus	2.6 (13)	2.0 (12)	1.7 (9)	2.5 (15)	—	0.7 (9)	1.7 (11)	2.7 (23)	0.61**
<b>Male</b>									
All HPV-associated cancers	10.6 (100)	11.4 (100)	14.9 (100)	12.7 (100)	10.0 (100)	4.1 (100)	10.2 (100)	11.8 (100)	0.86**
Oropharynx	9.0 (86)	6.3 (67)	12.2 (83)	10.3 (81)	8.6 (84)	3.3 (78)	8.2 (82)	9.7 (83)	0.84**
Anus	—	—	1.7 (10)	1.3 (11)	—	—	1.1 (11)	1.4 (11)	0.78
Penis	—	—	1.1 (7)	1.1 (7)	—	0.5 (13)	0.9 (8)	0.7 (6)	1.26

**FIGURE. Indian Health Service (IHS) Purchased/Referred Care Delivery Area (PRCDA)\* counties, by region — United States, 2013–2017**





# HPV SURVIVOR

Frank Summers



Mission  
**HPV** Cancer  
Free

The HPV vaccine can prevent more than 90% of HPV cancers when given at the recommended ages of 9-12.



# HPV Vaccine Recommendations

## ACS



## ACIP

CDC recommends routine vaccination of preteens at ages 11 or 12 years. The vaccination series can be started at age 9 years.

## AAP

AAP recommends starting the series between age 9 and 12 years

# PROVEN TO WORK!

An exciting new study from Scotland (2024) shows that **no cervical cancer cases** have been detected in fully vaccinated women following the human papillomavirus (HPV) immunization at age 12-13 since the program started in Scotland in 2008.

**The HPV immunization program has successfully almost eliminated cervical cancer in England** among women born since September 1995.



The February 2025 [MMWR report](#), highlighted that **between 2008 and 2022, cervical precancer incidence dropped by 79%, and the incidence of higher-grade precancer decreased by 80% among women aged 20-24**, the group most likely to have received the HPV vaccine.

Swedish study followed 1.7 million females between 10-30 years of age who were either vaccinated or not vaccinated and the effects of the HPV vaccine on cervical cancer cases. **The results found 538 new cancers in the unvaccinated group whereas there were only 19 new cases of cervical cancer found in those vaccinated. Of the 19 cases in vaccinated individuals, nearly all were 17 or older at age of vaccination.** This reinforces the need to vaccinate early.

Source: [Falcaro, et al. Lancet 2021;398\(10316\):2084-2092](#)

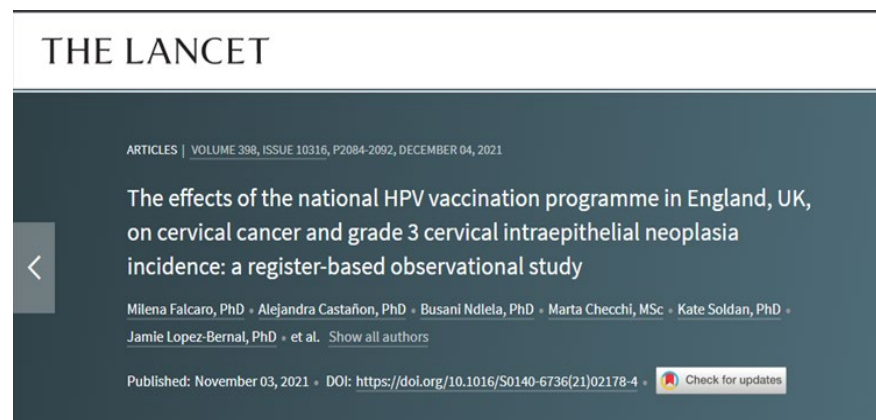
Source: [No cervical cancer cases detected in vaccinated women following HPV immunisation - News - Public Health Scotland](#)

Source: [Lei et al, NEJM 2020](#)

Source: [https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a4.htm?s\\_cid=mm7406a4\\_w](https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a4.htm?s_cid=mm7406a4_w)

# England (2021): Age matters for vaccine effectiveness

Age at Vaccination	Effectiveness against CIN3+	Effectiveness against cervical cancer
12-13	97%	87%
14-16	75%	62%
16-18	39%	34%



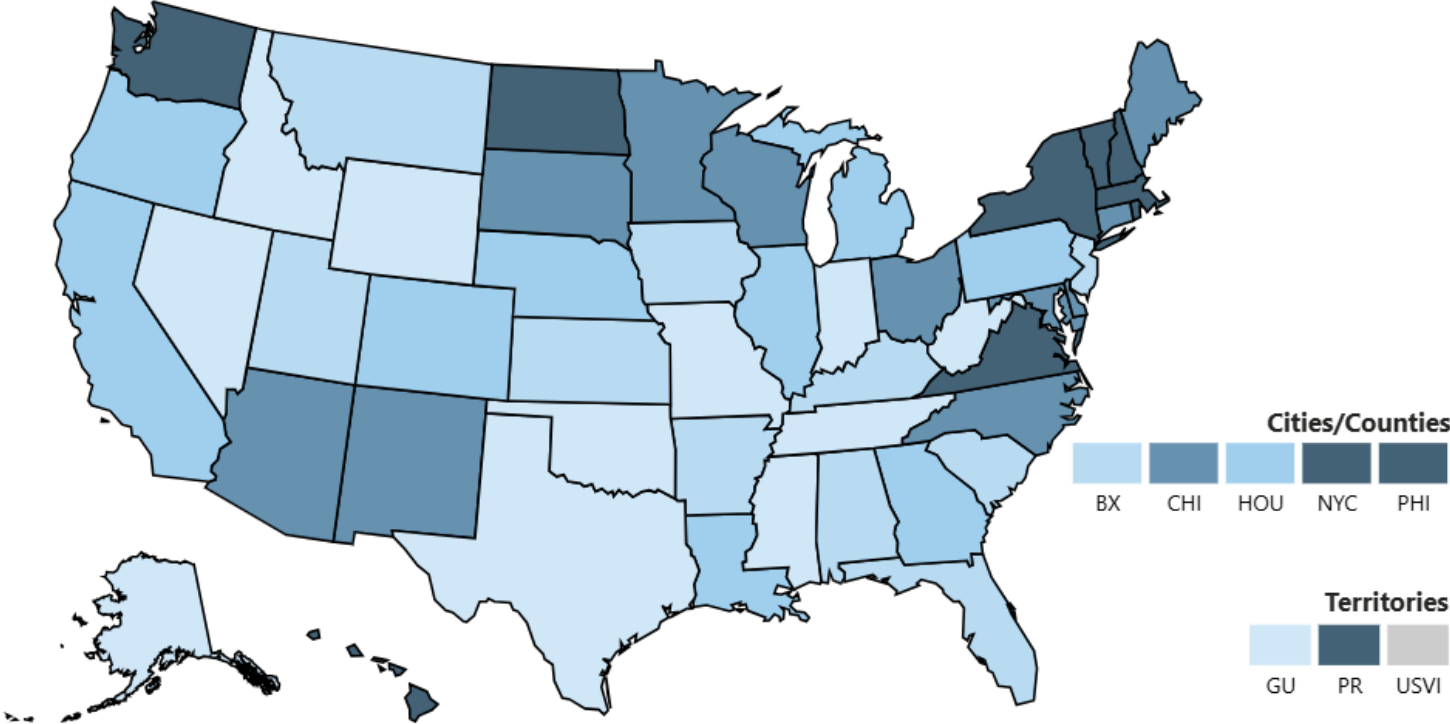
Source: Falcaro, et al. Lancet 2021;398(10316):2084-2092 accessed at <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2821%2902178-4/fulltext> and summarized here: <https://www.hpvworld.com/articles/the-impact-of-hpv-vaccination-program-on-cin3-and-cervical-cancer-incidence-in-england/>

# Unfortunately, HPV vaccine uptake remains suboptimal

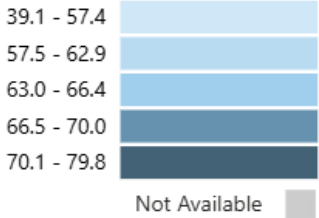
Up-to-Date HPV Vaccination Coverage among Adolescents **Age 13-17 Years**, 2024, National Immunization Survey-Teen

## HPV Up-to-Date (13-17)

- **National Average: 63%**
- **California: 66%**

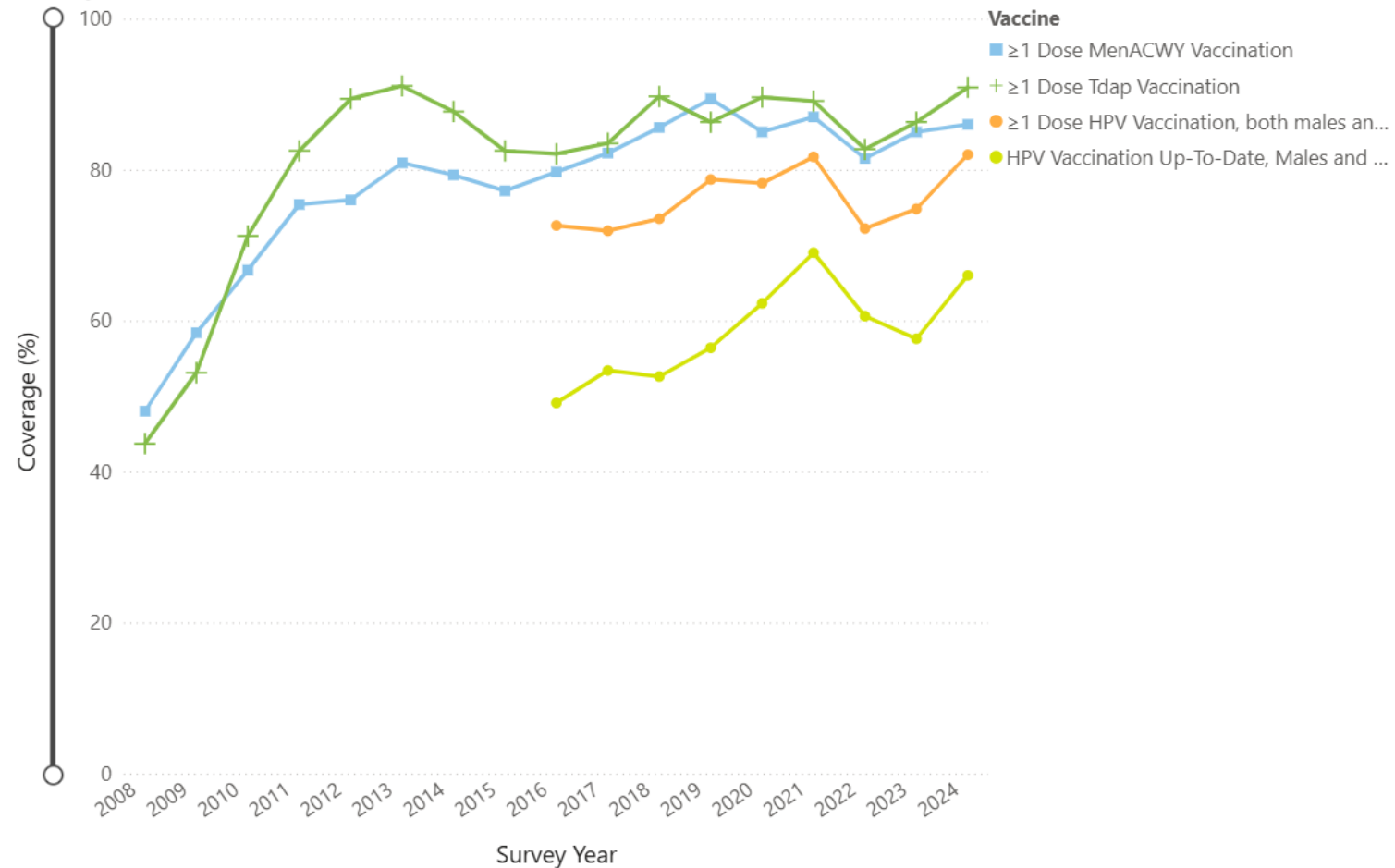


Legend – Coverage (%)



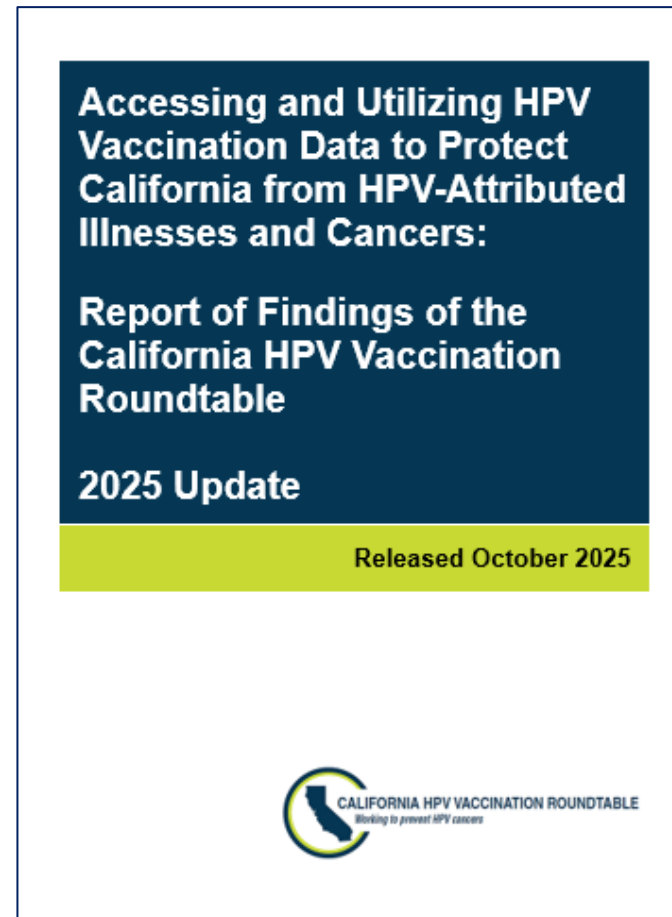
# Vaccination Coverage in Adolescents 13-17 Years, California, NIS-Teen

Vaccination Coverage by Year among Adolescents Age 13-17 Years, California, National Immunization Survey-Teen



# Highlights of CAIR data analysis

*Thank you to CA HPV Vaccination Roundtable Data Workgroup and to CDPH Immunization Branch*



Report available at  
[www.cahpvrroundtable.org](http://www.cahpvrroundtable.org)

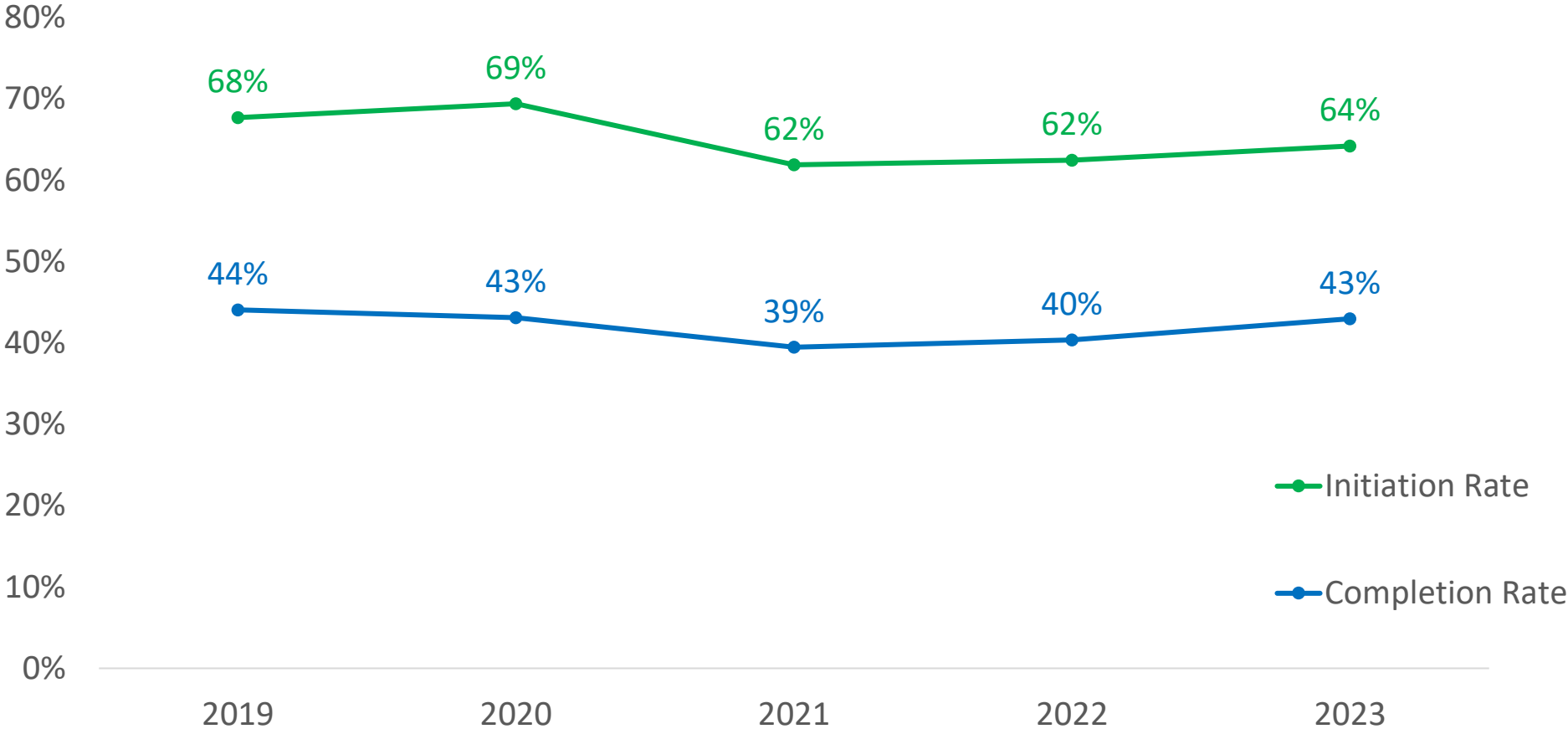
# CAIR Data Considerations & Limitations

- Includes data reported from providers in all 58 California counties
  - Providers in Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties report data directly to the Healthy Futures Registry (also known as the Regional Immunization Data Exchange or RIDE). Healthy Futures (RIDE) data are uploaded into CAIR2 on a daily basis.
- AB 1797, which went into effect January 1, 2023, requires all California healthcare providers who administer vaccines to report to CAIR2 or Healthy Futures/RIDE. Prior to the implementation of AB 1797, only pharmacists were required to report.
- Data are considered to be an underestimate of actual vaccination rates. Although non-COVID vaccinations became reportable by all providers in January 2023 ([see AB 1797 FAQs](#)), and the quality of CAIR data continues to improve over time, the data in CAIR are not a complete representation of all vaccine doses administered in CA.
  - Patients may have incomplete vaccination records in CAIR if they moved or changed providers, or if historical vaccinations were not imported into CAIR.
  - CAIR data completeness can also vary by factors such as recipient age, provider reporting history, type of vaccination, region, population demographics, and population migration.
- Until all providers are participating in CAIR2 or Healthy Futures/RIDE, population-based coverage rates should be interpreted with caution.

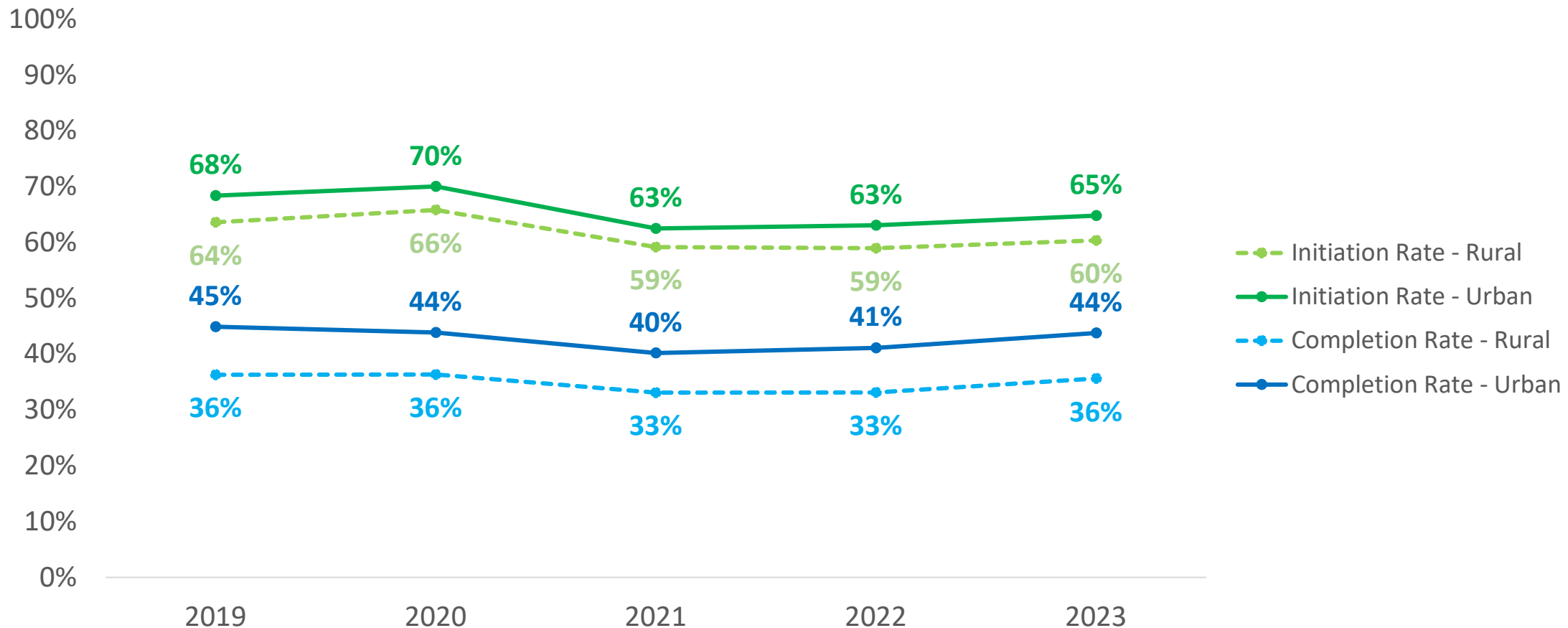
# Methods

- HPV vaccination rate estimates (data pulled 5/21/2024)
  - HPV Initiation: at least 1 HPV dose on record
  - HPV Completion: at least 2 HPV doses on record
- By age 13 (through age 12) age cohort in 2023
  - Persons born in 2010 (13y/o in 2023)
- 9-12 age cohort (as of 12/31) in 2022 and 2023
  - Age calculated as of 12/31 of that year
  - Comparing across ages

# Proportion of 13-year-olds initiating and completing HPV vaccine series, CA, 2019-2023 (Source: CAIR)

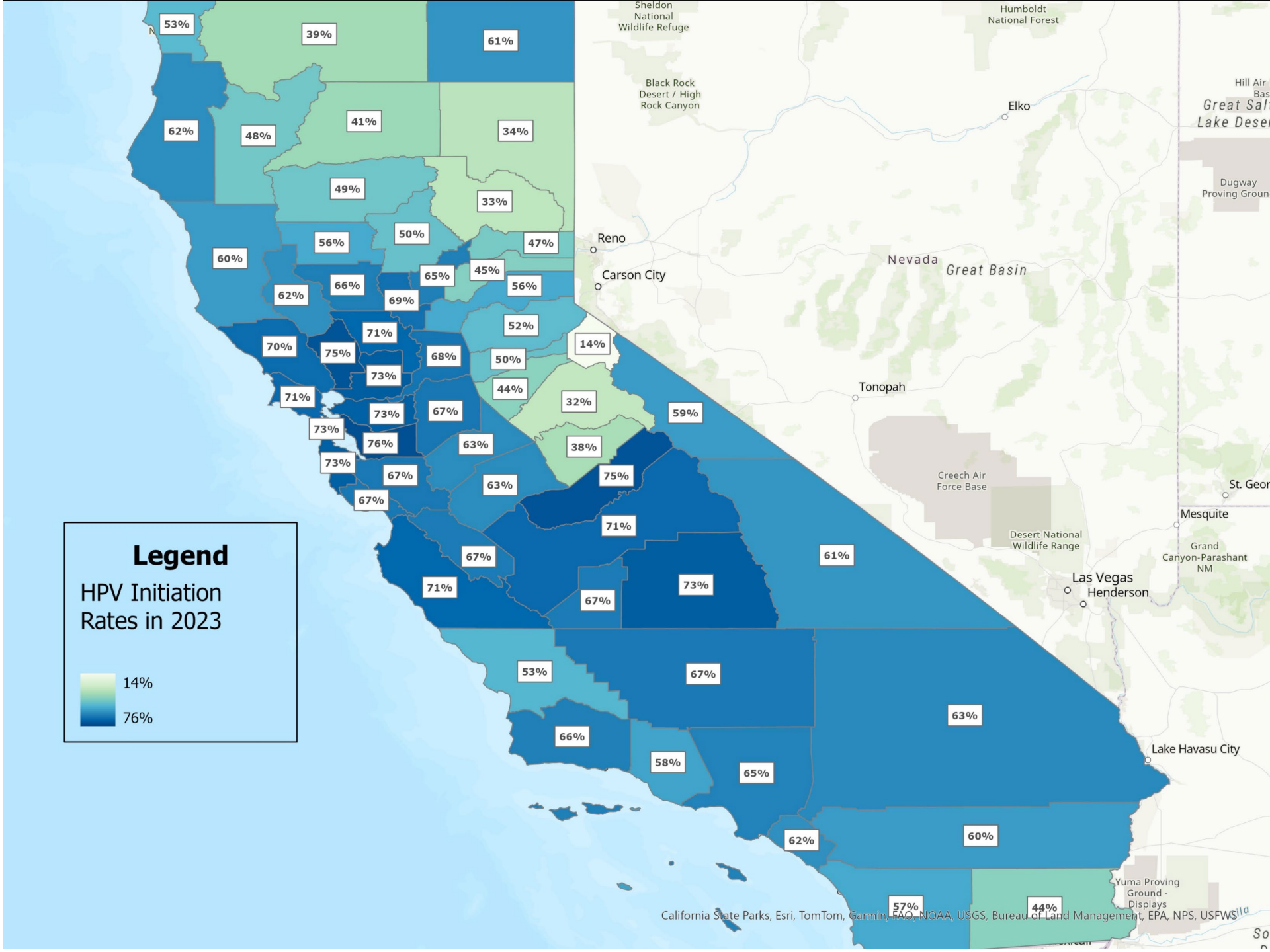


# Proportion of 13-year-olds who initiated and completed the HPV vaccine series by urbanicity\*, CA, 2019–2023 (Source: CAIR)



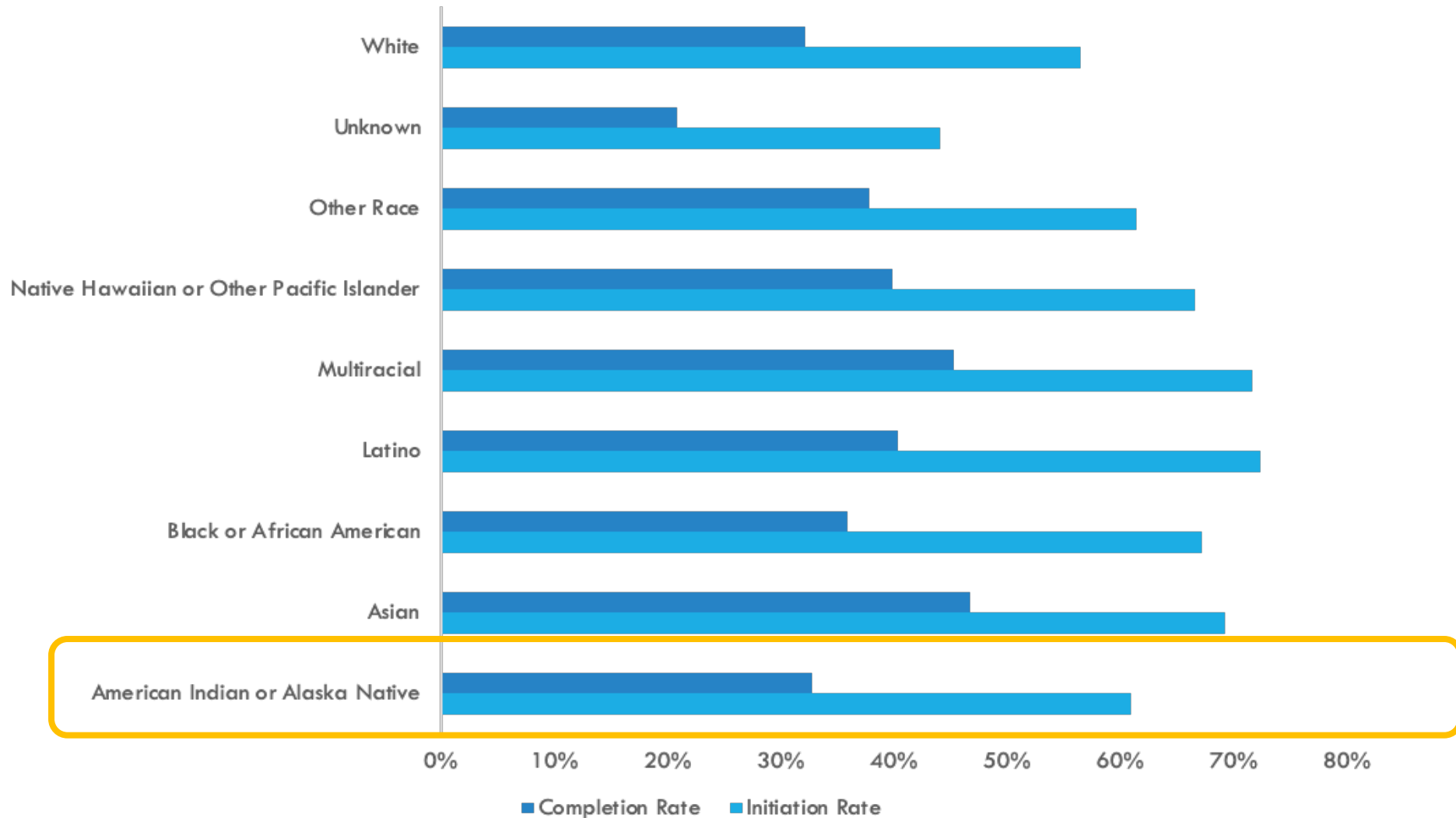
\*[RUCA Codes](#) 1-3 Urban, 4-10 Rural

# Proportion of 13-year-olds initiating HPV vaccine series by county, CA, 2023 (Source: CAIR)





# Series Initiation and Completion by Age 13 by Race / Ethnicity, CA, 2023



# Key Points

- HPV is very common- almost everyone has an HPV infection in their lifetime
- We don't yet know when having HPV will lead to pre-cancers or cancer. HPV causes over 37,000 cancer cases annually in the U.S.
- American Indian and Alaska Native populations have an increased burden of HPV cancers compared to non-Hispanic Whites (particularly females)
- **We can prevent over 90% of cancers caused by HPV through on-time HPV vaccination (ages 9-12)**
- HPV vaccination rates are suboptimal, and vaccination rates for American Indian and Alaska Native youth in CA are lower than the state average
- We are not realizing the full prevention potential of HPV vaccination...

*...but with continued work and partnership, **we can!***

# HPV vaccine: How can we do better at protecting our community?

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MARK H. SAWYER

UCSD SCHOOL OF MEDICINE

# Three reasons you should care about HPV vaccine

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HPV causes lots of cancer

HPV vaccine prevents cancer

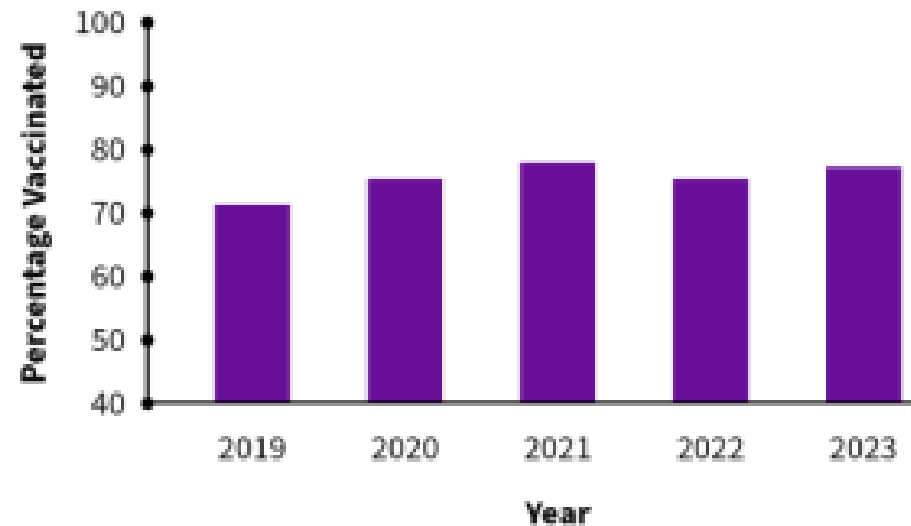


We are doing a terrible job of immunizing our population with HPV vaccine to prevent cancer

# HPV vaccination: We have a problem

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**HPV vaccination coverage has not improved since the pandemic\***



# What do we hear from patients and parents?

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My child won't get exposed to that virus=my child will never have sex

I want to wait on that one

The vaccine is too new

The vaccine has dangerous side effects

Two studies show that getting vaccinated doesn't make you have sex earlier

It's too late after you are already infected

It's been used since 2006 with over 100 million doses given

One of the safest vaccine we have

# Small Media and Patient Education

Videos and printed materials (e.g., letters, brochures, and newsletters) used to inform and motivate people to be screened.

Tailored to specific individuals or targeted to general audiences.

When planning this intervention, consider:

1. Health literacy of target population
2. Selecting materials with images that reflect target population
3. How media is incorporated into workflow and accompanied by action of your care team

# Healthcare Professional Barriers to HPV Vaccination

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- Parent attitudes and concerns
- Financial concerns
- Knowledge gaps
- Inadequate insurance coverage and compensation
- Missed opportunities to immunize
- Preference for vaccinating
  - older adolescents
  - girls

# Systems to improve vaccine coverage

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- Immunize at every type of healthcare visit
- Use standing orders so that the physician does not need to take specific action unless a vaccine is contraindicated
- Take advantage of community immunizers (e.g. pharmacies)
- Audit your own records-you may be surprised
- User reminder/recall systems including email and text options

# Reminders



- Letters



- Postcards/Text messages



- Phone calls



- Messages through your patient portal

Dear Parent/Guardian,

We want to help you take care of your child's health. That includes getting the human papillomavirus (HPV) vaccine, which we recommend between the ages 9 and 12.

**The HPV vaccine helps prevent HPV infections that can cause 6 types of cancer.**

**The vaccine works best between the ages of 9 and 12,** and should be completed by your child's 13th birthday for the best protection.

Visit [www.chanevada.org/vaccines](http://www.chanevada.org/vaccines) to make an appointment, or call Member Services for help finding a provider:  
**Community Health Alliance**  
(775)329-6300


Visit [cancer.org/HPV](http://cancer.org/HPV) for more information.

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This tool was supported in part by Cooperative Agreement Number NH23HP000953-03 funded by the Centers for Disease Control and Prevention.

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cancer.org | 1.800.227.2345



Organization name  
Address Line 1  
Address Line 2  
City, State and Zip

**Proteja a su hijo(a).**



 **COMMUNITY HEALTH ALLIANCE**

Información sobre salud y bienestar o prevención. Medicare no ha revisado ni respaldado esta información.

# Provider-Directed Interventions

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- Provider and **staff** education
- Strong provider recommendation
- Use a presumptive approach when recommending the vaccine to patients and their parents
- System/ clinic level vaccination data, e.g. “dashboard”
- EHR prompts

# Talking about HPV Vaccination

- Always start with **cancer prevention** and not transmission
  - HPV is so common that it's far more important to discuss why to vaccinate, than how it's spread.

Preventing cancer is a strong motivator

- Normalize the HPV vaccine
  - Use announcement approach/presumptive approach
- Connect – empathy, advice, and real stories about the risks of not vaccinating
- Discuss recommended vaccines
- Remember – the goal of conversation is action: create a plan for next steps that includes follow-up

## The Announcement Approach for Increasing HPV Vaccination

Take these steps to more effectively recommend HPV vaccination. They will save you time and improve patient satisfaction.

- 1 ANNOUNCE**  
Start with a presumptive announcement that assumes parents are ready to vaccinate. This is an effective way to recommend adolescent vaccines, including HPV vaccine.<sup>1</sup>
- 2 CONNECT & COUNSEL**  
Connect with parents by asking for their main concern about HPV vaccine. Counsel parents by using a research-tested message to address their concern.<sup>2</sup> Then clearly recommend getting HPV vaccine today.
- 3 TRY AGAIN**  
Say you'll bring up HPV vaccine at the next visit. Then make a note in the child's chart. Almost 70% of parents who initially decline later agree to HPV vaccine or plan to soon.

**KEY ELEMENTS OF AN ANNOUNCEMENT:**

- Note child's age to cue that this is part of routine care
- Say you will vaccinate today
- Announce children this age get a vaccine that prevents six HPV cancers.

**ANNOUNCEMENT EXAMPLE**  
"Marcus is now 9, so today he'll get a vaccine that prevents six HPV cancers."

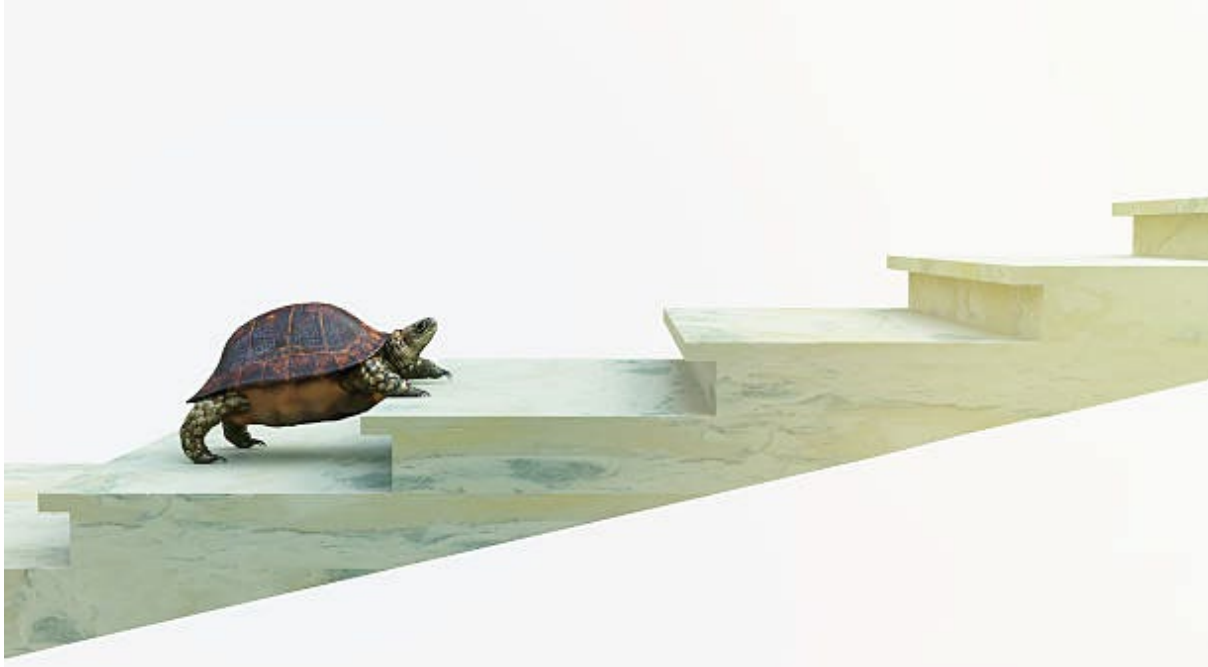
1. Brewer, et al., 2017, Pediatrics. 2. Shah, et al., 2019, Pediatrics. 3. Kornides, et al., 2018, Academic Pediatrics. hpvIQ.org

**HPV IQ**  
Immunization Quality Improvement Tools

# Things we are trying

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- Presumptive communication approach
- Education for our community that HPV vaccine prevents cancer
- Reminder-recall systems
- School-based immunization
- Quality Improvement projects with provider-specific data
- ?Single dose HPV vaccine series for low risk



# When Lofty Goals Remain Out of Reach

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Ambitious goals often require persistence and adaptation

Setbacks provide valuable learning opportunities

Reassess strategies and resources regularly

Celebrate small milestones to maintain motivation

Seek support and collaboration to overcome obstacles

We need a new strategy:



How about HPV vaccine at  
age 9?!?!

# Data on HPV at age 9

Published in final edited form as:

*Prev Med.* 2016 August ; 89: 327–333. doi:10.1016/j.ypmed.2016.02.039.

## Younger age at initiation of the Human Papillomavirus (HPV) vaccination series is associated with higher rates of on-time completion

Jennifer L. St Sauver, PhD, MPH<sup>1,2</sup>, Lila J. Finney Rutten, PhD, MPH<sup>1,2</sup>, Jon O. Ebbert, MD<sup>2,4</sup>, Debra J. Jacobson, MS<sup>5</sup>, Michaela E. McGree, BS<sup>5</sup>, and Robert M. Jacobson, MD<sup>2,3</sup>

<sup>1</sup>Division of Epidemiology, Department of Health Sciences Research, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905

<sup>2</sup>Robert D and Patricia E Kern Center for the Science of Health Care Delivery, College of Medicine, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905

<sup>3</sup>Division of Community Pediatric and Adolescent Medicine, Department of Pediatric and Adolescent Medicine, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905

<sup>4</sup>Division of Primary Care Internal Medicine, Department of Medicine, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905

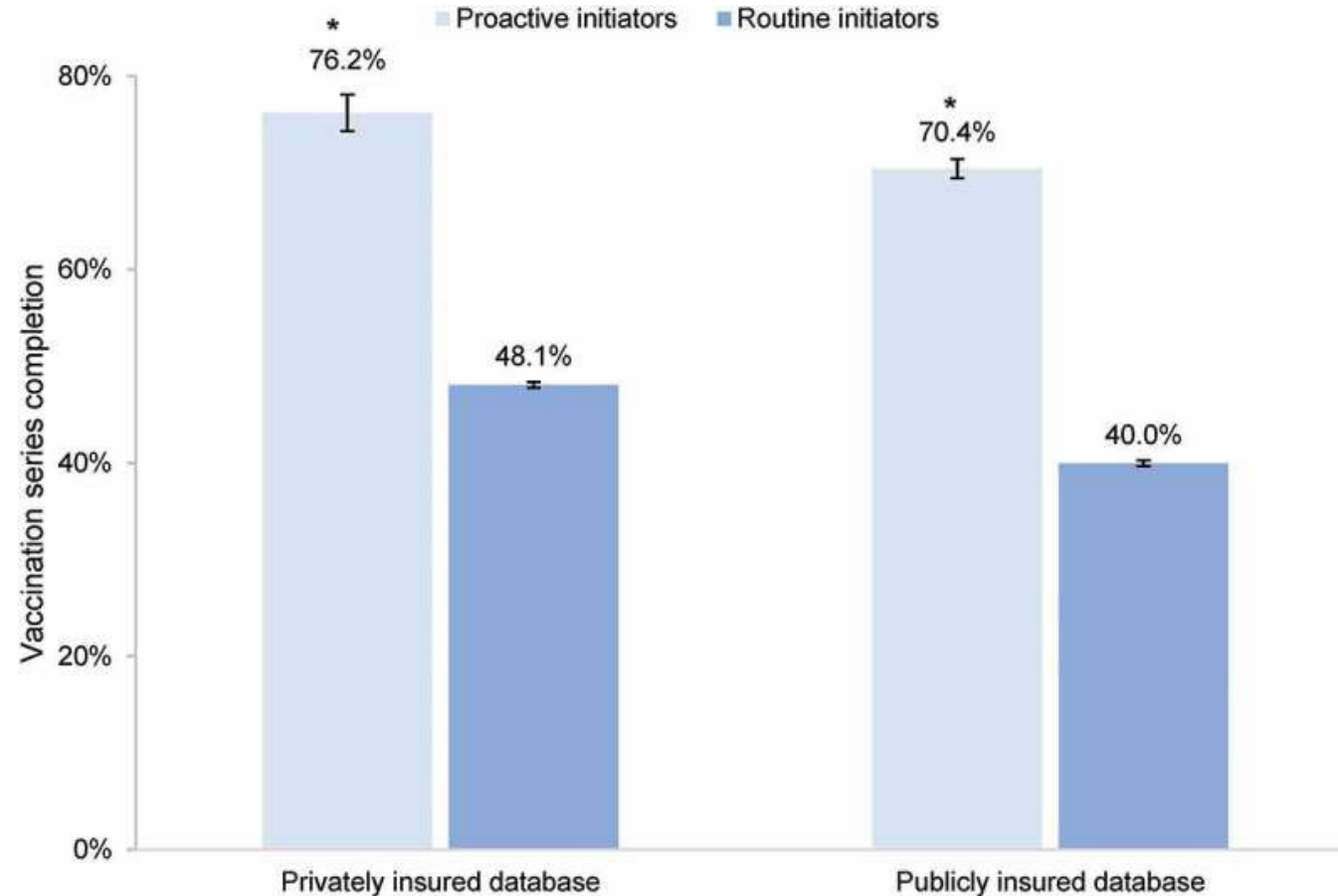
<sup>5</sup>Division of Biomedical Statistics and Informatics, Department of Health Sciences Research, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905

### Abstract

## Comparison of characteristics between those initiating the HPV vaccine series at 9–10 12 years

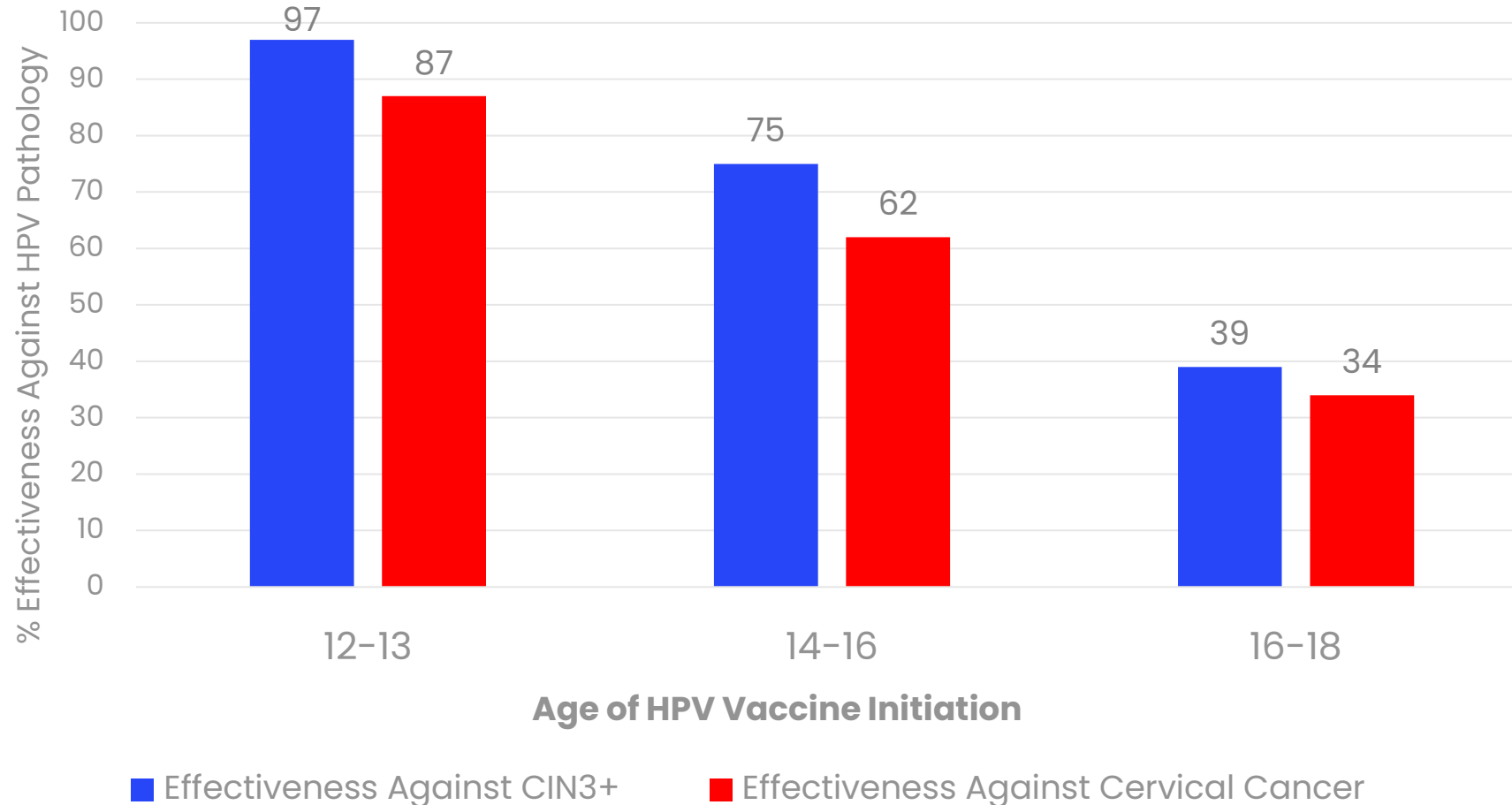
Characteristic	9–10 years	11–12 years	P <sup>d</sup>
<b>Completed 3 doses of the vaccine<sup>b</sup></b>	<b>N=725</b>	<b>N=1,613</b>	
Duration between first and third dose (months), median (IQR)	9.6 (6.7, 17.0)	8.3 (6.5, 14.7)	0.006
Completed 3 doses of the vaccine by age 13.5	707 (97.5)	1,258 (78.0)	<0.001
Completed 3 doses of the vaccine by age 15	722 (99.6)	1,517 (94.0)	<0.001

# Starting HPV vaccine at 9 increases completion



# Importance of On-Time Vaccination

## Effectiveness of HPV Vaccination Program on CIN3+ and Cervical Cancer Incidence



SOURCE: Falcaro, et al. *Lancet*. 2021;398(10316):2084-2092.

# HPV vaccine starting at age 9 years!

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## RECOMMENDATIONS

The AAP recommends 2 doses of the HPV vaccine series between 9 and 12 years of age

The American Cancer Society recommends 2 doses of the HPV vaccine series between 9 and 12 years of age

The CDC/ACIP recommends the series at age 11 or 12 years but indicates that it can be administered starting at age 9 years

## ADVANTAGES OF STARTING EARLIER

Minimizes discussion about sexual transmission

Enhances completion of the series by age 13 years

Reduces the number of injections at the 11-12yo visits

Makes it more likely that you will complete the series before onset of sexual activity

AAP-<https://redbook.solutions.aap.org>;

CDC-<https://www.cdc.gov/mmwr/volumes/68/wr/mm6832a3.html>

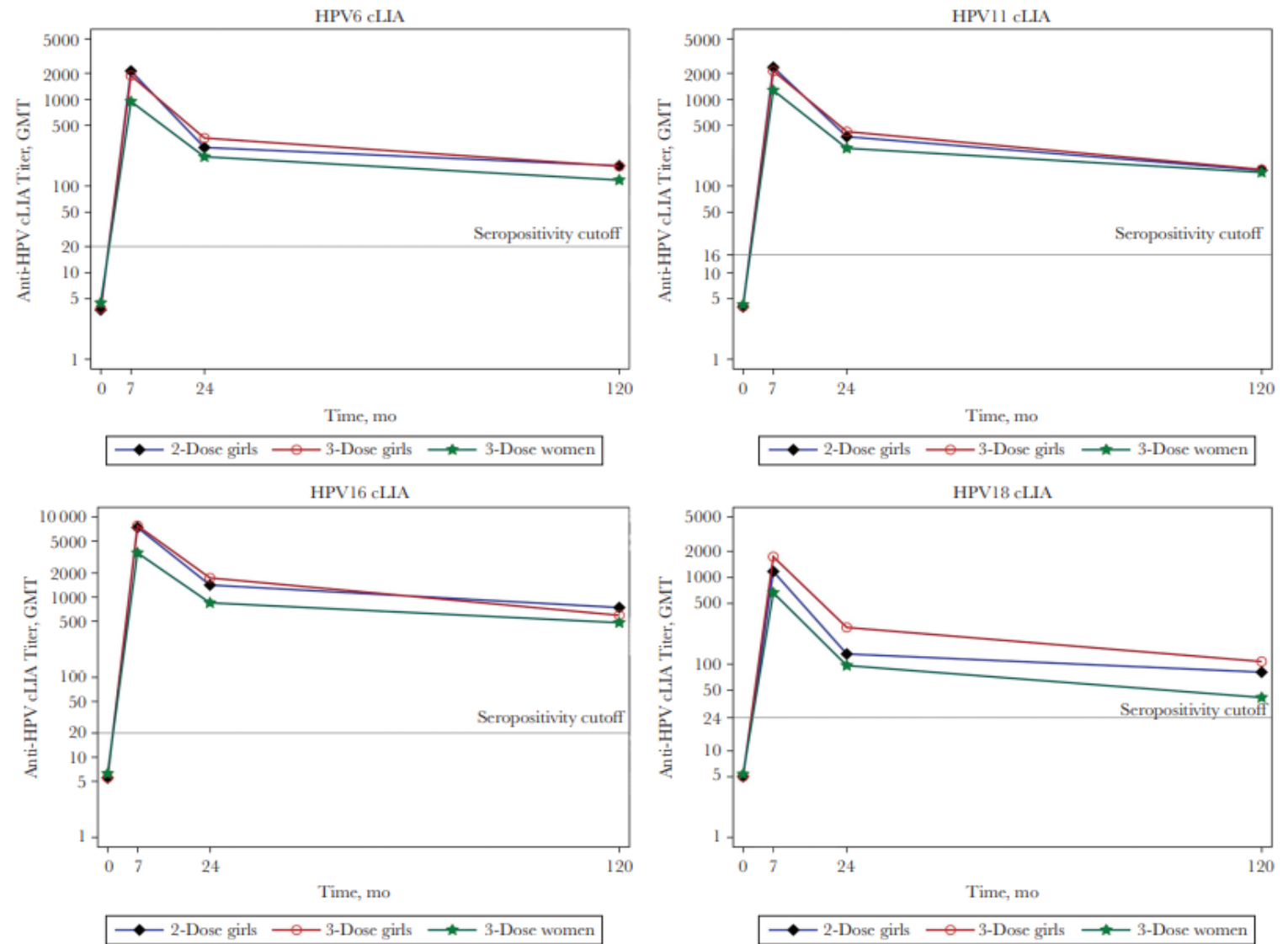
ACS-<https://www.cancer.org/cancer/cancer-causes/infectious-agents/hpv/hpv-vaccines.html>

# HPV Vaccine at Age 9-what is the downside??

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- Parental acceptance
- Erosion of the adolescent vaccine platform
- Duration of immunity

- HPV 6
- HPV 11
- HPV 16
- HPV 18



**Figure 1.** Kinetics of competitive Luminex immunoassay (cLIA) antibody titers over time. Geometric mean titers (GMTs) for girls receiving 2 or 3 doses and women receiving 3 doses, up to 120 months after quadrivalent human papillomavirus (HPV) vaccination (modified from Donken et al [64]).

# Recommended Vaccination Schedule



# HPV Vaccine-Summary

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- HPV vaccine is very effective and prevents cancer
- Coverage rates are lagging behind other adolescent vaccines
- Multiple educational and perception barriers to overcome
- Consider immunizing starting at age 9.
- We can do better!

Northern Valley Indian Health (NVIH) is a private, nonprofit tribal organization founded in 1971 by a group of Northern California American Indians seeking to reestablish health services in California.

A board of Directors from the Mechoopda Indian Tribe (MIT) of Chico Rancheria, the Grindstone Indian Rancheria (GIR) of Wintun-Wailaki Indians of California, the Yocha Dehe Wintun Nation of California, and the Kletsel Dehe Band of Wintun Indians of California govern the organization.

### **NVIH Mission:**

**Excellence in healthcare services to Native Americans  
and all community members**

### **Values:**

Compassion  
Integrity  
Respect  
Customer Service  
Teamwork





Comprehensive and integrated medical, dental, behavioral health, women’s health, nutrition and community health and outreach services are provided to over 6500 American Indians and Alaska Natives (AI/AN) who reside in the NVIH five county service area. The NVIH service area includes Glenn, Yolo, and portions of Colusa, Butte, and Tehama counties. NVIH clinics are in the cities of Chico, Willows, Red Bluff, and Woodland.



# COMMUNITY HEALTH & OUTREACH

Provide services to the Native American population, including members of the Native households

CHICO: 530-899-5156    WILLOWS: 530-934-5431    WOODLAND: 530-207-5483

Community Health & Outreach Director

CH Admin  
Asst.

RN  
Coordinator

RN  
Coordinator

RN  
Coordinator

2 Health Continuity  
Specialist

LVN

2-3 CHRs

LVN

2-3 CHRs

LVN

2-3 CHRs

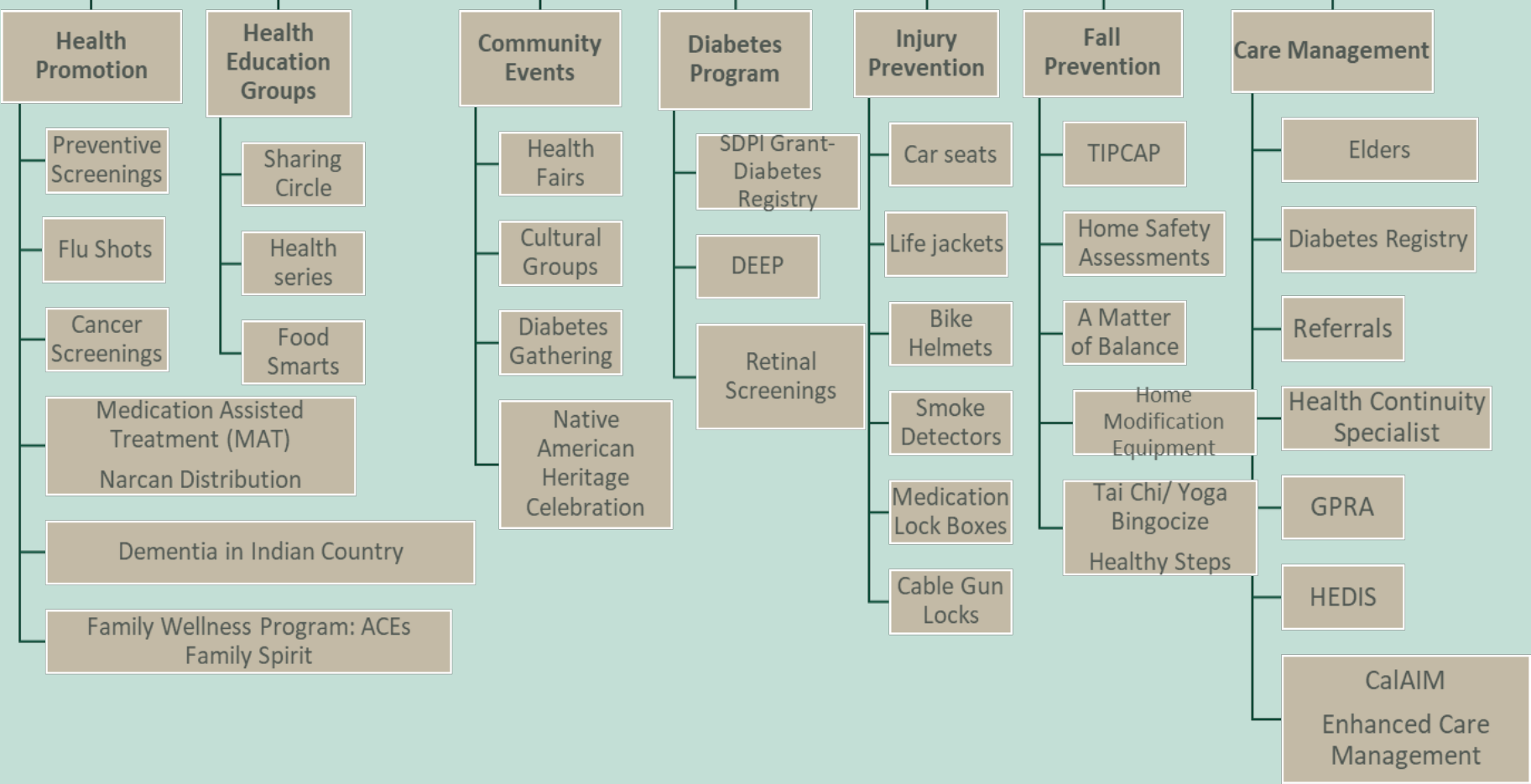
Dementia  
Program Coordinator

MAT  
Program Coordinator

Injury Prevention  
Program Coordinator

Family Wellness  
Program Coordinator

# Community Health & Outreach Services



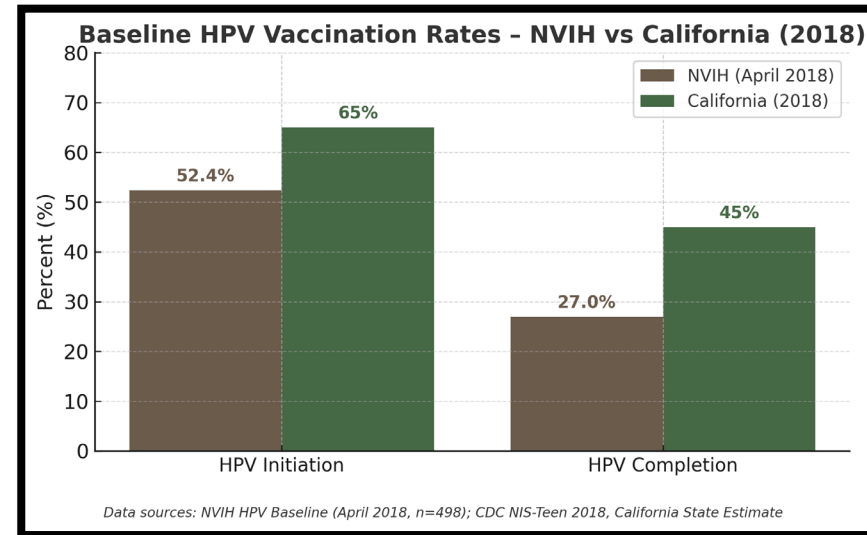
# Improving HPV Vaccination Rates among Rural and Native American Adolescents

UC Davis Comprehensive Cancer Center and Northern Valley Indian Health (NVIH)

Discussions in early 2018 identified that vaccination rates in Glenn County were below California average

## Target Population:

- 498 AI/AN & Rural Adolescents
- ages 11-17
- Pre-intervention (April 2018)
  - HPV initiation rate: 52.4%
  - Average completion 27%



**Goal: Increase initiation and completion rates through multilevel intervention**



## Multilevel Intervention – December 2018 – May 2020

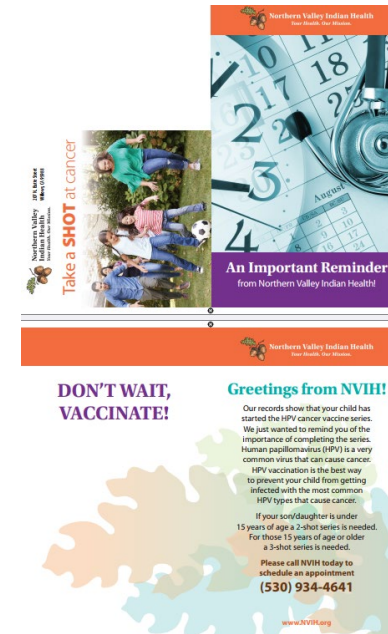
1. Education sessions with pre- and post-tests to get all staff on the same page
2. Standardize messaging (sandwich HPV with meningitis and Tdap vaccine plus flu in flu season)
3. Opt-out language “due today, we’ll get that taken care of”
4. Community education regarding HPV vaccine
5. Birthday greeting postcards at age 11 with reminder to schedule visit for vaccines due

## Focus Group Insights

### What we heard from the community:

- Limited awareness that HPV causes multiple cancers
- Misconception that vaccine is only for girls
- Concerns about safety and side effects
- Transportation and scheduling barriers in rural areas
- Lack of reminders for 2nd dose follow-up
- Community and Local health professionals spoke out against HPV vaccine.

Quote : “I didn’t know this vaccine was for boys too.”



## BIRTHDAY POSTCARDS

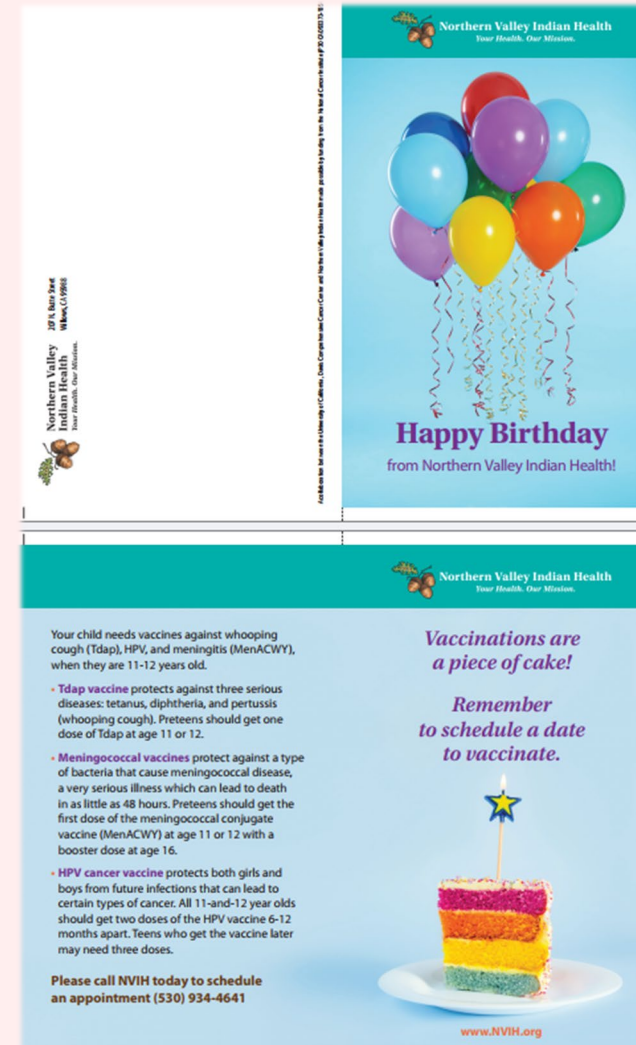
Youth received a birthday-themed postcard when reaching vaccine-eligible age (11–17)

Designed with friendly tone and culturally appropriate images

Co-branded by NVIH and UC Davis

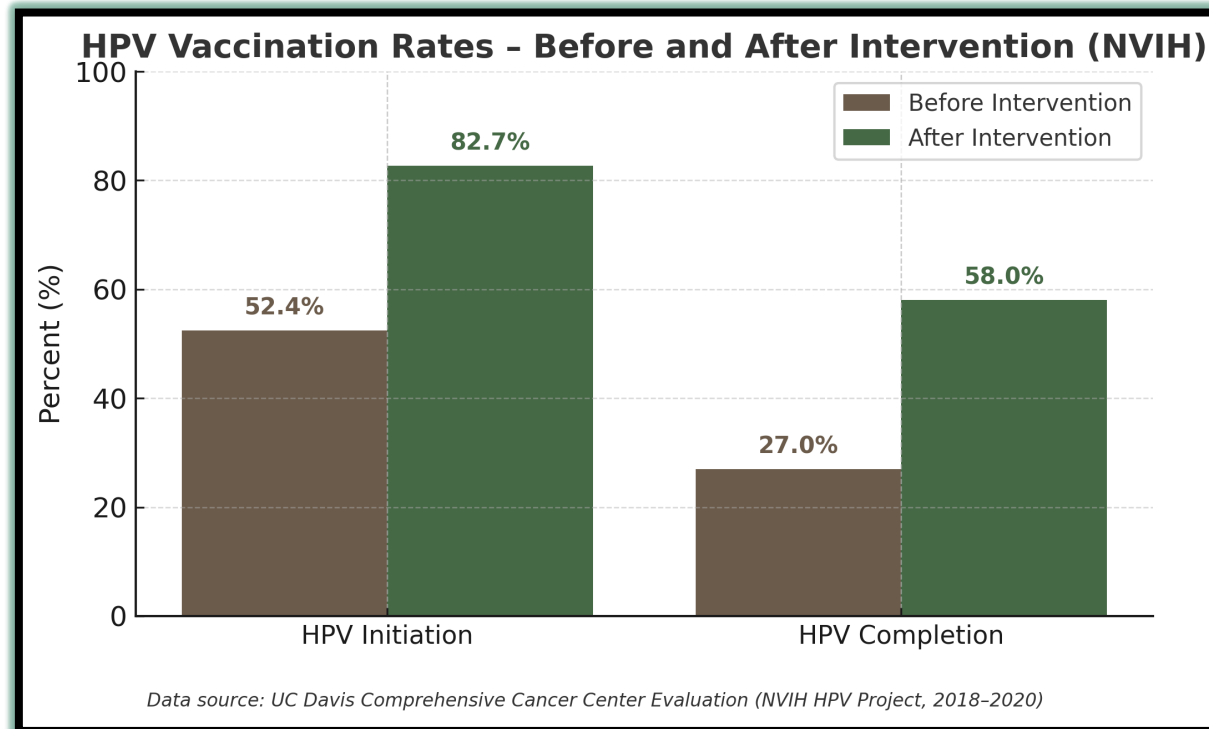
Mailed monthly by Community Health & Outreach staff

Message encouraged caregivers to schedule HPV vaccine at NVIH



## Results of the HPV Intervention: November 2020

- HPV initiation: ↑ 30.3% to 82.7%
- HPV completion: ↑ 31.0% to 58%
- Increased community and caregiver awareness
- Stronger provider recommendations in clinic visits
- Model recognized in 2020 AACR poster and 2022 peer-reviewed publication



# Sustaining HPV Prevention in Rural and Native Communities

Build on success: Expand reminder models like the birthday postcard initiative across all NVIH sites.

Maintain education: Continue provider, staff, and community HPV vaccine education and outreach.

Track data: Monitor initiation and completion rates through CQI and EHR dashboards.

Partnership matters: Sustain collaboration between NVIH, UC Davis, and local partners to strengthen impact.

Health equity lens: Ensure culturally grounded approaches that honor Native community voices and experiences. Mobile medical clinics.

**“Partnerships grounded in culture and community  
create pathways to lasting health.”**



Thank you. We appreciate your time and partnership in advancing HPV prevention efforts.

Northern Valley Indian Health – NVIH.org

**Terri Martens, MSN, RN** – Community Health & Outreach Director

[teresa.martens@nvih.org](mailto:teresa.martens@nvih.org)

UC Davis Comprehensive Cancer Center

**Julie T. Dang, PhD, MPH** — Executive Director, Office of Community Outreach & Engagement

[jtdang@health.ucdavis.edu](mailto:jtdang@health.ucdavis.edu)

**Together, we continue to promote health equity  
and prevention in our communities.**



# RESOURCES

# American Cancer Society

## For parents of adolescents:

- [Don't Wait to Vaccinate Flyer](#)
- [Protecting our Children from HPV Cancers](#)
- [Prevention Matters! Flyer](#)

## For young adults:

- [For Young Men and Teens: You Can Help Decrease Your Odds of Getting Cancer](#) (English and Spanish)
- [For Young Women and Teens: You Can Help Decrease Your Odds of Getting Cancer](#) (English and Spanish)

## For health care professionals:

- [Evidence-Based Interventions Guide](#)
- [ACS HPVRT Age 9 Resources](#)

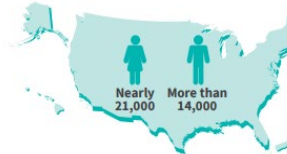


### Prevention Matters!

Get your child the HPV vaccine to help prevent HPV cancers.

#### HPV is a serious problem.

The human papillomavirus, or HPV, can cause several cancers. HPV vaccination can help protect against this virus and the cancers it can cause.



More than 37,000 men and women get HPV cancers in the United States each year. Don't let your child be one of them.

#### HPV is very Common.

Eight out of 10 people will get HPV at some point in their lives.



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#### HPV vaccination is cancer prevention

HPV vaccination can prevent more than 90% of HPV cancers when given on-time.

#### When does my child need the HPV vaccine?



THE AMERICAN CANCER SOCIETY RECOMMENDS THE HPV VACCINE FOR ALL CHILDREN BE GIVEN BETWEEN AGES 9 AND 12.

Vaccination protects children before they are exposed to a virus. On-time vaccination between ages 9-12 means your child will receive two doses given 6-12 months apart.



#### What else should I know?

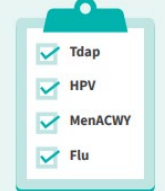
Most health insurance covers the cost of the HPV vaccine. Ask your insurance company to make sure.

The HPV vaccine is part of the Vaccines for Children (VFC) program. This program covers the cost of the HPV vaccine. A child is eligible for the VFC Program if they are younger than 19 years of age.

Please visit [cancer.org/HPV](https://cancer.org/HPV) to get more information about the HPV vaccine.

#### The HPV vaccine is one of four vaccines that all pre-teens need.

- Tdap (tetanus, diphtheria, pertussis) vaccine
- MenACWY (meningitis) vaccine



#### HPV VACCINATION IS SAFE AND EFFECTIVE.

Scientists and health organizations around the world closely monitor HPV vaccine safety and have found no safety concerns. Additionally, their studies have shown that HPV vaccination provides life-long protection against six types of cancers.

#### Talk to your child's doctor today about scheduling appointments.

1st dose:

2nd dose:

Clinic Name  
(XXX) XXX-XXXX



Vaccinate your child today to protect them from future preventable HPV cancers.

# Resources from American Indian Cancer Foundation

Download at [aicaf.org](http://aicaf.org)

## HPV Cancer Prevention

*A parent's guide to the HPV vaccine for your preteen*

The American Indian Cancer Foundation asked parents what they need to know about the HPV vaccine. We listened, and want to give you the best information to help make the right choice for your child.

### Why does my child need the HPV vaccine? Is it necessary?

Cancer is a leading cause of death for American Indians. By getting the HPV vaccine for your child, you can protect them from common HPV cancers, which include cervical, anal, penile, vaginal, and some throat cancers. American Indians are at higher risk for many of the HPV cancers. In some regions, American Indians are four times more likely to get cervical cancer, the most common HPV cancer.

### What is the best age to get the vaccine?

The vaccine is designed to be most effective for children ages 11-12. A child can get the vaccine at age 9. It's possible to get the vaccine after age 12, but it is not as effective. Getting the vaccine now, when it is most effective, will protect your child from cancers later in life.

### What is HPV, and what does it have to do with cancer?

HPV is a common infection that can lead to several types of cancers. HPV is passed from skin-to-skin, usually during sex. Almost all people will come into contact with HPV in their lives. It is important to get the vaccine before coming into contact with HPV, which can develop into cancer.

### Is it for boys and girls?

Yes. Both males and females can get throat and anal cancers from HPV. Men can also get penile cancer. Women can also get cervical, vaginal, and vulvar cancers.

### Is it safe?

Yes. There have been 57 million doses of the HPV vaccine given, with zero serious safety concerns.

### Does it actually prevent cancer?

Yes. HPV causes 99.9% of cervical cancers and the majority of other HPV cancers. The vaccine prevents the types of HPV that cause 70% of these cancers.

### How can I get the vaccine?

Talk to your doctor about the HPV vaccine, even if they don't bring it up. The vaccine is free for all American Indians through the Vaccines for Children program.



American Indian Cancer Foundation  
[www.aicaf.org](http://www.aicaf.org)



## Protecting our Young Relatives

### Cervical Health & HPV

## Honoring our ancestors by protecting our future

Getting the HPV vaccine before individuals become sexually active enhances protection against five types of HPV-related cancers.



### HOW TO USE THIS RESOURCE

This resource, along with the questions below, is designed to guide conversations with your health care provider, empowering you to feel informed and confident in advocating for your young relatives' cervical health.

#### Cervical Health

- ▶ When should my child start having cervical health screenings?
- ▶ Do you have any resources or educational opportunities to help me better understand HPV and cervical health?
- ▶ What steps can I take to promote good cervical health for my child as they grow?
- ▶ Are there any other vaccines or preventive measures I should consider for my child's overall health?

#### HPV Vaccine

- ▶ Is the HPV vaccine recommended for children of all ages?
- ▶ How many doses of the HPV vaccine are needed? What happens if the schedule is interrupted?
- ▶ Why is this HPV vaccine so important when my child isn't sexually active?
- ▶ Are there any medical conditions that might prevent my child from receiving the HPV vaccine?


### ADDITIONAL CONSIDERATIONS

- Vaccination Side Effects
- Talking to your young relatives about HPV and cervical health
- Additional youth resources





Educate, Prevent, and Advocate for Cervical Health.  
For more information visit: [AICAF.org](http://AICAF.org)



# ACS National HPV Vaccination Roundtable Action Guides & Evidence Summaries





**Cancer Prevention Through HPV Vaccination:**  
An Action Guide for Large Health Systems

**Cancer Prevention Through HPV Vaccination:**  
An Action Guide for Nurses and Medical Assistants

**Cancer Prevention Through HPV Vaccination:**  
An Action Guide for Oral Health Professionals

**Rural Disparities in HPV Vaccination**

**What's known**  
Rural adolescents have lower HPV vaccine uptake than their urban counterparts due to barriers at multiple levels.

- The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices recommends routine HPV vaccination for children ages 11-12 years and states that vaccination can begin as early as age 9.<sup>1</sup> The American Cancer Society and the American Academy of Pediatrics recommend starting vaccination at age 9 to increase the likelihood of completing the vaccination series by age 13.<sup>2</sup>
- Adolescents (ages 13-17 years) in rural communities are less likely to be vaccinated against HPV than those in urban areas, which may exacerbate disparities in cancer outcomes experienced by rural residents.<sup>3</sup>
- Data from the CDC confirm that from 2018-2022 up-to-date HPV vaccination among adolescents was 1.2 percentage points lower compared with urban communities (50% versus 51%, and 4% versus 5%, respectively).<sup>4</sup>
- Additional data suggest rural young adults (ages 18-26 years) are less likely to initiate HPV vaccination compared with their urban counterparts.<sup>5</sup>

Low HPV vaccination uptake and completion among individuals in rural areas may be due to factors faced by rural residents at multiple levels.<sup>6</sup> Barriers include, but are not limited to the following:

- Individual, interpersonal, organizational, and community-level barriers to accessing services, including HPV vaccination, in rural communities<sup>7</sup>
- Rural residents' lack of knowledge of HPV's link to cancer and their limited awareness of HPV vaccination in rural areas<sup>8</sup>
- Limited collaborative communication between parents or guardians and health care providers in rural areas<sup>9</sup>
- Systems-level challenges with vaccine distribution and access, vaccination tracking in electronic medical records, missed opportunities for vaccination, provider shortages, and clinical constraints such as wait times<sup>10</sup>
- Few widely available evidence-based HPV vaccination interventions focused on rural communities.<sup>11</sup>

**What's new**  
Additional vaccine coverage is improving, but gaps remain between HPV and other adolescent vaccines. On-time HPV vaccination series completion is reportedly low.


- Adolescent (ages 13-17 years) HPV vaccination coverage, as measured in 2022, has remained steady in the United States:<sup>12</sup>
  - 76.1% of adolescents have received at least 1 HPV vaccine dose compared with 76% in 2021.
  - 65.4% of adolescents are up-to-date with vaccination compared with 65% in 2021.
- HPV vaccination still trails coverage of Tdap vaccine (89%) and quadrivalent meningococcal conjugate vaccine (MenQuadJ, 88.9%).<sup>13</sup>
- Only 4% of children ages 9-10 years had received the HPV vaccine according to the 2020 National Immunization Survey (NIS) data.<sup>14</sup>
- Benchmarks for quality improvement (QI), including Healthcare Effectiveness Data and Information Set measures, assess vaccination at age 12 years. Timely HPV vaccination administration starting at age 9 can have a positive impact on organizational quality measures for childhood immunizations and pediatric well-care visits.

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HPV vaccination at the earliest opportunity produces a strong immune response.

- HPV vaccination at younger ages (e.g., younger than 15 years of age) yields higher antibody titers compared with vaccination later in adolescence.<sup>15</sup>

**HPV Best Practices Evidence Summary 2024**



**HPV Vaccination Starting at Age 9**

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HPV vaccination at the earliest opportunity produces a strong immune response.

- HPV vaccination at younger ages (e.g., younger than 15 years of age) yields higher antibody titers compared with vaccination later in adolescence.<sup>15</sup>

**What's new**  
Efforts to improve HPV vaccination at the first opportunity (e.g., at age 9 years) help improve overall vaccine uptake.

- A study published in 2022 using the 2020 NIS data found that:<sup>16</sup>
  - Among those initiating at ages 9-10 years, 67% completed the series by age 13.
  - Among those initiating at ages 11-12 years, 66% completed the series by age 13.
- Quadrivalent, such as electronic medical record prompts to discuss HPV vaccination for patients at age 9 years, led to an 8-fold increase in vaccination rates to 1.2 years of age (4.0% to 32.7%).<sup>17</sup>
- Pediatric offices that agreed to initiate HPV vaccination in patients ages 9-10 years showed a 1.8 percentage point increase in vaccination for that age group, which increased in the post-intervention period (2.5 percentage points).<sup>18</sup>


Parents or providers support HPV vaccination starting at age 9.

- Providers find conversations are easier if sexual activity is not a focus.<sup>19</sup>
- Provider interviews have reported high parental acceptance of HPV vaccination before age 12 years to give their child the opportunity to administer their shots at school.<sup>20</sup> However, evidence suggests that recommended age is more important than number of visits for increasing parental on-time vaccination.<sup>21</sup>

Individuals due for routine adolescent (ages 13-17 years) coverage for percentage points lower than the 76% to 76.1%, respectively.<sup>22</sup>

- Rates have declined to pre-pandemic levels for HPV vaccination at age 12 years.
- Compared with the rate of adolescent HPV vaccination from 2008-14, rates decreased 3.2 percentage points (80.2% to 77.0%, respectively).<sup>23</sup>

**HPV Best Practices Evidence Summary 2024**



**Epidemiologic Evidence: Effectiveness and Safety of the HPV Vaccine**

**What's known**  
Data have shown that HPV vaccination is safe and effective in preventing precancers and genital warts.

Evidence from clinical trials has led to the recommendation for routine provision of the 9-valent HPV (9vHPV) vaccine starting at age 9 years.<sup>1</sup>

No new safety concerns have been observed in data from post-licensure safety studies of 9vHPV vaccination.<sup>2</sup>

**What's new**  
Data from long-term observational studies continue to confirm the effectiveness and safety of HPV vaccination.

HPV vaccine effectiveness

- In the United States, cervical cancer incidence in young women (ages 20-24 years) decreased by 65% from 2012 to 2019. These women were among the first cohort of adolescents to receive the HPV vaccine. As vaccinated women age, the protective effect is carried forward into older age groups; for women ages 25-29 years, cervical cancer incidence dropped 6.5% per year from 2016 to 2019.<sup>3</sup>
- Vaccine-type HPV infections have decreased by 81% for women in the United States ages 20-24 years and 88% for those ages 14-19 years. These declines also occurred in unvaccinated women, offering evidence of community protection (i.e., herd immunity) from HPV vaccination.<sup>4</sup>
- Recent systematic analyses of the impact of HPV vaccines on oral HPV infection identified a significant decrease in oral HPV infections in vaccinated participants (range 72%-93%).<sup>5</sup>
- A 70% reduction in high-grade anal precancers and cancers among women who received the HPV vaccine before age 17 years has been reported.<sup>6</sup>
- Multiple international studies indicate that a single dose of HPV vaccine may be effective for cervical cancer prevention.<sup>7</sup>

**HPV Best Practices Evidence Summary 2024**

# National HPV Vaccination Roundtable Evidence Around Starting At Age 9

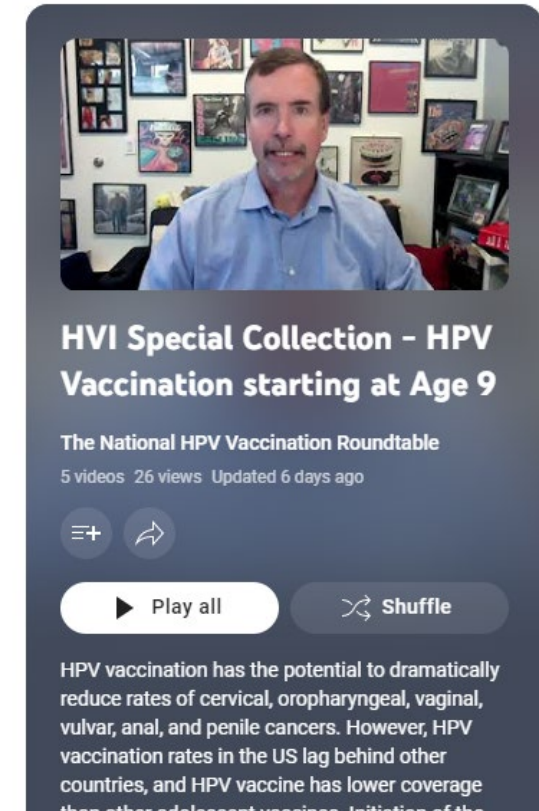
## 2023 Human Vaccines & Immunotherapeutics Collection HPV VACCINATION STARTING AT AGE 9

A collection of original research on the impact of initiating HPV vaccination at ages 9-10



Articles include research that:

- Considers benefits to subpopulations
- Compares rates by age and demographics
- Describes implementation and/or QI initiatives
- Describes parent experiences
- Describes healthcare provider experiences



[Article collection: HPV Vaccination Starting at Age 9 \(tandfonline.com\)](https://tandfonline.com)

[YouTube Video Abstracts Playlist](#)

# National HPV Vaccination Roundtable Start at Age 9 Campaign

## Why Age 9? FACT SHEET



Every year in the United States, it is estimated that nearly 36,500 individuals are diagnosed with cancer caused by an HPV infection. Human papillomavirus (HPV) cannot be treated, but there is a vaccine that can prevent transmission and protect against six cancers if initiated prior to exposure. HPV vaccination is a critical prevention tool, safeguarding children and adolescents against more than 90% of HPV cancers when given at recommended ages. Because cancer prevention decreases as the age of vaccination increases, it is important to start early!

**Why Age 9?**  
Starting the HPV vaccination series at age 9 is recommended by the American Cancer Society, the American Academy of Pediatrics, and the National HPV Vaccination Roundtable. Previous guidance from the Centers for Disease Control (CDC) and Advisory Committee on Immunization Practices (ACIP) recommends routine HPV vaccination at age 11 or 12 years but notes that the HPV vaccine can be given starting at age 9.

**Recommended Vaccination Schedule Guideline**

<b>On Time</b> AGES 9-12 2 Doses 6-12 months apart	<b>Late</b> AGES 13-14 2 Doses 6-12 months apart	<b>Critical</b> AGES 15-26 3 Doses Not done at all time 2nd dose 1-2 months later 3rd dose 6 months after 2nd
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## Know the Facts!

There are many benefits to initiating the HPV vaccine series at age 9. These include:

- Offers more time for completion of the series by the age of 13**
- Results in a strong immune response to the HPV vaccine**
- Increases the likelihood of vaccinating prior to first HPV exposure**
- Decreases questions about sexual activity by parents and guardians**
- Decreases requests for only vaccines that are "required" for school**
- Decreases the number of administered shots per visit**
- Increases vaccinations and therefore the number of cancers prevented**
- Has been shown by several systems to increase vaccination rates**
- Has been shown to be highly acceptable to systems, providers, and parents**


The HPV vaccine has been given for more than 15 years and provides long lasting protection. The HPV vaccine is safe and effective, with no long term side effects. In fact, 109 studies conducted among 1.6 million people in 6 countries have shown that there have been no serious side effects other than what is typical for all vaccines (i.e., allergic reactions, fevers).<sup>1,2</sup>

For more information, tools and resources, visit [www.hpvroundtable.org](https://www.hpvroundtable.org)

## Protect Your Preteen/Teen with Vaccines

Protect them from serious diseases including HPV cancers, meningitis, tetanus, whooping cough, flu, and COVID-19.

**AGES 9 - 10**  
• HPV dose 1 (human papillomavirus)



### HPV Vaccine: It's Cancer Prevention

**Who?** All kids (both boys and girls) should get the vaccine starting at age 9.  
**What?** The human papillomavirus (HPV) vaccine is a cancer prevention vaccine.  
**Why?**

- The HPV vaccine prevents 6 different cancers (mouth/throat, cervix, vulva, vagina, penis and anus).
- The HPV vaccine prevents most genital warts.
- The HPV vaccine is safe and effective, with no long term side effects.
- HPV vaccine has been given for more than 15 years and provides long lasting protection.

**When?**

<b>On Time</b> AGE 9 2 Doses 6-12 months apart	<b>Critical</b> AGES 10-14 2 Doses 6-12 months apart	<b>Last Chance</b> AGES 15-26 3 Doses 1st dose at visit one 2nd dose 1-2 months later 3rd dose 6 months after 2nd
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## Check Off the Routine School Age Vaccines

**By 4 years old**

- Hep A - Hepatitis A
- Hep B - Hepatitis B
- DTaP - Diphtheria/Tetanus, and Pertussis (whooping cough)
- PCV - Pneumococcal
- Rotavirus
- MMR - Measles, Mumps and Rubella
- Varicella - Chickenpox

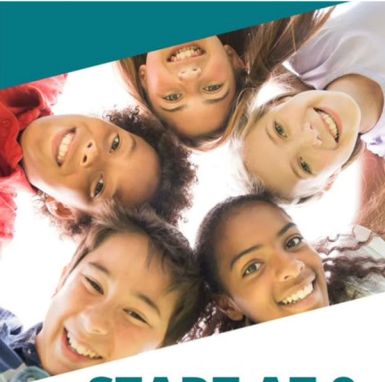
**9 years old**

- HPV - 2 doses, 6-12 months apart

MCV4  
Shig  
HPV - If 2 dose series is not complete  
MCV4  
Ask about MenB - 2 doses, 1 month apart  
**11 and older should get the annual flu vaccine!**

**LE & DOSES**  
Cancer Society recommends that boys and girls get the HPV vaccine. Vaccinate your child on time, you give them the best protection. Prevention decreases the longer you wait to vaccinate.

## START AT 9 TOOLKIT




**National HPV Vaccination Roundtable**

## Age 9 Sell Sheet

HPV Vaccinations: 9 Benefits of Starti...

Watch later Share



Watch on YouTube

## 9 for 9 Video

## HPV PREVENTION STARTS AT AGE 9



**National HPV Vaccination Roundtable**

## HPV Vaccination Education Toolkit INSIDE!

**National HPV Vaccination Roundtable**

### HPV Vaccination - Start at

Full Name \_\_\_\_\_ Medical # \_\_\_\_\_  
Birthdate \_\_\_\_\_

Vaccinate your child starting at age 9 to protect them from HPV papillomavirus (HPV) cancers. Keep this card with you and record the dates on the back when you are vaccinated on time. Record the dates on the back.

**American Cancer Society**

### Record of HPV Vaccinations

Dose 1 Date \_\_\_\_\_ Clinic \_\_\_\_\_  
Dose 2 Date \_\_\_\_\_ Clinic \_\_\_\_\_  
Dose 3 Date \_\_\_\_\_ Clinic \_\_\_\_\_  
3 doses if initiated at or after age 15

For more information visit [cancer.org/healthy/hpv.vaccine.html](https://www.cancer.org/healthy/hpv.vaccine.html)

## Age 9 Provider Toolkits

<https://hpvroundtable.org/start-hpv-vaccination-at-age-9/>



# California HPV Vaccination Roundtable

*The California HPV Vaccination Roundtable is a coalition of diverse stakeholders with a mission to work together to prevent HPV-associated cancers and pre-cancers by increasing HPV vaccination rates in California.*

- Become a member at [www.cahpvrroundtable.org](http://www.cahpvrroundtable.org) or email [info@cahpvrroundtable.org](mailto:info@cahpvrroundtable.org)
- 2025 Annual Meeting on December 10<sup>th</sup> in Downtown Los Angeles

# CA HPV Vaccination Roundtable Offers Announcement Approach Training

- Presents strategies for recommending the HPV vaccine to promote vaccine acceptance and save clinical time
- Designed for providers interacting with parents
- 1-hour online interactive training
- **CME Credits now available!**
- Email [info@cahpvroundtable.org](mailto:info@cahpvroundtable.org) to learn more/  
request a training for your organization

**Research-Tested Messages to Address HPV Vaccine Concerns**  
1,200 parents told us these were the best messages to use when addressing their concerns.<sup>2</sup>

**AGE**  
"Kids have a stronger immune response to HPV vaccine when they're younger. That may give them better protection against HPV cancers later on."

**REQUIREMENTS**  
"School requirements don't always keep up with medical science. The HPV vaccine is an important vaccine that can prevent many cancers."

**SEX**  
"This really isn't about sex. The HPV vaccine is about preventing cancer."

**BOYS**  
"HPV infections don't care if you're a boy or girl. The virus can cause cancer and many other diseases."

**SAFETY**  
"Researchers have conducted over 100 studies on the safety of HPV vaccine. They've consistently found that it's really safe, just like the other vaccines given at this age."

**GUIDELINES**  
"The American Academy of Pediatrics recommends that kids get the HPV vaccine starting at age 9 to prevent six cancers."

**EFFECTIVE**  
"Over 36,000 Americans get cancer from HPV every year. Most could be prevented with the HPV vaccine."

2. Shah, et al., 2019, Pediatrics. Messages adapted to reflect current clinical practice. hpv.org  
Developed with funding from the CDC (U01P001073-03-04) and NCI (P01CA25098).

**HPV**  
Prevention. Protection. Progress.

<https://www.hpviq.org/resources/training-tools>

# CA HPV Vaccine Week

Annual Observance: First week of August

## [CA HPV Vaccine Week campaign guide](#)

contains physician and survivor testimonials for social media, as well as other suggested content.

- ***Would love to include American Indian/Alaska Native testimonials in future campaigns!***



**9 is the best time.  
Protect your kids from  
cancer.**

Prevention is key. Schedule an appointment with your child's doctor or pharmacist today!

[cancer.org/hpv](http://cancer.org/hpv)

A photograph of a man in a light-colored shirt hugging a young boy from behind. Both are smiling warmly at the camera.

“ In 2018, while tending my bees, I was stung on my neck and after the initial swelling subsided, I noticed a lump. After rounds of antibiotics, tests, and an inconclusive biopsy, I had a neck dissection which uncovered a squamous cell carcinoma originated in my tonsil. The biopsy confirmed P16, which is a marker for cancer caused by HPV. **Did you know that the HPV vaccine can prevent six types of cancer?** It's true. And by getting your child vaccinated you can protect their future, safeguarding them against these types of cancer later in life.

**Ada Valdes**  
HPV-related Oral Cancer Survivor

# ACS 2025 HPV Vaccination Social Media Toolkit



Give your child the gift of protection with the HPV vaccine.

American Cancer Society Mission HPV Cancer Free

2 HPV vaccine doses  
≡  
long-lasting protection

American Cancer Society Mission HPV Cancer Free



It's always a good time to prevent cancer.

American Cancer Society Mission HPV Cancer Free



Time for cancer prevention!

American Cancer Society Mission HPV Cancer Free



Protect your child from more than 90% of HPV cancers.

American Cancer Society Mission HPV Cancer Free



Protect your child from more than 90% of HPV cancers.

American Cancer Society Mission HPV Cancer Free

Resources available in English & Spanish!



You only have to vaccinate 200 kids (compared to never vaccinating them) to prevent one HPV cancer.

***Thank you for being  
champions for HPV  
vaccination!***