

Date March 3, 2026

TO: The Honorable Kayse Jama, Chair
Senate Committee on Rules

FROM: Howard Chiou, MD, PhD, Medical Director, Communicable Disease and
Immunizations
Acute and Communicable Disease Prevention
Public Health Division
Oregon Health Authority

SUBJECT: HB 4135 – HPV Awareness Day

Chair Jama, Vice-Chair Starr, and members of the Senate Committee on Rules, on behalf of Oregon Health Authority (OHA), I am writing in support of House Bill 4135 which would designate March 4th of every year as HPV Awareness Day.

Human Papillomavirus (HPV) can cause cancers of the cervix, throat, anus, vulva, vagina, and penis. Cervical cancers are preventable with HPV vaccinations and survivable if detected early and treated. Most HPV-related cancers can be prevented with the HPV vaccine starting between the age of 9 and 12. If these cancers do develop and are detected early, they are treatable with high rates of survivorship.

Since its introduction, the HPV vaccine has led to an approximately 80% reduction in cervical precancers among women aged 20-24 in the US. The vaccine protects against HPV types 16 and 18 which are responsible for about 70% of cervical cancers, and several other types, altogether preventing over 90% of HPV related cancers in women. In men, vaccination has been linked to a 50% reduction in all HPV associated cancers, including oropharyngeal cancer, which has surpassed cervical cancer as the most common HPV associated cancer in the US.

In Oregon, 75% of adolescents ages 13-17 have had at least one HPV immunization, and 58% are up to date for the full series. HPV immunization rates for Oregon adolescents have increased over past years, from an up-to-date rate of 51% in 2018 to 58% in 2024. However, four out of 10 Oregon adolescents remain un-immunized or under-immunized.

HPV immunization rates vary widely between counties in Oregon, from a high of 65% to a low of 22%. In 14 Oregon counties, fewer than 50% of adolescents are fully immunized against HPV.

Many people who contract and die from HPV cancers like cervical cancer lack access to regular screening. Primarily these are people of color who are diagnosed at a later stage when the cancer has spread to other areas of the body. Compared to White, Non-Hispanic women, the likelihood of being diagnosed with cervical cancer is 45% higher among American Indian and Alaska Native women, 40% among Hispanic women, and 10% among Black women. Women in rural areas are also at greater risk. For example, women living in rural areas are 25% more likely to be diagnosed with cervical cancer and 35% more likely to die from cervical cancer compared to women living in urban areas.

For some, factors that lead to later-stage cancer diagnoses include awareness, the inability to afford insurance, insurance that does not adequately cover follow-up diagnostic services or treatment, proximity to services, complex and burdensome healthcare systems, the inability to find the time or afford making it to scheduled appointments, and mistrust of and historical mistreatment by healthcare systems.

Trusted community organizations can help bridge many gaps to preventive care services including culturally aware outreach and education and supports to ensure access to immunizations and screening services. These supports include scheduling appointments, addressing language and cultural barriers, transportation to and from appointments, food and lodging, and recovery of lost wages.

OHA supports HB 4135 because increased awareness along with, affordable access to vaccination and cancer screenings are vital to protecting people in Oregon from these largely preventable cancers.

Sincerely,



Howard Chiou, MD, PhD

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Acute and Communicable Disease Prevention