WASHINGTON STATE HPV TASK FORCE

September 17th, 2021

American Cancer Society®

HPRC

Health Promotion Research Center (HPRC)
A CDC PREVENTION RESEARCH CENTER
University of Washington School of Public Health

Within Reach™

Public Health
Seattle & King County

Washington State Department of Health

WELCOME, THANK YOU, AND LAND ACKNOWLEDGEMENT

Agenda

Agenda:

8:00am - 8:05am – Welcome and Agenda: ***Katie Treend***

8:05am - 8:30am – Important Updates: ***Dr. Carrie Jenner***

8:30am - 8:50am: Where Are You Now? ***Group Highlights***

8:50am - 9:10am: Patient Outreach Strategies: ***Interactive***

9:10am - 9:40am: Top 3 Strategies: ***Dr. Sherri Zorn***

9:40am - 9:50am: Q & A

9:50am - 10:00am: Wrap Up

Housekeeping

- All lines are muted – please use chat for all questions
- Tips for the best connection. Please turn camera off and if having audio issues through computer.
- While the focus is absolutely on HPV vaccination – we are also looking at adolescent immunizations collectively as they are all significantly impacted by pandemic, too narrow a focus on just HPV can create missed opportunities and the actions steps we are going to be discussing can increase rates and protection against many vaccine preventable disease.

HPV Updates

Dr. Carrie Jenner, Pediatrician with VMFH

NATIONAL AND WA HPV AND ADOLESCENT VACCINE DATA BEFORE AND DURING THE PANDEMIC

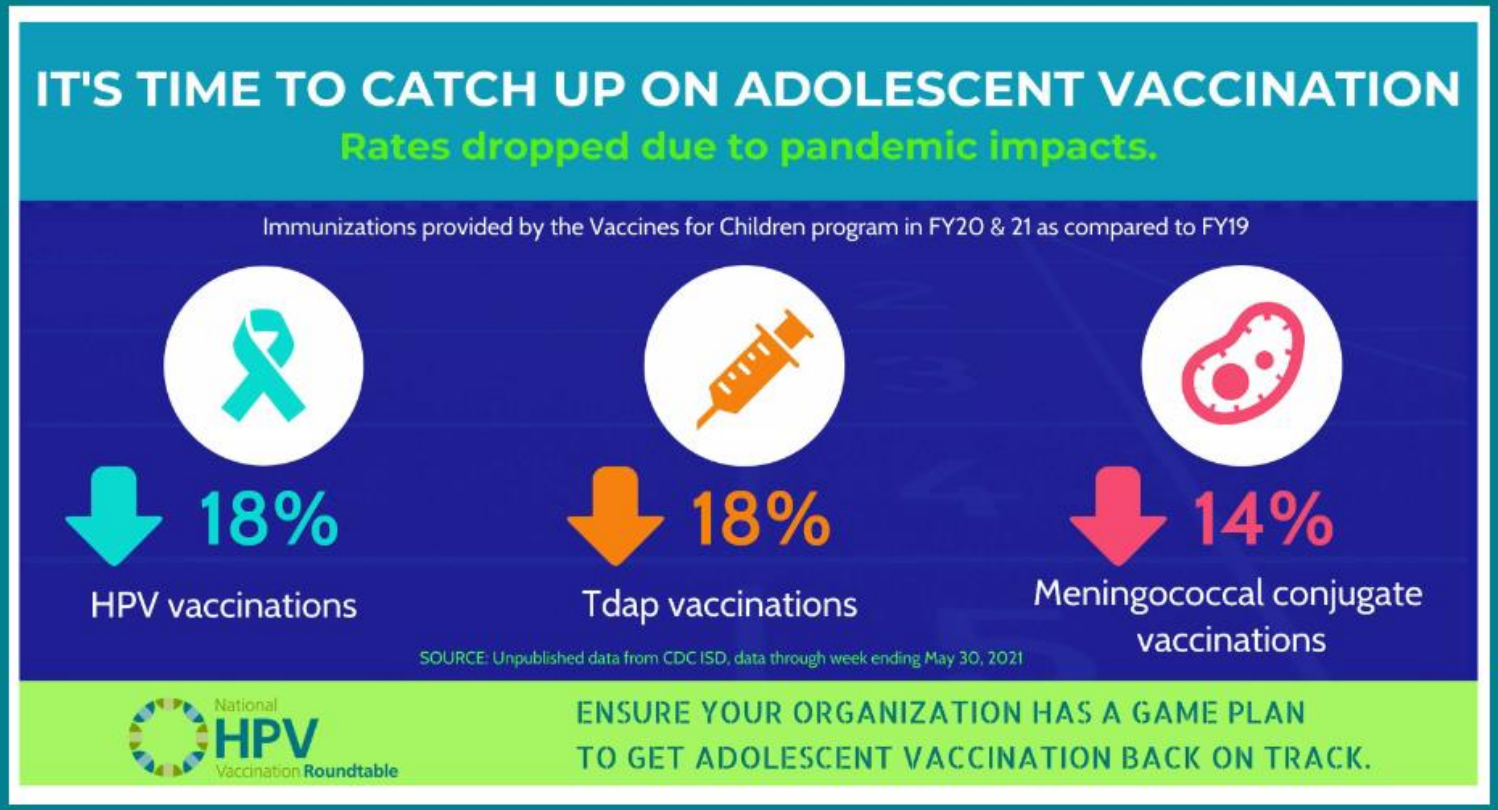
Dr. Carrie Jenner, Pediatrician with VMFH

Co-Chair of Pierce County Immunization Coalition

- 2020 NIS data and TeenVax Data 2015-2019
- 2020 WA IZ rates
- 2021 WA Vaccines administered


National HPV Vaccination Roundtable
CATCH UP NOW:
Summer-Fall 2021
An Urgent Action Call for Health Systems to Close the Adolescent Vaccination Care Gap
The United States is facing a significant vaccination deficit for school-age children, especially adolescents, due to the pandemic.

Adolescent rates have significantly dropped.



National Immunization Survey 2020

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2020

Weekly / September 3, 2021 / 70(35);1183–1190

Cassandra Pingali, MPH, MS[1]; David Yankey, PhD[1]; Laurie D. Elam-Evans, PhD[1]; Lauri E. Markowitz, MD[2]; Charnetta L. Williams, MD[1]; Benjamin Fredua, MS[1,3]; Lucy A. McNamara, PhD[4]; Shannon Stokley, DrPH[1]; James A. Singleton, PhD[1] (View author affiliations)

- Phone survey conducted in early 2020 pre-pandemic over 20K response

National Immunization Survey 2020

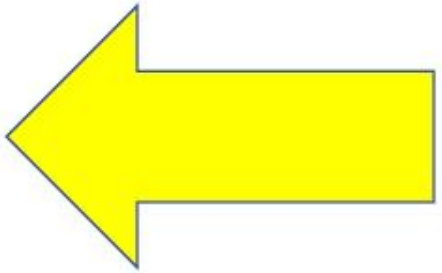
TABLE 1. Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13–17* years, by age at interview — National Immunization Survey–Teen, United States, 2020

	Age at interview (yrs), % (95% CI)†					Total, % (95% CI)†	
	13	14	15	16	17	2020	2019
Vaccine	(n = 4,276)	(n = 4,173)	(n = 3,998)	(n = 4,028)	(n = 3,688)	(N = 20,163)	(N = 18,788)
Tdap§ ≥1 dose	88.9 (87.0–90.6)	89.4 (87.1–91.3)	90.7 (88.7–92.5)	90.4 (88.3–92.1)	91.1 (88.7–93.0)	**90.1 (89.2–90.9)**	**90.2 (89.2–91.1)**
MenACWY¶							
≥1 dose	87.5 (85.3–89.4)	87.6 (85.0–89.8)	90.4 (88.6–92.0)**	89.1 (86.9–91.0)	92.3 (90.3–93.9)**	**89.3 (88.4–90.2)**	**88.9 (88.0–89.8)**
≥2 doses††	NA	NA	NA	NA	54.4 (51.2–57.5)	**54.4 (51.2–57.5)**	**53.7 (49.9–57.4)**
HPV§§ vaccine							
All adolescents							
≥1 dose	69.4 (66.6–72.1)	72.3 (69.4–75.0)	77.6 (75.3–79.8)**	77.2 (74.7–79.6)**	79.0 (76.4–81.4)**	**75.1 (73.9–76.2)¶¶**	**71.5 (70.1–72.8)**
HPV UTD***	45.6 (42.7–48.5)	56.0 (53.0–58.9)**	61.9 (58.9–64.7)**	65.5 (62.6–68.2)**	64.5 (61.5–67.4)**	**58.6 (57.3–60.0)¶¶**	**54.2 (52.7–55.8)**
Females							
≥1 dose	71.3 (67.7–74.7)	72.9 (68.4–77.0)	78.1 (74.6–81.3)**	80.3 (76.3–83.8)**	83.5 (80.8–85.9)**	**77.1 (75.4–78.7)¶¶**	**73.2 (71.3–75.0)**
HPV UTD	48.4 (44.3–52.5)	57.2 (52.6–61.7)**	63.7 (59.4–67.8)**	68.5 (64.0–72.6)**	70.4 (66.6–73.9)**	**61.4 (59.5–63.3)¶¶**	**56.8 (54.6–59.0)**
Males							
≥1 dose	67.5 (63.2–71.5)	71.7 (67.9–75.2)	77.1 (73.9–80.1)**	74.5 (71.1–77.6)**	74.8 (70.4–78.6)**	**73.1 (71.5–74.8)¶¶**	**69.8 (67.9–71.7)**
HPV UTD	42.7 (38.6–46.9)	54.8 (50.9–58.6)**	60.0 (56.1–63.9)**	62.8 (58.9–66.4)**	59.0 (54.4–63.5)**	**56.0 (54.1–57.8)¶¶**	**51.8 (49.7–53.9)**
MenB ≥1 dose†††	NA	NA	NA	NA	28.4 (25.5–31.5)	**28.4 (25.5–31.5)¶¶**	**21.8 (18.9–24.9)**
MMR ≥2 doses	92.5 (90.7–94.0)	92.1 (90.3–93.5)	92.5 (90.4–94.2)	93.2 (91.5–94.7)	91.6 (89.2–93.5)	**92.4 (91.6–93.2)**	**91.9 (90.8–92.8)**
Hepatitis A vaccine ≥2 doses§§§	86.5 (84.1–88.5)	84.9 (82.6–86.9)	81.5 (79.1–83.6)**	79.8 (77.5–81.8)**	77.7 (75.0–80.1)**	**82.1 (81.1–83.1)¶¶**	**77.1 (75.8–78.4)**
Hepatitis B vaccine ≥3 doses	91.8 (89.8–93.4)	93.5 (92.1–94.8)	92.5 (90.7–94.0)	93.6 (92.0–94.8)	91.4 (89.1–93.3)	**92.6 (91.8–93.3)**	**91.6 (90.6–92.6)**
Varicella							
History of varicella¶¶¶	6.8 (5.4–8.5)	6.9 (5.7–8.3)	8.7 (7.1–10.6)	7.6 (6.4–9.1)	12.0 (9.7–14.8)**	**8.4 (7.6–9.2)**	**9.1 (8.4–9.9)**
No history of varicella disease							
≥1 dose vaccine	96.2 (94.8–97.2)	95.9 (94.4–97.0)	95.3 (93.5–96.7)	95.3 (93.3–96.7)	95.2 (93.6–96.5)	**95.6 (94.9–96.2)**	**95.2 (94.3–95.9)**
≥2 doses vaccine	93.6 (92.0–95.0)	91.6 (89.6–93.2)	92.8 (90.6–94.5)	90.8 (88.3–92.9)**	90.5 (88.1–92.5)**	**91.9 (91.0–92.7)**	**90.6 (89.5–91.7)**
History of varicella or received ≥2 doses varicella vaccine	94.1 (92.6–95.3)	92.1 (90.3–93.6)	93.4 (91.4–95.0)	91.5 (89.2–93.4)	91.6 (89.5–93.4)**	**92.6 (91.7–93.3)**	**91.5 (90.4–92.4)**

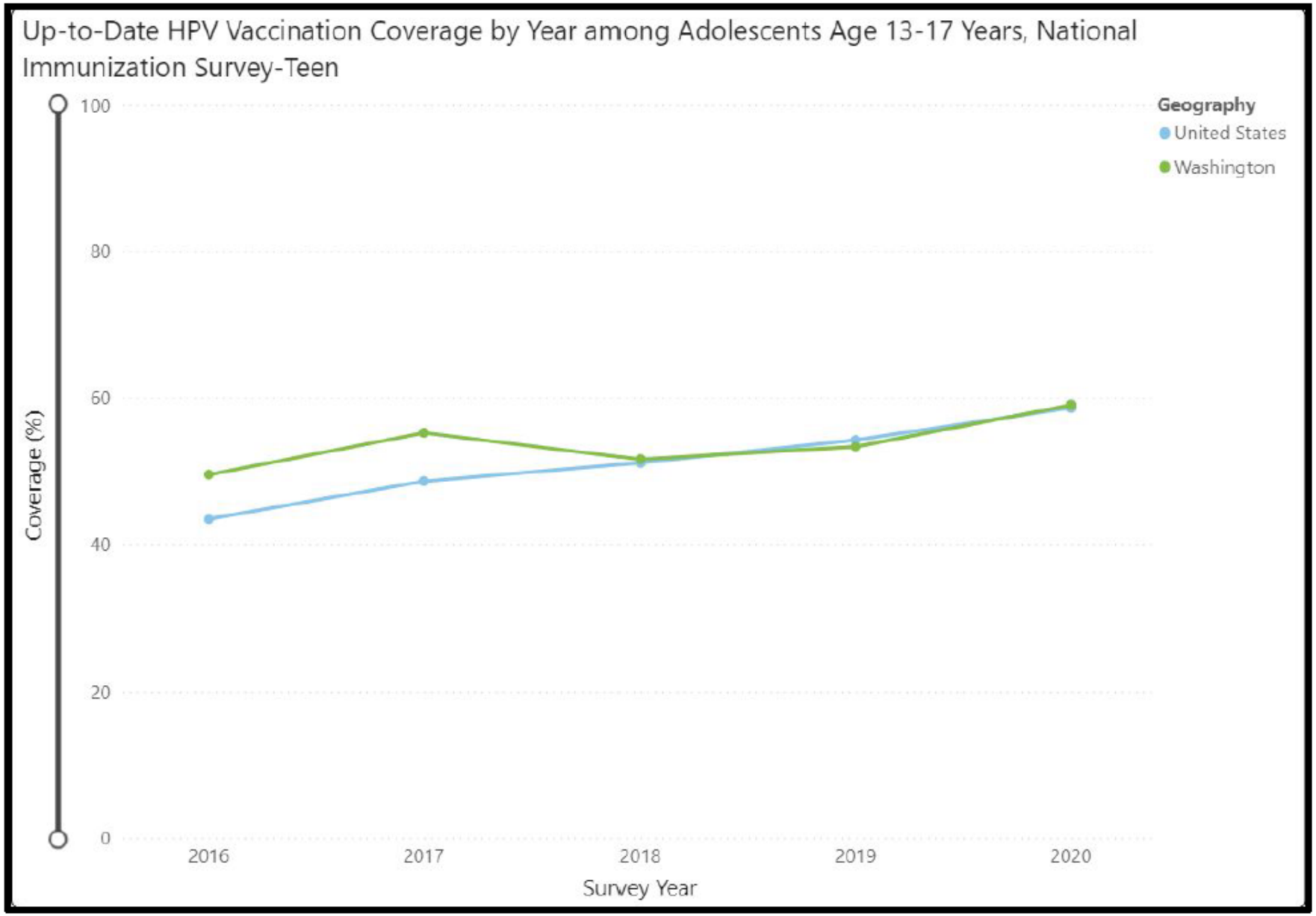
National Immunization Survey 2020

TABLE 2. Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13–17* years, by metropolitan statistical area† and by poverty level — National Immunization Survey–Teen, United States, 2020

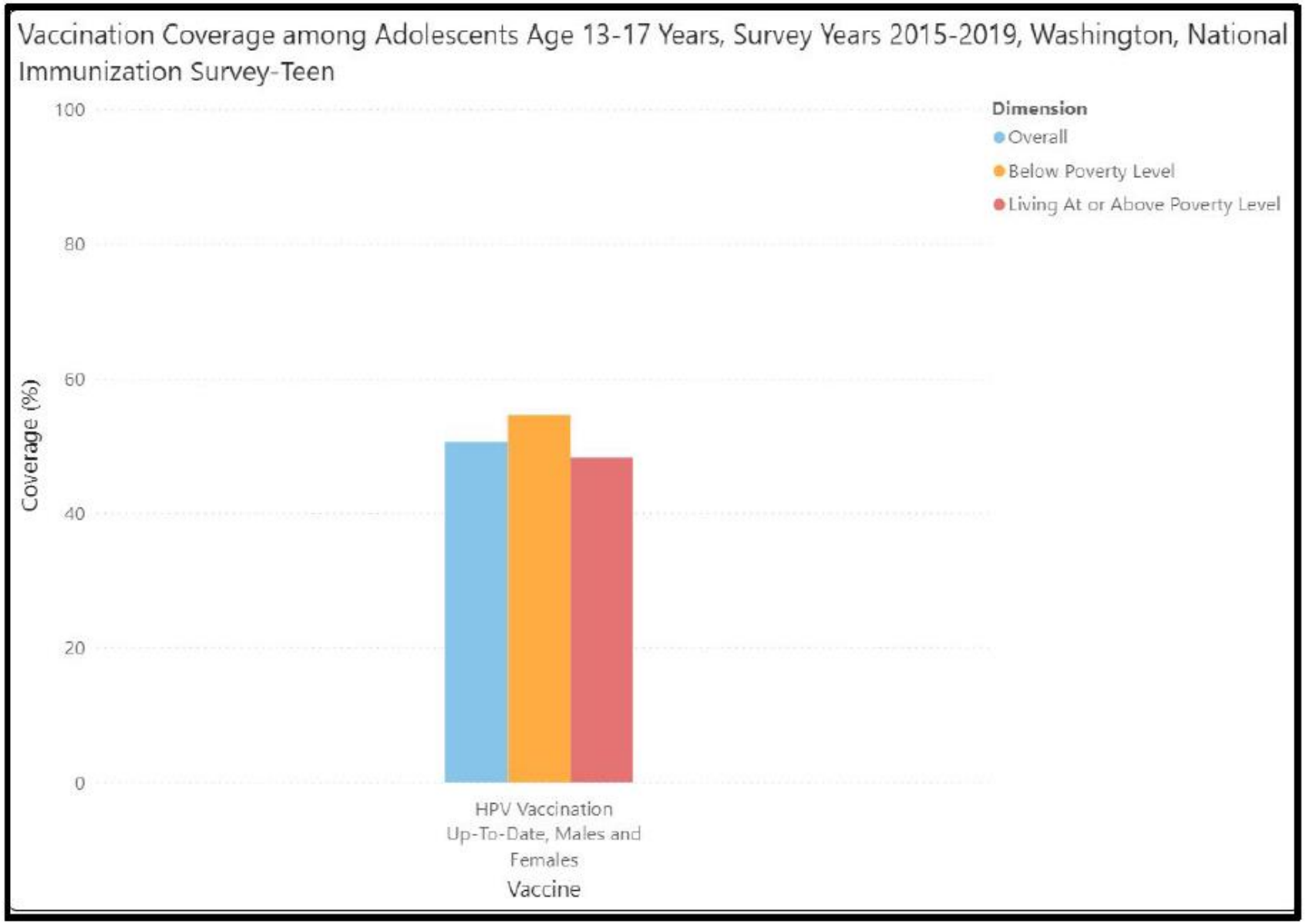
	MSA, % (95% CI)§			Below poverty level, % (95% CI)§			At or above poverty level, % (95% CI)§		
Vaccine	Non-MSA (n = 3,678)	MSA nonprincipal city (n = 8,409)	MSA principal city (n = 8,076)	Non-MSA (n = 631)	MSA nonprincipal city (n = 865)	MSA principal city (n = 1,352)	Non-MSA (n = 2,938)	MSA nonprincipal city (n = 7,246)	MSA principal city (n = 6,420)
Tdap¶ ≥1 dose	90.7 (88.7–92.3)	90.6 (89.3–91.8)	89.3 (87.7–90.7)	93.1 (89.7–95.5)	89.0 (84.7–92.1)	89.6 (86.3–92.2)	89.8 (87.4–91.9)	91.1 (89.7–92.3)	89.2 (87.3–90.9)
MenACWY**									
≥1 dose	85.7 (83.7–87.5)††	89.4 (87.9–90.7)	90.2 (88.7–91.5)	86.1 (81.8–89.5)††	87.2 (82.6–90.6)	91.6 (88.8–93.7)	85.6 (83.2–87.7)††	90.2 (88.6–91.5)	89.4 (87.5–91.0)
≥2 doses§§	50.1 (43.4–56.9)	58.5 (54.0–62.8)††	50.6 (45.2–56.1)	47.4 (33.5–61.7)	47.6 (33.0–62.7)	48.6 (35.8–61.7)	50.2 (42.3–58.0)	61.2 (56.6–65.6)††	50.2 (44.1–56.4)
HPV¶¶ vaccine									
All adolescents									
≥1 dose	68.0 (65.3–70.6)††	74.2 (72.5–75.9)††	77.8 (75.8–79.6)	73.6 (67.8–78.7)††	83.6 (79.5–87.0)	85.7 (82.0–88.7)	64.9 (61.7–67.9)††	73.1 (71.3–74.9)††	76.2 (74.0–78.3)
HPV UTD***	49.2 (46.3–52.1)††	59.1 (57.2–61.0)	60.4 (58.2–62.6)	56.7 (50.3–62.9)	63.8 (58.1–69.2)	64.4 (59.2–69.3)	46.0 (42.9–49.3)††	58.4 (56.4–60.4)	59.8 (57.4–62.2)
Females									
≥1 dose	67.8 (63.7–71.7)††	76.7 (74.5–78.8)	79.8 (76.9–82.4)	75.2 (66.4–82.2)††	84.4 (78.9–88.6)	87.2 (82.0–91.0)	63.6 (58.6–68.2)††	75.7 (73.3–78.0)	78.8 (75.7–81.7)
HPV UTD	50.3 (46.0–54.6)††	62.2 (59.6–64.7)	63.2 (59.9–66.4)	56.9 (47.6–65.8)	65.3 (56.8–72.9)	66.0 (58.2–73.0)	46.8 (42.0–51.6)††	61.9 (59.1–64.5)	63.5 (60.0–67.0)
Males									
≥1 dose	68.1 (64.6–71.5)††	71.9 (69.3–74.4)††	75.8 (73.2–78.3)	71.6 (63.7–78.4)††	82.9 (76.5–87.8)	84.3 (78.8–88.6)	66.1 (61.9–70.0)††	70.7 (68.0–73.3)	73.7 (70.5–76.6)
HPV UTD	48.1 (44.3–52.0)††	56.2 (53.4–58.9)	57.8 (54.8–60.7)	56.4 (47.8–64.7)	62.5 (54.5–69.8)	62.9 (55.8–69.4)	45.4 (41.2–49.7)††	55.2 (52.2–58.1)	56.2 (52.8–59.5)



National Immunization Survey 2020



NIS Survey – WA Demographics 2015-2019



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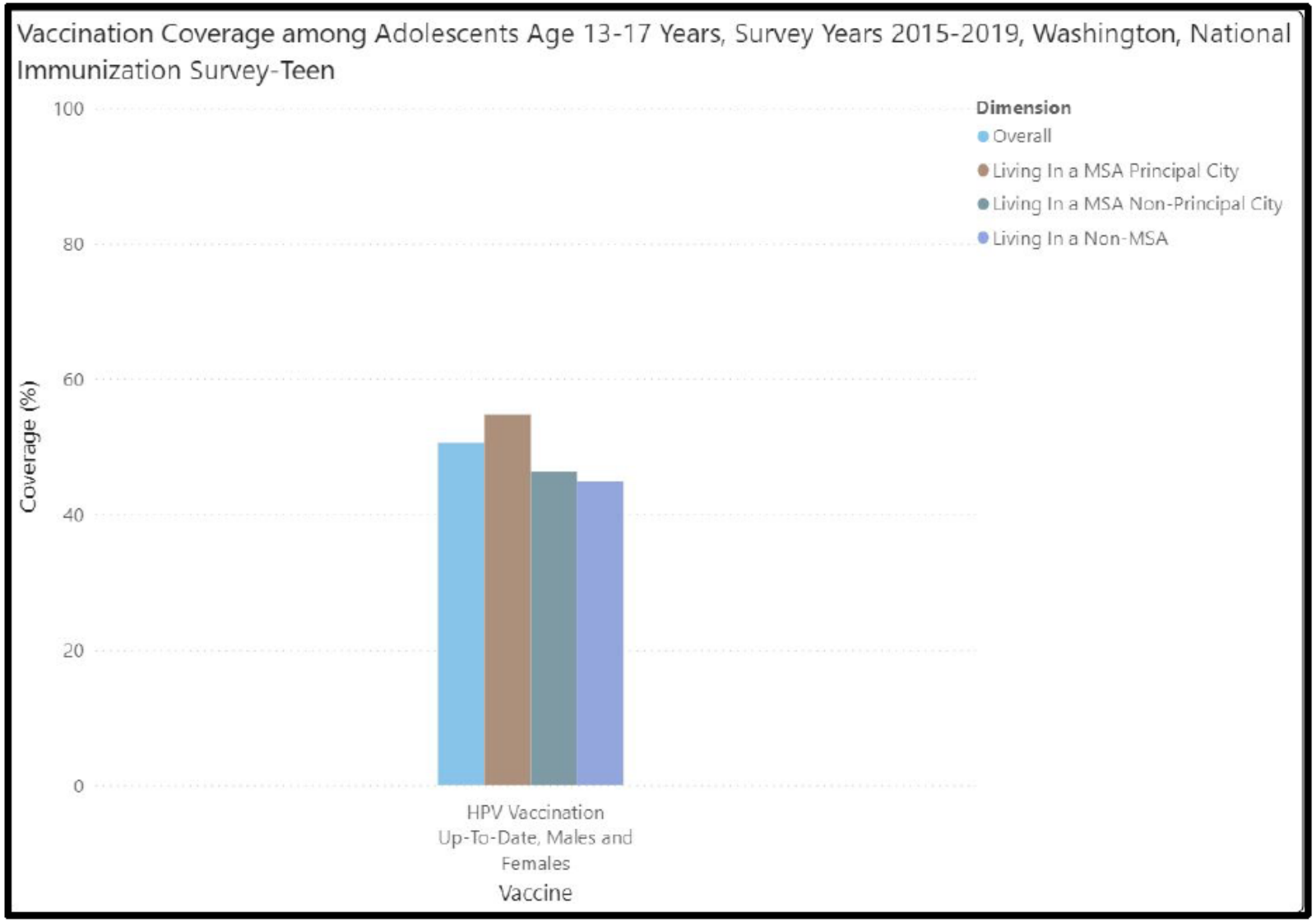
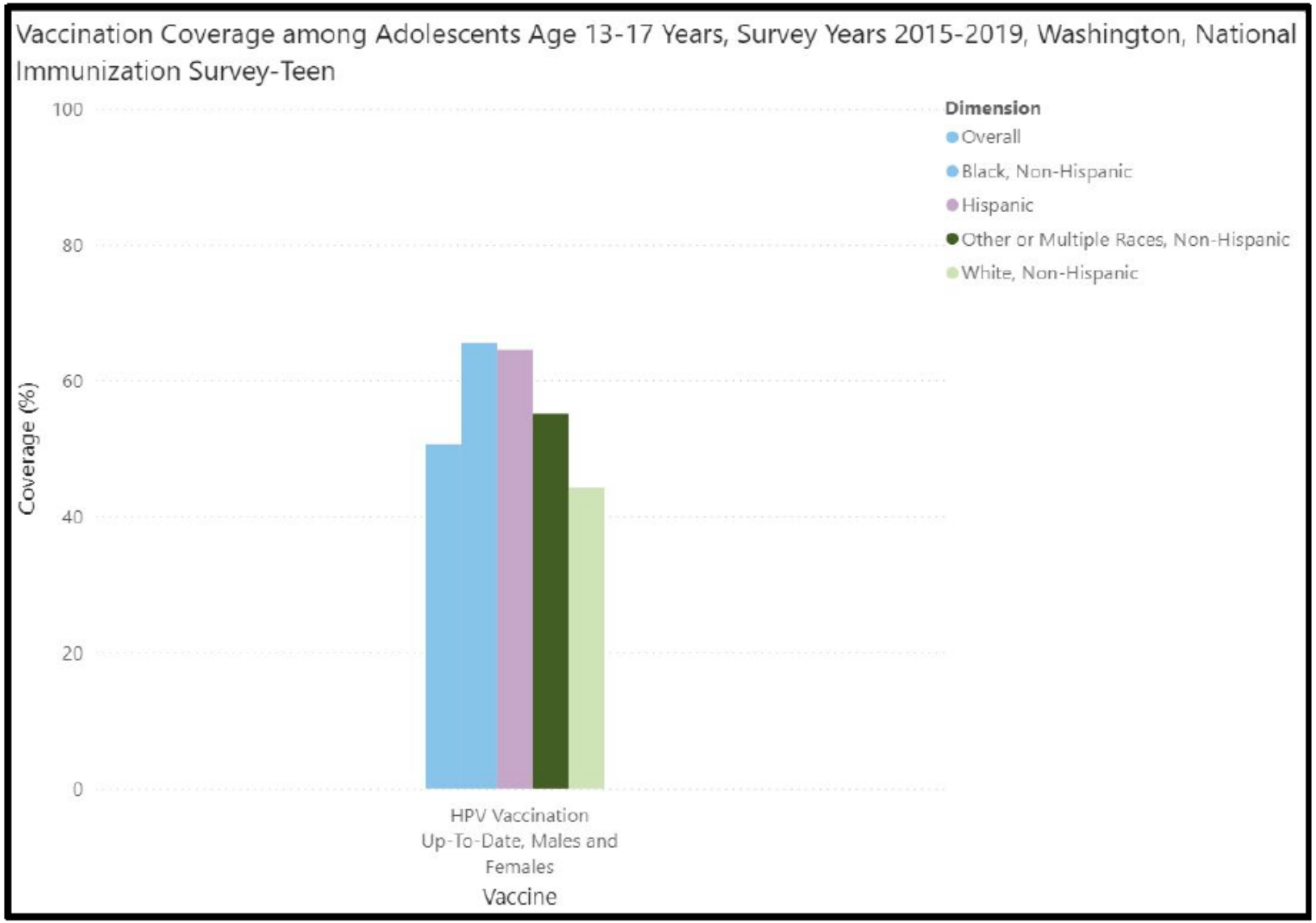
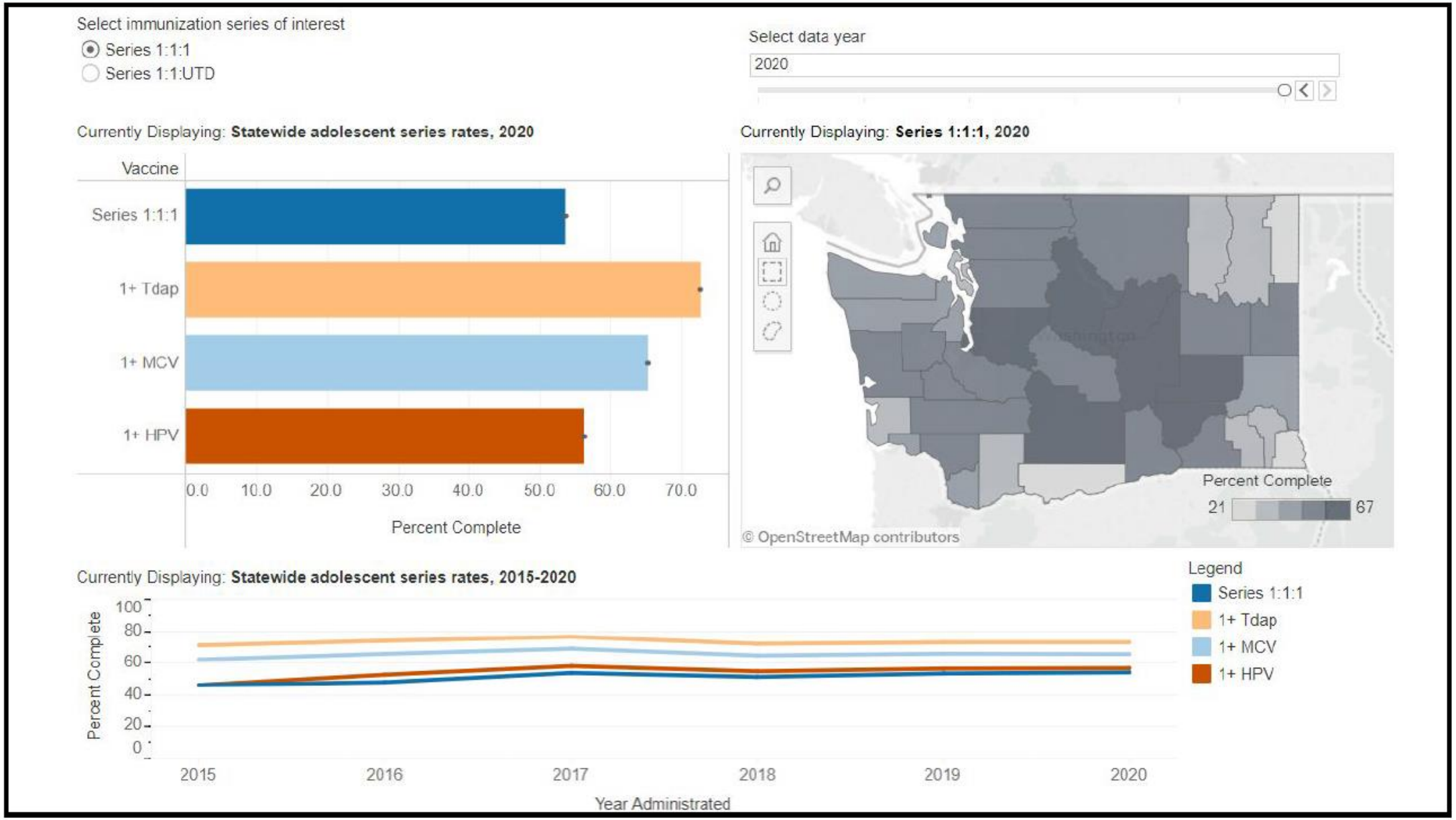
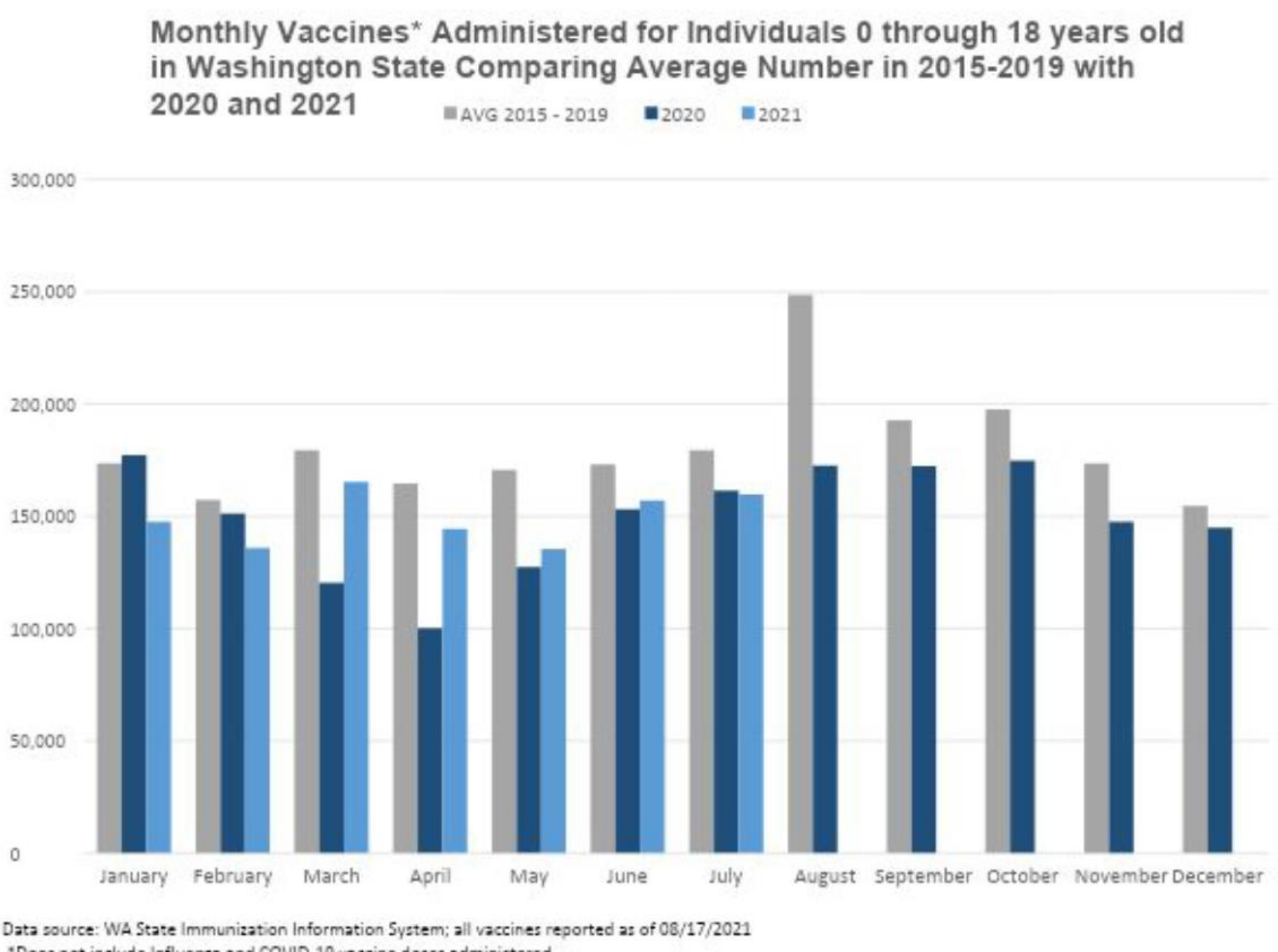


NIS Survey – WA Demographics 2015-2019

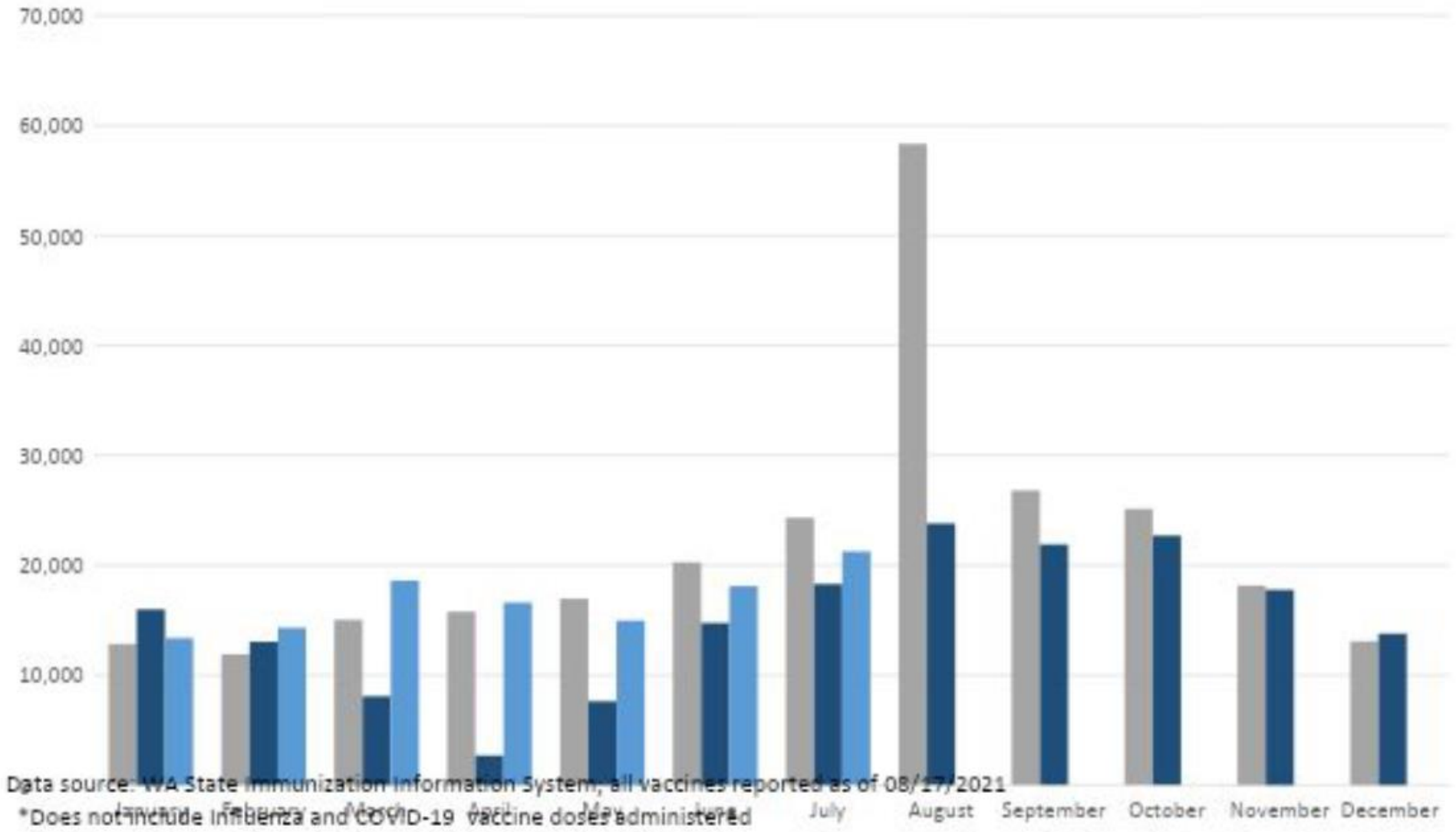


WA Dept. of Health Immunization dashboard - 2020



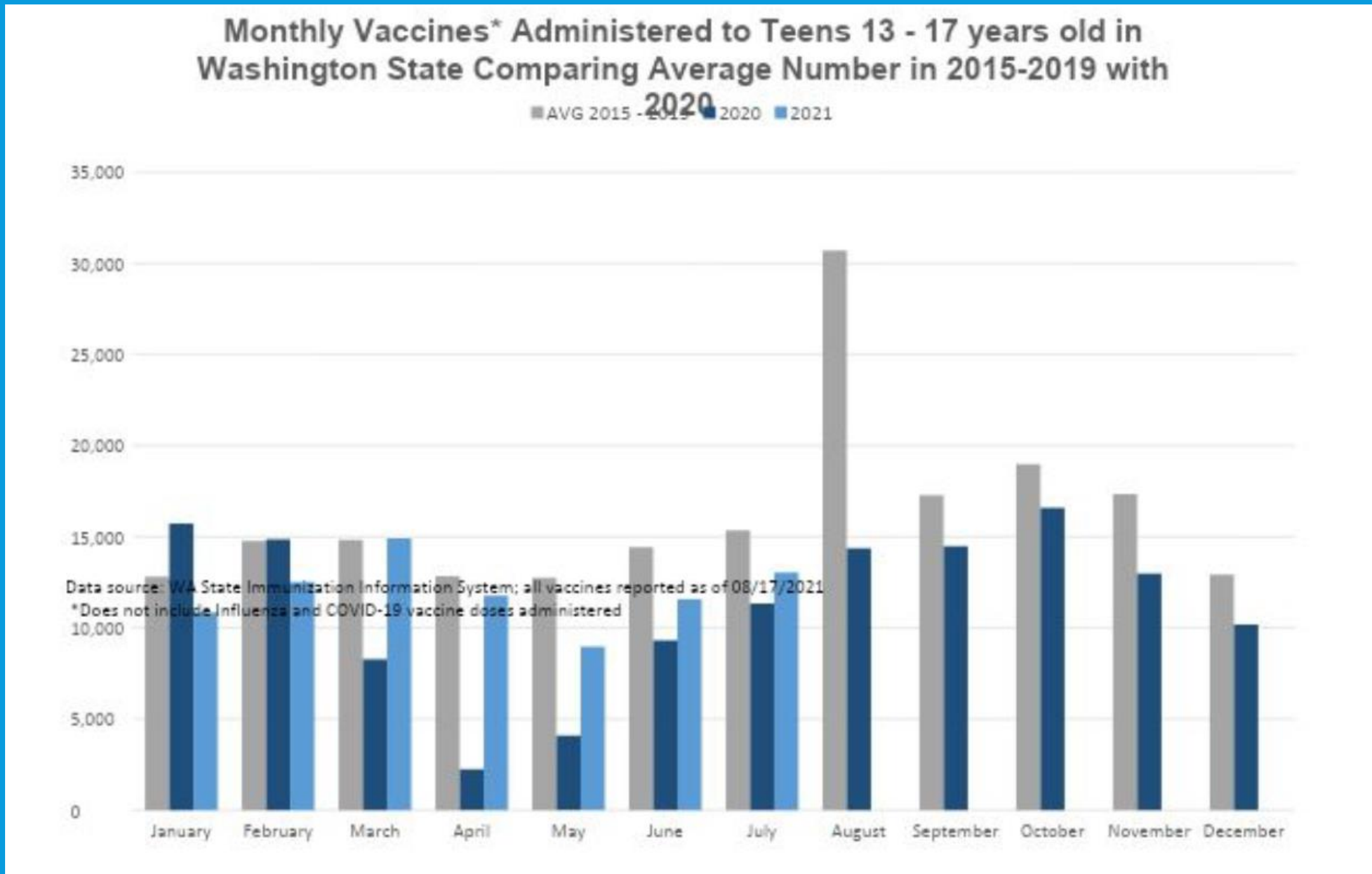

Monthly Vaccines* Administered for Individuals 0 through 18 years old in Washington State Comparing Average Number in 2015-2019 with 2020 and 2021
AVG 2015 - 2019
2020
2021
300,000
250,000
200,000
150,000
100,000
50,000
0
January
February
March
April
May
June
July
August
September
October
November
December
Data source: WA State Immunization Information System; all vaccines reported as of 08/17/2021

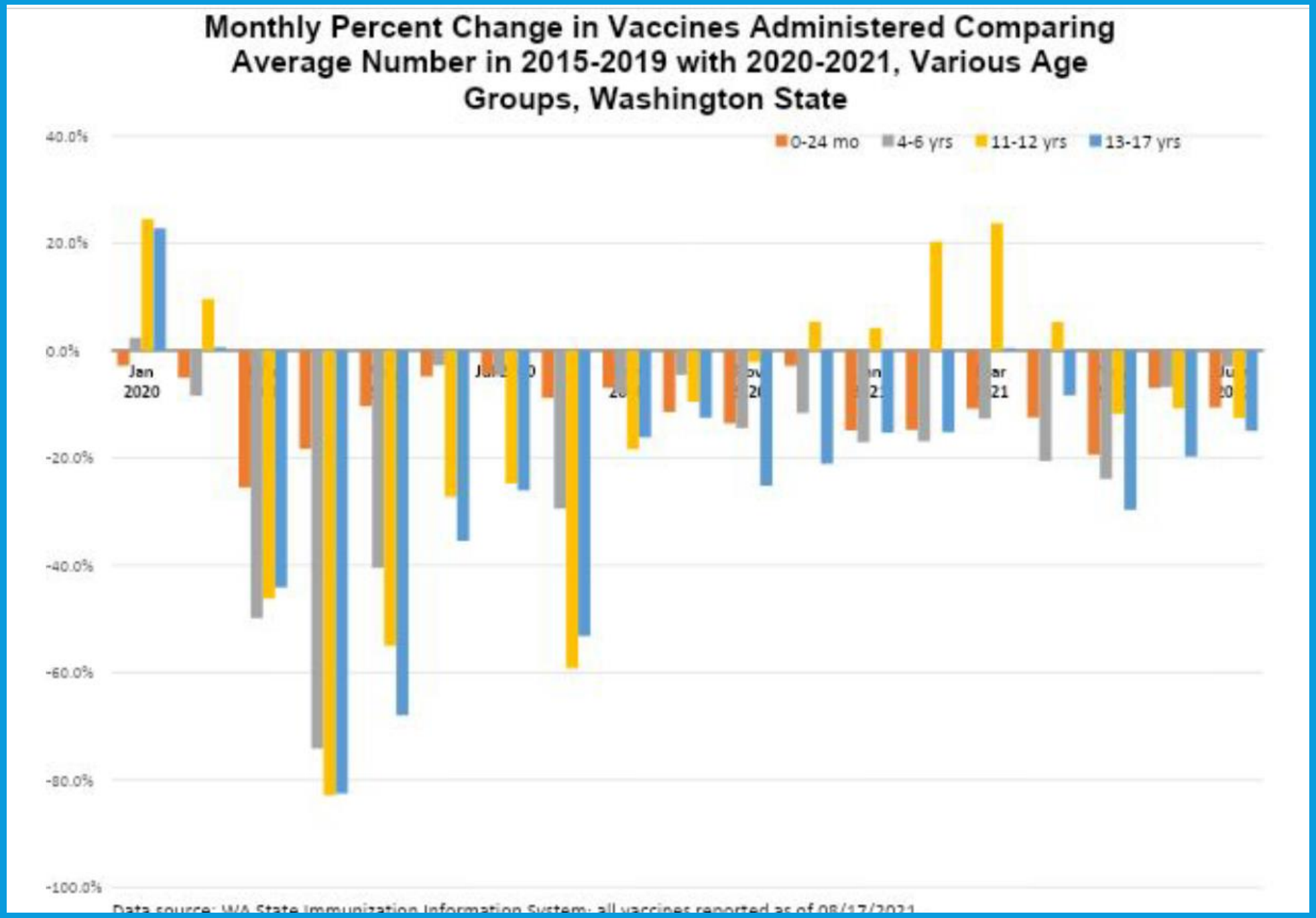
Monthly Vaccines* Administered to Adolescents 11 - 12 years old in Washington State Comparing Average Number in 2015-2019 with 2020 and 2021



Data source: WA State Immunization Information System, all vaccines reported as of 08/17/2021

*Does not include Influenza and COVID-19 vaccine doses administered


Monthly Vaccines* Administered to Teens 13 - 17 years old in Washington State Comparing Average Number in 2015-2019 with 2020
AVG 2015 - 2019
2020
2021
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
January
February
March
April
May
June
July
August
September
October
November
December
Data source: WA State Immunization Information System; all vaccines reported as of 08/17/2021
*Does not include Influenza and COVID-19 vaccine doses administered


Monthly Percent Change in Vaccines Administered Comparing Average Number in 2015-2019 with 2020-2021, Various Age Groups, Washington State
0-24 mo
4-6 yrs
11-12 yrs
13-17 yrs
40.0%
20.0%
0.0%
-20.0%
-40.0%
-60.0%
-80.0%
-100.0%
Jan 2020
Data source: WA State Immunization Information System; all vaccines reported as of 08/17/2021

Recent data shared by the DOH regarding 2020 immunizations

- An 11% decrease in Tdap (tetanus, diphtheria, and whooping cough) vaccine, from 60.3% in 2019 to 49.2% in 2020. One dose of Tdap is required to enter 7th grade in Washington state.
- An 8.4% decrease in meningococcal vaccine, from 50.7% in 2019 to 42.3% in 2020.
- A 5.6% decrease in HPV vaccine, from 42.0% in 2019 to 36.4% in 2020. The HPV vaccine prevents several types of cancer and is more effective when given at the recommended age.
- A 6.0% decrease in the proportion receiving the 1:1:1 series (1 dose of Tdap, 1 or more doses of meningococcal vaccine, and 1 or more doses of HPV vaccine) from 39.4% in 2019 to 33.4% in 2020.

HIGHLIGHTS OF RECENT VACCINE DATA

Before the pandemic, there was a positive trend of yearly increases in HPV vaccines given.

HPV vaccination rates are highest in Urban areas, in Medicaid patients and in non-Caucasian patients.

Looking at the adolescents there have been a few months with increased vaccines administered with the 11-12 year olds over the past few months. Ages 13-17 are still behind.

HPV had the lowest decrease during 2020 compared to 2019, less than Tdap and Meningococcal, only 5.6% decrease for HPV.

C0-ADMINISTRATION OF COVID-19 AND OTHER VACCINES

Children age 12 and older can get the COVID-19 vaccine at the same time as the rest of their vaccines. Please offer them the Covid-19 vaccine if you provide it, or refer them.

You can give HPV and Covid-19 vaccine at the same time. You can give Influenza vaccine and Covid-19 vaccine on the same day as well. Don’t miss an opportunity to catch adolescents up on their recommended vaccines when they come in for their Covid-19 vaccine!

ANY QUESTIONS?

Discussion

We want to hear from you!

- How have you prioritized HPV vaccination since the April Roundtable? If so, how?
- What strategies have you found to be successful?
- What challenges or barriers have you faced?

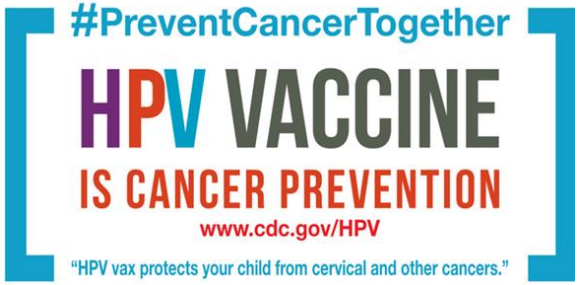
Top Strategies to Increase Vaccination

Dr. Sherri Zorn, Pediatrician with Polyclinic

The Case for HPV at age 9
Be an Early Bird and Get the Worm

Don’t wait, vaccinate!

Sherri Zorn MD, FAAP
Polyclinic Pediatrics, Part of Optum
Seattle, WA



No financial disclosures

HPV at age 9

- Endorsed by:
  - American Academy of Pediatrics
  - American Cancer Society
  - National HPV Vaccination Roundtable
  - Washington Department of Health

- Fits within the CDC/ACIP guidelines
  - "**Children and adults aged 9 through 26 years.** HPV vaccination is routinely recommended at age 11 or 12 years; **vaccination can be given starting at age 9 years**. Catch-up HPV vaccination is recommended for all persons through age 26 years who are not adequately vaccinated."

Meites et al MMWR 2019. https://www.cdc.gov/mmwr/volumes/68/wr/mm6832a3.htm

Objectives

- Why at 9?
  - It works better (better immune titers at younger ages)
  - Easier conversation with parents, focused entirely on cancer prevention
  - Gives more opportunities to get both doses completed before age 13
  - Can pair it with the annual well child check up, avoiding unnecessary extra visits
  - Parents and kids like having fewer shots at each visit
- Polyclinic's Experience
- Boston Experience in 5 clinics, published
- National Provider Attitudes toward "HPV at 9"
- Next Steps for your clinic or practice setting

Polyclinic Pediatrics
Part of Optum since 2019

- 11 pediatricians within a large multispecialty group
- Downtown Seattle, Washington
- Patients:
  - Racial diversity (reflective of King County): 59% White, 17% Asian, 6% Black, 3% Hispanic, <1% American Indian/Alaskan Native, 15% Other or Unknown
  - Majority are English speakers
  - ~95% have private insurance
  - ~75% are up to date with annual well child visit (pre-pandemic)
  - N=3,700 (9-17 y) as of 12.31.2020

- Awards:
  - “Immunize Washington” Gold Award, multiple years
  - “HPV Vaccine is Cancer Prevention Champion Award”, 2018, awarded by CDC, American Cancer Society and Association of American Cancer Institutes

The Polyclinic Pediatrics' Experience: Initial HPV efforts 2016 - 2017

- Cleaned up patient panel in state registry (WAIIS)
- Standard recommendation for HPV vaccine at age 11
- Time intensive patient outreach
  - ~800 phone calls for patients overdue for 2nd or 3rd dose

Barriers:

- Didn't have full engagement of staff
- Outreach was time intensive and unsustainable
- Room for improvement in series completion by 13

2017 “Permission Slip” from WA DOH to start at age 9

Full letter available
www.WA.DOH.gov

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1610 NE 150th Street • Shoreline, Washington 98155-7224
Tel: 206-418-5406 • TTY Relay Service: 800-833-6388

DOH 348-624 April 2017

April 20, 2017

Dear Provider,

New ACIP recommendations for the HPV two dose vaccination series were published in the MMWR in December 2016. I would like to emphasize the **HPV two dose series can be initiated at age 9 years**.[1]

Polyclinic Pediatrics: Change to 9-10, April 2018

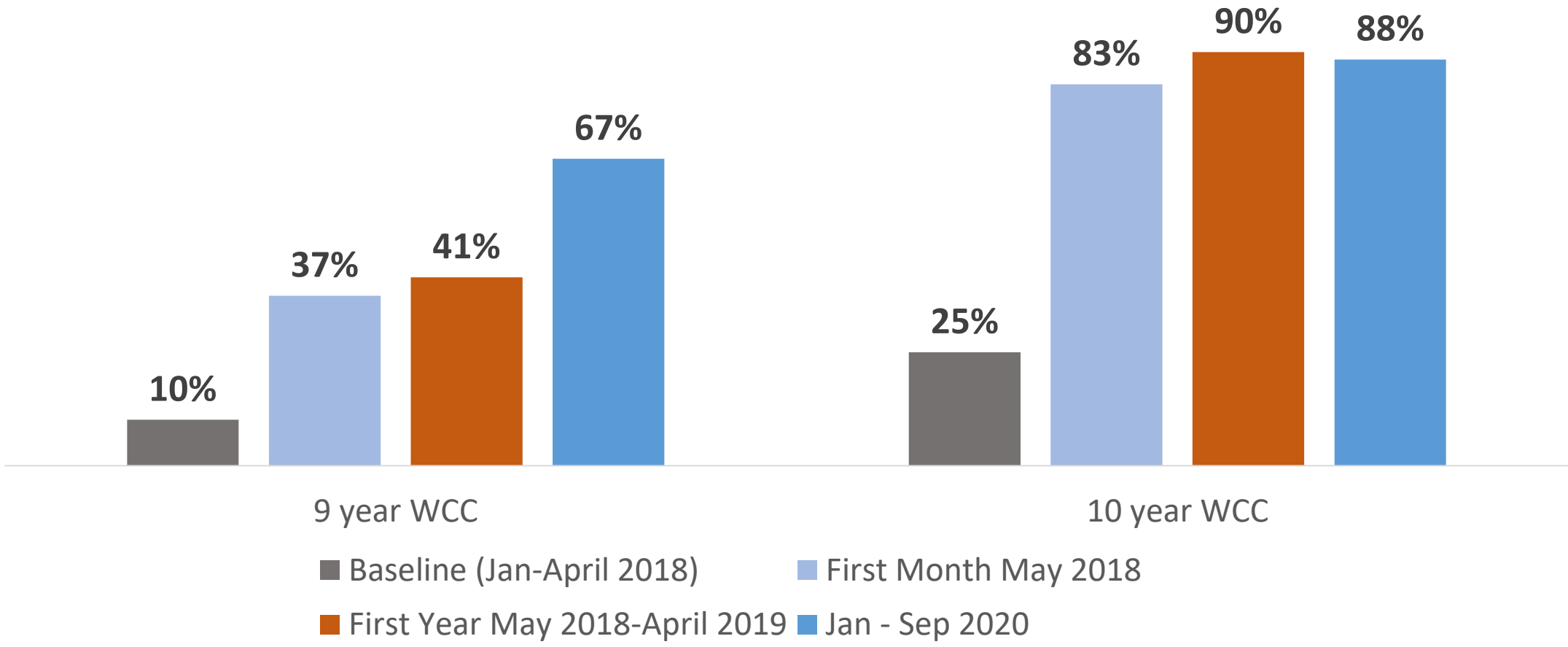
- One lunch time lecture for ALL staff and providers
  - The basics about HPV cancers and HPV vaccine including detailed information about effectiveness, safety and dosing schedule
  - Dispelled myths and addressed concerns
  - Staff and providers gained a clear understanding about the importance of HPV vaccine for cancer prevention
- Highlights
  - HPV vaccine works better when given at younger ages
  - Most beneficial if completed before age 13
  - Benefits of HPV at 9-10: More opportunities to vaccinate

Script for an effective strong recommendation

"Your child is due for the HPV vaccine today. It's an important vaccine to prevent HPV related cancers. I recommend getting the first dose today and the final dose at your check up next year"

HPV Vaccine administered at 9 & 10 year Well Child Visits

Polyclinic Pediatrics 2018 - 2020



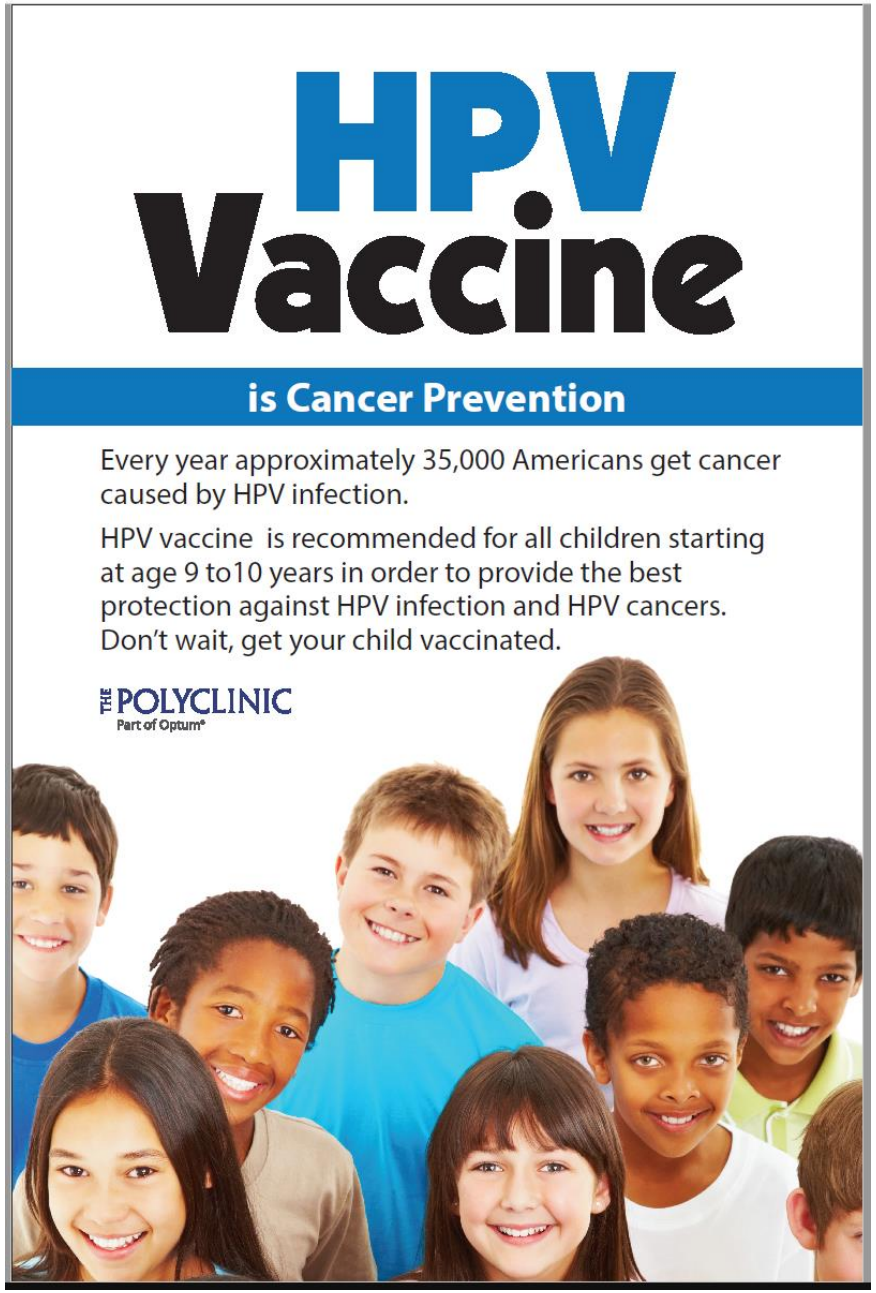
Our Simple Sustainable Strategy at Polyclinic

Key Strategy: Start HPV vaccine at age 9-10 years

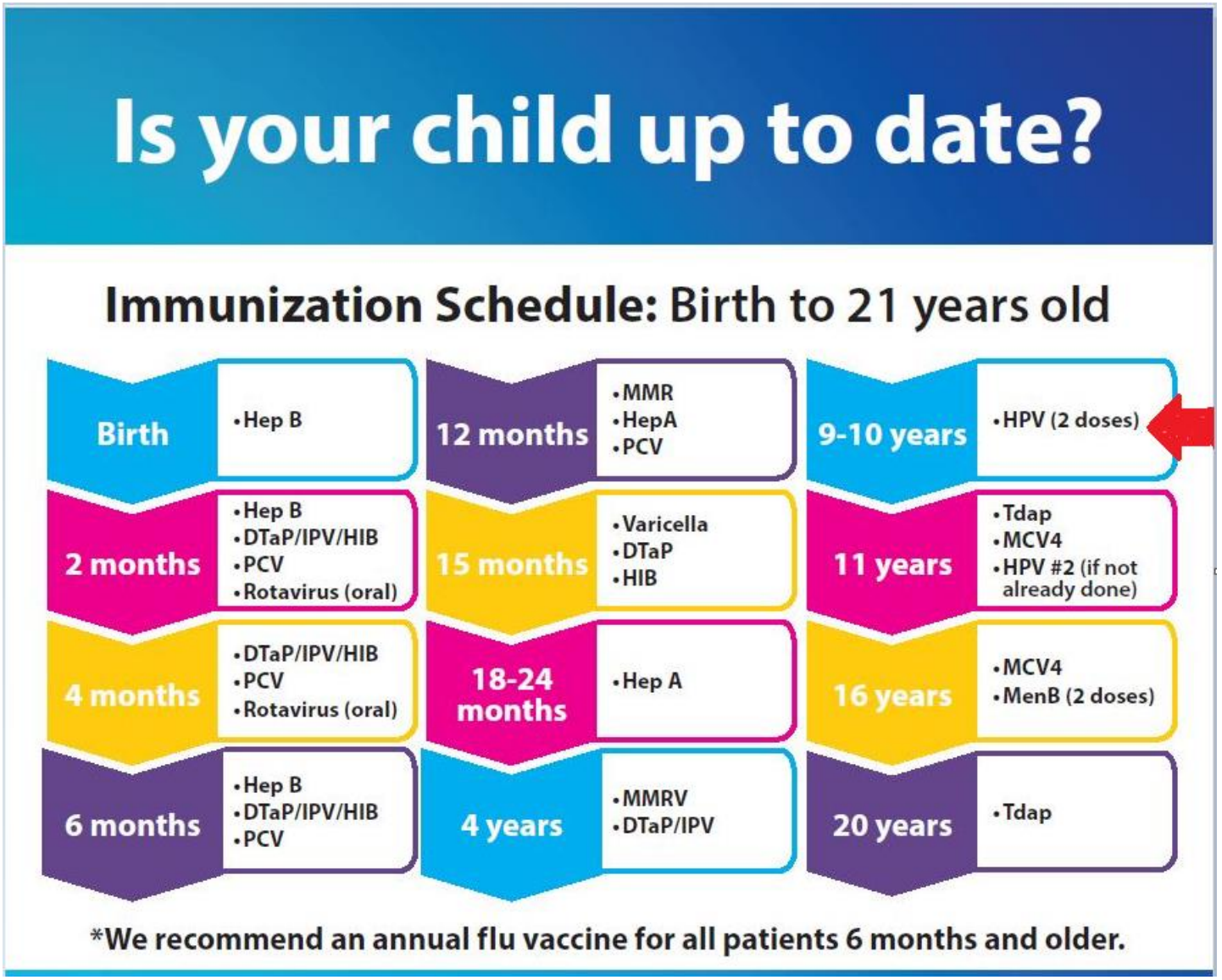
- Lobby Poster
- Standardized immunization schedule
- Cue cards

- Simple strong and effective recommendation for HPV vaccine
- EPIC (EHR) smartsets support ordering the HPV at 9-10
- Reminder-Recall for overdue vaccines or well child checkups

Lobby Poster



Standard Immunization Schedule Poster for Exam Rooms



Cue Card

HPV Vaccine Facts | *HPV Free WA*

- HPV (Human Papillomavirus) vaccine is a Cancer Prevention vaccine that protects against six types of cancers (oropharyngeal, cervical & genital) that are caused by persistent HPV infection and prevents most genital warts
- HPV vaccine is ***Safe and Effective***
- Does not cause infertility or have other serious side effects
- Not required for school, but all our providers think it's very important

Who should get it? Does patient need 2 or 3 doses?

- Important for ***both*** Boys and Girls
- First dose is recommended at age 9-12. Our clinic begins at age 9 because it is most effective at younger ages (and the younger kids only need 2 doses)
- ***The 2 or 3 dose schedule depends on when the 1st dose is given:***
  - » If 1st dose is given **BEFORE** the 15th birthday:
    - » Only 2 doses are needed (6-12 months apart)
  - » If 1st dose is given **AFTER** the 15th birthday
    - » 3 doses are needed
    - » 2nd dose is 1-2 months after first, 3rd dose is 6 months after 1st dose
- Do not need to restart series if late receiving second (or third) dose

Why doesn't the HPV vaccine show up on the CIS (WA Certificate of Immunization)?

- It's not on the CIS to protect the confidentiality that some teens need (HPV vaccine dates can be handwritten if desired)

American Cancer Society®

Our entire team (from front desk to providers) embraced the cancer prevention mission with HPV at 9-10

Few Barriers:

- Our EMR prompt still remained at 11
  - we didn't have control over this
- Inadvertent misinformation: solved with training and cue cards

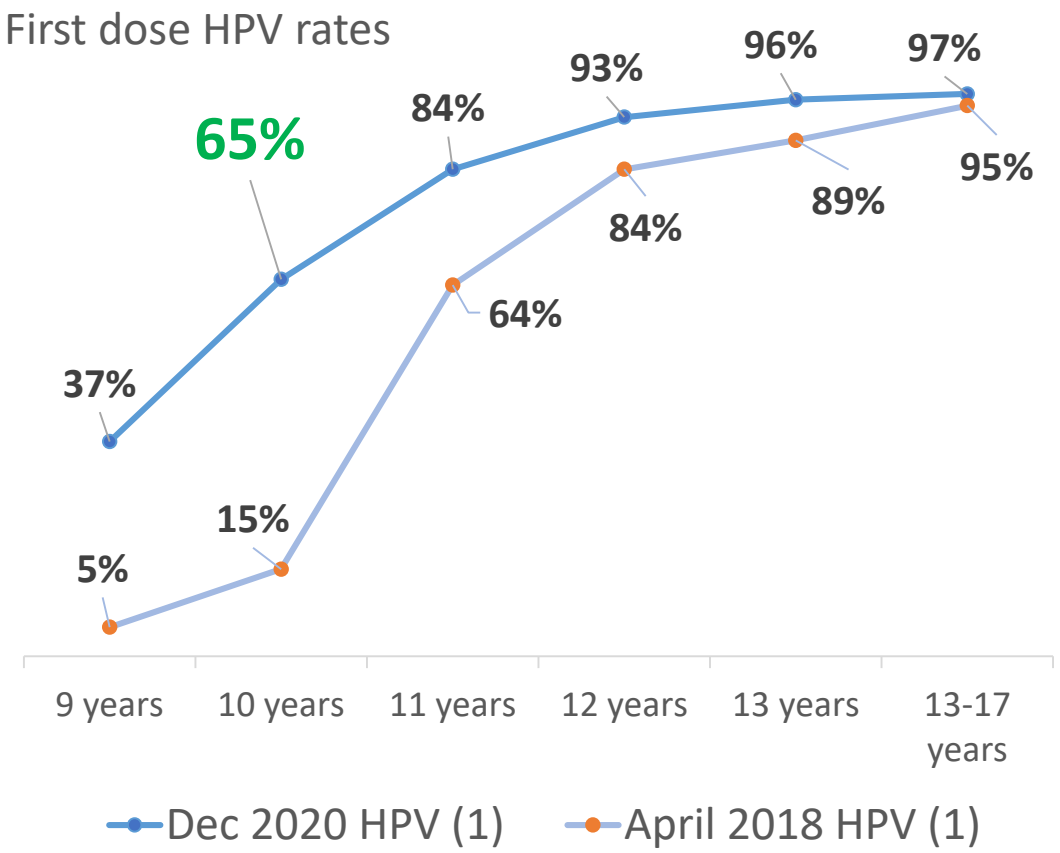
Not a Barrier: No advance notice to patients when we changed to 9-10

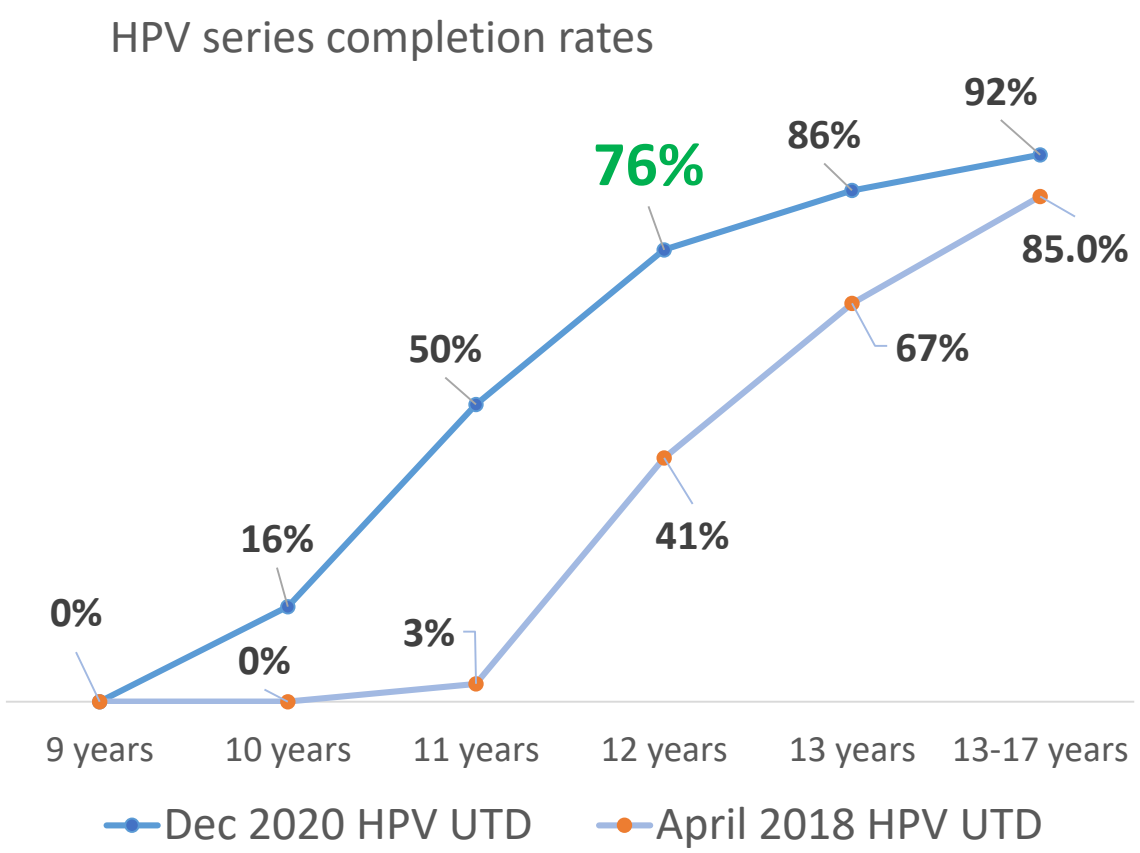
Outreach is still essential, but keep it simple:

- Focus on annual well child visits (email/Mychart/phone reminders)
- Reminder letter for overdue 2nd dose, age 12-17 (very effective!)
  - Can be done through WAIIS or EPIC

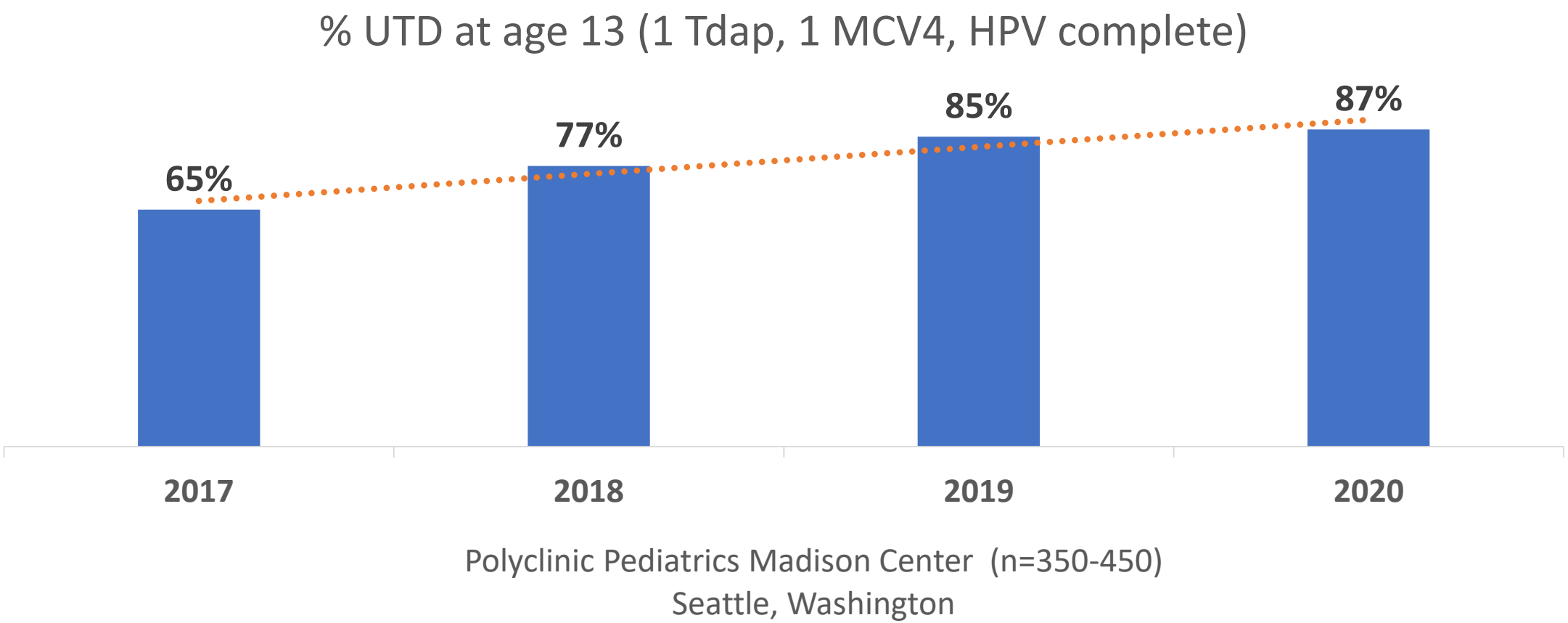
Starting HPV at 9-10 y: Impact on HPV vaccination rates Polyclinic Pediatrics, 2018-2020

N = 3700 as of 12.31.2020 (Data from WAIIS)

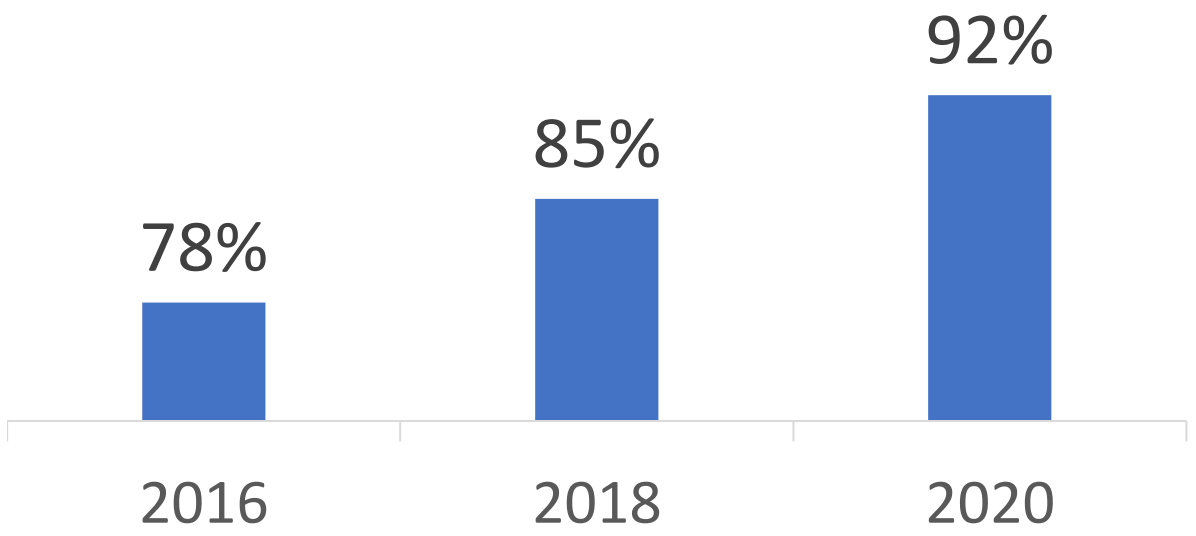




These strategies really do work!!



Polyclinic HPV completion at age 13-17 years (source: WAIIS)



- Focus on HPV vaccination rates since 2016
- HPV at 9-10 beginning 2018

Comments from Polyclinic Colleagues

- **“**The exam room **poster of the immunization schedule** is key”
- “Giving a simple **strong recommendation** focused on **cancer prevention** is **easier and more effective** than getting into an awkward discussion about sex”
- “Being able to **spread out the vaccines** instead of bundling them with the eleven year old shots is an **added benefit** for many patients and providers”
- “I wish we had started vaccinating at age nine sooner. It’s so important and **it’s made it so simple**”

Published experience from Boston HPV Initiation before age 11

- Study Intervention in Boston, 2016-2018, 7 session program
- 5 clinics (Pediatrics/Family Medicine) serving primarily low income, minority, urban patients
  - 4 were FQHC's – Federally Qualified Health Centers
- Multicomponent intervention including education on strong recommendation
- All practices chose to initiate HPV at age 9 or 10
  - 3 practices chose to start HPV at 9
  - 2 practices chose to start HPV at 10

Perkins et al, Pediatrics, 2020

Results from Boston Study

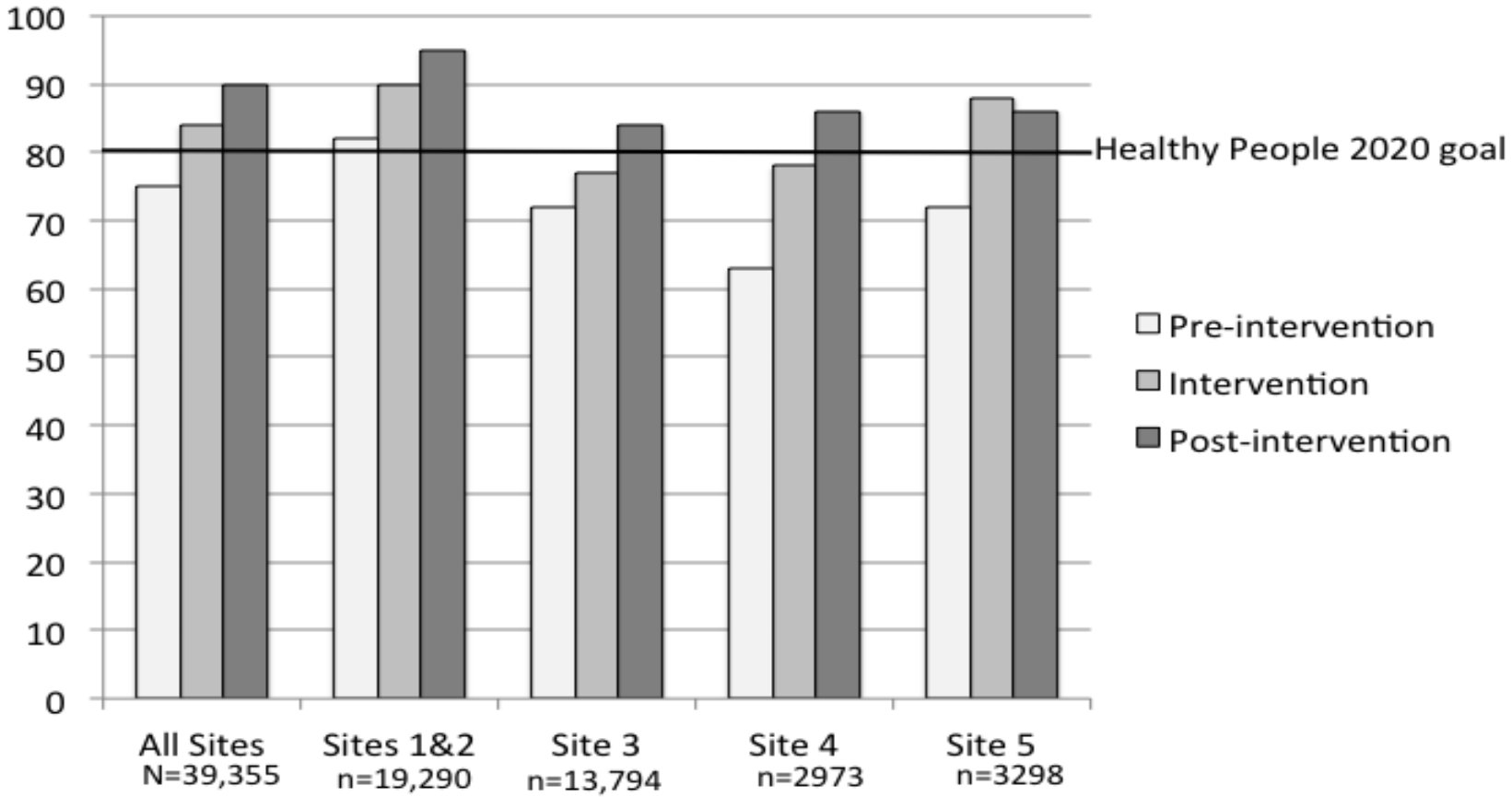
- Initiation rates for 9-10 year olds increased from <20% to >50% during study intervention (2016-2018)
- Providers had positive experiences recommending HPV at 9-10
- HPV initiation (age 9-17) increased by 15%
- HPV completion (age 9-17) increased by 9%

Perkins et al, Pediatrics, 2020

Increased vaccine initiation

Likelihood of vaccination at an eligible visit increased by >10 percentage points

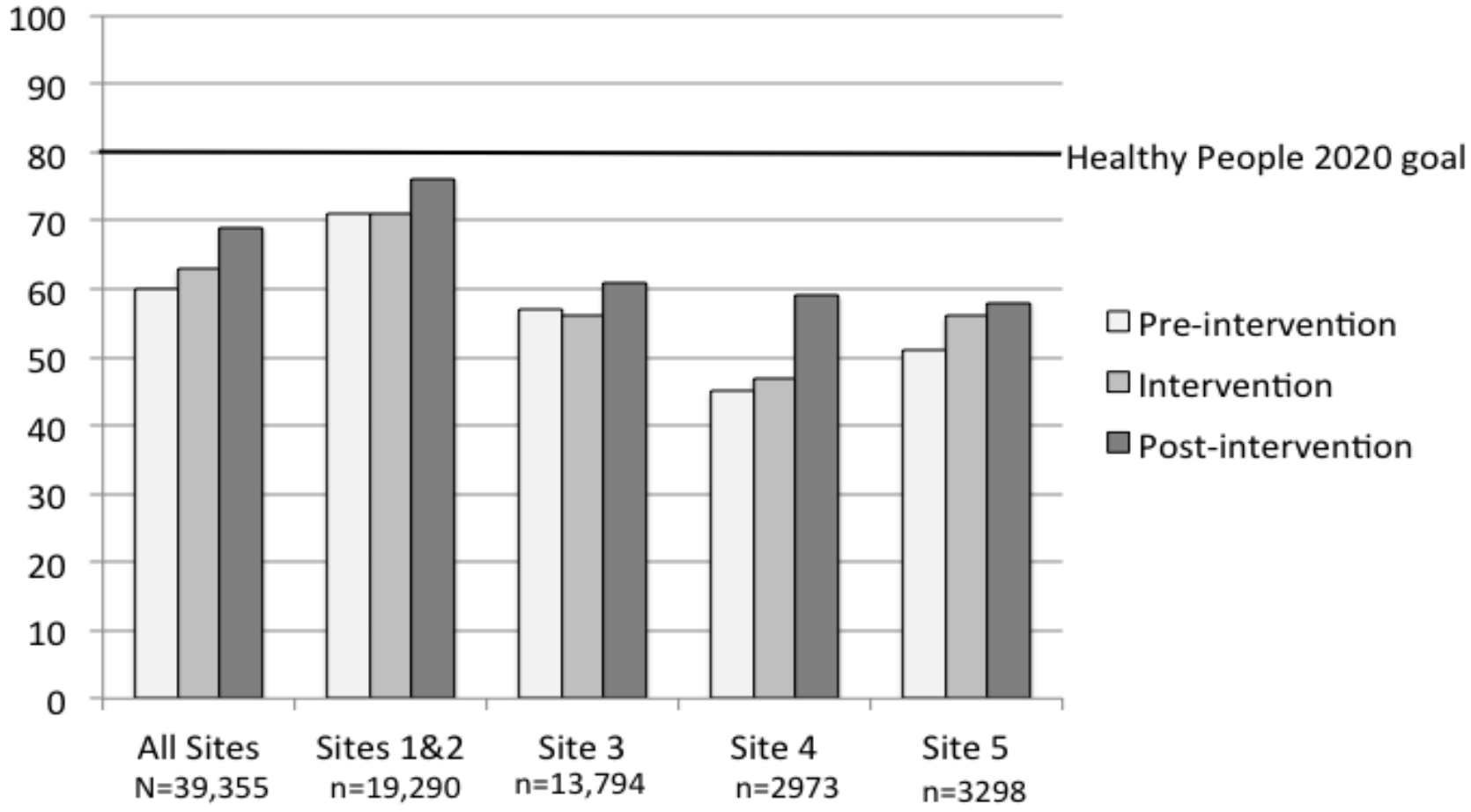
Vaccine initiation increased from 75% (preintervention) to 90% (postintervention)



Perkins et al, Pediatrics, 2020

Increased vaccine completion

Vaccine completion increased from 60% (preintervention) to 69% (postintervention)



Perkins et al, Pediatrics, 2020

"Easier than I thought"

Providers' experience with vaccinating before 11, Boston Study

- Initial concerns about removing the HPV vaccine from the adolescent bundle were not confirmed
- Providers uniformly reported
  - **high parental acceptance**
  - **reduced stigma** relating to sexual activity
  - **administer fewer shots** at each visit
  - more opportunities to **complete the series**

"We present it as this is a shot that we recommend, and it prevents cancer, and it is more effective when kids are younger, and if they get it now, they don't have to have it when they have the other two shots when they're 11. Those three things seem to convince most people that it's a good idea."

Biancarelli et al, Journal of Pediatrics, 2020

HPV at 9: Primary care professional survey, 2021

Cross-sectional online survey about perspectives on recommending HPV vaccine at age 9

- Current practice
- Willingness to adopt
- Advantages and disadvantages

Eligibility criteria

- Vaccine provider for patients ages 11-17

National sample (*n*=1,047)

- 71% physicians, 17% advanced practice providers, 12% nurses
- 71% family medicine, 29% pediatrics
- 76% with ≥10 years experience in practice

Courtesy of Drs. Gilkey and Brewer, UNC, 2021

HPV vaccine recommendations at age 9

Current use (*n*=1047)

- 21% age 9-10
- 59% age 11-12
- 20% age 13+ or never

Courtesy of Drs. Gilkey and Brewer, UNC, 2021

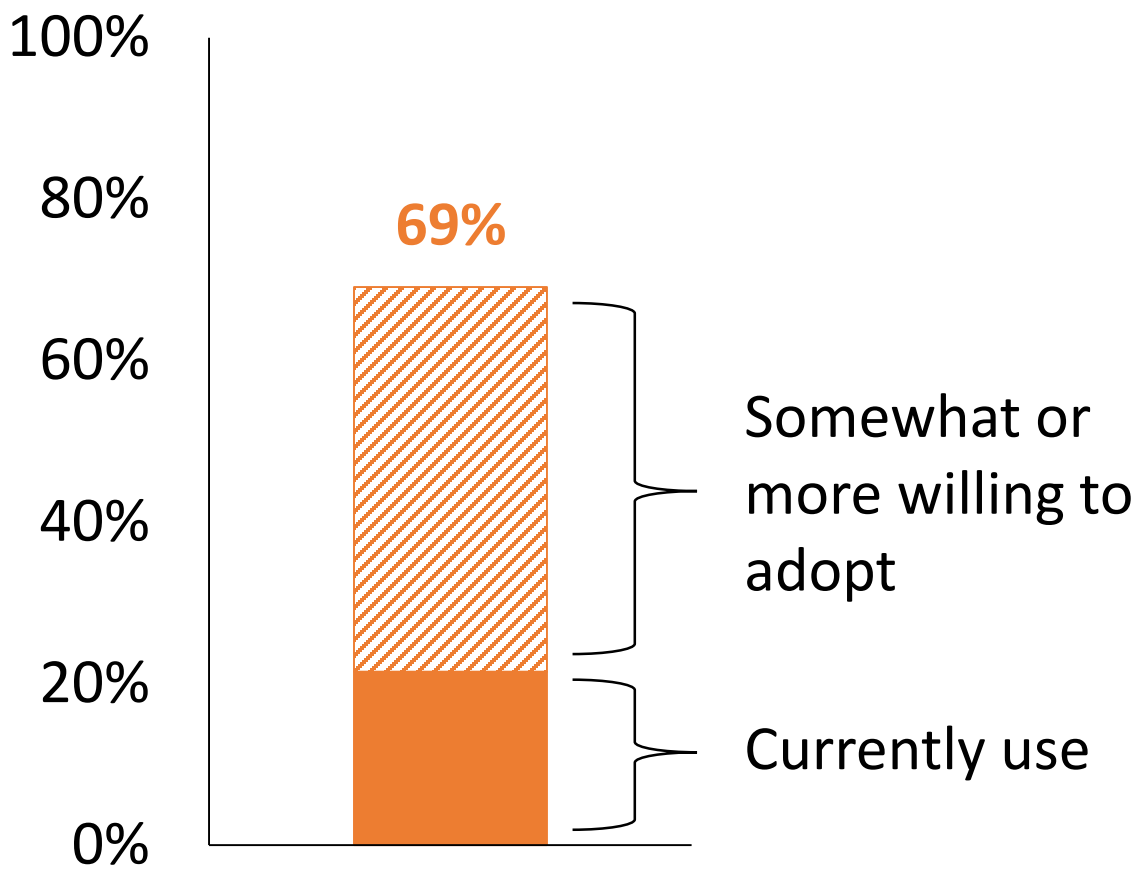
HPV vaccine recommendations at age 9

Current use (*n*=1047)

- 21% age 9-10
- 59% age 11-12
- 20% age 13+ or never

Willingness to adopt (*n*=822)

- 22% very/extremely willing
- 39% somewhat willing
- 25% a little willing
- 14% not at all willing

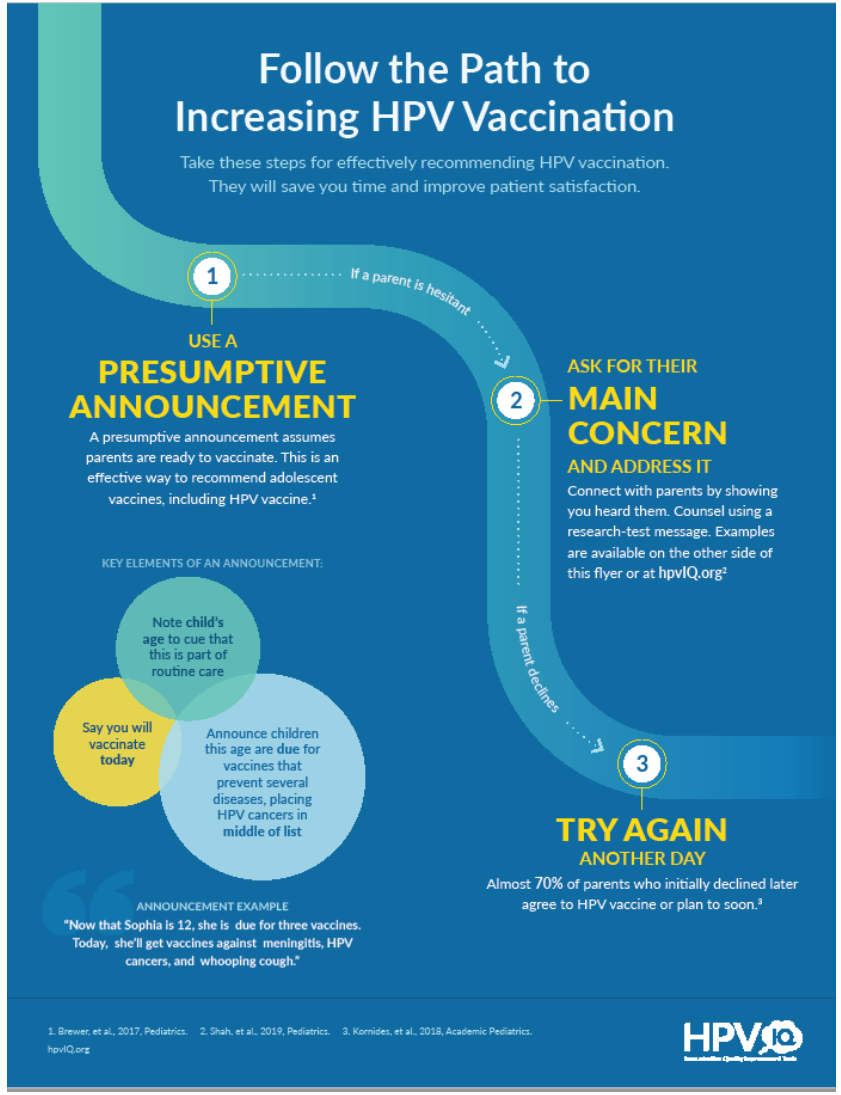


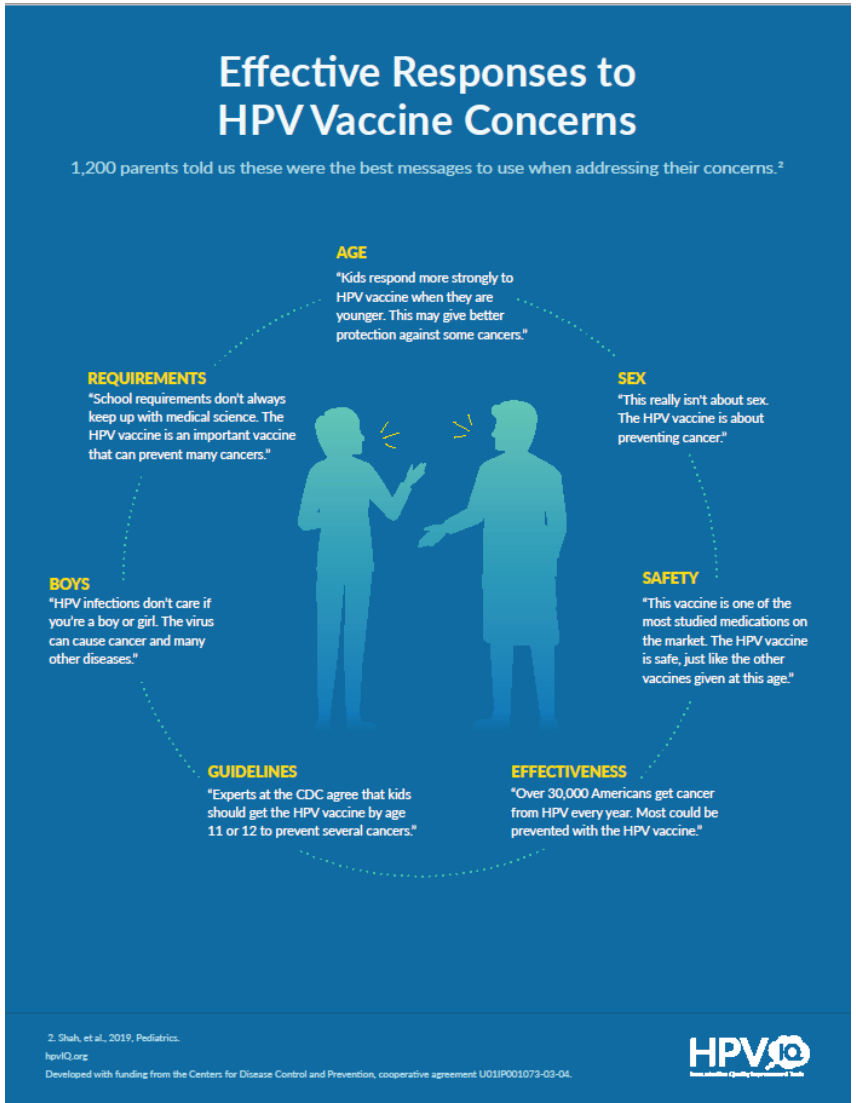
Courtesy of Drs. Gilkey and Brewer, UNC, 2021

Unbundling the HPV recommendation from Tdap and MCV4: it's not hard, but takes practice

- Let's acknowledge that change can be difficult
- If you are used to bundling the HPV recommendation at the 11 -12 yo visit with Tdap and MCV4, it will feel awkward to recommend HPV by itself.
- Have a script to use.
- Focus entirely on cancer prevention
- Start small (try with one 9-10 yo patient… and then the next… and the next…)
- After a week or two, you'll feel like a pro

Don’t get discouraged if the answer is NO today, 70% of the NOs, eventually become YES





https://www.hpviq.org/wp-content/uploads/2021/01/HPVIQ-flyer-FINAL.pdf

Summary:
Start the HPV vaccine at age 9-10 years!

- It's the key to raising your clinic's HPV vaccination rates
  - endorsed by AAP, National HPV Roundtable, American Cancer Society, WA DOH
- Better immune response at younger ages
- More opportunities to finish the series before age 13. You'll be able to finish when patient returns for school-required Tdap at age 11
- Allows you to spread out the vaccines, which some patients prefer
- Recommendation focused on cancer prevention is easier and more effective than an awkward discussion about sex and STDs
- Most parents are enthusiastic about the HPV vaccine, but for those that are hesitant, starting the conversation at age 9-10 years is helpful

Are there other Early Birds?
Who else does HPV at 9 in our region?

- Polyclinic (Seattle)
- Allegro Pediatrics (Bellevue)
- The Everett Clinic (Everett)
- Swedish Medical Group (Seattle)
- Intermountain Healthcare (Salt Lake City)
  - HPV completion rates rose by 10% in just 1 year, 2020
- Southwest Medical Associates (Las Vegas)

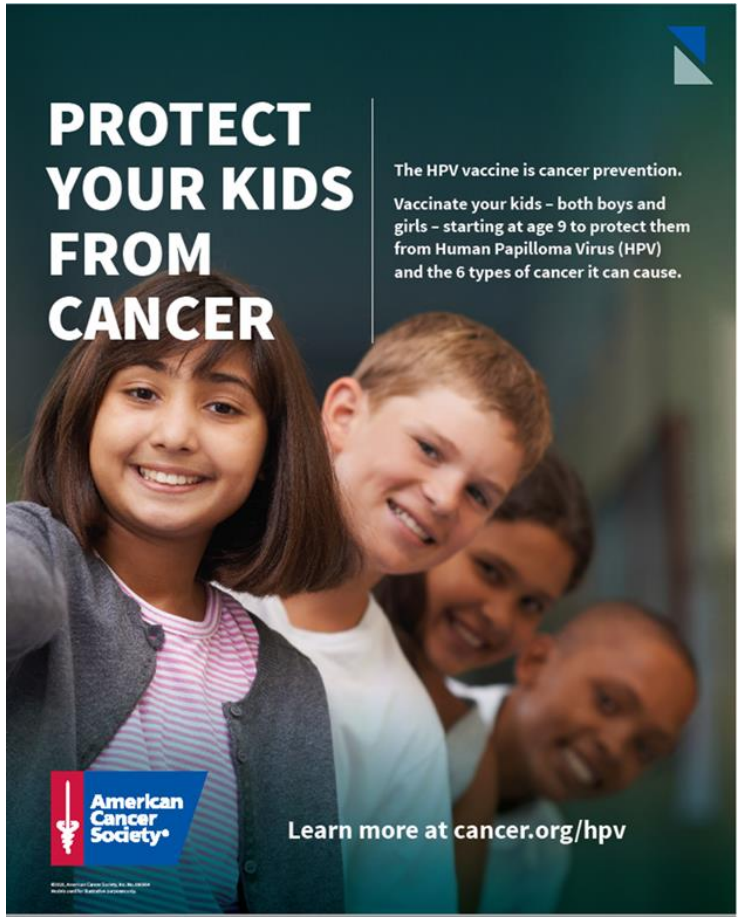
Next steps for HPV at 9 in YOUR Practice:

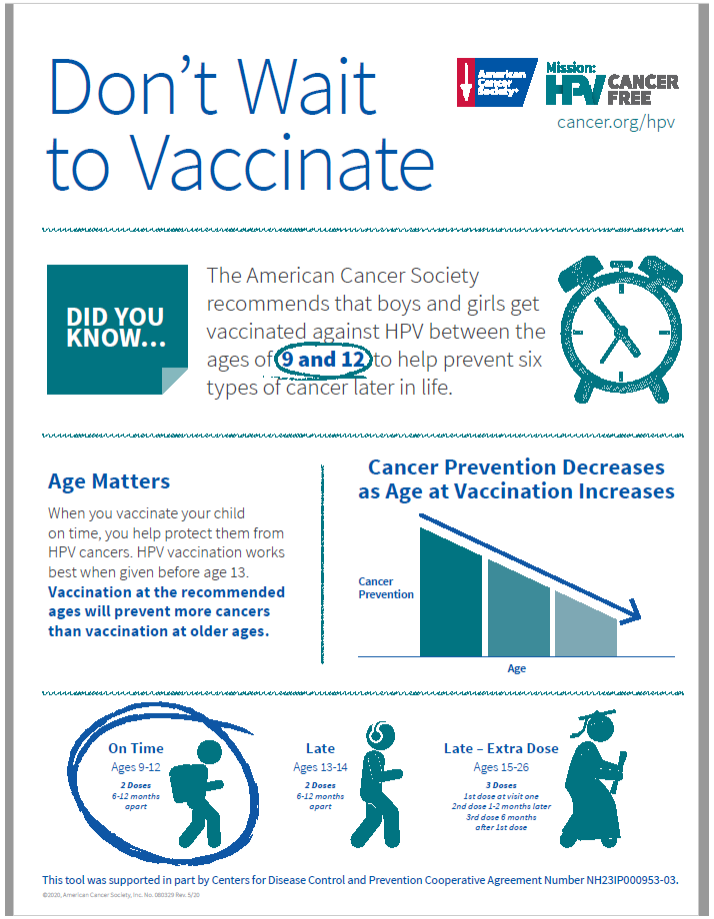
- Educate your staff and providers, get everyone on board
- Get your office ready for HPV at 9 with great visuals!

  Lobby poster, exam room poster, immunization schedule poster
  - Download and print from Immunity Community, WA DOH, or ACS
  - Make your own

- Start small: Try the simple strong recommendation focused on cancer prevention on your next 9 or 10 year old patient
- Change your EMR prompt to HPV at 9 (if you are able)

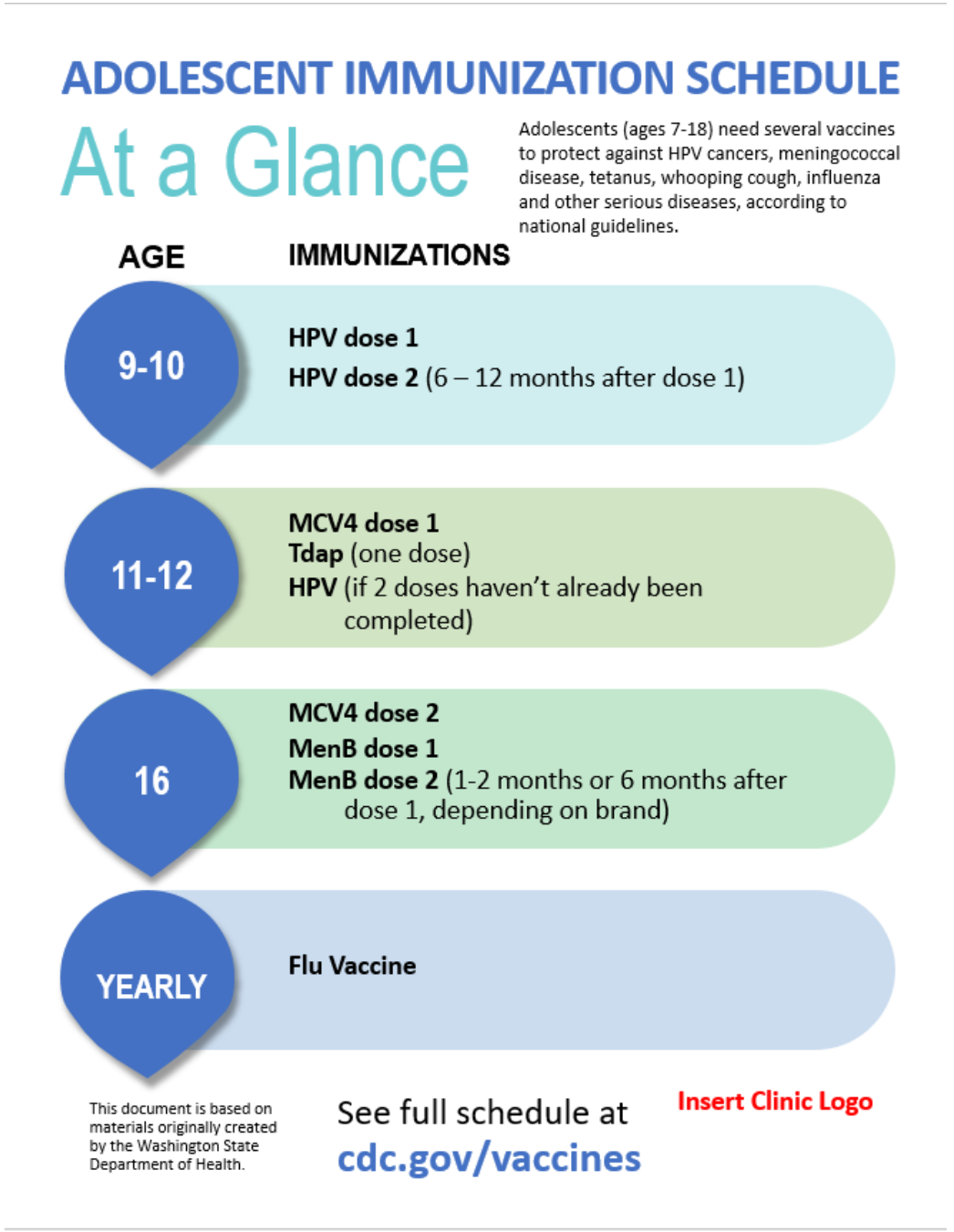
American Cancer Society Posters





Immunization Schedule Poster

HPV at 9-10

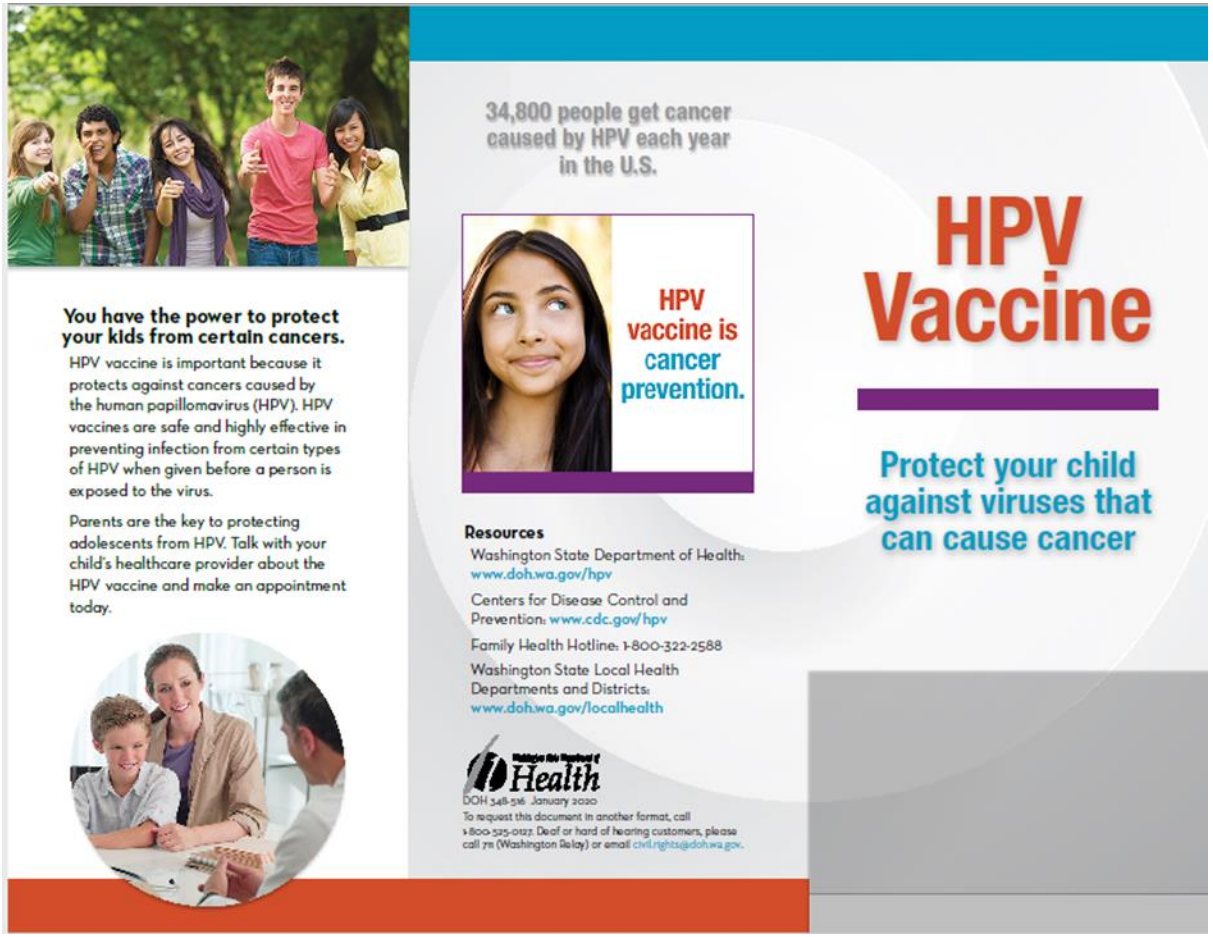


WA DOH Materials

Poster (English and Spanish)

https://www.doh.wa.gov/Portals/1/Documents/8200/348-612-ProtectChildAgainstViruses-en-L.pdf

Pamphlet (English)



https://www.doh.wa.gov/Portals/1/Documents/8200/348-516-HPVshot-en-L.pdf

Be the Early Bird, Vaccinate at 9!

#PreventCancerTogether

HPV VACCINE

IS CANCER PREVENTION

www.cdc.gov/HPV

"HPV vax protects your child from cervical and other cancers."

Thank you for doing your part to prevent
HPV Cancers

Interactive Polling

Final Thoughts

Acknowledgements

Follow up – email with all links to access recording and resources

It is up to us to make changes to improve our HPV immunization rates.

Thank you for doing your part to prevent HPV Cancers

Please complete our survey!