Catalanian Health Institute (ICS) in an anonymized fashion from computerized data base. Demographic, clinical, functional, cervical intraepithelial neoplasia, and pharmacological variables were included. The primary outcome was PVV. A statistical analysis was carried out on the total population of women with active medical history in the territory between 01/01/2020-31/12/2020.

Result(s) 23528 women were included with a mean age of 28.5±d7.7 years. The 35-40 years old group was significantly higher (29.1%, p 0.001). 7.444 (31.6%) women were registered as PVV. The average dose number was 1.76±d0.78. The mean age of the vaccinated people was significantly lower than the unvaccinated (20.0±d5.3 vs 32±d5.9, p <0.001). The PVV coverage showed significant differences by regions (30.5-41.1%, p <0.001), health primary care teams (28%-40.9%, p <0.001), and age groups: 85.7% in 15-19 y-group vs 7.4% in 35-40y-group, p <0.001, inside Terras de l’Ebre. The 35-40 years-old cohort is the group with the lowest PVV coverage (4.4%, p<0.001)

Disclosures The study protocol received ethics approval from the Ethical Committee Jordi Gol University Institute of Primary Care Research (Instituto Universitario de Investigacion de Atencion Primaria, IDIAP) code 21/064-P. The data were obtained in an anonymized fashion provided by Information and Communication Technology Dept from the Minimum Basic Data Set at hospital discharge.

Conclusion The study highlights women over 30 years-old as those at most risk because their low probability to PVV and/or systematic HPV determination. Population dispersion and demographic structure may play a role as barrier in healthcare infrastructure and the implementation PVV.