Graph 1. HPV vaccination coverage by remoteness of area of residence for females aged 12-13 years in 2013.

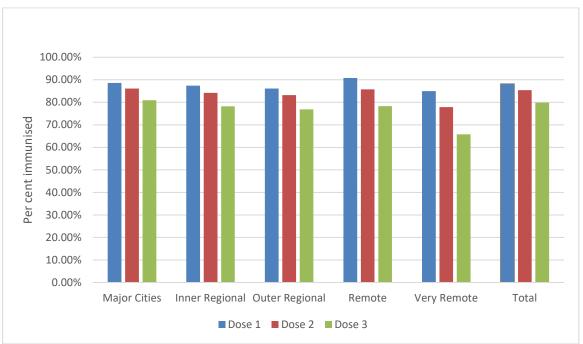


Table 1. HPV vaccination coverage by remoteness of area of residence for females aged 12-13 years in 2013.

	Coverage Dose 1	Coverage Dose 2	Coverage Dose 3
Major Cities	88.6%	86.1%	80.9%
Inner Regional	87.4%	84.2%	78.2%
Outer Regional	86.1%	83.2%	76.9%
Remote	90.8%	85.8%	78.3%
Very Remote	85.0%	77.9%	65.8%
Total	88.2%	85.4%	79.9%

## Notes:

- Data extracted from the National HPV Vaccination Program Register (HPV Register) as at July 2017.
- Includes doses that comply with the recommended vaccine dosage and administration as per the Australian Immunisation Handbook (up to 3 doses administered at prescribed intervals).
- Estimated resident populations for 2013 were derived from ABS Census Collection Districts (CD's).
- Age is age as at date of ERP estimate (30th June).
- ABS Australian Statistical Geography Standard: Vol 5 Remoteness Structure, July 2011 was used to classify remoteness.

- Coverage is calculated as doses administered and reported to the HPV Register/Estimated Population expressed as a percentage.
- Excludes consumers who do not wish their details to be recorded on the HPV Register.
- The National HPV Vaccination Program initially provided quadrivalent HPV vaccine for all females aged 12-26 years as at mid 2007 (school program commenced April 2007 and GP/community program in July 2007) until end December 2009. From 2009 the Program offered HPV vaccination routinely to females in the first year of high school (usually at 12-13 years). From 2013, males were also offered HPV vaccination routinely in the first year of high school (age 12-13 years), with a catch-up program available for males aged 14-15 years in 2013 and 2014.
- HPV Vaccination doses administered through general practice and in other community settings may be
  incompletely notified to the HPV Register. The extent of under notification differs by jurisdiction, with the
  Northern Territory and Queensland expected to have the most complete notification, due to notification of
  doses via State based immunisation registers.