



Human Papillomavirus (HPV) Vaccine Market Expected to Grow at CAGR of 5.0% by 2028

Report covers all details inside analysis and outlook according to The Insight Partners.

NEW YORK, UNITED STATES, January 24, 2023 /EINPresswire.com/ -- The Insight Partners Latest Research for Report "Human Papillomavirus Vaccine Market Forecast to 2028" Focuses COVID-19 Impact and Global Analysis By Type (9-Valent HPV Vaccine, Quadrivalent HPV Vaccine, and Bivalent HPV Vaccine), Dosage (2 Dose and 3 Dose), Age (9 to 14 Years and 15 to 45 Years), Application (HPV-Attributable Cancer and Genital Warts), and Distribution Channel (Doctors Office, Community Health Clinics, School-Based Health Centers, Health Departments, Hospitals, and Others)

Research study on "[Human Papillomavirus \(HPV\) Vaccine Market](#) Forecast to 2028 – COVID-19 Impact and Global Analysis – by Type, Dosage, Age, Application, and Distribution Channel," the market is expected to grow from US\$ 4,273.84 million in 2022 to US\$ 5,730.50 million by 2028; it is estimated to grow at a CAGR of 5.0% from 2022 to 2028. The report highlights trends prevailing in the market and drivers and hindrances pertaining to the market growth.

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Segmentations:

Based on dosage, the human papillomavirus (HPV) vaccine market is segmented into 2 dose and 3 dose. In 2022, the 2 dose segment accounts for a larger market share. Pre-adolescent girls (9–15 years) can receive a 2 dose HPV vaccine series at either a 6 month or 1-year interval to protect from HPV 16, the most prevalent type associated with cervical cancers, and several other less prevalent types. This series of vaccinations is highly expected to protect her from HPV infection until she enters the routine screening program, whether primary HPV testing or a combination of HPV testing and cytology. The 2-dose program has been recommended by the World Health Organization (WHO) since 2015. 2 doses are generally administered to boys and girls aged between 9 to 15 years, and the doses are administered within a span of 12 months. The minimum interval is 5 months between the first and second dose. If the vaccination schedule is interrupted, vaccine doses do not need to be repeated (no maximum interval). Immunogenicity studies have shown that 2 doses of HPV vaccine given to 9–14 years-olds at least 6 months apart provided as good or better protection than 3 doses given to older

adolescents or young adults.

Based on type, the human papillomavirus (HPV) vaccine market is segmented into 9-valent HPV vaccine, quadrivalent HPV vaccine, and bivalent HPV vaccine. In 2022, the quadrivalent HPV vaccine segment holds the largest share of the market.

On the basis of distribution channel, the global human papillomavirus (HPV) vaccine market is segmented into doctors office, community health clinics, school-based health centers, health departments, hospitals, and others. The hospitals segment holds the largest market share in 2022, and the school-based health centers segment is anticipated to register the highest CAGR in the market during the forecast period.

In terms of application, the global human papillomavirus (HPV) vaccine market is segmented into HPV-attributable cancers and genital warts. The HPV-attributable cancers segment holds a larger share of the market in 2022, and the same segment is anticipated to register a higher CAGR during the forecast period.

Covid-19 Outbreaks:

The COVID-19 pandemic is likely to have longer-term consequences on the HPV vaccine business. Many primary care clinics in the US have continued to operate at a reduced capacity to abide by social distancing measures and adopt stringent cleaning protocols. A reduction in in-person office visits limits opportunities for providers of vaccine to discuss and deliver vaccines. Barriers in transportation are likely to harm HPV vaccination; pharma and biotech companies traditionally find it difficult to market vaccines among the masses because of resistance received from parents and the absence of widespread awareness about school entry requirements that support other adolescent vaccines. The available evidence indicates that the COVID-19 pandemic has dramatically disrupted the delivery of HPV vaccines in 2020 and 2021. Early reports by CDC, suggest that ordering and billing dropped by >70% in March 2020. Furthermore, a 25–50% decrease in HPV vaccine orders continued in June 2020, in contrast to other early childhood-vaccine orders that resurged to near pre-pandemic levels. Although the revival of the HPV vaccine market is in progress, available data suggest that a short-term decline in HPV vaccination coverage will be substantial, and the demand for HPV vaccines will grow in North America for long term.

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Geographical Analysis:

By geography, the human papillomavirus (HPV) vaccine market is segmented into North America (the US, Canada, and Mexico), Europe (the UK, Germany, France, Italy, Spain, Russia, Belarus, and the Rest of Europe), Asia Pacific (China, Japan, India, Australia, Southeast Asia, New Zealand,

South Korea, and the Rest of Asia Pacific), the Middle East & Africa (the UAE, Saudi Arabia, South Africa, Iran, Turkey, Kuwait, Bahrain, Egypt, and the Rest of Middle East & Africa), and South & Central America (Brazil, Argentina, Chile, Guatemala, Peru, Colombia, and the Rest of South & Central America).

Key Companies are:

Merck & Co. Inc.
GSK
Serum Institute of India
Walvax Biotechnologies
Innova
Vaccitech
Innovio Pharmaceuticals
Chengdu Institute of Biological Products Co., Ltd.
Sanofi
R-Pharm
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