

HPV Vaccination by Disability, Geography, and Sex in 2022



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INTRODUCTION

- HPV is an STI linked to cervical, oropharyngeal, and anogenital cancers.
- Vaccination recommended at 11–12 years; may begin at 9 Uptake remains suboptimal in U.S. adolescents .
- Disparities exist across geographic and demographic groups Rural populations face greater access barriers.
- Disability status and location may influence coverage Addressing disparities is key to equitable access.

PURPOSE

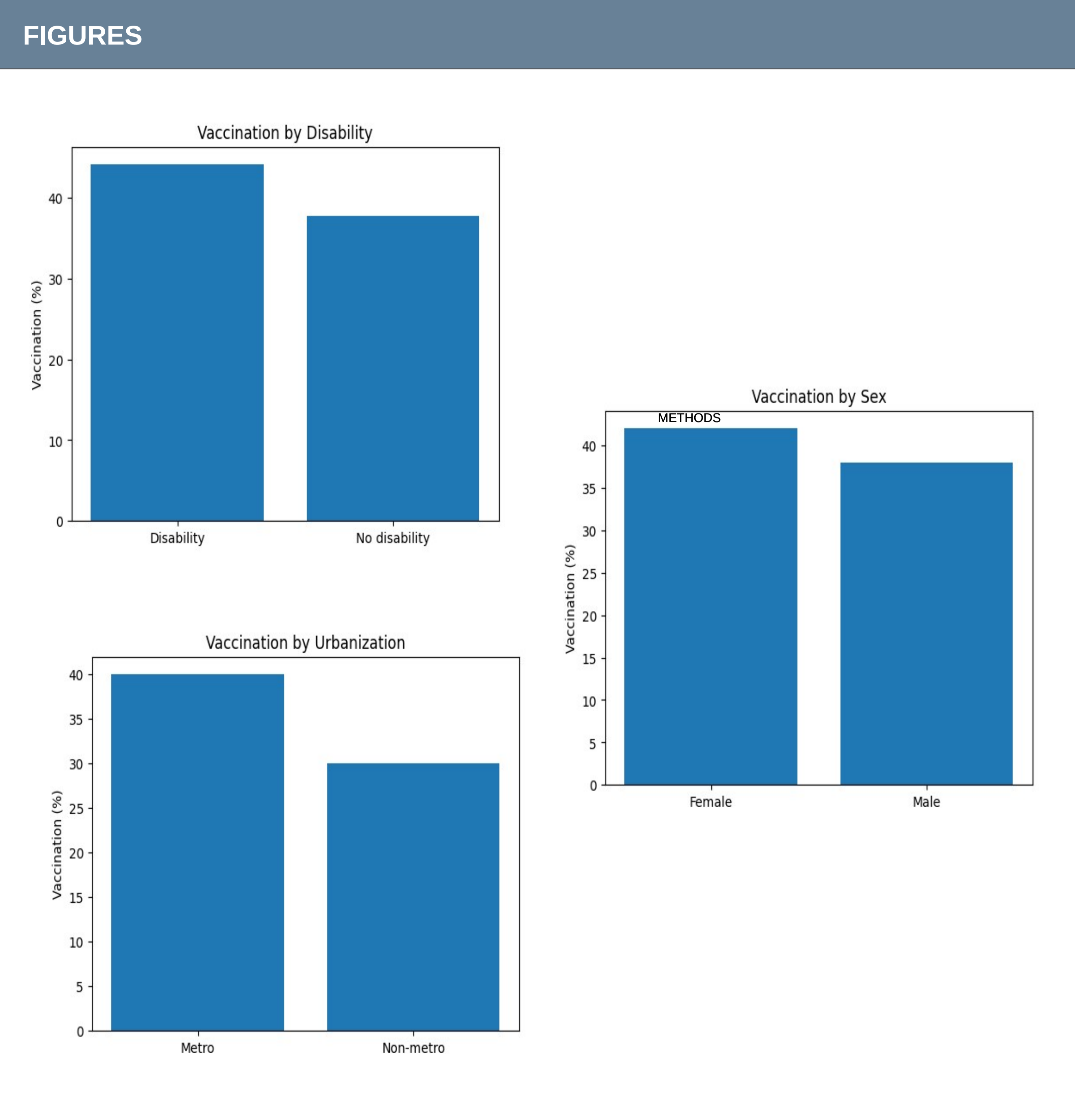
- Assess HPV vaccination in U.S. children (ages 9–17)
- Compare uptake by disability status and urbanization
- Evaluate rural vs urban differences
- Examine variation by sex and geography

METHOD

- Cross-sectional analysis, 2022 NHIS Child Public Use File
- Nationally representative U.S. sample (NCHS)
- Children aged 9–17 with HPV vaccination data

Variables:

- Outcome: ≥1 HPV vaccine dose
- Exposure: disability status (parent-reported)
- Geography: metro vs. non-metro (rural)
- Covariate: sex



Figures: Percentage Coverage of children ages 9–17 years who have received one or more Human Papilloma Virus vaccine doses, by Disability, Urbanization and Gender in the United States, 2022.

RESULTS

- HPV vaccination coverage varied by disability status, geographic location, and sex
- Children with disabilities had higher coverage than those without (44.1% vs 37.7%; PR = 1.17)
- Higher vaccination rates were seen in metropolitan vs non-metropolitan areas (PR = 1.33)
- Female adolescents had slightly higher coverage than males (PR = 1.11)
- Findings were consistent across subgroups, with no strong interaction effects observed

CONCLUSIONS

- HPV vaccination differs by disability status, geography, and sex
- Children with disabilities show slightly higher uptake
- Lower coverage persists in non-metropolitan area

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