



## CERVICAL HEALTH AWARENESS MONTH JANUARY 2026 | QUICK FACTS

- Cervical cancer is one of the most preventable cancers through HPV vaccination and regular screening with Pap and HPV testing. In fact, incidence has declined annually for more than a decade.
- Persistent infection with HPV (short for human papillomavirus) is responsible for nearly all cervical cancers, according to the American Association for Cancer Research (AACR).
- HPV is a common virus that infects many teens and adults each year. Most of the time there are no symptoms and HPV infections will go away on their own. Some HPV types can linger, leading to cervical and other cancers.
- There are 13 types of HPV, and the vaccine Gardasil 9 protects against 9 of those HPV strains that pose the highest risk for cancer, greatly reducing the incidence of cervical cancer among vaccinated individuals.
- HPV vaccination, the best way to prevent cervical cancer, is recommended for all youth starting as early as age 9 and up to age 26 (those up to age 45 who didn't start or finish the series should discuss options with their provider).
- In Nevada, less than one-third of youth ages 9-17 have received the recommended two doses of HPV vaccine. In 2024, 44.7% of youth ages 9-17 received the first dose of HPV vaccine and just 29.1% completed the series with two or more doses of HPV vaccine.

### SCREENING / EARLY DETECTION

- The U.S. Preventive Services Task Force recommends a tiered screening approach for people with a cervix based on age:
  - For those age 21-29 years, a Pap test every 3 years. A Pap test looks for precancerous or cancer cells on the cervix.
  - For those age 30-65 years, a Pap test every 3 years OR a high-risk HPV test every 5 years OR co-testing with Pap and hrHPV every 5 years.
- In Nevada, about 76% of those ages 21-65 are up to date with cervical cancer screening. The percentage who are overdue for screening or haven't been screened has increased over the past 20 years.
- Some disparities exist for cervical cancer and screening, according to AACR:
  - Those with the highest income are more likely to be up to date with cervical cancer screening than those in the lowest income bracket.
  - Compared to whites, incidence of cervical cancer is higher among all racial and ethnic minorities. Black women are far more likely to die from the disease.
  - Medically underserved and under-screened populations, including rural populations, account for more than 60% of cervical cancer diagnoses.