

HPV Vaccination and Health Equity Among Young Adults (Ages 18–34)



Data are presented to assist in the identification of opportunities to improve human papillomavirus (HPV) vaccination outreach and implementation research in young adult populations. Most data are reported from the National Health Interview Survey (NHIS).¹

HPV Vaccination Recommendation

The American Cancer Society (ACS) encourages health care providers to start offering the HPV vaccine series at age 9 or 10 years and to complete the vaccine series by age 12 years. Teens and young adults ages 13-26 who have not been vaccinated, or who haven't gotten all of their doses, should get the vaccine as soon as possible. Vaccination of young adults will not prevent as many cancers as vaccination of children and teens. ACS does not recommend HPV vaccination for people older than age 26. Visit cancer.org/hpv-vaccines to view the complete ACS HPV vaccination guidelines.

HPV Vaccination Initiation

HPV Vaccination and Race/Ethnicity

Data from the 2022 NHIS on HPV vaccination showed that White females ages 19-26 were significantly more likely to have received at least one dose of the HPV vaccine than Black females, with 61% and 50% coverage, respectively. White males ages 19-26 were more likely to have received at least one dose of the HPV vaccine than Black males (38% versus 28%, respectively), although differences were not statistically significant.²

Sex Disparities in HPV Vaccination Rates

An analysis of 2022 NHIS data of young adults ages 18-26 showed that males were less likely to have initiated HPV vaccination than females (37.3% versus 57.2%, respectively).³

HPV Vaccination Rates Among Immigrant and Refugee Populations

A 2022 systematic literature review on vaccine uptake of immigrant and refugee populations* in the United States identified that the odds of HPV vaccination initiation were 38% less among foreign-born adults than US-born adults.⁴ A separate analysis of 2014-2017 NHIS data of foreign-born males ages 18-34 reported that males who immigrated from Southeast Asia were the most likely to have initiated the HPV vaccine series, and that men from India were the least likely to have initiated the series, with 6.67% and 2.16% coverage, respectively.

HPV Vaccination Rates in LGBTQ+ populations

Adults ages 18-29 of lesbian, gay, or bisexual sexual orientation were collectively more likely to have initiated the HPV vaccine series than heterosexual individuals, with 43% and 59% coverage, respectively. Bisexual adults were most likely to have received a dose of the HPV vaccine (65%). HPV vaccination uptake does not differ significantly between transgender and cisgender people.⁵

*Immigrant and refugee populations in the US each have diverse needs and belief systems, which shape their likelihood to access preventive health services. There is limited national data on HPV vaccination rates among immigrant populations and their children. More data are needed to understand which immigrant and refugee populations need outreach and which interventions are best suited to enhance HPV vaccination coverage in each population.

HPV Vaccination Completion

Sex Disparities in HPV Vaccination Rates

An analysis of 2010-2018 NHIS data of adults ages 18-21 reported that males were less likely to have completed the HPV vaccination series than females (29.1% versus 46.3%, respectively).⁶

HPV Vaccination Rates Among Immigrant and Refugee Populations

An analysis of 2014-2017 NHIS data of males ages 18-34 reported that foreign-born males were less likely to have completed the HPV vaccination series than US-born males (1.7% versus 3.7%, respectively). Among immigrants and refugees, males born in Europe had the highest rates of HPV vaccine series completion (2.7%) and males from India had the lowest rate (0.5%).⁷

Data Source:

NHIS is a survey conducted by the United States National Center for Health Statistics that collects data on an array of health topics.¹

References

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