Be an HPV Vaccination Champion

New ACIP Recommendations
Parent Communication Strategies
Resources for your Practice
Audio instructions for today’s webinar

- Call-in number: 1-888-323-9815
- Participant passcode: 5413118
  All lines will be on mute during the conference

Technical Difficulties?
Contact WebEx Technical Support:
1-866-229-3239
Objectives

- Describe new ACIP HPV vaccine recommendations
- Explain at least one communication strategy shown to effectively motivate parents to obtain HPV vaccination for their children
- Employ at least one communication technique to motivate parents to obtain HPV vaccination for their adolescent children
- List three resources available to support HPV vaccine quality improvement activities
CME/CEU – live session only!

- CME/CEU/CHES for
  - Doctors
  - PAs
  - NPs
  - Nurses
  - MAs
  - Practice Managers
  - Health Educators

- California only
- Requires completion of survey
Submit Written Questions at Any Time Using the Q&A Panel

1.) Type your question into the small box at the bottom

2.) Address your question to “All Panelists”

3.) Click the Send Button
Access the Q&A Panel from Split Screen
Disclosures

The following faculty and planning members do not have conflicts of interest to disclose:

- Eileen Yamada, MD, MPH
- Marcie Fisher-Borne, PhD, MSW, MPH

The following faculty discloses the following financial relationship(s):

- Noel T. Brewer, PhD
  - Grant/Research Support: Merck
  - Honoraria/Advisory Board: Merck
New ACIP 2-Dose HPV Vaccine Recommendations

Eileen Yamada, MD, MPH
Public Health Medical Officer
Immunization Branch
California Department of Public Health
Background
Healthy People 2020 Objectives: 80%

- **Tdap**: 87% (±6)
- **MenACWY (MCV4)**: 78% (±8)
- **HPV (3 doses in females)**: 42% (±13)
  - 1 dose HPV: 62% (±13)
- **HPV (3 doses in males)**: 29% (±11)
  - 1 dose HPV: 57% (±12)
HPV Vaccine Licensure and Availability

- 9-valent HPV vaccine licensure
  - December 9, 2014—females 9-26 years and males 9-15 years
  - December 14, 2015—males through 26 years
  - October 7, 2016—2-dose series for 9-14 years

- Currently, only 9vHPV is distributed in US
Studies comparing 2 vs. 3 doses HPV vaccine

- Comparison group demonstrating efficacy of 3 doses against clinical endpoints
- Antibody response after 2 doses in ~9-14 year olds non-inferior to response after 3 doses in the older group
- 2-dose vs. 3-dose schedule in younger age group (~9-14 years)
  - Results varied by trial; antibody titers were lower after 2 doses compared to 3 doses for some HPV types.
9vHPV 2-Dose Immunogenicity Trial

Non-inferior geometric mean antibody titers (GMT) 1 month post-last dose
2-dose girls vs. 3-dose women

Fold difference (girls/women) | 2.15 | 2.39 | 2.54 | 2.46 | 2.51 | 2.96 | 1.67 | 1.60 | 2.55
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
95% CI | (1.83, 2.53) | (2.03, 2.82) | (2.14, 3.00) | (2.05, 2.96) | (2.10, 3.00) | (2.50, 3.50) | (1.38, 2.03) | (1.36, 1.87) | (2.15, 3.01)

Luxembourg, presented at February 2016 ACIP

Presentation by L Markowitz, October 2016 ACIP Meeting
9vHPV 2-Dose Immunogenicity Trial
Non-inferior geometric mean antibody titers (GMT) 1 month post-last dose
2-dose girls/boys vs. 3-dose women

<table>
<thead>
<tr>
<th>Fold difference (girls &amp; boys /women)</th>
<th>3.47</th>
<th>5.07</th>
<th>4.54</th>
<th>3.69</th>
<th>3.70</th>
<th>6.31</th>
<th>1.96</th>
<th>3.08</th>
<th>4.98</th>
</tr>
</thead>
<tbody>
<tr>
<td>95% CI</td>
<td>(2.93, 4.11)</td>
<td>(4.32, 5.94)</td>
<td>(3.84, 5.37)</td>
<td>(3.06, 4.45)</td>
<td>(3.08, 4.45)</td>
<td>(5.36, 7.43)</td>
<td>(1.61, 2.37)</td>
<td>(2.64, 3.61)</td>
<td>(4.23, 5.86)</td>
</tr>
</tbody>
</table>

Luxembourg, presented at February 2016 ACIP
# 9vHPV 2-dose Study: Seroconversion Rates at 4 Weeks Post-Last Dose

<table>
<thead>
<tr>
<th>Assay</th>
<th>Girls (0, 6) (N=301)</th>
<th>Boys (0, 6) (N=301)</th>
<th>Girls/Boys (0, 12) (N=300)</th>
<th>Girls (0, 2, 6) (N=300)</th>
<th>Women (0, 2, 6) (N=314)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV 6</td>
<td>99.6%</td>
<td>100%</td>
<td>100%</td>
<td>99.2%</td>
<td>99.6%</td>
</tr>
<tr>
<td>HPV 11</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99.6%</td>
<td>99.6%</td>
</tr>
<tr>
<td>HPV 16</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99.6%</td>
</tr>
<tr>
<td>HPV 18</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99.6%</td>
<td>98.5%</td>
</tr>
<tr>
<td>HPV 31</td>
<td>99.6%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99.6%</td>
</tr>
<tr>
<td>HPV 33</td>
<td>99.6%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99.6%</td>
</tr>
<tr>
<td>HPV 45</td>
<td>99.3%</td>
<td>99.3%</td>
<td>100%</td>
<td>99.3%</td>
<td>97.9%</td>
</tr>
<tr>
<td>HPV 52</td>
<td>99.6%</td>
<td>100%</td>
<td>100%</td>
<td>99.6%</td>
<td>99.6%</td>
</tr>
<tr>
<td>HPV 58</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99.6%</td>
<td>99.6%</td>
</tr>
</tbody>
</table>
4vHPV 2- vs. 3-Dose Immunogenicity Trial

- Follow-up through month 36
  - 2 doses (0, 6 months) in 9-13 year olds
  - 3 doses (0, 2, 6 months) in 9-13 year olds
  - 3 doses (0, 1, 6 months) in 16-26 year olds

- Antibody kinetics similar in 3 groups

Adapted from presentation by L Markowitz, October 2016 ACIP Meeting
Adapted from Dobson, JAMA 2013
Duration of Protection

- 3-dose schedules (~10 years data for HPV2 & HPV4)
  - No evidence of waning protection after 3 doses
  - Antibody responses maintained

- 2-dose schedules
  - Long-term protection data not available from 2-dose trials
  - Antibody kinetics similar with 2-dose and 3-dose schedules
    - Suggests duration of protection after 2 doses also long-lasting

Presentation by L Markowitz, October 2016 ACIP Meeting
Rowhani-Rahbar, Vaccine 2009; Naud, Human Vaccin Immunol 2014; Ferris, Pediatr; Das and Saah, EUROGIN 2016
ACIP Recommendations
ACIP HPV Vaccine Recommendations

- Routine HPV vaccination at 11-12 years
  - As early as 9 years (Recommended for children with history of sexual abuse or assault.)
- Females 13-26 years and males 13-21 years if not adequately vaccinated previously
  - Males 22-26 years may be vaccinated
  - Men who have sex with men*, transgender persons, or immunocompromised persons (including those with HIV) 22-26 years if not adequately vaccinated

*Including men who identify as gay or bisexual, or who intend to have sex with men.

http://www.cdc.gov/mmwr/pdf/wk/mm6411.pdf
# HPV Vaccine Recommendations

<table>
<thead>
<tr>
<th># Doses</th>
<th>Recommended Dosing Schedule</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0, 6-12 months(^1)</td>
<td>• Persons initiating vaccination at age 9 through 14 years, except immunocompromised persons(^2)</td>
</tr>
</tbody>
</table>
| 3       | 0, 1-2, 6 months\(^3\)     | • Persons initiating vaccination at age 15 through 26 years  
• Immunocompromised persons\(^2\) initiating vaccination at 9 through 26 years |

\(^1\) In a 2-dose schedule of HPV vaccine, the minimum interval is 5 months between the 1\(^{st}\) and 2\(^{nd}\) dose.

\(^2\) Persons with primary or secondary immunocompromising conditions that might reduce cell-mediated or humoral immunity.

\(^3\) In a 3-dose schedule, the minimum interval between the 1\(^{st}\) and 2\(^{nd}\) dose is 4 weeks, 12 weeks between the 2\(^{nd}\) and 3\(^{rd}\) dose, and 5 months between the 1\(^{st}\) and 3\(^{rd}\) dose.
Updated Recommendations for Medical Conditions

- 3 doses for immunocompromised persons 9-26 years (0, 1-2, 6 months)
- Primary or secondary immunocompromising conditions that might reduce cell-mediated or humoral immunity
  - B lymphocyte antibody deficiencies, T lymphocyte complete or partial defects, HIV infection, malignant neoplasm, transplantation, autoimmune disease, or immunosuppressive therapy, since immune response to vaccination may be attenuated.*

*The recommendation for a 3-dose schedule for immunocompromised persons does not apply to children with asplenia, asthma, chronic granulomatous disease, chronic liver disease, chronic lung disease, chronic renal disease, CNS anatomic barrier defects (e.g., cochlear implant), complement deficiency, diabetes, heart disease, persistent complement component deficiencies, or sickle cell disease.
Question: An 11-year-old boy in our practice received the first 2 doses of the HPV vaccine series 2 months apart according to the 3-dose schedule. Can we consider his series complete?

Answer: No, he needs a third dose. People who have received 2 doses of HPV vaccine separated by less than 5 months should receive a third dose 6–12 months after dose #1 and at least 12 weeks after dose #2, regardless of their age.

http://www.immunize.org/askexperts/experts_hpv.asp
Question: A girl in our practice received the first dose of HPV vaccine when she was 14 years old, then the second dose 5.5 months later when she was 15 years old. Can we consider her series complete?

Answer: Yes, you may consider her series complete. Because she started the series before her 15\textsuperscript{th} birthday and met the minimum interval of 5 months between dose 1 and dose 2 for those starting the series at ages 9-14 years.

http://www.immunize.org/askexperts/experts_hpv.asp
Disclosure Grants, speaker or advisory boards

American Academy of Pediatrics
American Cancer Society
Centers for Disease Control & Prevention
Food & Drug Administration
GlaxoSmithKline
Merck Sharp & Dohme
National Cancer Institute
Pfizer Fdn
Robert Wood Johnson Fdn
56%
HPV vaccination guidelines

On-time
- 2 doses, ages 11 or 12
- More effective than expected in younger adolescents
- Universal vaccination is most effective

Late
- Females and MSM to age 26
- Males to age 21
HCPs think…

- Conversation will be uncomfortable (34%)
- Parents don’t want HPV vaccine (even though parents do want it)
- Think discussion will take a long time

Discuss HPV vax last, or not at all

Gilkey...Brewer, 2015
Timeliness for males: 39% High, 61% Low
Timeliness for females: 26% High, 74% Low
Endorsement: 27% High, 73% Low
Consistency: 39% High, 61% Low
Urgency: 40% High, 60% Low

Gilkey...Brewer., 2015
Recommendation style

Survey
- 4,121 parents of female adolescents ages 13-17
- NIS-Teen 2010

Moss...Brewer, 2016, Soc Sci & Med
Recommendation style

Survey

- 4,121 parents of female adolescents ages 13-17
- NIS-Teen 2010

Announcements rarely used (1.5% of visits)

Moss...Brewer, 2016, Soc Sci & Med
Recommendation style

Survey

- 4,121 parents of female adolescents ages 13-17
- NIS-Teen 2010

Announcements rarely used (1.5% of visits) and most effective

Moss...Brewer, 2016, Soc Sci & Med
Announcement Training

Announce child is due for 3 vaccines

Provide HPV vaccine

Ease main concern about HPV vaccine

Recommend HPV vaccine strongly

Ask them to return in two months
Announce

Note child’s age.

Announce the child is due for 3 vaccines recommended for children this age, placing HPV vaccine in middle of list.

Say you will vaccinate today.

Move on with the visit.
“I see here that Michael just turned 11. Because he’s 11, Michael is due for meningitis, HPV, and Tdap vaccines. We’ll give those at the end of the visit.”

“Now that Michael is 12, there are three vaccines we give to kids his age. Today, he’ll get meningitis, HPV, and Tdap vaccines.”
Announcement Training

1. Announce child is due for 3 vaccines
2. If needed, ease main concern about HPV vaccine
3. Recommend HPV vaccine strongly
4. If needed, ask them to return in two months
5. Provide HPV vaccine
**Announcement Training**

1. Announce child is due for 3 vaccines
   - If needed
2. Ease main concern about HPV vaccine
3. Recommend HPV vaccine strongly
   - If needed
4. Ask them to return in two months

**Conversaion Training**

1. Start the conversation about 3 adolescent vaccines
2. Ease main concern about HPV vaccine
3. Recommend HPV vaccine strongly
   - If needed
4. Ask them to return in two months
5. Provide HPV vaccine
RCT Results

% Change in HPV vaccine coverage by 6 mo

- Announcement training
- Conversation training

Orange bars, $p<.05$

**All patients ages 11-12**
$n = 17,173$

- 5.4
- 2.0

Brewer, et al., 2017, *Pediatrics*
RCT Results

Brewer, et al., 2017, *Pediatrics*
Training satisfaction

100% would recommend training to a colleague

93% planned to routinely use communication strategy

“It’s easier for parents. It’s easier for us.”

Malo, et al., working paper
Steps for increasing HPV vaccination


AAP HPV Champion Toolkit

www.cdc.gov/hpv/hcp/
Highly-Endorsed Brief Messages

I strongly believe in the importance of this cancer-preventing vaccine for Jacob.

65% parents  69% physicians

Emma can get cervical cancer as an adult, but you can stop that right now. The HPV vaccine prevents most cervical cancers.

59% parents  64% physicians

National surveys, 1504 parents, 776 physicians  Malo...Brewer, CEBP, 2016
Summer peaks

Standardized HPV vaccine uptake

NIS-Teen 2007-2012
Moss...Brewer, CEBP, 2016
US coalition of organizations working to prevent cancer by increasing HPV vax.

- Convene orgs
- Exchange information
- Find gaps
- Catalyze efforts not achievable by 1 org

Funded by CDC grant to Dr. Saslow at American Cancer Society
Summary

- HPV vaccination is the new norm
- “On time”... and late
- Announcements work

- Promotion in the summer
- Systems changes in the winter
- Use existing materials
- Partner with key stakeholders
Noel Brewer, ntb@unc.edu
Twitter: @noelTbrewer
Practice Resources

Marcie Fisher-Borne, PhD, MSW, MPH
Director, HPV Vaccination and PI VACs Project
American Cancer Society
Strategies for Increasing HPV Vaccination in Practice: HPV VACs Pilot Interventions

Marcie Fisher-Borne, PhD | Director, HPV Vaccination & PI VACs Project
American Cancer Society

CDC Cooperative Agreement 5H23IP000953-02
The **HPV VACs** project is aimed at increasing HPV vaccination rates for adolescents across the nation through improved provider awareness and education and improved system-wide processes—*with a focus on adolescents ages 11 to 12.*
ACS Primary Care Systems Managers

• **Coaching practices** through systems change

• Conducting **HPV vaccination systems inventory** and identifying most effective evidence-based strategy for HPV vaccine uptake

• **Identifying champions** to strengthen Quality Improvement teams

• Increasing immunization **data accessibility and utilization**
Pilot Progress

<table>
<thead>
<tr>
<th>Capacity Phase</th>
<th>Intervention Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUL</td>
<td>AUG</td>
</tr>
<tr>
<td>Provider Training</td>
<td></td>
</tr>
<tr>
<td>Capacity Assessment</td>
<td></td>
</tr>
<tr>
<td>Setting and Refining HPV Vaccination Baseline Rates (2014)</td>
<td></td>
</tr>
</tbody>
</table>

- **1,785 providers** have received in-person training through VACs pilot projects
- Two-thirds of systems trained **at least 75% of providers** in first three months of pilot

Quality Improvement: PDSA Cycles testing Standing Orders, Provider Prompts and Parent Reminders
HPV VACs Pilots: **6 month rate change**

<table>
<thead>
<tr>
<th>Project Site Rate</th>
<th>Percentage point difference between 2014 and 2015 rates&lt;sup&gt;1&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HPV Vaccine</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total 2015 population coverage = 21,867</td>
<td></td>
</tr>
<tr>
<td>Average project difference</td>
<td>+11.66%**  (33%/45%)</td>
</tr>
<tr>
<td>Ed/TA (n=3)</td>
<td>+14%  (28%/32%)</td>
</tr>
<tr>
<td>10k/capacity building (n=8)</td>
<td>+11.13%  (33%/44%)</td>
</tr>
<tr>
<td>90k/practice change (n=7)</td>
<td>+11.29%*  (36%/48%)</td>
</tr>
</tbody>
</table>

<sup>1</sup> Active patients (male or female) who turned 11 or 12 years old during measurement year

* p<.1, ** p<.05
Steps for Increasing HPV Vaccination in Practice: An Action Guide to Implement Evidence-based Strategies for Clinicians


- Toolkit
- Road map
- Portal to resources
- Launched June 2015
- Tested and improved by 30 FQHC Pilots
Increasing HPV Vaccination: An Overview

- What steps to take
- Where to start
- Foundation of Quality Improvement

Steps 1-3 help build capacity to implement the evidence-based strategies in Step 4.

ARcare, AR checked off boxes as they were completed.
WHAT: Evidence-Based Interventions

HOW: Evidence-Based Quality Improvement
Step 1: Assemble a Team

- Detailed explanation
- bit.ly provides portal printable and virtual resources

Eau Clare Cooperative Health Centers, SC recruited key external partners: state immunization, Merck and MCO to support project.
Step 1 - Assemble a Team

Assembling a team is essential to increasing your clinic’s HPV vaccination rates. Identify a HPV vaccination champion to advocate for practice change, and provide leadership on the quality improvement team. Form a quality improvement team that engages staff, reviews vaccination rates, and utilizes the Institute for Healthcare Improvement’s Model for Improvement and PDSA processes. Identify external organizations and resources to bolster your clinic’s efforts. Use these downloadable quality improvement tools to assist you during Step 1.

Identify an HPV Vaccination Champion

<table>
<thead>
<tr>
<th>Document/Link</th>
<th>Organization</th>
<th>Resource Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Adolescent Immunization Office Champions Project Final Report</td>
<td>American Academy of Family Physicians (AAFP)</td>
<td>Details how to develop and implement an Immunization Office Champions program designed to increase child and adolescent immunization rates in family physician practices.</td>
</tr>
</tbody>
</table>

Form a Quality Improvement Team for HPV Vaccination

<table>
<thead>
<tr>
<th>Document/Link</th>
<th>Organization</th>
<th>Resource Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating Quality Improvement Teams and QI Plans</td>
<td>Agency for Healthcare Research and Quality (AHRQ)</td>
<td>Self-published article on how to create a QI team in a practice and who should be involved, key driver models, improvement plans for QI teams.</td>
</tr>
<tr>
<td>Creating Capacity for Improvement in Primary Care: The Case for Developing a QI Infrastructure</td>
<td>Agency for Healthcare Research and Quality (AHRQ)</td>
<td>Self-published article about Quality Improvement, QI capacity, and infrastructure.</td>
</tr>
</tbody>
</table>
Step 2: Make a Plan

- Leverage evidence to gain internal support

Lincoln Community Health Center, NC leveraged instructions to partner with state immunization registry on baseline.
Step 3: Make a Plan

- Highlights ALL staff

North Hudson Community Action Corporation, NJ held a Someone You Love viewing with all staff and then presented You Are The Key onsite with each center to allow more staff to attend a training.
Step 4: Get Your Patients Vaccinated Before Their 13th Birthday

Make an Effective Recommendation
A recommendation from a health care provider is the single most persuasive reason children get vaccinated. To increase the effectiveness of an HPV vaccine recommendation, consider the following:

• Recommend the HPV vaccine for all boys and girls at 11 or 12 years of age the same day, same way you recommend other vaccines.

• Try saying, “Your child needs 3 vaccines today. Tdap, HPV, and meningococcal” or “Today your child should have 3 vaccines. They’re designed to protect him from the cancers caused by HPV, meningitis, tetanus, diphtheria, and pertussis.”

Prompt the Health Care Provider
Ensure clinicians know that a specific patient is due or overdue for HPV vaccination. Patient-specific prompts can come from your EHR, nursing staff, or both. Prompts can take many forms. Consider the following when developing your prompting system: EHR automatic popups, EHR visit task lists, highlighted last in EHR chart, sticky notes in chart, checklists, preprinted note in clinician’s chart, or a highlighted current procedural terminology code on a visit summary.

Increase Access
Assess the need for, and administer the HPV vaccine at every opportunity. Consider the following types of encounters: well child visits, sick visits, sports physicals, and many-only visits. Incorporate standing orders into clinic procedures. Provide walk-in or immunization-only appointments.

Track Series Completion and Follow-up
Schedule follow-up appointments for the next doses before the patient leaves your clinic. Remind parents when it’s time for the next doses of the vaccine or the vaccine is overdue for their child. Ensure your privacy statement includes: phone, mail, email, and text message as options for communication.

Measure and Improve Performance
A program measures its success by demonstrating an Improvement from baseline rates. Some programs have found it helpful to provide monthly reports for the clinic system, clinic, and individual health care providers with vaccination rates and data on missed opportunities. Systematically solicit feedback from staff, providers, and parents to refine and improve the impact of your efforts. Conducting PDSA cycles will streamline the implementation of a practice change into a strategy that meets the individual needs of a practice and providers.

Health Services Incorporated, AL did it all, but not all at once.
Strategies that Work to Get Your Patients Vaccinated By Their 13th Birthday

Make an effective recommendation.

Prompt the provider.

Increase access.

Track series completion & follow-up.

Measure and improve performance.
TOOLS:
Just the Facts
Provider Audience

FACT 1 The HPV vaccine is safe.
Scientists from both the CDC and the FDA continue to monitor and report any adverse events and side effects related to HPV vaccines. Monitoring in 2009 revealed that most side effects related to the vaccine were mild and were similar to those seen with any other vaccine. Several studies from 2011-2013 looking at more than four million women and girls who have received the vaccine show that there is no relationship between HPV vaccines and autoimmune disorders, blood clots, or other serious disorders.1

TALKING POINT: More than 200 million doses of vaccine have been distributed worldwide, with more than 80 million doses in the US. While the safety of these vaccines is continually monitored in 80 countries, no safety concerns have been identified. All vaccines have side effects, but reactions caused by HPV vaccines have been mostly mild and similar to those from other vaccines.2

FACT 2 The HPV vaccine does NOT cause fertility issues.
Claims of HPV vaccine-induced infertility are anecdotal and not backed by research or clinical trials. The HPV vaccine can actually help protect fertility by preventing gynecological problems related to the treatment of cervical cancer. It’s possible that treatment of cervical pre-cancer could put a woman at risk for problems with her cervix, which could cause preterm delivery or other problems.3

TALKING POINT: There are no data to suggest that getting the HPV vaccine will have a negative effect on future fertility. In fact, getting vaccinated and protecting against cervical cancer can help protect a woman's ability to get pregnant and have healthy babies.4

The VACs project is supported in part by CDC Cooperative Agreement Number 5U26IP000085-01.
Survivor Speaker Database

• For those who want to invite a survivor to their conference, grand rounds, or other event

• List of organizations with HPV-cancer survivors willing to tell their stories
TOOLS:

You Are The Key
Presentation Slide Deck

Provider Audience
http://www.cdc.gov/hpv/hcp/speaking-colleagues.html
Print Materials

Si hubiese una vacuna contra el cáncer, ¿se la pondría a sus hijos?

La vacuna contra el VPH previene el cáncer.
Consulte a su médico sobre cómo vacunar a sus hijos e hijas de entre 11 y 12 años contra el VPH.
www.cdc.gov/espanol/vacunas/

If there were a vaccine against cancer, wouldn’t you get it for your kids?

HPV vaccine is cancer prevention. Talk to the doctor about vaccinating your 11–12 year old sons and daughters against HPV.
www.cdc.gov/vaccines/teen

www.cdc.gov/vaccines/who/teens/products/print-materials.html
TOOLS:

Addressing Parent’s Top Questions about HPV VACCINE

Provider Audience
PATIENT ED:

Resources from CDPH
Public Audience
www.EZIZ.org

• An Ounce of prevention fotonovela
• How Important is HPV Vaccine? flyer
• Did You Know HPV Causes... poster
• HPV Vaccine reminder cards
Ideas/Needs?

Please email us at: acs.hpv.vacs@cancer.org

Q&A

- Press *1 to ask a live question, or
- Ask a question using the Q&A panel
At the conclusion of our presentation, please complete the online evaluation at https://www.surveymonkey.com/r/BeAnHPVC

- Completion of the evaluation is **required** for anyone who wishes to obtain CME/CEU/CHES. (California only)
- Attendees must complete the survey by March 7th!
Thank you!