

ORT_18 - Human papillomavirus vaccination coverage in Brazilian North Region, 2013-2022

Mateus de Paula Von Glehn³; Luciana Maiara Diogo Nascimento¹; Hugo Rodrigues de Souza²; Ana Goretti Kalume Maranhão¹; Camile de Moraes³.

¹Coordenação Geral de Incorporação Científica e Imunização/Departamento de Imunização e Doenças Imunopreveníveis/Secretaria de Vigilância em Saúde e Ambiente/Ministério da Saúde

²Departamento de Imunização e Doenças Imunopreveníveis/Secretaria de Vigilância em Saúde e Ambiente/Ministério da Saúde

³Programa de Treinamento em Epidemiologia Aplicada aos Serviços do SUS (EpiSUS)/Departamento de Emergências em Saúde Pública/Secretaria de Vigilância em Saúde e Ambiente/Ministério da Saúde

Introduction: Human papillomavirus (HPV) infection is the most common sexually transmitted infection in the world. It is associated with anogenital warts and the development of cervical cancer. In 2021, it was estimated that there will be 16,710 new cases of cervical cancer in Brazil, with a higher incidence in the Northern Region, which also has the highest mortality from the disease. Cervical cancer is a preventable disease, and HPV vaccination and screening are the main strategies to reduce cases and deaths. In 2014, the Brazilian National Immunization Department introduced the HPV vaccine for girls aged 11 and 13 years, and gradually extended it to boys and girls aged 9 to 14 years.

Objectives: To describe the vaccination coverage (VC) of the human papillomavirus vaccine in the North Region of Brazil and its states, from 2013 to 2022.

Methodology: This is a descriptive study conducted with VC data obtained from the National Immunization Department, which has a target of 80% for the HPV vaccine. Population data were obtained from the Brazilian Unified Health System Informatics Department. VC was assessed by birth cohorts.

Results: In the Northern Region, the VC for girls was 68.6% for the first dose and 49.1% for the second dose; for boys, the VC for each dose was 43.7% and 28.0%; only the states of Amazonas and Roraima achieved a VC of over 80% for the first dose in girls, and no state reached the target for the other doses. Although the VC reached the target, Amazonas and Roraima show an uneven distribution of coverage, with 40.3% and 33.3% homogeneity. In Acre, the VC in girls was 37.2% for the first dose and 26.4% for the second dose, with 4.5% homogeneity; in boys, the VC of each dose was 14.7% and 10.4%, with 0% homogeneity.

Conclusion: HPV vaccination coverage is below target for both sexes, except for the first dose for girls in Amazonas and Roraima. Acre is the state with the lowest coverage and homogeneity, for both sexes and doses. The results reveal a worrying context of low coverage in a setting with high incidence and mortality from a vaccine-preventable disease. It is recommended that strategies be implemented to improve VC, in this case focusing on reducing cervical cancer cases.

Keywords: Immunization Programs, vaccination coverage, Papillomavirus Vaccines