

Advancing HPV Cancer Elimination in Arkansas

Julia Brown, MPH

Program Manager

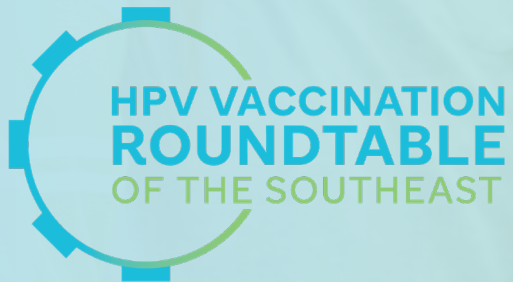
HPV Cancer Prevention Program

St. Jude Children's Research Hospital

May 8, 2026



The State of HPV Vaccination Currently



HPV Vaccination: Key Context & Conditions in the U.S.

Coverage Below Goals



Rates below 80% target

Disparities in the South & Rural Areas



- Lower rates in rural & Southern regions

Provider Recommendation

- Strong provider advice drives uptake



Misinformation Rising

- Safety & fertility myths spread online



Access Barriers

- Cost, transport & provider gaps



Proven Safety

- 15+ years of safe data



Fragmented Policies



- Varied vaccine laws by state

Gender Gaps in Uptake

- Boys less vaccinated than girls



Cancer Prevention Focus

- Vaccine framed as cancer prevention



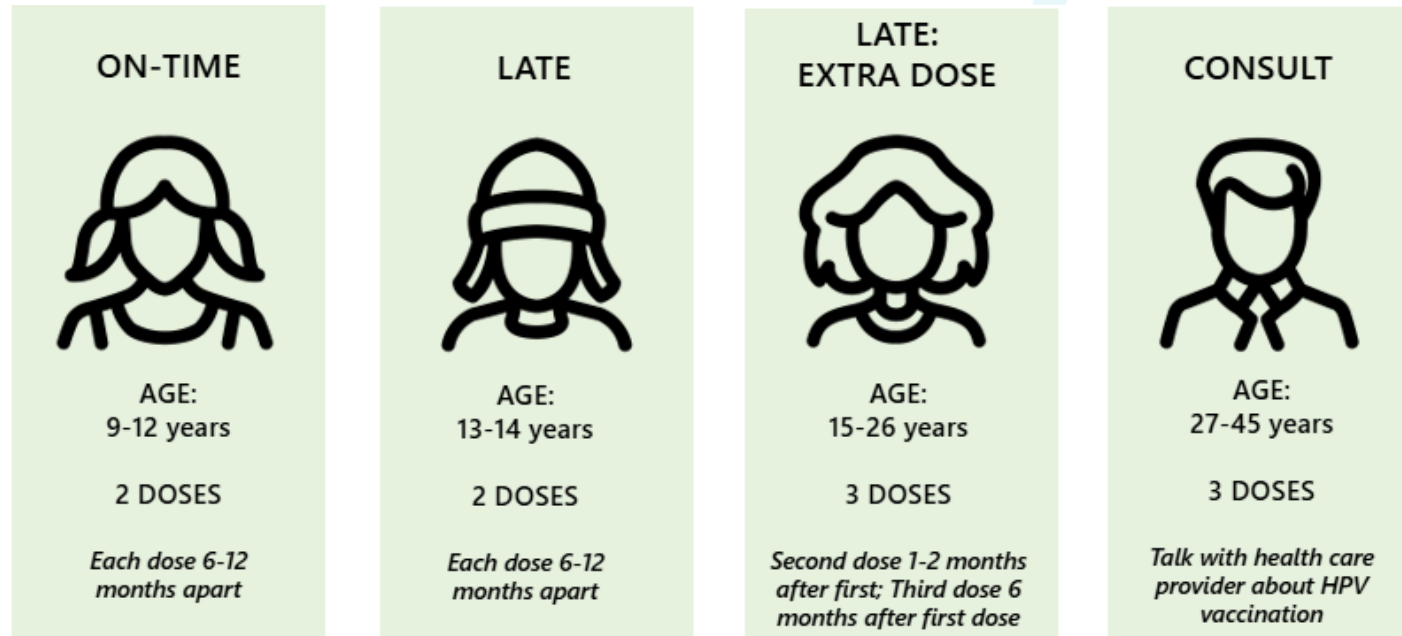
Health Equity Priority

- Addressing cancer disparities



HPV Vaccination Recommendations

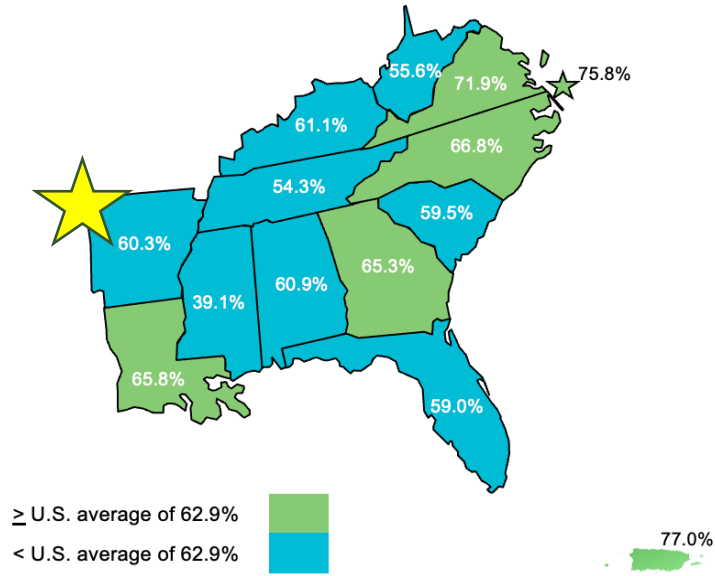
HPV vaccination is recommended for routine vaccination at age 11 or 12 years and may be started at age 9. On-time HPV vaccination by the 13th birthday protects best.



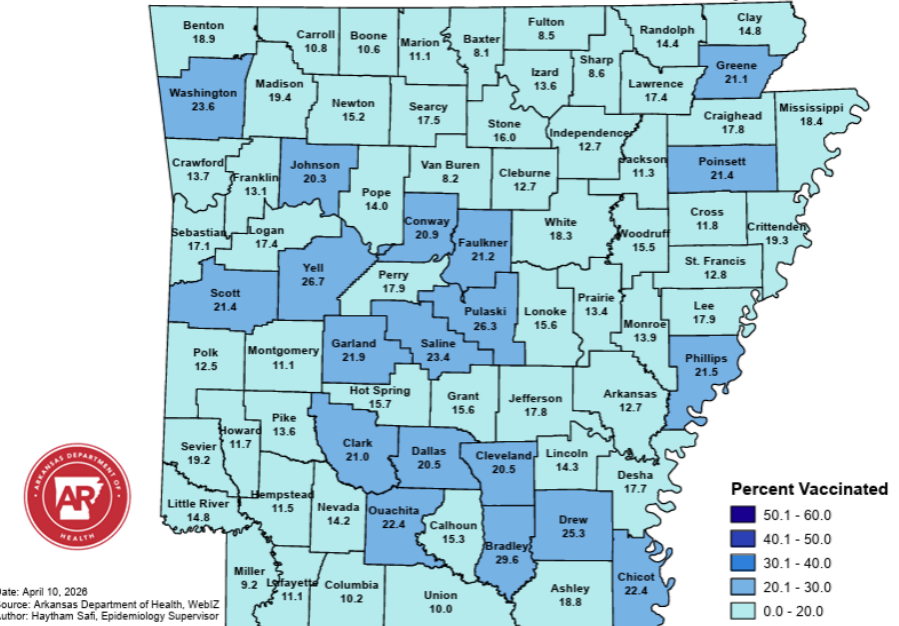
Sources: HPV vaccination recommendations are based on previous ACIP recommendations [MMWR, August 16, 2019, Vol 68(32);698-702 and MMWR, December 16, 2016, Vol 65(49);1405-1408], which are consistent with current recommendations of the American Academy of Pediatrics and American Cancer Society for on-time HPV vaccination.

HPV Vaccination in Arkansas

HPV Vaccination Coverage Up-to-Date, Southeast Region
National Immunization Survey-Teen, 2024



Vaccination Coverage per County for Adolescents Aged 11-14 Years
With 2 or More Doses of HPV Vaccine, Arkansas, April 2026*



Date: April 10, 2026
Source: Arkansas Department of Health, WebIZ
Author: Haytham Safi, Epidemiology Supervisor

HPV: Human papillomavirus
*Vaccination coverage in this map are for adolescents age 11-14 years as of April 2026

Arkansas ranks 8th among Southeastern states in up-to-date (UTD) HPV vaccination coverage among 13-17-year-olds, according to NIS-Teen data.

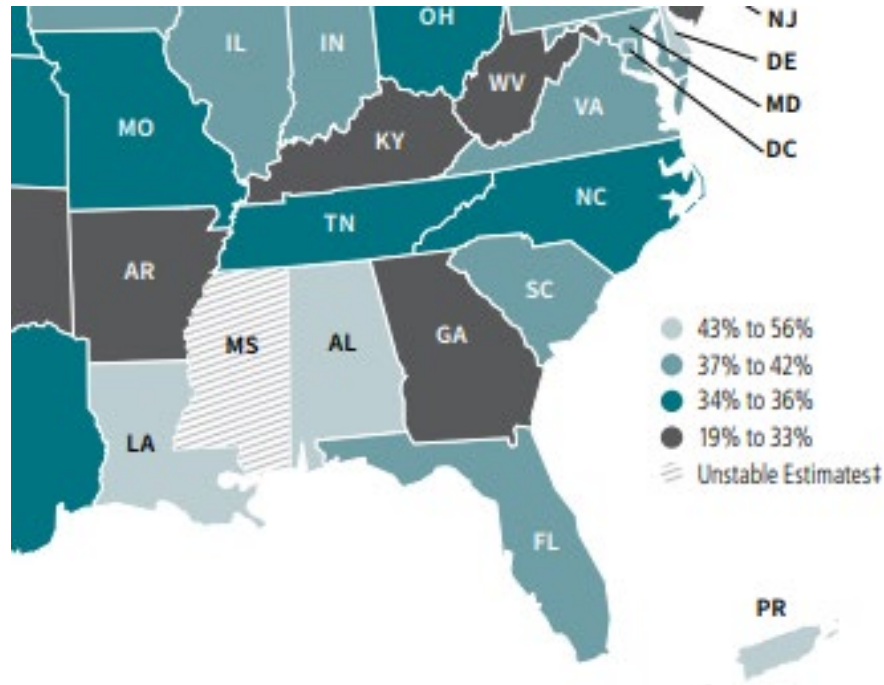
According to Arkansas Department of Health data, Bradley County with a rate of 29.6% has the highest 2+ dose HPV vaccination coverage among 11-14-year-olds.

Sources: Pingali C, Yankey D, Elam-Evans LD, et al. Vaccination Coverage Among Adolescents Aged 13–17 Years — National Immunization Survey-Teen, United States, 2024. MMWR Morb Mortal Wkly Rep 2025;74:466–472. DOI: <http://dx.doi.org/10.15585/mmwr.mm7430a1>; Arkansas Department of Health data accessed through ImmunizeAR: https://www.immunizear.org/files/ugd/14a95a_ae946c38ec5c479a88e3fc2d1cdc2195.pdf

On-time HPV Vaccination in Arkansas



Figure 4A. Up-to-date Human Papillomavirus Vaccination Before 13th Birthday (%), Youth 13-17 Years, by State, US, 2023



| State or Jurisdiction | Up to date before 13 th birthday | Rank (1=low) |
|-----------------------|--|--------------|
| Alabama | 43% | 38 |
| Arkansas | 32% | 7 |
| District of Columbia | 42% | 35 |
| Florida | 41% | 33 |
| Georgia | 22% | 2 |
| Kentucky | 31% | 6 |
| Louisiana | 37% | 23 |
| Mississippi | Estimates are statistically unstable and not shown | |
| North Carolina | 34% | 10 |
| Puerto Rico | 56% | 50 |
| South Carolina | 35% | 14 |
| Tennessee | 35% | 14 |
| Virginia | 38% | 27 |
| West Virginia | 26% | 3 |

Source: [Cancer Prevention & Early Detection Facts & Figures 2026](#) (Using NIS-Teen data)

HPV Vaccination: Key Context & Conditions in the U.S.



HPV vaccination offers us awesome cancer and disease prevention potential – and the opportunity for elimination of HPV cancers, starting with cervical cancer as a public health concern – if we can increase coverage.



Cancer Prevention Focus

- Vaccine framed as cancer prevention

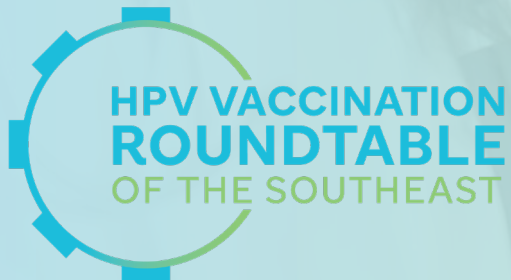


Health Equity Priority

- Addressing cancer disparities

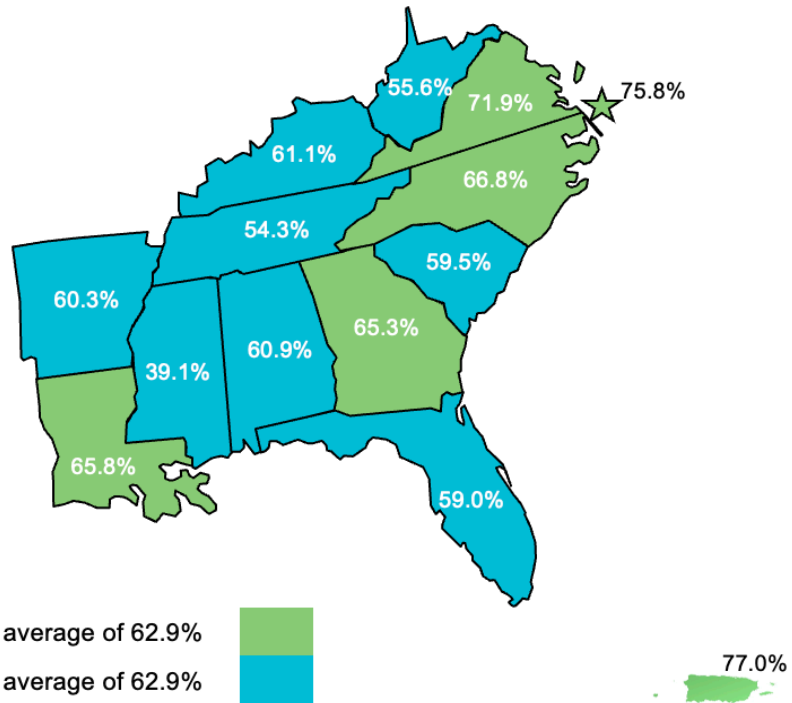


About the HPV Vaccination Roundtable of the Southeast



Opportunities for HPV Cancer Prevention in the Southeastern U.S.

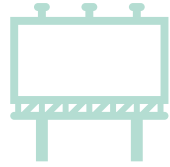
HPV Vaccination Coverage Up-to-Date, Southeast Region
National Immunization Survey-Teen, 2024



In the Southeastern U.S.:

- Low HPV vaccination coverage
- High HPV cancer rates
- High levels of vaccination hesitancy
- Lack of strong provider recommendations
- Myths and misconceptions
- Access to vaccination challenges

Southeast Roundtable Priority Actions



Communication

Develop and implement a **communication campaign and messages** for the Southeastern region



Elimination

Develop and disseminate a **plan for HPV cancer elimination in the Southeast**, beginning with cervical cancer as a public health concern

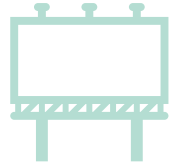


Start at Age 9 and Other Best Practices

Accelerate efforts to **start HPV vaccination at age 9 and other best practices**

Starting in 2024, members of the Southeast Roundtable identified three areas of opportunity for action and impact: 1) Communication, 2) Elimination, and 3) Start at Age 9 and Other Best Practices. Recently, at the in-person meeting, the three priority actions remain but strategies for each have evolved based on accomplishments since 2024.

Southeast Roundtable Priority Action: Accomplishments



Communication

In January 2025, launched the “It’s Our Way Down South” regionally-tailored communication campaign. Implementation and evaluation have continued.



Elimination

In September 2025, the second-ever elimination plan in the U.S. was released for the Southeastern U.S. Additional supportive resources, including a toolkit followed.



Start at Age 9 and Other Best Practices

Since 2024, hosted training experiences in support of the entire health care team implementing best practices and starting HPV vaccination at age 9.

Shown here are major accomplishments across each of the priority actions since 2024. These activities have informed next steps to further our reach and impact across the region.

Join Us as We Work to Prevent HPV Cancers across the Southeastern U.S.

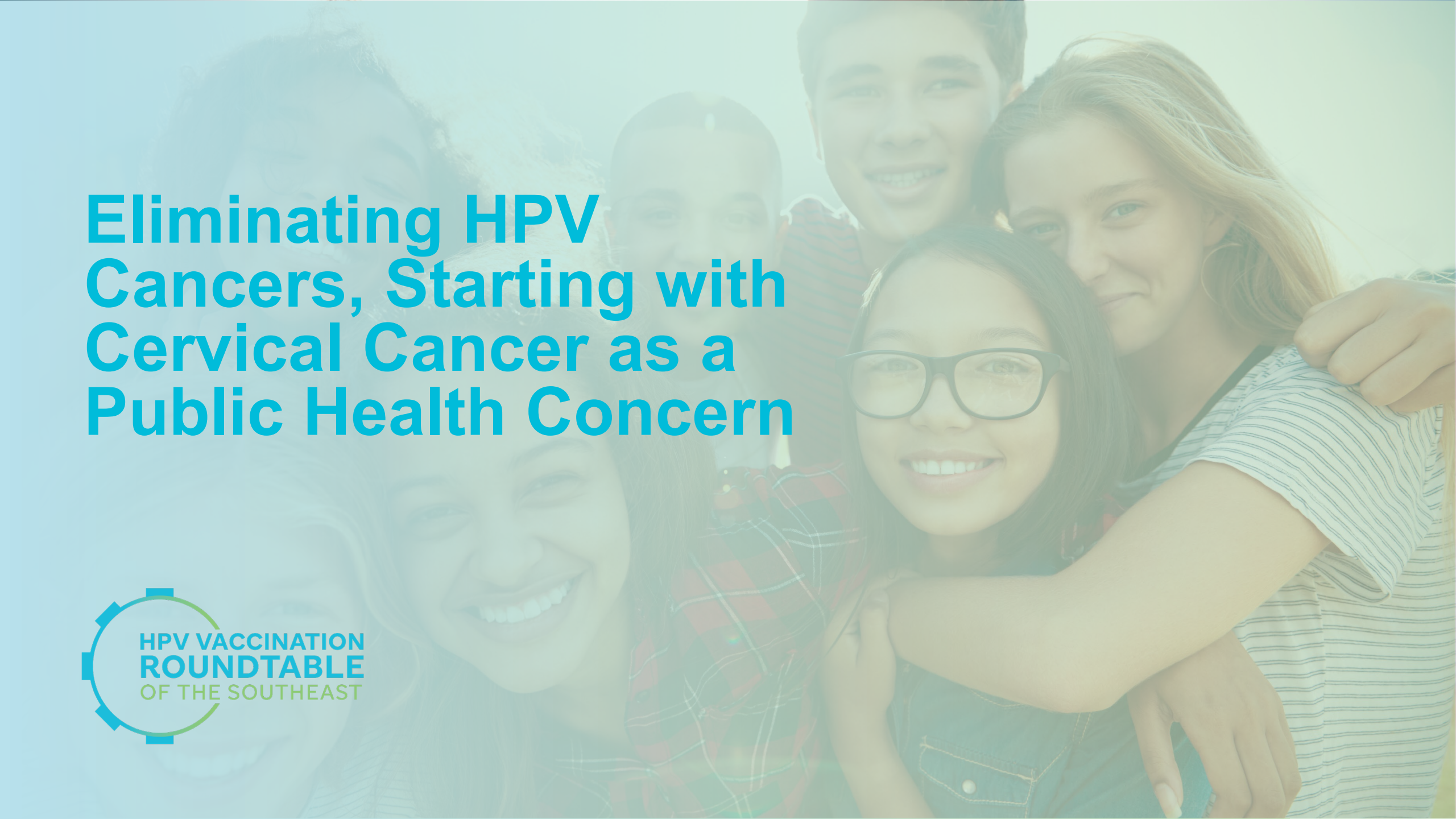


Attendees at the in-person meeting of the Southeast Roundtable in March 2026.

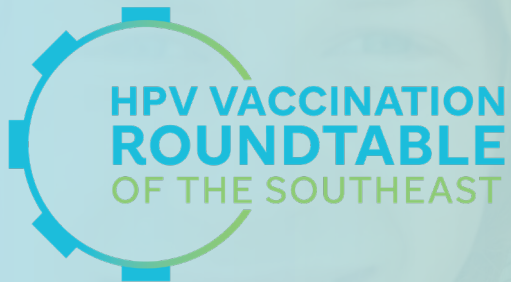
Anyone is welcome to join the Roundtable who shares our commitment to improve HPV vaccination across the Southeast



stjude.org/SERTmem

A group of diverse young people, including men and women of various ethnicities, are smiling and hugging each other. The image is overlaid with a semi-transparent light blue filter. The text is positioned on the left side of the image.

Eliminating HPV Cancers, Starting with Cervical Cancer as a Public Health Concern



Defining Cervical Cancer Elimination

DEFINING ELIMINATION

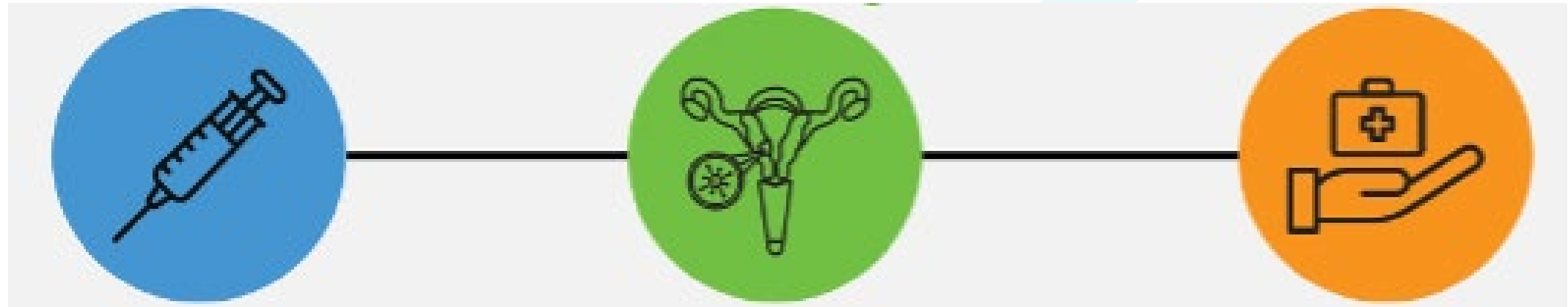
Elimination does not imply the complete absence of disease. Instead, it signifies the potential to significantly reduce the burden of HPV-related diseases, specifically cervical cancer, and their impact on communities. The World Health Organization (WHO) defines elimination as an incidence rate (new cases of cervical cancer) of less than 4 cases of cervical cancer per 100,000 women.¹



Elimination is not to be confused with eradication, and these terms should not be used interchangeably.

LESS THAN
4 CASES
OF CERVICAL
CANCER
PER 100,000
WOMEN¹

Key Parts of Cervical Cancer Elimination



**HPV
Vaccination**

**Cervical Cancer
Screening**

**Cervical Cancer
Management and
Treatment**

Elimination includes three primary pillars: 1) HPV vaccination, 2) Cervical cancer screening, and 3) Cervical cancer management and treatment. In addition, important foundational elements, such as awareness, education, financing, supports for survivors, and others, may be necessary to achieve elimination.

World Health Organization Cervical Cancer Elimination Initiative

Each country should meet the 90:70:90 targets by 2030 to get on the path to eliminate cervical cancer within the next century.

90%

of girls fully vaccinated with HPV vaccine by age 15 years.

70%

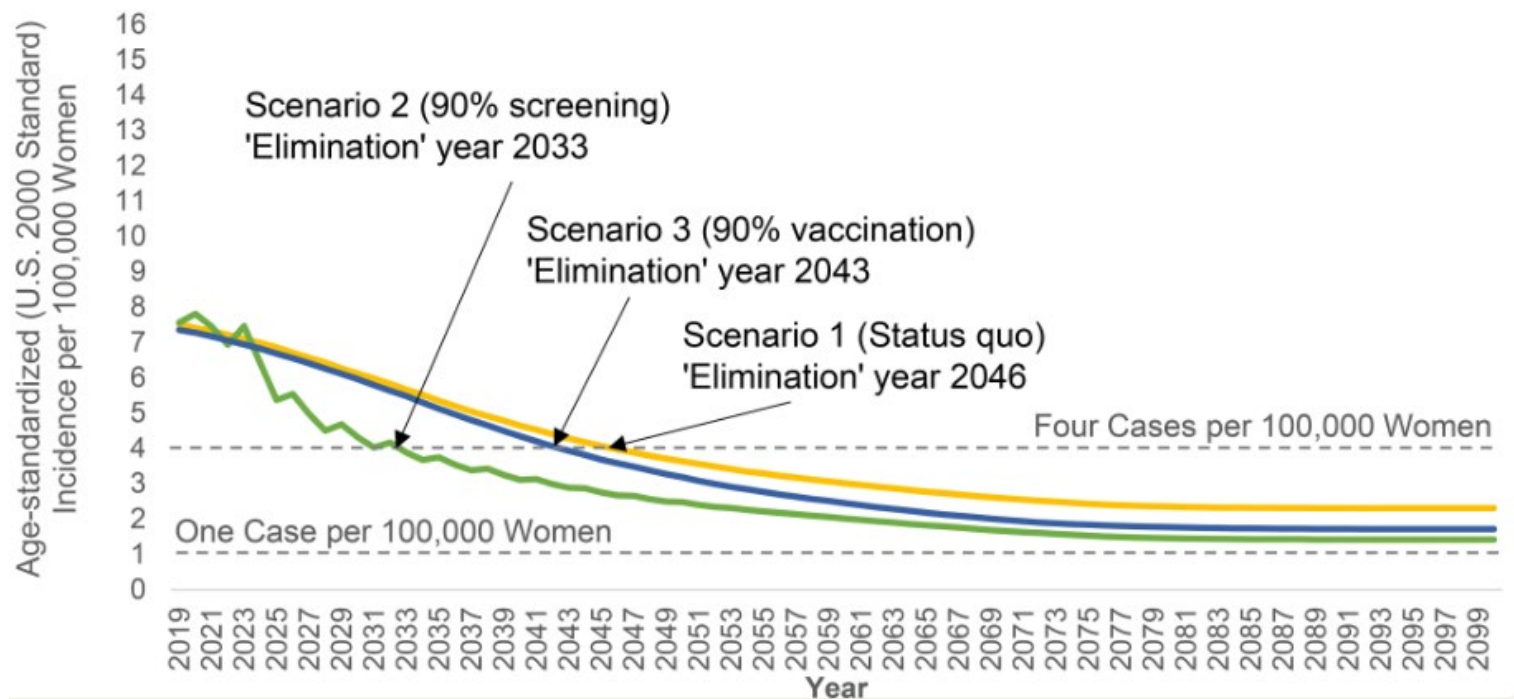
of women are screened with a high-performance test by 35 years of age and again by 45 years of age.

90%

of women identified with cervical disease receive treatment (90% of women with precursor treated, and 90% of women with invasive cancer managed).

Source: World Health Organization: <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

Mathematical models indicate that the United States can achieve the goal of cervical cancer elimination (reducing incidence from $\sim 7/100,000$ to $< 4/100,000$) by 2030 if we meet the goals set for the country for both vaccination and screening/treatment. The fastest way to achieve the goal is to ensure that all age-eligible women follow cervical

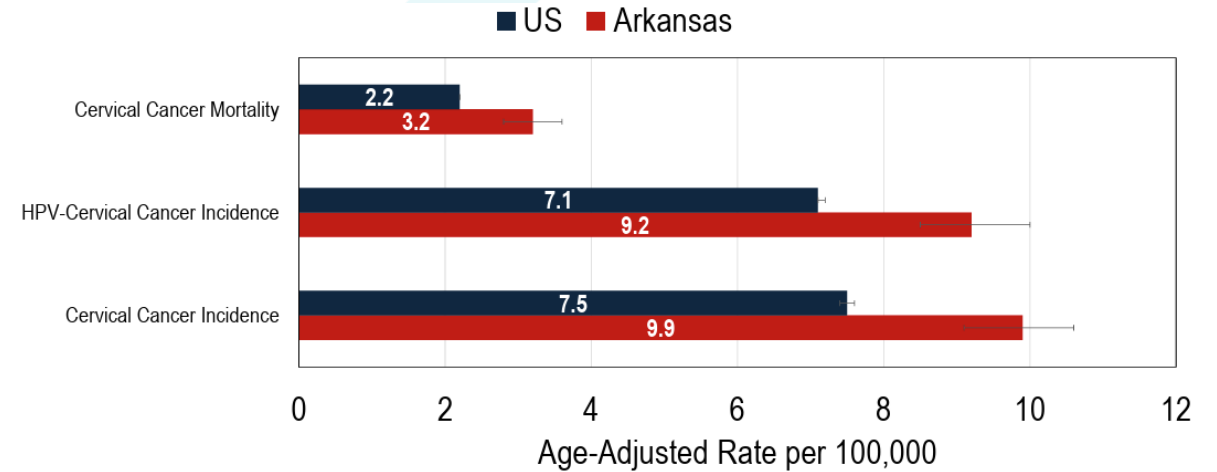
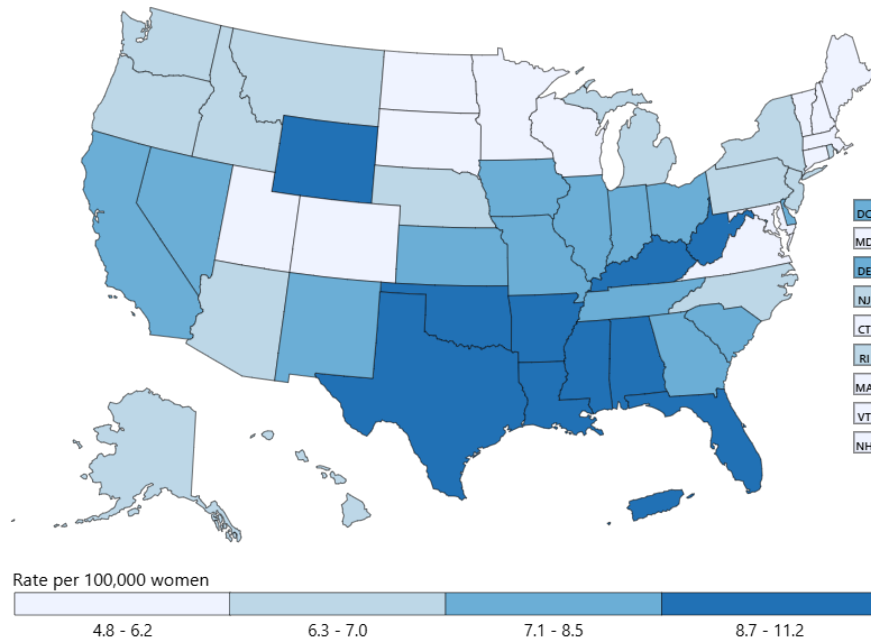


Cervical cancer elimination is possible by 2030 if goals for both HPV vaccination (90%) and cervical cancer screening (90%) are met.

Sources: Giuliano AR. The Road to Cervical Cancer Elimination. In: Ramirez AG, Trapido EJ, editors. *Advancing the Science of Cancer in Latinos: Building Collaboration for Action* [Internet]. Cham (CH): Springer; 2023 Nov 15. Chapter 17. Bookshelf ID: NBK595790. doi: 10.1007/978-3-031-14436-3_17. Burger EA et al. Disparities in cervical cancer elimination time frames in the United States: a comparative modeling study. *J Natl Cancer Inst.* 2025 Jul 1;117(7):1498-1502.

In 2021, 12,038 new cases of cervical cancer, and 4,351 cervical cancer deaths were reported nationwide. The Southeast contributed 30.7% of cases and 33.7% of deaths.

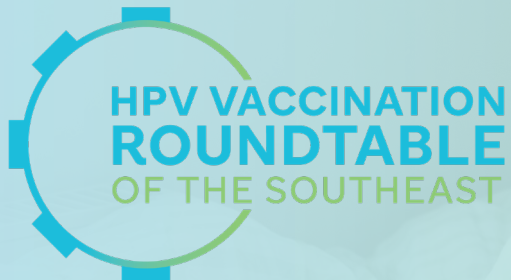
Cervical Carcinoma Incidence Rates (Age-adjusted), Female, 2018-2022, Rate per 100,000 women



| US Rate | Arkansas Rate |
|---------------------|----------------------|
| 7.5 | 9.9 |
| (95% CI: 7.4 - 7.6) | (95% CI: 9.1 - 10.6) |

Sources: Amboree TL et al. The cervical cancer divide: state variation in incidence, mortality, and progress toward elimination in the United States. JNCI Cancer Spectr. 2026 Jan 9;10(1):pkag005. doi: 10.1093/jncics/pkag005. PMID: 41581143; PMCID: PMC12908680. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in June 2025. Cervical Cancer in Arkansas 2025 Data Update: https://healthy.arkansas.gov/wp-content/uploads/Cervical-cancer-data-update_2025.pdf

Southeast U.S. Call to Action: Elimination of HPV Cancers, Starting with Cervical Cancer, As a Public Health Concern



Launch of the Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern, September 9, 2025



Eliminating HPV Cancers

INTRODUCTION

The HPV Vaccination Roundtable of the Southeast has prioritized the elimination of human papillomavirus (HPV) cancers starting with cervical cancer as a public health concern. To address this priority, the Southeast Roundtable convened an implementation team consisting of representatives from across the region. This team was tasked with developing and disseminating an elimination plan for the Southeast region. An elimination plan is a way to garner support and catalyze action to improve HPV cancer prevention and treatment efforts, with the goal of eliminating HPV cancers starting with cervical cancer. The plan presented here describes the interests of the Southeast Roundtable and its coordinated efforts to eliminate HPV cancers starting with cervical cancer as a public health concern in the Southeast, and recommended priorities and actionable steps to achieve this goal.



Eliminating HPV Cancers

EXISTING AND EMERGING EFFORTS TO ELIMINATE HPV CANCERS STARTING WITH CERVICAL CANCER AS A PUBLIC HEALTH CONCERN IN THE SOUTHEAST

This call to action models existing elimination efforts, including strategies developed by Australia, Canada, and Alabama, the ACS Elimination Statement on HPV Cancers, and others, but it has been adapted to the context of the Southeast United States. The following section includes examples of ongoing and emerging elimination efforts globally, nationally, and at the state level.

Global Efforts

Cervical cancer elimination strategies have been announced and are being implemented globally since the WHO introduced the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem in November 2020.¹ This comprehensive strategy aims to achieve an incidence rate of fewer than four cases per 100,000 women through HPV vaccination, cervical cancer screening, and timely follow-up, diagnosis, and treatment of cervical pre-cancer and cancer. The Southeast elimination plan aligns with the WHO knowledge.

The WHO elimination strategy focuses solely on women and girls and includes 90-70-90 targets for HPV vaccination, cervical cancer screening, and cervical cancer treatment.

WHO Targets

- 90% of girls to be fully vaccinated with the HPV vaccine by 15 years of age
- 70% of women to be screened for cervical cancer by age 35 and again by 45 years of age using a high-sensitivity test, i.e., an HPV polymerase chain reaction (PCR) test
- 90% of women identified with cervical disease receive treatment for pre-cancers before or management of invasive cancer

National Efforts

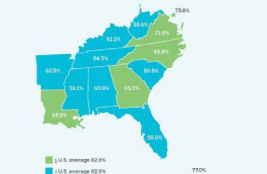
In the United States, and more specifically in the Southeastern United States, the approach to cervical cancer elimination differs from the WHO global strategy, as HPV vaccination is routinely recommended for both male and female individuals aged 9-26 years. Additionally, HPV vaccination may be recommended for some individuals aged 27-45 years who were not previously vaccinated.

Eliminating HPV Cancers

GOAL 1: INCREASE THE PERCENTAGE OF ADOLESCENTS AGED 13-17 YEARS AND STARTING AT AGE 9 WHERE DATA ARE AVAILABLE, ACROSS THE SOUTHEAST COMPLETING THE HPV VACCINATION SERIES TO 90% BY 2030

The Southeastern United States region has historically been characterized by low HPV vaccination coverage and high rates of HPV cancer incidence when compared with other regions of the country and the United States overall. In 2024, the rates of HPV vaccination initiation and completion for the Southeast region were 78% and 82%, respectively. When compared to the national rates, the Southeast region has eight of 14 states and jurisdictions that are below national rates for both initiation and completion of HPV vaccination (Table 2). Arkansas, Georgia, Kentucky, Mississippi, and West Virginia have been identified as having the lowest HPV vaccination coverage in the region, making them high-priority states for HPV vaccination efforts through elimination planning (Figure 1).

Figure 1. HPV Vaccination Coverage Up-to-Date, Southeast Region, National Immunization Survey-Teen, 2024



HPV vaccination is recommended as a routine vaccination at age 11 or 12 years and starting at age 9. The CDC ACP also recommends vaccination for everyone through 26 years of age if they were not vaccinated previously. Some adults aged 27 through 45 years may decide to receive the HPV vaccine, based on discussion with their clinician, if they were not adequately vaccinated when they were younger.

Access the landing page:

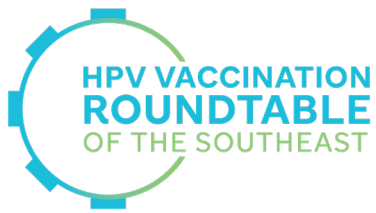


stjude.org/southeast-elimination

Southeast United States Call to Action Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern

For more information, visit stjude.org/southeast-elimination or email PreventHPV@stjude.org





Southeast Roundtable Elimination At-A-Glance

stjude.org/southeast-elimination

HPV Vaccination

Increase the percentage of adolescents aged 13-17 years—and starting at age 9 where data are available—across the Southeast completing the HPV vaccination series to 80% by 2030.

- Promote HPV vaccination through regional campaigns (e.g., It's Our Way Down South)
- Train providers on effective recommendations and addressing vaccine hesitancy
- Implement quality improvement (QI) strategies (e.g., reminder/recall systems, standing orders)
- Support provider participation in immunization information systems and Vaccines For Children programs
- Monitor vaccination data by geography and demographics
- Track and respond to changes in national HPV vaccination recommendations

Cervical Cancer Screening

Increase the percentage of people with a cervix across the Southeast who are up to date on cervical cancer screening per current U.S. Preventive Services Task Force guidelines to 80% by 2030.

- Promote U.S. Preventive Services Task Force cervical cancer screening guidelines
- Train providers in quality improvement strategies for screening and follow-up
- Expand access to follow-up and treatment through mobile colposcopy units
- Increase provider capacity by training nurse practitioners as colposcopy providers
- Monitor screening and incidence data by geographic unit and demographics

Follow-Up, Diagnosis, & Treatment

Increase the percentage of people with a cervix across the Southeast who receive follow-up, diagnosis, and treatment (if needed) for abnormal screening results to 80% by 2030.

- Increase awareness that cervical cancer is preventable and curable when caught early
- Promote provider use of the American Society for Colposcopy and Cervical Pathology risk-based management app and guidelines
- Monitor follow-up, diagnosis, and treatment data by geography and demographics

ELIMINATION SUPPORT STRATEGIES

1

Provide support for elimination planning efforts to states and jurisdictions in the Southeast region.

2

Develop and disseminate elimination resources to states and jurisdictions in the Southeast region.

3

Provide technical assistance to states and jurisdictions in the Southeast region.

Elimination Implementation Team Assets

Elimination Fact Sheet

- Updated September, 2025

Elimination Policy in the Southeast Needs Assessment Report

- Conducted August – December, 2024
- Supplemented by individual meetings with subject matter experts

Southeast U.S. Call to Action: The elimination of HPV cancers starting with cervical cancer as a public health concern

- Informed by the results of the regional needs assessment
- Provides initial guidance for elimination planning efforts

Toolkit to support the Southeast U.S. Call to Action: The elimination of HPV cancers starting with cervical cancer as a public health concern

- Intended to support direct implementation of state elimination plans

Southeast Roundtable Elimination Landing Page

- Download the Call to Action (and more) and request access to the toolkit at stjude.org/southeast-elimination

Elimination Fact Sheet



Eliminating HPV Cancers Starting with Cervical Cancer as a Public Health Concern in the Southeastern United States

The [HPV Vaccination Roundtable of the Southeast](#) prioritized the elimination of HPV cancers starting with cervical cancer as a public health concern following the January 2024 in-person meeting. To address this priority, the Southeast Roundtable convened an implementation team comprised of representatives from across the 12 states and two jurisdictions of the Southeast region. The elimination plan for the region was released in September 2025 with the following overarching goals:

LESS THAN 4 CASES OF CERVICAL CANCER PER 100,000 WOMEN¹

SOUTHEAST ROUNDTABLE PRIMARY ELIMINATION GOALS

1. Increase the percentage of adolescents aged 13-17 years, and starting at age 9 where data are available, across the Southeast completing the HPV vaccination series to 80% by 2030.
2. Increase the percentage of people with a cervix across the Southeast who are UTD on cervical cancer screening based on the current U.S. Preventive Services Task Force (USPSTF) guidelines to 80% by 2030.
3. Increase the percentage of people with a cervix across the Southeast who receive appropriate follow-up, diagnosis, and treatment (if needed) for abnormal cervical cancer screening results to 80% by 2030.

For more information, visit stjude.org/southeast-elimination or email PreventHPV@stjude.org.

Eliminating HPV Cancers

DEFINING ELIMINATION

Elimination does not imply the complete absence of disease. Instead, it signifies the potential to significantly reduce the burden of HPV-related diseases, specifically cervical cancer, and their impact on communities. The World Health Organization (WHO) defines elimination as an incidence rate (new cases of cervical cancer) of less than 4 cases of cervical cancer per 100,000 women.¹

X vs. O Elimination is not to be confused with eradication, and these terms should not be used interchangeably.

CERVICAL CANCER ELIMINATION FIRST

As we are optimistic about the potential to eliminate HPV cancers, cervical cancer presents the greatest opportunity for elimination due to routine recommendations for HPV vaccination, cervical cancer screening, and cervical cancer treatment.

Cervical cancer is the most diagnosed HPV cancer among people with a cervix (predominantly identifying as women), with almost all cases attributable to HPV. In the United States, the national rate of new cases of cervical cancer is 70 cases per 100,000 women,² higher than the WHO's definition of elimination, and with great variation by geography and among certain population groups. In combination, HPV vaccination, cervical cancer screening, and cervical cancer treatment provide us with the best opportunity to achieve elimination. Pre-cancerous changes to the cells of a cervix caused by HPV can typically be detected through routine screening then prevented and treated through ongoing follow up. Early detection, surveillance, and clinical intervention make cervical cancer highly treatable. With an early-stage diagnosis, the five-year relative survival rate for cervical cancer is 91%.³

The WHO Global Strategy to Accelerate Cervical Cancer Elimination,¹ which focuses on girls and women, includes 90-70-90 targets for HPV vaccination, cervical cancer screening, and cervical cancer treatment:



of girls fully vaccinated with the HPV vaccine by the age of 15;



of women screened using a high-performance test by the age of 35, and again by the age of 45; and



of women identified with cervical disease receive treatment (90% of women with pre-cancer treated and 90% of women with invasive cancer managed).

In the United States, and in the Southeast region, this approach may look different, as the HPV vaccination is routinely recommended for all children, both boys and girls, aged 9-26. Additionally, HPV vaccination may be recommended for some individuals aged 27-45 who were not vaccinated when younger.

For more information, visit stjude.org/southeast-elimination or email PreventHPV@stjude.org.

Eliminating HPV Cancers

DEFINING ELIMINATION PLANNING

Elimination planning refers to the strategic coordination of unified efforts to reduce the burden of HPV cancers. Although eliminating HPV cancers can seem like a big task, formalizing an elimination plan with shared goals and objectives makes elimination realistic and achievable.

CURRENT CERVICAL CANCER ELIMINATION PLANNING EFFORTS

The WHO Global Strategy to Accelerate Cervical Cancer Elimination advocates for the development and alignment of cervical cancer elimination plans across numerous countries. In the United States, the national efforts are being led by the American Cancer Society (ACS) [National HPV Vaccination Roundtable](#) and the [ACS National Roundtable on Cervical Cancer](#). Importantly, the HPV Vaccination Roundtable of the Southeast's Call to Action plan for cervical cancer elimination is the first regional plan of its kind, establishing a coordinated strategy across 12 states and two jurisdictions to eliminate HPV cancers beginning with cervical cancer. This initiative marks a groundbreaking milestone for the Southeast, complementing and reinforcing ongoing state-level progress. As of September 2025, Alabama remains the only state to have developed and implemented a comprehensive statewide cervical cancer elimination plan, known as [OPERATION WIPE OUT](#). Other states—such as Florida and North Carolina—have incorporated elimination objectives into their cancer plans, while Kentucky, Louisiana, and Mississippi are actively exploring similar statewide approaches.

SUPPORTING ELIMINATION PLANNING EFFORTS IN THE SOUTHEAST

Join us in the Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern.

Download the full Call to Action and request access to the elimination toolkit at stjude.org/southeast-elimination.

Learn more about Southeast Roundtable at stjude.org/southeast-roundtable.

There are several opportunities available to support the HPV Vaccination Roundtable of the Southeast in developing and disseminating a regional plan for HPV cancer elimination starting with cervical cancer for the Southeast.

REFERENCES

1. Cervical Cancer Elimination Initiative (2024). World Health Organization. <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>
2. Centers for Disease Control and Prevention. Cancers linked with HPV each year. Centers for Disease Control and Prevention. <https://www.cdc.gov/cancer/hpv/cases.html>. Accessed June 2025.
3. Cervical Cancer Prognosis and Survival Rates (2023). National Cancer Institute. <https://www.cancer.gov/types/cervical/survival>

08/2025

For more information, visit stjude.org/southeast-elimination or email PreventHPV@stjude.org.

Toolkit to Support the Southeast U.S. Call to Action



Toolkit to Support the Southeast United States Call to Action

Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern

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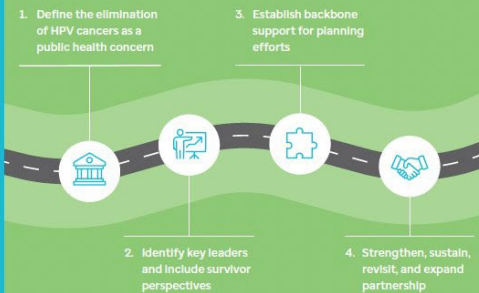
APPLYING THE INSPIRE HUB

- INSPIRE ACTION 1: Define problem situation with partners
- INSPIRE ACTION 2: Launch the project

INSPIRE Strategies:

- Build buy-in (e.g., involve existing governance structures, identify champions, engage traditional and non-traditional partners)
- Develop relationships (e.g., build coalitions, develop resource-sharing agreements, obtain formal commitments, initiate community-clinical-academic partnerships)

Path to Success



PHASE 1: UNDERSTAND THE SYSTEM

To Access HPV Cancer Incidence Data:

- Go to [U.S. Cancer Statistics Data Visualizations Tool](#)
- Select special analysis, cancers grouped by associated risk factors
- Select HPV as the dataset
- Select All HPV-associated Cancers as the cancer type
- Select Male and Female as the sex
- Select the most recent data year
- Use the chart on the left to obtain rates of New HPV-associated Cancers for the U.S.
- Use the map on the right to obtain rates of New HPV-associated Cancers for the assigned state
- Insert the rates per 100,000 people in the table below
- Repeat by selecting:
 - Oropharyngeal Cancer (Male, Female)
 - Cervical Cancer (Female)

Table 9. Rate of new HPV cancers [insert age group] in [insert state], [insert year of most recently available data]

| | All HPV Cancers | Anal | Cervical | Oropharyngeal | Penile | Vaginal* | Vulvar |
|---------------|-----------------|------|----------|---------------|--------|----------|--------|
| United States | | | | | | | |
| State | | | | | | | |

APPLYING THE INSPIRE HUB

Table 1. State-level people and partners to include in elimination planning efforts

| Organization | First Name | Last Name | Credentials | Title | Email Address | Alignment with Priority HPV-associated Cervical Cancer Screening, Implementation, Monitoring, Evaluation | Phase of Elimination Planning (Planning, Implementation, Monitoring, Evaluation) |
|---|------------|-----------|-------------|-------|---------------|--|--|
| Academic, Universities and Cancer Centers | | | | | | | |
| Academy of Pediatrics | | | | | | | |
| American Academy of Family Practitioners | | | | | | | |
| American Cancer Society | | | | | | | |
| American College of Obstetricians and Gynecologists | | | | | | | |
| Federally Qualified Health Centers | | | | | | | |
| Health Systems | | | | | | | |
| HPV Cancer Survivors | | | | | | | |
| Immunization Task Force | | | | | | | |
| National Breast and Cervical Cancer Early Detection Program | | | | | | | |
| Nonprofit | | | | | | | |

Table 12. State-level HPV vaccination measurable goal and strategic objectives

| | State-Level HPV Vaccination Goal |
|----------------------|--|
| State-Level Goal | Based on the information collected during the state-level elimination convening, along with the support strategies of the Southeast Roundtable, determine the most achievable HPV vaccination goal for the state. Goal 1: |
| Strategic Objectives | Based on the information collected during the state-level elimination convening, along with the support strategies of the Southeast Roundtable, determine evidence-based strategies to achieve the HPV vaccination goal for the state. Strategic Objective 1: Strategic Objective 2: Strategic Objective 3: |

Table 13. State-level cervical cancer screening measurable goal and strategic objectives

| | State-Level Cervical Cancer Screening Goal |
|----------------------|--|
| State-Level Goal | Based on the information collected during the state-level elimination convening, along with the support strategies of the Southeast Roundtable, determine the most achievable cervical cancer screening goal for the state. Goal 1: |
| Strategic Objectives | Based on the information collected during the state-level elimination convening, along with the support strategies of the Southeast Roundtable, determine evidence-based strategies to achieve the cervical cancer screening goal for the state. Strategic Objective 1: Strategic Objective 2: Strategic Objective 3: |

HPV Vaccination Roundtable of the Southeast

It's Our Way Down South Campaign Materials



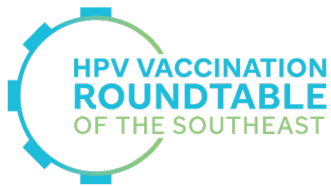
How to Access the Campaign

Click [here](#) or scan the QR code for the campaign materials request form.



How to Request Campaign Print Materials

Click [here](#) or scan the QR code for the print materials request form.



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Evaluation: RE-AIM Framework

Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) (Glasgow et al., 1999)

Reach

Who is engaging with the plan and toolkit?

Effectiveness

Are resources improving planning and action?

Adoption

Which states/organizations are implementing/utilizing?

Implementation

Are strategies and resources being used as intended?

Maintenance

Are initiatives progressing and/or being sustained over time?

Evaluation: Importance of State-Level Evaluation

- **Why State-Level Use Matters**

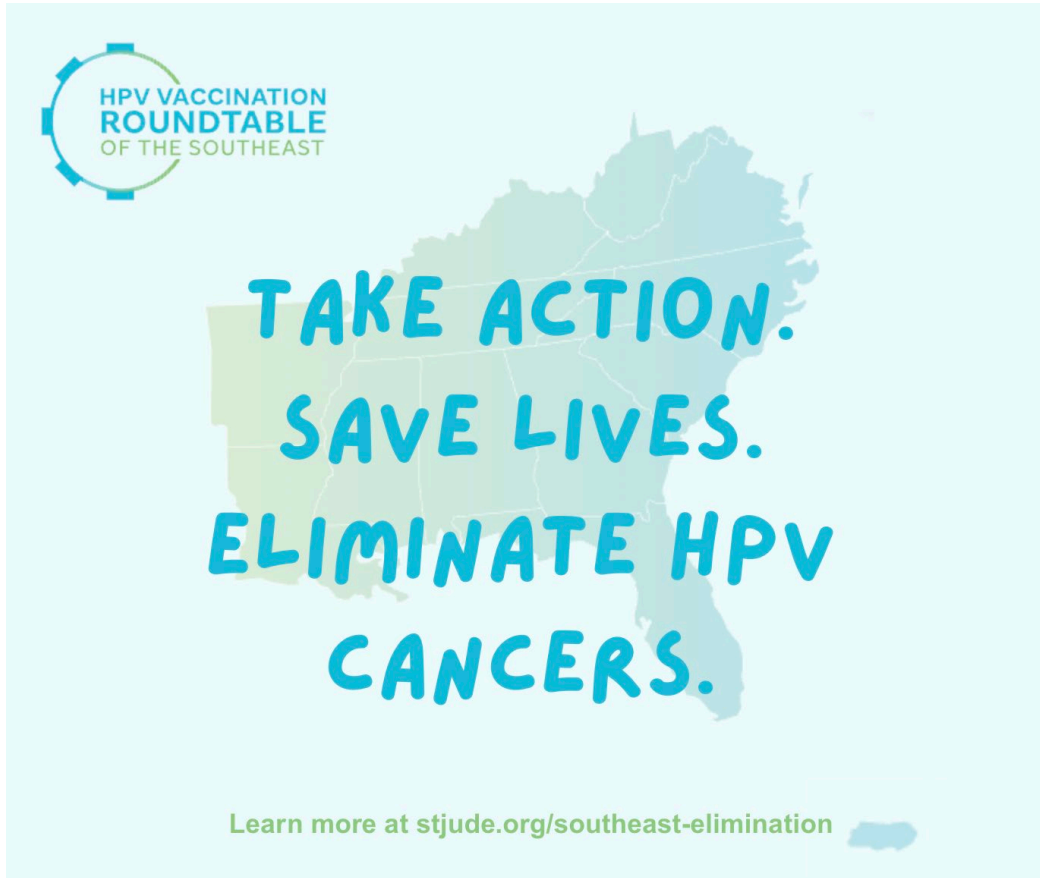
- Enables states to evaluate their own elimination plans against regional benchmarks.
- Ensures strategies reflect local contexts (burden, resources, readiness).

- **Toolkit Resources Available**

- Evaluation template resources help track reach, effectiveness, and sustainability at the state level.

- **State engagement is essential to ensure progress toward HPV cancer elimination across the Southeast!**

Access Southeast Roundtable Elimination Materials



Download elimination resources, including the Call to Action, and request access to the toolkit at:



stjude.org/southeast-elimination

Please email PreventHPV@stjude.org to access promotional materials or with any questions!

Elimination Progress Across the Southeast

Published Strategies

OPERATION WIPEOUT
ALABAMA

THE BAYOU BLUEPRINT
LOUISIANA

In Progress

STAMP OUT
KENTUCKY

FLORIDA
FORWARD

TBD
MISSISSIPPI

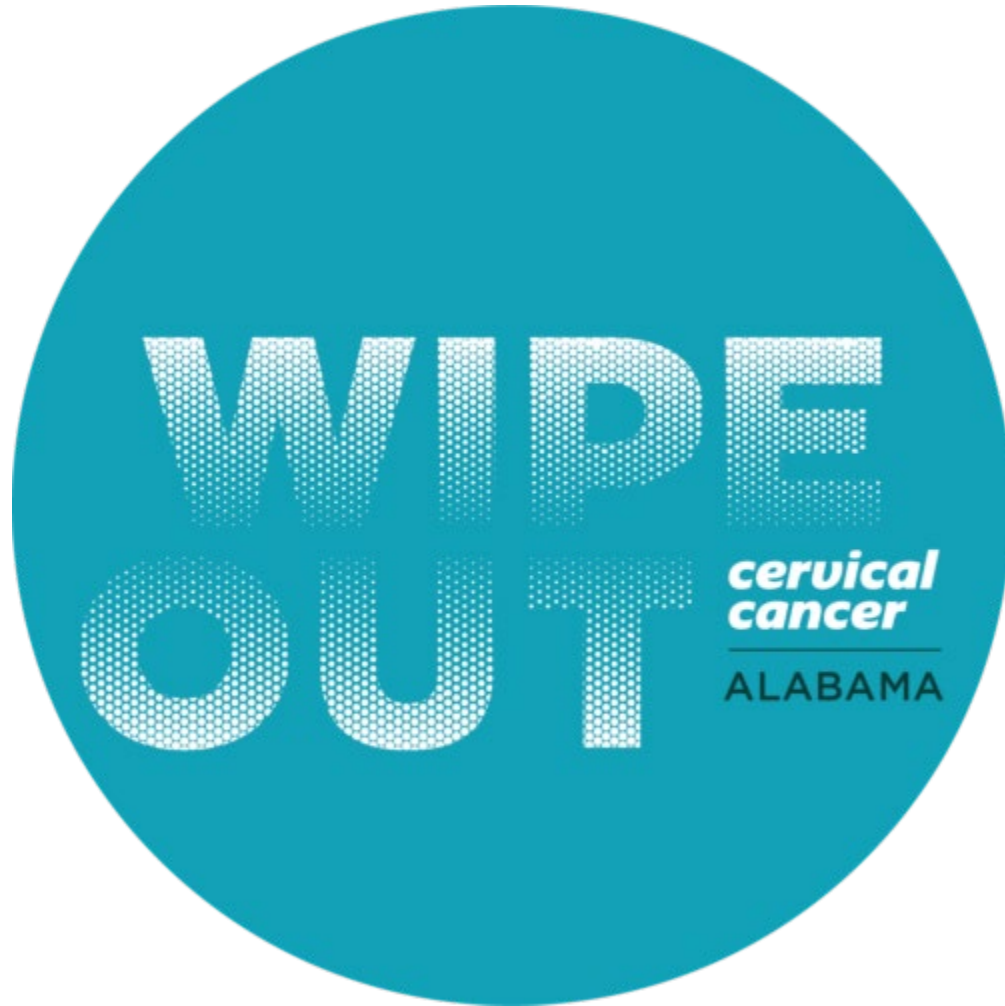
TBD
ARKANSAS

TBD
GEORGIA

Outside of the Southeast but Influenced by the Southeast Roundtable

Texas Cervical Cancer
Elimination Plan

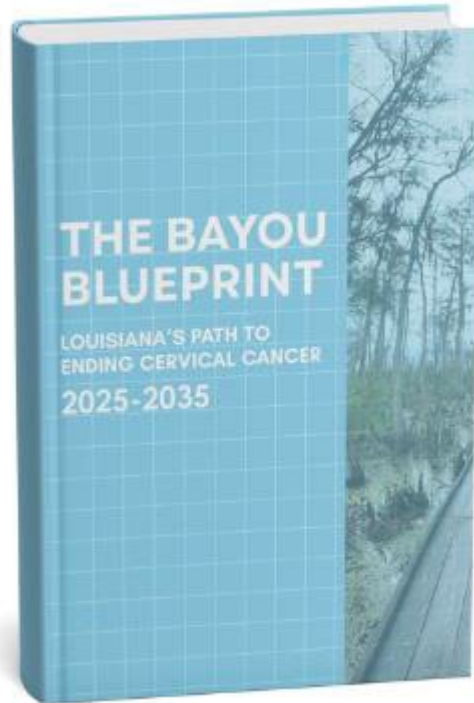
Alabama



<https://operationwipeout.org/>

stjude.org/southeast-roundtable

Louisiana



<https://louisianacancer.org/wp-content/uploads/2026/01/Cervical-Cancer-Elimination.pdf>

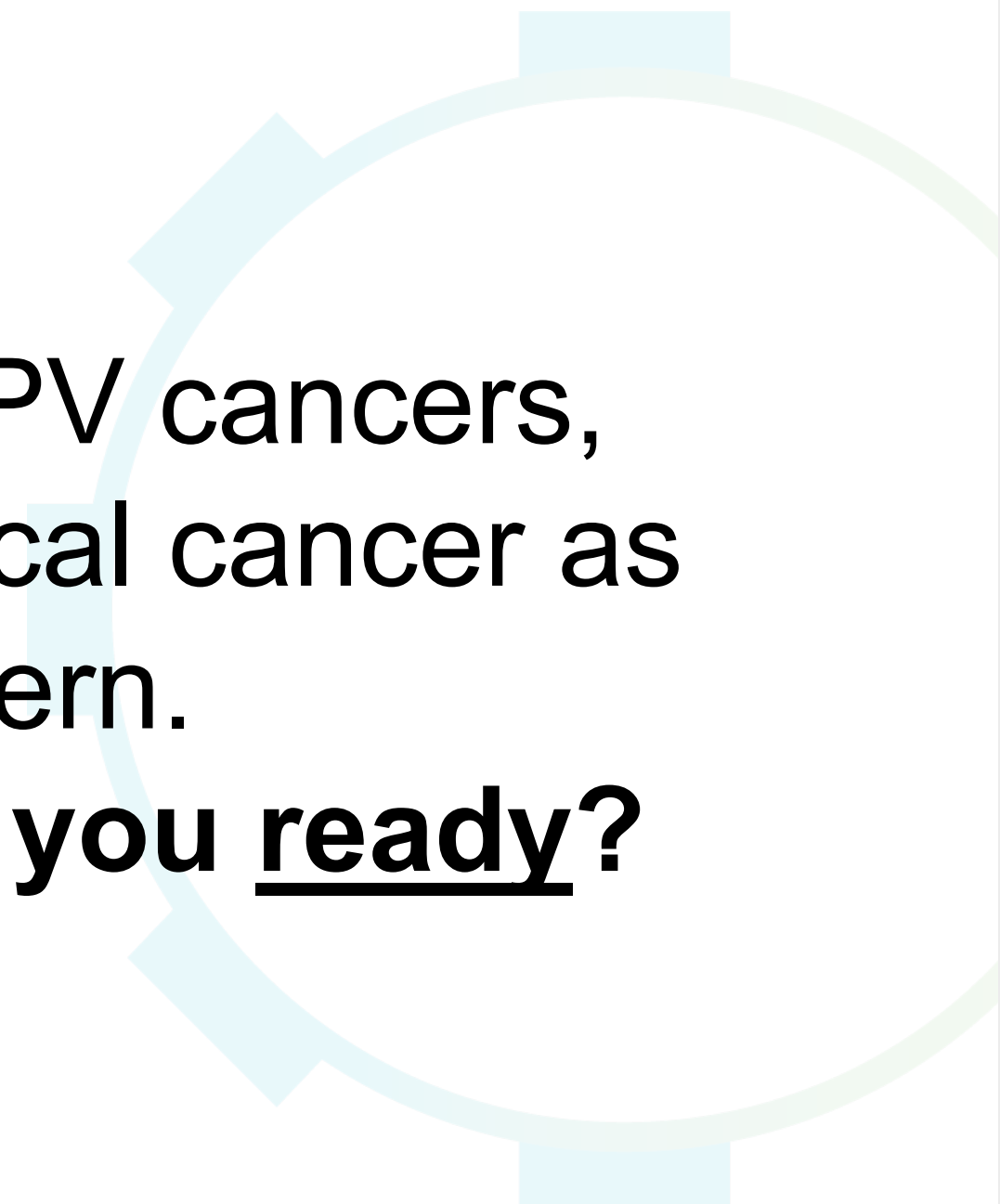
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Mississippi



All aboard the Elimination Express: Next Stop Arkansas





We can eliminate HPV cancers,
beginning with cervical cancer as
a public health concern.

Are we ready? Are you ready?





Thank you!

**Contact us at
PreventHPV@stjude.org**

Membership Form



<http://stjude.org/SERTmem>

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**HPV VACCINATION
ROUNDTABLE
OF THE SOUTHEAST**