

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

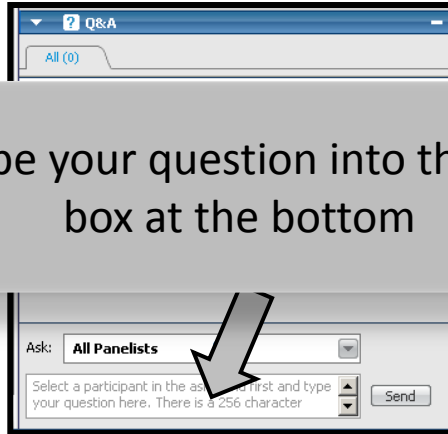
- ▶ Describe new ACIP HPV vaccine recommendations
- ▶ Explain at least one communication strategy shown to effectively motivate parents to obtain HPV vaccination for their children
- ▶ Employ at least one communication technique to motivate parents to obtain HPV vaccination for their adolescent children
- ▶ 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

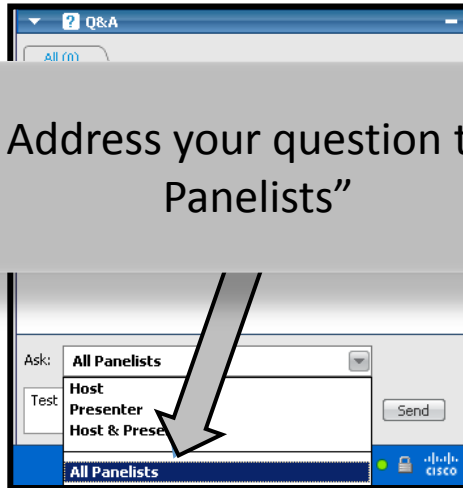
Submit Written Questions at Any Time Using the Q&A Panel

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



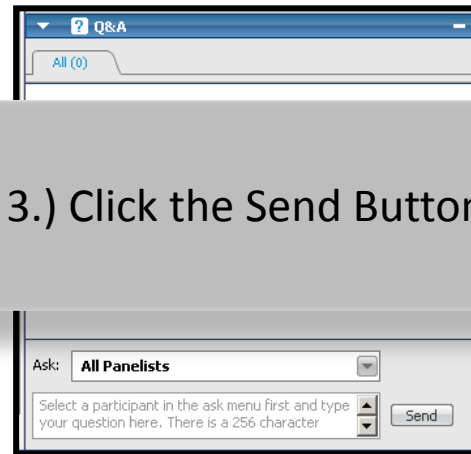
The screenshot shows the top of the Q&A panel with a dropdown menu set to 'All (0)'. Below it, the 'Ask:' dropdown is set to 'All Panelists'. A text box contains the instruction: 'Select a participant in the ask menu first and type your question here. There is a 256 character limit'. A 'Send' button is to the right. A large grey arrow points from the instruction text box to the 'Ask:' dropdown menu.

2.) Address your question to “All Panelists”



The screenshot shows the 'Ask:' dropdown menu with a list of options: 'All Panelists', 'Host', 'Presenter', 'Host & Presenter', and 'All Panelists' (repeated). A large grey arrow points from the instruction text box to the 'All Panelists' option in the dropdown menu.

3.) Click the Send Button



The screenshot shows the 'Ask:' dropdown menu set to 'All Panelists'. The text box contains the instruction: 'Select a participant in the ask menu first and type your question here. There is a 256 character limit'. A 'Send' button is to the right. A large grey arrow points from the instruction text box to the 'Send' button.

Access the Q&A Panel from Split Screen

The screenshot displays the Cisco WebEx Event Center interface. The main window shows a presentation slide titled "Be an HPV Vaccination Champion" with sub-points: "New ACIP Recommendations", "Parent Communication Strategies", and "Resources for your Practice". The slide also features logos for CDPH (California Department of Public Health), pac-lac, and the American Cancer Society. On the right side, there is a sidebar with three tabs: "Participants", "Chat", and "Q&A". The "Q&A" tab is selected and highlighted with a red box. Below the "Q&A" tab, there is a text input area with the instruction "Select a question, and then type your answer here. There is a 256-character limit." and two buttons: "Send" and "Send Privately...". A large grey arrow points from the right towards the "Q&A" panel.

Cisco WebEx Event Center

File Edit View Communicate Participant Event Help

Event Info Presentation x

Product

Be an HPV Vaccination Champion

New ACIP Recommendations
Parent Communication Strategies
Resources for your Practice

CDPH California Department of Public Health

pac-lac

American Cancer Society®

Participants Chat Q&A

Speaking:

Panelists: 1

Jill Parker (Host)

Attendees:

Andrew Porter (me)

Q&A

All (0)

Select a question, and then type your answer here.
There is a 256-character limit.

Send Send Privately...

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



CA Vax Statistics – 13-15 year olds, 2015

- ▶ 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

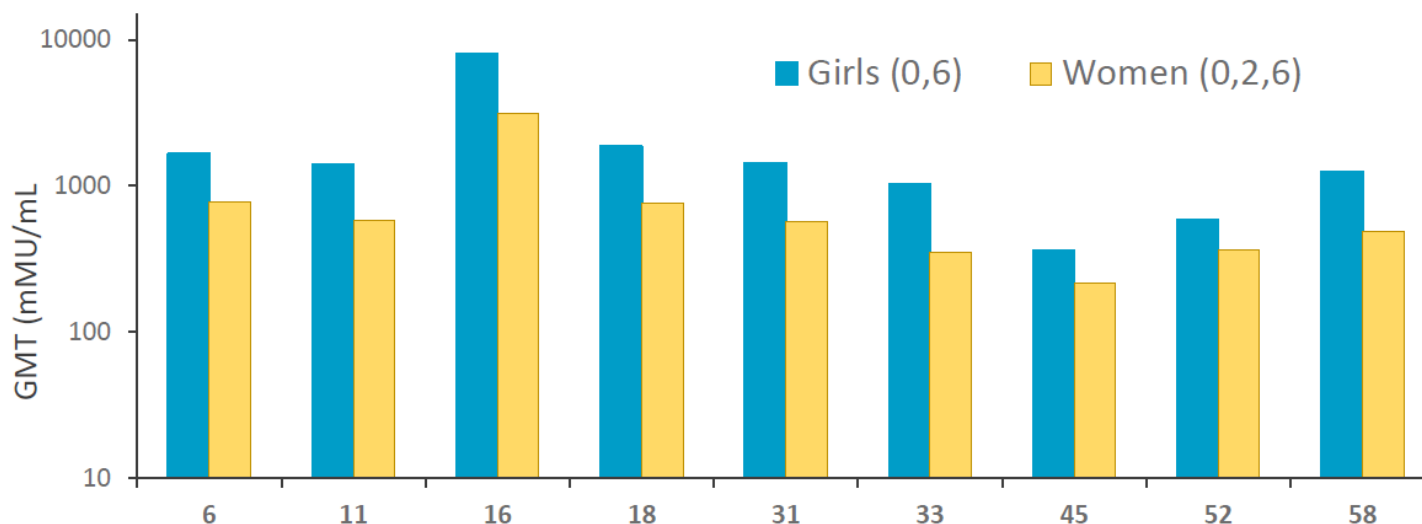
- ▶ 9-valent HPV vaccine licensure
 - ▶ December 9, 2014—females 9-26 years and males 9-15 years
 - ▶ December 14, 2015—males through 26 years
 - ▶ October 7, 2016—2-dose series for 9-14 years
- ▶ Currently, only 9vHPV is distributed in US

Advisory Committee on Immunization Practices (ACIP) 2-Dose HPV Vaccine Review

- ▶ 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

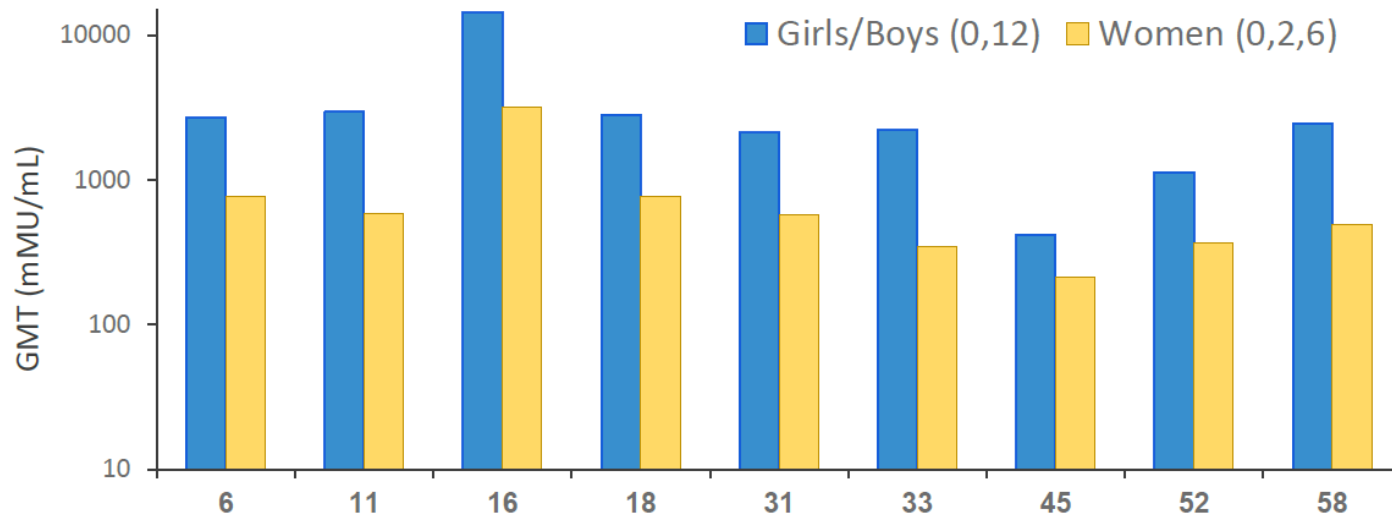


Fold difference (girls/women)	2.15	2.39	2.54	2.46	2.51	2.96	1.67	1.60	2.55
95% CI	(1.83, 2.53)	(2.03, 2.82)	(2.14, 3.00)	(2.05, 2.96)	(2.10, 3.00)	(2.50, 3.50)	(1.38, 2.03)	(1.36, 1.87)	(2.15, 3.01)

Luxembourg, presented at February 2016 ACIP
<http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM426457.pdf>

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



Fold difference (girls & boys /women)	3.47	5.07	4.54	3.69	3.70	6.31	1.96	3.08	4.98
95% CI	(2.93, 4.11)	(4.32, 5.94)	(3.84, 5.37)	(3.06, 4.45)	(3.08, 4.45)	(5.36, 7.43)	(1.61, 2.37)	(2.64, 3.61)	(4.23, 5.86)

Luxembourg, presented at February 2016 ACIP

<http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM426457.pdf>

9vHPV 2-dose Study: Seroconversion Rates at 4 Weeks Post-Last Dose

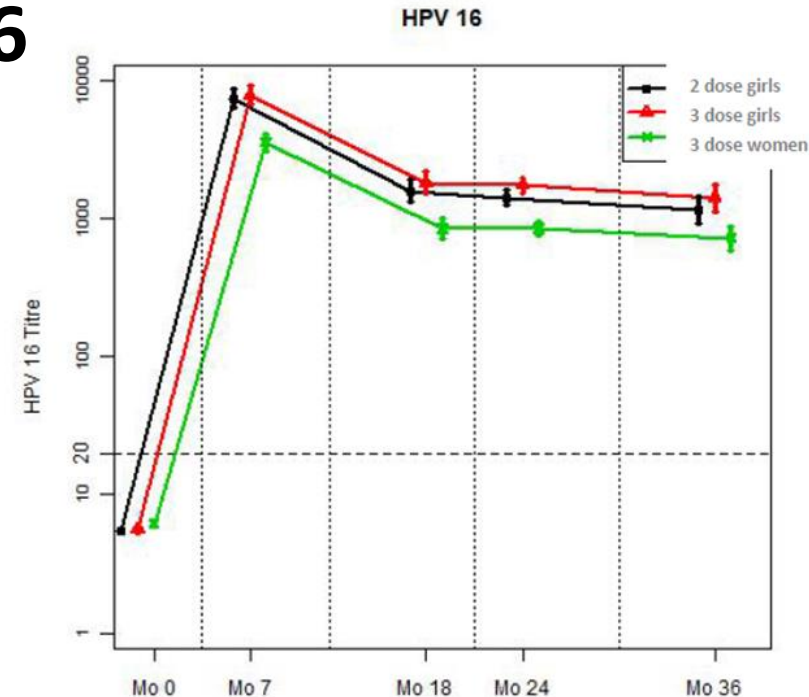
Assay	Girls (0, 6) (N=301)	Boys (0, 6) (N=301)	Girls/Boys (0, 12) (N=300)	Girls (0, 2, 6) (N=300)	Women (0, 2, 6) (N=314)
HPV 6	99.6%	100%	100%	99.2%	99.6%
HPV 11	100%	100%	100%	99.6%	99.6%
HPV 16	100%	100%	100%	100%	99.6%
HPV 18	100%	100%	100%	99.6%	98.5%
HPV 31	99.6%	100%	100%	100%	99.6%
HPV 33	99.6%	100%	100%	100%	99.6%
HPV 45	99.3%	99.3%	100%	99.3%	97.9%
HPV 52	99.6%	100%	100%	99.6%	99.6%
HPV 58	100%	100%	100%	99.6%	99.6%

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



Dashed line is serostatus cut-off
Antibody measured by cLIA

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

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.

HPV Vaccine Recommendations

# Doses	Recommended Dosing Schedule	Population
2	0, 6-12 months ¹	<ul style="list-style-type: none"> Persons initiating vaccination at age 9 through 14 years, except immunocompromised persons²
3	0, 1-2, 6 months ³	<ul style="list-style-type: none"> Persons initiating vaccination at age 15 through 26 years Immunocompromised persons² initiating vaccination at 9 through 26 years

¹ In a 2-dose schedule of HPV vaccine, the minimum interval is 5 months between the 1st and 2nd 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 1st and 2nd dose is 4 weeks, 12 weeks between the 2nd and 3rd dose, and 5 months between the 1st and 3rd 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.

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 15th 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.



Eileen.Yamada@cdph.ca.gov

Parent Communication Strategies

Noel Brewer, PhD

Professor

University of North Carolina, Gillings School of Global Public Health

Twitter: @noelTbrewer

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



American Academy
of Family Physicians

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



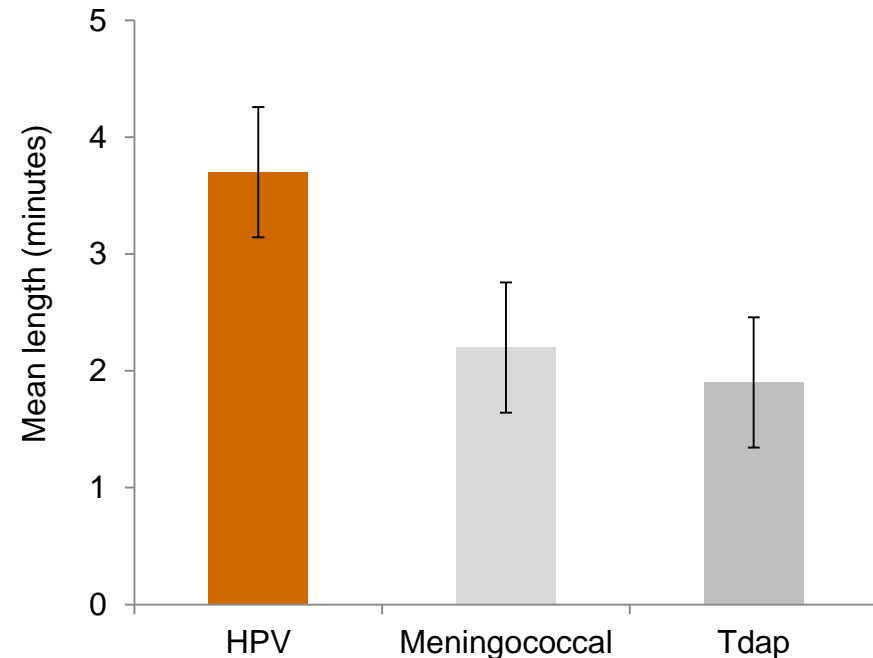
UNC
GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH



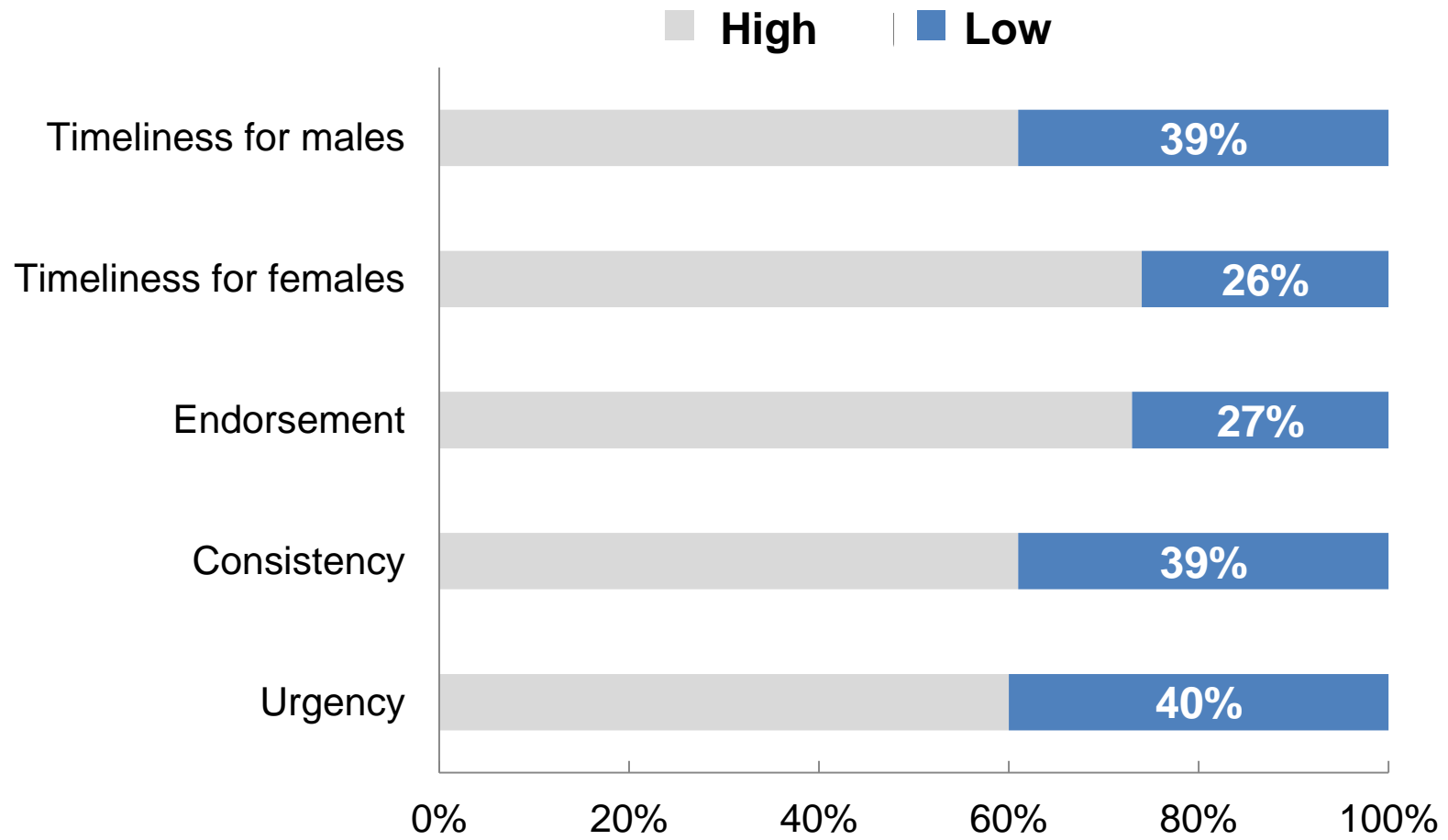
HCPs think...

- ▶ 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



Recommendation quality



Recommendation style

Survey

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

Recommendation style

Survey

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

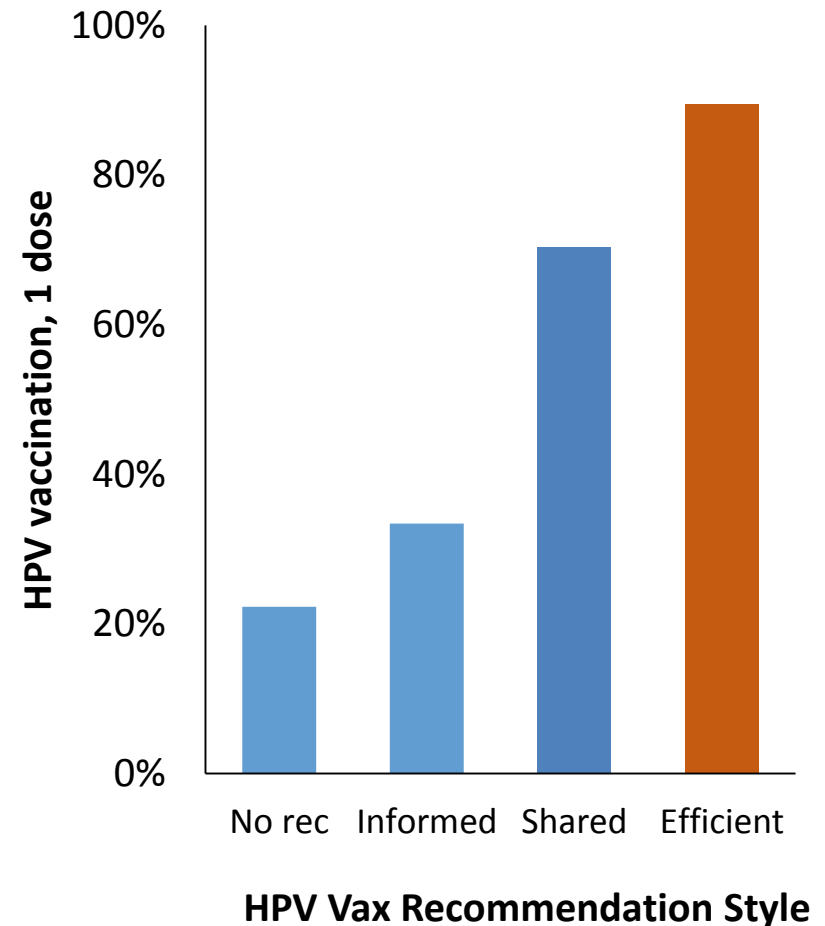
**Announcements
rarely used (1.5% of visits)**

Recommendation style

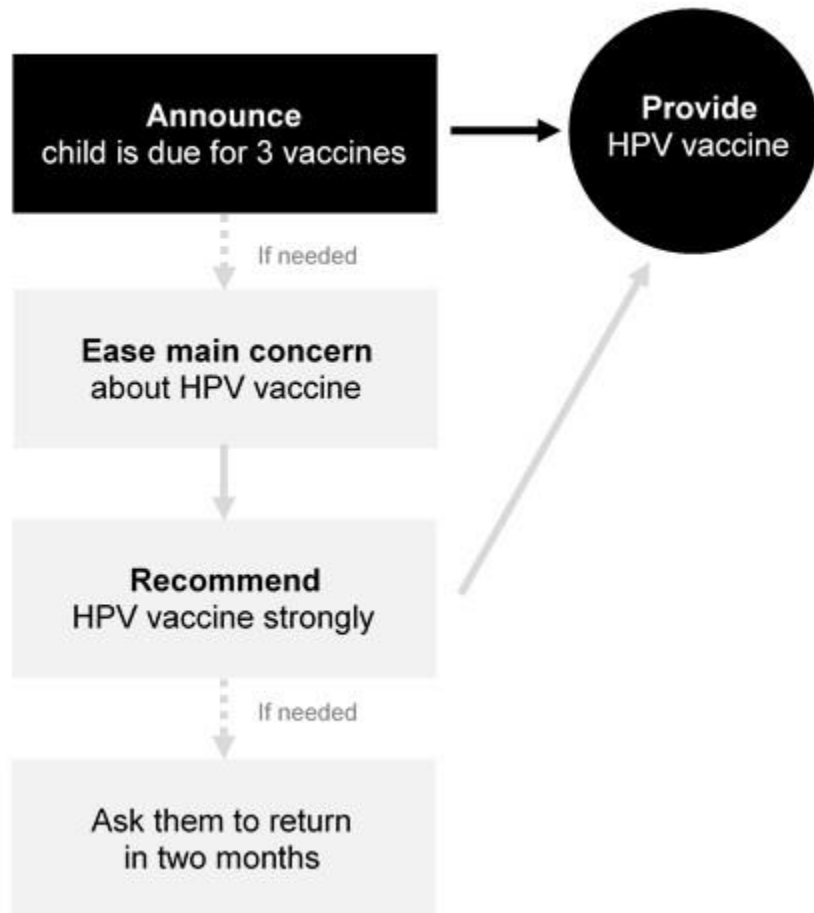
Survey

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

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



Announcement Training



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**.

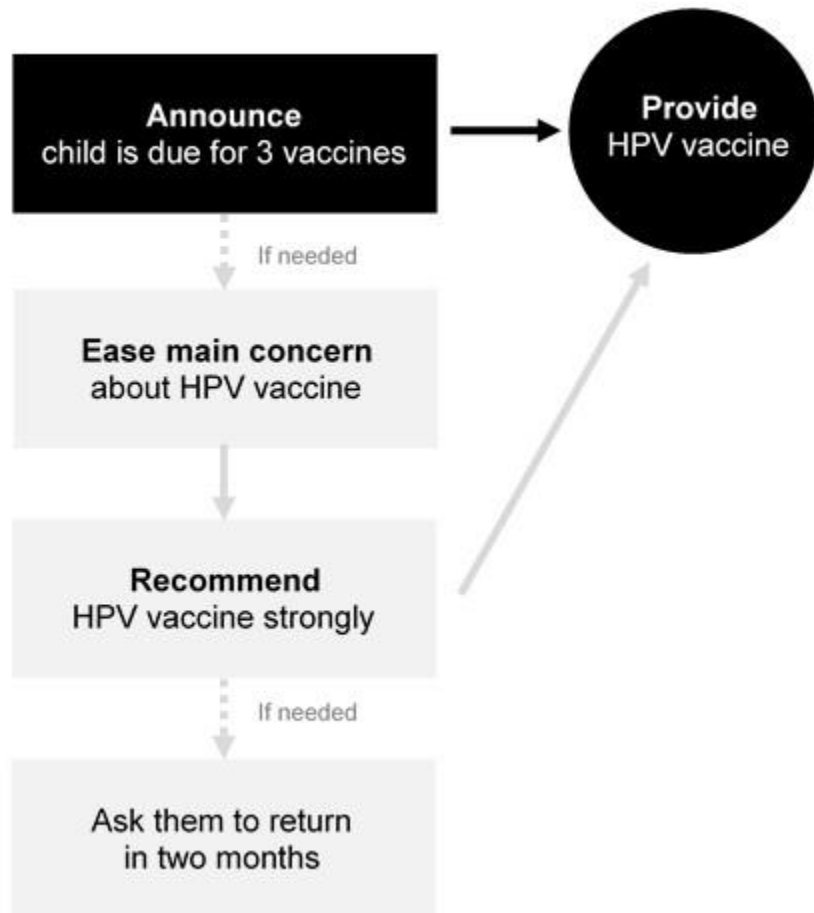
Move on with the visit.

Announce

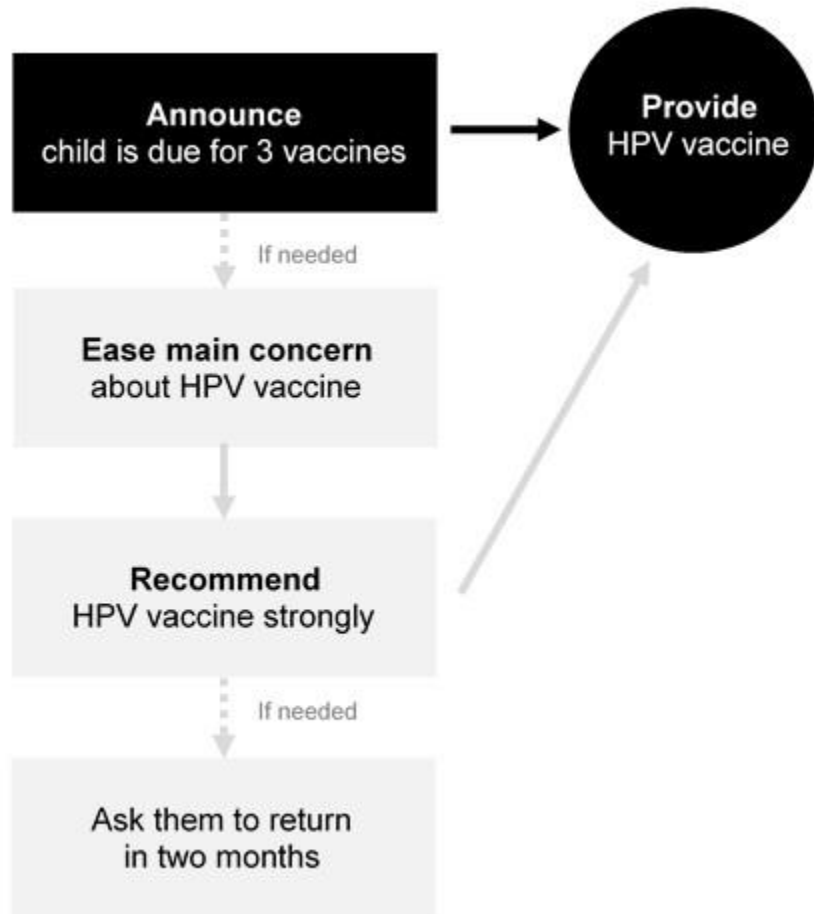
“I see here that Michael just turned 11. Because he’s 11, Michael is due for meningitis, HPV, and Tdap vaccines. We’ll give those at the end of the visit.”

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

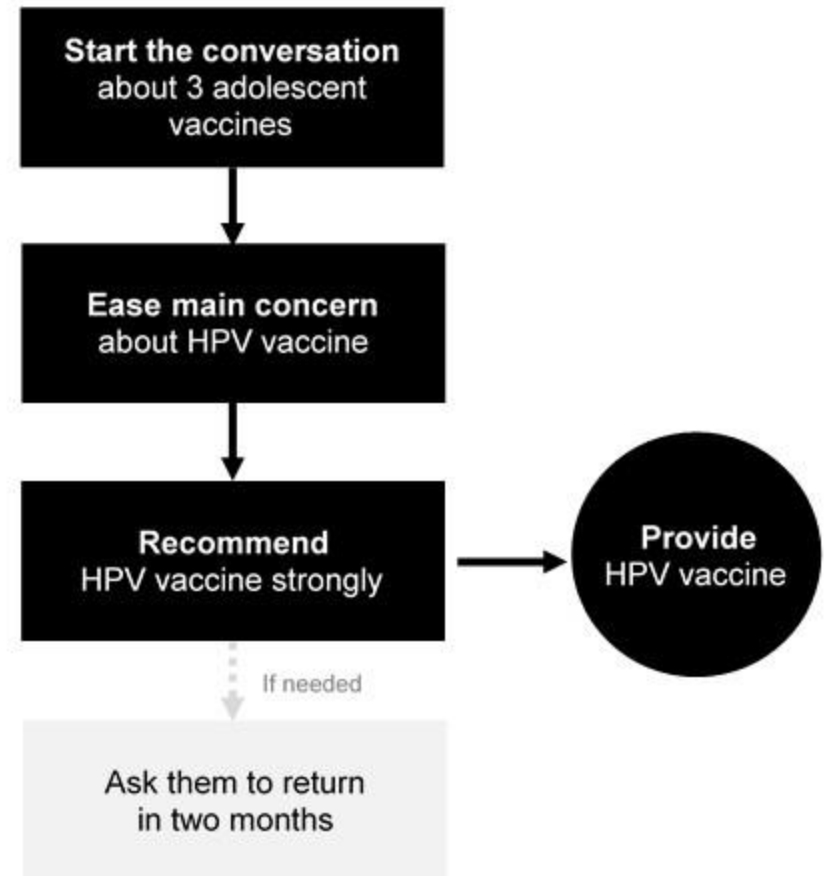
Announcement Training



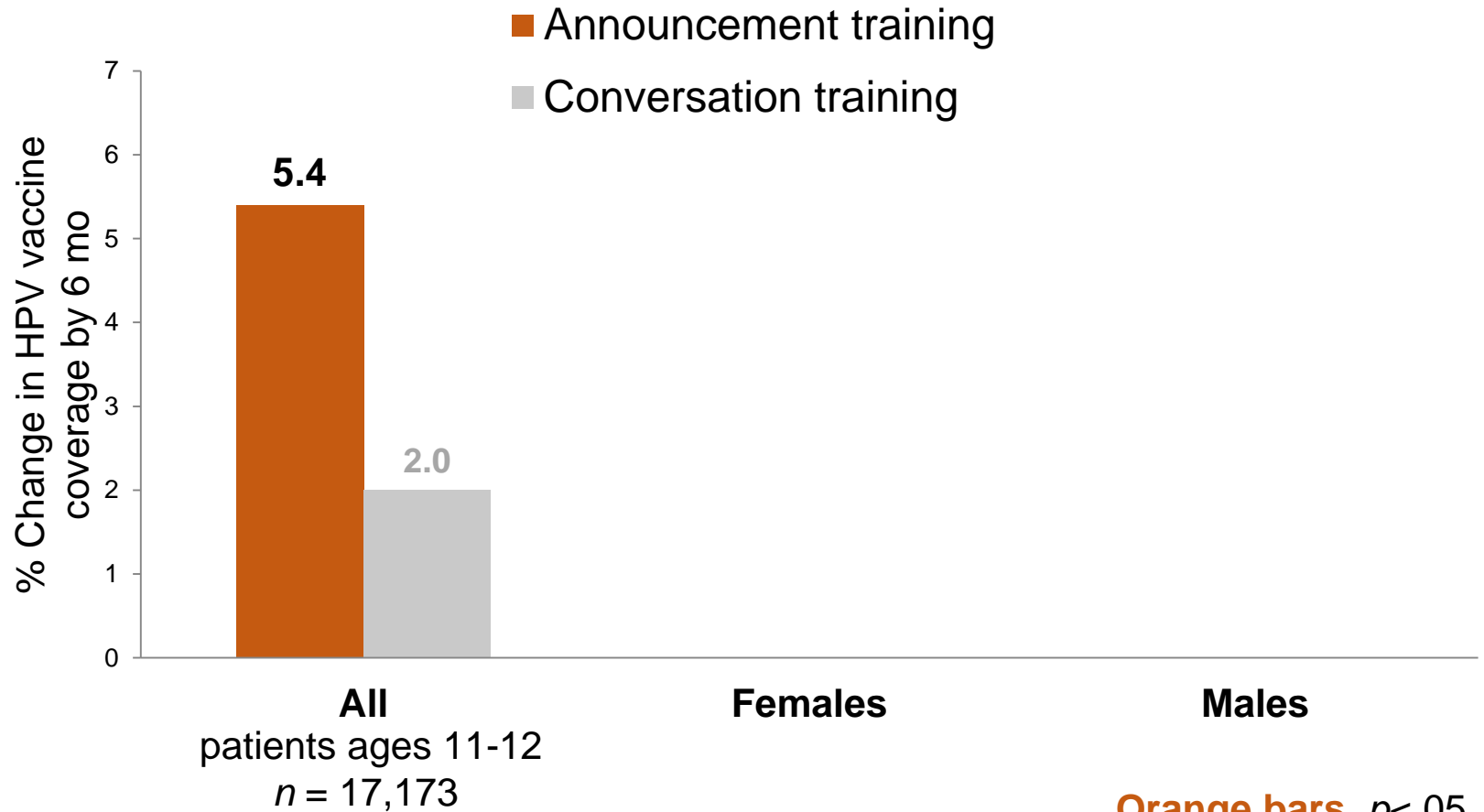
Announcement Training



Conversation Training



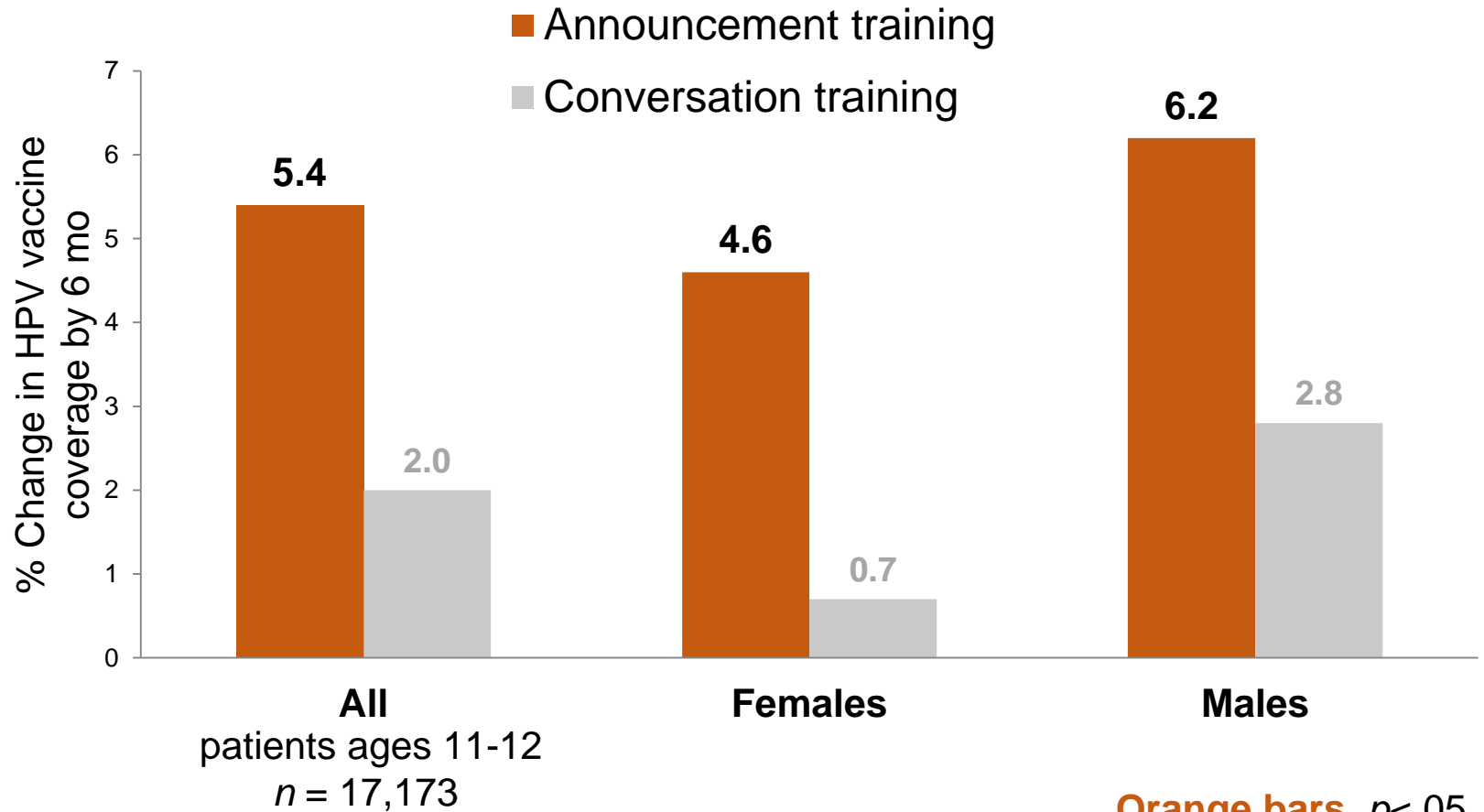
RCT Results



Orange bars, $p < .05$



RCT Results



Training satisfaction

100% would recommend training to a colleague

93% planned to routinely use communication strategy

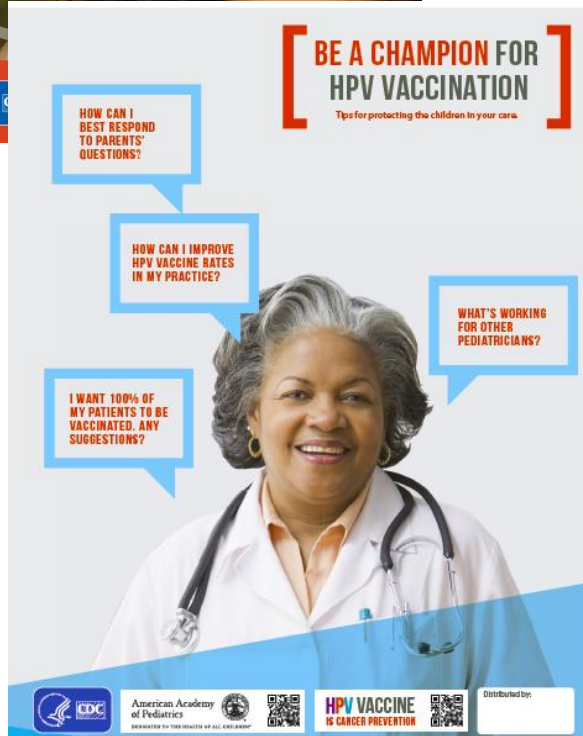
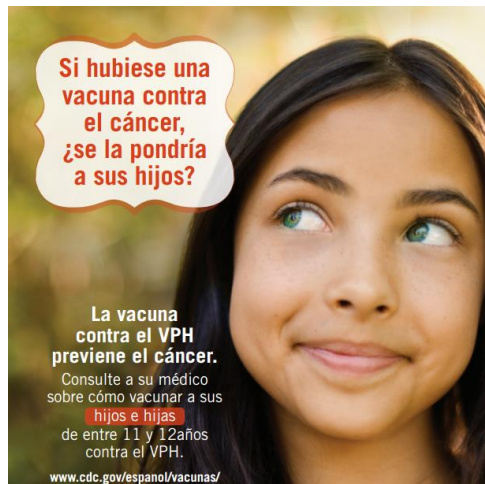
“It’s easier for parents. It’s easier for us.”



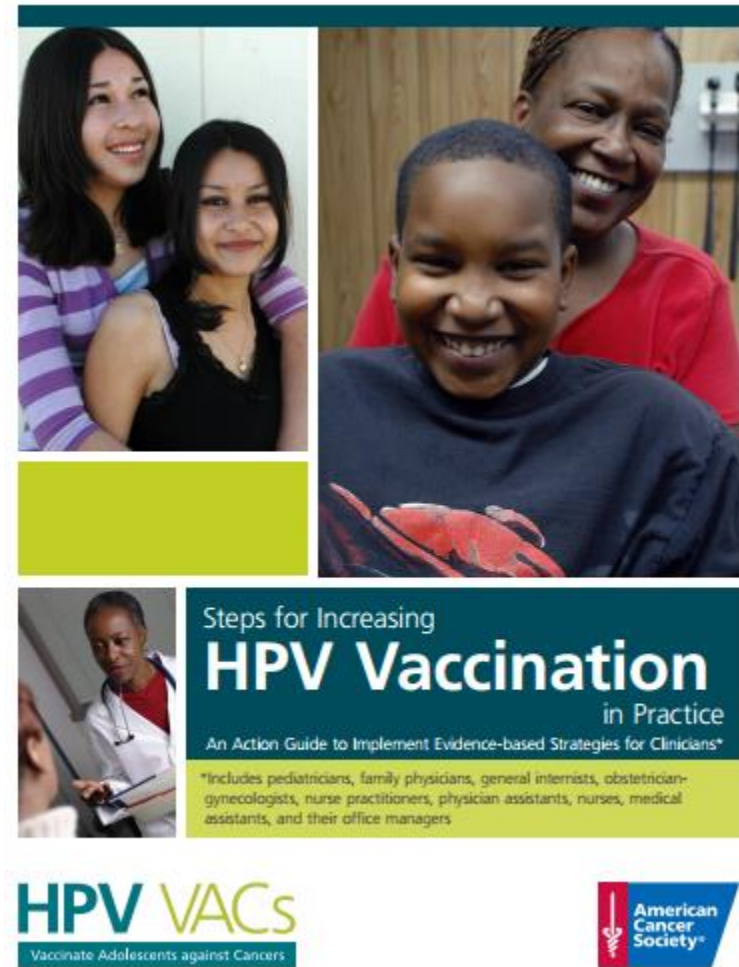
UNC

GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH





AAP HPV Champion Toolkit



Steps for increasing HPV vaccination
<http://bit.ly/HPVStepsActionGuide>

Highly-Endorsed Brief Messages

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

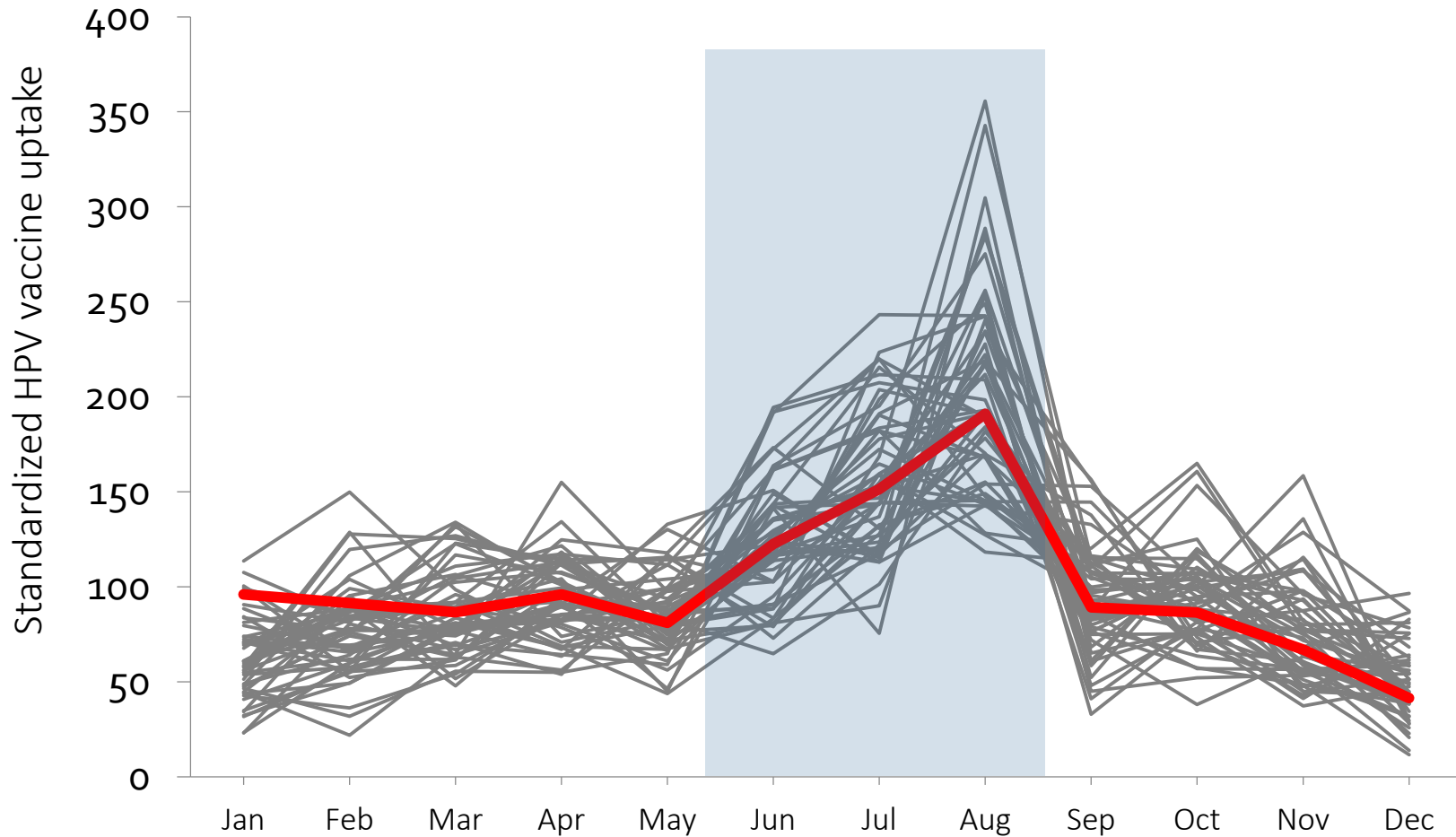
65% parents 69% physicians

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



Summer peaks



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



Vaccinate Adolescents against Cancers

Strategies for Increasing HPV Vaccination in Practice: HPV VACs Pilot Interventions

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





Vaccinate Adolescents against Cancers

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



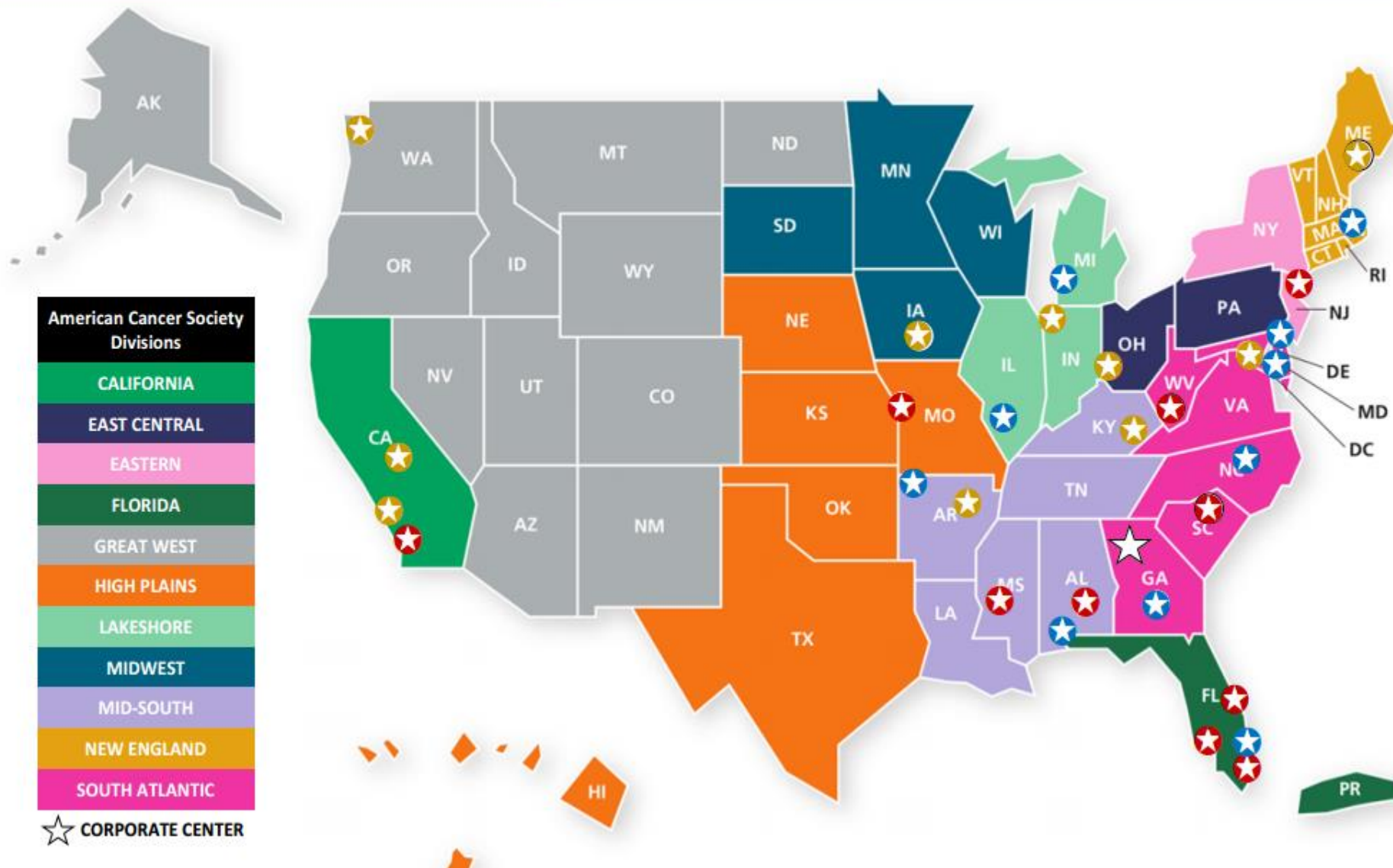
ACS Staff - Ashley Rieke, Suncerria Tillis and FQHC partner, Samuel Rodgers (Kansas City, MO)

- **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**

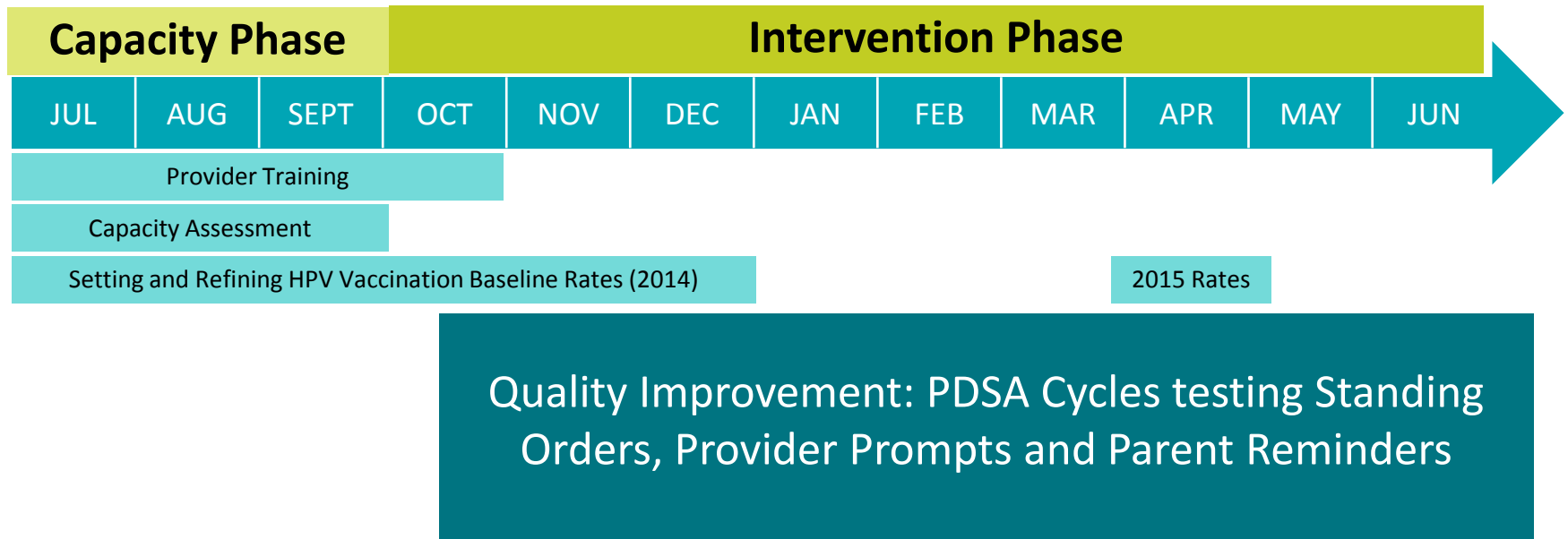
HPV VACs

Vaccinate Adolescents against Cancers

2015-2016 FQHC Pilot Sites



Pilot Progress



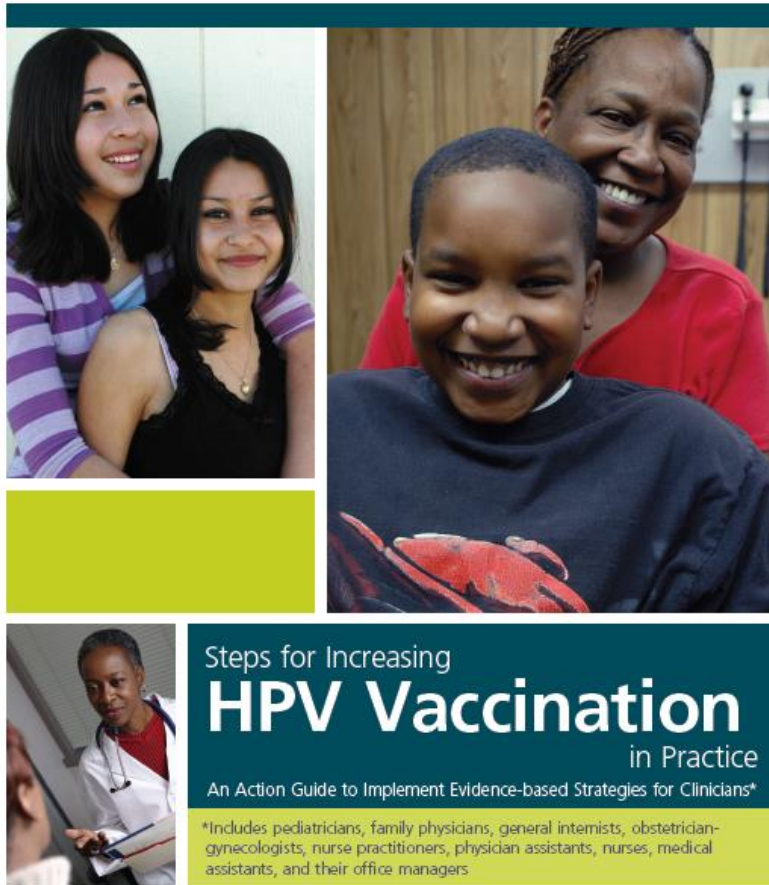
- **1,785 providers** have received in-person training through VACs pilot projects
- Two-thirds of systems trained **at least 75% of providers** in first three months of pilot

HPV VACs Pilots: 6 month rate change

Project Site Rate (N=18 systems) Total 2015 population coverage = 21,867	Percentage point difference between 2014 and 2015 rates ¹				
	HPV Vaccine			Meningococcal	Tdap
	1	2	3		
Average project difference	+11.66%** (33%/45%)	+5% (20%/25%)	-0.39% (15%/15%)	+13.53%** (48%/62%)	+8.59%* (52%/60%)
Ed/TA (n=3)	+14% (28%/32%)	-3% (11%/8%)	-2.67% (6%/3%)	+24% (45%/69%)	+5.67% (50%/55%)
10k/capacity building (n=8)	+11.13% (33%/44%)	+3.25% (25%/28%)	-4.5% (20%/15%)	+3.25% (50%/53%)	-0.88% (55%/54%)
90k/practice change (n=7)	+11.29%* (36%/48%)	+10.43%* (18%/28%)	+5.29% (14%/19%)	+22%** (47%/69%)	+22.67%* (49%/72%)

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

* p<.1, ** p<.05



HPV VACs
Vaccinate Adolescents against Cancers

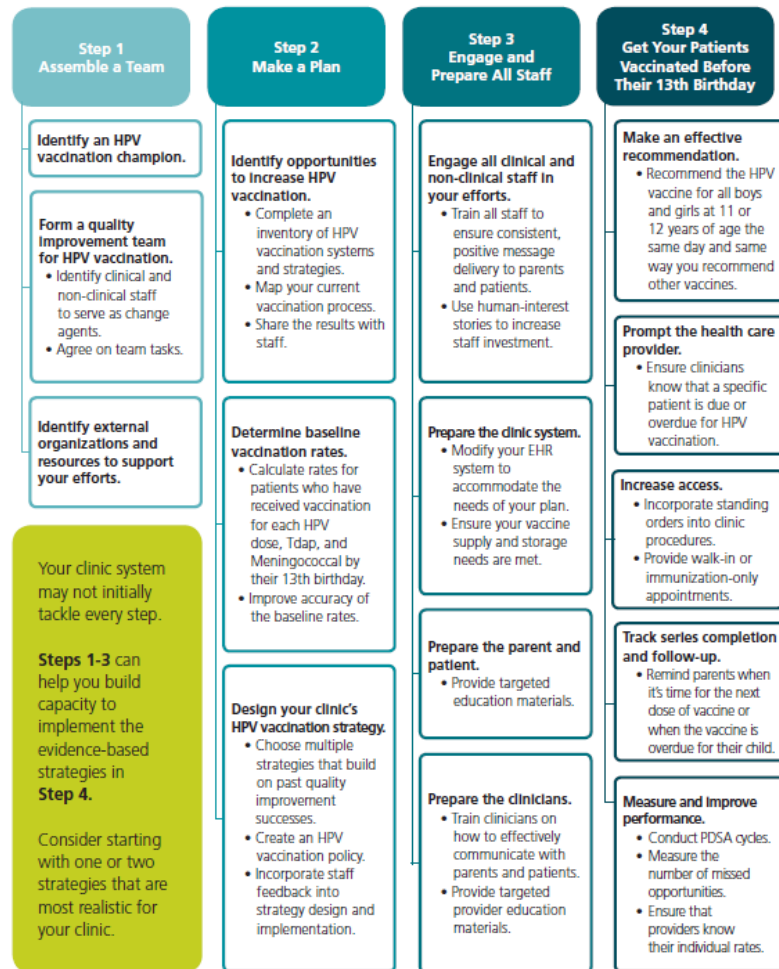


Steps for Increasing HPV Vaccination in Practice: An Action Guide to Implement Evidence-based Strategies for Clinicians

<http://bit.ly/HPVStepsActionGuide>

- Toolkit+
- Road map
- Portal to resources
- Launched June 2015
- Tested and improved by 30 FQHC Pilots

Increasing HPV Vaccination: An Overview



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



Tools for Your Practice

Visit the Step 1 webpage to access downloadable quality improvement tools. This page includes links to Plan-Do-Study-Act templates, best practices in forming QI teams and utilizing immunization champions, as well as maps linking you to state and national HPV vaccination initiatives and resources.

<http://bit.ly/VACsStep1>

Step 1: Assemble a Team

Identify an HPV Vaccination Champion

Having an HPV vaccination clinic champion who advocates for practice change is an important component to the initiation and sustainability of efforts to increase HPV rates. This individual serves in a leadership role for the program and on the quality improvement (QI) team. They should be enthusiastic about the work, have the authority to implement practice changes, and have scheduled administrative time to guide the initiative. To ensure full coordination, consider having multiple champions (i.e., one medical and one administrative or one champion in each clinic location).

Form a Quality Improvement Team for HPV Vaccination

A team-based approach to quality improvement is key for continued improvement. Members of a QI team focused on increasing HPV vaccination rates should represent different roles within the vaccination process. This group will be a driving force for practice change and continuous improvement.

Successful QI teams:

- Meet regularly.
- Include clinical and non-clinical staff.
- Utilize the Model for Improvement and a PDSA (Plan-Do-Study-Act) process.
- Review rates and set benchmarks.
- Engage staff by regularly collecting feedback.
- Create and update office policies.

Identify External Organizations and Resources to Support Your Efforts

The American Cancer Society, in addition to many other organizations, is committed to increasing HPV vaccination rates and has developed tools and resources to support your clinic's efforts. Consider the following external organizations and resources:

- The HPV VACs (Vaccinate Adolescents against Cancers) Project is a Society program with staff across the country working with federally qualified health centers and state partners to increase HPV vaccination rates.
- AFIX (Assessment, Feedback, Incentives, and eXchange) is a quality improvement program created by the Centers for Disease Control and Prevention where state Immunization Programs work with Vaccines for Children providers to raise general immunization rates.
- American Academy of Pediatrics, American Pediatric Association, Centers for Disease Control and Prevention, National AHEC Organization, and National Association of County and City Health Officials have specific HPV vaccination programs and may have initiatives within your community.
- Depending on your clinic and community, it may be important to engage school nurses and others who might initiate the three-dose series, but need your clinic to finish the series.

Steps for Increasing HPV Vaccination in Practice | 3

Step 1: Assemble a Team

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



Eau Claire Cooperative Health Centers, SC recruited key external partners: state immunization, Merck and MCO to support project.

Browser window showing a SharePoint page titled "Step 1 - Assemble a Team". The page is part of a site named "Resources and Education". The browser address bar shows "https://www.mysocietysource....". The SharePoint navigation pane on the left includes "Navigation" and "Resources and Education". The main content area features a heading "Step 1 - Assemble a Team" and a paragraph describing the importance of assembling a team for increasing HPV vaccination rates. Below this, there are two sections: "Identify an HPV Vaccination Champion" and "Form a Quality Improvement Team for HPV Vaccination", each followed by a table of resources.

Navigation

Resources and Education

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

DocumentLink	Organization	Resource Description
Child and Adolescent Immunization Office Champions Project-Final Report	American Academy of Family Physicians (AAFP)	Details how to develop and implement an Immunization Office Champions program designed to increase child and adolescent immunization rates in family physician practices.

Form a Quality Improvement Team for HPV Vaccination

DocumentLink	Organization	Resource Description
Creating Quality Improvement Teams and QI Plans	Agency for Healthcare Research and Quality (AHRQ)	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
Creating Capacity for Improvement in Primary Care: The Case for Developing a QI Infrastructure	Agency for Healthcare Research and Quality (AHRQ)	Self-published article about Quality Improvement, QI capacity, and infrastructure



Step 2: Make a Plan

A strategic plan is key for creating sustainable systems change. Once your plan is developed, document it and share it with everyone in your clinic.

Identify Opportunities to Increase HPV Vaccination

Inventory your existing HPV vaccination policy and practices. A clear picture of existing systems allows you to identify strengths and the most impactful opportunities to increase rates. Process mapping is a proven tool to increase understanding of practice level process and identify opportunities for systems change.

Consider the following when conducting your inventory: Provider behaviors, electronic health record (EHR) system capabilities, patient flow, and staff capacity.

Determine Vaccination Rates for Your Patients

Determining your baseline rates is critical to measuring practice improvement at the end of the implementation process. This requires a few steps:

1. Determine the best data sources: EHR, chart audit, and/or Immunization Information System (registry).
2. Determine the 12-month period for baseline.
3. Identify patients who turned 13 during the measurement year.
4. Identify the patients who have received vaccination for each HPV dose, Tdap, and Meningococcal by their 13th birthday.
5. Calculate your vaccination rates.

Take continuous steps to improve the accuracy of the clinic's baseline. Even after incorporating data from multiple sources, there will be patients who received HPV vaccine who are missing documentation. Establish a protocol for data entry and verification to ensure vaccination records are accurate.

Design Your Clinic's Vaccination Strategy

Leverage your clinic's strengths when choosing the best approach to increase HPV vaccination rates. To maximize the impact of your efforts, choose multiple evidence-based interventions that build on past quality improvement successes. Create a policy with a standard course of action for HPV vaccination. Consider including the following when creating or updating your HPV vaccination policy:

- Assess vaccination status and recommend HPV vaccination at every opportunity.
- Follow an agreed upon vaccination schedule.
- Start using a vaccine refusal form, and recommend HPV vaccination again at future visits.

Document the clinic's HPV vaccination policy, share it with clinical and non-clinical staff, incorporate a regular collection of staff feedback, and check on adherence to the policy.



Tools for Your Practice

Visit the Step 2 webpage to access downloadable tools and materials. This page includes adolescent vaccination schedules, vaccination refusal forms, and tools to help you determine patient vaccination rates, inventory and map your practice systems, and choose an intervention that will be successful in your clinic setting.

<http://bit.ly/VACsStep2>

Step 2: Make a Plan

- Leverage evidence to gain internal support

HPV
VACs

Step #2 Make a Plan

Design Your
Clinic's HPV
Vaccination
Strategy.

Identify
Opportunities to
Increase HPV
Vaccination.

Determine Baseline
Vaccination Coverage
Levels for 11-12 year
olds.



Lincoln Community Health Center, NC leveraged instructions to partner with state immunization registry on baseline.



Step 3: Engage and Prepare All Staff

Engage All Clinical and Non-clinical Staff in Your Efforts

Train all staff to ensure consistent positive message delivery to parents and patients. Even if a staff member is not directly engaged in the process of recommending or administering the HPV vaccine, they can potentially impact the process by delivering misinformation to patients and parents. Understand the HPV vaccine administrative schedule, insurance, and VFC regulations that may create administrative barriers.

Provide human-interest stories in addition to statistics to increase staff investment. A connection to a survivor of an HPV-related cancer is a powerful tool to overcoming negative perceptions of the vaccine. In addition to survivors and caregivers, oncologists are resources for providing powerful messages.

Prepare the Clinic System

Modify your EHR system to ensure effective data collection and reporting. Your EHR system should track each dose of vaccine administered. When implementing new EHR functionality, training staff on how to enter and extract data is a key step. Regularly collecting feedback and sharing data with staff will prevent inaccurate data from being entered into the system.

Your efforts will increase the need for the vaccine and vaccine storage. Ensure you have adequate supply and storage for all HPV vaccine doses to prevent potential access barriers.

Prepare the Parent and Patient

Decide on the parent and patient educational materials that are best suited for your clinic setting. Consider the following:

- Create an official procedure for how these materials are distributed and displayed. Incorporate this procedure into your HPV vaccination policy.
- Determine the clinical and non-clinical staff who will distribute the materials and at which point in the patient's office visit they will be distributed.

Prepare the Clinicians

Provide clinician training through multiple formats. Consider the following when developing your training plan:

- Conduct on-site training opportunities to increase skills and team camaraderie.
- Incorporate provider-, clinic- and system-level data to make training content specific and relevant to your staff.
- Provide continuing medical education credits to motivate health care providers to complete training.
- Disseminate prerecorded webinars to add a flexible training option.
- Ensure key training topics are covered: how to make an effective recommendation using the bundled approach and evidence why the vaccine is best before a patient's 13th birthday.

In addition to training sessions, you can prepare your clinicians by incorporating HPV vaccination into your daily team huddle to ensure that the patients who arrive in your clinic leave vaccinated. This huddle time can be used to ensure logistical needs are met and all staff members are aware of their role in the vaccination reminder, recommendation, and administration process.

Tools for Your Practice

Visit the Step 3 webpage to access downloadable staff engagement and training tools, including presentation slides, links to CME/CEU and webinar replays, videos of HPV cancer survivors, a database of survivor speakers, and effective parent and patient education tools.

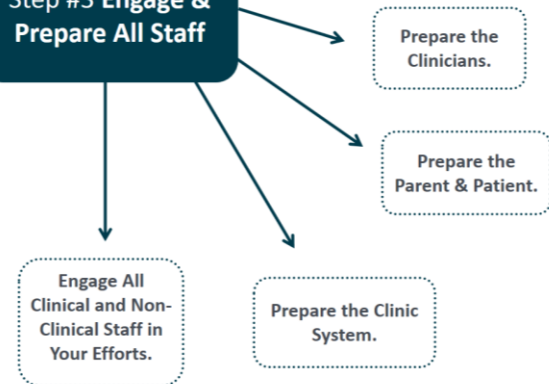
<http://bit.ly/VACsStep3>

Step 3: Make a Plan

- Highlights ALL staff

HPV
VACs

Step #3 Engage & Prepare 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 text in EHR chart, sticky notes in chart, checklists, preprinted note in client'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 nurse-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.



Tools for Your Practice

Visit the Step 4 webpage to access downloadable strategy implementation tools. This page includes resources for making an effective HPV vaccine recommendation, sample standing orders, parent reminder templates, sample HPV vaccination PDSA cycles, and tools for provider-, clinic-, and system-level data.

<http://bit.ly/VACsStep4>

Step 4: Get Your Patients Vaccinated Before Their 13th Birthday

- The evidence-based strategies
- Make an Effective Recommendation + Measure and Improve Performance



Health Services Incorporated,
AL did it all, but not all at once.

**Strategies that Work
to Get Your
Patients Vaccinated
By Their 13th Birthday**

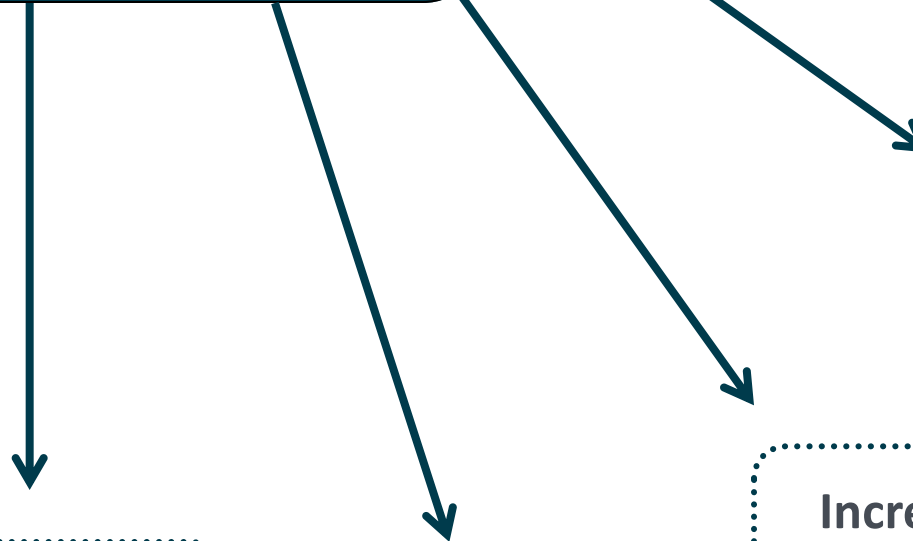
**Measure and
improve
performance.**

**Track series
completion &
follow-up.**

**Increase
access.**

**Make an effective
recommendation.**

**Prompt the
provider.**



TOOLS:

Just the Facts

Provider Audience

<http://bit.ly/VACsJustTheFacts>



HPV VACs

Vaccinate Adolescents against Cancers



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 2011-2015 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 are 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 the treatment of cervical cancer could leave a woman unable to have children. It's also possible that treatment for 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.³

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



Resources

The HPV Resource Center provides information, tools, and resources for healthcare professionals, researchers, and others to help increase HPV vaccination rates for males and females at the recommended ages for vaccination. Get information about the resource center, as well as criteria for submitting resources.

Engaging Survivors to Speak about HPV Related Cancers

The American Cancer Society's National HPV Vaccination Roundtable is thrilled to introduce a new resource, the HPV Cancer Survivor Organization Database. HPV-related cancer survivors have a unique voice, and inviting a survivor to tell his or her story at a meeting, grand rounds, conference, or other event can be a powerful addition to your program or presentation. We hope that you find this resource useful, and that you are able to include survivors in some of your upcoming events. Many organizations have national networks of speakers, so please contact the person listed in the database if you would like to find out if a national organization has a speaker in your area. [Click Here](#) to access the database.

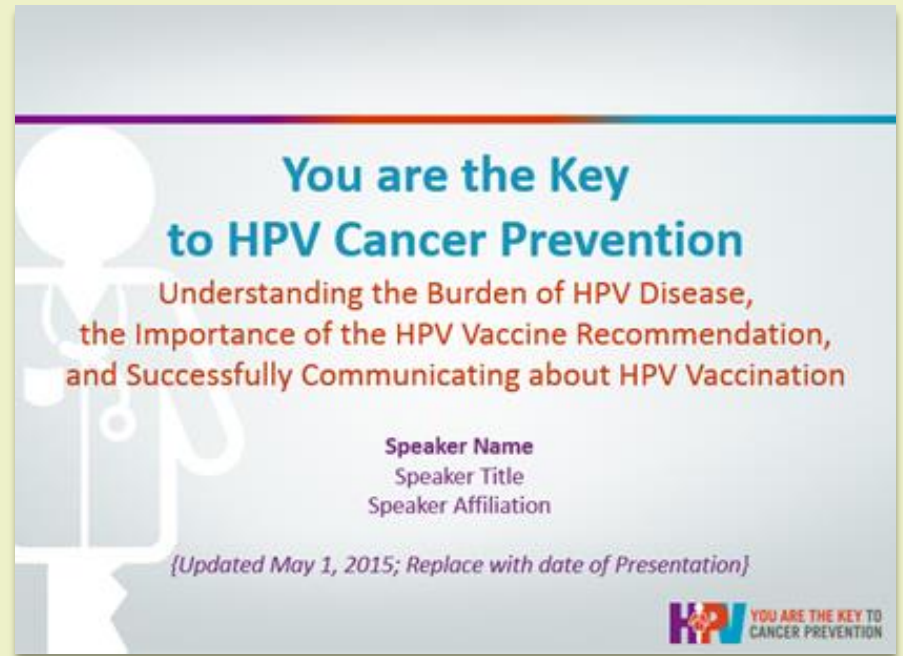
[illegible]

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/

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

YOU ARE THE KEY TO HPV CANCER PREVENTION



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/teens

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

YOU ARE THE KEY TO HPV CANCER PREVENTION

Order by 

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

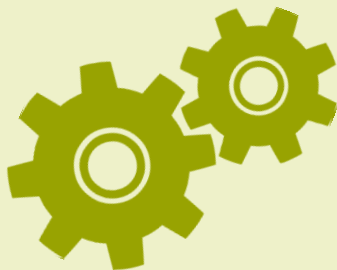
HPV
VACs

TOOLS:

Addressing Parent's Top Questions about HPV VACCINE

Provider Audience

<http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf>



Talking to Parents about HPV Vaccine

Recommend HPV vaccination in the **same way** and on the **same day** as all adolescent vaccines. You can say, *"Now that your son is 11, he is due for vaccinations today to help protect him from meningitis, HPV cancers, and pertussis."* Remind parents of the follow-up shots their child will need and ask them to make appointments before they leave.

Why does my child need HPV vaccine?

HPV vaccine is important because it prevents infections that can cause cancer. That's why we need to start the shot series today.

Is my child really at risk for HPV?

HPV is a very common infection in women and men that can cause cancer. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.

Why do they need HPV vaccine at such a young age?

Like all vaccines, we want to give HPV vaccine earlier rather than later. If you wait, your child may need three shots instead of two.

I'm worried about the safety of HPV vaccine. Do you think it's safe?

Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That's normal for HPV vaccine too and should go away in a day or two. Sometimes kids faint after they get shots and they could be injured if they fall from fainting. We'll protect your child by having them stay seated after the shot.

Would you get HPV vaccine for your kids?

Yes, I gave HPV vaccine to my child (or grandchild, etc.) when he was 11, because it's important for preventing cancer.

Why do boys need HPV vaccine?

HPV vaccination can help prevent future infection that can lead to cancers of the penis, anus, and back of the throat in men.

What diseases are caused by HPV?

Some HPV infections can cause cancer—like cancer of the cervix or in the back of the throat—but we can protect your child from these cancers in the future by getting the first HPV shot today.

How do you know the vaccine works?

Studies continue to prove HPV vaccination works extremely well, decreasing the number of infections and HPV precancers in young people since it has been available.

I'm worried my child will think that getting this vaccine makes it OK to have sex.

Studies tell us that getting HPV vaccine doesn't make kids more likely to start having sex. I recommend we give your child her first HPV shot today.

Can HPV vaccine cause infertility in my child?

There is no known link between HPV vaccination and the inability to have children in the future. However, women who develop an HPV precancer or cancer could require treatment that would limit their ability to have children.

What vaccines are actually required?

I strongly recommend each of these vaccines and so do experts at the CDC and major medical organizations. School entry requirements are developed for public health and safety, but don't always reflect the most current medical recommendations for your child's health.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

HPV VACCINE
IS CANCER PREVENTION

December, 2016 | CS369453B

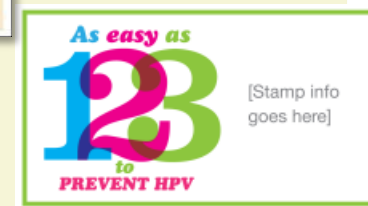
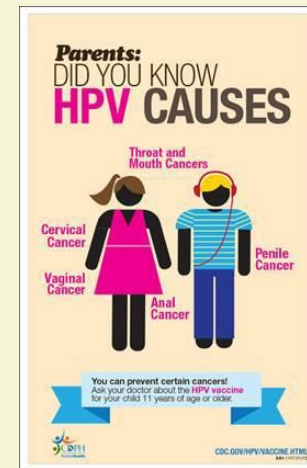
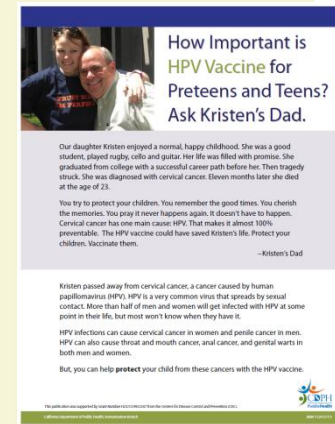
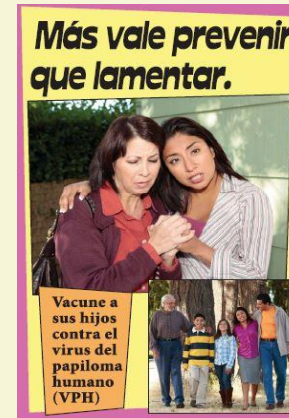
PATIENT ED:

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





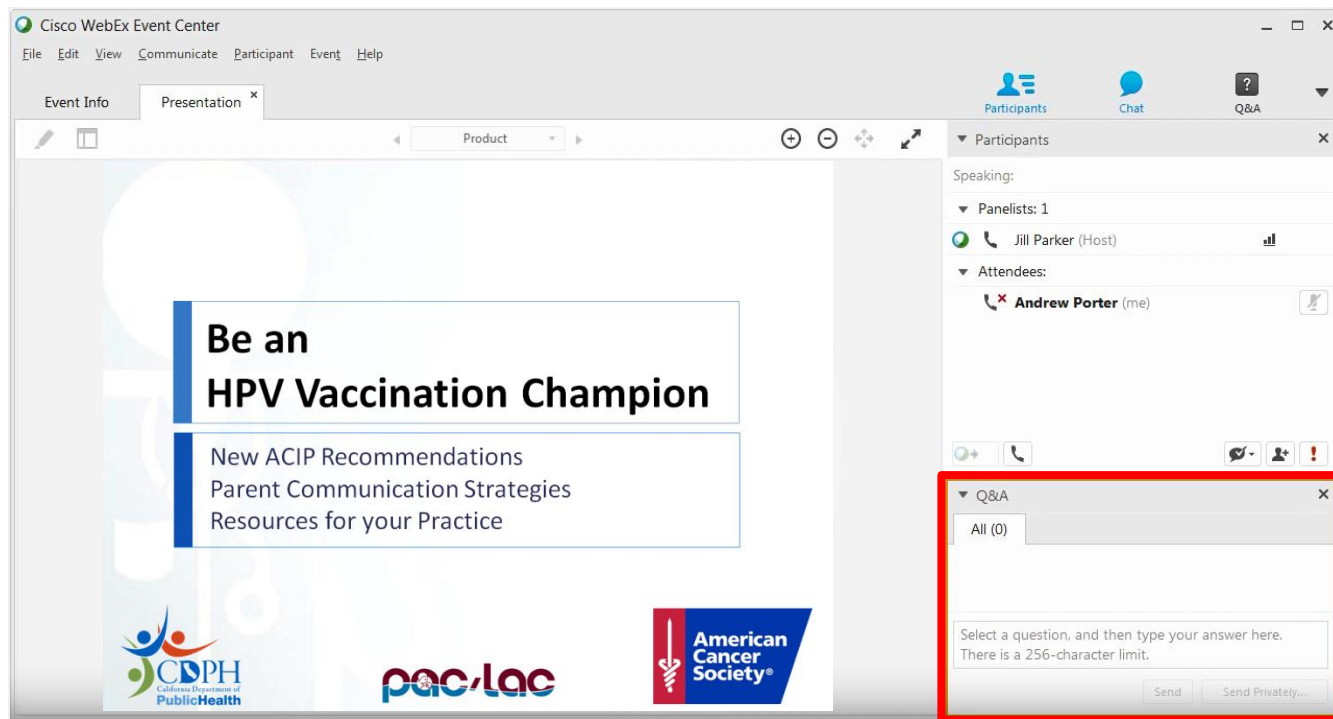
Ideas/Needs?

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

More Resources: <http://bit.ly/HPVVACs>

Q&A

- ▶ Press *1 to ask a live question, or
- ▶ Ask a question using the Q&A panel



Evaluation slide

- ▶ At the conclusion of our presentation, please complete the online evaluation at <https://www.surveymonkey.com/r/BeAnHPVChampion>
- ▶ 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!