

Support HB4870

Eliminate death and despair from HPV related cancers
in Illinois by requiring the HPV vaccine

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HPV-related cancer prevalence:

- 80% of sexually active men and women will contract the human papilloma virus (HPV) in their lifetime.
- Currently, 80 million Americans are infected with HPV and asymptomatic. HPV is a highly communicable disease.
- Each year, approximately 33,700 men and women are diagnosed with cancers caused by the human papillomavirus (HPV). HPV causes almost all cervical cancers, 90 percent of anal cancers, and 60-70 percent of oropharyngeal, vaginal, vulvar, and penile cancers. In 2019, an estimated 13,170 women are expected to be diagnosed with cervical cancer, and 4,250 women will die from the disease. Oropharyngeal cancer (cancer of the back of the throat) is the most common HPV-related cancer diagnosed in men, with an estimated 14,814 cases diagnosed each year.

HPV vaccine:

- Over a decade of research and safety monitoring have shown that the HPV vaccine is both safe and effective. The most commonly cited adverse effects for the vaccine are mild and include pain, swelling, or redness at the injection site; dizziness; fainting; nausea; and headache
- The vaccine prevents 90% of cervical, anal, oropharyngeal, vaginal, vulvar, and penile cancers.
- Despite the vaccine's ability to prevent most HPV related cancers, vaccination rates remain very low. In the U.S., only 69 percent of girls and 63 percent of boys ages 13-17 initiated the HPV vaccination in 2017. These rates are far less than the Healthy People 2020 goal of 80 percent of adolescents receiving all recommended doses of the vaccine by 2020, which could help to prevent an estimated 31,200 cases of HPV-related cancers in the U.S. each year.

HPV-related health disparities:

- Cervical cancer incidence rates are highest among non-Hispanic Blacks (NHB) and Hispanics/Latinas, with NHB females having the highest mortality rate. NHB, American Indian/Alaska Native (AIAN), and Hispanic/Latina females have higher incidence and mortality rates than non-Hispanic Whites (NHW) and Asian/Pacific Islanders, largely reflecting socioeconomic disparities and lack of access to care, including cervical cancer screening.
- HPV vaccine requirement helps eliminate those disparities by ensuring all students have access to the same cancer prevention strategies.
- For example, racial and ethnic disparities in acute hepatitis B infections among children under age 19 years were virtually eliminated in the U.S. between 1990 and 2004 following recommendation for universal hepatitis B vaccination. School requirements in states with higher HPV cancer burden may have a similar impact.

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HPV Requirement improves health:

- School requirements for childhood vaccinations have played an important role in maintaining high immunization rates in the U.S. The Community Preventive Services Task Force (Task Force) recommends vaccination requirements for child care, schools, and colleges based on the evidence that shows previous vaccine school requirements can promote higher vaccination rates.
- There is evidence that vaccination requirements with broad reach, limited exemption criteria and strong enforcement can promote higher vaccination rates. Furthermore, there is evidence that strong school requirements can decrease disparities.

Other States:

- Four jurisdictions currently require HPV vaccine for school entry: Rhode Island, Virginia, the District of Columbia, and Puerto Rico. Schools in Hawaii will require HPV vaccination beginning with the 2020-2021 school year.
- A recent study found that Rhode Island's requirement was associated with an 11% increase in HPV vaccine initiation for boys as well as an increase in vaccination of boys by age 13 compared to states without a school requirement.
- The existing school requirement in the District of Columbia was expanded in 2014 to include both boys and girls. Also in 2014 the District of Columbia implemented a communications campaign about the importance of HPV vaccination and about the expanded school requirement. HPV vaccination for 3 doses increased by 28.6% in girls and 10.9% that year.

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