



Position Statement on HPV Vaccination Schedule

On January 5, 2026, the Deputy Secretary of Health and Human Services accepted a major revision to the standing U.S. childhood and adolescent immunization schedule which, among other changes, reduced the recommendation for human papillomavirus (HPV) from a two or three dose series to a single dose for all children.^{[1][2]} **Given the body of evidence at this time and in the interest of effective cancer prevention, the Nevada Cancer Coalition will continue to recommend the multi-dose HPV vaccine schedule in alignment with American Cancer Society (ACS), American Academy of Pediatrics (AAP), State of Nevada, and as informed by immunization partners across Nevada.**

Twelve partners representative of Nevada's public health and clinical workforce (relevant to HPV vaccination) and representatives of Nevada's diverse geography provided information for this summary. Statements have been de-identified. Position statements from clinical partners have also been considered and summarized below.

As of February, all partners were continuing to forecast and provide vaccine recommendations according to pre-January guidance. Four noted reviewing current guidance from the CDC and other organizations such as World Health Organization (WHO), AAP, and ACS. Two noted waiting for further updates to be made from the Centers for Disease Control and Prevention (CDC), specifically regarding the HPV Vaccine Information Sheets (last updated in 2021) and from the State of Nevada. The State of Nevada announced they will adhere to Nevada Revised Statute and Nevada Administrative Code, which currently remains consistent with pre-January 2026 vaccine scheduling.^[3]

Several partners noted concerns regarding payment for the multi-dose series. No changes have been made to coverage through the Vaccines for Children Program nor the 317 Vaccine Program regarding payment for the multi-dose series. Further, Health and Human Services declared all immunizations recommended prior to January 2026 will continue to be fully covered by Affordable Care Act and federal insurance plans including Medicaid.^[4]

Three partners provided strong support for continuation of the multi-dose HPV series and encouraged alignment with ACS and AAP in this regard. It was noted, "the current trials lack data to support an evidence-based decision to routinely move to a one dose series." The following should also be noted:

- There are no manufacturers of the HPV vaccine within the United States currently that are approved through the U.S. Food and Drug Administration (FDA) to provide a one-dose schedule vaccine.
- The current vaccine used in the United States since 2016 and approved following the multi-dose schedule (Gardasil 9), is proven to protect against 9 specific types of HPV responsible for the most HPV-related cancers and genital warts. The current data from one dose studies do not show effectiveness in reducing HPV-related cancers besides cervical cancer. Additional study is needed in this area of cancer prevention.

The HPV Vaccine

Individuals who start the series before their 15th birthday are recommended to receive 2 doses, with the doses spaced 6 to 12 months apart. If those 2 doses are given less than 5 months apart, a 3rd is recommended.

Individuals who start the series at or after age 15 years of age are recommended to receive 3 doses.

- [1] [CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule | CDC Newsroom](#)
- [2] [decision-memo-adopting-revised-childhood-adolescent-immunization-schedule.pdf](#)
- [3] [School and Child Care Facility Immunizations](#)
- [4] [Fact Sheet: CDC Childhood Immunization Recommendations | HHS.gov](#)