

HPV Vaccination Coverage – Continuing the Path Forward

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Disclosures

- I work for the Centers for Disease Control and Prevention
- I have no financial interests to disclose.
- I will not be presenting on investigational products.
- I will not be presenting on the off label use of products.



HPV vaccine is cancer prevention for boys and girls. Just two shots at ages 11–12 provide safe and lasting protection against the infections that cause HPV cancer. Ask your child's doctor or nurse for HPV vaccine.

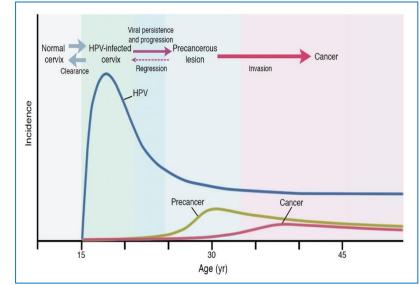
If there were a vaccine against cancer, wouldn't you get it for your kids?

> 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

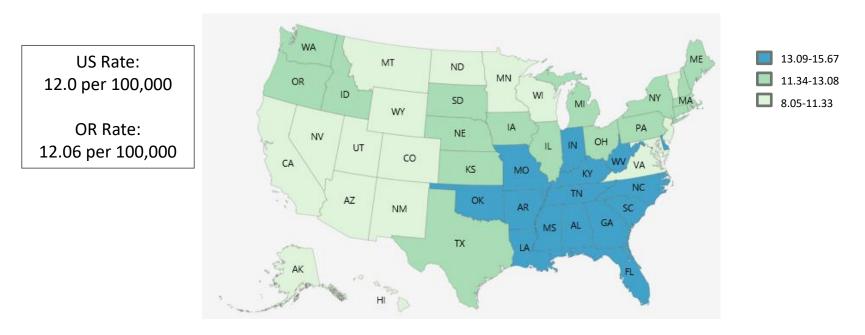
HPV epidemiology and natural history

- Most common sexually transmitted infection
- Most infections clear
 - ~90% of new infections clear in 2 years
- Persistent infection with a high risk HPV type can progress to cancer
 - Cervical, vaginal, vulvar, anal, penile, oropharyngeal
- Other HPV types cause
 - Genital warts, recurrent respiratory papillomatosis (RRP)



Schiffman NEJM 2005

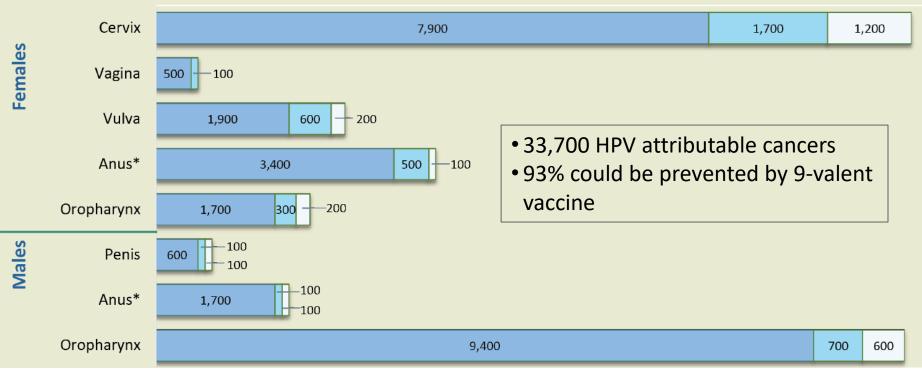
HPV-Associated Cancer Rates by State, United States, 2011-2015



Rates per 100,000 population https://www.cdc.gov/cancer/hpv/statistics/state/

Estimated Number of Cancer Cases Attributable to HPV by Sex, Cancer Type, and HPV Type, United States, 2011-2015

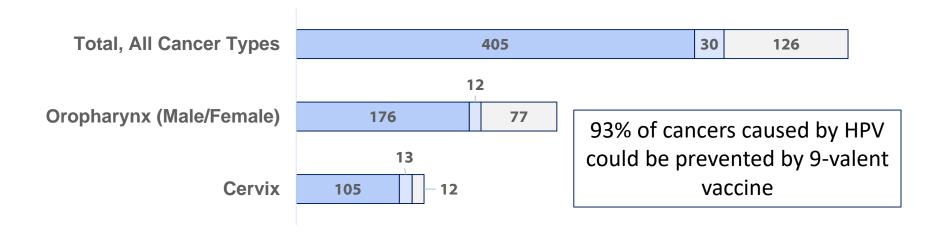
Caused by HPV types 16 and 18 Caused by HPV types 31/33/45/52/58 Caused by other HPV types



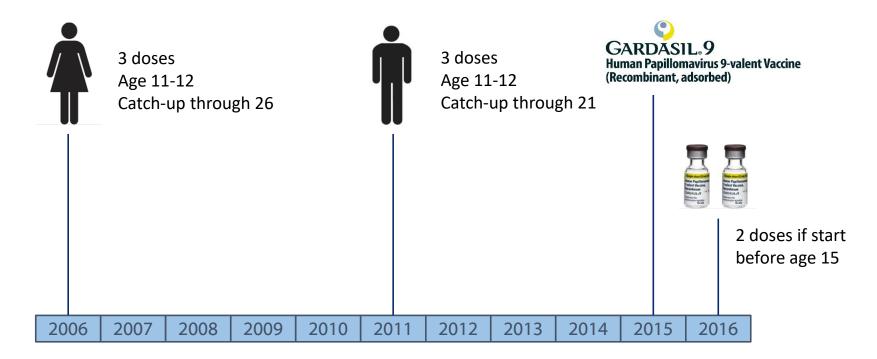
www.cdc.gov/cancer/hpv/pdf/USCS-DataBrief-No4-August2018-508.pdf

Estimated number of HPV-associated cancers by cancer type and HPV type, Oregon, 2011-2015

□ Cancers caused by HPV types 16/18/31/33/45/52/58 □ Cancers caused by other HPV types □ HPV-negative cancers

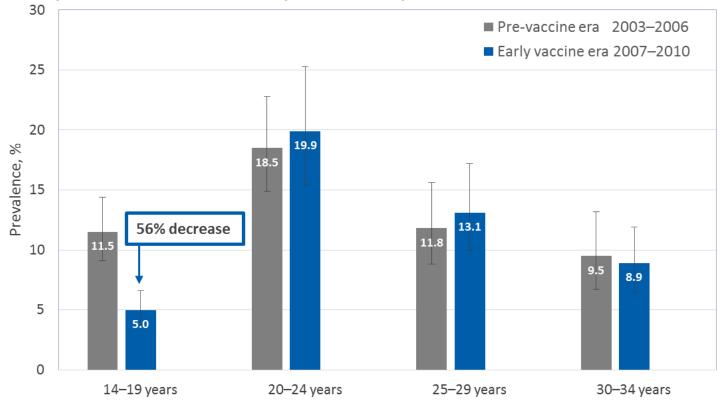


HPV vaccine recommendations



Vaccine type prevalence (HPV 6,11,16,18), NHANES

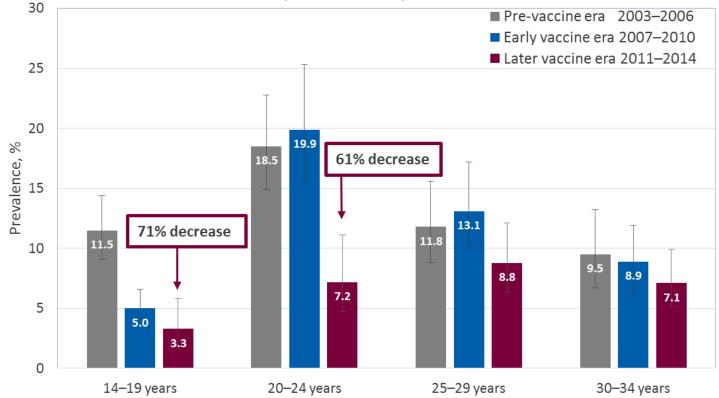
Early vaccine era compared to pre-vaccine era, females



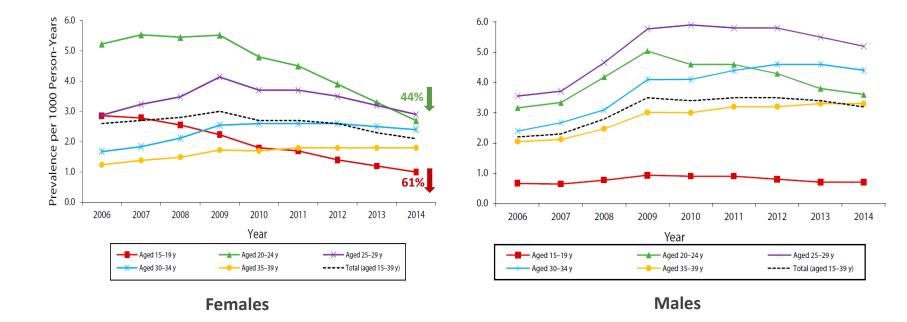
Markowitz et al. JID 2013 NHANES, National Health and Nutrition Examination Survey

Vaccine type prevalence (HPV 6,11,16,18), NHANES

Later vaccine era compared to pre-vaccine era, females



Anogenital Wart Prevalence among 15–39 Year-Olds with Private Insurance, United States, 2006–2014

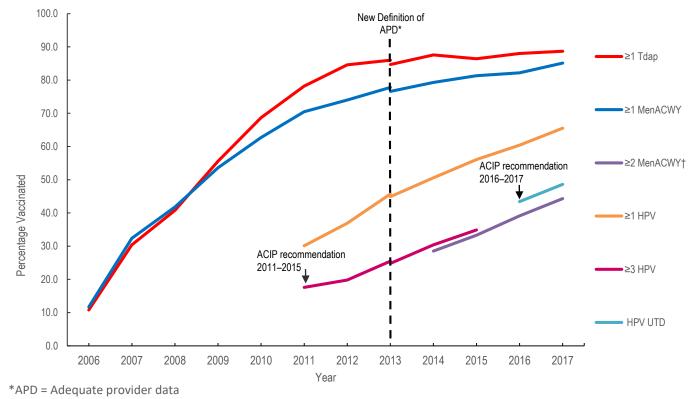


HPV vaccine is cancer prevention.

Talk to the doctor about vaccinating your 11–12 year old sons and daughters against HPV.

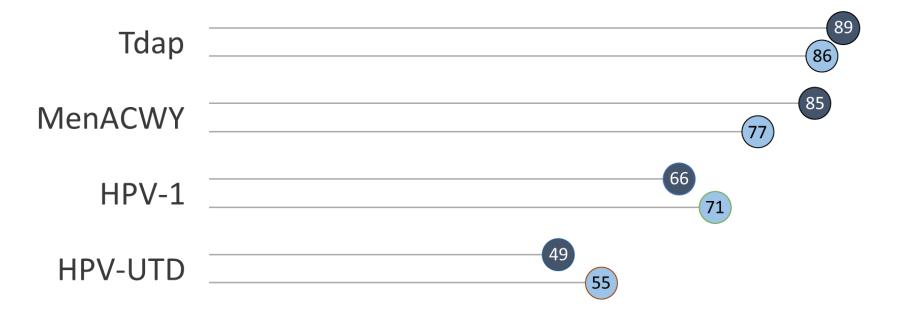
#UCanStopHPV

Estimated Vaccination Coverage among Adolescents Aged 13–17 Years, NIS-Teen, United States, 2006–2017

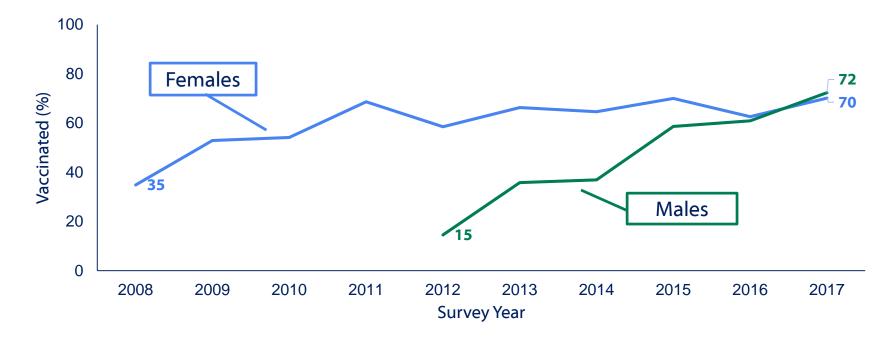


[†]≥2 doses MenACWY among adolescents aged 17 years

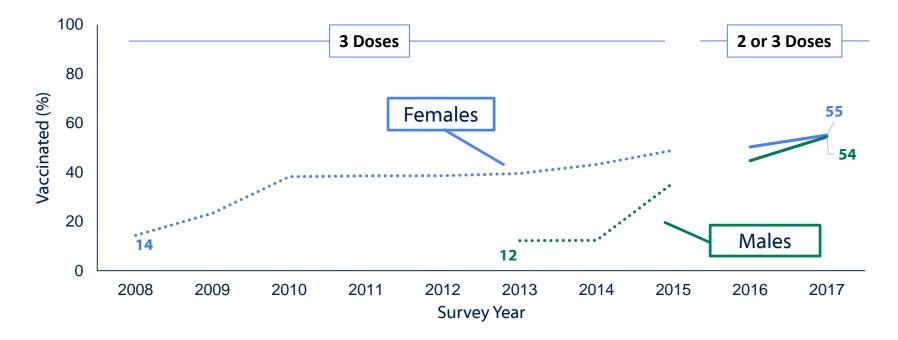
Adolescent vaccination coverage: US and Oregon



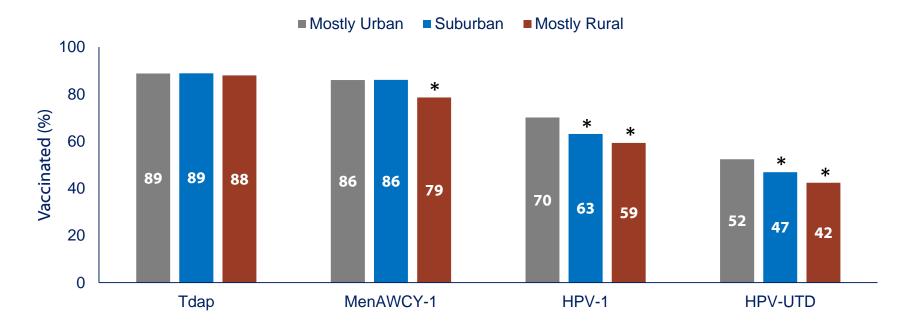
Estimated >1 dose HPV vaccination coverage among adolescents 13-17 years of age by sex, Oregon 2008-2017



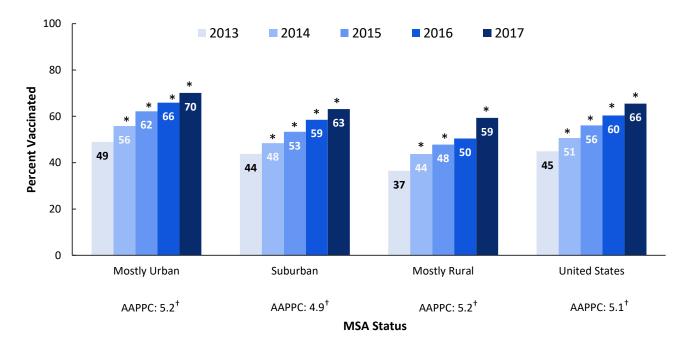
Estimated HPV vaccine series completion coverage among adolescents 13-17 years of age by sex, Oregon 2008-2017



In the US, vaccination coverage is lower in Rural Areas



Vaccination coverage for >1 HPV dose increased an average of 5 percentage points each year

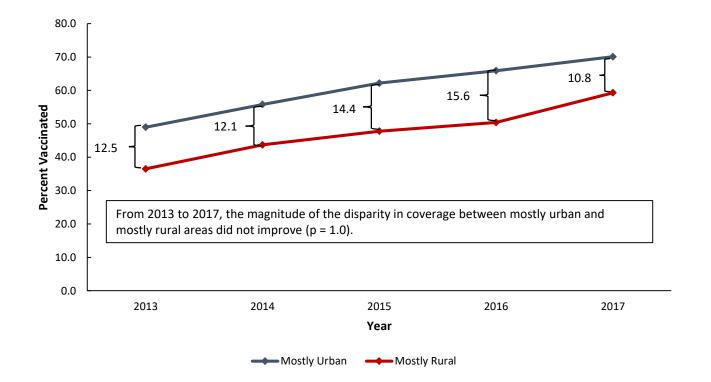


AAPPC = Average Annual Percentage Point Change

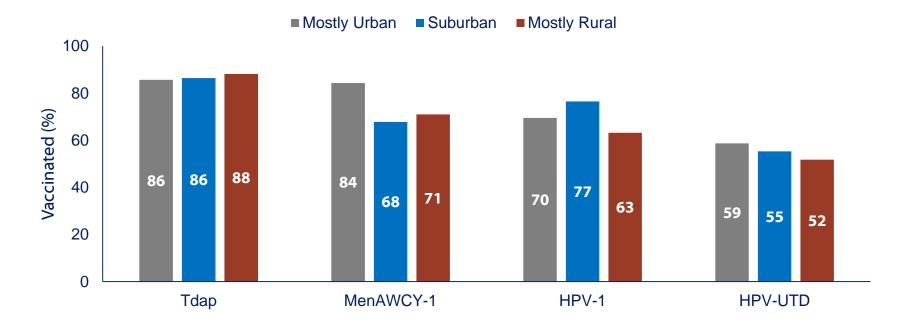
*Statistically significant (p < 0.05) percentage increase compared to the previous year.

⁺Statistically significant (p <0.05) estimated average annual percentage point increase.

HPV vaccination coverage in Rural Areas is consistently lower



Vaccination coverage in Rural Areas in Oregon are also lower



Glass Half Full or Half Empty?

Glass Half Full

- HPV vaccination coverage is increasing
- Difference in coverage between boys and girls is decreasing



Glass Half Empty

- HPV vaccine series initiation is lower than expected
- Once started, many adolescents do not complete the HPV vaccine series

Why Is HPV Vaccine Coverage Low?

Parents

- Not offered vaccination
- Perceive vaccine as optional or unnecessary at that time
- Perceive that their providers discouraged vaccination
- Want information about vaccine safety
- Do not understand the reason to vaccinate at 11 to 12 years of age

Providers

- Reluctant to give multiple shots at one visit
- Introduce HPV vaccination at age 11 years but do not recommend it strongly
- Recommend vaccination based on their estimation of sexual activity
- Have limited experience with HPV and underestimate risk
- Perceive HPV as more emotionally charged than other vaccines
- Delaying vaccination leads to nonvaccination

Reasons for Not Vaccinating Adolescents with HPV Vaccine, Unvaccinated Adolescents* Aged 13-17 Years, NIS-Teen, United States, 2017

Parents of Girls		Parents of Boys		
Safety concerns/side effects	24%	Safety concerns/side effects	17%	
Not needed/not necessary	14%	Not recommended	15%	
Not recommended	8%	Not needed/not necessary	14%	
Lack of knowledge	8%	Lack of knowledge	9%	
Not sexually active	7%	Not sexually active	8%	

a culture of immunization in your office

create

secommend

HPV vaccine the same way, same day as other adolescent vaccines



What can healthcare providers do?

• Make an effective recommendation for HPV vaccination as cancer prevention for every 11- or 12-year-old patient

? ?

Now that Sophia is 11, she is due for vaccinations today to help protect her from meningitis, HPV cancers, and pertussis.

Announcement approach leads to a higher increase in HPV vaccination coverage

6 Month since intervention start



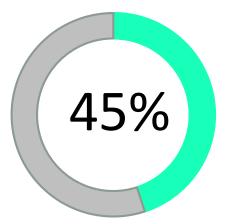
<u>3 Month since intervention start</u>



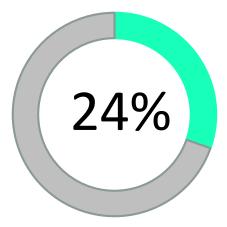
Brewer NT, Hall ME, Malo TL, et al. Pediatrics. 2017;139(1):e20161764

If at first you don't succeed...Don't give up!

Among parents who initially declined HPV vaccination:



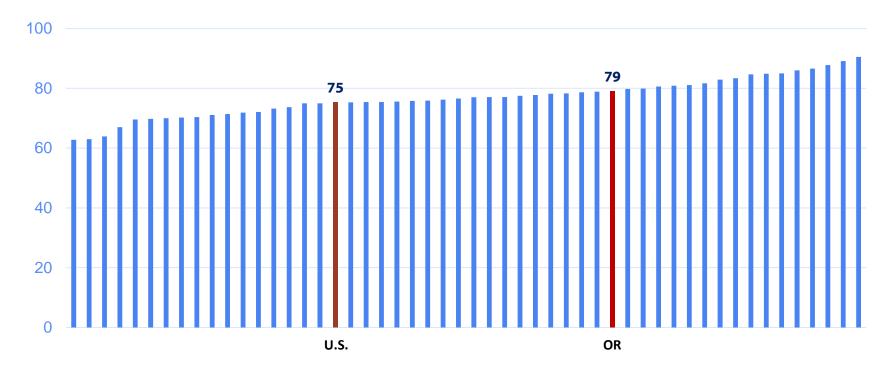
Reported accepting the vaccine at a later visit



Intended to accept HPV vaccination in the next year

Kournides et al. Academic Pediatrics. 2018;18:S34-S43.

Percent of parents reporting their provider recommended HPV vaccine for their teen, 2017 NIS-Teen



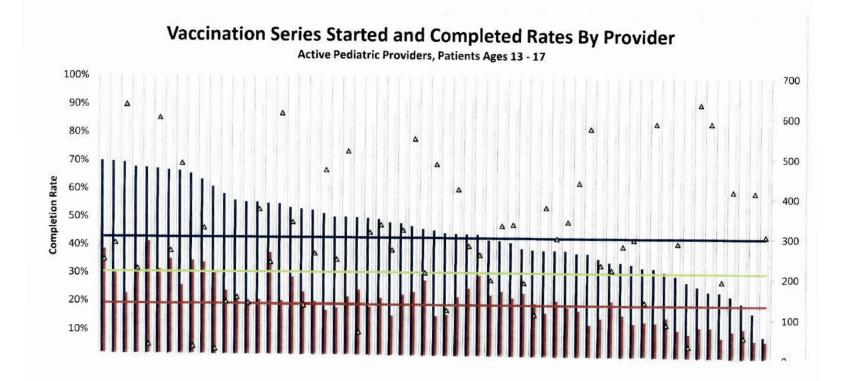
Peer-to-Peer Educational Videos Modeling Effective Communication Practices

- #HowlRecommend series features short videos of practicing clinicians addressing how they make effective recommendations and address common questions.
- Videos feature practicing pediatricians, family physicians, and nurse practitioners.



What can healthcare providers do?

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- Assess HPV vaccination coverage for each provider in your practice and develop an office-wide strategy to improve it



What can healthcare providers do?

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- Engage the entire practice—not just the health care providers—in committing to improve HPV vaccination coverage

Keeping All Staff On the Same Page

- Align communication with mission
 - Give staff a cancer-prevention mission
 - All staff need to be saying the same thing
 - Share talking points
 - Use the Tip Sheet
 - Educate staff about HPV vaccine recommendations including schedule, administration, storage and handling



Keeping All Staff On the Same Page

- Multiple education products available free through the CDC website:
 - Immunization courses (webcasts and online self-study)
 - Netconferences
 - You Call the Shots self-study modules
 - Continuing education available

Education and Training Home	f y 🕂		
You Call The Shots	<< Back to Vaccines Home		
Current Issues In Immunization NetConferences (CIINC) Immunization Courses			Expert Commentary
Continuing Education			terne an heart
Pink Book Webinars			
Patient Education			C. V
Quality Improvement Projects	CDC offers numerous education and training programs for healthcare personnel. A variety of topics and formats are available. All are based on vaccine recommendations made by the		Running Time: 5:07 mins Date Released: 06/27/2011CDC Commentary - Make No Mistake: Vaccine Administration, Storage, and
Related Link	Advisory Committee on Immunization Practice (ACIP).		Handling C
Vaccines & Immunizations	Physicians, nurses, health educators, pharmacists, and other healthcare professionals are invited to apply for continuing education credits/contact hours, when available.		Dr. Andrew Kroger offers 7 steps to help prevent vaccine administration errors and vaccine storage and
VIS			handling errors.
ACIP Recommendations			
Schedules	YOU CALL THE SHOTS Series of modules that explain the latest recommendations for vaccine use that include self-test practice questions	CURRENT ISSUES IN IMMUNIZATION NETCONFERENCE (CIINC) Live, 1-hour presentations via conference call including question and answer session	
	IMMUNIZATION COURSES Webcasts, and self-study education and training programs for healthcare personnel	PATIENT EDUCATION Educational materials that complement personal education and advice for patients	

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- Engage the entire practice—not just the health care providers—in committing to improve HPV vaccination coverage
- Implement systems strategies to improve HPV vaccine coverage

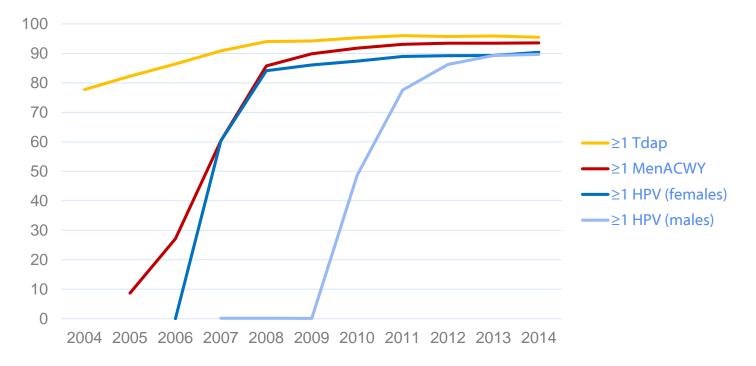
Systems Strategies

- Establish standing orders for HPV vaccination beginning at age 11–12 years in your practice
- Conduct reminder/recall beginning at 11–12 years of age
- Assess HPV vaccination coverage at every visit and prompt clinical staff to give HPV vaccine at that visit
- Schedule return visit for next dose before the patient leaves the office
- Document each dose in the child's medical record and the state's immunization information system

Tactics for Successful HPV Vaccine Delivery, Denver Health

- Routine use of a robust immunization registry for multiple functions, including recording vaccine history and recommended needed vaccines at every visit
- Medical assistants check vaccine registry for recommended vaccines at every visit
- Standing order for routine immunizations
- Vaccines are given early in the visit when possible
- Education for providers to present Tdap, MCV, and HPV as a standard "bundle" of adolescent immunizations
- Provider-level "report cards" with adolescent vaccination coverage rates
- Vaccination drives at school-based health centers

Immunization Rates for Adolescents Denver Health, 2004-2014





HPV VACCINATION FOR CANCER PREVENTION: Progress, Opportunities, and a Renewed Call to Action

A Report to the President of the United States from the Chair of the President's Cancer Panel

November 2018

Stakeholder resources: key report findings and graphics



Partnerships and Collaborations are Essential

The coalescence of a critical mass of dedicated stakeholders has created momentum and opportunity to achieve the goals outlines in this report.

Stakeholder collaborations and partnerships should continue in implementing proven strategies to increase vaccination rates among all populations to target levels.

CDC Supports Improving HPV Vaccine Coverage through the Comprehensive Cancer Control National Partnership

Goal: Increase HPV Vaccination Uptake

- In 2016, CCCNP supported teams from 11 states at inperson workshop on evidence-based strategies and to develop state action plans, followed by post-workshop technical assistance
- In 2018, an additional 22 states participated in HPV workshops and are receiving post-workshop technical assistance through April 2019







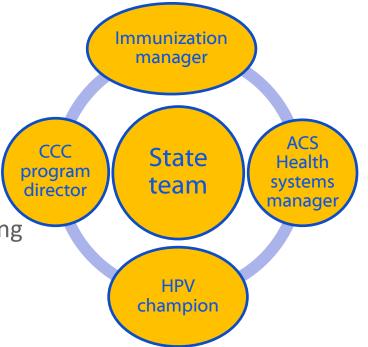




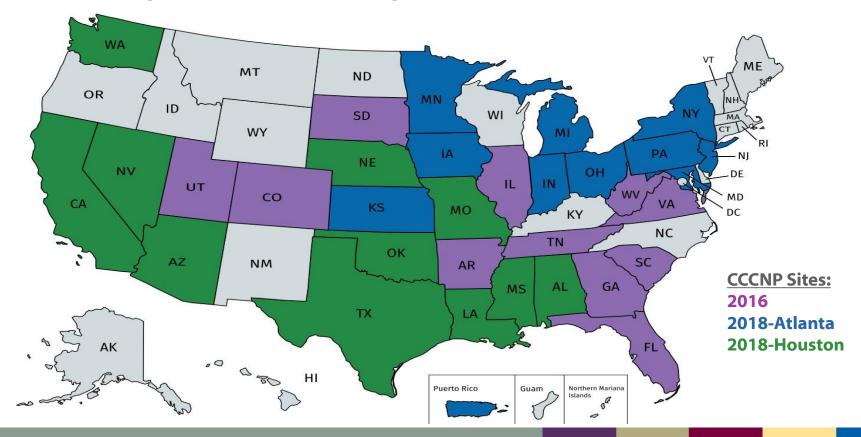
CCCNP HPV Technical Assistance Workshops

Objective:

- Develop action plans to increase HPV vaccination rates through evidence-based interventions
- Increase understanding of **proven strategies**
- Increase awareness of the availability of existing evidence-based tools and resources
- Share **real-life examples** of successful HPV vaccinations efforts
- Form new and strengthen existing relationships



CCCNP Supported 33 State Teams through Workshops and Follow-up Technical Assistance





HPV vaccination prevents cancer.



Same as the average attendance for a baseball game.



HPV vaccination provides safe, effective, and long-lasting protection.

With nearly



doses distributed in the U.S., data continues to show HPV vaccine is safe and effective.



For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

