

## WA State HPV Roundtable- April 28<sup>th</sup>, 2023; 8:00am- 12:00pm

Location: Online

### Welcome, Agenda, Housekeeping, Land Acknowledgment, Updates or Announcements

Time: 8:00- 8:10am

Facilitator: Katie Treend

- We have been conducting this roundtable for the fourth year in a row.
- All lines are muted, please use chat box and Q&A feature for questions.
- We will be recording this session to share along with the resources post-session.
- You can find the resources referenced today on the Within Reach website.
- Upcoming events
- HPV Task force meeting: October 20<sup>th</sup>, 2023
  - Call-in information to be sent out soon.
- Cancer Coalition meeting: June 13<sup>th</sup>, 2023- Hybrid event, In person at Sea Tac Airport Convention Center
  - Register here: [Washington State Cancer Coalition Registration](#)
- HPV Free Washington Task Force Leadership received ACS Health Equity Champion award last month.

### Current HPV Vaccination Rates, Guidelines, & Why age 9 matters by national speaker Debbie Saslow, PhD

Speaker: Debbie Saslow, PhD- Strategic Director, Screening and Vaccination, American Cancer Society

- Current vaccination rates, guidelines & why age 9 matters:
  - No financial conflicts
  - National Immunization survey (NIS) data
    - Not adequately reflecting the impact of COVID
  - Geographic disparities: The Rural HPV reality
    - Rural residents face multiple and unique health care access barriers.
      - Lower knowledge of HPV vaccination
      - Healthcare Provider Shortage and fewer access points
      - Longer Transportation
      - Lower socio-economic status
      - Poor health outcome, including lower immunization rates
  - COVID-19 Impact on HPV vaccination.
    - Compared to FY2019
      - FY2020: Total vaccination orders decreased 24%
      - FY2021: Total vaccine orders decreased 9%
      - FY2022: Year to date (May 2022) orders are down 10%
    - Ordering data
      - February 2022, overall VFC orders are down by >1.5 million doses compared 2019.

- Gap is largest in vaccines primarily given to adolescents, and particularly HPV vaccine.
    - Total HPV Vaccine deficit (public and private): >2.5 million doses compared to pre-covid.
  - HPV vaccine recommendations
    - For all children: Both boys and girls
    - Age 9-12: ON TIME
    - Can vaccinate as late as 13-26 yrs.
  - HPV vaccination is cancer prevention: Evidence from studies
    - Study conducted in Sweden: 2006-17
      - Study among population of 1.7 million females ages 10-30
        - Many of these studies are about females, because in many countries' vaccine was earlier approved for girls only, and early markers are available for cervical cancer only; that's why these studies were mostly about females.
      - 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.
      - HPV Vaccine is strongly effective against all HPV cancers, but for cervical cancer we can see the impacts sooner compared other types of cancer with onset at older age.
    - Study in United Kingdom
      - On time HPV vaccination
      - The effects of national HPV Vaccination program in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia (CIN3+) incidence: a register-based observational study
        - Age at vaccination 12-13 : effectiveness against CIN3+: 97%, Against cervical cancer: 87%
        - 14-16: effectiveness against CIN3+ 75%; Against cervical cancer 62%
        - 16-18: effectiveness against CIN3+ 39%; Against cervical cancer 34%
- 9 Benefits of age 9
  - Video: <https://www.youtube.com/c/HPVRoundtable>
  - (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
    - (a) These vaccines have only prophylactic effect.
  - (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 accepted by the system, parents, and providers.
- Downside of HPV vaccination at age 9
  - There are no known downsides for vaccinating at age 9.
- No waning of protection over time, it is durable.
- Evidence
  - Article collection available on Human Vaccines and Immunotherapies: HPV Vaccination starting at age 9 by National HPV vaccination roundtable's YouTube channel.
  - Articles include research that:
    - Consider the benefits to subpopulation.
    - Compare rates by age and demographics.
    - Describe implementation and or QI initiatives.
    - Describe parent experience.
    - Describe healthcare provider experience.
- How does starting at age 9 align with ACIP & CDC?
  - Since 2007, ACIP has recommended routine vaccination at age 11-12 or starting at age 9.
  - ACIP and CDC promote the adolescent platform and bundled message.
- HPV roundtable resources available on national [HPV Roundtable resources library](#)

#### Q& A:

- Disparities in HPV vaccination rate nationally vs in WA state
  - Varies state by state.
  - The lowest rates are seen in states that have other public health challenges in general- e.g., Mississippi- kids are not getting back to schools due to other reasons.
  - To better identify the disparities, you must look at the data at county level. If we look and compare the state level data only, we may miss the disparities.
  - Lower rates are seen in rural areas.
  - There are some racial/ethnic disparities, and in reservation areas.
  - First dose vs second dose disparity- lower rates of completion, compared to the rates of initiation.
    - E.g., For a while, Black and Hispanic kids had higher rates of HPV vaccination initiation but lower rates of completion.
- Any movement from EMR (e.g., Epic) to make age 9 prompts clinics can easily be used?
  - Not yet
  - It is tough to make the change at national level on Epic.
  - But you can work to make those changes at the local level.
- Any possibility of making this HPV vaccination a school requirement?
  - School requirements are stated by state decision.
  - In some states it sounds like a great idea, but there are some pitfalls.
    - Virginia- school requirement weak one, example of bad recommendation
    - Washington DC- improved the recommendation.
    - Rhode Island has good school requirement recommendations- didn't have to do this via legislative movement, there is a case study on this published. Rhode Island already had high rates on time vaccination compared to late vaccination.
    - Mississippi- trying to require kids to come to school, but they are not coming because of many other reasons.
    - Puerto Rico added school mandates.

- Hawaii- latest school requirement recommendation, current year, so do not have any data on it
  - California- just introduced, it is not passed yet, but I am working on it.
- There is a tracking mechanism to know what's going on about this.
- ACS has updated the information sheet.
  - Include information about things you must have if you want to make vaccination mandate for school kids.
- Katie: WA is not considering a mandate for school at this moment, we just updated the HPV vaccination guidance to start at age 9.

## Presentation- State HPV Vaccination Rate and Review of HPV at 9

*Speaker: Nicole Rhodes, Immunization Health Educator, Office of Public Affairs and Equity, DOH*

- Agenda:
  - HPV at nine initiatives
  - HPV Data
  - Updated resources
  - Abstract submission
- HPV at nine
  - Last year WA State vaccine advisory committee (VAC) passed a motion to take action to encourage HPV Vaccination
  - On Jan 20<sup>th</sup> WA Immunization Information System (IIS) updated the forecast for HPV to start at nine
  - Start at age 9 is recommended by:
    - ACS
    - AAP
    - WA State Vaccine Advisory Committee (VAC)
    - WA State DOH
  - DOH will start tracking and publishing state and county level data on HPV vaccination coverage rates for children 9-10 annually, in 2024.
  - IIS patient record- dose 1 start at age 9
  - Communications:
    - DOH sent a letter to partners including health care providers, Local health jurisdictions, childhood vaccine providers, and school nurses to inform about the update.
    - Signed letter by Secretary of health - Dr. Shah, including the benefits of starting at age 9.
- WA IIS vs NIS data
  - These data sets are not comparable.
  - WA IIS- population based, ACIP recommended vaccine only, point in time estimate, small area estimate (county, zip code etc.), compare within state.
  - NIS- Sample based, uses all vaccines, annual estimate, state and regional estimates, used to compare nationally.
  - Coverage rates for 11-12 yrs old: are behind the pre-pandemic level, 5% lower for HPV vaccine.
  - Coverage rate for 13-17 yrs old: Rates are Significantly lower than Tdap and MCV
  - All ages- HPV doses administered.

- Increased in the last two years.
  - Doses administered for 9-10 yrs
    - Higher than previous years
    - Efforts to start at age 9 have been working.
  - 11-12 yrs: slightly lower rates compared to previous years, need to increase.
  - 13-17 yrs: similar to 11-12 yrs data
- Resources
  - Available in multiple languages- English, Spanish, Russian, Ukrainian, Vietnamese, Marshallese
    - Can order them through [MyPrint.wa.gov](http://MyPrint.wa.gov)
  - HPV Brochure
  - HPV Flyer
  - HPV Poster
  - HPV Vaccine algorithm
  - HPV Dose reminder card
    - English
    - Spanish
  - All materials can be found on: [Human Papillomavirus \(HPV\) | Washington State Department of Health](#)
- Contact information: [Nicole.rhodes@doh.wa.gov](mailto:Nicole.rhodes@doh.wa.gov)

## Updates on New Resources and Upcoming CME's

*Speaker: Breelyn Young, GSK Vaccine Public Health*

- [Cue card](#):
  - Train MA and front staff
  - Reminder for providers
  - Could be used for patients.
- Provider Education
  - May 16<sup>th</sup>, 2023: HPV vaccine start at age 9: Why, how, now! Cancer prevention is made easy.
    - Topics include WA-IIS registry supports HPV at 9, Dr. Sherri Zorn, pediatrician discussing the science behind HPV at 9
    - Barriers of implementing in a busy practice from Dr. Carrie Jenner
    - Audience: Providers, MA, Nursing staff, school nurses
    - CE credits available
    - Live webinar: 12 noon- 1:00pm
    - Link to register: [https://us02web.zoom.us/webinar/register/WN\\_YGiQT0quQ3O3a3wrvsZulA#/registration](https://us02web.zoom.us/webinar/register/WN_YGiQT0quQ3O3a3wrvsZulA#/registration)
  - June 28, 2023: HPV Disparities and addressing vaccine hesitancy in Rural Washington
    - Topics: rural cancer rates, HPV vaccination rates and Dr. Gretchen LaSalle, Family Medicine provide from Spokane discussing the disparities in this environment, the unique challenges of vaccine hesitancy and strategies/ best practice to increase HPV immunizations.
    - Audience: Providers and medical staff interested in rural healthcare
    - Credits available

- Time: 12:00pm- 1:00pm

## Highlight – Oral Cancer Survivor Story and Oral Cancer Burden

*Speaker: Katie Treend*

- Six different cancer sites related to HPV.
  - Squamous cell carcinoma of oropharynx is one of them.
  - Incidence Rate Time trends
    - Total (both men& women) Annual percent change 1992-2019: 2.08
      - Oropharyngeal carcinoma among men in WA 1992-2019: 2.66
    - Incidence data for the HPV related Cancer sites
      - Clallam, Jefferson, Kitsap, and Snohomish counties have higher incidence of Oropharyngeal cancer.
- Snohomish County HPV Shot
  - Story of Paul Benedict - HPV 16 OPC cancer survivor

## Fireside Chat/ Panel Discussion– Engagement with Dental Providers

*Panelists: Dr. Gary Heyamoto (General Dentist), Dr. Aarika Anderson (Pediatric Dentist), Dr. Sherri Zorn (Pediatrician)*

- Panelists:
  - Dr. Gary Heyamoto: General Dentist
  - Dr. Aarika Anderson, Pediatric Dentist
  - Dr. Sherri Zorn, Pediatrician
- How familiar are dentists with the link between persistent HPV infection and future oropharyngeal cancer? How familiar are dentists with HPV vaccine and that it can prevent cancer?
  - Gary: HPV and Oropharyngeal cancer link- most dentists are not aware,
    - Dentists do oral cancer examinations, but most dentists are not aware that, they do not think of it as cancers in two different locations, dentists do good clinical oral cancer examination, but they don't know how to question about larynx and pharynx.
    - Most dentists do not know that HPV vaccine can prevent oral cancer, though they are aware that it can prevent cervical cancer.
    - There needs to be some education in it.
    - That's Gary's experience as a general dentist.
  - Aarika: Pediatric dentists are well aware of vaccine schedule and are aware of HPV vaccine.
    - but not aware of the window that they are supposed to be targeting.
    - We do not do oral cancer screening on our pediatric patients, we may do some soft tissue examination, but not cancer screening.
    - So, it is just a different awareness.
- Gary said that most dentists are not familiar with pharyngeal cancer examinations. So, how do we wake up the dental community? How do we get them more involved and pass this knowledge/ information to them, so they can help?
  - Gary: Most dentists will do (things) what they can do.
    - Dentists cannot do this if they don't know what they are supposed to do.

- So, the key is education.
  - So, we need to educate via our national society meetings, webinars, study clubs, articles, videos, posters.
  - Education is knowing that we as trusted healthcare provider has impact on patients' life.
  - We educate ourselves to educate our patient population.
  - Most patients are not hesitant.
  - We would be a strong support system to combine with medical providers.
- Aarika mentioned that pediatric dentists don't do oral cancer screening as these cancers happen in a much older population. But kids visit dentist more than their primary care providers- once in every one or two years, whereas kids visit pediatric dentists 4 times in that space. So, dentists and hygienists are trusted messengers. So, how comfortable pediatric dentists are on recommending the HPV vaccine? And what would it take to make them more comfortable if they aren't already?
  - Aarika: A lot of pediatric dentists are not recommending HPV vaccine; they may need help.
    - Pediatric dentists are willing to help make changes.
    - But they need to know how to get there.
    - Literature supports that pediatric dentists are able to recommend the HPV Vaccine and support it.
    - From Aarika's experience working at FQHCs with co-locating dental and medical settings, it is much easier to recommend and support HPV vaccine in that model than in private practice.
- What are some of the barriers for pediatric dentists? How can we help them to recommend the HPV vaccine more confidently?
  - Aarika: Concerns are about awkward discussion around sex, might confront vaccine hesitancy with parents, might take a lot of time to address these issues which might affect their schedule.
    - And we might not feel comfortable around addressing a lot of questions around vaccine hesitancy around talking about HPV vaccine and specifics about it
  - Sherri: As a pediatric provider Sherri also had similar concerns.
    - Providers often overestimate the hesitancy.
    - We only need to provide them our recommendation and scientific evidence supporting it
      - Hesitancy is not always bad. Sometimes you think you might need long conversations, but you really don't.
      - Sometimes parents have some simple questions they want answered.
      - Parents just want your recommendation only, and simple answers to their questions, not big dump of data.
    - A simple announcement approach- HPV vaccine prevents cancer and I highly recommend it might be enough – simple as that.
    - Parents' questions: there are research findings on what the most common questions are and what are the answers-by University of North Carolina- usually answers are in one or two sentences.
    - If parents have more questions, you can tell them to contact their primary care or pediatric providers about that.
    - Awkward discussion about sex- HPV vaccine is more about cancer prevention, there are so many ways to contract HPV, not necessarily sexual activities- it only

- involves skin- to skin contact, you can avoid sex talk when you recommend it at the age of 9
      - If you wait till puberty, then parents demand this awkward sex talk and you may need to discuss it.
- What obstacles dentist face while discussing HPV vaccine with adult patient? Is it awkward?
  - Dr. Heyamoto: Not awkward
    - Dentists are very analytical people; they argue with themselves and think about questions that we would feel awkward.
    - Never had an awkward situation.
    - During oral cancer examination, patients ask questions about it. Consider it as an opportunity to educate patients about oral cancer and HPV vaccine.
      - During examination- it is the perfect time to educate your patients, it is usually easy conversation, if they push for it you say it transmit via skin-to-skin contact, not about the sexual transmission, then it is not awkward.
      - Once the dentists feel comfortable, they can answer all the questions.
    - Dentists and specialists all should be on the same page recommending the vaccine.
    - It doesn't have to be awkward; you just have to bring it depending on how comfortable.
  - Dr. Zorn: So, you are saying all you have to do it just try having the conversation.
- What can dentist do in their offices to make this conversation more routine instead of having this conversation only when the patient asks about it?
  - Dr. Anderson: Likely including information about it in the take home, or goodie bag.
    - Prescription to ask your medical provider about HPV vaccine, or even a referral from pediatric dentist to pediatric provider.
  - Dr. Heyamoto: In my office, in the health history questionnaire there are question about HPV- are they at risk or vaccinated.
    - It leads to question about why this is here- start conversation.
    - A pediatric dentist office decorum can be different, but maybe putting on the posters about HPV vaccine in the waiting room or individual operatories can also help.
- How can we help dentists access these materials, putting them on posters or sharing it in goodie bags? How could we get them to do it now?
  - Dr. Anderson: Education- need to know how to do it and why.
    - Where can they get these resources to include in the goodie bags etc.
  - Dr. Heyamoto: Last 6 six years we had tables at TNDC, dental conference in the pacific conference.
    - But that is not enough, we should distribute this information to more people
    - If the public is expecting the dentists to do oropharyngeal cancer examinations, then we will get more dentists on board.
- How can dentist best partner with medical providers to promote HPV vaccine?
  - Dr. Zorn: We need to keep our message really consistent. HPV vaccine is cancer prevention, and it is safe and effective.
    - The vaccine is for both boys and girls, it is best to start at age 9 to provide best protection against cancer.
    - It is essential to get both doses given by age 13.



- Patients really trust their dentists, so when they hear about it from trusted resources it is more likely that they get vaccinated.
  - When a patient has more questions advise them to talk with pediatrician
- Is it the dentists or the hygienist do the oral cancer exam?
  - Dr. Heyamoto: Depending on the office- anyhow dentists need to educate themselves and their staff.
    - Most of the times hygienist spend more time with the patients than the dentists.
  - Dr. Zorn: Front desks need general awareness; hygienists need to know the talking point- because patients ask most questions to the hygienist.
- In Denver-medical- dental integration is happening dental office recommend vaccination, and if patient wants to get the vaccine, they can pull the medical data and get it done.
- In WA state are not vaccinators, but in some other states they can.

## Community Training – Part 1: Native and Tribal Community Efforts and Best Practices

*Speaker: Wendy Stevens; Tribal Immunization/ Tribal Health, American Indian Health Commission, Tribal and Urban Indian Health Immunization Coalition*

- About American Indian Health Commission
  - Nonprofit organization, tribally driven, culturally responsive.
  - There are 3 Urban Indian Health programs.
  - Mission: Improve health status of American Indian/ Alaska Native people through tribal-state collaboration.
  - Provides technical support and advocacy.
  - Follow a Tribally- driven framework: Pulling together for wellness.
    - Put together by Tribal leaders based on their experiences and wisdom.
    - Use this framework in their Tribal health and immunization works.

### **AIHC Tribal/Urban Indian Health Immunization Coalition**

- First and only coalition of this kind in the nation
- Dedicated partners, community members, healthcare providers, elders, and tribal leaders working together to increase immunization rates and prevent infectious diseases.
- Purpose: to improve AI/AN immunizations and vaccine access, surveillance, practices, infectious disease prevention and health literacy via tribally driven strategic planning, network of partners, based on historic and cultural context

Three areas TUIHIC focus on their work related to HPV vaccine starting at age 9:

1. Build confidence and trust in Tribal/ UIHP vaccination system.
2. Improve equity informed and culturally relative system change.
  - a. How to communicate these with parents, providers etc.
  - b. There is confusion around guidelines on HPV immunization published by different organizations, e.g., on CDC's communication material on HPV Vaccination recommendation, focus in on age 11, the start at age 9 information is "washed in grey."
3. Support health and vaccine literacy, as a trusted source, provides credible and scientifically accurate information.

### **TUIHIC's role in addressing infectious disease:**

- Identifies and implements policy, systems, and environmental change.

- At the 2022 HPV WA Task Force, talked about the need to include teen boys in the HPV tribal immunization education and vaccination efforts.
- Later, developed communication materials, including videos, posters, social media posts, including boys in these materials as HPV vaccine is for both boys and girls.
- Joint WA HPV Task Force and AIHC TUIHIC Memorandum: Collaborative state and tribal policy change- Sent out to tribal leaders and tribal clinics.
- Collaborative immunization strategic actions
- Health messages for providers and families are being developed.
- Sharing the message to not to wait to get vaccinated and vaccinate both boys and girls.
- With the help of Nicole from DOH, they have put together HPV Tribal Urban Immunization resources.
- Contact information: [janolmstead@gmail.com](mailto:janolmstead@gmail.com) , [ws.aihc@gmail.com](mailto:ws.aihc@gmail.com)

## Community Training – Part 2: Community Health Educators

*Speakers: Amy Wooten (She/her)- Program director; Lauren Bineau- Community education program manager at Cancer pathways*

### **Cancer pathways**

- A non- profit organization in WA state
- Mission: Facing cancer together
- Aim: Educate folks on how they can lead a healthy lifestyle from teenagers to all the way to adults.
- Programs are completely free of cost.
  - Teen programs, support groups, Camp and family programs, community education
- Today, going to share the work done with HPV education and awareness.
- What we have done:
  - Teen Risk Reduction Education- 2005
    - 15 minutes classroom presentation on topics including HPV, Tobacco, Sun safety, Breast self-awareness, Diet/ Nutrition, Physical activity.
    - Partnership with over 125 schools throughout WA
    - Created HPV-specific e-learning module.
    - Give teens pre-survey to understand their knowledge in the topic.
    - 18 years in classroom
      - 95% retention rate in schools
    - 117,000+ students
      - 70% of the participants said that they intend to get the vaccine/ complete their vaccine series.
    - 3 formats
  - HPV and HPV vaccine awareness
    - Annual awareness day events with partners in GA: Done 3 events with over 270 participants, Goal- replicate this in WA.
    - HPV vaccine status checks among teens- Empower and inform teens on how they can look up their own status and then refer to clinics.
    - Infographics and one-pagers – More visibility, more facts, passive educational opportunities for info at Schools, community centers, or local YMCA

- Project C.H.A.M.P
  - Implemented last year.
  - Funded by Fred Hutch
  - Goal: To better understand knowledge and awareness about HPV and the vaccine among youth and adults in rural communities
  - Collected raw data- to create and identify content for the curriculum.
    - Implemented pre-survey among students in Skagit county, assessing different factors- encouraged to share that with parents and other adults as well to get their insights.
  - 65% of teens heard of HPV, 51% willing to get vaccine.
  - 90% of adults had heard of HPV and the vaccine.
  - Highlights the need for where to access and cancer screening services.
- Currently working on
  - Focus is on expansion.
  - Creating partnerships with new schools as we expand into other communities across WA.
  - Started Teacher Advisory Council to get a pulse of how we can better support in classrooms.
  - Asking new communities what they need and adapting how we deliver cancer happens.
  - Offering out Teen Ambassador program for student leaders
    - Peer leaders are the most impactful method to reach out to teenagers.
    - Equip them with tool about how to communicate about HPV vaccine, provide information to young adults.
  - Encompassing cancer podcast- 28 episodes till date
    - Three episodes on HPV and HPV Vaccine
  - C.H.A.M.P.S 2.0
    - Building on what we learned in Project CHAMP
    - Improving access to HPV vaccination and cancer screening services
      - HPV vaccine resources
      - Cancer screening resources and cancer prevention kits
  - Created a screening post card -educational material.
- Trending challenges
  - Community hesitancy/ beliefs (switched terms; vaccine to immunization, more acceptable)
  - Turnover rates in schools for teachers, counselors, and admins
  - Lots of noise around health education for ALL audiences
  - Education retention beyond our presentation
  - Continued impact from COVID (regular check-ups, hospital/ clinic staffing, screening delays)
- Where we are going
  - Expanding Teen Risk Reduction Education
    - Developing elementary/middle school-specific curriculum
  - Fostering new partnerships
- What we are working towards: 100% vaccination rate
- How can we support one another?
  - Partner together and promote events.
  - Share resources.
  - Engage teachers across the state.

- Distribute cancer happens in your community.
- Contact info:
  - [Amy@cancerpathways.org](mailto:Amy@cancerpathways.org)
  - [Lauren@cancerpathways.org](mailto:Lauren@cancerpathways.org)

## Recent Research or Publication Review

Notable research and publications

### [Multilevel Quality Improvement strategies to optimize HPV Vaccination at the 9 Year Well Child Visit: success stories from two private pediatric clinics.](#)

- Authors: WA project lead by Clinical champion- Dr. Zorn, DOH- Katie Treend, ACC- Char Raunio & UW School of Public Health, Health Promotion Research Center- Thuy Vu & Anjali Vasavada
- QI intervention project parred with HPV vaccinations with 9-10 years old well child visits.
  - Two pediatric clinics, 9 sites
  - Timeline: 2018-2022
- The articles outline the interventions used:
  - Standardized immunization posters in each exam room
  - Electronic record supports
  - Provider and staff training around HPV
  - Strong provider recommendations
  - Printed educational resources.
  - Peer-to-peer champion coaching
- Highlights:
  - In the first year, vaccination rate increased 30% or more at each clinic for 9-10 years old.
  - Sustained improvements with both initiation and series completion rates were noted with 11-12 years old with a 40% increase.
  - The QI project was started at one clinic during the pandemic, still showed significant increase in vaccination.

### [Why the American Academy of Pediatrics recommends initiating HPV vaccine at age 9:](#)

- Published online: November 2022
- 7 reasons are outlined in the article.
  - Vaccination uptake is suboptimal.
  - Offering vaccination earlier offers provider’s flexibility in introducing the vaccine;
  - Initiating the vaccine at age 9 or 10 may be preferable for parents or adolescents who do not want to receive ≥3 concomitant vaccines at age 11 or 12;
  - Earlier initiation may disentangle HPV recommendations from discussions of sexuality.
  - Earlier recommendation might alleviate HPV vaccine hesitancy “fatigue;”
  - The immune response is robust at younger ages with no evidence of waning protection; and
  - There is a dearth of evidence supporting starting the recommendation at age 11 or 12 within the “adolescent immunization platform.”
- Reasons why AAP recommendation differs from ACIP.
- A few other notable publications included in the slides.
  - [Article collection: HPV Vaccination Starting at Age 9 \(tandfonline.com\)](#)

- [Human papillomavirus vaccinations at recommended ages: How a middle school-based educational and vaccination program increased uptake in the Rio Grande Valley \(tandfonline.com\)](#)
- [An opportunity to increase human papillomavirus vaccination rates: Change the guidelines \(tandfonline.com\)](#)
- [HPV vaccine initiation at 9 or 10 years of age and better series completion by age 13 among privately and publicly insured children in the US \(tandfonline.com\)](#)

## Provider Training – Running Coverage Reports/WIIS Updates

*Speaker: Chrystal Averette, Immunization Quality Improvement for Providers (IQIP) coordinator, WA Department of Health.*

### **IQIP program: Immunization Quality Improvement for Providers**

- Purpose: promote and support implementing the provider level strategies to increase on-time immunization
- Process: conducted over a period of one year with four consultations
  - Site visit (In-person)
    - Discuss workflow.
    - Review initial coverage.
    - Discuss, select, and practice QI strategies.
  - 2 Month Check-In (phone call)
    - Monitor progress.
    - Provide technical assistance and motivation.
    - Update strategy implementation plan
  - 6 months check in (phone call)
    - Monitor progress.
    - Provide technical assistance and motivation.
    - Update strategy implementation plan
  - 12 months follow up (Phone call)
    - Assess the QI progress and provide technical assistance.
    - Evaluate your over-year change in coverage levels.
    - Update strategy implementation plan and encourage continued effort.
- IQIP Core Strategies
  - (a) Schedule next vaccination visit before the patient leaves the provider site.
  - (b) Leverage IIS functionality to improve immunization practice.
  - (c) Give strong vaccine recommendation include HPV vaccine if the provider has adolescent patients.
  - (d) Strengthen vaccination communications.
  - (e) Recommend HPV vaccination series starting at age 9.
- IIS Quality improvement Tools
  - (i) Coverage rate report
  - (ii) Reminder recall
  - (iii) Manage population.
  - Coverage Rate Report
    - Access in the report module under the reports heading in the left menu.
    - Assess coverage for any age range, vaccine, or pre-defined vaccine series.
    - Run or export coverage rates and patient lists.
  - Reminder recall

- Remove patients.
  - Inactivate patients.
  - Limit by contact method
  - Remove patients after a certain number of contacts.
  - Choose reminder/ recall output- select what do you want to with your selected recall group.
- IIS Training portal is available which contains many materials related to IIS.
  - [Immunization Quality Improvement for Providers \(IQIP\) | Washington State Department of Health](#)
  - Contact info: [Immunizewa@doh.wa.gov](mailto:Immunizewa@doh.wa.gov)