U.S. data on teen immunizations show most coverage rising, but little change in HPV vaccination

By Kathryn Tormey [1]
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More of the nation’s teenagers are getting immunized against diseases such as meningitis and diphtheria, but U.S. vaccination rates also show wide variances among the states. In addition, federal data show little progress in the percentage of girls receiving the human papillomavirus (HPV) vaccine.

“We are very concerned about plateauing in HPV vaccination rates,” says Dr. Melinda Wharton of the U.S. Centers for Disease Control and Prevention.

“It seems that providers may not be making a strong recommendation for administering the vaccine at the recommended age in the same way they do for the other adolescent vaccines.”

The three-dose HPV vaccine guards against a sexually transmitted disease linked to cervical cancer in women. It is recommended at age 11 or 12 for all girls, and up to age 26 if they didn’t receive it at a younger age. (It is also safe and effective for males.)

Only about one-third of female teens are getting the recommended three doses of the HPV vaccine; in comparison, coverage rates for 13- to 17-year-olds receiving the tetanus-diphtheria-pertussis, or Tdap, vaccine reached nearly 80 percent — a key CDC goal.

In general, vaccination rates among adolescents tend to lag behind those in younger children, who are more likely to have routine doctor visits. But Wharton, deputy director of the CDC’s National Center for Immunization and Respiratory Diseases, says state policies can help improve rates — for example, by raising awareness about the importance of vaccines and developing tools for consumers to know how their insurance plans work.

The new CDC data [3] highlight some striking differences among the states. In the Midwest, for example, the rate of adolescents who had received the Tdap vaccine was 54 percent in South Dakota and 93 percent in Indiana.

Pinpointing exact reasons for such variations is difficult, Wharton says. However, one likely factor is access to care. Do consumers, for example, have access to convenient options such as a nearby retail pharmacy?

“This is most important for children and adolescents who are not as well-integrated into the health care system,” Wharton says.

State policies, too, determine the extent to which pharmacists can administer vaccines. According to the American Pharmacists Association, pharmacists may give any type of vaccine in all but two Midwestern states, Ohio and South
Dakota.

But Michigan and Nebraska are the only states in the region where pharmacists may administer vaccines to patients of any age. Other states have age restrictions of some kind: 5 and older (North Dakota); 6 and older (Kansas and Wisconsin); 10 and older (Illinois and Minnesota); 14 and older (Indiana and Ohio); and 18 and older (Iowa and South Dakota).

Only four Midwestern states (Kansas, Minnesota, North Dakota and Wisconsin) allow pharmacists to give vaccines without a prescription. State laws also differ on whether a pharmacist can qualify to be an in-network provider, which makes it more likely that the vaccine will be covered by insurance.


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