WASHINGTON STATE HPV ROUNDTABLE

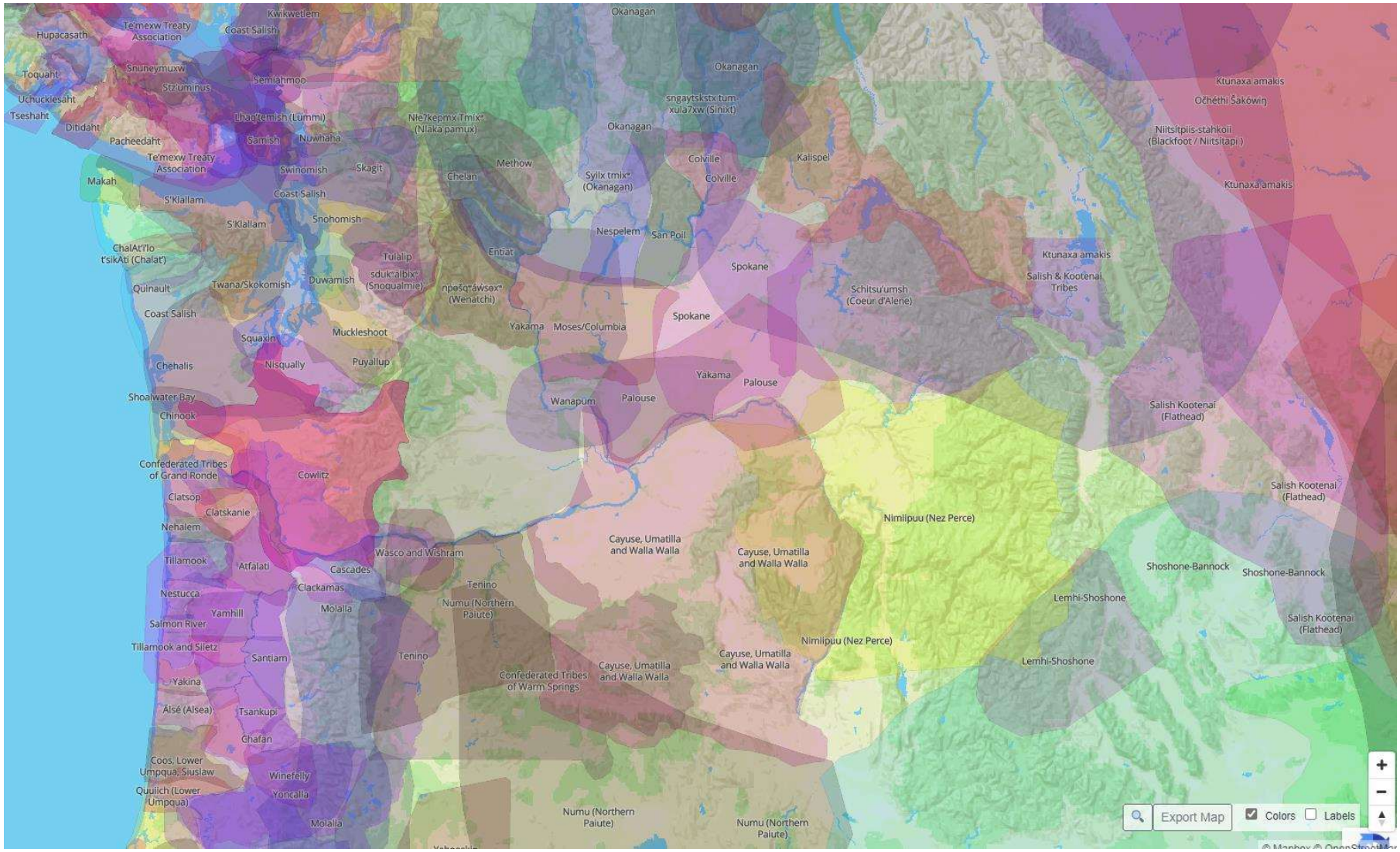
May 10th, 2024

Washington State Department of HEALTH

HPV FREE Task Force

Washington State Department of Health

WELCOME


Kwikwetlem
Hupacasath
Te'mexw Treaty Association
Coast Salish
Okanagan
Snuneymuxw
Toquaht
Semiahmoo
Stz'uminus
Okanagan
Ktunaxa amakis
Uchuckleśaht
sngaytskstx tum-xula?xw (Sinixt)
Očhéthi Šakówiŋ
Tseshaht
Lhaq'temish (Lummi)
Nłeʔkepmx Tmixʷ (Nłáka pamux)
Okanagan
Dididaht
Samish
Nuwhaha
Niitsitpiis-stahkoii (Blackfoot / Niitsitapi)
Pacheedaht
Te'mexw Treaty Association
Methow
Colville
Kalispel
Swinomish
Skagit
Chelan
Sylix tmixʷ (Okanagan)
Colville
Makah
Ktunaxa amakis
Coast Salish
S'Klallam
Snohomish
S'Klallam
Nespelem
San Poil
ChalAt'ílo t'sikAti (Chalat')
Entiat
Tulalip
Ktunaxa amakis
Spokane
Duwamish
sdukʷalbixʷ (Snoqualmie)
Salish & Kootenai Tribes
Quinault
Twana/Skokomish
nxəsqʷáwsoxʷ (Wenatchi)
Schitsu'umsh (Coeur d'Alene)
Coast Salish
Spokane
Yakama
Moses/Columbia
Squaxin
Muckleshoot
Chehalis
Nisqually
Puyallup
Yakama
Palouse
Shoalwater Bay
Wanapum
Palouse
Salish Kootenai (Flathead)
Chinook
Confederated Tribes of Grand Ronde
Cowlitz
Clatsop
Salish Kootenai (Flathead)
Clatskanie
Nimiipuu (Nez Perce)
Nehalem
Cayuse, Umatilla and Walla Walla
Wasco and Wishram
Cayuse, Umatilla and Walla Walla
Tillamook
Atfalati
Cascades
Shoshone-Bannock
Shoshone-Bannock
Tenino
Clackamas
Nestucca
Numu (Northern Paiute)
Lemhi-Shoshone
Molalla
Yamhill
Salmon River
Salish Kootenai (Flathead)
Nimiipuu (Nez Perce)
Tillamook and Siletz
Tenino
Santiam
Cayuse, Umatilla and Walla Walla
Lemhi-Shoshone
Confederated Tribes of Warm Springs
Cayuse, Umatilla and Walla Walla
Yakina
Alsé (Alsea)
Tsankupi
Chafan
Coos, Lower Umpqua, Siuslaw
Winefelly
Quuuilch (Lower Umpqua)
Yoncalla
Numu (Northern Paiute)
Numu (Northern Paiute)
Molalla
Export Map
Colors
Labels

Housekeeping

- All lines are muted – please use Q and A feature for questions.
- If you have any audio or video issues, there are several people who can assist: Robb Hutson, Skye Larson, or Drashti Patel or send a direct message in Zoom.
  - Robb Hutson: robb.hutson@redegroup.co
  - Skye Larson: skye.larsen@redegroup.co
  - Drashti Patel: DrashtiP@withinreachwa.org
- We will be recording this webinar so you can find it and all the resources referenced today on the WithinReach website. You will receive a follow up email with links to the material covered once it is available.
- Rob and Drashti will be monitoring the chat. Questions for speakers will be shared during designated question and answer time.
- Please take the survey at the end of today's webinar to help us keep improving these meetings.
- 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.

Code of Conduct

We invite all those who participate in the WA HPV Task Force to help us create a safe, positive experience for everyone. The following behaviors are requested and expected from all members and participants:

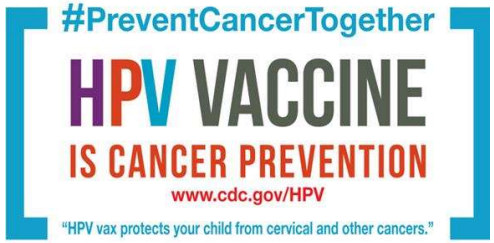
- Be courteous, respectful, and considerate of fellow members and participants.
- Encourage a collaborative environment that welcomes diversity.
- Refrain from harassing, discriminatory, or derogatory speech, conduct, and materials.
- Obtain approval prior to distributing materials.

Members and participants agree to support our mission and strengthen HPV prevention efforts in Washington State based on evidence-based guidance from the Advisory Committee on Immunization Practices (ACIP). Those who violate these agreements will be asked to stop. If they don't comply, they may be sanctioned or expelled at the sole discretion of the HPV Taskforce or WithinReach (our technical support).

If you are subjected to an unacceptable behavior, notice that someone else is being subjected to unacceptable behavior, or have any other concerns, please notify any of the HPV Task Force planning team members as soon as possible. All reports will remain completely confidential.

Agenda

1. Speaker: HPV Data and Resource Announcement – Nicole Rhodes
2. Speaker: National HPV Roundtable
3. Speaker: Survivor – Anna Ogo
4. Presentation: Pharmacy Research
5. BREAK
6. Speaker: Survivor – Mary Jo Murphy
7. Presentation: Care-A-Van – Sara Hoffman
8. Overview: 5-Year Cancer Plan – Katie Treend
9. Workgroups: Community Outreach and Clinical Interventions
10. Wrap Up



Resources and Reminders

Event: Preventing Cancer Healthy Girls, Healthy Women

- A Cancer Prevention Advocacy Event Hosted by HPV Cancer Alliance
- Looking for Mother/Caregiver & Daughter pairs to lead Cancer Prevention efforts
- To meet the Biden Cancer Moonshot Team & Cancer Prevention Advocacy Training
- Date of the Event: June 4th & 5th , 2024 in Washington D.C
- Deadline: May 10th, 2024
  - For additional questions & information please contact ella@hpvca.org

Webinar: Partnerships and Cervical Cancer Elimination

- CCCNP Cancer Conversations
- Date: May 21, 2024
- Time: 4:00 PM- 5:00 PM EST
- Location: on Zoom
- Calendar invite: https://zoom.us/meeting/tJMtduivrT8iHNwFf1jTdDlO5ggQ1nQSHTyg/ics?icsToken=98tyKuCvrjorHdeRuB-PRowEAoj4d-3ztilHgo1Kuhm0CRRXRg_ZY-VFA-NxIev4

Resources and Reminders

Next Meetings

- Next HPV Task Force Meeting October 11th, 2024
- WA State Cancer Coalition: September 2024

National HPV Vaccination Roundtable Resource Library:

https://hpvroundtable.org/resource-center/

Back to School Months: Tools to Increase HPV Vaccine Rates

Over **50%** of HPV and adolescent vaccines are given in **July to October**.

Being prepared for those months is key to protecting your patients from HPV related cancers and other vaccine preventable diseases.

- Start recommending HPV vaccine at ages 9 and 10.
- Standardize your vaccine schedule AND post it in the lobby and every exam room.
- Make a strong recommendation every time by using the announcement approach AND don't miss any opportunities to vaccinate.
- Prepare the office and staff for the rush of back-to-school vaccine requests.

Nicole Rhodes, CHES

Immunizations Health Educator
Washington State Department of Health

DOH UPDATES

Washington State Department of Health

Nicole Rhodes (she/her)

Immunization Health Educator

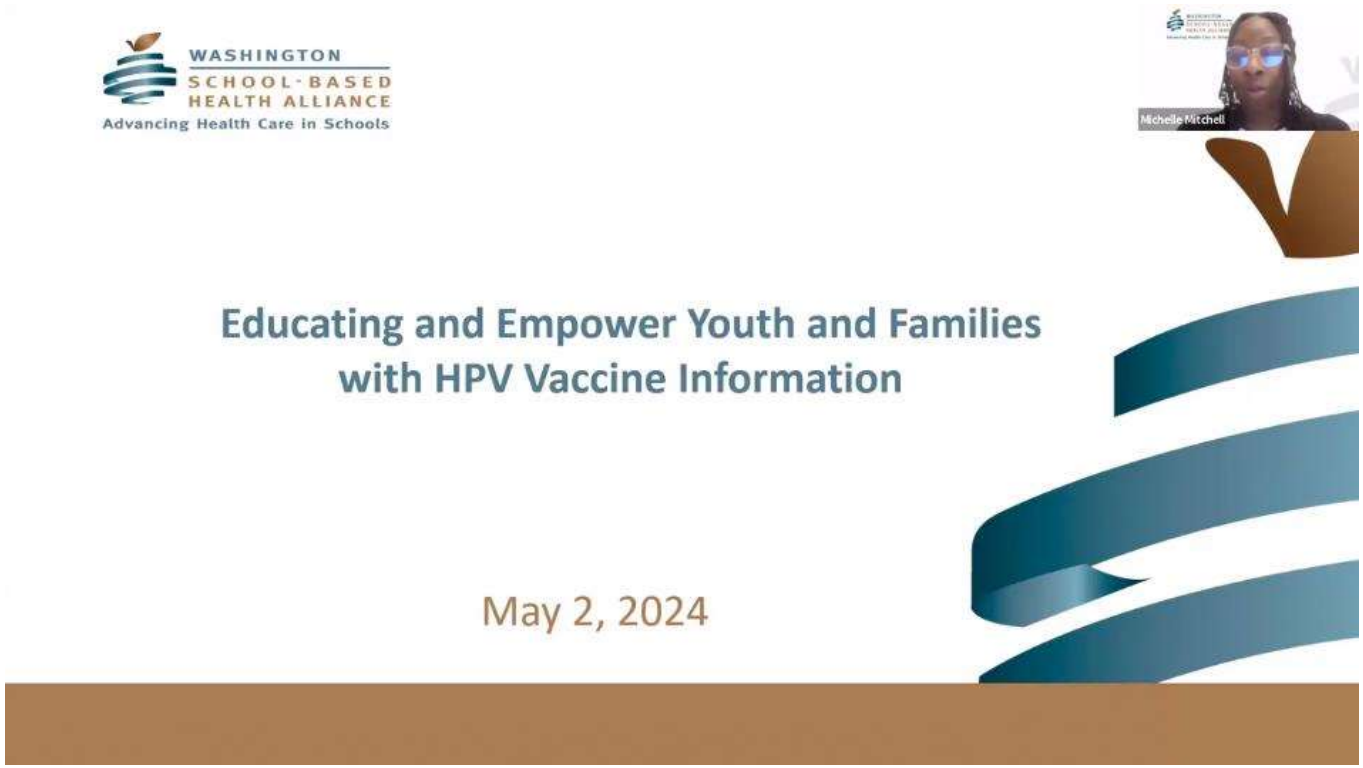
nicole.rhodes@doh.wa.gov

Health Promotion and Education (HPE)

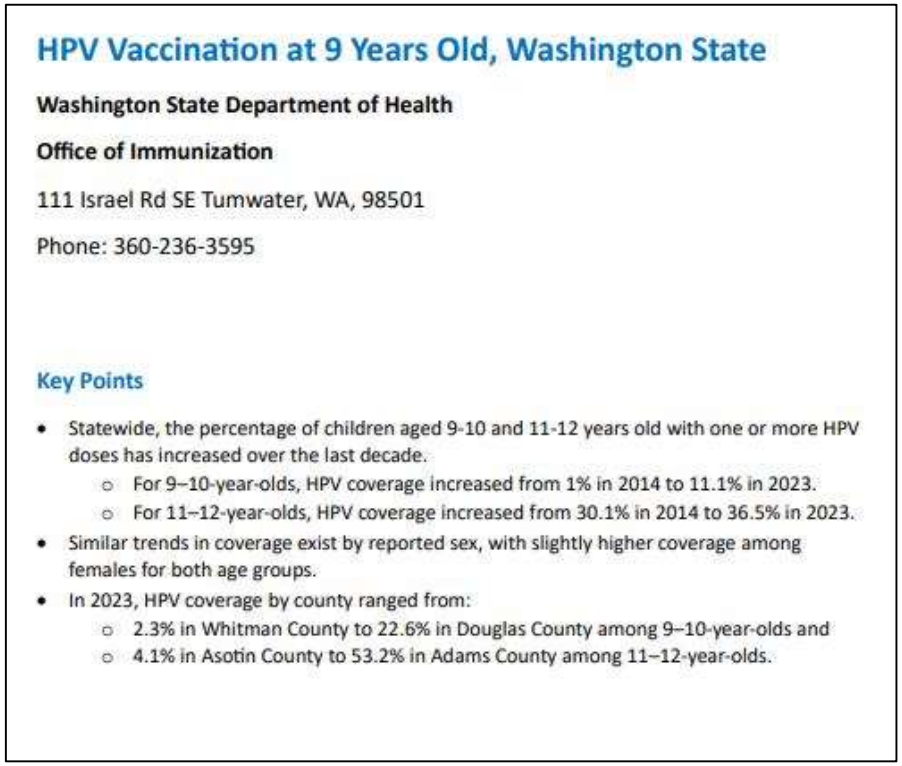
Office of Public Affairs and Equity (OPAE)

Washington State Department of Health

New HPV Webinar



New Report!



HPV Vaccination at 9 Years Old, Washington State

Washington State Department of Health

Office of Immunization

111 Israel Rd SE Tumwater, WA, 98501

Phone: 360-236-3595

Key Points

- Statewide, the percentage of children aged 9-10 and 11-12 years old with one or more HPV doses has increased over the last decade.
  - For 9–10-year-olds, HPV coverage increased from 1% in 2014 to 11.1% in 2023.
  - For 11–12-year-olds, HPV coverage increased from 30.1% in 2014 to 36.5% in 2023.
- Similar trends in coverage exist by reported sex, with slightly higher coverage among females for both age groups.
- In 2023, HPV coverage by county ranged from:
  - 2.3% in Whitman County to 22.6% in Douglas County among 9–10-year-olds and
  - 4.1% in Asotin County to 53.2% in Adams County among 11–12-year-olds.

https://doh.wa.gov/sites/default/files/2024-04/3481032-HPVVaccinationAt9WAState.pdf

Percentage of 9–10-year-olds with one or more doses of HPV by county, 2023

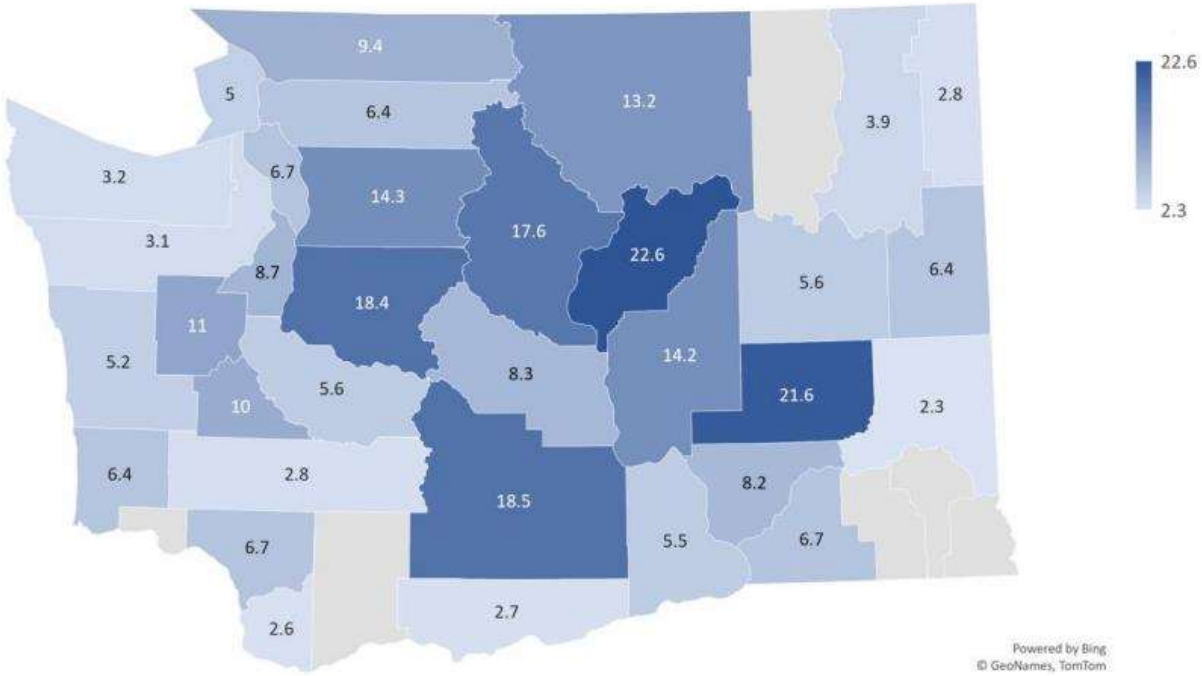


Figure 3. Percentage of 9–10-year-olds with one or more doses of HPV by county, 2023. Counties suppressed due to small numbers are represented in grey.

 Source: WAIIS

Percentage of 11–12-year-olds with one or more doses of HPV by county, 2023.

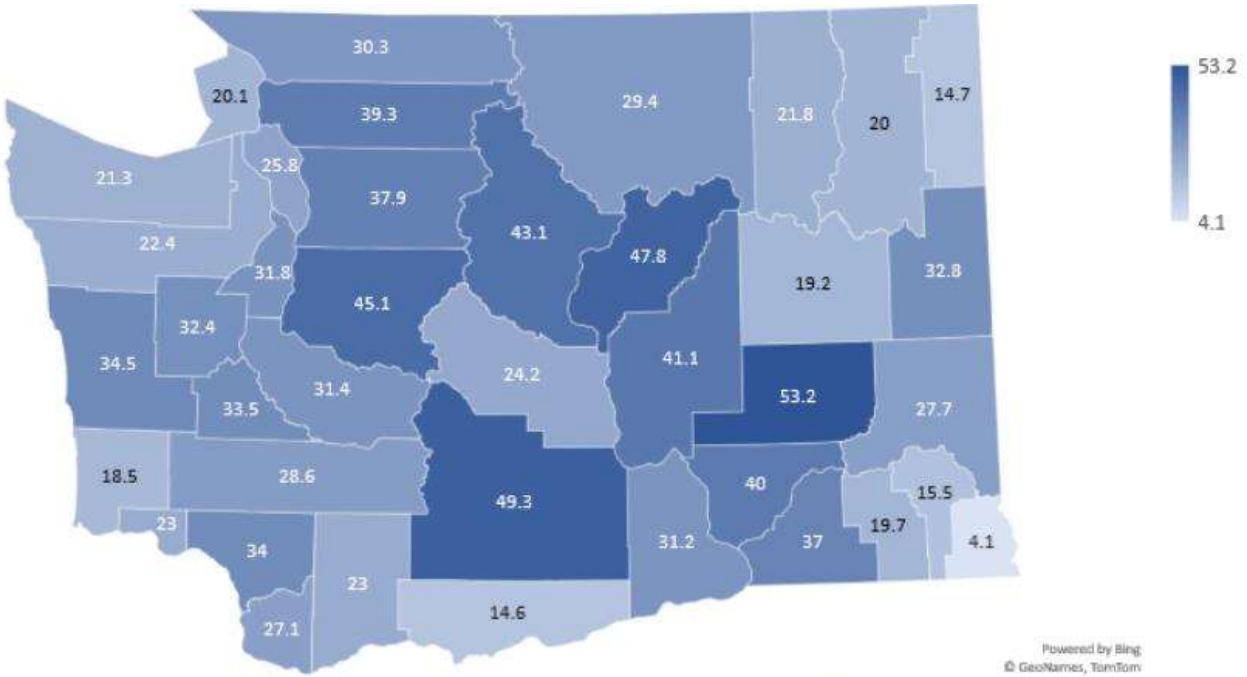
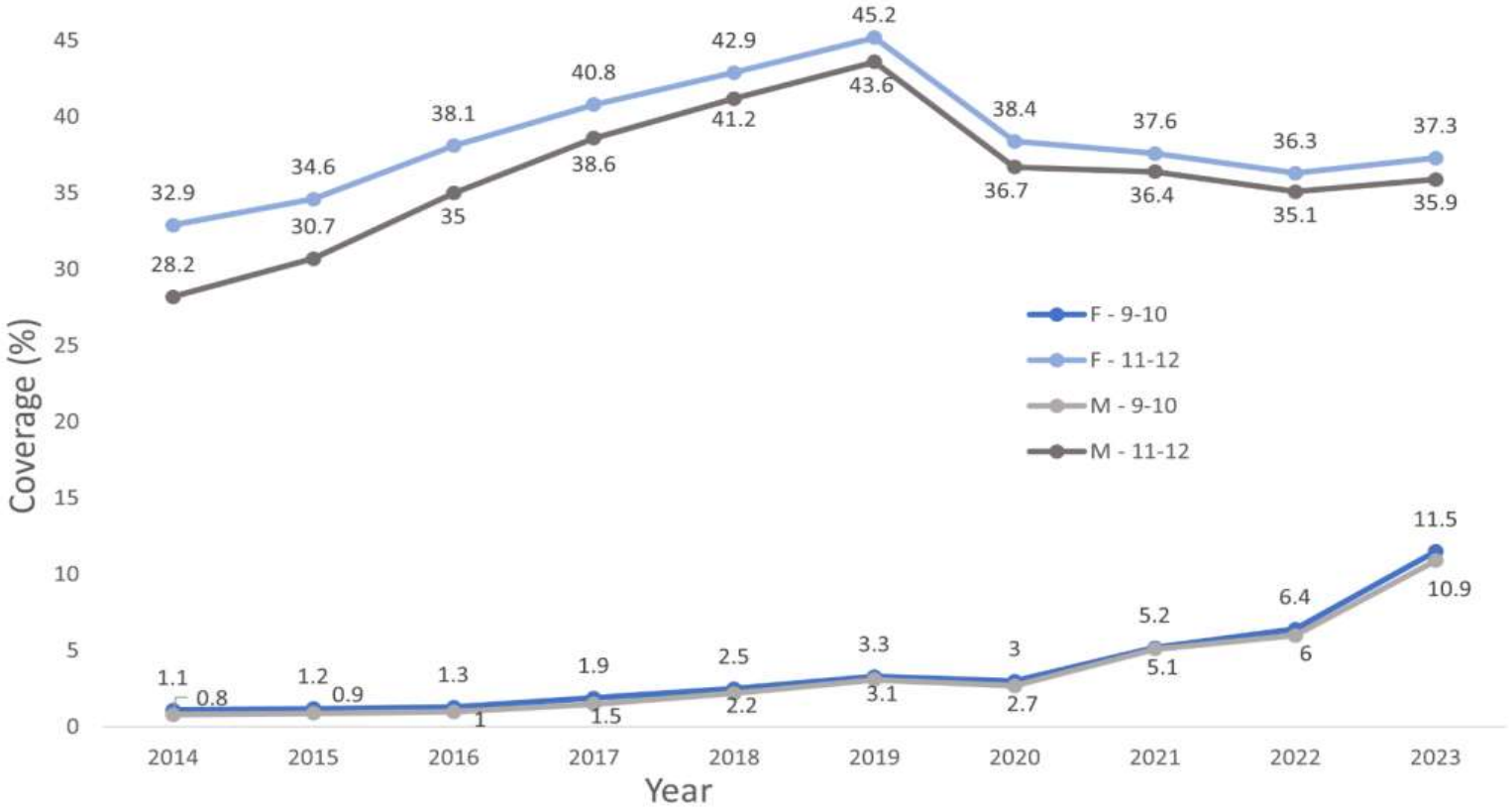


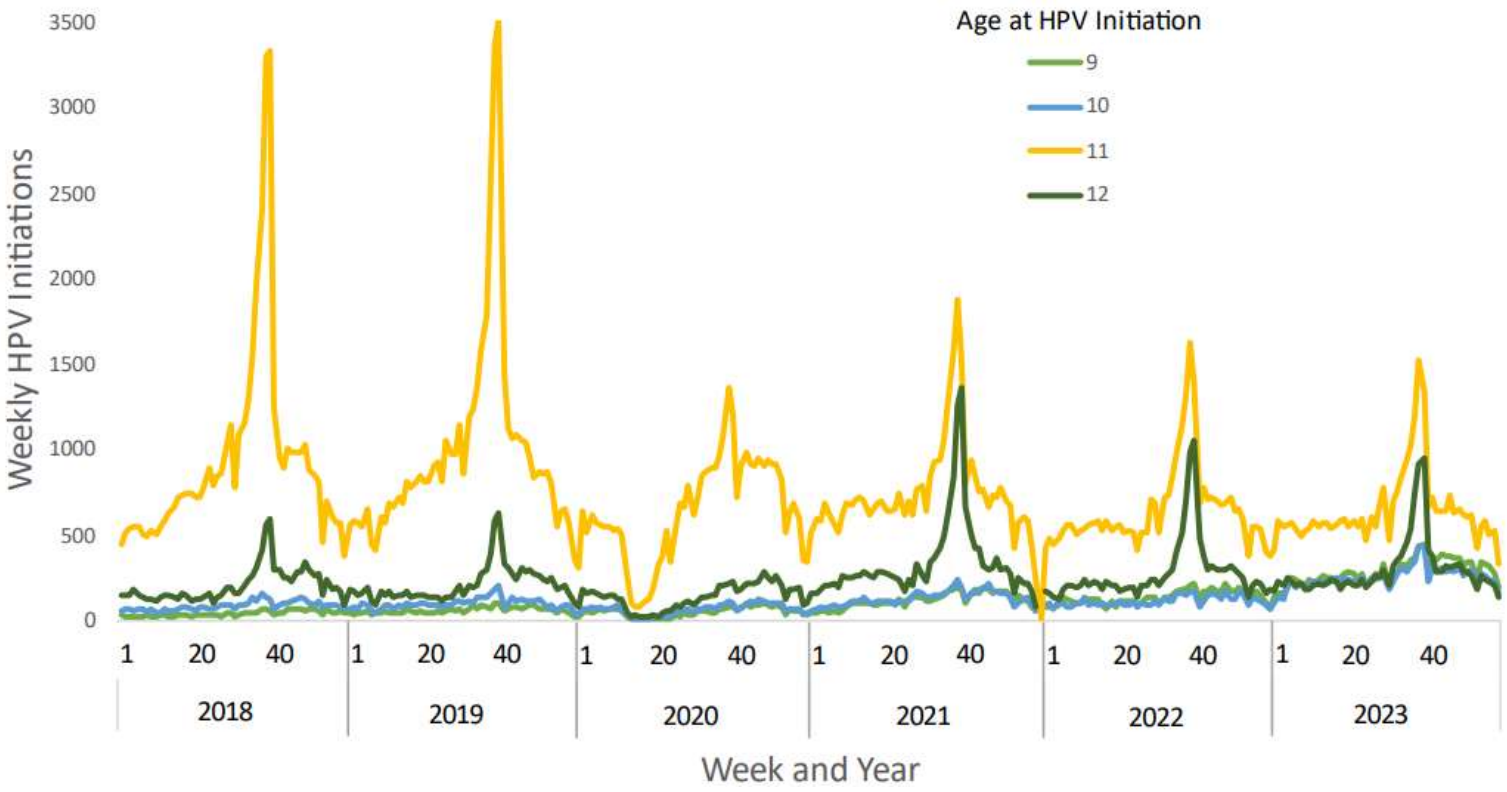
Figure 4. Percentage of 11–12-year-olds with one or more doses of HPV by county, 2023.

 Source: WAIIS

HPV 1+ dose coverage Washington state, 2014-2023



HPV Initiations at 9-12 Years Old



Annual HPV Initiations at Age 9-12 Washington state, 2016-2023

Report: HPV Vaccination at 9 Years Old, Washington State

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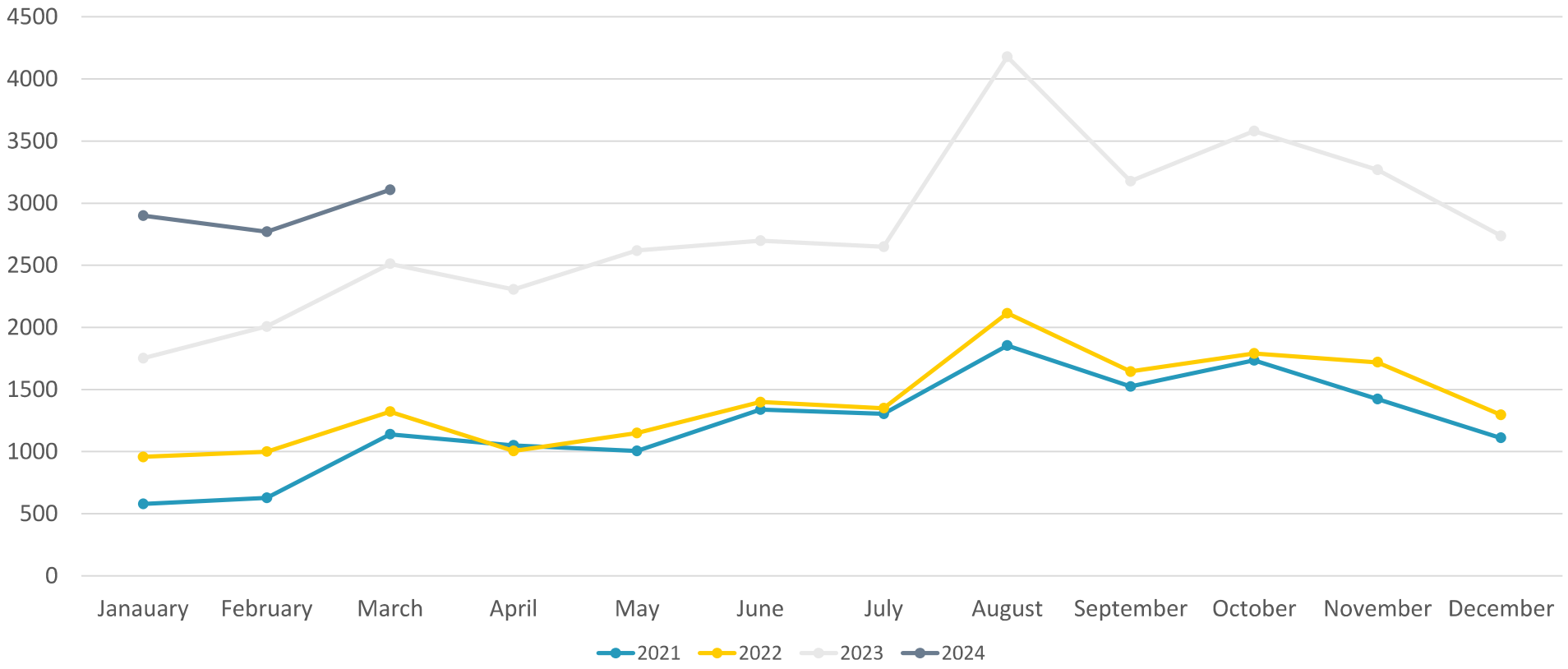
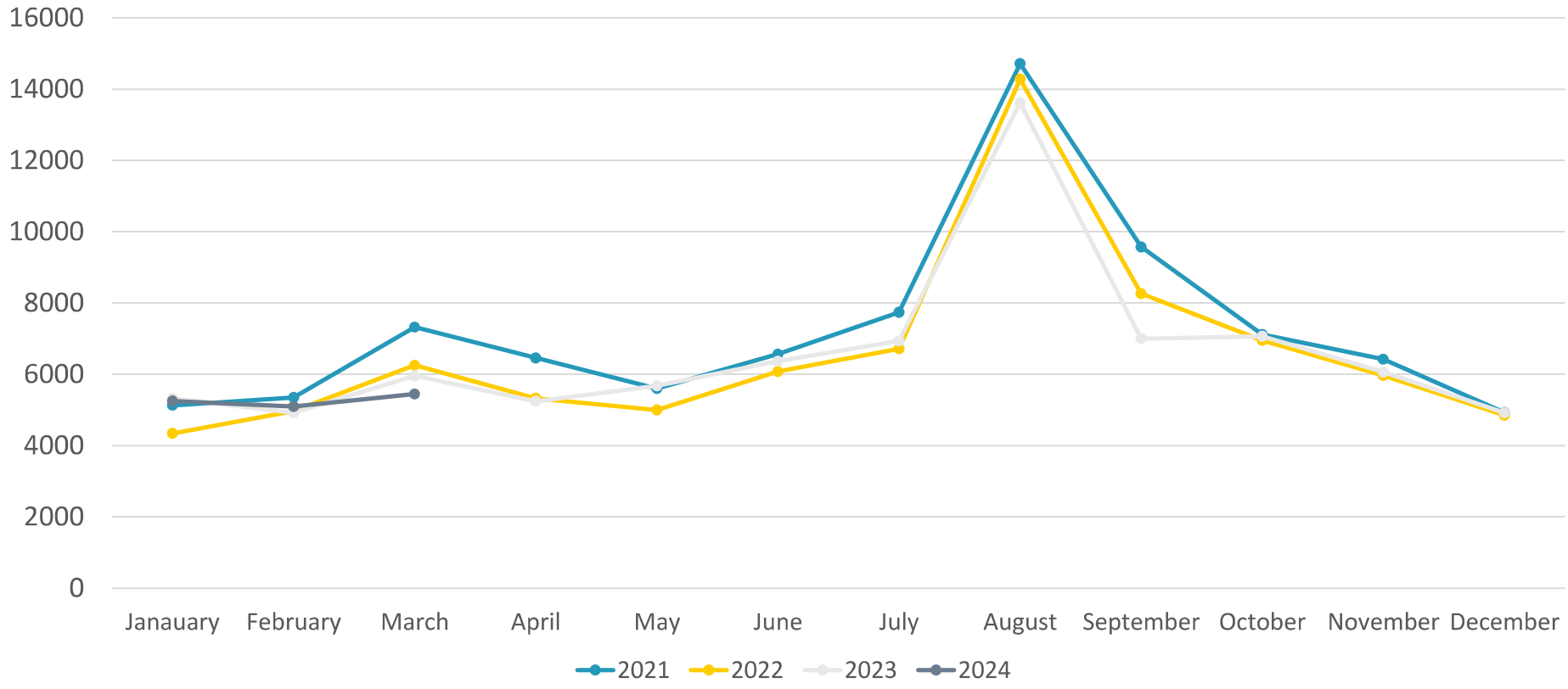
WAIIS Data

HPV Administrations among 9-10 year olds by calendar year, Washington state



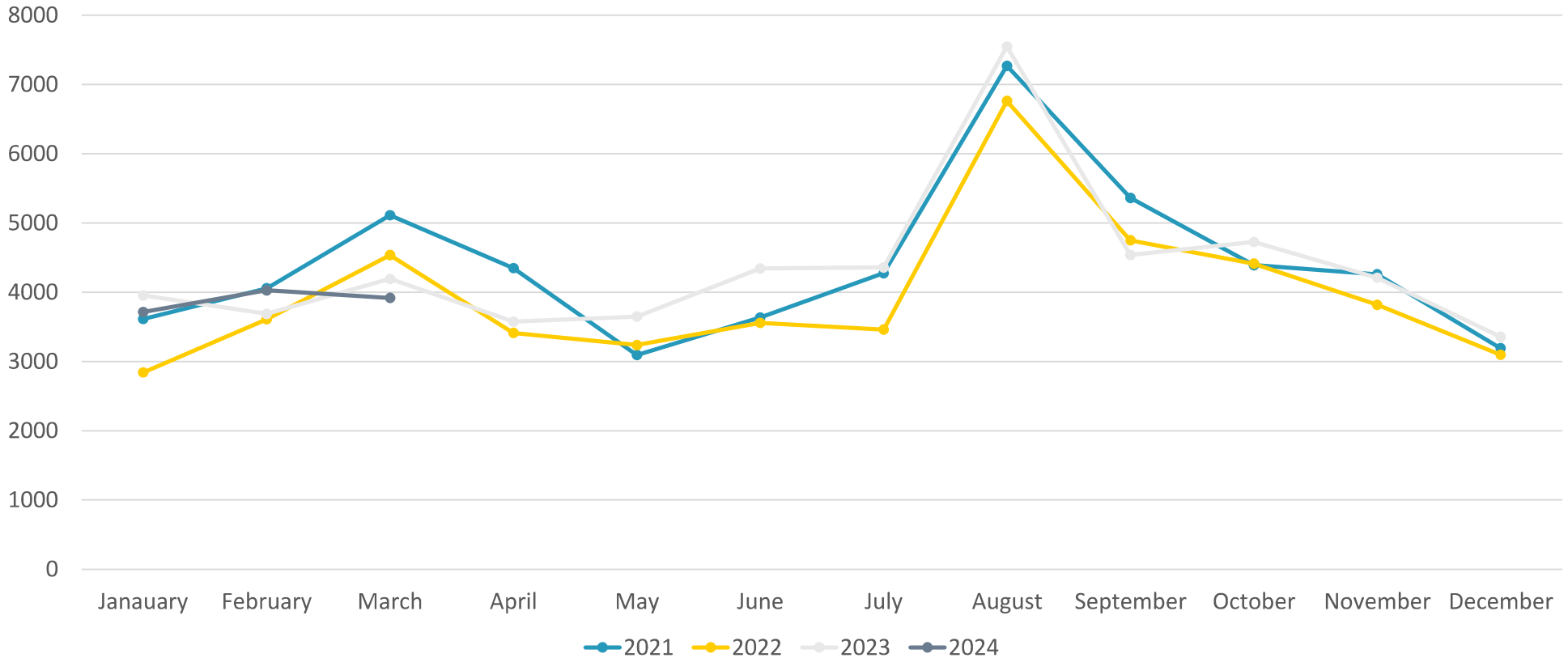
Source: WAIIS

HPV Administrations among 11-12 year olds by calendar year, Washington state



Source: WAIIS

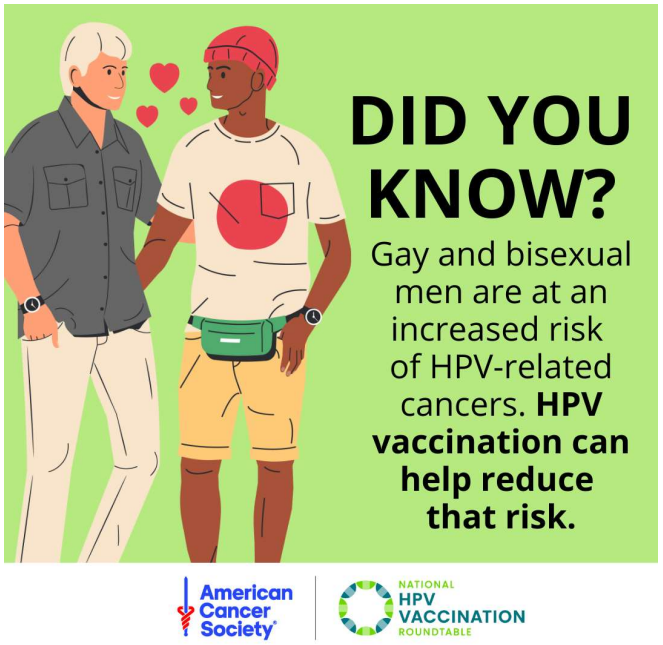
HPV Administrations among 13-17 year olds by calendar year, Washington state

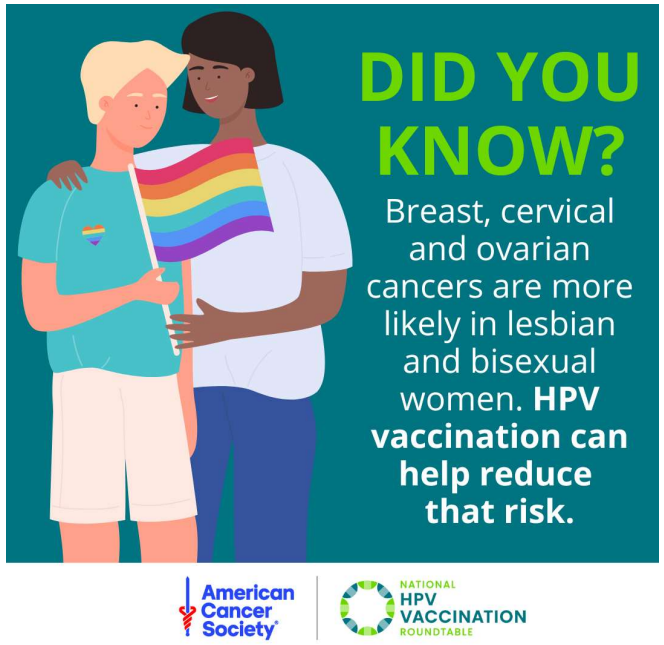


Source: WAIIS

Resources

HPV and LGBTQ+ Populations

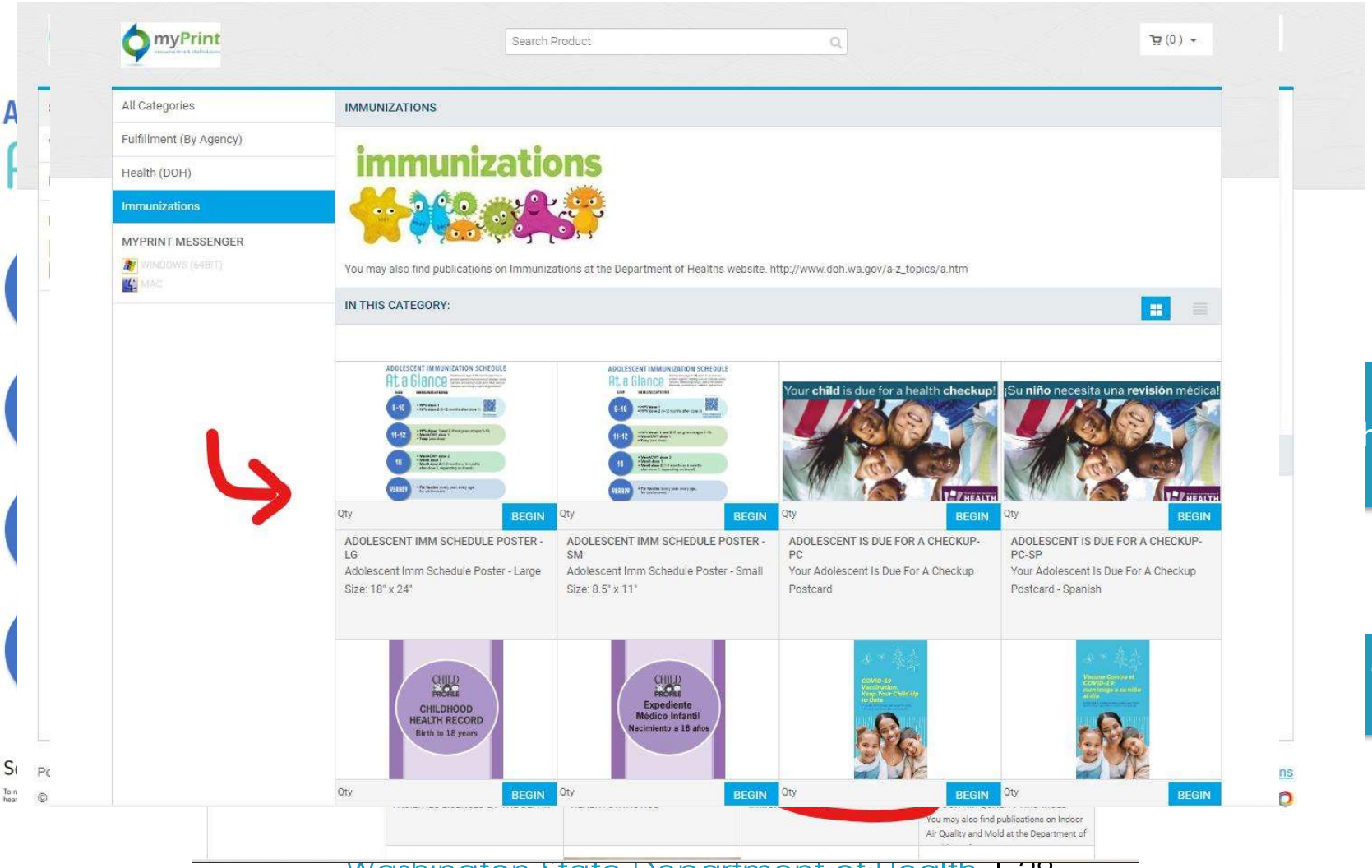




Source: ACS Cancer Facts and Figures, National HPV Roundtable

To Learn More & Find Resources

doh.wa.gov/hpv-at-nine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Health (DOH)
Immunizations
MYPRINT MESSENGER
WINDOWS (64BIT)
MAC
IMMUNIZATIONS
immunizations
You may also find publications on Immunizations at the Department of Healths website. http://www.doh.wa.gov/a-z_topics/a.htm
IN THIS CATEGORY:
ADOLESCENT IMMUNIZATION SCHEDULE
At a Glance
Your child is due for a health checkup!
¡Su niño necesita una revisión médica!
Qty
BEGIN
ADOLESCENT IMM SCHEDULE POSTER - LG
Adolescent Imm Schedule Poster - Large
Size: 18" x 24"
ADOLESCENT IMM SCHEDULE POSTER - SM
Adolescent Imm Schedule Poster - Small
Size: 8.5" x 11"
ADOLESCENT IS DUE FOR A CHECKUP-PC
Your Adolescent Is Due For A Checkup
Postcard
ADOLESCENT IS DUE FOR A CHECKUP-PC-SP
Your Adolescent Is Due For A Checkup
Postcard - Spanish
CHILD PROFILE
CHILDHOOD HEALTH RECORD
Birth to 18 years
Expediente Médico Infantil
Nacimiento a 18 años
You may also find publications on Indoor Air Quality and Mold at the Department of

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Rebecca Perkins, MD, MSc

Tri Chair, ACS National HPV Vaccination Roundtable
Associate Professor of Obstetrics and Gynecology
at Boston University School of Medicine

ACS National HPV Vaccination Roundtable

Rebecca Perkins, MD, MSc
Tri-Chair – ACS HPVRT
American College of Obstetricians and Gynecologists (ACOG)

May 2024

ACS HPVRT Snapshot

History: Established in 2014 by the ACS, in partnership with the CDC, to serve as an umbrella organization to engage all types of partners who are committed to reducing HPV –associated cancers in the US.

Mission: To reduce the incidence of and mortality from HPV-associated cancers through coordinated leadership, strategic planning, and advocacy. We believe that by working together over the long-term, the US can move towards ending vaccine-preventable HPV cancers as a public health problem.

Membership: Collaborative partnership of 80+ member organizations, including nationally known experts, thought leaders, and decision makers.

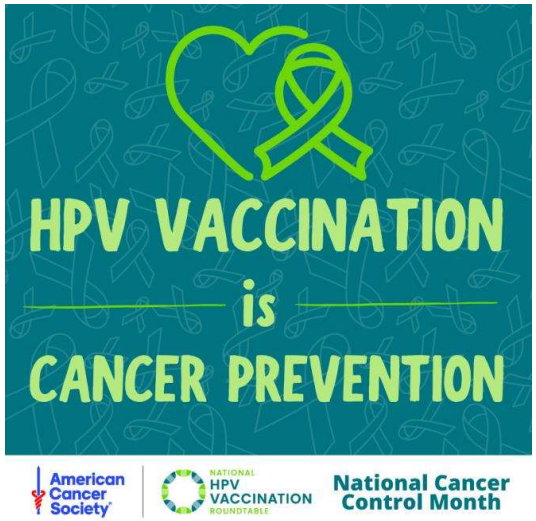

Academic Pediatric Association
Advocate Health Care
African-Caribbean Cancer Consortium
Alaska Native Tribal Health Consortium
AAFP
American Academy of Pediatrics
Dedicated to the health of all children
AANP
American Association of Nurse Practitioners
AAPI
American Cancer Society Cancer Action Network
AIM
Association of Immunization Managers
American Head & Neck Society
ACOG
The American College of Obstetricians and Gynecologists
ADA
American Dental Association
AACR
American Association for Cancer Research
AAPHD
AAPA
APhA
Improving medication use. Advancing patient care.
asha
ASCP
AIRA
American Immunization Registry Association
AMGA
Advancing High Performance Health
AHEC
National AHEC Organization
ASCO
American Society of Clinical Oncology
The Balm in Gilead Inc.
BDO
BlackDoctor.org
Where Wellness & Culture Connect
California Department of Public Health
CDC
cervivor
Comprehensive Cancer Control
Collaborating to Conquer Cancer
astho
HAGER SHARP
Head and Neck Cancer Alliance
HPV Cancers Alliance
Spread Knowledge. Save Lives.
American Cancer Society
National HPV Vaccination Roundtable
HealthCare
Markey Cancer Center
An NCI-Designated Cancer Center
ians
International Anal Neoplasia Society
KFF
Henry J Kaiser Family Foundation
MERCK
INVENTING FOR LIFE
National Cancer Institute
National LGBT Cancer Network
NCPA
National Community Pharmacists Association
NASN
National Association of School Nurses
NPWH
Nurse Practitioners in Women's Health
Caring for Women
MOFFITT
CANCER CENTER
NACCHO
National Association of County & City Health Officials
National Foundation for Infectious Diseases
NACDS
Kelsey Seybold Clinic
Changing the way health cares.
prevent cancer
Foundation
Parkland
NHMA
National Hispanic Medical Association
Pediatric Nurse Practitioners
National Association of
RRPF
Recurrent Respiratory Papillomatosis Foundation
NMA
Since 1895
National Medical Association
National Coalition of STD Directors
IDP
Office of Infectious Disease and HIV/AIDS Policy
OASH
Office of Infectious Disease and HIV/AIDS Policy
NPAIHB
Indian Leadership for Indian Health
SANFORD HEALTH
SGO
Society of Gynecologic Oncology
St. Jude Children's Research Hospital
HPV Cancer Prevention Program
TM
TEAM MAUREEN
JOINING TOGETHER TO END CERVICAL CANCER
THE HPV AND ANAL CANCER FOUNDATION
UNC
Gillings School of Global Public Health
VAX 2 STOP CANCER
Families United to Stop HPV
VACCINATE YOUR FAMILY
The Next Generation of Every Child By Two
ECBT
every child by two
SAHM
Society for Women's Health Research
UNITY
United for adolescent vaccination
Immunization Action Coalition

Why do we vaccinate?

To prevent HPV infections

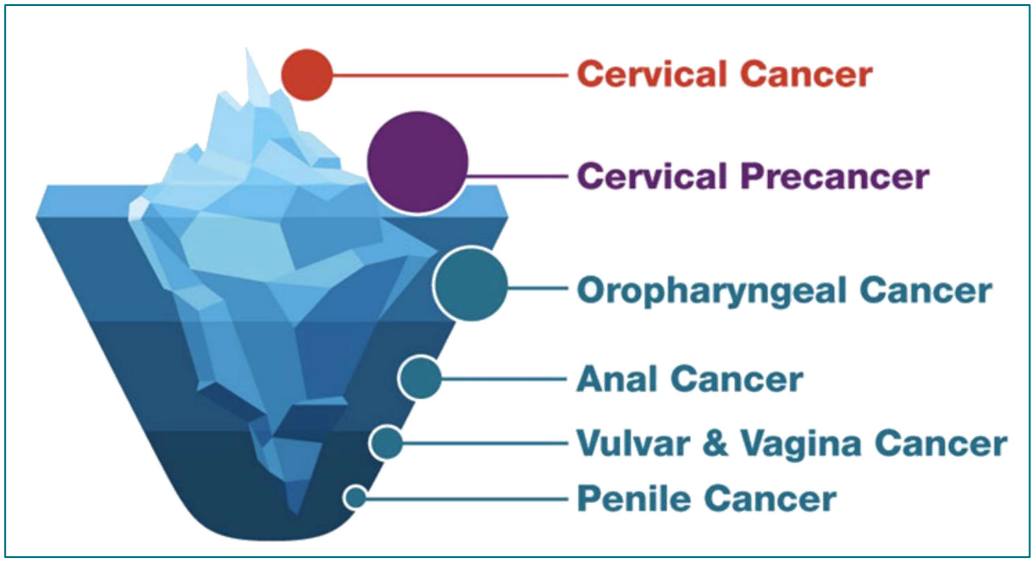
To prevent HPV-associated cancers

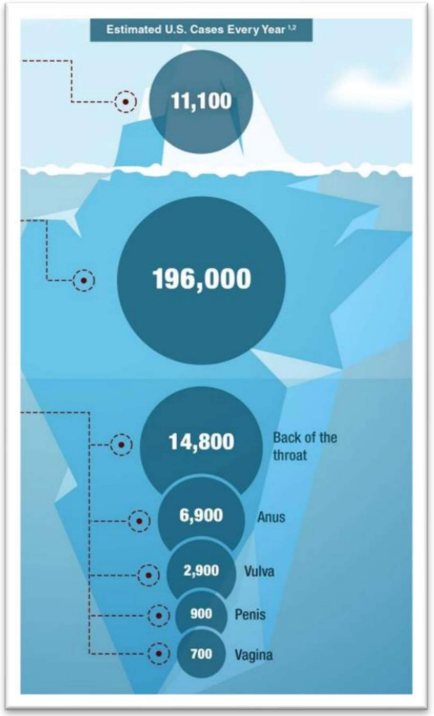
Because screening is not available/recommended for many HPV-related cancers



American Cancer Society | NATIONAL HPV VACCINATION ROUNDTABLE

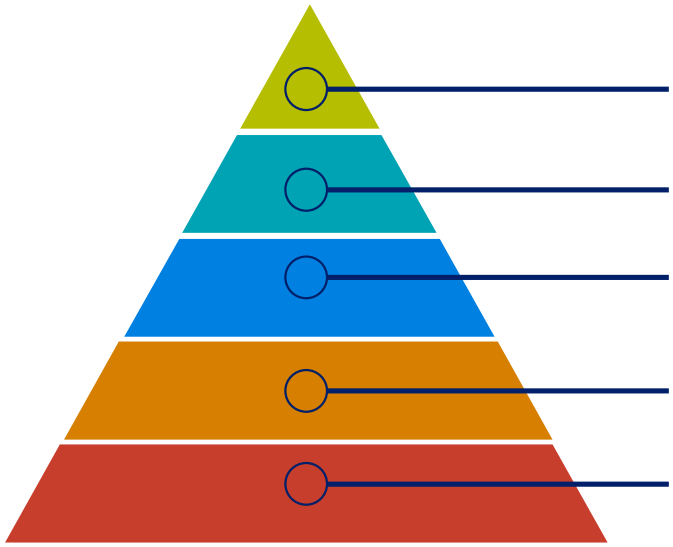
HPV Affects Men & Women





Source: https://www.cdc.gov/hpv/hcp/protecting-patients.html
Source: infographic-hpv-screening-508.pdf (cdc.gov)

Cervical Cancer & HPV



36,000	HPV-Attributable Cancers
300,000+	High-grade cervical dysplasia
355,000+	Genital warts
1+ Million	Low-grade cervical dysplasia
2+ Million	Abnormal PAP smears for cervical cancer

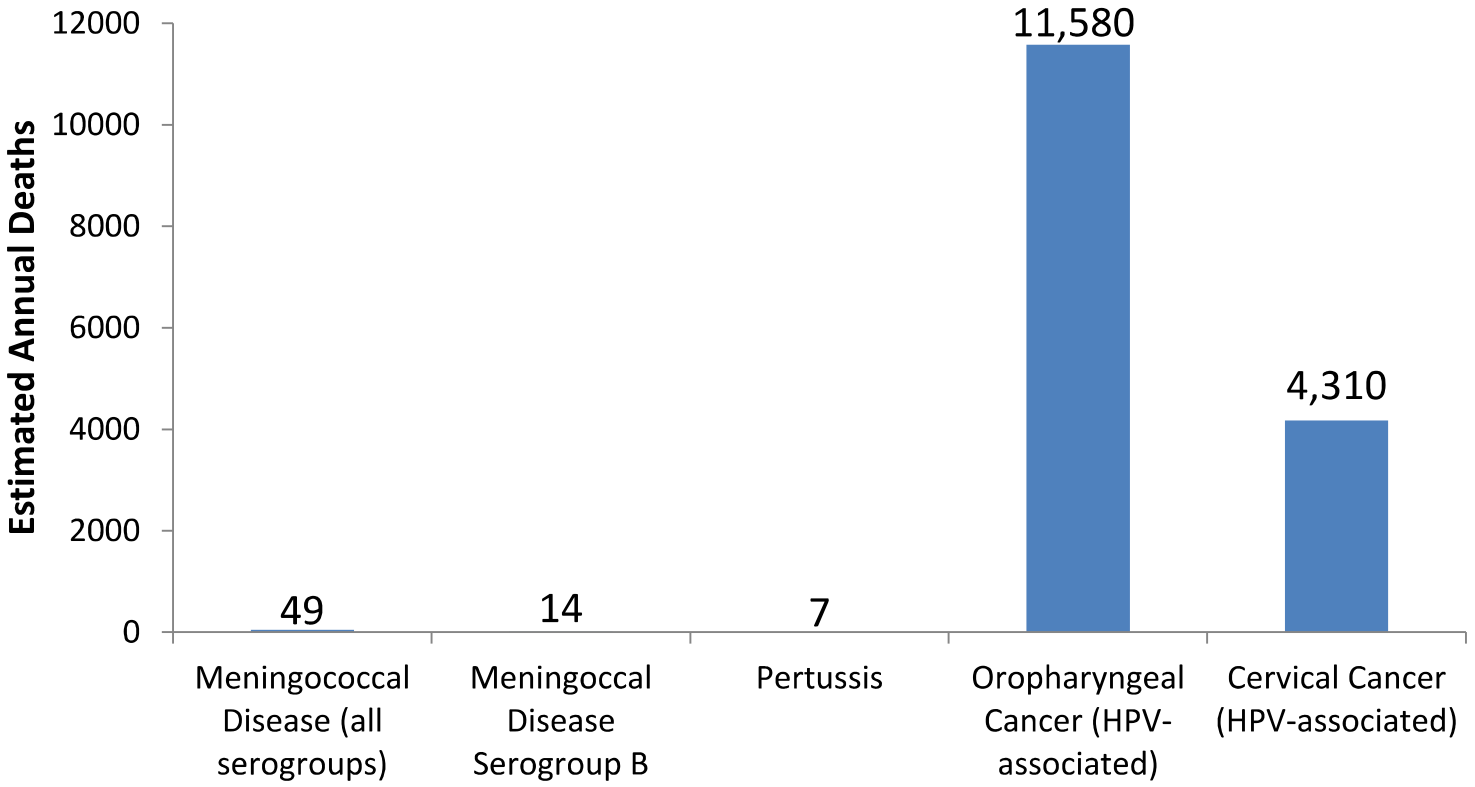
Cancers Attributable to HPV per Year, U.S., 2012–2016

Cancer site	Percentage of HPV cancers preventable by 9vHPV vaccine	Total Cancers
Cervix	**81%**	12,015
Vagina	**73%**	862
Vulva	**63%**	4,009
Penis	**57%**	1303
Anus*	**88%**	6,810
Oropharynx	**66%**	19,000
TOTAL		**43,999**

American Cancer Society | NATIONAL HPV VACCINATION ROUNDTABLE

*Includes anal and rectal squamous cell carcinomas
Source: Sennkomago et al PMID: 31437140

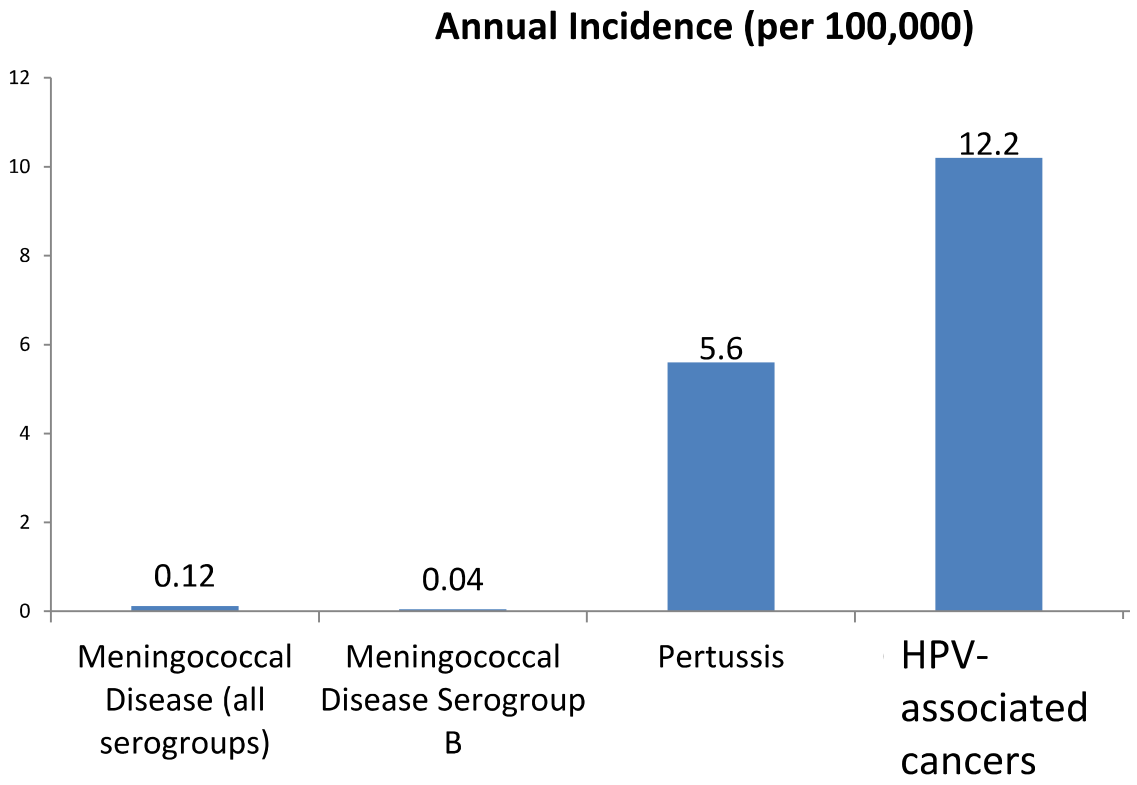
Deaths from Diseases Covered in Adolescent Vaccine Series



American Cancer Society | NATIONAL HPV VACCINATION ROUNDTABLE

Data Sources: CDC, 2016; American Cancer Society

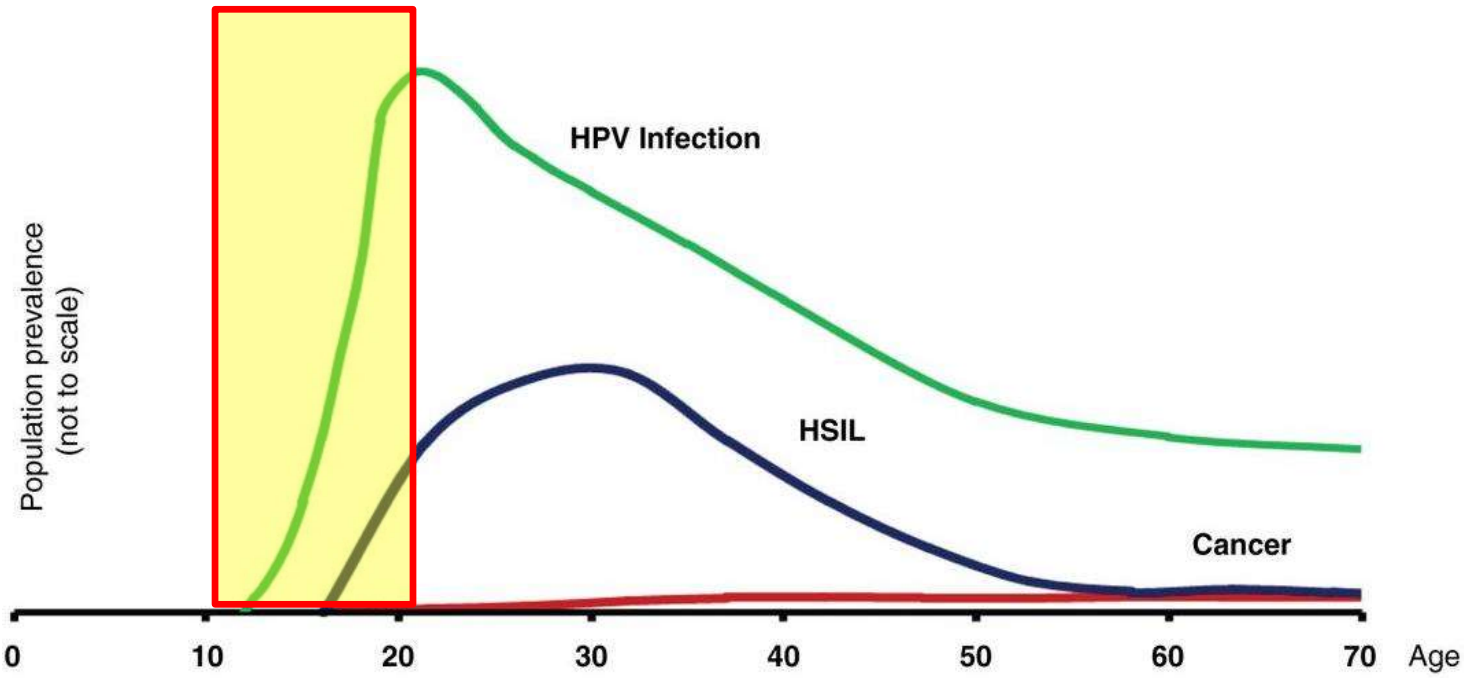
Incidence of Diseases Covered in Adolescent Vaccine Series



American Cancer Society | NATIONAL HPV VACCINATION ROUNDTABLE

Data Sources: CDC, 2017; CDC 2018, Senkomago PMID: 31437140

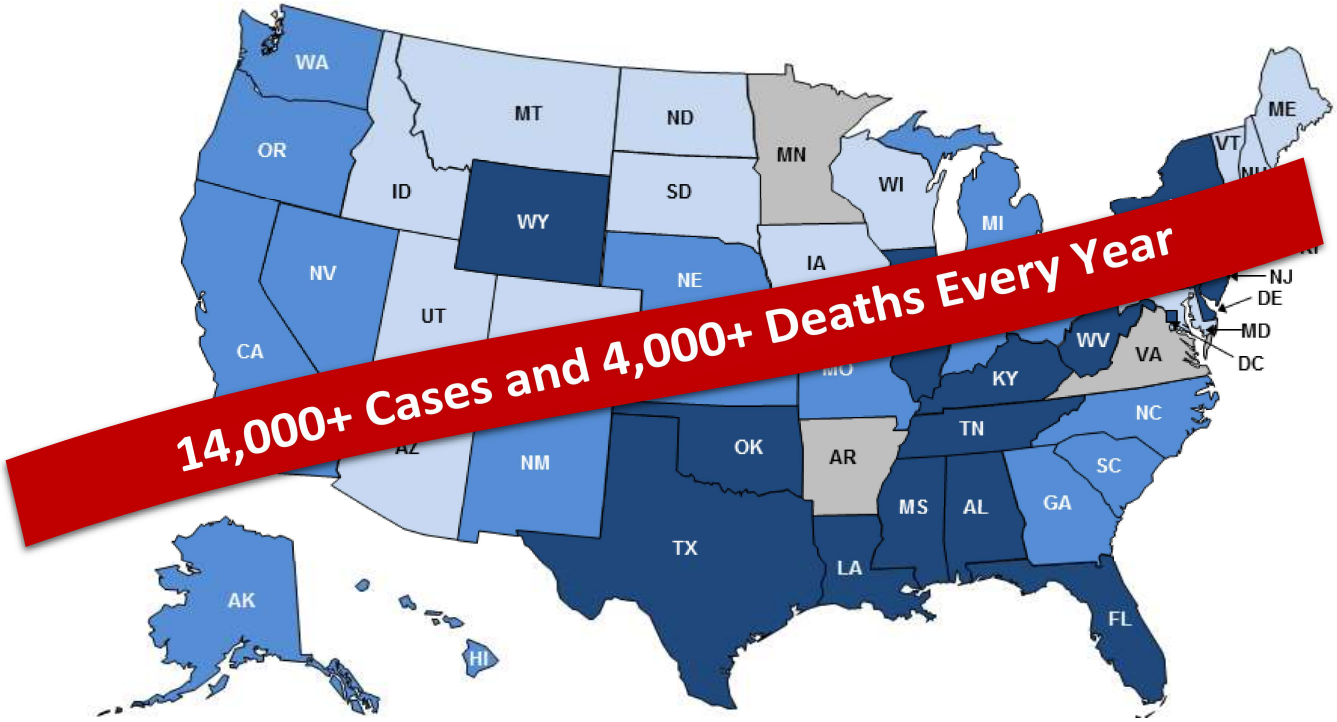
HPV Vaccination Eliminates HPV Infection and the Downstream Consequences



American Cancer Society | NATIONAL HPV VACCINATION ROUNDTABLE

Schiffman M et al. CEBP 2013

HPV-Associated Cervical Cancer Incidence Rates 2006-2023 (no improvement)

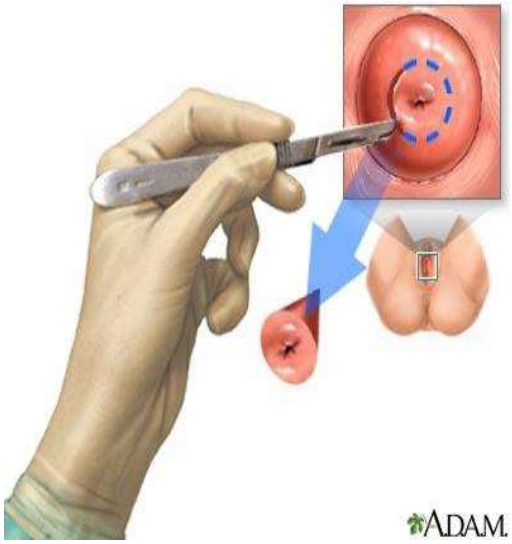


Source: www.cdc.gov/cancer/npcr

HPV Infection and Treatment of Cervical Precancers Linked to Preterm Birth and Low Birth Weight

- 333,000 women undergo cone/LEEP procedures annually
- LEEP/conization and HPV infections are
- Associated with preterm birth and low
- birth weight

HPV vaccination DECREASES preterm birth and low birth weight



American Cancer Society | National HPV Vaccination Roundtable

Bjorge, Obstet Gynecol, 2016; Sadler, JAMA, 2004,
Insinga, Pharmacoeconomics, 2005, Yuill HV&I PMID: 34506257

HPV Vaccination is Cancer Prevention

American Cancer Society

NATIONAL HPV VACCINATION ROUNDTABLE

HPV Vaccination

Fact 1: The vaccine prevents certain cancers.

Fact 2: The HPV vaccine works best when given between ages 9 and 12

Fact 3: The HPV vaccine is for boys and girls

Fact 4: The vaccine is safe.

Fact 5: The HPV vaccine does not contain harmful ingredients.

Fact 6: The HPV vaccine can protect, not harm, fertility.

Fact 7: The HPV vaccine lasts a long time.

Fact 8: Most children in the US can get the HPV vaccine for little-to-no cost.

American Cancer Society | National HPV Vaccination Roundtable

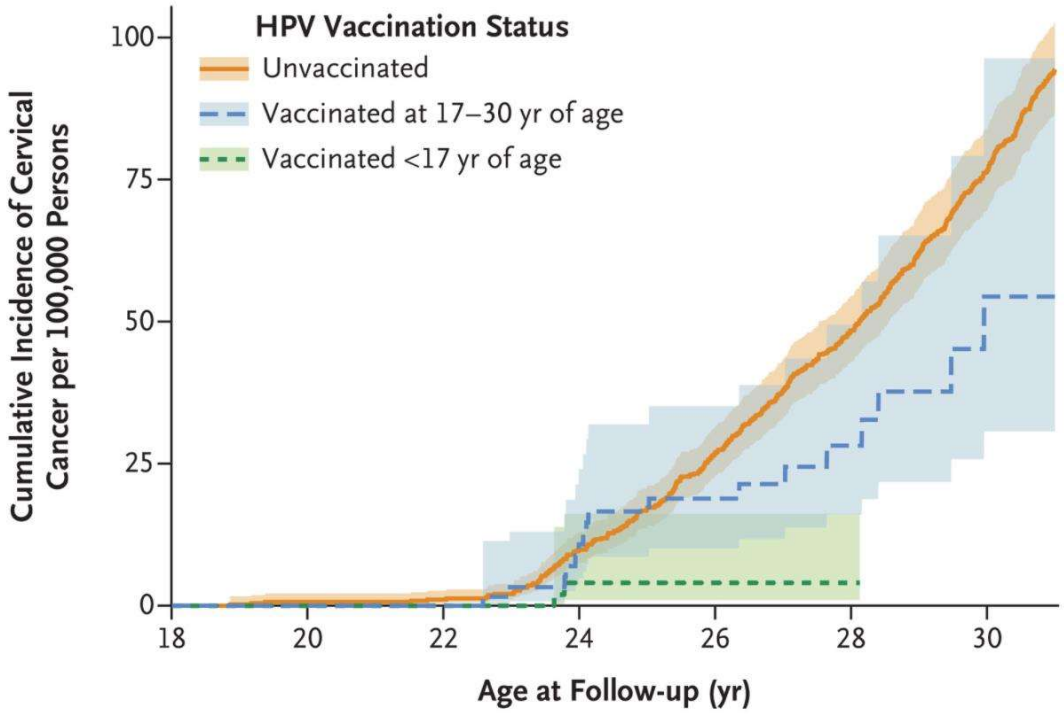
Source: HPV Facts | HPV Vaccine Facts | How Long is the HPV Vaccine Good For? | American Cancer Society

HPV Vaccination is Cancer Prevention

Sweden, 2006-2017

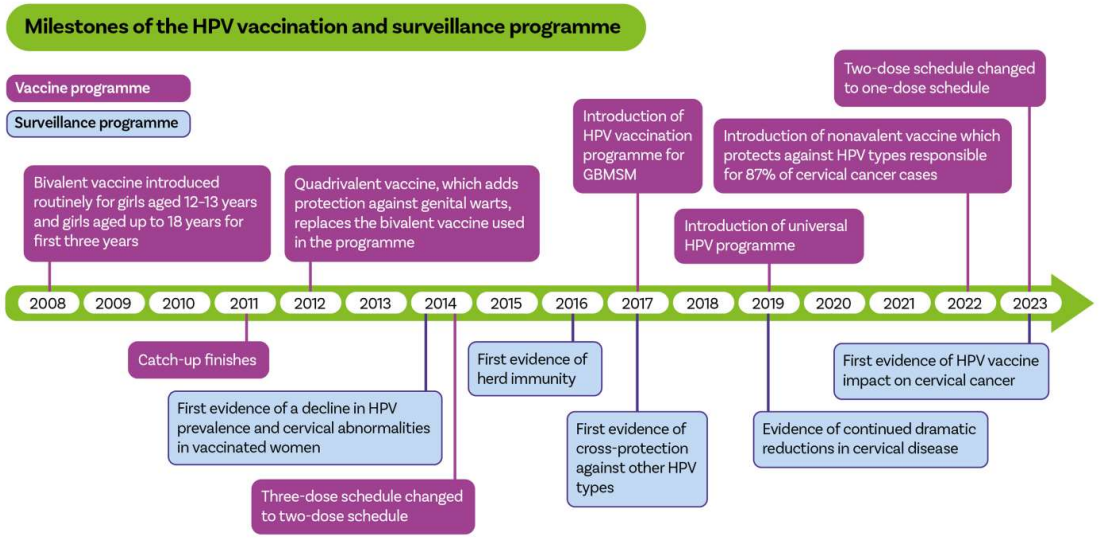
- 1.7 million females ages 10-30
- 538 cases in 528,000 unvaccinated
- 19 cases in 518,000 vaccinated
  - 2 cases in 439,000 vax age 10-16
  - 17 cases in 90,000 vax age 17-30

88% protection against invasive cervical cancer when vaccinated before age 17



SOURCE: Lei, et al, NEJM 2020

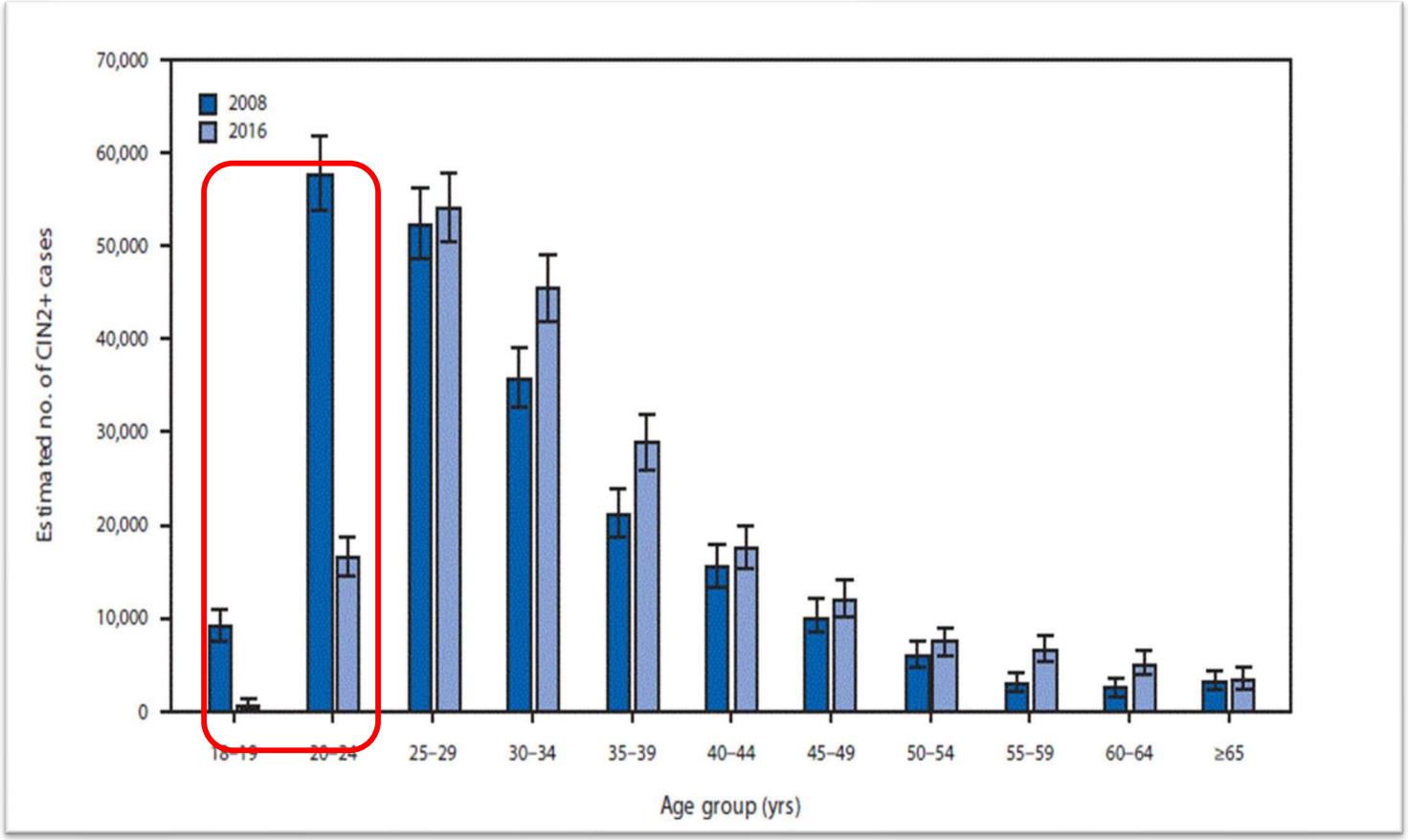
HPV Vaccination is Cancer Prevention



An exciting new study from Scotland (2024) shows that **no cervical cancer cases** have been detected in fully vaccinated women following the human papillomavirus (HPV) immunization at age 12-13 since the program started in Scotland in 2008.

Source: No cervical cancer cases detected in vaccinated women following HPV immunisation - News - Public Health Scotland

Dramatic Decrease in Cervical Precancer Ages 18-24
(pre-cancers increasing in older women who were not vaccinated)

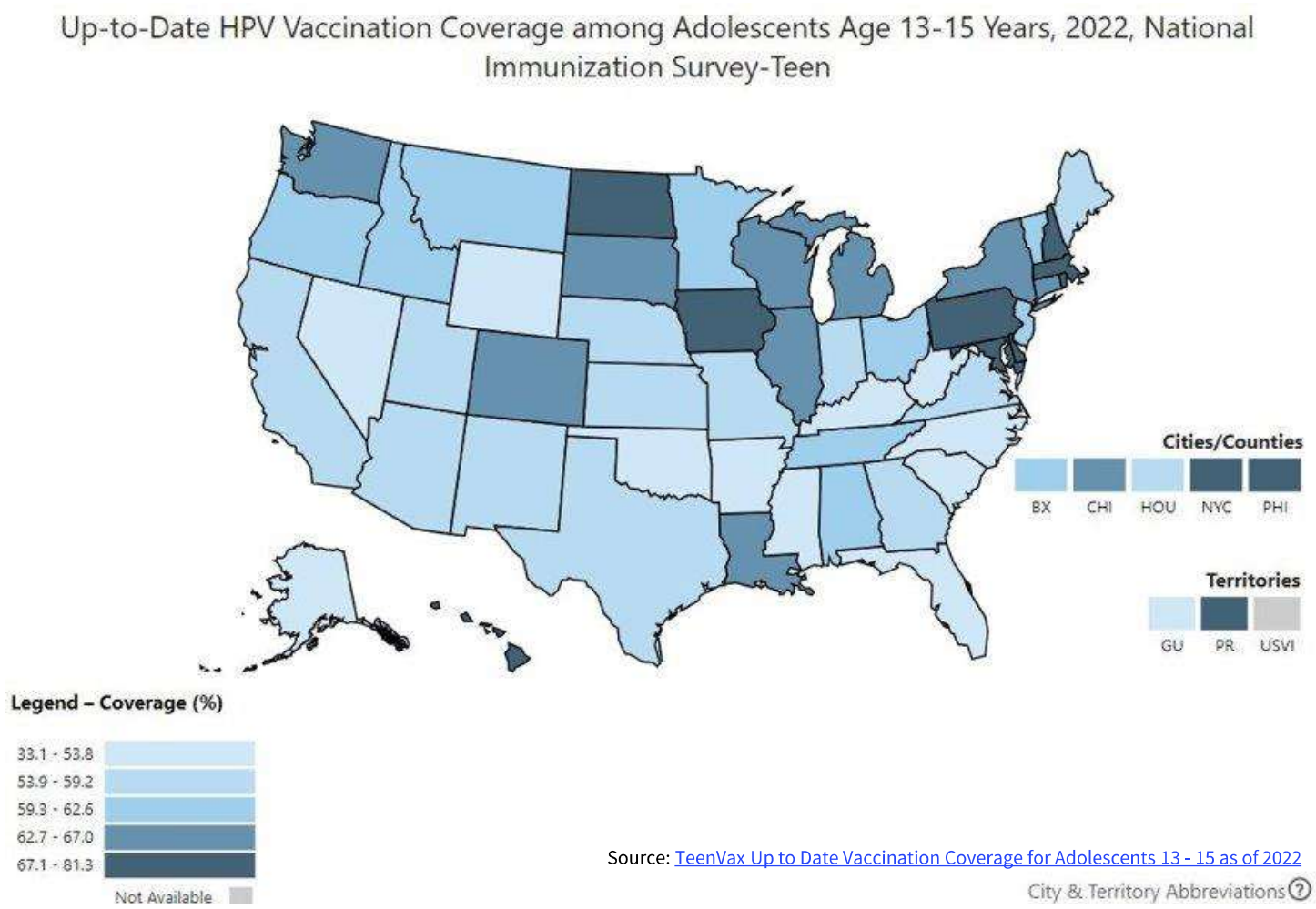


American Cancer Society

NATIONAL HPV VACCINATION ROUNDTABLE

Source: McClung, et al. MMWR 2019 https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6815-H.pdf

HPV Vaccination Outlook



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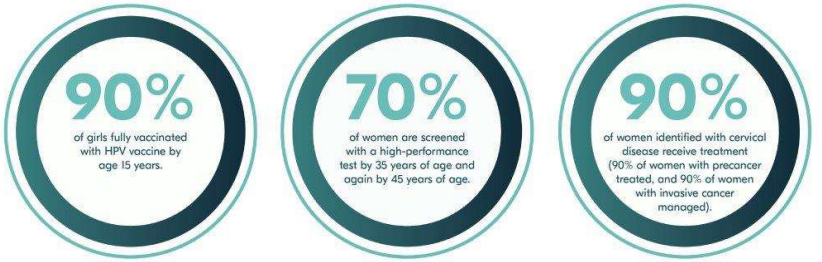


Elimination of HPV cancers starting with cervical cancer elimination

Proposed Elimination Goal for the U.S.

Reach **≤4 cases per 100,000** by 2030-2038;

*ultimate goal of ≤1 per 100,000 by 2063[1]

- **90%** vaccination rates*
- **90%** cervical screening rates**
- **90%** follow-up/treatment rates

** Gender neutral, Up-to-Date by age 13*

*** The goal of 90% builds on the WHO target of 70%, with more ambitious, yet achievable targets, appropriate to our setting*

[1]Berger et al, 2020: Projected time to elimination of cervical cancer in the USA: a comparative modelling study (thelancet.com)

Strategies

Vaccination
Start at 9
Rural/geographic
VFC
Parents/vaccine confidence
Health plans
Registries

Screening
Patient ed
Self-collection
Lab workflow
Health plans

Follow-up
Clinician ed
Improve follow-up
Reminder/recall
Colpo training

State-level
Cancer plans
Policy needs

Policy
Workforce
Navigation
Insurance coverage

Funding
Sustainable $$

Data & Monitoring
Improve/ Standardize data
Evaluation framework

Wild Card
What if... ?

HPV Vaccination Starting at Age 9

American Cancer Society | National HPV Vaccination Roundtable

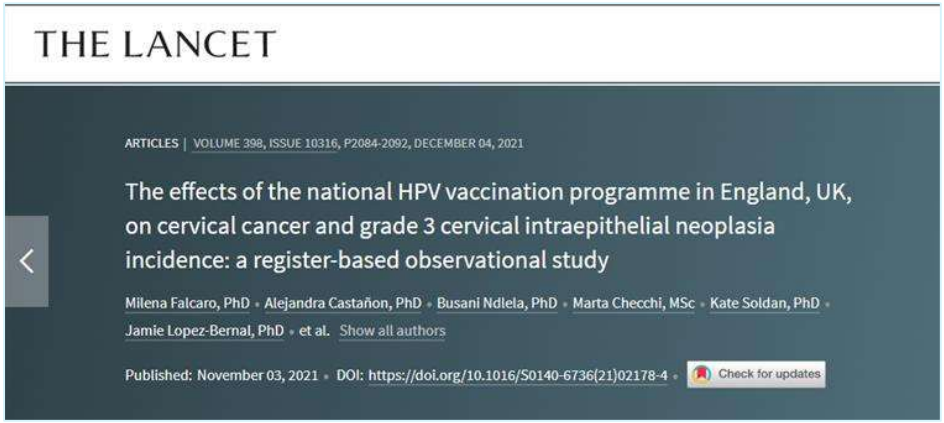
ACS HPV Vaccination Guidelines

- Boys and girls
- Age 9 - 12 = ON TIME; Can vaccinate LATE at ages 13 to 26
- ACS: Individuals ages 22 to 26 who were not previously vaccinated should be informed that vaccination at older ages is less effective in lowering cancer risk
- 2 doses*

SOURCE: American Cancer Society HPV vaccine (Accessed March 2022)

HPV Vaccination: Age Matters

Age at Vaccination	Effectiveness against CIN3+	Effectiveness against cervical cancer
12-13	97%	87%
14-16	75%	62%
16-18	39%	34%



SOURCE: Falcaro, et al. Lancet 2021;398(10316):2084-2092

BENEFITS OF VACCINATING AT AGE 9

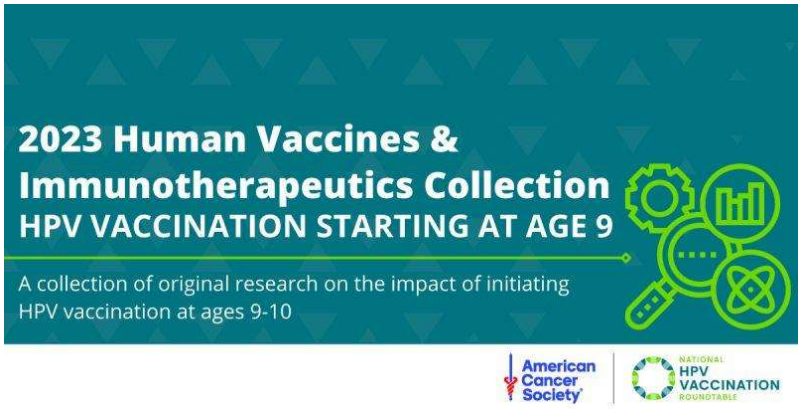
1. More time for completion by age 13
2. Results in a strong immune response
3. Increased likelihood of vaccinating prior to first HPV exposure
4. Decreased questions about sexual activity by parents and guardians
5. Decreased requests for only vaccines that are required for school
6. Decreased number of shots per visit
7. Increased vaccinations and therefore cancers prevented
8. Shown to increase vaccination rates in health systems
9. Shown to be highly acceptable by health systems, providers, and parents

DOWNSIDES OF VACCINATING AT AGE 9

Vaccination has shown no sign of protection waning over time.

No known downside

Evidence Around Starting At Age 9



Articles include research that:

- Considers benefits to subpopulations
- Compares rates by age and demographics
- Describes implementation and/or QI initiatives
- Describes parent experiences
- Describes healthcare provider experiences

https://www.tandfonline.com/journals/khvi20/collections/HPV-vaccination-starting-age-9

https://www.youtube.com/playlist?list=PLpB8X9MugZYZvEtLSPT8UTXFC3c1S-Ilg

Key Findings for Starting HPV Vaccines at Age 9 Include:

Increases of up to 30 percentage points in on-time completion rates

Larger increases in those with public vs. private insurance and those with access barriers

68-86% acceptance by providers and clinics

Working Together

How can we help you, our partners?

American Cancer Society | National HPV Vaccination Roundtable

Provider Education Series

CME, Nursing, and Pharmacy Education Credits

American Cancer Society | National HPV Vaccination Roundtable | Indiana Immunization Coalition | 20 Years

HPV PROVIDER VIDEO SERIES

The American Cancer Society in partnership with The National HPV Vaccination Roundtable and the Indiana Immunization Coalition are launching a 6-part provider education virtual series, summer 2023.

The on-demand sessions will range in topics and equip providers with the latest information, HPV vaccination guidelines, science, and implementation strategies to increase vaccination rates. CME, CNE and Pharmacy continuing education will be offered for each webinar.

Registration:
By registering, you will have access to all of the HPV video series.

CLICK HERE

MODULES

Session 1 :Vaccine Hesitancy & Communication
Seth and Kellie Kelley
Lacey Eden, DNP

Session 2: HPV Related Cancer: HPV 101
Dr. Mike Sim, MD
Dr. Rebecca Perkins, MD,MSc

Session 3: Current HPV Vaccine Guidelines & Why Age 9 Matters?
Dr. Sean O'Leary, MD, MPH, FAAP
Dr. Debbie Saslow, PhD
Andrea Polkinghorn, BSN, RN, AMB-BC

Session 4: HPV Disparities & Unique Populations: Where You Live Matters
Dr. Benjamin Teeter, PhD
Dr. Shannon Christy, PhD
Dr. Milkie Vu, PhD

Session 5:Effective EBI'S & Implementation
Dr. Marcie Fisher-Borne, PhD, MPH, MSW
Andrea Stubbs, MPA

Session 6:LIVE Discussion Panel
August 17th, 2023
1:00-2:00PM ET

*Each module completed will receive 1 CME credit.
*Modules can be viewed in any order.

https://hpvroundtable.org/provider-education-series/

HPV Vaccination Rural Learning Community

Partner with us in 2024 to Address HPV Vaccination Geographic Disparities

Protecting our children today for a healthier tomorrow

The American Cancer Society (ACS) and The National HPV Vaccination Roundtable (HPVRT) are seeking rural healthcare partners to join a learning community focused on improving HPV vaccination among 9–12-year-olds.

Through a series of virtual sessions and peer-based learning, the rural disparities HPV vaccination learning community will use quality improvement (QI) and evidence-based interventions to increase vaccine rates. This no-cost, practical how-to learning community will serve as a forum for health partners to gain knowledge, exchange promising practices, and talk through challenges to increasing HPV vaccinations in rural settings.

Why Prioritize HPV?

Most patients will be exposed to HPV: HPV is extremely common. The HPV vaccine provides protection from these infections and six types of cancer.

Pandemic impact: Nationally 8.4 million doses have been missed, leaving many children unprotected from future cancers. The impact on publicly insured children has been significant.

Population health management: Rural communities lag 10% behind the national average for HPV vaccination. HPV underperforms compared to other ACIP recommended vaccines, including Tdap and MenACWY.

Improve HEDIS IMA/CHIP metrics: Payors may tie incentives to performance improvements on adolescent immunization measures.

Why partner with ACS?

History of success: Since 2014, ACS has partnered on 300+ HPV QI projects. Partners have rate improvements of 3-5%. Review our 2022-2023 HPV Impact Report to learn more.

Trusted global organization: ACS is a leader in the HPV vaccination space. Participation includes access to thought leaders and experts.

Mission HPV Cancer Free: ACS set a goal to increase HPV vaccination rates and seeks to eliminate vaccine preventable HPV cancers, as a public health problem starting with cervical cancer.

Cancer prevention in action: Attendees will learn and apply QI tools and best practices to increase vaccine delivery.

Participation Benefits:

- Access to ACS & HPVRT resources and materials
- Co-branding opportunities
- Data utilization best practices
- Networking with peer organizations
- Practical implementation tips
- Opportunity to showcase success
- QI coaching & support
- Learning from subject matter experts
- Social media toolkit (patient-facing)
- Preventing HPV-related cancers and pre-cancers

cancer.org | 1.800.227.2345 1.30.2024

Learning Outcomes

- **Increase** on-time HPV vaccination rates
- **Expand** knowledge around HPV infection, related-cancers, and vaccination rates
- **Build** awareness around the importance of HPV vaccination data
- **Explore** evidence-based interventions to increase HPV vaccinations in your community
- **Discuss** best practices and challenges increasing HPV vaccinations in rural settings

Learning Session Details

Dates	Topics
March 20, 2024	Setting the Stage: Networking & Orientation
April 10, 2024	A Deep Dive into HPV Vaccination Data
May 22, 2024	HPV Vaccination Starting at Age 9
June 19, 2024	The ABCs of Quality Improvement: AIM Statements & Building a Team
July 17, 2024	The ABCs of Quality Improvement: Process Mapping & Gap Analysis
August 14, 2024	Finding the Best Fit: Evidence-Based Interventions & HPV Vaccination
September 18, 2024	The ABC's of Quality Improvement: PDSA Cycle
October 16, 2024	Highlighting HPV Vaccination Best Practices
November 13, 2024	Highlighting HPV Vaccination Best Practices
December 4, 2024	Celebrating & Sustaining Success

Time: 2-3pm EST

Cost: Free to attend

Location: Virtual format via Zoom meeting

Registration Details

Registration is rolling and participants can join at any time throughout the year. Register using the following link: https://forms.office.com/r/q8zfWncCgr or scan the QR code.

Once registration has been completed, Zoom calendar invites will be sent for the monthly calls.

Questions? Please reach out to **Ashley Lach, HPV Program Manager**
Email: Ashley.Lach@cancer.org

This resource is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

HPV Best Practices Education Program

2025 National HPV Conference

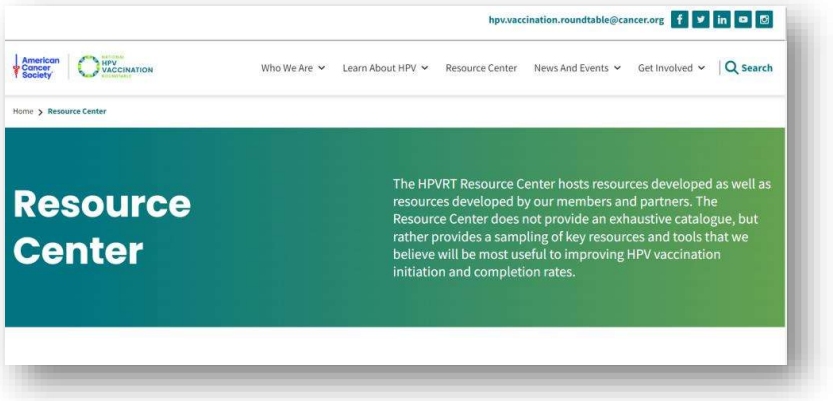
🏁 Let's get on track to end HPV infections! Sign up to be notified when registration opens for the first-ever National HPV Conference!

This 2025 conference will bring together HPV professionals, advocates, and researchers for networking and workshops. Learn best practices, share resources, and collaborate to end HPV infections!

Sign Up Today:
https://nhpvc.org/

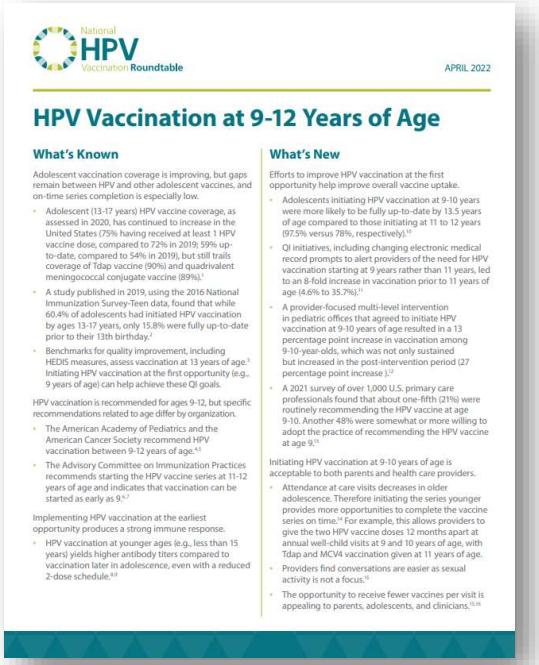
ACS HPVRT Website & Resource Center

The **ACS HPVRT Website & Resource Center** contains evidence-based resources and tools to help you increase HPV vaccination produced by the ACS HPVRT and member organizations.



hpvroundtable.org/resource-center

HPV Roundtable Resource Center



National HPV Vaccination Roundtable

APRIL 2022

HPV Vaccination at 9-12 Years of Age

What's Known

Adolescent vaccination coverage is improving, but gaps remain between HPV and other adolescent vaccines, and on-time series completion is especially low.

- Adolescent (13-17 years) HPV vaccine coverage, as assessed in 2020, has continued to increase in the United States (75% having received at least 1 HPV vaccine dose, compared to 72% in 2019; 59% up-to-date, compared to 54% in 2019), but still trails coverage of Tdap vaccine (90%) and quadrivalent meningococcal conjugate vaccine (89%).[1]
- A study published in 2019, using the 2016 National Immunization Survey-Teen data, found that while 60.4% of adolescents had initiated HPV vaccination by ages 13-17 years, only 15.8% were fully up-to-date prior to their 13th birthday.[2]
- Benchmarks for quality improvement, including HEDIS measures, assess vaccination at 13 years of age.[3] Initiating HPV vaccination at the first opportunity (e.g., 9 years of age) can help achieve these QI goals.

HPV vaccination is recommended for ages 9-12, but specific recommendations related to age differ by organization.

- The American Academy of Pediatrics and the American Cancer Society recommend HPV vaccination between 9-12 years of age.[4,5]
- The Advisory Committee on Immunization Practices recommends starting the HPV vaccine series at 11-12 years of age and indicates that vaccination can be started as early as 9.[6,7]

Implementing HPV vaccination at the earliest opportunity produces a strong immune response.

- HPV vaccination at younger ages (e.g., less than 15 years) yields higher antibody titers compared to vaccination later in adolescence, even with a reduced 2-dose schedule.[8,9]

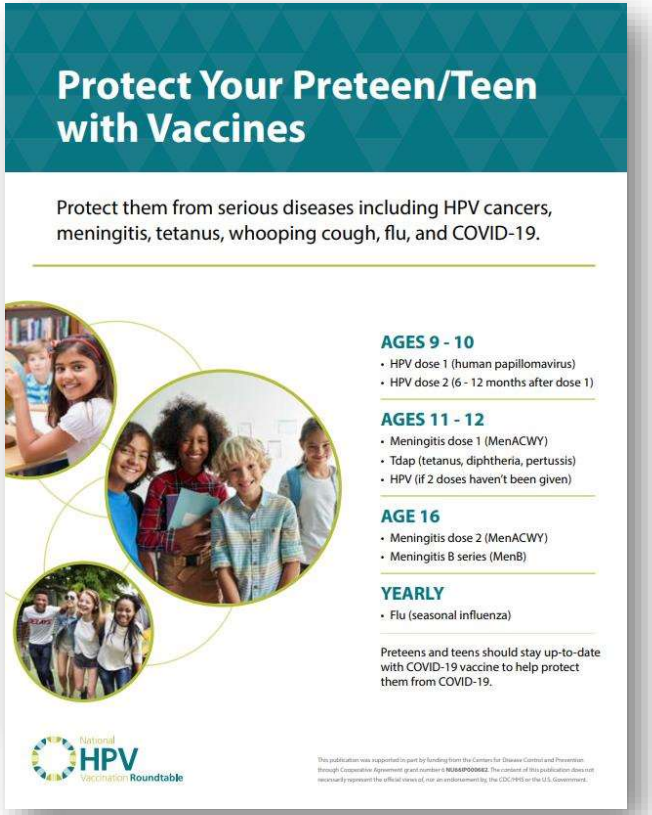
What's New

Efforts to improve HPV vaccination at the first opportunity help improve overall vaccine uptake.

- Adolescents initiating HPV vaccination at 9-10 years were more likely to be fully up-to-date by 13.5 years of age compared to those initiating at 11 to 12 years (97.5% versus 78%, respectively).[10]
- QI initiatives, including changing electronic medical record prompts to alert providers of the need for HPV vaccination starting at 9 years rather than 11 years, led to an 8-fold increase in vaccination prior to 11 years of age (4.6% to 35.7%).[11]
- A provider-focused multi-level intervention in pediatric offices that agreed to initiate HPV vaccination at 9-10 years of age resulted in a 13 percentage point increase in vaccination among 9-10-year-olds, which was not only sustained but increased in the post-intervention period (27 percentage point increase).[12]
- A 2021 survey of over 1,000 U.S. primary care professionals found that about one-fifth (21%) were routinely recommending the HPV vaccine at age 9-10. Another 48% were somewhat or more willing to adopt the practice of recommending the HPV vaccine at age 9.[13]

Initiating HPV vaccination at 9-10 years of age is acceptable to both parents and health care providers.

- Attendance at care visits decreases in older adolescence. Therefore initiating the series younger provides more opportunities to complete the vaccine series on time.[14] For example, this allows providers to give the two HPV vaccine doses 12 months apart at annual well-child visits at 9 and 10 years of age, with Tdap and MCV4 vaccination given at 11 years of age.
- Providers find conversations are easier as sexual activity is not a focus.[15]
- The opportunity to receive fewer vaccines per visit is appealing to parents, adolescents, and clinicians.[15,16]



Protect Your Preteen/Teen with Vaccines

Protect them from serious diseases including HPV cancers, meningitis, tetanus, whooping cough, flu, and COVID-19.

AGES 9 - 10

- HPV dose 1 (human papillomavirus)
- HPV dose 2 (6 - 12 months after dose 1)

AGES 11 - 12

- Meningitis dose 1 (MenACWY)
- Tdap (tetanus, diphtheria, pertussis)
- HPV (if 2 doses haven't been given)

AGE 16

- Meningitis dose 2 (MenACWY)
- Meningitis B series (MenB)

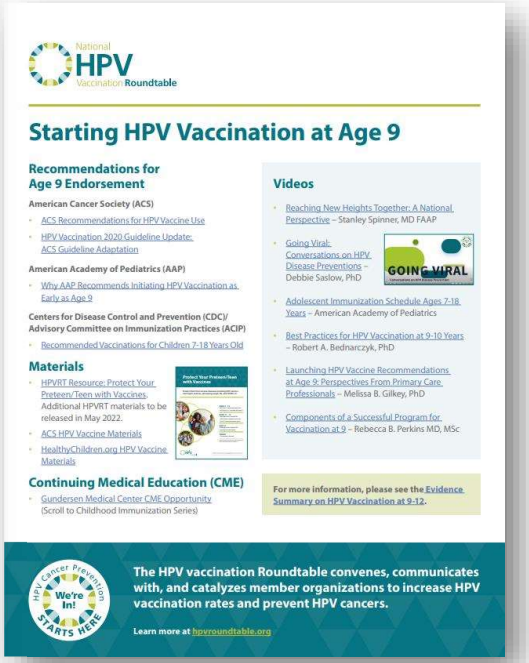
YEARLY

- Flu (seasonal influenza)

Preteens and teens should stay up-to-date with COVID-19 vaccine to help protect them from COVID-19.

National HPV Vaccination Roundtable

This publication was supported in part by funding from the Centers for Disease Control and Prevention through Cooperative Agreement grant number 6 NU66IP000662. The content of this publication does not necessarily represent the official views of, nor an endorsement by, the CDC/HHS or the U.S. Government.



National HPV Vaccination Roundtable

Starting HPV Vaccination at Age 9

Recommendations for Age 9 Endorsement

American Cancer Society (ACS)

- ACS Recommendations for HPV Vaccine Use
- HPV Vaccination 2020 Guideline Update: ACS Guideline Adaptation

American Academy of Pediatrics (AAP)

- Why AAP Recommends Initiating HPV Vaccination as Early as Age 9

Centers for Disease Control and Prevention (CDC)/ Advisory Committee on Immunization Practices (ACIP)

- Recommended Vaccinations for Children 7-18 Years Old

Materials

- HPVRT Resource: Protect Your Preteen/Teen with Vaccines. Additional HPVRT materials to be released in May 2022.
- ACS HPV Vaccine Materials
- HealthyChildren.org HPV Vaccine Materials

Continuing Medical Education (CME)

- Gundersen Medical Center CME Opportunity (Scroll to Childhood Immunization Series)

Videos

- Reaching New Heights Together: A National Perspective – Stanley Spinner, MD FAAP
- Going Viral: Conversations on HPV Disease Preventions – Debbie Saslow, PhD
- Adolescent Immunization Schedule Ages 7-18 Years – American Academy of Pediatrics
- Best Practices for HPV Vaccination at 9-10 Years – Robert A. Bednarczyk, PhD
- Launching HPV Vaccine Recommendations at Age 9: Perspectives From Primary Care Professionals – Melissa B. Gilkey, PhD
- Components of a Successful Program for Vaccination at 9 – Rebecca B. Perkins MD, MSc

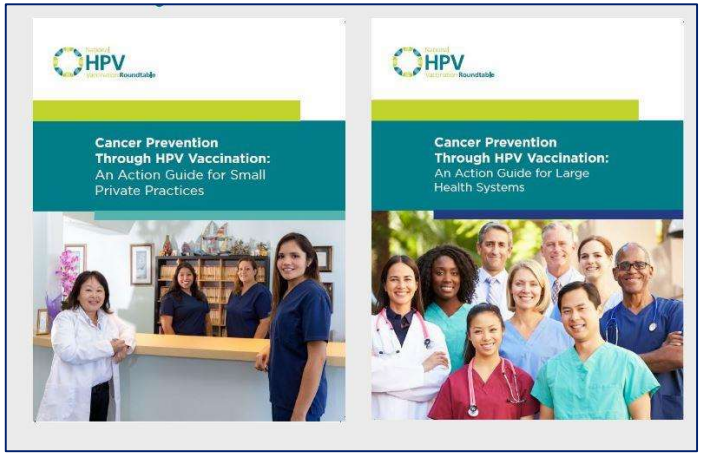
For more information, please see the Evidence Summary on HPV Vaccination at 9-12.

HPV Cancer Prevention We're In! STARTS HERE

The HPV vaccination Roundtable convenes, communicates with, and catalyzes member organizations to increase HPV vaccination rates and prevent HPV cancers.

Learn more at hpvroundtable.org

Action Guides



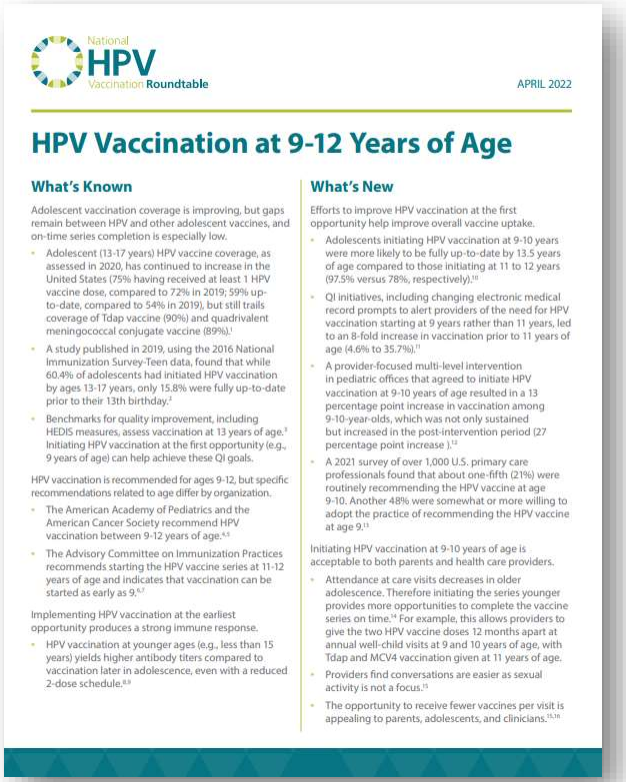
https://hpvroundtable.org/cancer-prevention-through-hpv-vaccination-action-guides/

Current Action Guides – Updating Now!

New in 2024:
- Health Plan Action Guide

Exploring:
- Pharmacy
- ENTs
- Immunization Managers
- Let us know of any other needs!

Evidence Summaries



National HPV Vaccination Roundtable

APRIL 2022

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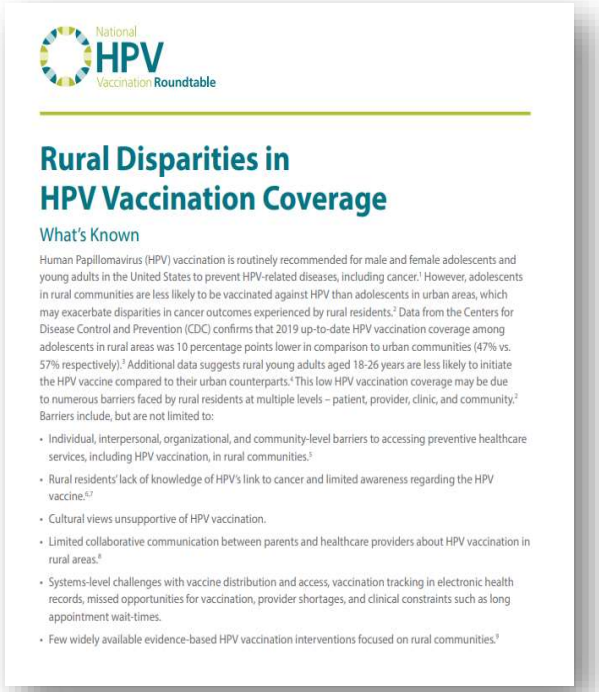


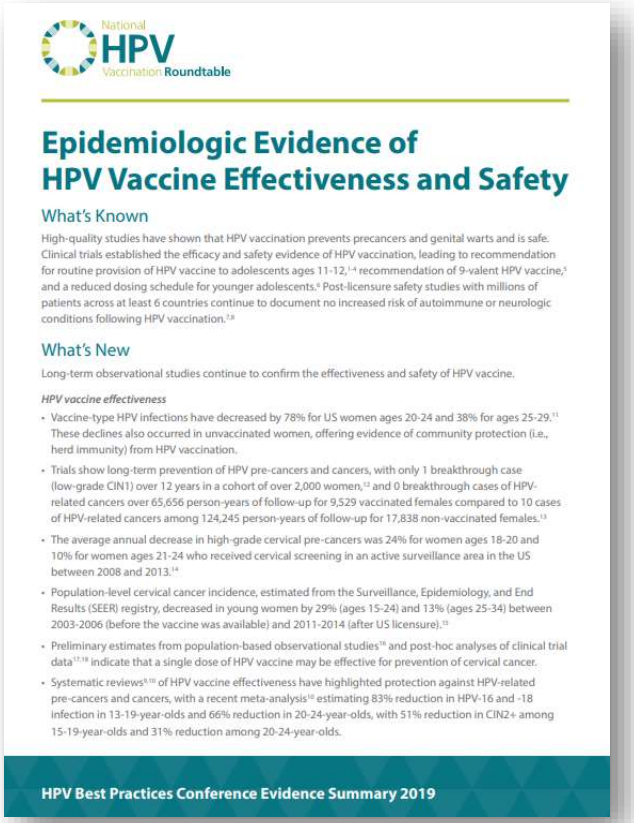
National HPV Vaccination Roundtable

Rural Disparities in HPV Vaccination Coverage

What's Known

Human Papillomavirus (HPV) vaccination is routinely recommended for male and female adolescents and young adults in the United States to prevent HPV-related diseases, including cancer.[1] However, adolescents in rural communities are less likely to be vaccinated against HPV than adolescents in urban areas, which may exacerbate disparities in cancer outcomes experienced by rural residents.[2] Data from the Centers for Disease Control and Prevention (CDC) confirms that 2019 up-to-date HPV vaccination coverage among adolescents in rural areas was 10 percentage points lower in comparison to urban communities (47% vs. 57% respectively).[3] Additional data suggests rural young adults aged 18-26 years are less likely to initiate the HPV vaccine compared to their urban counterparts.[4] This low HPV vaccination coverage may be due to numerous barriers faced by rural residents at multiple levels – patient, provider, clinic, and community.[2] Barriers include, but are not limited to:

- Individual, interpersonal, organizational, and community-level barriers to accessing preventive healthcare services, including HPV vaccination, in rural communities.[5]
- Rural residents' lack of knowledge of HPV's link to cancer and limited awareness regarding the HPV vaccine.[6,7]
- Cultural views unsupportive of HPV vaccination.
- Limited collaborative communication between parents and healthcare providers about HPV vaccination in rural areas.[8]
- Systems-level challenges with vaccine distribution and access, vaccination tracking in electronic health records, missed opportunities for vaccination, provider shortages, and clinical constraints such as long appointment wait-times.
- Few widely available evidence-based HPV vaccination interventions focused on rural communities.[9]



National HPV Vaccination Roundtable

Epidemiologic Evidence of HPV Vaccine Effectiveness and Safety

What's Known

High-quality studies have shown that HPV vaccination prevents precancers and genital warts and is safe. Clinical trials established the efficacy and safety evidence of HPV vaccination, leading to recommendation for routine provision of HPV vaccine to adolescents ages 11-12,[1-4] recommendation of 9-valent HPV vaccine,[5] and a reduced dosing schedule for younger adolescents.[6] Post-licensure safety studies with millions of patients across at least 6 countries continue to document no increased risk of autoimmune or neurologic conditions following HPV vaccination.[7,8]

What's New

Long-term observational studies continue to confirm the effectiveness and safety of HPV vaccine.

HPV vaccine effectiveness

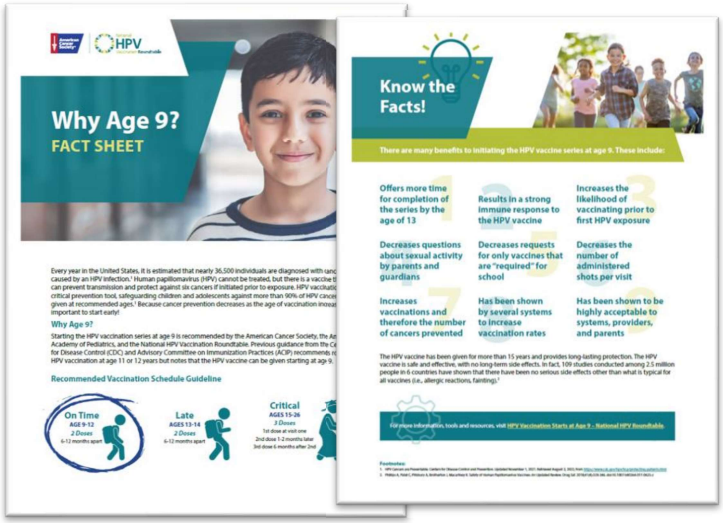
- Vaccine-type HPV infections have decreased by 78% for US women ages 20-24 and 38% for ages 25-29.[11] These declines also occurred in unvaccinated women, offering evidence of community protection (i.e., herd immunity) from HPV vaccination.
- Trials show long-term prevention of HPV pre-cancers and cancers, with only 1 breakthrough case (low-grade CIN1) over 12 years in a cohort of over 2,000 women,[12] and 0 breakthrough cases of HPV-related cancers over 65,656 person-years of follow-up for 9,529 vaccinated females compared to 10 cases of HPV-related cancers among 124,245 person-years of follow-up for 17,838 non-vaccinated females.[13]
- The average annual decrease in high-grade cervical pre-cancers was 24% for women ages 18-20 and 10% for women ages 21-24 who received cervical screening in an active surveillance area in the US between 2008 and 2013.[14]
- Population-level cervical cancer incidence, estimated from the Surveillance, Epidemiology, and End Results (SEER) registry, decreased in young women by 29% (ages 15-24) and 13% (ages 25-34) between 2003-2006 (before the vaccine was available) and 2011-2014 (after US licensure).[15]
- Preliminary estimates from population-based observational studies[16] and post-hoc analyses of clinical trial data[17,18] indicate that a single dose of HPV vaccine may be effective for prevention of cervical cancer.
- Systematic reviews[9,10] of HPV vaccine effectiveness have highlighted protection against HPV-related pre-cancers and cancers, with a recent meta-analysis[10] estimating 83% reduction in HPV-16 and -18 infection in 13-19-year-olds and 66% reduction in 20-24-year-olds, with 51% reduction in CIN2+ among 15-19-year-olds and 31% reduction among 20-24-year-olds.

HPV Best Practices Conference Evidence Summary 2019

https://hpvroundtable.org/hpv-vaccination-evidence-summaries/

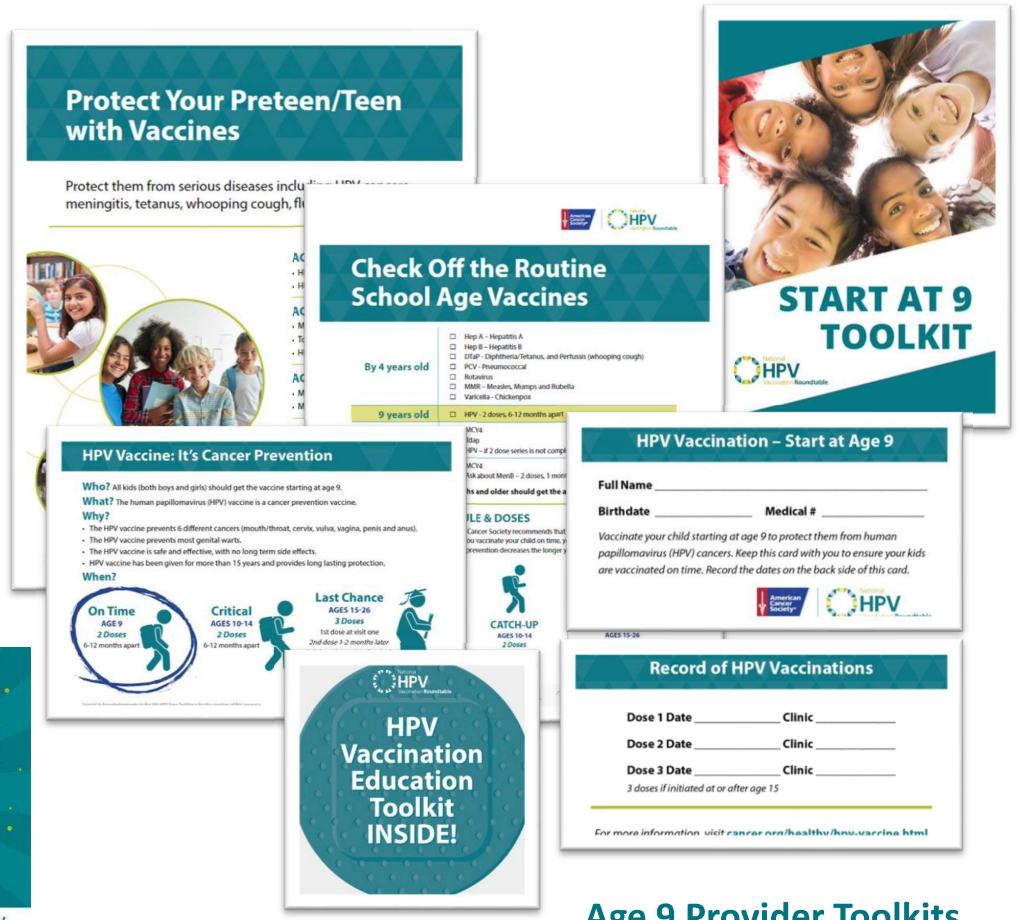
Best & Promising Practices – Posters

Start at Age 9 Campaign



Age 9 Sell Sheet

9 for 9 Video



Age 9 Provider Toolkits

https://hpvroundtable.org/start-hpv-vaccination-at-age-9/

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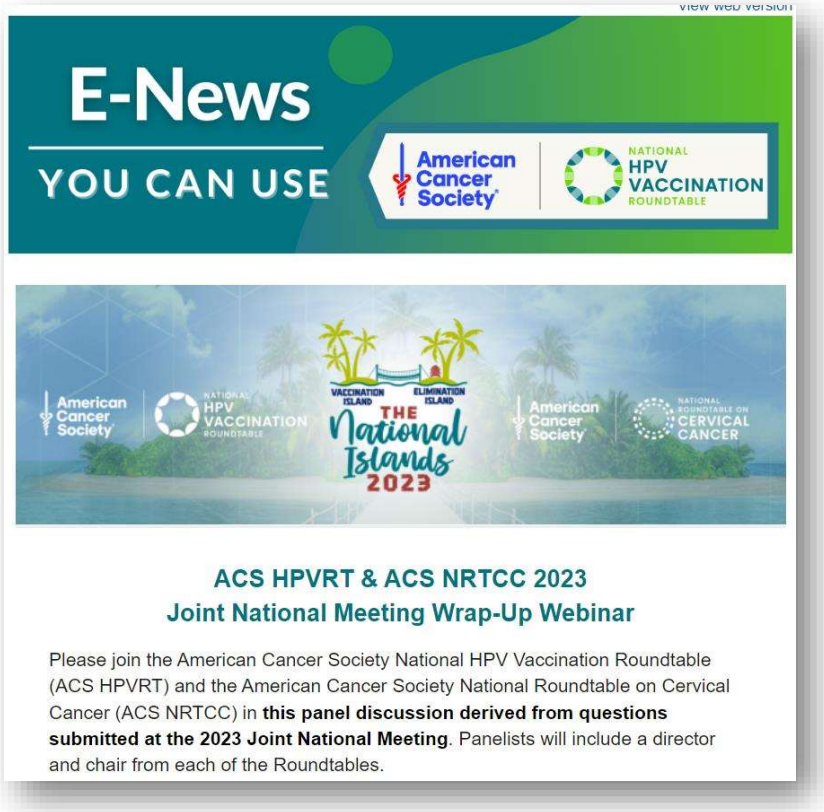
ACS HPVRT Newsletter

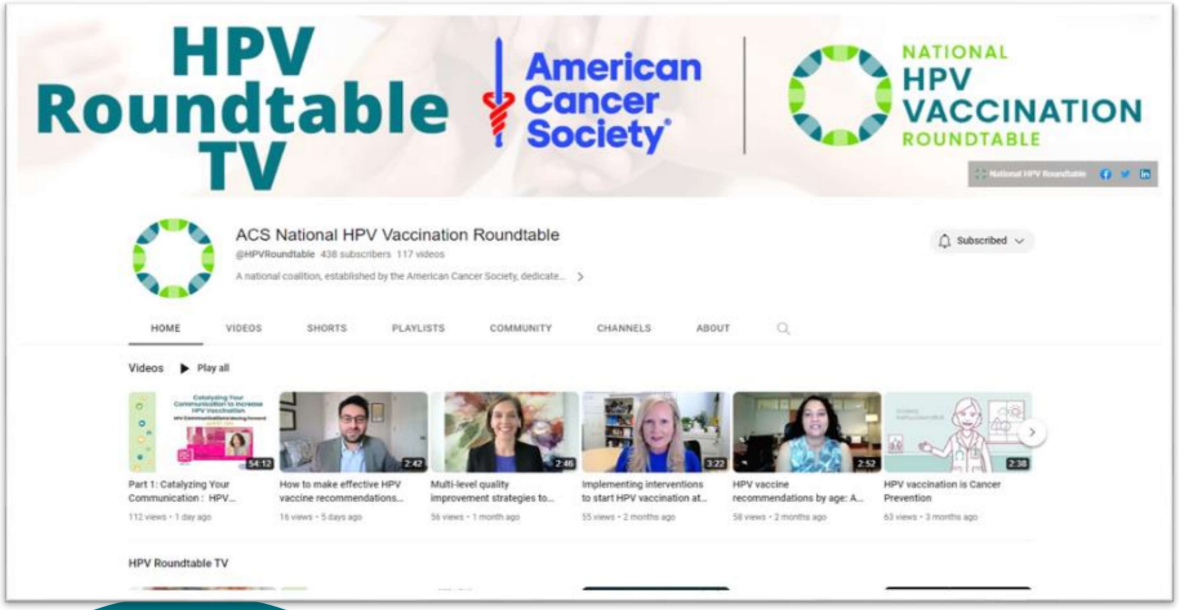
A monthly newsletter comes from the HPVRT highlighting upcoming events, past event recordings, new evidence, and other timely topics.

Join the Listserve here: www.hpvroundtable.org
*box at the bottom of the page.



https://hpvroundtable.org/communication-newsletters/

ACS HPVRT Social Media Channels



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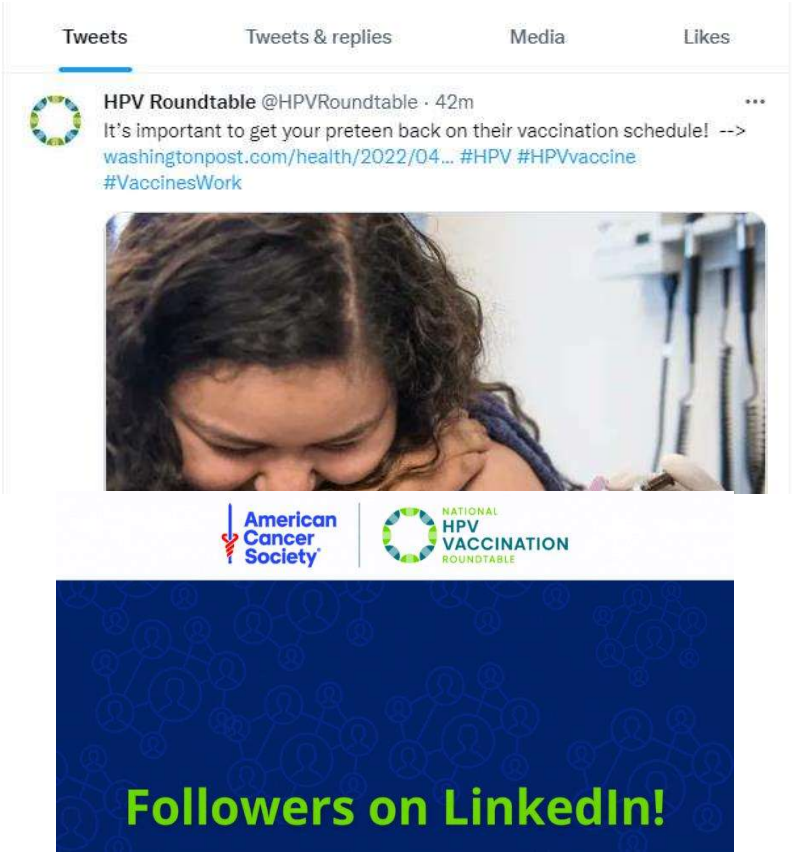
HPV Roundtable



Contact Us

hpv.vaccination.roundtable@cancer.org

American Cancer Society

NATIONAL HPV VACCINATION ROUNDTABLE

Anna Ogo

Cervical Cancer Survivor
Cervivor Ambassador & Cervivor Japan Liaison

Survivor Story

By Anna Ogo, Cervivor Ambassador

The Contents

Who is Anna Ogo?

- Born and raised in Japan
- Working professional
- Lives in Kent, WA
- Cervical cancer survivor
- Cervivor Ambassador
- A new mom
- Love traveling!!

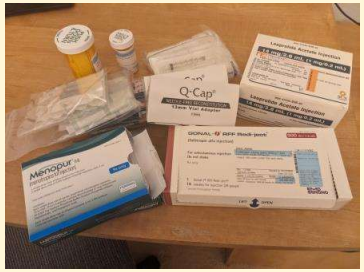
My cancer journey

Dec 2020 - Jan 2021

- Abnormal pap
- Colposcopy
- Initial diagnosis

Feb 2021

- Fist appt with oncology team
- IVF cycle



Mar 2021 - Jun 2021

- Radical hysterectomy
- Radiation

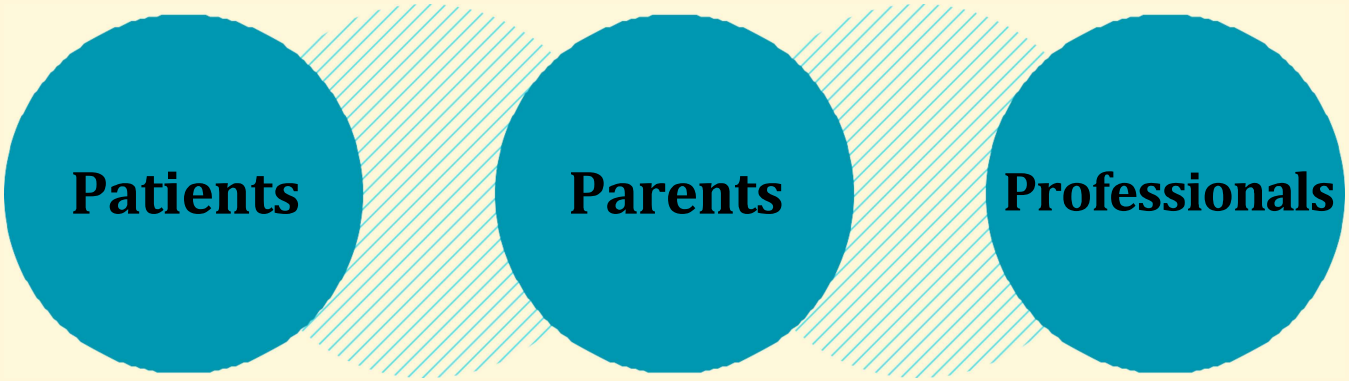
Feb 2022

NED

The impact it had on me

- Loss of fertility
- Physical side effects
  - Frequent abdominal pain
  - Unable to control bowel movements and urinations
  - Painful intercourse
- Mental affects
  - Feeling hopeless
  - Panic attack, anxiety
  - Fear of traveling

The Stigma



- Did I do something wrong to get this disease?

- Too early for my children, or they won't need the vaccine at all

- The vaccine is not necessary
- You or your husband must have been unfaithful

Why You Need Patient's Voice

Patients and survivors can share their first hand experience about what it is like to go through this traumatic diagnosis, treatments, and after cancer life.

By sharing our stories, we help dispel myths, reduce stigma, and promote the importance of HPV vaccination and screening that can save lives.

Advocacy example

Teal Blue Japan Campaign

4C's Campaign

- **Slogan** : "Forseeing the Future Without Cervical Cancer"
- **Aims** : Systematic change towards addressing cervical cancer through community engagement regardless of age, gender, or experience of the disease.
- **Values** : Make the story **fun, easy, and casual**
- **Participants** : No limit! (Women, Men, Children, Cats and Dogs, etc.)

Ending cervical cancer is within our reach

cervivor®
informed. empowered. alive.

Thank You

email to: anna@cervivor.org

Parth Shah, PharmD, PhD

Assistant Professor – HICOR, Fred Hutch
Affiliate Assistant Professor UW School of Public Health
Affiliate Assistant Professor UW School of Pharmacy

Fred Hutch Cancer Center

Nudging HPV vaccination rates: Partnering with software developers and pharmacies to improve vaccine clinical decision support systems

Parth Shah, PharmD, PhD
Hutchinson Institute for Cancer Outcomes Research
Public Health Sciences Division, Fred Hutchinson Cancer Center

May 10, 2024

- The contents of this presentation can be shared.
- Dr. Shah has acted as an expert consultant for and received honoraria from Merck & Co in the past 12 months.
- This presentation will not discuss unapproved or off-label, experimental, or investigational use of medications or medical devices.

1 Background

2 Approach and methods

3 Findings

4 Discussion and next steps

Background

Most accessible healthcare setting in the US

Most U.S. residents live within 5 miles of a community pharmacy

- 48.1% lived within 1 mile of a pharmacy
- 73.1% within 2 miles
- 88.9% within 5 miles
- 96.5% within 10 miles

Geographic access to certain harder to reach communities

- Independent pharmacies more likely to be accessed by:
  - Rural residents
  - Non-Hispanic Black residents in urban and rural areas
  - 65+
  - Low-income households

	Pharmacy Minutes (avg)	Doctor's office Minutes (avg)
Rural (*n*=233)*	14.8	18.5
Urban (*n*=1,240)*	11.1	17.5

**p*<.001

Brewer, Calo, Shah et al., 2017. AVIP studies.
Berenbrock et al., 2023. *JAPhA*.
Hernandez et al., 2023. *Health Affairs Scholar.*

Pharmacies as a place for childhood vaccinations

- Parent perceptions: Acceptable, accessible, and convenient
- Primarily used for influenza vaccination
- Our studies showed that around a third of parents willing to get HPV vaccine for their child from a pharmacist (pre-pandemic)
- May be associated with higher likelihood of well child visits

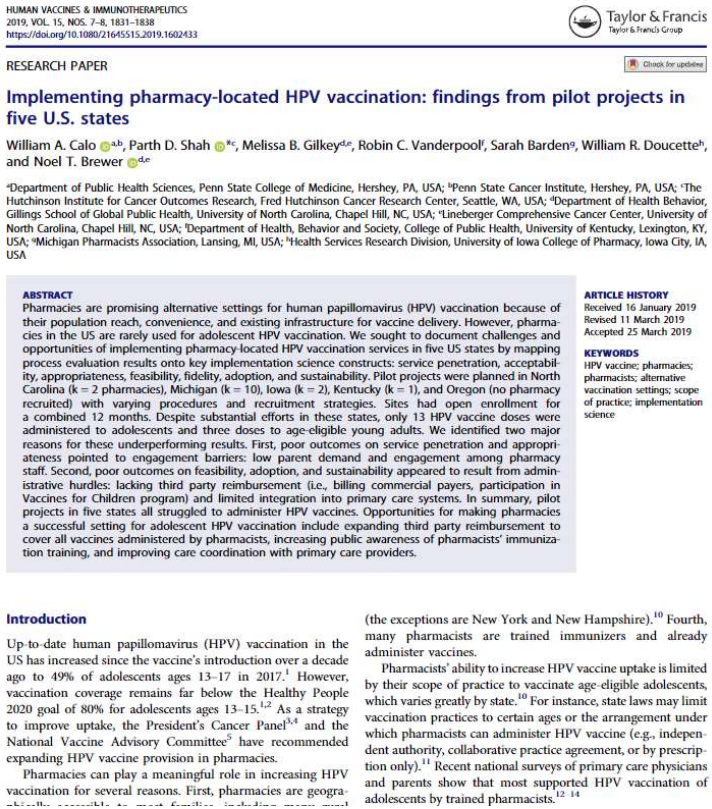
	A well child visit claim within *15 months* aOR (95% CI)
4-8 year olds	
Outpatient cohort *n*=5,640	*ref*
Pharmacy cohort *n*=5,640	**1.18 (1.09 – 1.28)**
9-17 year olds	
Outpatient cohort *n*=34,840	*ref*
Pharmacy cohort *n*=34,840	**1.17 (1.13 – 1.21)**

Preliminary findings - publication in prep.

Barriers or challenges to HPV vaccination in pharmacies

Demonstration projects in 5 states showed:

- Pharmacy-located HPV vaccination was highly acceptable
- Significant barriers to wider implementation:
  1. Low awareness for services among parents
  2. Poor engagement by pharmacy staff
  3. Poor integration of best practices/strategies to promote vaccinations



HUMAN VACCINES & IMMUNOTHERAPEUTICS
2019, VOL. 15, NOS. 7–8, 1831–1838
https://doi.org/10.1080/21645515.2019.1602433

Taylor & Francis
Taylor & Francis Group

RESEARCH PAPER

Implementing pharmacy-located HPV vaccination: findings from pilot projects in five U.S. states

William A. Calo [a,b], Parth D. Shah [a,c], Melissa B. Gilkey[d,e], Robin C. Vanderpool[f], Sarah Barden[g], William R. Doucette[h], and Noel T. Brewer [d,e]

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ABSTRACT

Pharmacies are promising alternative settings for human papillomavirus (HPV) vaccination because of their population reach, convenience, and existing infrastructure for vaccine delivery. However, pharmacies in the US are rarely used for adolescent HPV vaccination. We sought to document challenges and opportunities of implementing pharmacy-located HPV vaccination services in five US states by mapping process evaluation results onto key implementation science constructs: service penetration, acceptability, appropriateness, feasibility, fidelity, adoption, and sustainability. Pilot projects were planned in North Carolina (k = 2 pharmacies), Michigan (k = 10), Iowa (k = 2), Kentucky (k = 1), and Oregon (no pharmacy recruited) with varying procedures and recruitment strategies. Sites had open enrollment for a combined 12 months. Despite substantial efforts in these states, only 13 HPV vaccine doses were administered to adolescents and three doses to age-eligible young adults. We identified two major reasons for these underperforming results. First, poor outcomes on service penetration and appropriateness pointed to engagement barriers: low parent demand and engagement among pharmacy staff. Second, poor outcomes on feasibility, adoption, and sustainability appeared to result from administrative hurdles: lacking third party reimbursement (i.e., billing commercial payers, participation in Vaccines for Children program) and limited integration into primary care systems. In summary, pilot projects in five states all struggled to administer HPV vaccines. Opportunities for making pharmacies a successful setting for adolescent HPV vaccination include expanding third party reimbursement to cover all vaccines administered by pharmacists, increasing public awareness of pharmacists' immunization training, and improving care coordination with primary care providers.

ARTICLE HISTORY
Received 16 January 2019
Revised 11 March 2019
Accepted 25 March 2019

KEYWORDS
HPV vaccine; pharmacies; pharmacists; alternative vaccination settings; scope of practice; implementation science

Introduction

Up-to-date human papillomavirus (HPV) vaccination in the US has increased since the vaccine's introduction over a decade ago to 49% of adolescents ages 13–17 in 2017.[1] However, vaccination coverage remains far below the Healthy People 2020 goal of 80% for adolescents ages 13–15.[1,2] As a strategy to improve uptake, the President's Cancer Panel[3,4] and the National Vaccine Advisory Committee[5] have recommended expanding HPV vaccine provision in pharmacies.

Pharmacies can play a meaningful role in increasing HPV vaccination for several reasons. First, pharmacies are geogra-

(the exceptions are New York and New Hampshire).[10] Fourth, many pharmacists are trained immunizers and already administer vaccines.

Pharmacists' ability to increase HPV vaccine uptake is limited by their scope of practice to vaccinate age-eligible adolescents, which varies greatly by state.[10] For instance, state laws may limit vaccination practices to certain ages or the arrangement under which pharmacists can administer HPV vaccine (e.g., independent authority, collaborative practice agreement, or by prescription only).[11] Recent national surveys of primary care physicians and parents show that most supported HPV vaccination of adolescents by trained pharmacists.[12–14]

THE PROBLEMS

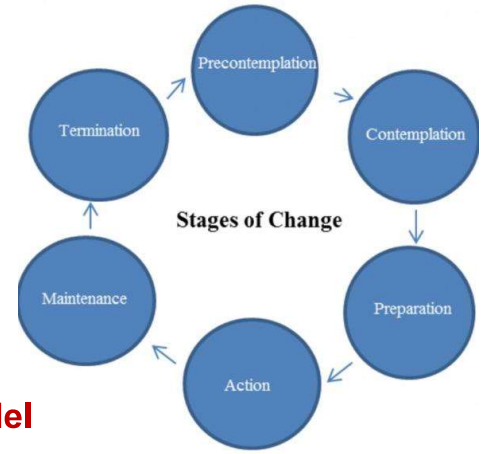
1. Pharmacy staff interactions with parents/patients tend to be **transactional**
   - Train pharmacy staff to effectively recommend and communicate about HPV and other vaccines

2. Pharmacy vaccination workflows tend to be **reactive** rather than **proactive**
   - Software used to facilitate vaccination could be modified to encourage more proactive vaccine provision

5 A's model for effective vaccine recommendation

Assess → Advise → Agree → Assist → Arrange

Reminds healthcare providers about the ***specific action step*** to take with patients to enact a ***behavior change***



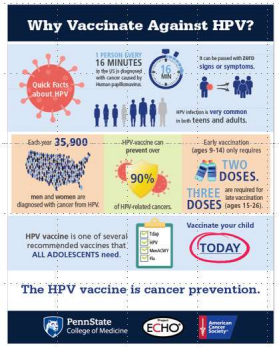
The Transtheoretical Model (Stages of Change)

2. *Advising* for HPV vaccination

Pharmacist makes a clear recommendation to get child HPV vaccine

- Presumptive statement
- Bring up cancer prevention
- Bring up concomitant vaccination (if applicable)
- Encourage same-day vaccination

Use visual aids



Dual purpose

1. Help providers communicate by reminding them of the key facts to share in a logical manner
2. Help the parent and patient understand the recommendation, especially those with low health literacy

We have made evidence-based infographics available for you to use:

- Safety and side effects
- Why vaccinate at a younger age?
- Why vaccinate boys?
- General HPV vaccine information

Assist: Examples of how to support vaccination

If **YES**, then vaccinate

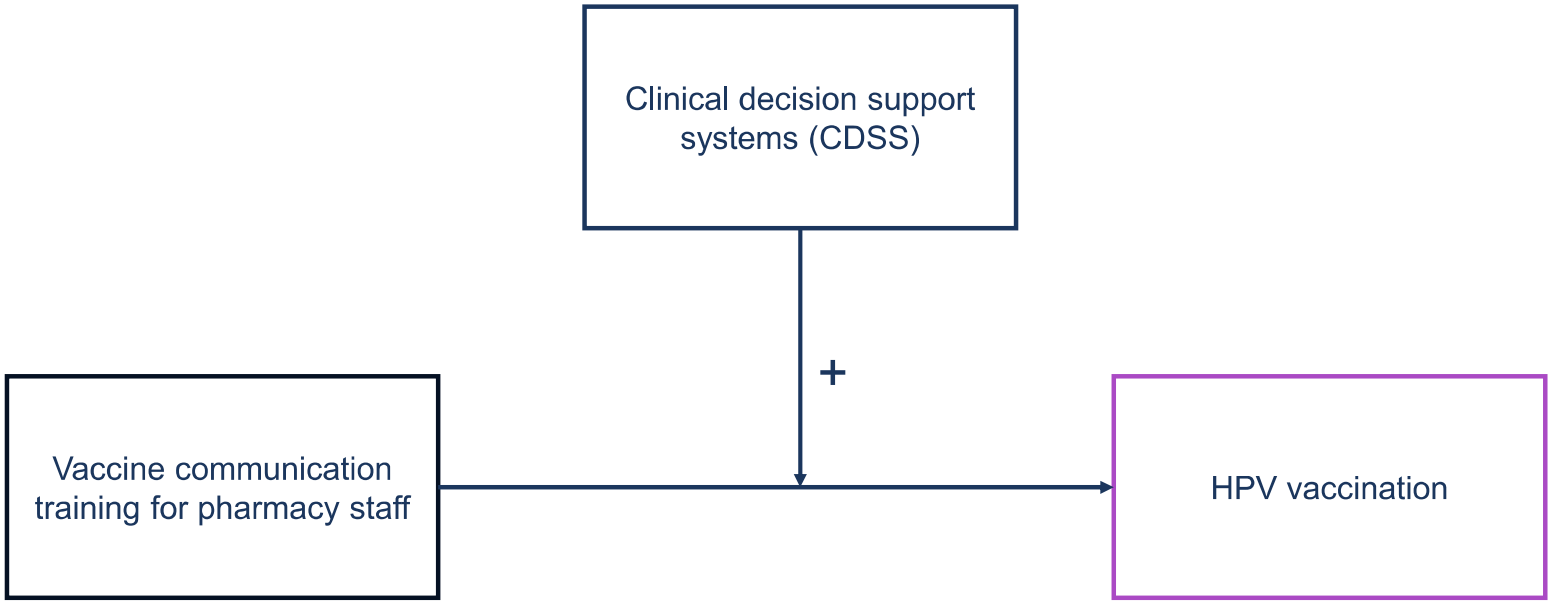
- Have a "Poke" Plan
- Involve the child
- Use incentives: Candy, stickers, pharmacy discounts
- Use reassuring body language and tone

Courtesy of Pitt CoVax

Step 5. *Arrange* for follow-up

If vaccination occurred:	If vaccination did not occur:
1. Schedule the follow-up vaccination before the parent leaves ▪ Use a scheduling system if not already implemented ▪ If your pharmacy system is capable, schedule out the next appointments and vaccine "fills" in dispensing system 2. Provide a paper copy of written dates for vaccinations to parent 3. Have a system in place to remind parents to come back in (call, text, email, mailer) 4. Upload vaccinations to IIS 5. Share with PCP	1. Document refusal in dispensing system or EHR (e.g., Pharmacy eCare Plan) 2. Share refusal with PCP if contact is available 3. Bring up vaccination the next time parent is in the pharmacy

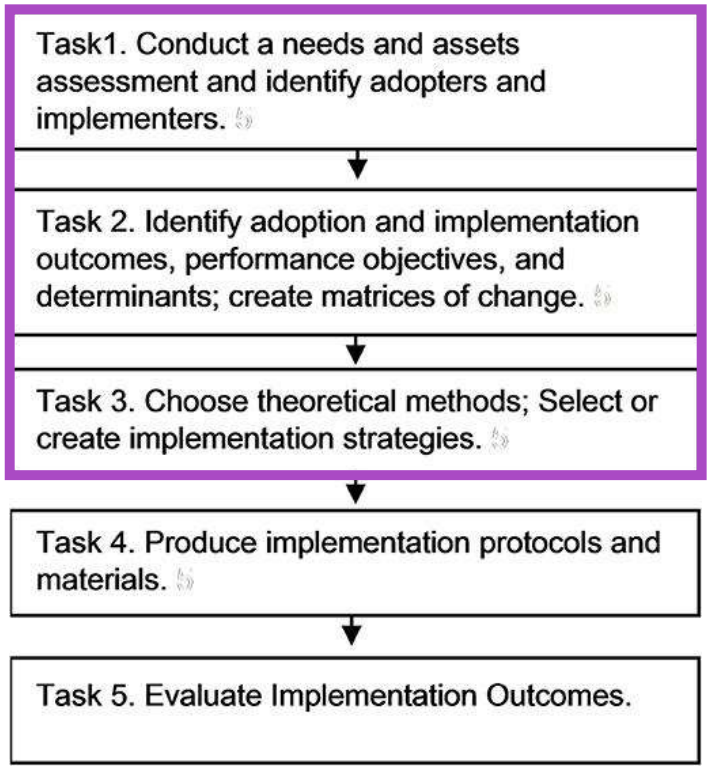
How to you strengthen the impact of vaccine communication on vaccine uptake?

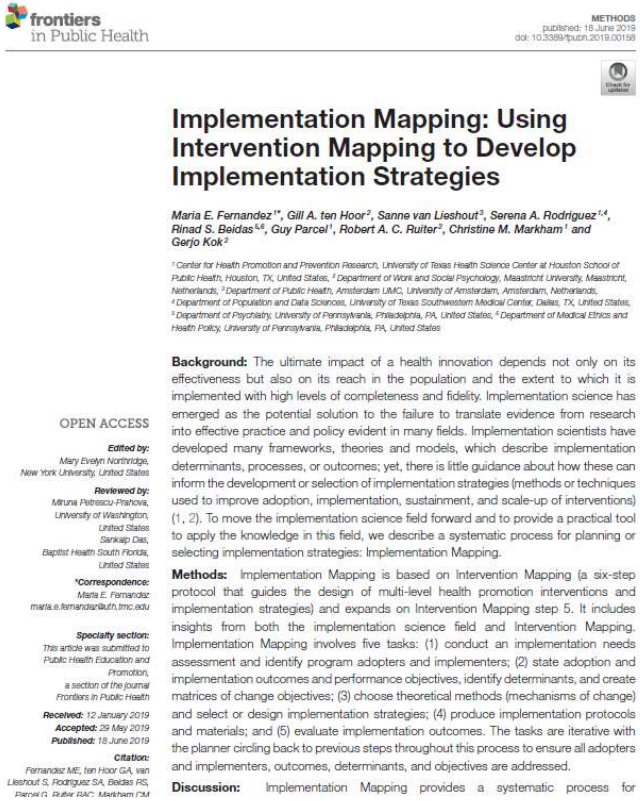


What clinical decision support systems (CDSS) could support proactive HPV vaccine provision in pharmacies?

Approach and methods

Implementation mapping





frontiers in Public Health

METHODS
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doi: 10.3389/fpubh.2019.00158

Implementation Mapping: Using Intervention Mapping to Develop Implementation Strategies

Maria E. Fernandez[1], Gill A. ten Hoor[2], Sanne van Lieshout[3], Serena A. Rodriguez[1,4], Rinad S. Beidas[5,6], Guy Parcel[1], Robert A. C. Ruiter[2], Christine M. Markham[1] and Gerjo Kok[2]*

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Background: The ultimate impact of a health innovation depends not only on its effectiveness but also on its reach in the population and the extent to which it is implemented with high levels of completeness and fidelity. Implementation science has emerged as the potential solution to the failure to translate evidence from research into effective practice and policy evident in many fields. Implementation scientists have developed many frameworks, theories and models, which describe implementation determinants, processes, or outcomes; yet, there is little guidance about how these can inform the development or selection of implementation strategies (methods or techniques used to improve adoption, implementation, sustainment, and scale-up of interventions) (1, 2). To move the implementation science field forward and to provide a practical tool to apply the knowledge in this field, we describe a systematic process for planning or selecting implementation strategies: Implementation Mapping.

Methods: Implementation Mapping is based on Intervention Mapping (a six-step protocol that guides the design of multi-level health promotion interventions and implementation strategies) and expands on Intervention Mapping step 5. It includes insights from both the implementation science field and Intervention Mapping. Implementation Mapping involves five tasks: (1) conduct an implementation needs assessment and identify program adopters and implementers; (2) state adoption and implementation outcomes and performance objectives, identify determinants, and create matrices of change objectives; (3) choose theoretical methods (mechanisms of change) and select or design implementation strategies; (4) produce implementation protocols and materials; and (5) evaluate implementation outcomes. The tasks are iterative with the planner circling back to previous steps throughout this process to ensure all adopters and implementers, outcomes, determinants, and objectives are addressed.

Discussion: Implementation Mapping provides a systematic process for

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Target behavioral and implementation outcomes

Behavioral targets

1. Assess vax coverage
2. Proactively solicit HPV vax
3. Strongly recommend vax
4. Facilitate screening
5. Facilitate consenting
6. Assist vaccination
7. Document vax
8. Documenting refusal/delay
9. Reporting vax dose to PCP
10. Reporting vax dose to IIS
11. Scheduling f/u vaccination
12. Reminding parents/patients of upcoming vaccination

Implementation outcome targets

Proximal outcomes

1. **Acceptability:** degree to which patients/providers like the HPV vaccination process
2. **Appropriateness:** perceived fit and relevance of the HPV vaccination process by pharmacy staff
3. **Feasibility:** degree to which the HPV vaccination process can be successfully implemented by pharmacy staff

Intermediate outcomes

4. **Adoption:** degree to which vaccination process uptake by pharmacy staff
5. **Fidelity:** degree to which the HPV vaccination process is implemented as intended
6. **Cost:** cost of implementing this HPV vaccination process

Distal outcomes

7. **Sustainability:** degree to which the HPV vaccination process could be maintained beyond the study period
8. **Service penetration:** Degree to which HPV vaccination process is integrated into care delivery systems in the pharmacy

Partnerships

Pioneer Rx
Pharmacy Software

Implementation planning meetings

Focus group participants

Pharmacy staff: *n*=4

Software developer staff: *n*=5

Observers

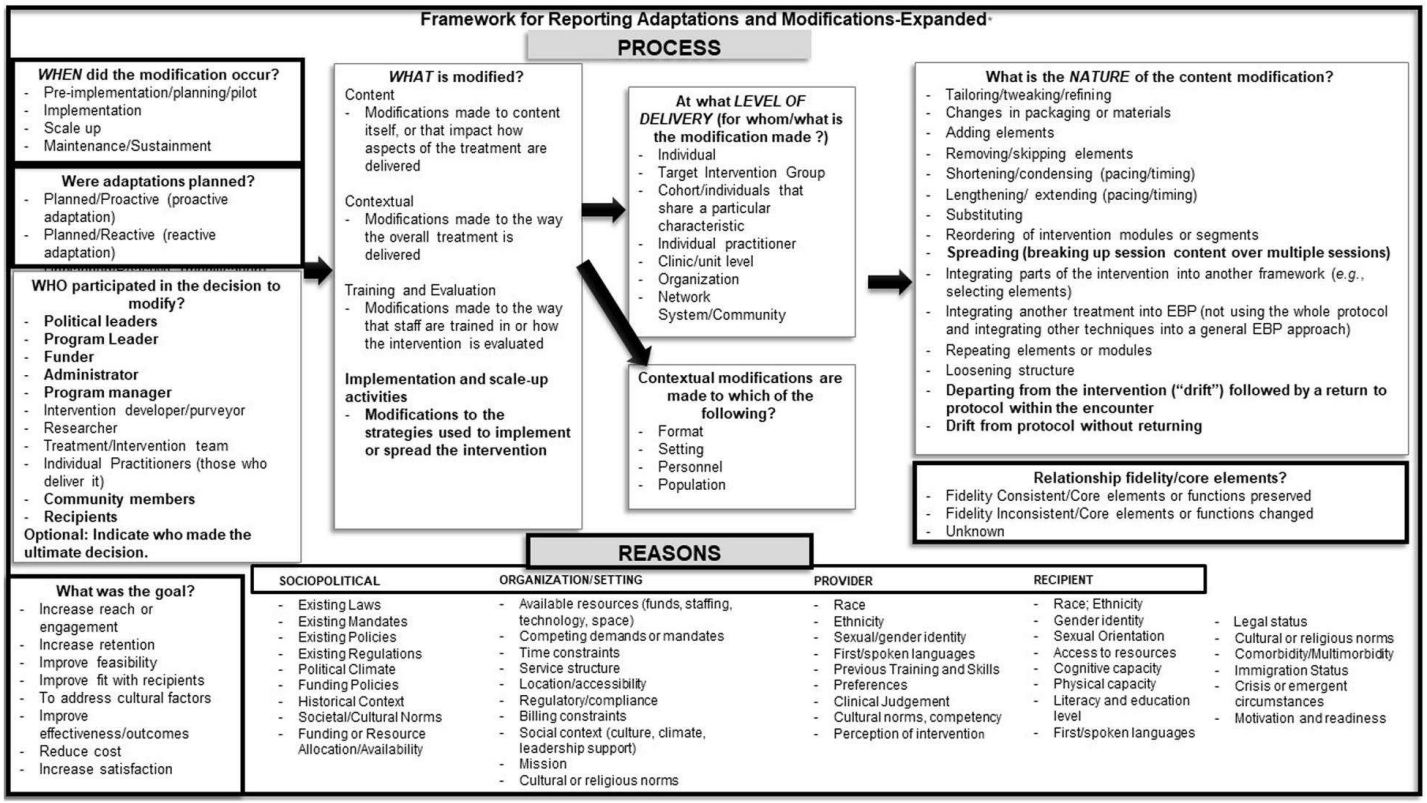
WA DOH staff: *n*=3

WSPA staff: *n*=1

Focus group topics

1. Assess population vaccination coverage (Assess step)
2. Proactively using the Immunization Information System (IIS) to check patient vaccine eligibility (Assess step)
3. Electronic prompts to notify pharmacy staff about priority vaccinations (Advise step)
4. Integration of screening and consent forms (Agree step)
5. Reminder and recall system for patients (Assist step)
6. Vaccination appointment scheduling system (Arrange step)
7. Electronic vaccination reports (Arrange step)

Identify modifications & strategies to workflow to support proactive HPV vaccine delivery



Identify modifications & strategies

Implementing partner modification/adaptation proposals

Modification or adaptation #1

1. ***What clinical decision support (CDS) tool is developed or modified?***	**Integrated scheduling system for upcoming vaccinations**	☐ Adapt/modify ☒ Develop
2. ***Who will modify or develop this CDS tool?***	☒ PioneerRx ☒ STChealth	
3. ***CDS tool adaption/development description*** *(i.e., describe relevant design elements of the CDS tool)*	1. Schedule out vaccines administered in a series 2. Schedule appointments for established and non-established patients 3. Scheduling families for vaccinations (e.g., flu season, multiple family members being vaccinated at once) 4. Scheduling system (or similar mechanism) should be able to trigger a prompt for an upcoming vaccination as patients age into vaccine-eligible groups (e.g., patient is 8 but turning 9 soon, system prompts a certain time in advance about priority HPV vaccination) 5. Scheduling system should send reminders (email, text, phone call) at set intervals for patients. Also provide reminders to pharmacy staff of upcoming vaccination appointments 6. FOR STChealth: An integrated scheduling system in Immslink could allow multiple providers to see if patients are scheduled for vaccinations outside of their "medical home" (e.g., if a pharmacy or health department is doing a school vaccination clinic and does not have remote access to their EHR system) 7. HIPAA compliant	
4. ***What were the reasons for CDS tool adaptation or development?*** *(i.e., Barriers or challenges for the pharmacy staff in this vaccination step)*	*What were the barriers or implementation challenges the adaptation/modification was addressing?* Pharmacies are using third-party scheduling systems for vaccination appointments. Third party applications are sometimes not HIPAA compliant, they are another system to check which adds workflow burden for pharmacy staff, and they may require pharmacy staff to set up multiple reminders/prompts to anticipate upcoming vaccination needs. *What was the intent or goal of the adaptation/modification?* 1. Streamline workflow 2. Make it easier to anticipate vaccination needs of a pharmacy's patient population 3. Integration with vaccination prompts and reminders 4. Increase accountability	
5. ***Who participated in and determined the CDS tool adaptation/development?***	Pharmacy, STChealth, and PioneerRx staff with facilitating and assistance from research team	
6. ***For whom or what was the CDS tool modification/development intended?*** *(e.g., pharmacy staff, patients, etc.)*	☒ Pharmacy staff ☒ Patients ☒ Parents ☒ Public Health stakeholders ☒ Primary care clinicians ☐ Other:	*Notes:* If STChealth can create and integrate a scheduling system into Immslink, this functionality may have broader appeal to other clinicians and public health stakeholders.

3

7. ***How do we anticipate the CDS tool adaptation/development would change the nature of this vaccination step?*** *(i.e., what do we anticipate or predict should happen if this modification or development is made?)*	1. Reduces the burden on pharmacy staff to check multiple systems or records for upcoming vaccinations 2. Reduce time spent scheduling for upcoming vaccinations 3. Decrease missed opportunities (e.g., missed appointments, missed vaccinations) for vaccine series completion	
8. ***How do we anticipate the CDS tool adaptation/development would affect the vaccination step?*** *(e.g., minor/significant departure from or addition/subtraction to protocol, etc.)*	☒ Minor departure ☐ Significant departure ☐ Addition to vaccination workflow ☒ Subtraction from vaccination workflow (simplification) ☐ Other: _____	*Notes:* Since pharmacies may be scheduling vaccine appointments to some degree, an integrated vaccination appointment scheduling system into PioneerRx and Immslink would be a minor departure from current vaccination workflows. Additionally, by integrating scheduling into current systems, this would be a simplification or subtraction from vaccination workflow.
9. ***What outcomes of interest did the CDS tool adaptation/ development intend to impact?***	***Behavioral/vaccination outcomes. (Check all that apply)*** ☐ Assessing vaccination coverage (e.g., setting vaccination coverage goals) ☒ Proactively soliciting HPV or other adolescent vaccinations ☐ Strongly recommending HPV or other adolescent vaccinations ☐ Facilitating vaccine eligibility screening ☐ Facilitating vaccination consent ☐ Assisting in vaccination (e.g., preparation/administration of vaccine, monitoring side effects, etc.) ☒ Documenting vaccinations (received at the pharmacy or from a different provider) ☐ Documenting declinations/refusals ☐ Reporting vaccine doses to PCPs ☐ Reporting vaccine doses to IIS ☒ Scheduling vaccinations (both primary or follow-up) ☒ Reminding parents/patients of upcoming vaccinations ☐ Other, please specify: _____	
	Implementation outcomes. (Check all that apply) ☒ Acceptability *(degree patients/providers like the HPV vaccination process)* ☐ Adoption *(degree of vaccination process uptake by pharmacy staff)* ☒ Appropriateness *(perceived fit and relevance of the HPV vaccination process by pharmacy staff)*	☒ Feasibility *(degree the HPV vaccination process can be successfully implemented by pharmacy staff)* ☒ Fidelity *(degree the HPV vaccination process is implemented as intended)* ☐ Cost *(cost of implementing this HPV vaccination process)* ☒ Sustainability *(degree to which the HPV vaccination process could be maintained beyond the study period)* ☐ Other, please specify: _____

4

Findings

Pharmacy site assessments

	Pharmacy A	Pharmacy B	Pharmacy C
Pharmacy location			
Shopping center		X	
Standalone building	X		X
Residential area	X		X
Proximal to freeway			
Proximal to public transit stop	X		
Other	Medical Building		
Operation days			
Monday - Friday	09:00-17:00	08:00-15:00	09:00-18:00
Saturday	-	09:00-17:00	-
Sunday	-	-	-
Staffing			
Pharmacists	2	3	3
Pharmacy technicians	2	5	2
Pharmacy clerks	1	2	2
Pharmacy residents	0	0	1
Pharmacy students or interns	0	0	0
Prescription volume per week (average)	150	1800	1200
Active patient records			
9-12 year olds	277	131	73
13-17 year olds	142	189	71
Proportion of 9-17 year old patients with public insurance	60%	10%	99%
Proportion of 9-17 year old patients with no insurance	25%	1%	<1%
Vaccines for Children (VFC) provider	Yes	No	Yes

Current vaccination practices and workflows

Barriers to proactive vaccine provision

1. Inconsistent use of functions within EHR
2. Lack of automation in vaccine eligibility assessment process
3. Missed opportunities to vaccinate
4. Inconsistent documentation process for patient/parent vaccine conversations/decisions
5. Current vaccination workflow is not designed to coordinate provision of vaccines given in a series
6. Pharmacies require several separate systems to provide vaccination services
7. Lack of access to patient or population vaccination coverage data

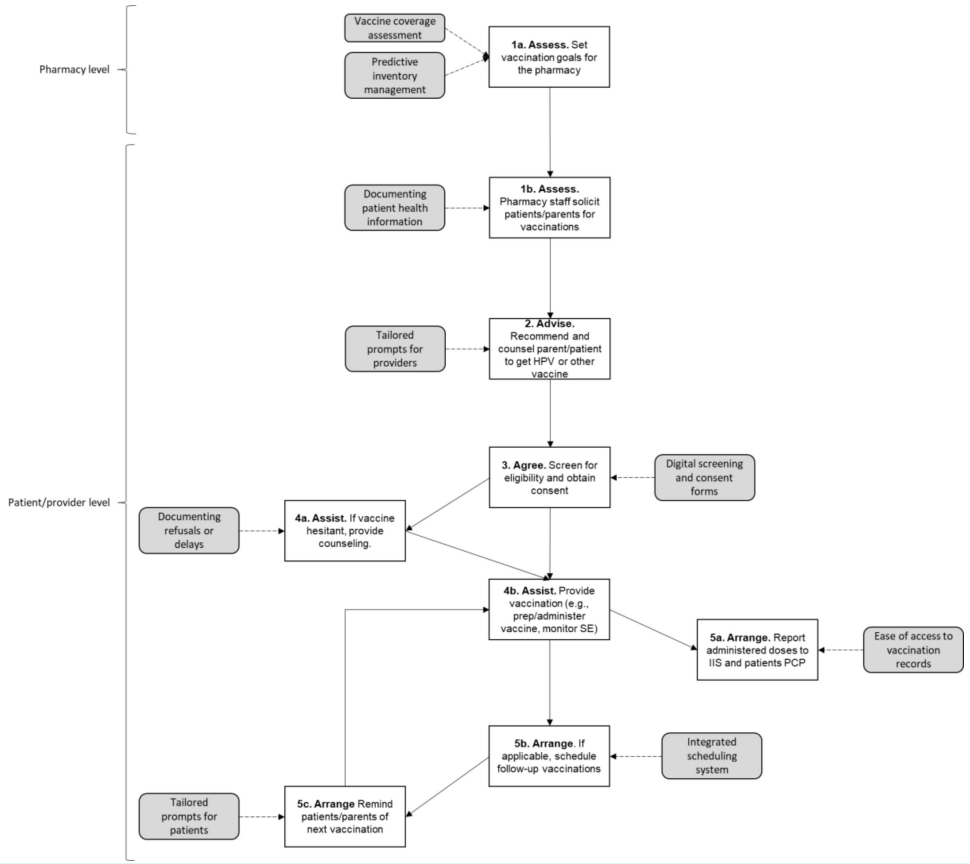
Facilitator for proactive vaccine provision

1. Existing functionality within software that is underused or not optimized, and could be easily modified
2. Staff competencies (e.g., bilingual, technician certified to vaccinated)
3. Staff material resources (e.g., educational materials)
4. Population-level vaccination data is available for quality improvement

Modifications and strategies to support proactive vaccine delivery in pharmacies

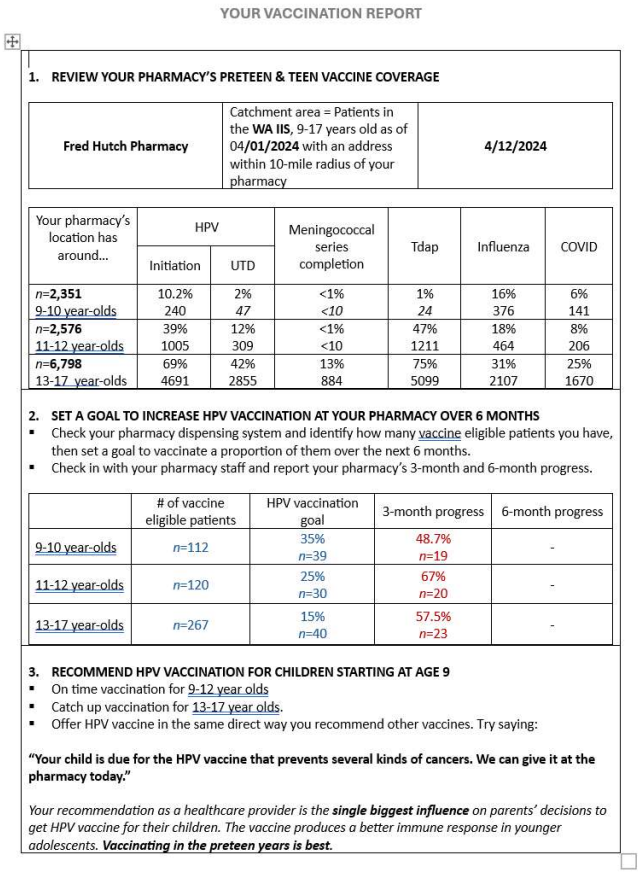
9 modifications/strategies

- Mapped to the 5A's vaccination workflow
  - Assess (3)
  - Advise (1)
  - Agree (1)
  - Assist (1)
  - Arrange (3)
- 2 address pharmacy-level barriers
- 7 address patient-level barriers



Modifications and strategies to support proactive vaccine delivery in pharmacies

1. Vaccine coverage assessment and goal setting (Assess)
2. Predictive inventory management (Assess)
3. Expanded documentation and retrieval of patient health information and vaccination record (Assess)
4. Tailored vaccine prompts for provides (Advise)
5. Digital screening and consent forms (Agree)
6. Documentation of vaccine refusal or delay (Assist)
7. Easier access to vaccination records (Arrange)
8. Integrated scheduling system (Arrange)
9. Reminder/recall for patients or parents (Arrange)



YOUR VACCINATION REPORT

1. REVIEW YOUR PHARMACY'S PRETEEN & TEEN VACCINE COVERAGE

Fred Hutch Pharmacy	Catchment area = Patients in the **WA IIS**, 9-17 years old as of 04/**01/2024** with an address within 10-mile radius of your pharmacy	**4/12/2024**

Your pharmacy's location has around...	HPV		Meningococcal series completion	Tdap	Influenza	COVID
	Initiation	UTD				
n=**2,351**	10.2%	2%	<1%	1%	16%	6%
9-10 year-olds	240	*47*	*<10*	*24*	376	141
n=**2,576**	39%	12%	<1%	47%	18%	8%
11-12 year-olds	1005	309	<10	1211	464	206
n=**6,798**	69%	42%	13%	75%	31%	25%
13-17 year-olds	4691	2855	884	5099	2107	1670

2. SET A GOAL TO INCREASE HPV VACCINATION AT YOUR PHARMACY OVER 6 MONTHS

- Check your pharmacy dispensing system and identify how many vaccine eligible patients you have, then set a goal to vaccinate a proportion of them over the next 6 months.
- Check in with your pharmacy staff and report your pharmacy's 3-month and 6-month progress.

	# of vaccine eligible patients	HPV vaccination goal	3-month progress	6-month progress
9-10 year-olds	*n*=112	35% *n*=39	48.7% *n*=19	-
11-12 year-olds	*n*=120	25% *n*=30	67% *n*=20	-
13-17 year-olds	*n*=267	15% *n*=40	57.5% *n*=23	-

3. RECOMMEND HPV VACCINATION FOR CHILDREN STARTING AT AGE 9

- On time vaccination for 9-12 year olds
- Catch up vaccination for 13-17 year olds.
- Offer HPV vaccine in the same direct way you recommend other vaccines. Try saying:

"Your child is due for the HPV vaccine that prevents several kinds of cancers. We can give it at the pharmacy today."

*Your recommendation as a healthcare provider is the **single biggest influence** on parents' decisions to get HPV vaccine for their children. The vaccine produces a better immune response in younger adolescents. **Vaccinating in the preteen years is best**.*

Behavioral and implementation targets

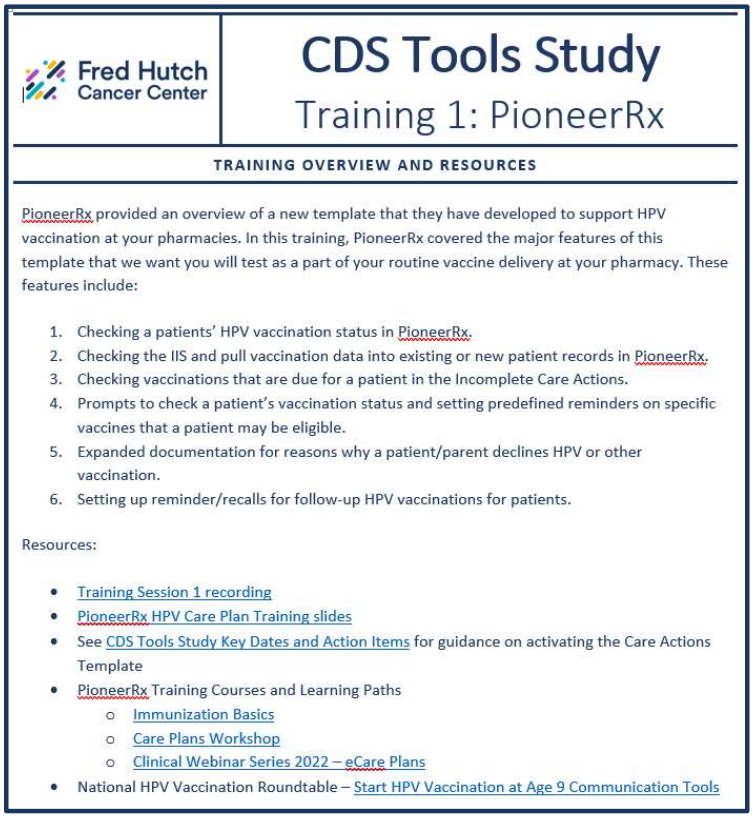
Strategy	Behavioral target	IS outcome	Readiness to implement strategy by software company	
			Pioneer	STChealth
Vax coverage assessment and goal setting	**Assess vax coverage**; proactively solicit HPV vax; documenting vax	**Adoption**, feasibility	C	R
Predictive inventory management	**Assess vax coverage**	**Sustainability**; service penetration; cost	C	O
Expanded documentation and retrieval of patient health information and vaccination record	**Assess vax coverage**; facilitate vax eligibility screening; document vax	**Fidelity**; appropriateness	R	N/A
Tailored prompts for providers	Assess vax coverage; **proactively solicit HPV vax**	**Fidelity**; adoption	R	N/A
Hosting Digital screening and consent forms	**Facilitate vax eligibility screening; facilitate vax consent**	**Acceptability**; appropriateness	C	O
Expanded documenting vax refusals/delays	**Documenting declinations/delays**	**Fidelity**; appropriateness	R	C
Easy access to vaccination records	**Documenting vax**; reporting vax to PCP; reporting vax to IIS	**Appropriateness**; adoption	R	R
Integrated scheduling system	**Scheduling vax**; reminding parents/patient of upcoming vax	**Fidelity**; service penetration	C	O
Tailored reminder prompts for parents/patients	**Proactively solicit HPV vax**; strongly recommend HPV vax	**Fidelity**; acceptability; appropriateness	R	O

Discussion and next steps

Discussion

1. By engaging vaccine reporting and pharmacy software developers with pharmacy staff, we employed a focus group and qualitative data analysis approach that **accelerated** the translation of study findings into vaccine practice change.
2. The framework driven approach to inquiry and analysis resulted in **clearly defined CDSS and their behavioral targets**.
3. This formative work also **operationalized implementation outcomes** that need to be measured in subsequent studies to effectively understand the impact of CDSS on HPV vaccine uptake in pharmacies.
4. The developed or modified CDSS hold promise in **shifting current vaccination workflows to a proactive process**, reducing missed opportunities for HPV vaccination.

Training delivery and protocol implementation



Fred Hutch Cancer Center

CDS Tools Study
Training 1: PioneerRx

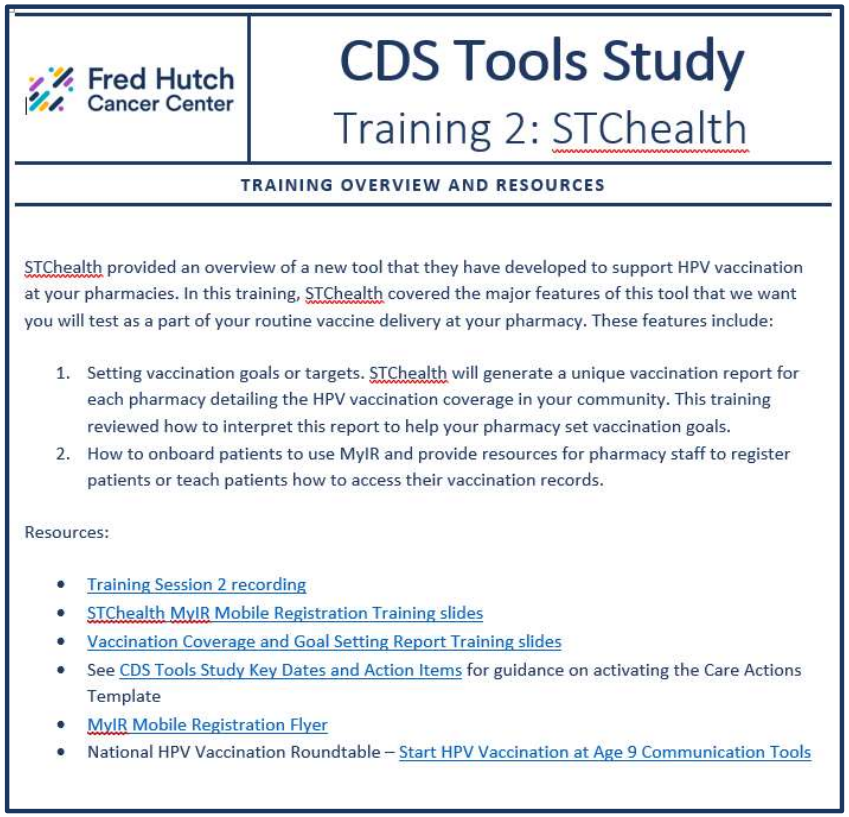
TRAINING OVERVIEW AND RESOURCES

PioneerRx provided an overview of a new template that they have developed to support HPV vaccination at your pharmacies. In this training, PioneerRx covered the major features of this template that we want you will test as a part of your routine vaccine delivery at your pharmacy. These features include:

1. Checking a patients' HPV vaccination status in PioneerRx.
2. Checking the IIS and pull vaccination data into existing or new patient records in PioneerRx.
3. Checking vaccinations that are due for a patient in the Incomplete Care Actions.
4. Prompts to check a patient's vaccination status and setting predefined reminders on specific vaccines that a patient may be eligible.
5. Expanded documentation for reasons why a patient/parent declines HPV or other vaccination.
6. Setting up reminder/recalls for follow-up HPV vaccinations for patients.

Resources:

- Training Session 1 recording
- PioneerRx HPV Care Plan Training slides
- See CDS Tools Study Key Dates and Action Items for guidance on activating the Care Actions Template
- PioneerRx Training Courses and Learning Paths
  - Immunization Basics
  - Care Plans Workshop
  - Clinical Webinar Series 2022 – eCare Plans
- National HPV Vaccination Roundtable – Start HPV Vaccination at Age 9 Communication Tools



Fred Hutch Cancer Center

CDS Tools Study
Training 2: STChealth

TRAINING OVERVIEW AND RESOURCES

STChealth provided an overview of a new tool that they have developed to support HPV vaccination at your pharmacies. In this training, STChealth covered the major features of this tool that we want you will test as a part of your routine vaccine delivery at your pharmacy. These features include:

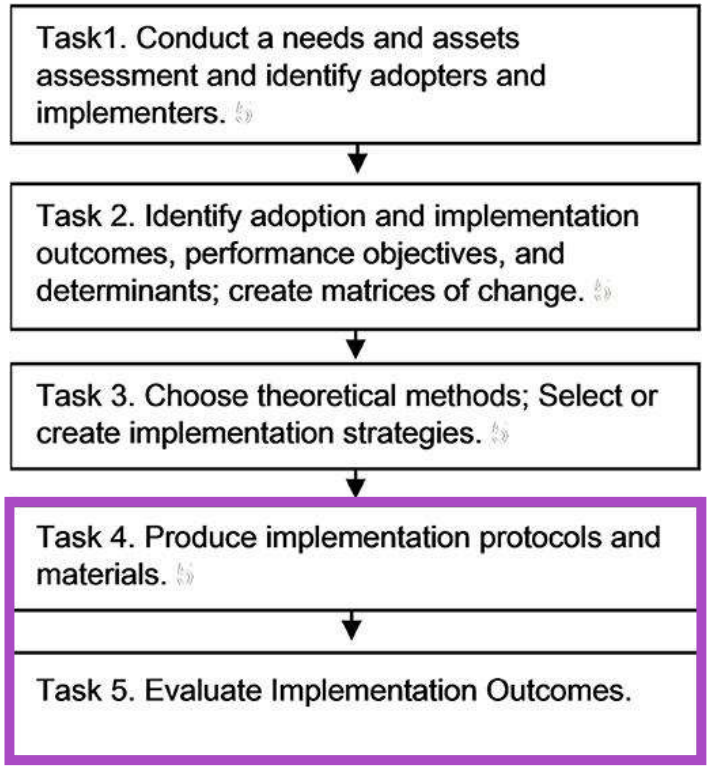
1. Setting vaccination goals or targets. STChealth will generate a unique vaccination report for each pharmacy detailing the HPV vaccination coverage in your community. This training reviewed how to interpret this report to help your pharmacy set vaccination goals.
2. How to onboard patients to use MyIR and provide resources for pharmacy staff to register patients or teach patients how to access their vaccination records.

Resources:

- Training Session 2 recording
- STChealth MyIR Mobile Registration Training slides
- Vaccination Coverage and Goal Setting Report Training slides
- See CDS Tools Study Key Dates and Action Items for guidance on activating the Care Actions Template
- MyIR Mobile Registration Flyer
- National HPV Vaccination Roundtable – Start HPV Vaccination at Age 9 Communication Tools

Pilot evaluation

- Pre/post test design
  - HPV and other vaccination uptake
  - Behavioral outcomes
  - Implementation outcomes
  - Usability feedback through debrief focus group
  - Feedback from parents
- 6 pharmacy sites in WA state
- January - August 2024



Next steps

Implementing proactive approaches to communicating and teaching about HPV vaccination in pharmacies: IMPACT HPV study

1. National survey of parents of children ages 9-17
   - Attitudes/perceptions around HPV and other adolescent vaccination in pharmacies
   - Embedded communication experiment
2. Feasibility trial (2x2 factorial design)

Factors	No workflow training	Workflow training
No communication training	Control group (*k*=4)	Workflow only (*k*=4)
Communication training	Comm only (*k*=4)	Comm + Workflow (*k*=4)

Fred Hutch Cancer Center

Thank you

e: pshah@fredhutch.org

BREAK
Back at 10:13 am

Mary-Jo Murphy, MS, RN, CDE

Anal Cancer Survivor
Patient Advocate, Writer & Health Educator
International Anal Neoplasia Society Board Member

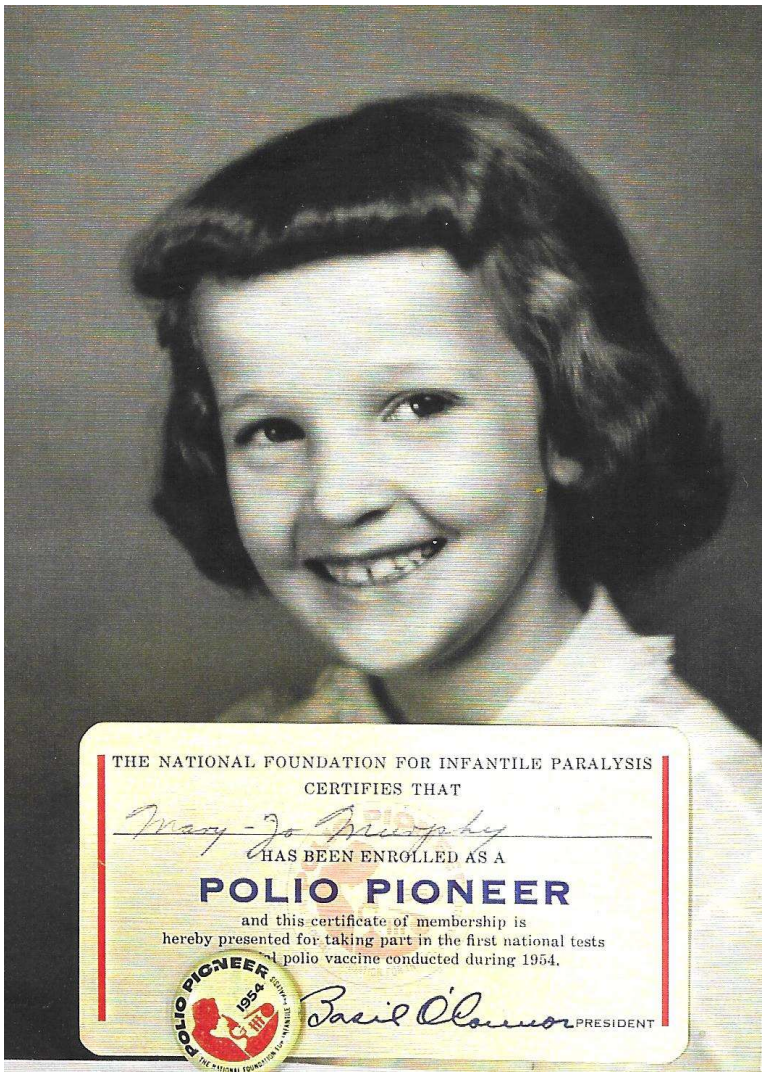
Getting the Word Out Understanding HPV: A Personal Reflection

Mary-Jo Murphy, MS, RN, CDE

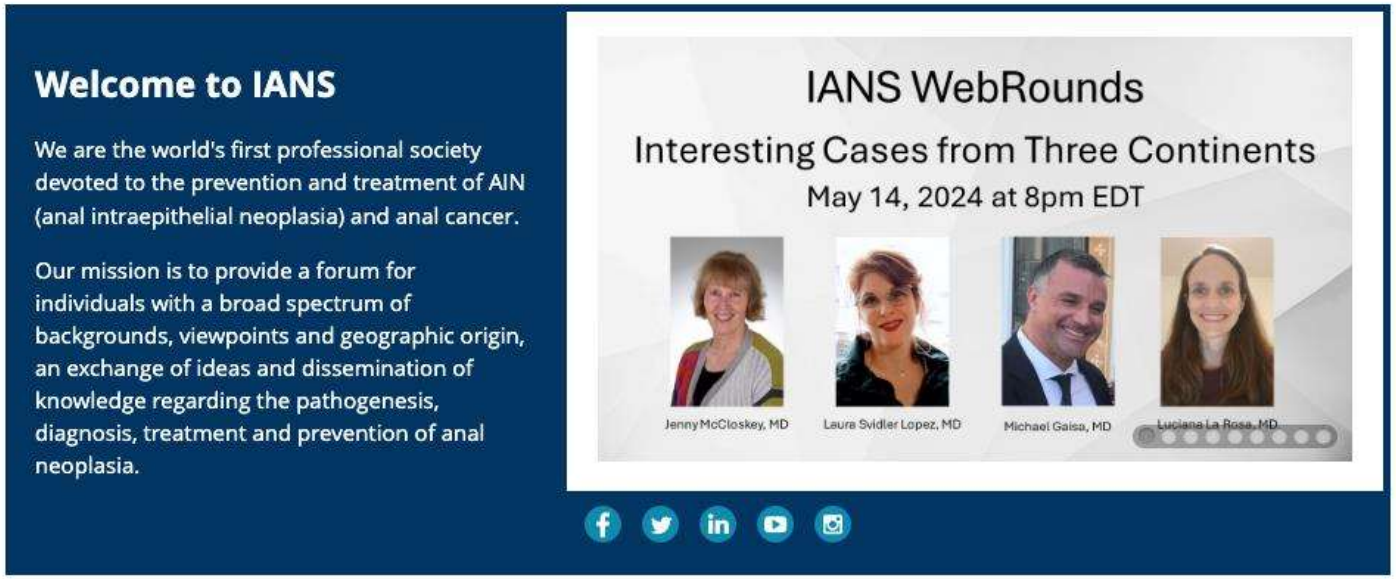

Mary-Jo Murphy
Anal Cancer Survivor
S↑2C


S↑2C


S↑2C


THE NATIONAL FOUNDATION FOR INFANTILE PARALYSIS
CERTIFIES THAT
Mary-Jo Murphy
HAS BEEN ENROLLED AS A
POLIO PIONEER
and this certificate of membership is
hereby presented for taking part in the first national tests
polio vaccine conducted during 1954.
POLIO PIONEER
1954
Basil O'Connor
PRESIDENT

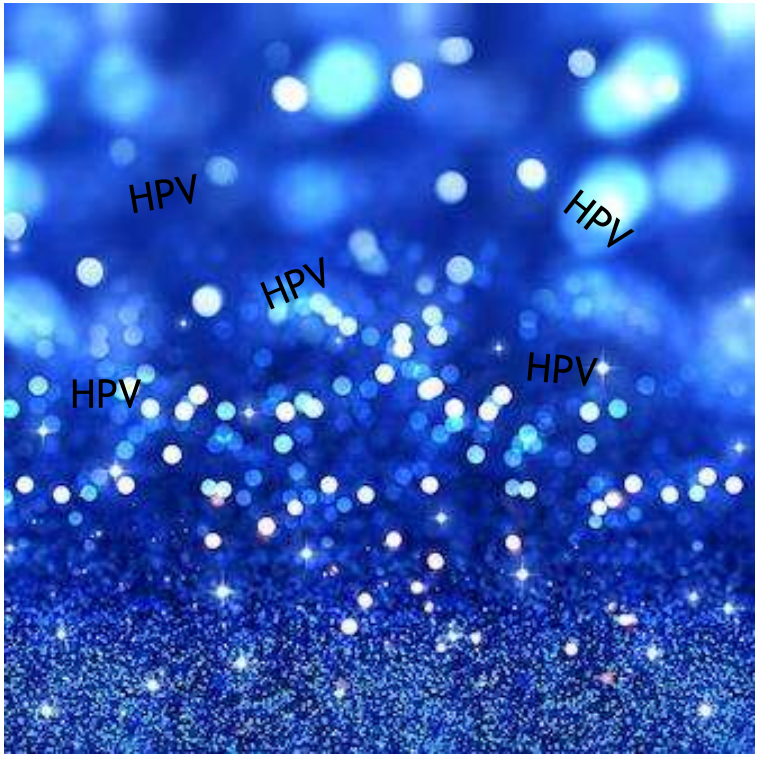
ians International Anal Neoplasia Society



https://www.iansoc.org/

Viruses don’t have morals

Invisible glitter



GOING VIRAL: no one should die from embarrassment

Dr. Eric Ganz, board certified ObGyn and Anal Dysplasia expert

Podcast Co-host

How do you find a disease that no one is looking for? This podcast explores the conundrum of anal cancer and pre-cancer; an HPV-related disease that is misunderstood and often misdiagnosed. The anus is a topic that we don't talk about...perhaps because this part of our body creates an odd sense of uncleanliness, taboo, and shame. Our podcast will be frank, practical discussions with international medical experts, patients and advocates. We will break through the shame, blame, and denial, and bring awareness to anal cancer and pre-cancer, ultimately saving lives! Please join us for 25 minutes of stimulating, interesting, factual, and life-changing discussion on anal canal and precancer sponsored by IANS (the International Anal Neoplasia Society)!


EXPLORING NEW TERRITORY...
A CONVERSATION WITH
DR. MARY BIRDSALL
with
DR. ERIC GANZ AND MARY-JO MURPHY

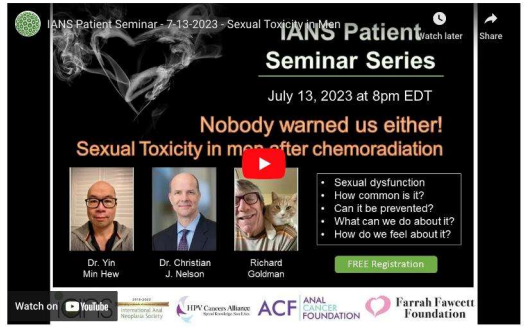

GOING VIRAL:
NO ONE SHOULD DIE
FROM EMBARRASSMENT
AN IGCS SOCIETY PODCAST
MY BUTT HURTS
WHAT?
A PODCAST ABOUT ANAL CANCER AND PRECANCER

Empowerment

IANS Patient Seminar - 12-13-2023 - How to talk to your doctor.

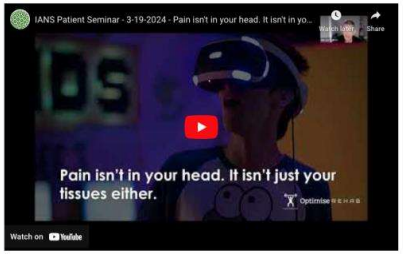
Life after Chemo/Radiation

IANS Patient Seminar - 7-13-2023 - Sexual Toxicity in Men



Pain

IANS Patient Seminar - 3-19-2024 - Pain isn't in your head. It isn't in your body either.



Shame

IANS Patient Seminar - 10-1-2023 - Wiping away shame: rethinking old advice

IANS Patient Seminar - 12-8-2022 - Nobody warned me! Sexual Toxicity after pelvic chemoradiation

Sexual Toxicity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Patient Support
Pathology
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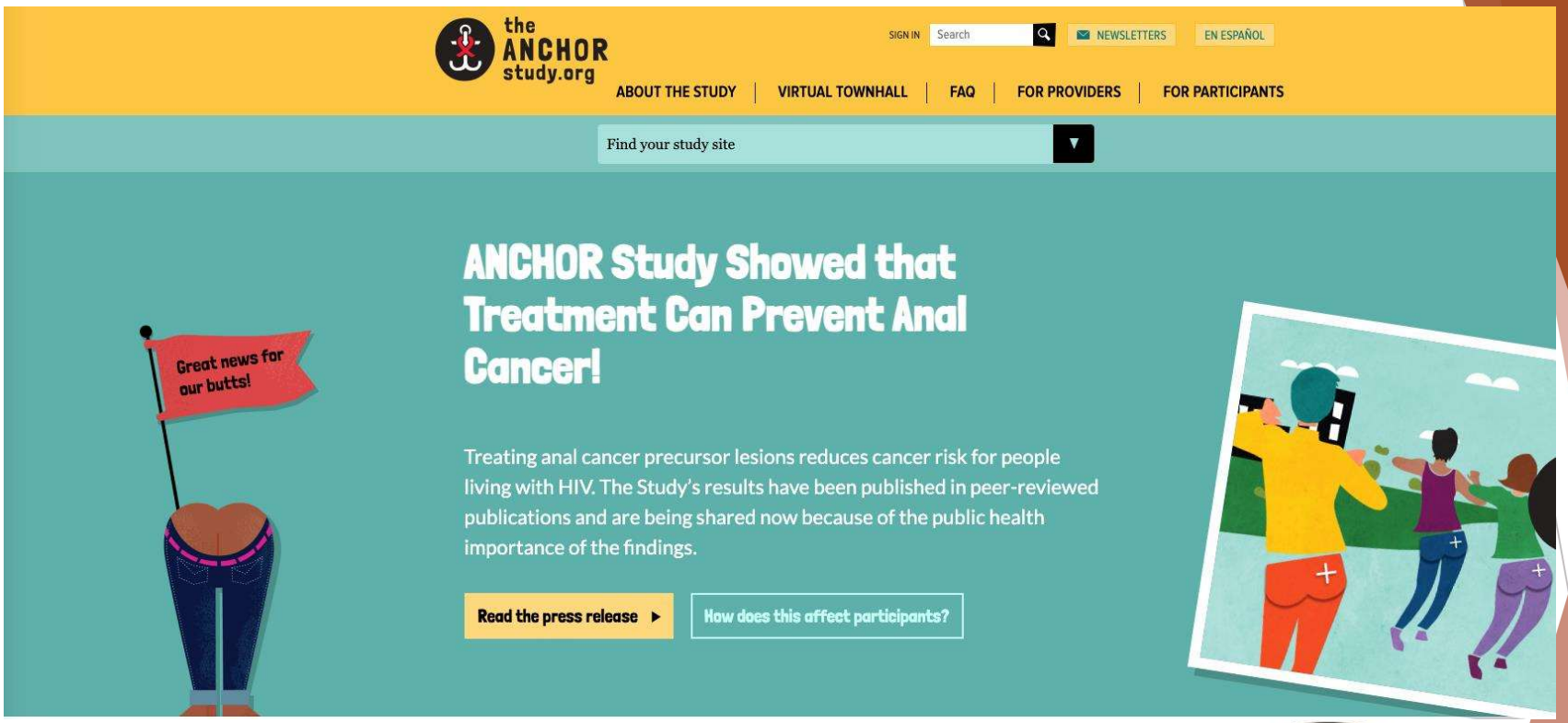
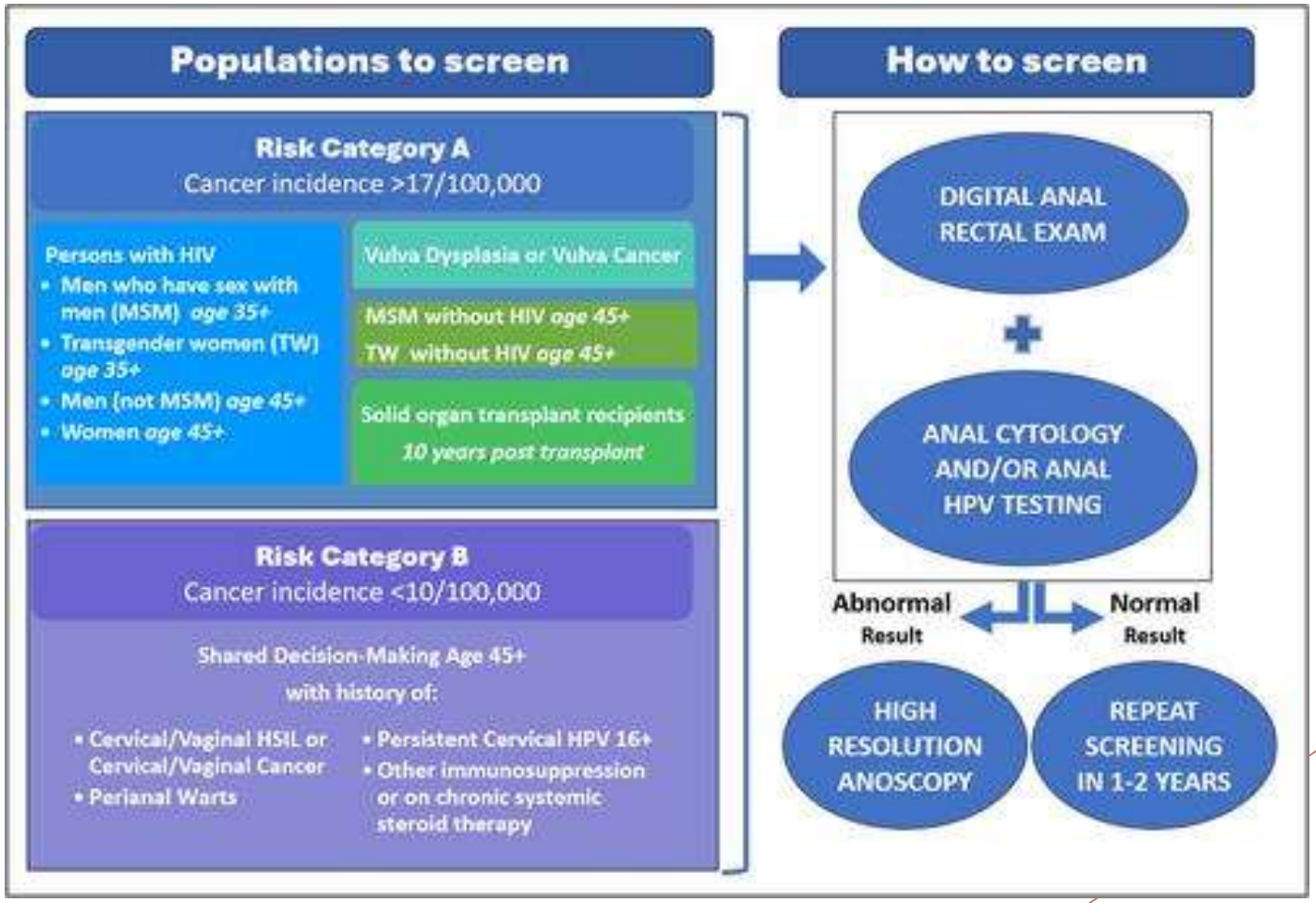
ACF ANAL CANCER FOUNDATION


patient
SEMINARS
for free
resource
MATERIALS
for you!
HRA
PROVIDERS
to contact
Basic
FACTS
about anal cancer



▶https://sites.libsyn.com/459732/dr-joel-palefsky-the-father-of-anal-dysplasia-screening-treatment-and-research

International Anal Neoplasia Society's consensus guidelines for anal cancer screening



UCLA Schools of Medicine and Nursing

ANAL CANCER TREATMENT QUALITY OF LIFE STUDY

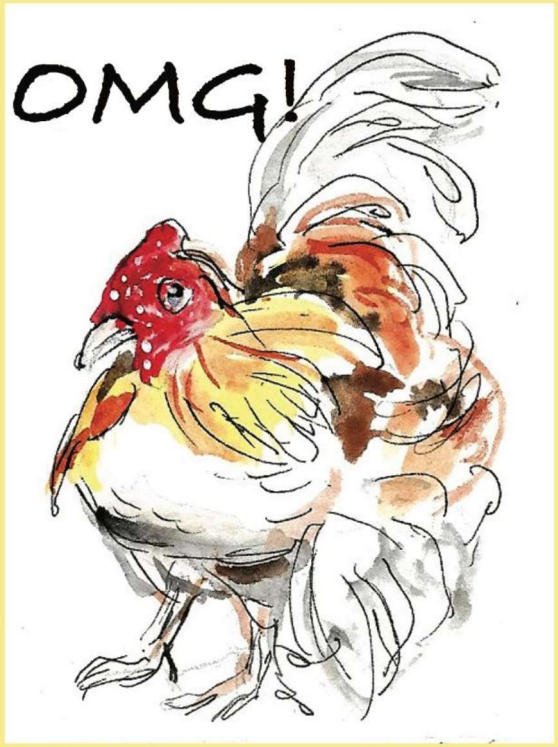
IF YOU HAVE BEEN TREATED FOR ANAL CANCER,

HELP US TELL YOUR STORY.

You may contact Dr. Wiley at
hpvstudygroup@sonnet.ucla.edu
or 310-292-8466 (text) or WhatsApp

Your link to the survey

What the future generations should be able to say about the choice to vaccinate



Thank you!!!

mjmurphy@iansociety.org

Sara Hoffman

Mobile Health Supervisor, Care-A-Van Program
Washington State Department of Health

Washington State Department of HEALTH

CARE-A-VAN OVERVIEW

Background

The Washington State Department of Health (DOH) Care-a- Van is a mobile, no cost vaccination and health service that partners with community-based organizations across the state to help increase access to vaccines and other health services.

Care-a-Van Mission Objectives

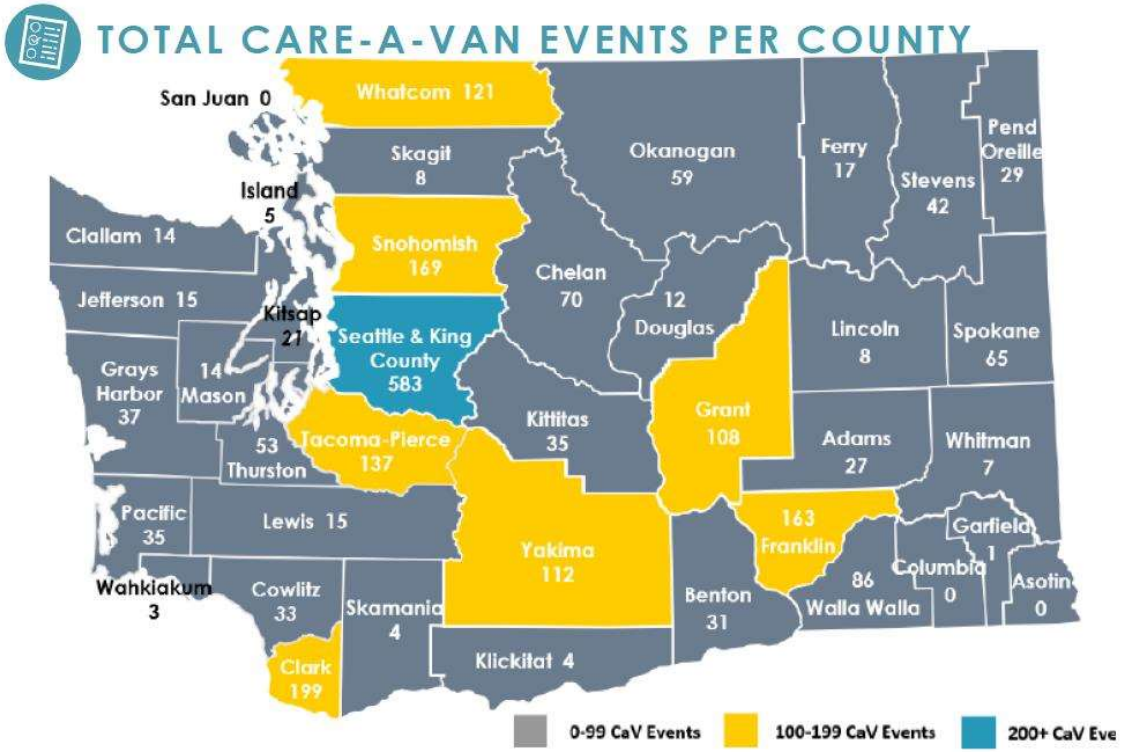
1. Health promotion and education directed at disproportionately impacted and underserved communities.
2. Outbreak and incident response
3. Agency public awareness

- Care-a-Van primarily focuses on #1; Health promotion and education and how to meet that objective.
- The other two objectives are met as needed and in collaboration with other divisions (ORHS, OPAE, OSP).

Site Prioritization

The Care-a-Van serves communities most impacted by COVID-19 and other health care inequities. Requests that cover multiple areas below are given higher priority:

- Communities with a high rank on the Social Vulnerability Index (SVI)
- Demographic groups with lower vaccination rates.
- Groups not represented or underrepresented in current DOH data systems that have likely experienced COVID-19 health disparities and vaccine inequities. (elderly, children, unhoused populations, group home settings)
- Areas that have not had a visit from the DOH Care-a-Van.
- Requests submitted at least 14 days prior to the date of the event.
- Requestors who are a 501 c(3) Non-Profit, LHJ, tribal partner, and/or serve BIPOC communities.



CAV has held 2,344 clinics as of 1/31/2024.

We have been able to offer:

- 57,259 COVID vaccines
- 4,300 routine Childhood Vaccines
- 714 Mpox Vaccines
- 3,963 seasonal flu vaccines
- 866 blood pressure readings
- 867 blood glucose screenings
- 350+ Naloxone kits distributed

Services Provided

1

Vaccinations

- COVID-19*
- MPV(Mpox)
- Flu*
- Routine childhood

*= *Vaccines are available no cost for children and uninsured adults*

2

Other Health Services

- Blood pressure screenings
- Blood glucose screenings
- Naloxone kit distribution
- Partnering with Care Connect hubs

3

Additional

- Supplies and equipment needed to host indoor or outdoor clinics (tables, tents, chairs, signs)
- Clinic promotion

Childhood Vaccinations Available at Care-a-Van Clinics

DTaP-IPV-Hib-HepB
DTaP-IPV
HepA
HepB
Hib
HPV9
IPV
MenACWY-TT
Pneumococcal (PCV13)
Tdap
varicella
MMR

How to Request Care-a-Van Services

- Submit your requests at least 15 days in advance of the event.
- All the event details do not need to be finalized before submitting a request form.
- Requests will be fulfilled based on Care-a-Van staff and vaccinator availability.
- To request service at an event please visit the Care-a-Van webpage at https://tinyurl.com/nwh5e3tk.

For questions about the Care-a-Van, email care-a-van@doh.wa.gov.

Contractors

- Care-a-Van uses three medical contractors for the administration of vaccines and mobile health services
- The current contracts are from 12/1/22 to 6/30/24 and are in the process of a no-cost extension to 9/30/24
- The three contractors and their award amounts are:
  - Aristo Healthcare Services- $4.9 million
  - Birds Eye Medical- $7.45 million
  - Columbia Safety Medical- $4.65 million
- Currently undergoing RFP for new contractors for FY25. One or two awards will be granted based on proposals and funding.

Care-a-Van Capacity

- Clinics per month for Q1 2024 is 30 and for Q2 is 25
- Beginning July 1, CAV will only operate Tuesday – Saturday and will not offer clinics Sundays or Mondays
- Proposed capacity for FY 2025 is:
  - July- 20 clinics/month
  - August – November- 30 clinics/month
  - December- 25 clinics/month
  - January – February- 25 clinics/month
  - March – June- 20 clinics/month
- Capacity is adjusted to meet increased demand during back to school and respiratory season.
- CAV can also respond to emergency incidents as needed.

Status of Pilots

- Care-a-Van (CAV) has already expanded services and includes flu vaccine, childhood vaccines, blood pressure checks, blood glucose checks, MPV administration, and Naloxone distribution.
- Naloxone has been distributed since November 2023 and we have provided over 350 kits to the community.
- Working with multiple Care Connect hubs including Greater Health Now, SWACH and Elevate Health Now for partnership opportunities.
- First pilot with Greater Health Now was 1/25/2024 at the Yakima School District Vaccine clinic. Additional services offered included health coverage assistance, free hygiene boxes, and housing resources.

Status of Pilots

- Working with ORHS and EMD to identify potential staff and/or materials to provide information about emergency preparedness and response at CAV clinics.
- Power of Providers (POP)- POP and CAV have been meeting to explore volunteer opportunities including health education, vaccine confidence counseling, and general support for the clinic.
- Exploring how best to incorporate Adult Vaccine Program (AVP) vaccines and other routine adult vaccines into CAV clinics. Current watchouts include cost of commercial vaccine to contracted providers and insurance billing challenges and low reimbursement.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THANK YOU!

Rebecca Baron, Planning and Response Manager
rebecca.baron@doh.wa.gov

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Katie Treend, MPH

Comprehensive Cancer Control Program Coordinator
Washington State Department of Health

WASHINGTON STATE CANCER COALITION AND 5-YEAR CANCER PLAN

Katie Treend, MPH
Comprehensive Cancer Control Program Coordinator

Contact

EMAIL: KATIE.TREEND@DOH.WA.GOV

What is WA's Cancer Coalition?

- Who is in Charge of the Coalition?
  - Co-led by several organizations
    - WA DOH, Fred Hutch, ACS, SPIPA, Andy Hill Care Fund
- Who is in Charge of the Cancer Plan?
  - Housed by Coalition
  - Currently Drafted by DOH
  - Input from Community Partners
  - Sign off by Coalition
  - Shared responsibility for goals and objectives.
- Previous Coalition disbanded sometime prior to 2016.
  - Last plan expired in 2013
  - Some working groups still exist.
  - Focus shifted to supporting topic-specific work groups and priority areas.

Current Coalition Status

Kick-Off meeting held June 13th,2023

- Check-In Meeting held, October 5th
- Most Recent Meeting held January 24th, 2024
- Next Meeting September 2024

Coordinated with WSCR for Advisory Committee Meeting

- Conversations about Data Needs

Presented Draft Cancer Plan

- Currently Seeking Feedback

5 – Year Cancer Plan

Roadmap of how organizations or coalitions can address burden of cancer specific to Washington.

- Utilizing registry data and other surveillance to report cancer burden.
- Measurable goals and objectives that highlight program priorities and track progress.
- Yearly evaluation and reporting.
- Not adding new work to your plate.
  - Putting a spotlight on all that you are currently doing.
- Other Plans: Comprehensive Cancer Control Plans | CDC

Main Sections

- Lung and Bronchus Cancer
- Breast Cancer
- Colorectal Cancer
- Prostate Cancer
- Melanoma of the Skin Cancer
- HPV Related Cancer (including Cervical and 5 other HPV related Cancer Sites)
- Genetic Testing and Counseling
- Pediatric and Young Adult
- Quality of Life

- Approximately 35-40 Objectives

HPV Related Cancer Sites

- Squamous cell carcinoma of the oropharynx
- Squamous cell carcinoma of the anus
- Squamous cell carcinoma of the vulva
- Squamous cell carcinoma of the vagina
- Carcinoma of the cervix
- Squamous cell carcinoma of the penis

References:

1 Watson M, Saraiya M, Ahmed F, Cardinez CJ, Reichman ME, Weir HK, Richards TB. Using population-based cancer registry data to assess the burden of human papillomavirus-associated cancers in the United States: overview of methods. *Cancer* 2008;113(10 Suppl):2841–2854. Available at www.ncbi.nlm.nih.gov/pubmed/18980203.

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3 International Agency for Research on Cancer. IARC monographs on the evaluation of carcinogenic risks to humans. Volume 90: Human Papillomaviruses. Lyon, France: International Agency for Research on Cancer; 2007. Available at http://monographs.iarc.fr/ENG/Monographs/vol90/.

4 Viens LJ, Henley SJ, Watson M, Markowitz LE, Thomas CC, Thompson TD, Razzaghi H, Saraiya M, Centers for Disease Control and Prevention (CDC). Human papillomavirus–associated cancers—United States, 2008–2012. *MMWR* 2016;65(26):661–666. Available at www.cdc.gov/mmwr/volumes/65/wr/mm6526a1.htm.

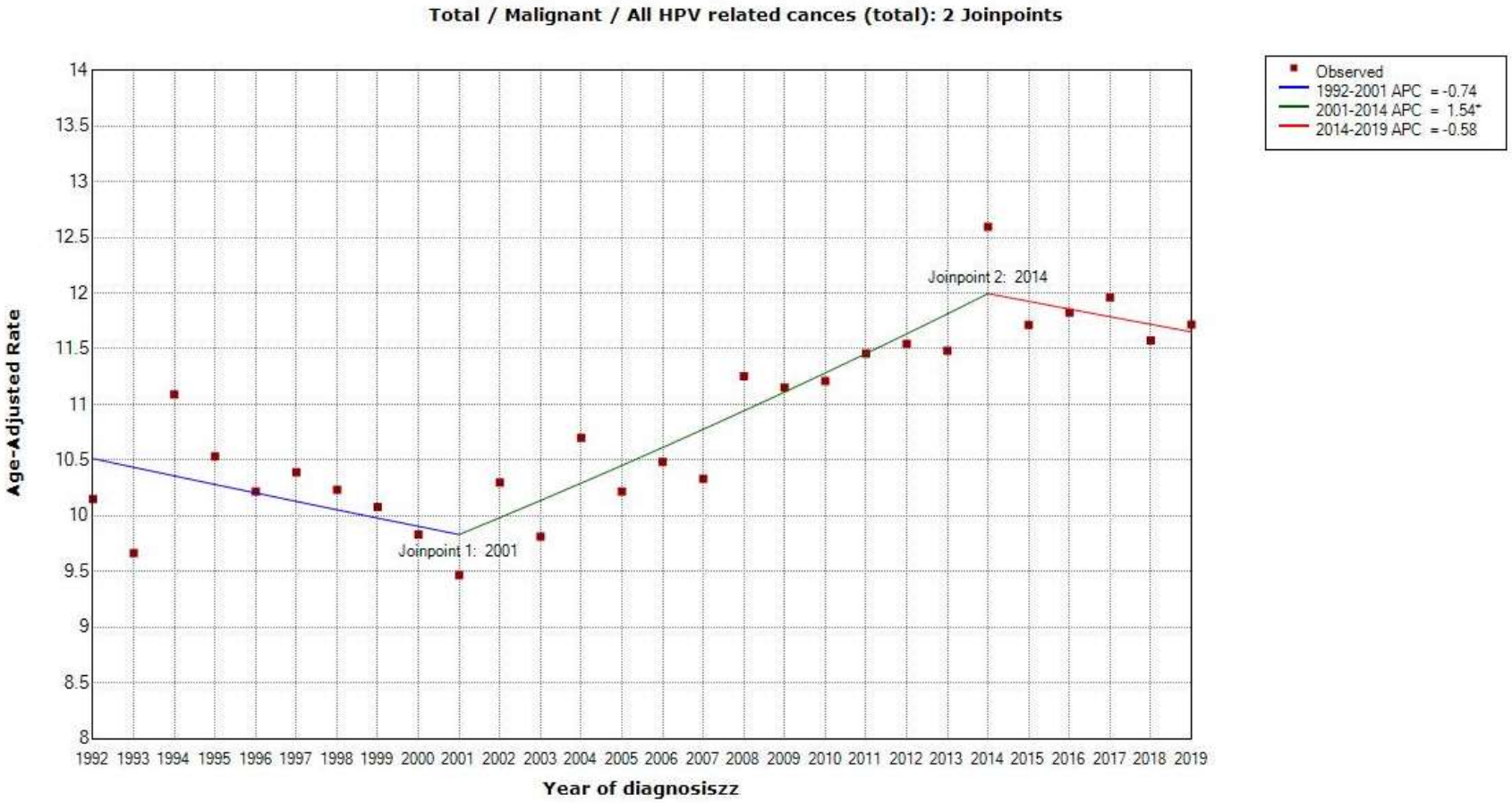
5 Centers for Disease Control and Prevention. How Many Cancers Are Linked with HPV Each Year? Atlanta, GA: U.S. Department of Health and Human Services. Available at www.cdc.gov/cancer/hpv/statistics/cases.htm.

Trends from Previous Presentation

- All HPV-related cancers have increased from 2001-2014
  - Significant Increases in:
    - Male Oropharyngeal Cancer
    - Female and Male Anal/Rectal Cancer
  - Significant Decreases in:
    - Female Cervical Cancer

Graph 1. Age adjusted rate of total malignant HPV-related cancers from 1992-2019

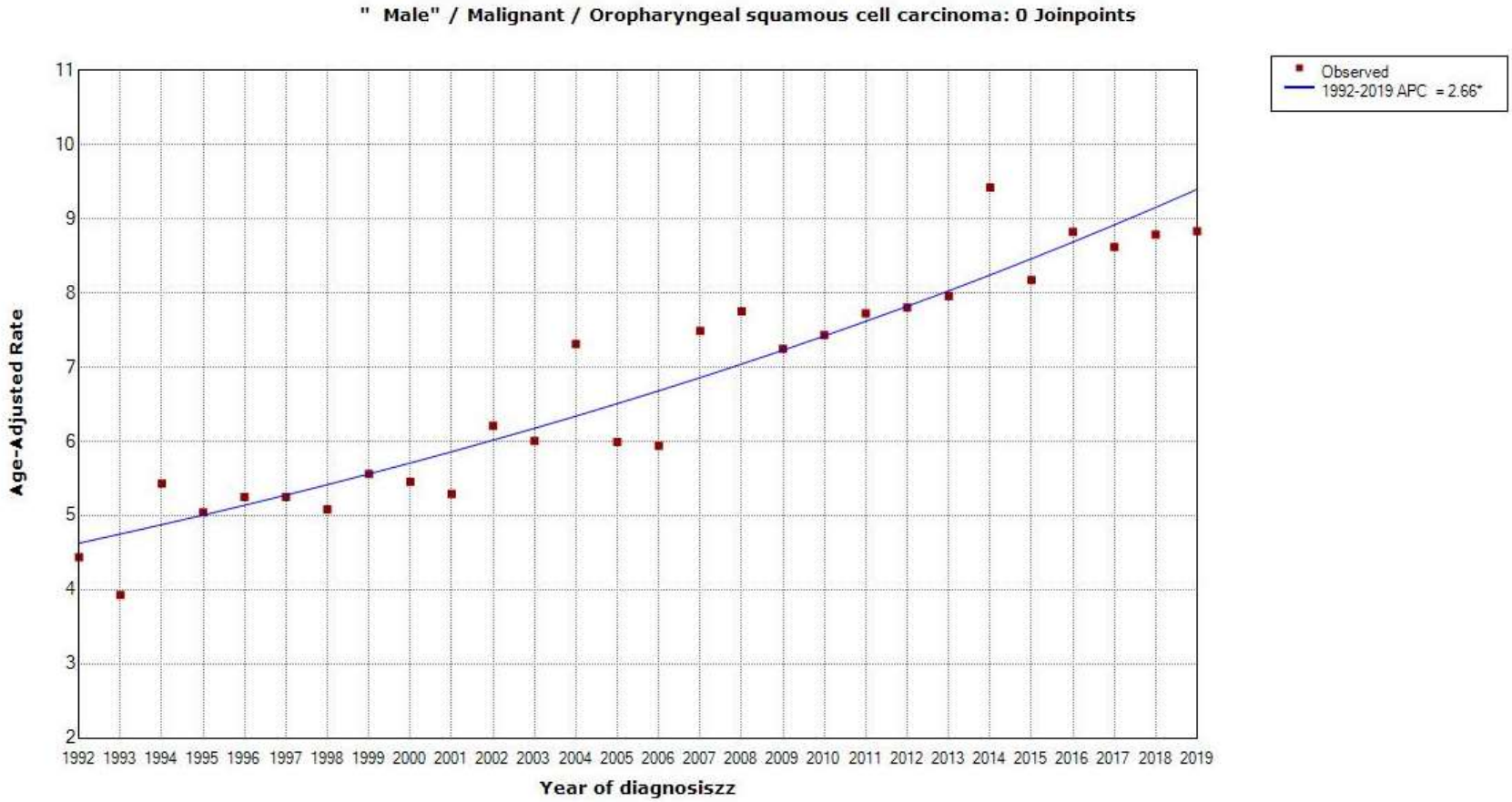
Trend Analysis – All HPV-Related Cancers



* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level
Final Selected Model: 2 Joinpoints.

Graph 2. Age adjusted rate of malignant male oropharyngeal squamous cell carcinoma from 1992-2019

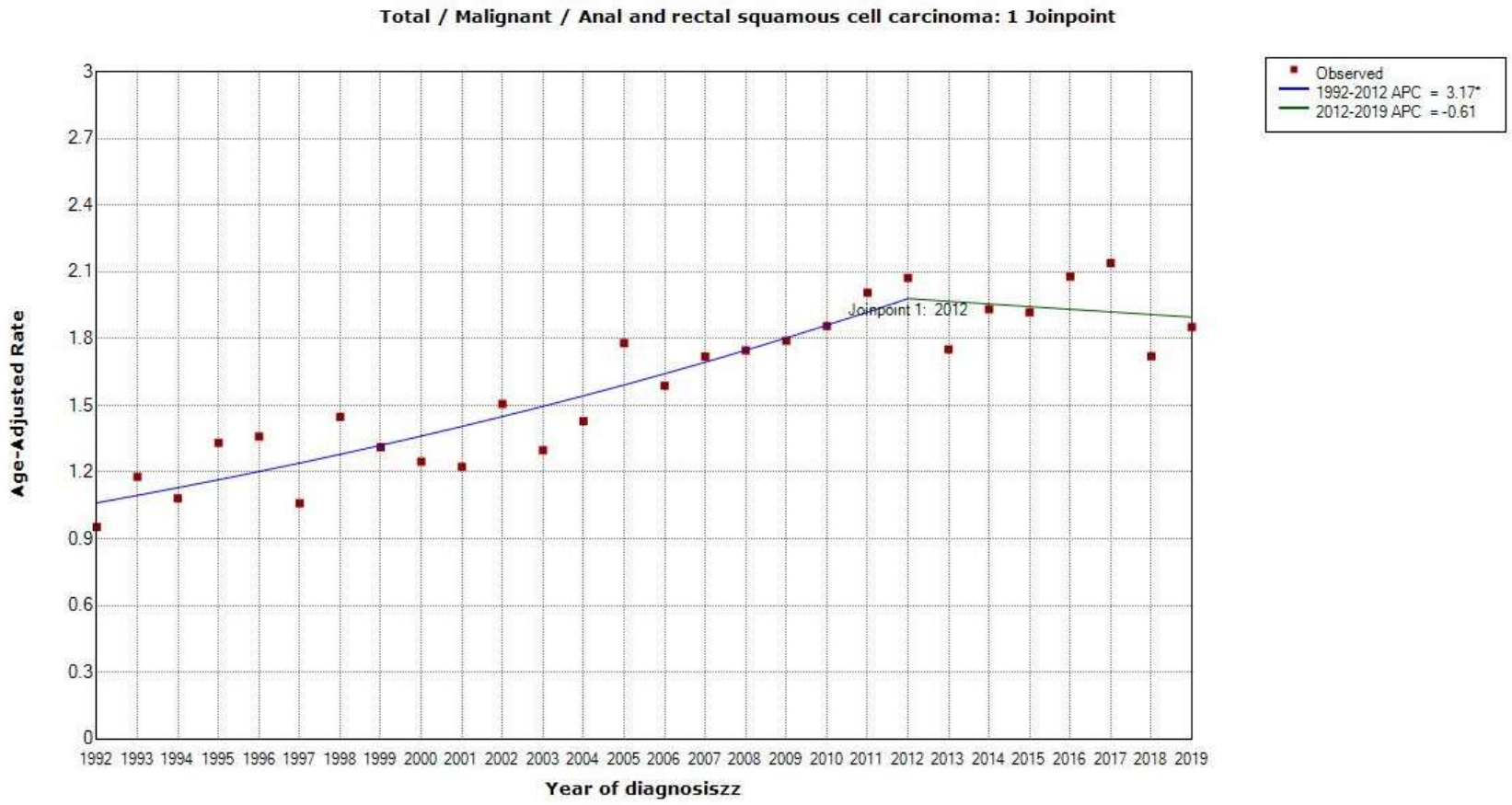
Trend Analysis – Male Oropharyngeal Carcinoma



* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level
Final Selected Model: 0 Joinpoints.

Graph 3. Age adjusted rate of total malignant anal and rectal squamous cell carcinoma from 1992-2019

Trend Analysis – Total Anal and Rectal Carcinoma



* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level
Final Selected Model: 1 Joinpoint.

HPV-Related Cancers

- Objective 20: Decrease the incidence rate of all HPV-related cancers.
  - Baseline: 11.8 per 100,000 (Washington State Cancer Registry, 2015-2019)
  - Target: 9 per 100,000
- Objective 21: Decrease the incidence rate of female Cervical Cancer.
  - Baseline: 6.5 per 100,000 (Washington State Cancer Registry, 2015-2019)
  - Target: 4 per 100,000
- Objective 22: Decrease the incidence rate of male Oropharyngeal Cancer.
  - Baseline: 8.7 per 100,000 (Washington State Cancer Registry, 2015-2019)
  - Target: 7 per 100,000
- Objective 23: Increase the percentage of adolescents, aged 11 to 12 years who have completed the HPV vaccination series.
  - Baseline: 11.6% (Washington State Immunization Information System, 2021)
  - Target: 80%
- Objective 24: Increase percentage of adolescents aged 11 to 12 years who have had at least 1 dose of the HPV vaccine series.
  - Baseline: 36.4% (Washington State Immunization Information System, 2021)
  - Target: 90%
- Objective 25: Increase the percentage of people 21-65 who get screened for cervical cancer.
  - Baseline: 72.8% (BRFSS, 2020)
  - Target: 80%

How to Provide Feedback or Join the Coalition

- Ongoing
  - Contact Katie Treend: Katie.Treend@doh.wa.gov
  - Send comments directly or request word document to track-changes

Questions?

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Workgroups

CLINICAL INTERVENTIONS

COMMUNITY OUTREACH

Workgroup Process

1. Introductions - name, role and organization - please add name & email in chat
2. Decide who will report out on the following 2 items during debrief session
3. Review purpose of the workgroup and potential goals - add anything?
4. Work on Goals

FYI

- *Your time is valuable!* Every work-group meeting needs an agenda, capture of action items/due dates to be sent to all members post meeting - which includes time and date for next meeting

Report Out

Final Thoughts

Next Task Force Meeting October 11th, 2024: 8am-10am

WA State Cancer Coalition: September, 2024

Thank you for doing your part to prevent HPV Cancers!