



WASHINGTON STATE HPV TASK FORCE

September 17th, 2021



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



Public Health
Seattle & King County





WELCOME, THANK YOU, AND LAND ACKNOWLEDGEMENT

Agenda

Agenda:

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

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

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

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

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

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

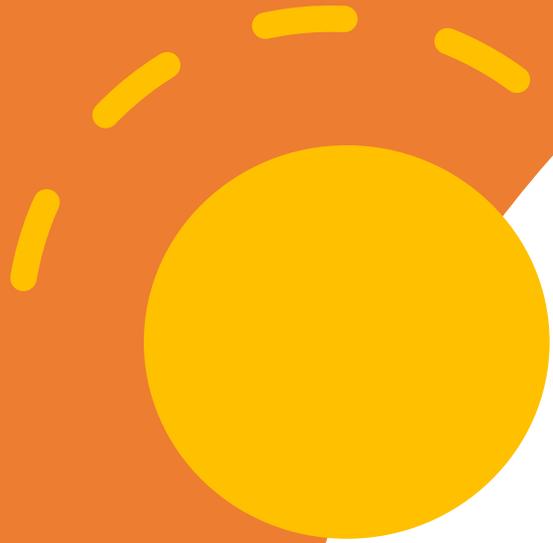
9:50am - 10:00am: Wrap Up



Housekeeping

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





HPV Updates

Dr. Carrie Jenner, Pediatrician with VMFH

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

Dr. Carrie Jenner, Pediatrician with VMFH

Co-Chair of Pierce County Immunization Coalition

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



CATCH UP NOW:

Summer-Fall 2021

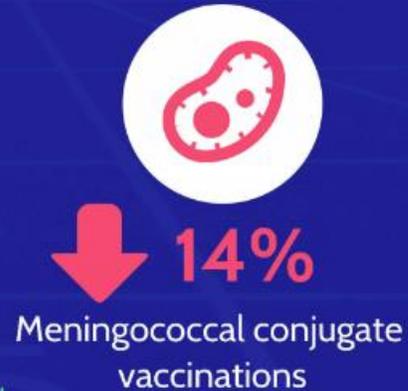
*An Urgent Action Call for
Health Systems to Close the
Adolescent Vaccination Care Gap*

The United States is facing a significant vaccination deficit for school-age children, especially adolescents, due to the pandemic.

Adolescent rates have significantly dropped.

IT'S TIME TO CATCH UP ON ADOLESCENT VACCINATION Rates dropped due to pandemic impacts.

Immunizations provided by the Vaccines for Children program in FY20 & 21 as compared to FY19



SOURCE: Unpublished data from CDC ISD, data through week ending May 30, 2021



ENSURE YOUR ORGANIZATION HAS A GAME PLAN
TO GET ADOLESCENT VACCINATION BACK ON TRACK.

National Immunization Survey 2020

Morbidity and Mortality Weekly Report (*MMWR*)

CDC



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

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

Cassandra Pingali, MPH, MS¹; David Yankey, PhD¹; Laurie D. Elam-Evans, PhD¹; Lauri E. Markowitz, MD²; Charnetta L. Williams, MD¹; Benjamin Fredua, MS^{1,3}; Lucy A. McNamara, PhD⁴; Shannon Stokley, DrPH¹; James A. Singleton, PhD¹ ([View author affiliations](#))

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

National Immunization Survey 2020

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

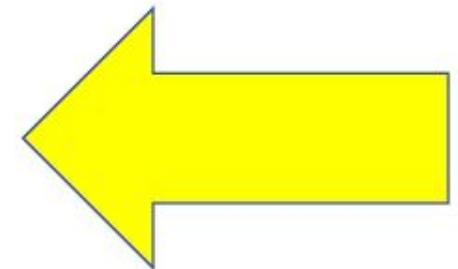
Vaccine	Age at interview (yrs), % (95% CI) [†]					Total, % (95% CI) [†]	
	13	14	15	16	17	2020	2019
	(n = 4,276)	(n = 4,173)	(n = 3,998)	(n = 4,028)	(n = 3,688)	(N = 20,163)	(N = 18,788)
Tdap[§] ≥1 dose	88.9 (87.0–90.6)	89.4 (87.1–91.3)	90.7 (88.7–92.5)	90.4 (88.3–92.1)	91.1 (88.7–93.0)	90.1 (89.2–90.9)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



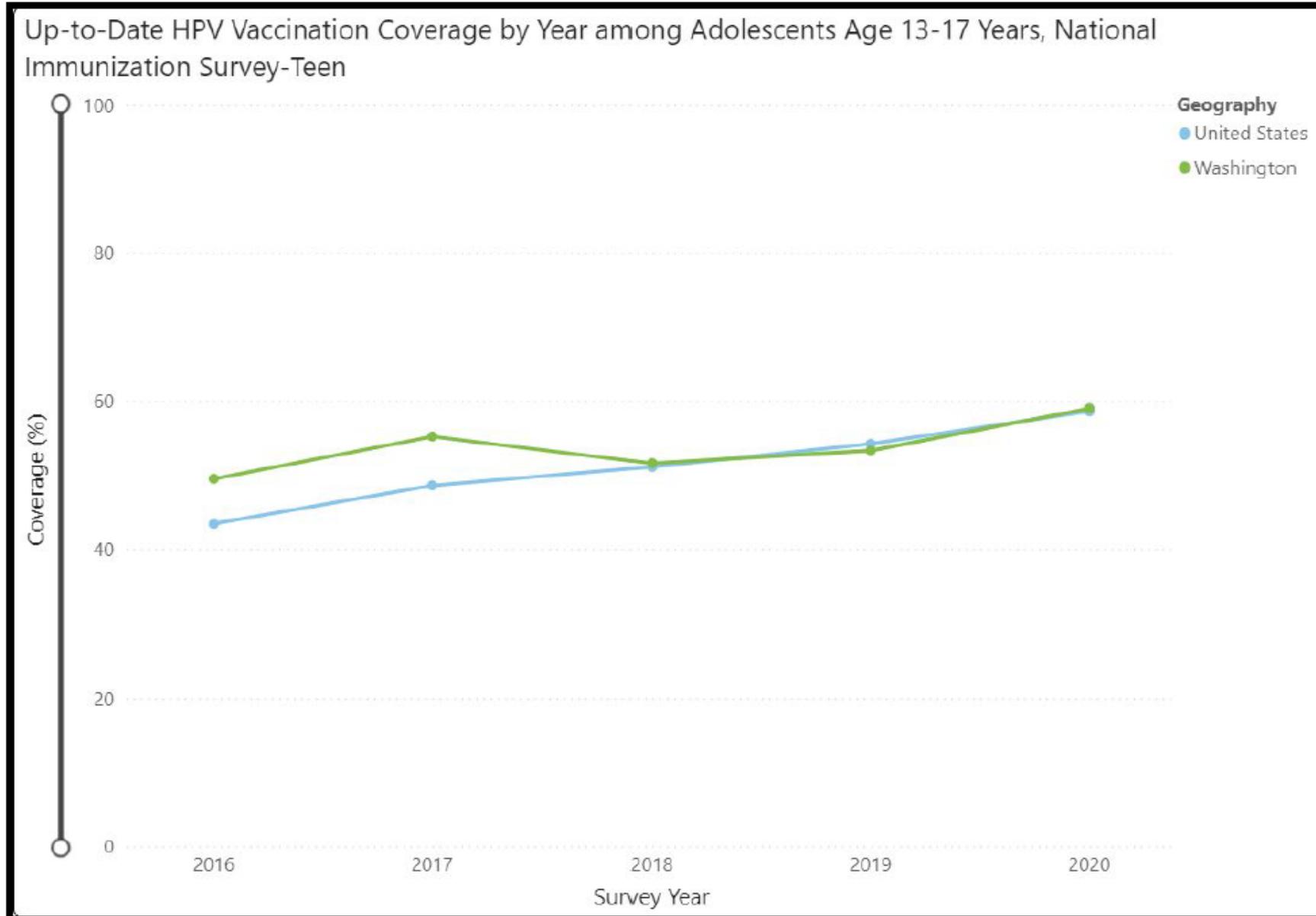
National Immunization Survey 2020

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

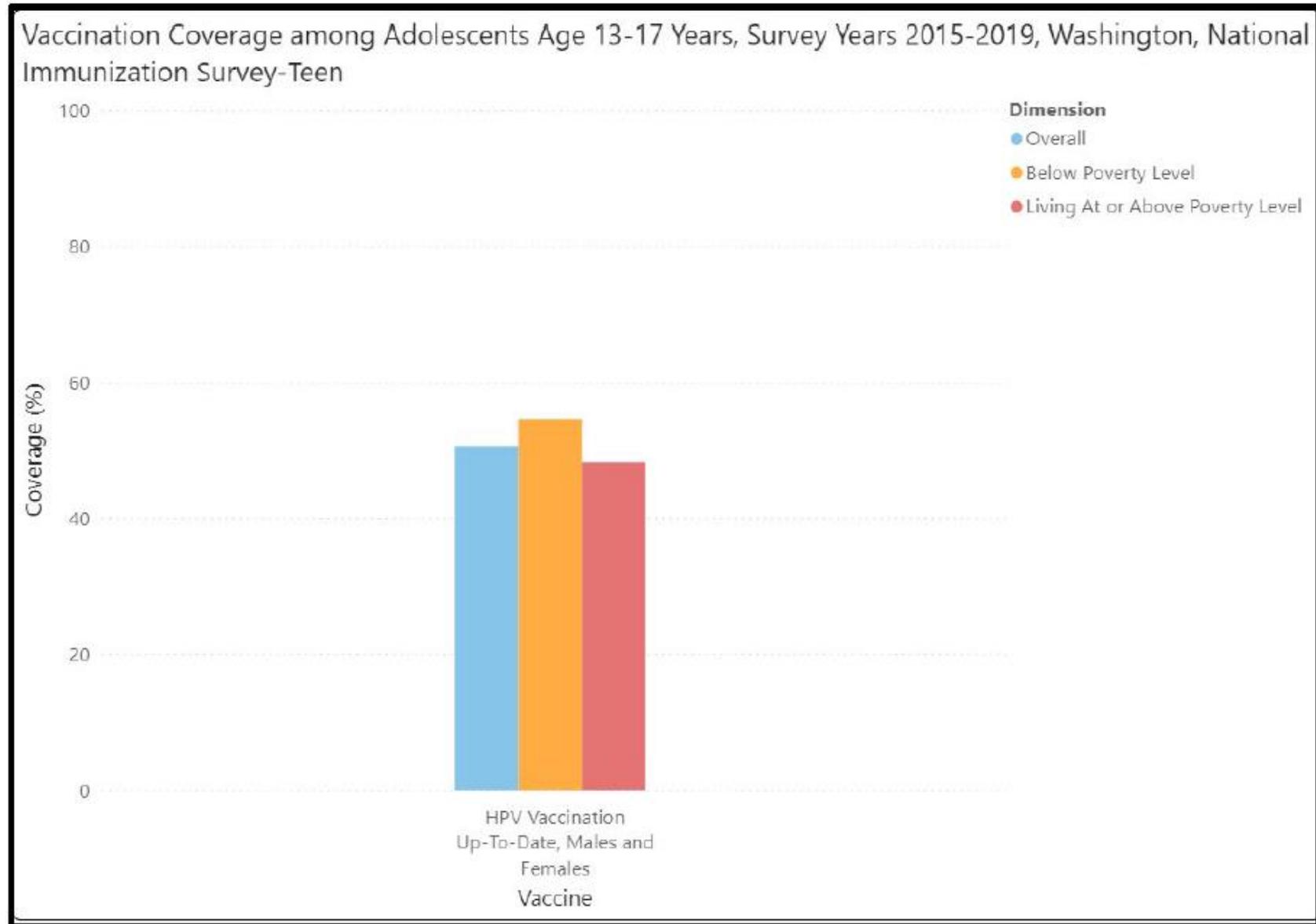
Vaccine	MSA, % (95% CI) [§]			Below poverty level, % (95% CI) [§]			At or above poverty level, % (95% CI) [§]		
	Non-MSA	MSA nonprincipal city	MSA principal city	Non-MSA	MSA nonprincipal city	MSA principal city	Non-MSA	MSA nonprincipal city	MSA principal city
	(n = 3,678)	(n = 8,409)	(n = 8,076)	(n =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



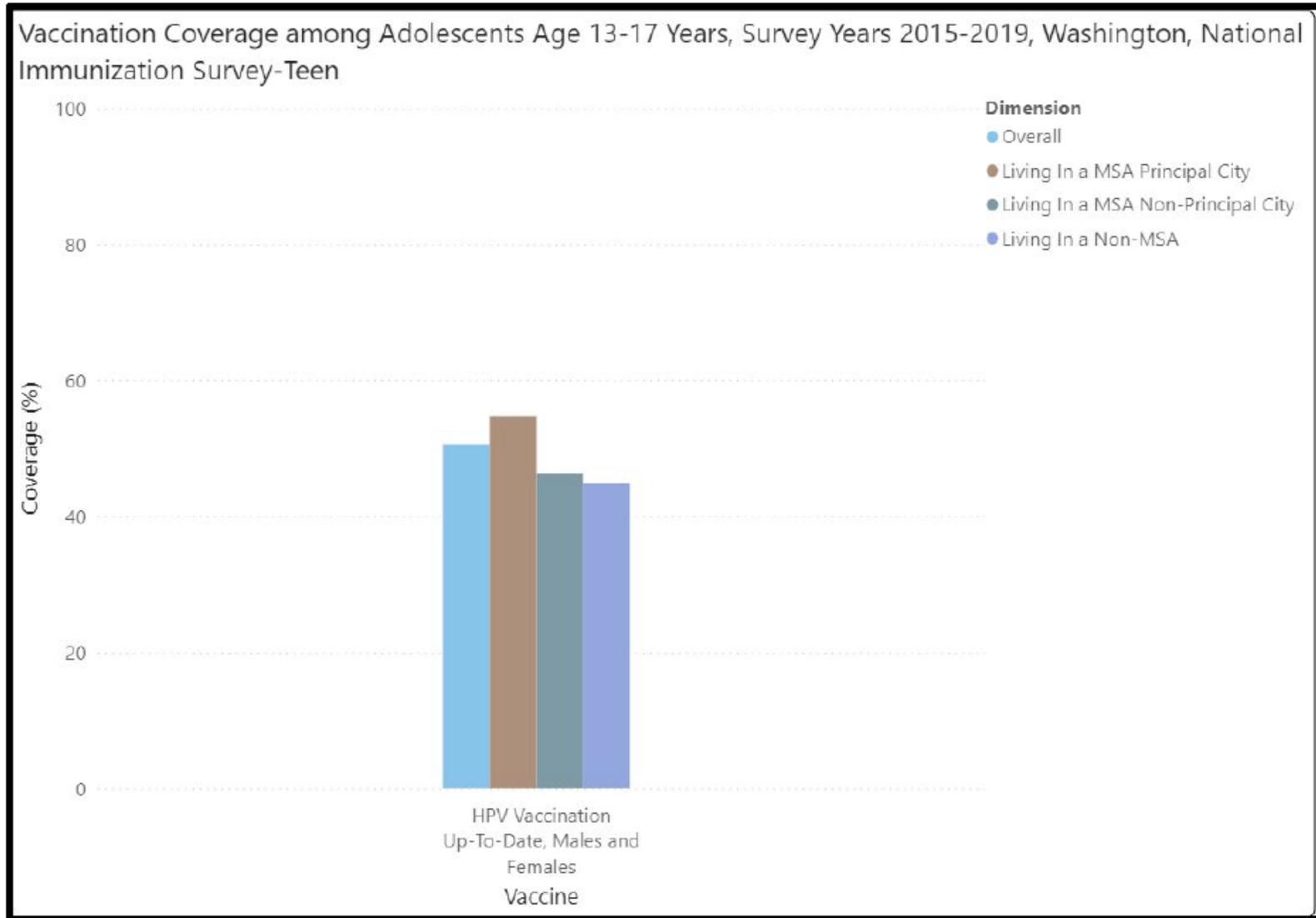
National Immunization Survey 2020



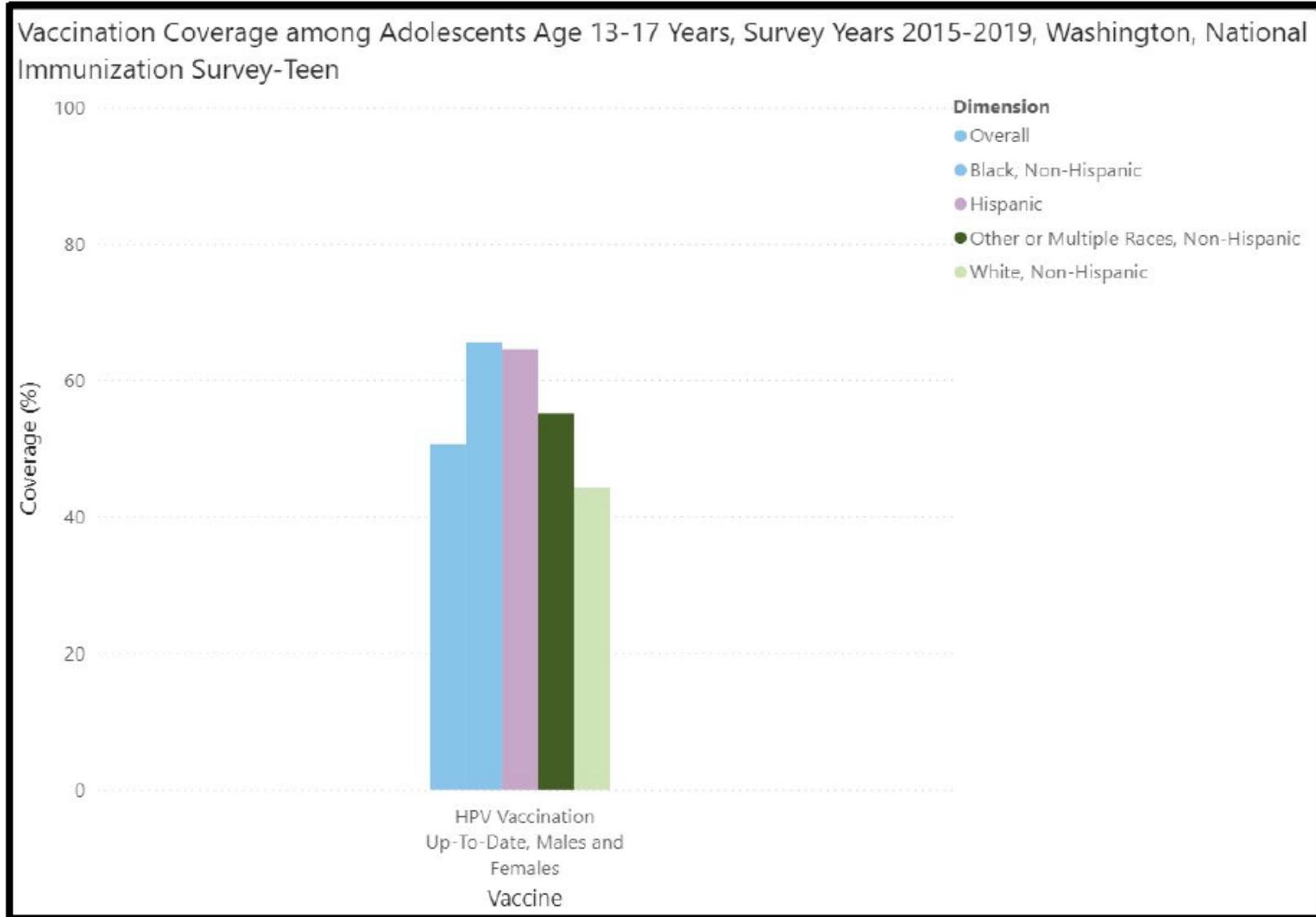
NIS Survey – WA Demographics 2015-2019



NIS Survey – WA Demographics 2015-2019



NIS Survey – WA Demographics 2015-2019



WA Dept. of Health Immunization dashboard - 2020

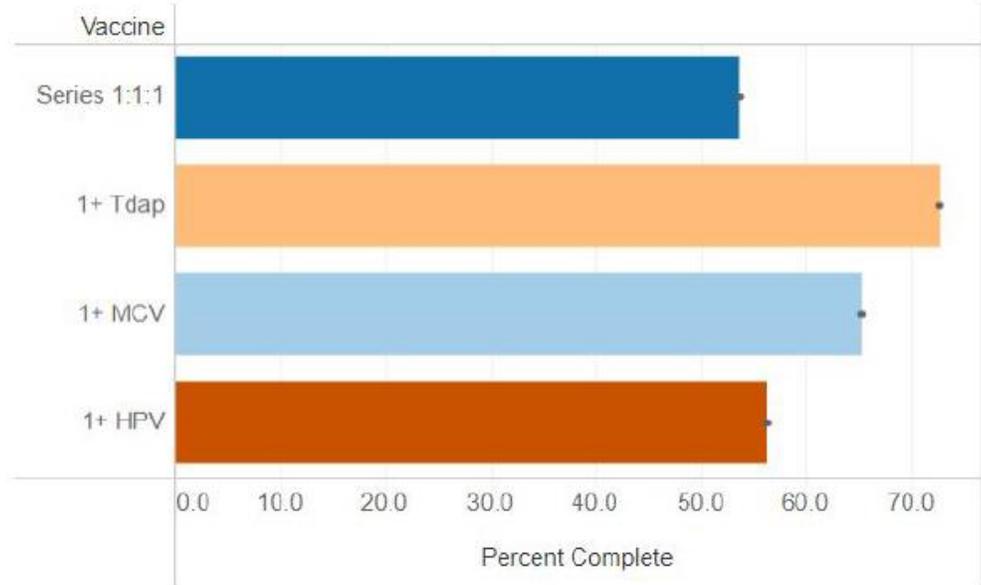
Select immunization series of interest

- Series 1:1:1
- Series 1:1:UTD

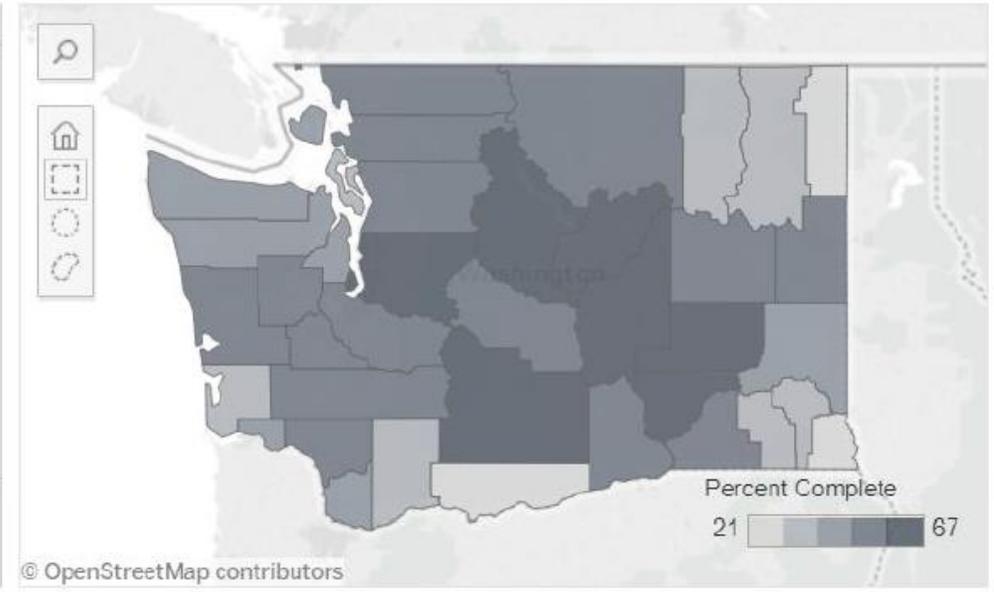
Select data year

2020

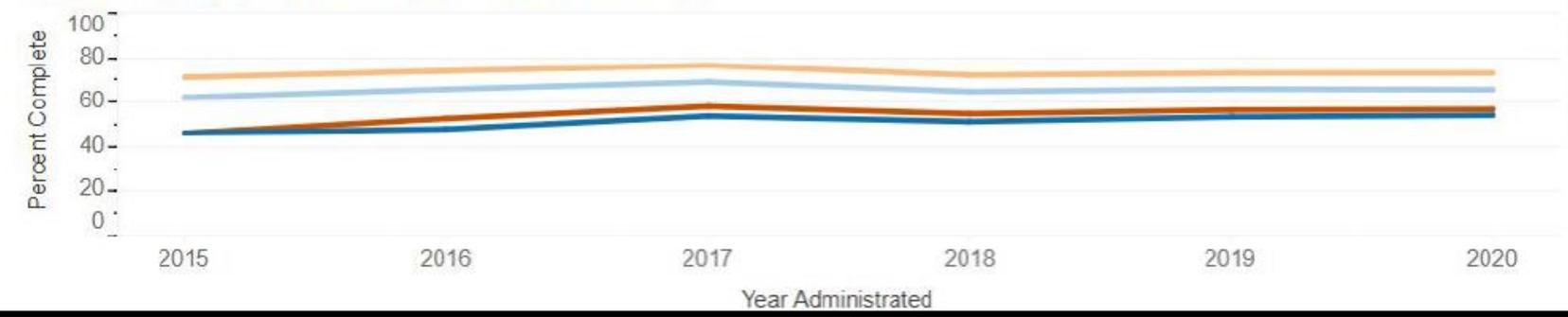
Currently Displaying: **Statewide adolescent series rates, 2020**



Currently Displaying: **Series 1:1:1, 2020**

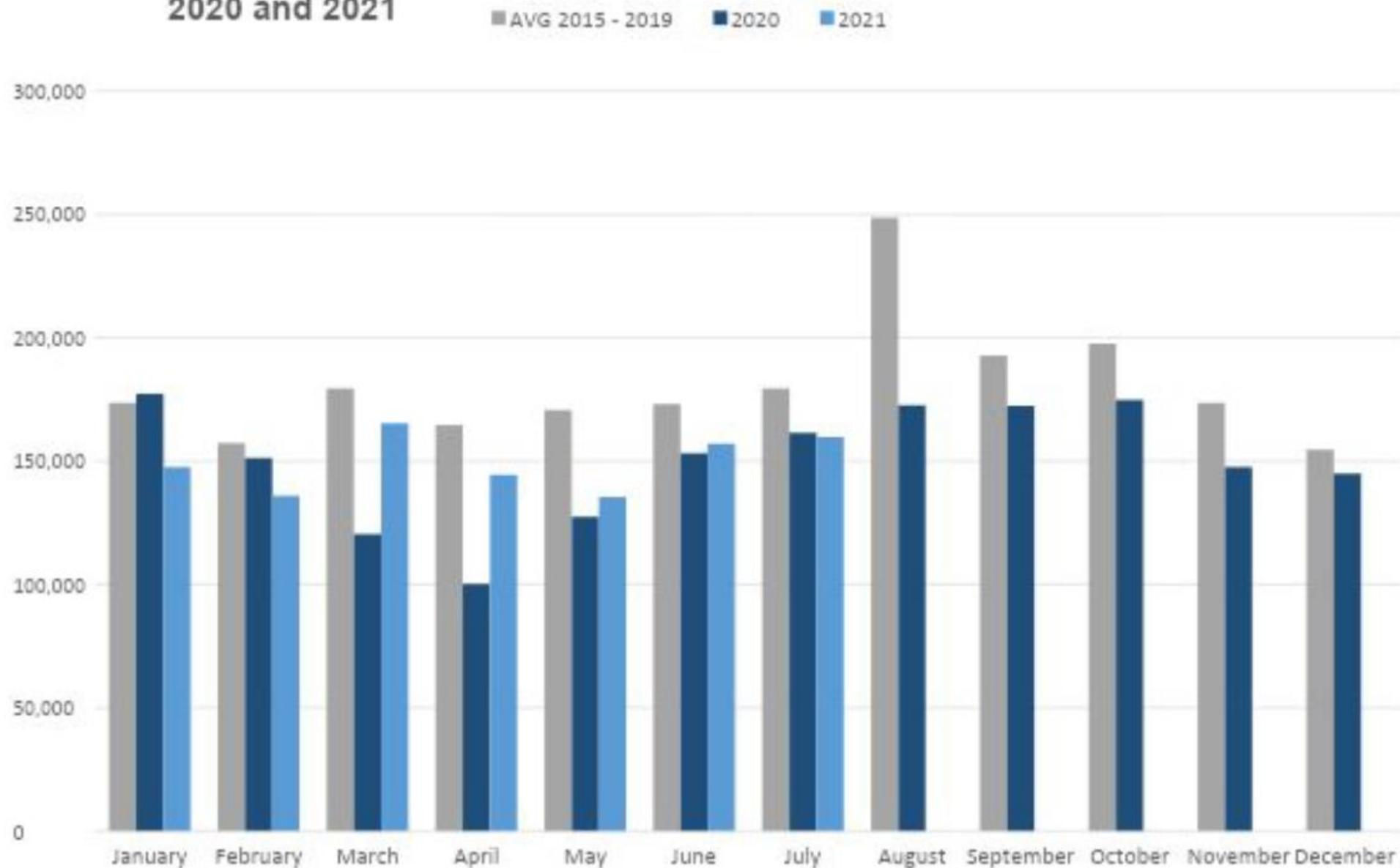


Currently Displaying: **Statewide adolescent series rates, 2015-2020**



- Legend
- Series 1:1:1
 - 1+ Tdap
 - 1+ MCV
 - 1+ HPV

Monthly Vaccines* Administered for Individuals 0 through 18 years old in Washington State Comparing Average Number in 2015-2019 with 2020 and 2021

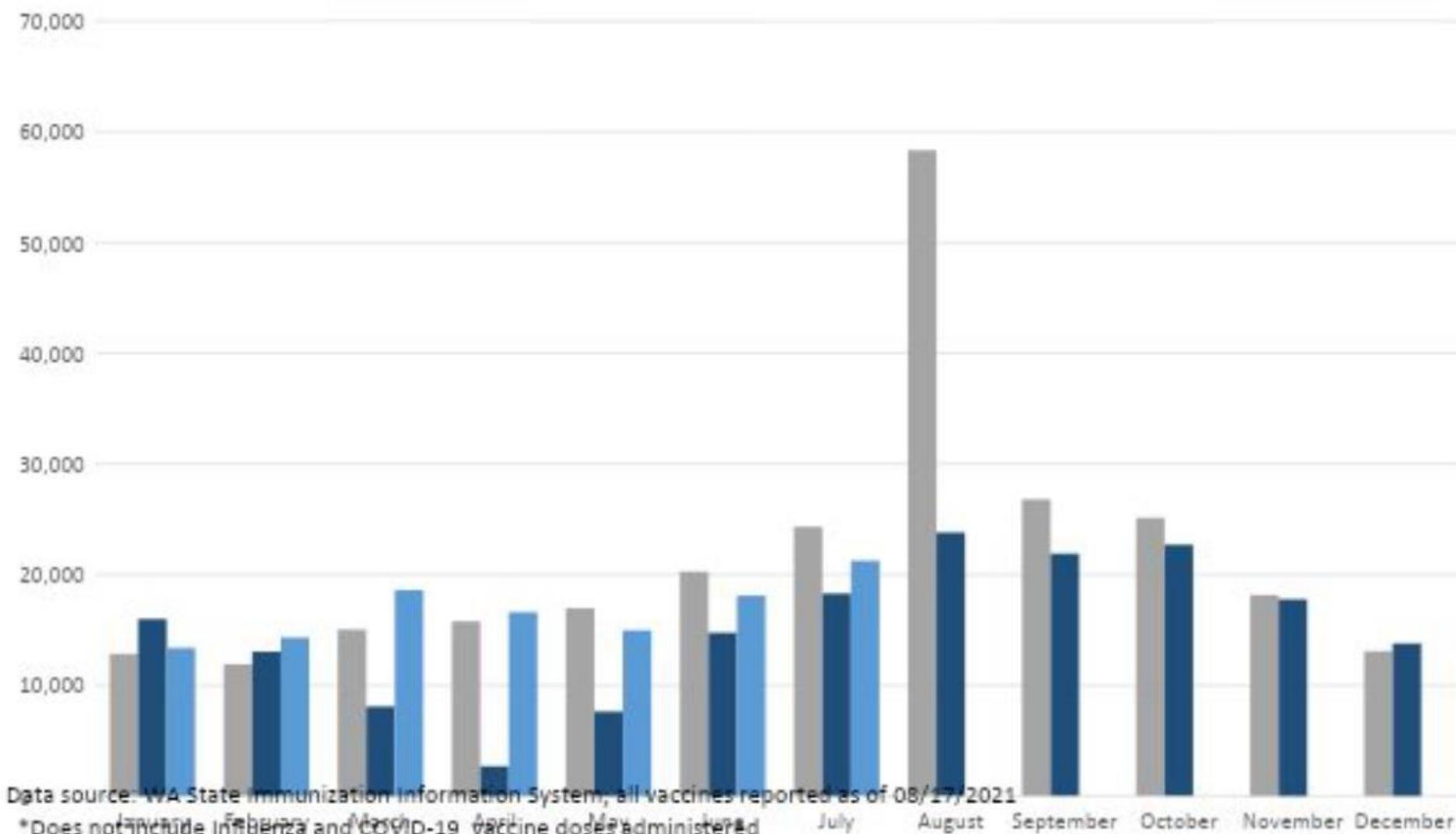


Data source: WA State Immunization Information System; all vaccines reported as of 08/17/2021

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

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

■ AVG 2015-2019 ■ 2020 ■ 2021

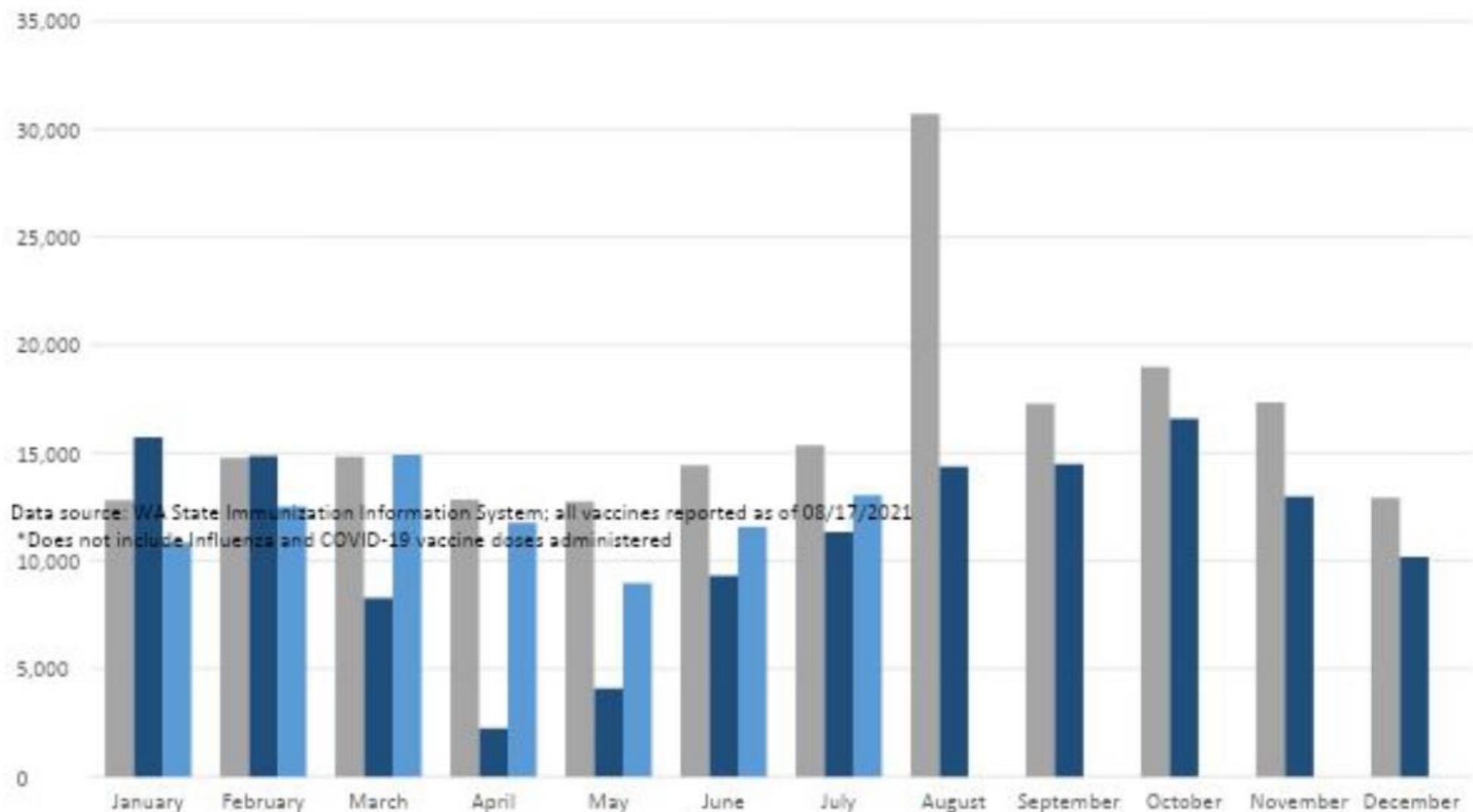


Data source: WA State Immunization Information System, all vaccines reported as of 08/17/2021

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

Monthly Vaccines* Administered to Teens 13 - 17 years old in Washington State Comparing Average Number in 2015-2019 with

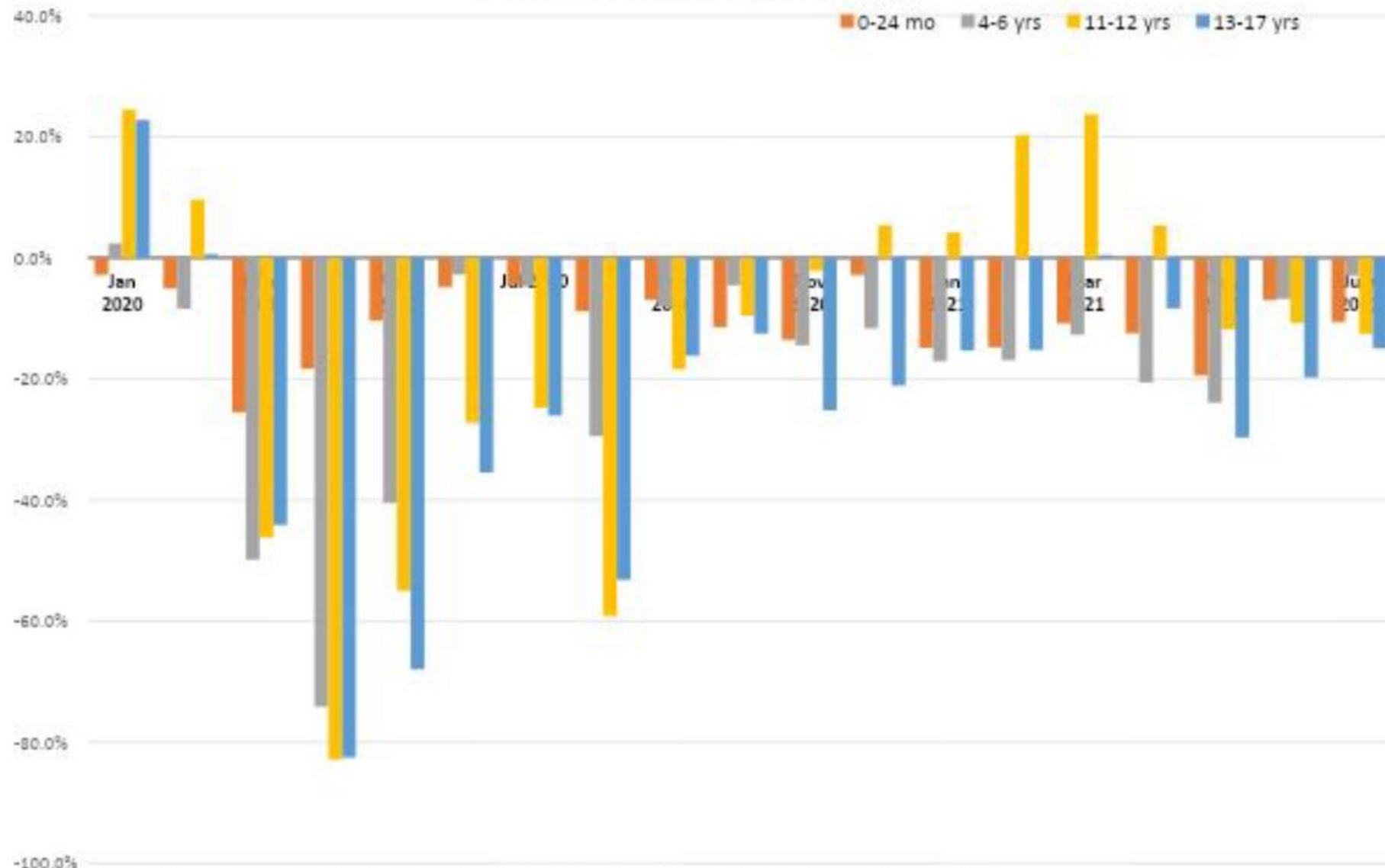
2020 2021
■ AVG 2015 - 2019 ■ 2020 ■ 2021



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

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

Monthly Percent Change in Vaccines Administered Comparing Average Number in 2015-2019 with 2020-2021, Various Age Groups, Washington State



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

Recent data shared by the DOH regarding 2020 immunizations

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

HIGHLIGHTS OF RECENT VACCINE DATA

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

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

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

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

CO-ADMINISTRATION OF COVID-19 AND OTHER VACCINES

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

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

ANY QUESTIONS?

Discussion

We want to hear from you!

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





Top Strategies to Increase Vaccination

Dr. Sherri Zorn, Pediatrician with Polyclinic

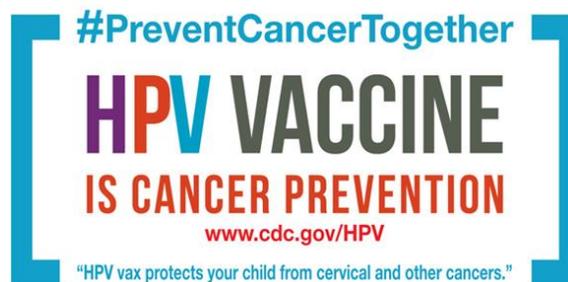
The Case for HPV at age 9

Be an Early Bird and Get the Worm



Don't wait, vaccinate!

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



No financial disclosures

HPV at age 9

- Endorsed by:
 - American Academy of Pediatrics
 - American Cancer Society
 - National HPV Vaccination Roundtable
 - Washington Department of Health
- Fits within the CDC/ACIP guidelines
 - **“Children and adults aged 9 through 26 years.** HPV vaccination is routinely recommended at age 11 or 12 years; **vaccination can be given starting at age 9 years.** Catch-up HPV vaccination is recommended for all persons through age 26 years who are not adequately vaccinated.”

Objectives

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



Polyclinic Pediatrics Part of Optum since 2019



- 11 pediatricians within a large multispecialty group
- Downtown Seattle, Washington
- Patients:
 - Racial diversity (reflective of King County): 59% White, 17% Asian, 6% Black, 3% Hispanic, <1% American Indian/Alaskan Native, 15% Other or Unknown
 - Majority are English speakers
 - ~95% have private insurance
 - ~75% are up to date with annual well child visit (pre-pandemic)
 - N=3,700 (9-17 y) as of 12.31.2020
- Awards:
 - “Immunize Washington” Gold Award, multiple years
 - “HPV Vaccine is Cancer Prevention Champion Award”, 2018, awarded by CDC, American Cancer Society and Association of American Cancer Institutes

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

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

Barriers:

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

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

Full letter available
www.WA.DOH.gov



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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

DOH 348-624 April 2017

April 20, 2017

Dear Provider,

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

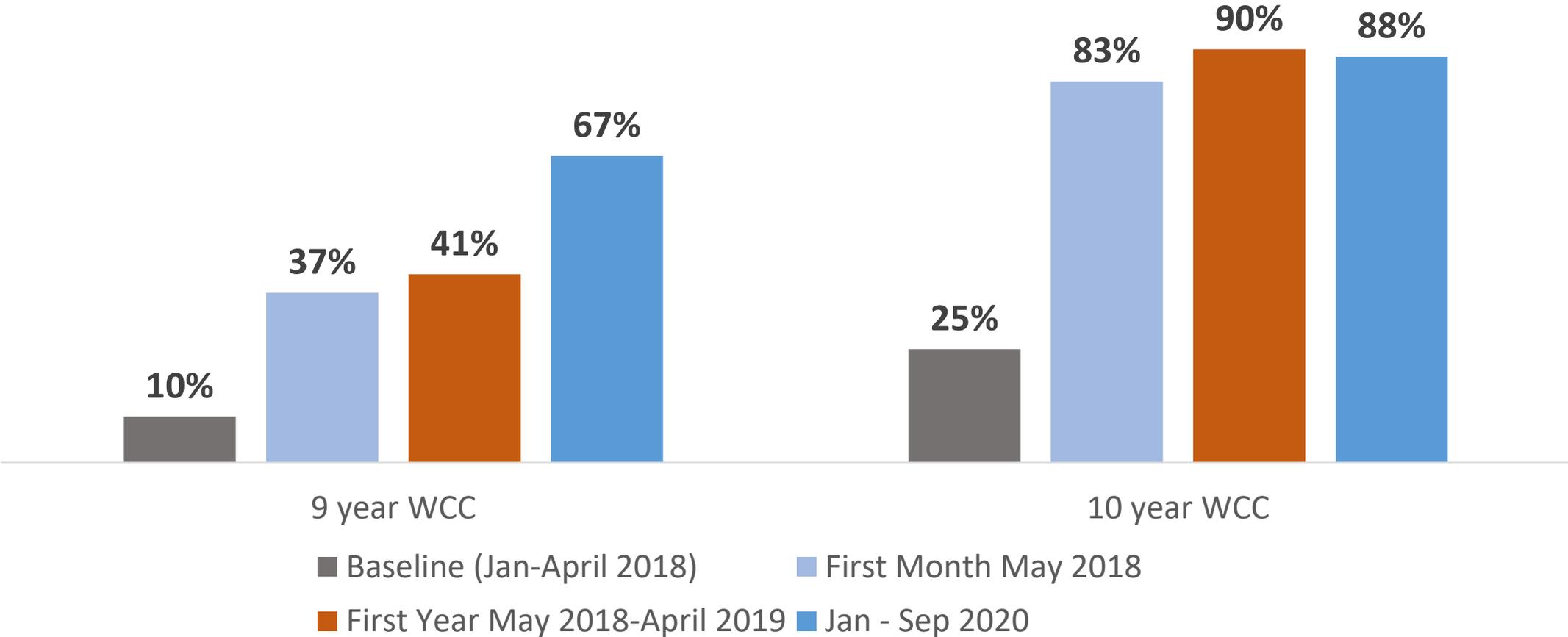
Polyclinic Pediatrics: Change to 9-10, April 2018

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

Script for an effective strong recommendation

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

HPV Vaccine administered at 9 & 10 year Well Child Visits Polyclinic Pediatrics 2018 - 2020



Our Simple Sustainable Strategy at Polyclinic

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

- Lobby Poster
- Standardized immunization schedule
- Cue cards

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

Lobby Poster

HPV Vaccine

is Cancer Prevention

Every year approximately 35,000 Americans get cancer caused by HPV infection.

HPV vaccine is recommended for all children starting at age 9 to 10 years in order to provide the best protection against HPV infection and HPV cancers. Don't wait, get your child vaccinated.

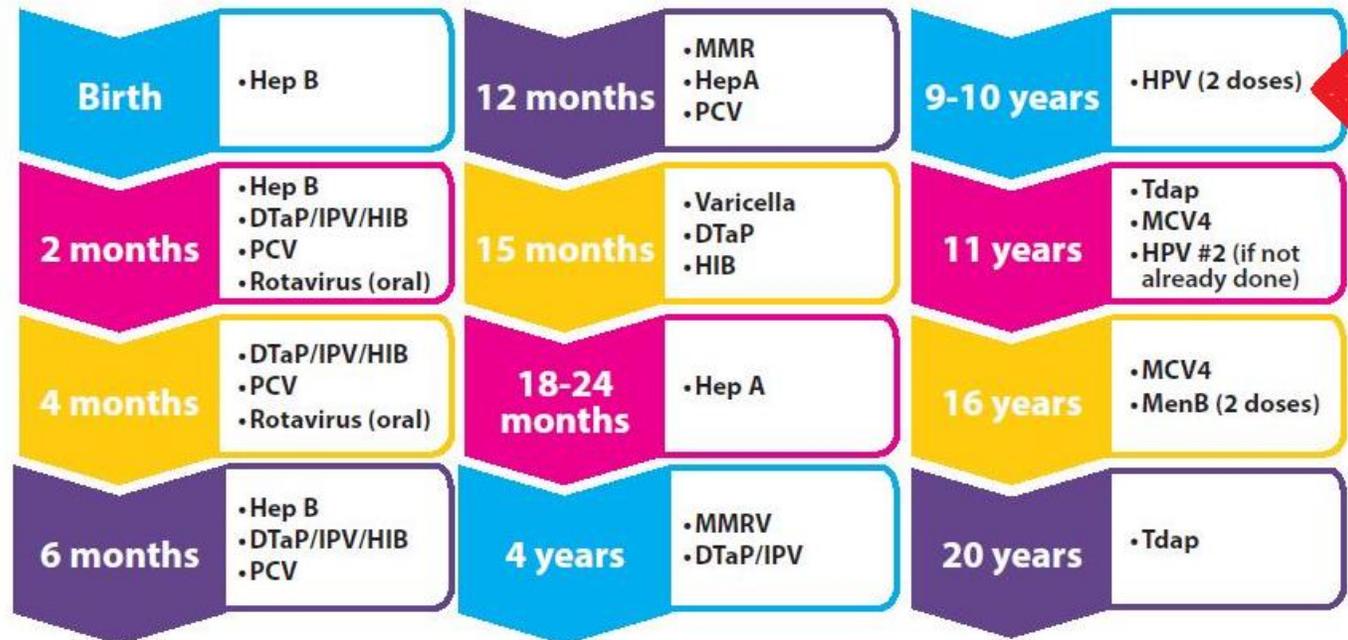
THE POLYCLINIC
Part of Optum®



Standard
Immunization
Schedule
Poster for
Exam Rooms

Is your child up to date?

Immunization Schedule: Birth to 21 years old



*We recommend an annual flu vaccine for all patients 6 months and older.

Cue Card

HPV Vaccine Facts | HPV Free WA

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

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

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

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

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



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

Few Barriers:

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

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

Outreach is still essential, but keep it simple:

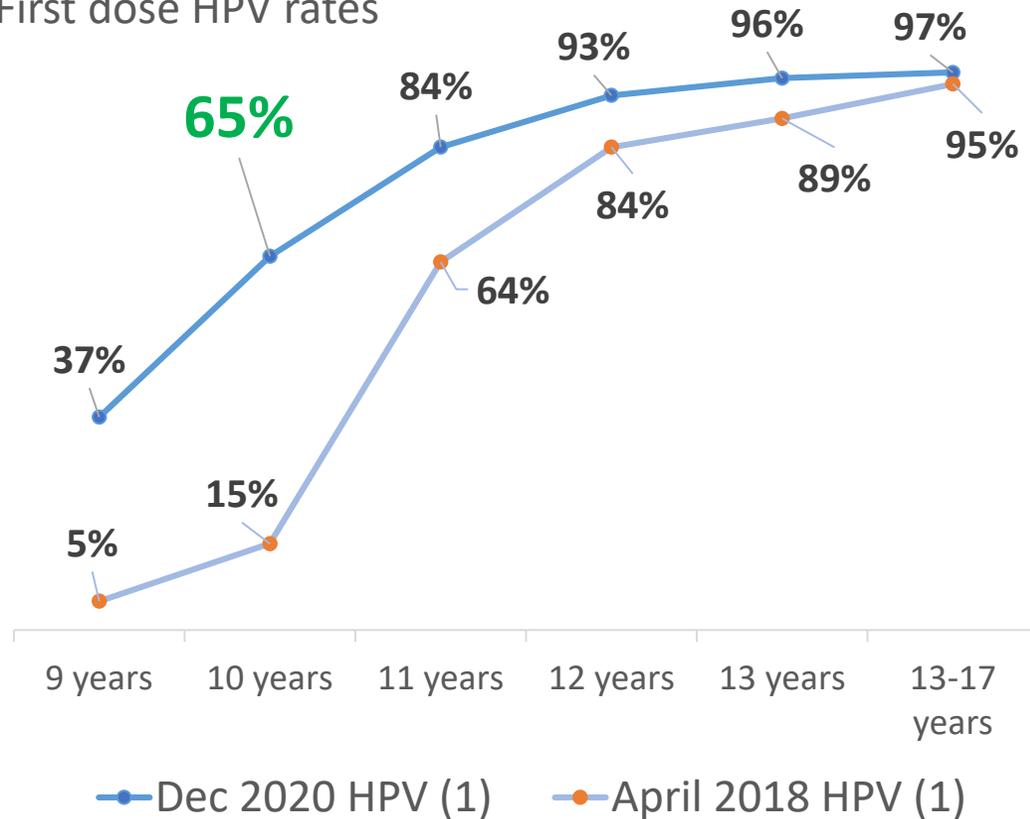
- Focus on annual well child visits (email/Mychart/phone reminders)
- Reminder letter for overdue 2nd dose, age 12-17 (very effective!)
 - Can be done through WAIS or EPIC

Starting HPV at 9-10 y: Impact on HPV vaccination rates

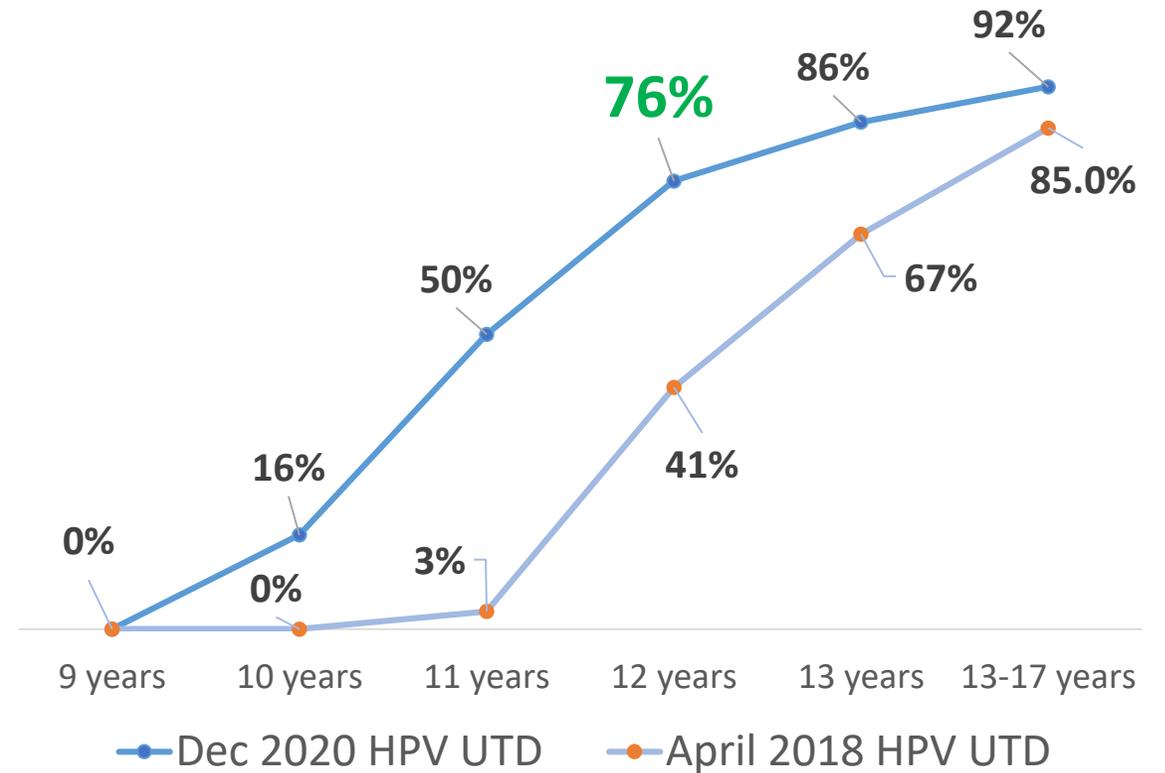
Polyclinic Pediatrics, 2018-2020

N = 3700 as of 12.31.2020 (Data from WAIS)

First dose HPV rates

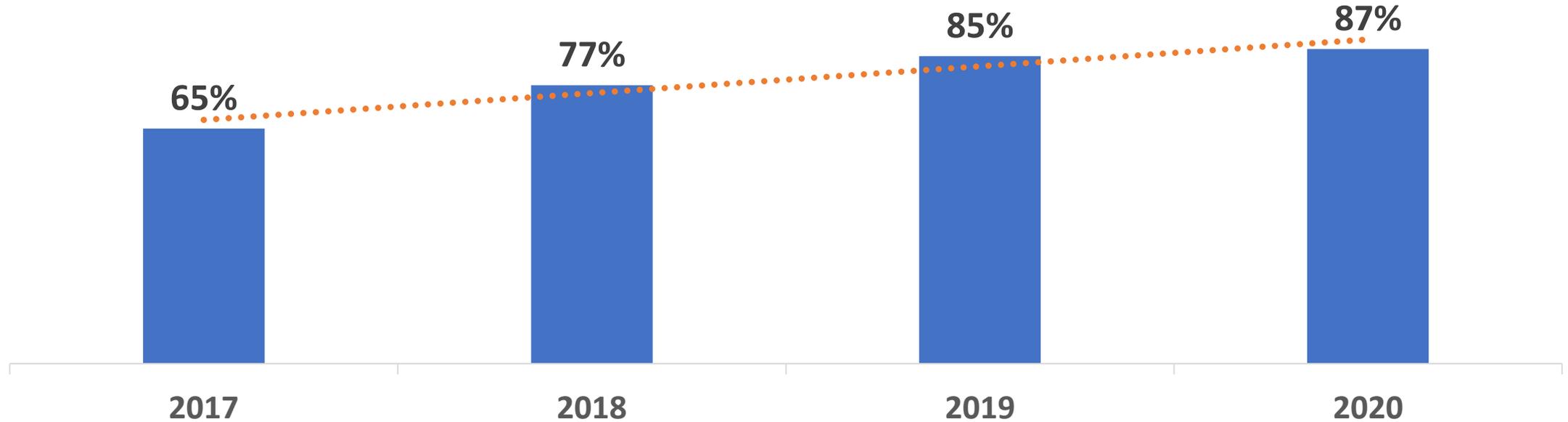


HPV series completion rates



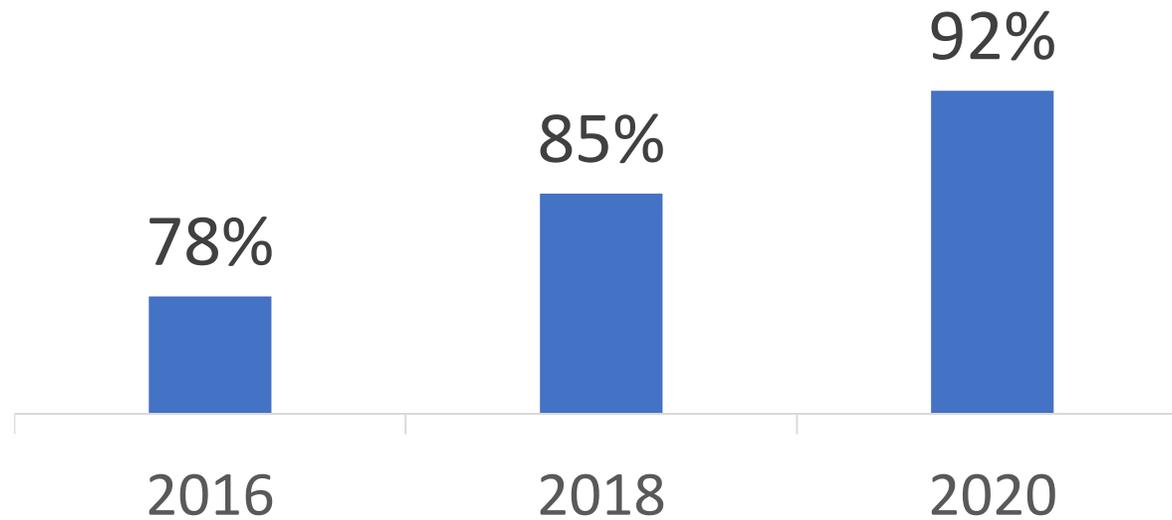
These strategies really do work!!

% UTD at age 13 (1 Tdap, 1 MCV4, HPV complete)



Polyclinic Pediatrics Madison Center (n=350-450)
Seattle, Washington

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



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

Comments from Polyclinic Colleagues

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

Published experience from Boston HPV Initiation before age 11

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

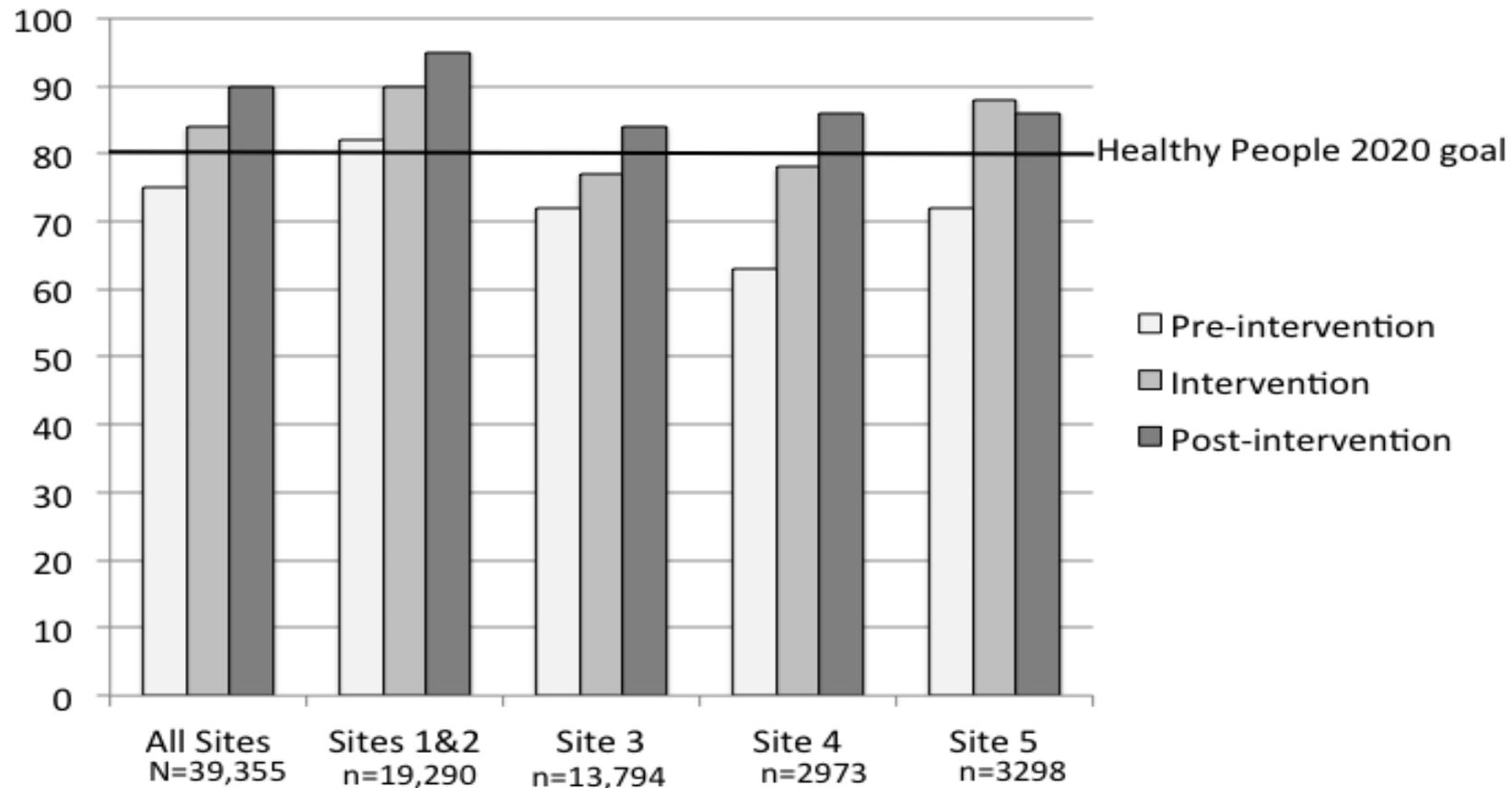
Results from Boston Study

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

Increased vaccine initiation

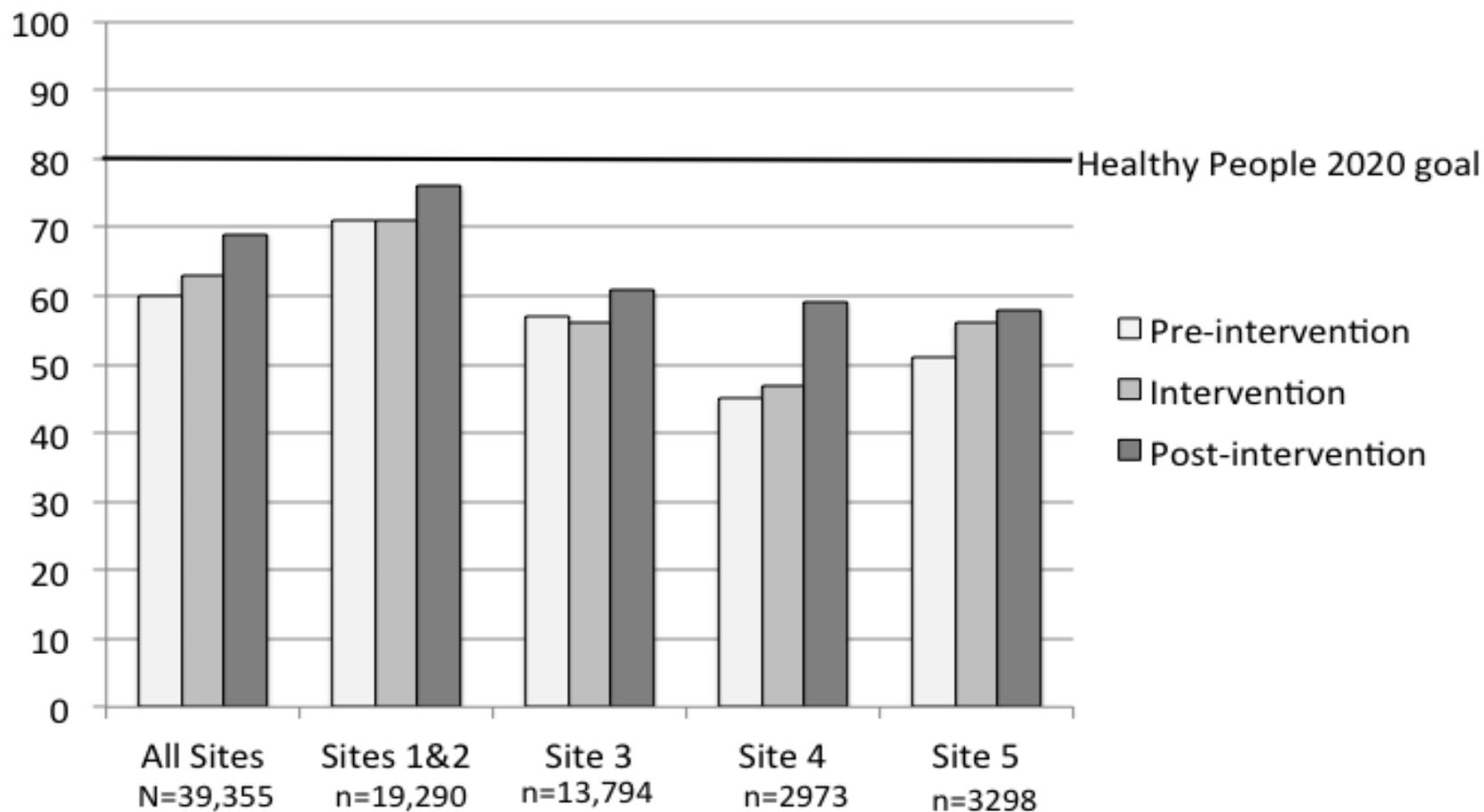
Likelihood of vaccination at an eligible visit increased by >10 percentage points

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



Increased vaccine completion

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



“Easier than I thought”

Providers' experience with vaccinating before 11, Boston Study

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

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

HPV at 9: Primary care professional survey, 2021

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

- Current practice
- Willingness to adopt
- Advantages and disadvantages

Eligibility criteria

- Vaccine provider for patients ages 11-17

National sample ($n=1,047$)

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

HPV vaccine recommendations at age 9

Current use ($n=1047$)

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



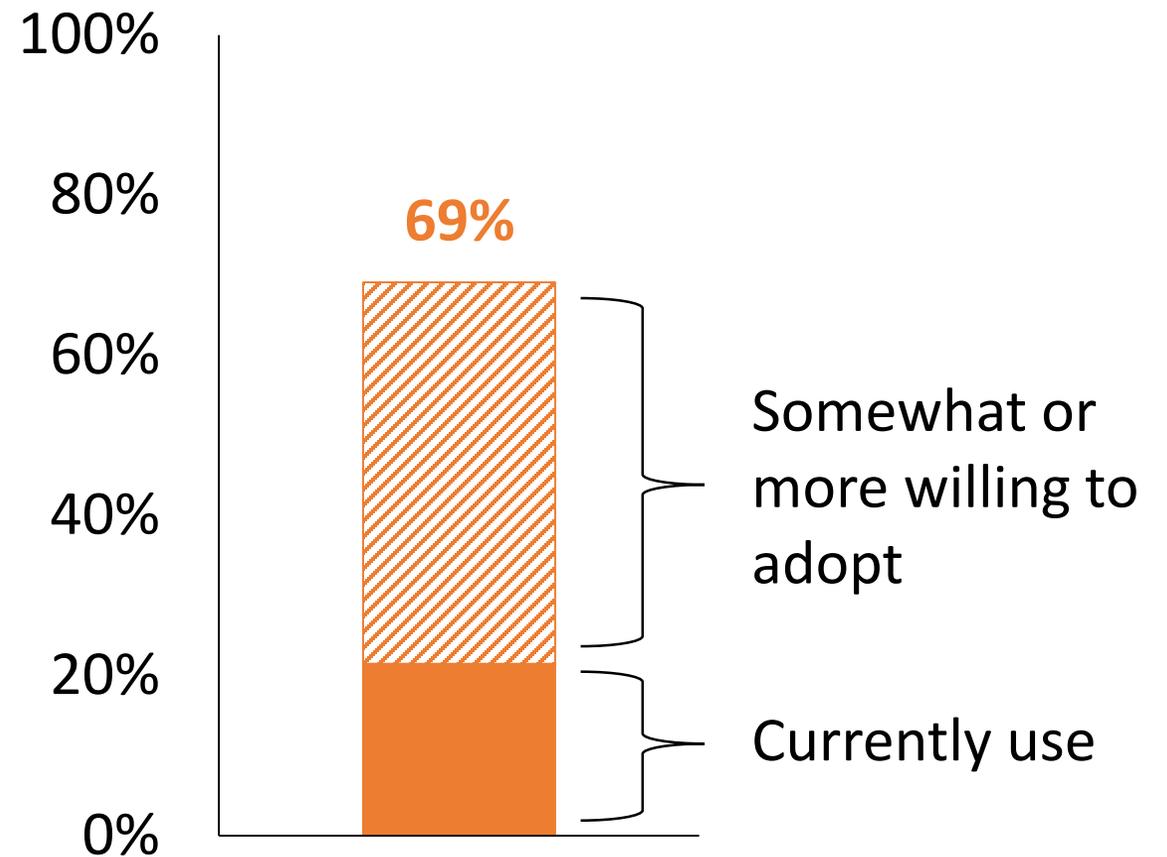
HPV vaccine recommendations at age 9

Current use ($n=1047$)

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

Willingness to adopt ($n=822$)

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



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

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

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

Follow the Path to Increasing HPV Vaccination

Take these steps for effectively recommending HPV vaccination. They will save you time and improve patient satisfaction.

- 1** **USE A PRESUMPTIVE ANNOUNCEMENT**

A presumptive announcement assumes parents are ready to vaccinate. This is an effective way to recommend adolescent vaccines, including HPV vaccine.¹

KEY ELEMENTS OF AN ANNOUNCEMENT:

 - Note child's age to cue that this is part of routine care
 - Say you will vaccinate today
 - Announce children this age are due for vaccines that prevent several diseases, placing HPV cancers in middle of list

ANNOUNCEMENT EXAMPLE
"Now that Sophia is 12, she is due for three vaccines. Today, she'll get vaccines against meningitis, HPV cancers, and whooping cough."
- 2** **ASK FOR THEIR MAIN CONCERN AND ADDRESS IT**

Connect with parents by showing you heard them. Counsel using a research-test message. Examples are available on the other side of this flyer or at hpviq.org²
- 3** **TRY AGAIN ANOTHER DAY**

Almost 70% of parents who initially declined later agree to HPV vaccine or plan to soon.³

1. Brewer, et al., 2017, Pediatrics. 2. Shah, et al., 2019, Pediatrics. 3. Kormides, et al., 2018, Academic Pediatrics. hpviq.org

Effective Responses to HPV Vaccine Concerns

1,200 parents told us these were the best messages to use when addressing their concerns.²

- AGE**

"Kids respond more strongly to HPV vaccine when they are younger. This may give better protection against some cancers."
- REQUIREMENTS**

"School requirements don't always keep up with medical science. The HPV vaccine is an important vaccine that can prevent many cancers."
- SEX**

"This really isn't about sex. The HPV vaccine is about preventing cancer."
- SAFETY**

"This vaccine is one of the most studied medications on the market. The HPV vaccine is safe, just like the other vaccines given at this age."
- GUIDELINES**

"Experts at the CDC agree that kids should get the HPV vaccine by age 11 or 12 to prevent several cancers."
- EFFECTIVENESS**

"Over 30,000 Americans get cancer from HPV every year. Most could be prevented with the HPV vaccine."

2. Shah, et al., 2019, Pediatrics. hpviq.org

Developed with funding from the Centers for Disease Control and Prevention, cooperative agreement U01HP001073-03-04.

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

Summary:

Start the HPV vaccine at age 9-10 years!

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

Are there other Early Birds?

Who else does HPV at 9 in our region?

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

Next steps for HPV at 9 in YOUR Practice:

- Educate your staff and providers, get everyone on board
- Get your office ready for HPV at 9 with great visuals!
 - Lobby poster, exam room poster, immunization schedule poster
 - Download and print from Immunity Community, WA DOH, or ACS
 - Make your own
- Start small: Try the simple strong recommendation focused on cancer prevention on your next 9 or 10 year old patient
- Change your EMR prompt to HPV at 9 (if you are able)

American Cancer Society Posters

PROTECT YOUR KIDS FROM CANCER

The HPV vaccine is cancer prevention. Vaccinate your kids - both boys and girls - starting at age 9 to protect them from Human Papilloma Virus (HPV) and the 6 types of cancer it can cause.

American Cancer Society

Learn more at cancer.org/hpv

Don't Wait to Vaccinate

American Cancer Society Mission: **HPV CANCER FREE**
cancer.org/hpv

DID YOU KNOW... The American Cancer Society recommends that boys and girls get vaccinated against HPV between the ages of **9 and 12** to help prevent six types of cancer later in life.

Age Matters
When you vaccinate your child on time, you help protect them from HPV cancers. HPV vaccination works best when given before age 13. **Vaccination at the recommended ages will prevent more cancers than vaccination at older ages.**

Cancer Prevention Decreases as Age at Vaccination Increases

On Time
Ages 9-12
2 Doses
6-12 months apart

Late
Ages 13-14
2 Doses
6-12 months apart

Late - Extra Dose
Ages 15-26
3 Doses
1st dose at visit one
2nd dose 12 months later
3rd dose 6 months after 1st dose

This tool was supported in part by Centers for Disease Control and Prevention Cooperative Agreement Number NH23IP000953-03.
©2010 American Cancer Society, Inc. No. 000229 Rev. 5/20

Immunization Schedule Poster

HPV at 9-10

ADOLESCENT IMMUNIZATION SCHEDULE

At a Glance

Adolescents (ages 7-18) need several vaccines to protect against HPV cancers, meningococcal disease, tetanus, whooping cough, influenza and other serious diseases, according to national guidelines.

AGE	IMMUNIZATIONS
9-10	HPV dose 1 HPV dose 2 (6 – 12 months after dose 1)
11-12	MCV4 dose 1 Tdap (one dose) HPV (if 2 doses haven't already been completed)
16	MCV4 dose 2 MenB dose 1 MenB dose 2 (1-2 months or 6 months after dose 1, depending on brand)
YEARLY	Flu Vaccine

This document is based on materials originally created by the Washington State Department of Health.

See full schedule at
[cdc.gov/vaccines](https://www.cdc.gov/vaccines)

Insert Clinic Logo

WA DOH Materials

Poster (English and Spanish)

Protect your child against viruses that can cause cancer.



HPV vaccine can be given starting at age 9. It protects boys and girls against cancers caused by the human papillomavirus.

2 reasons for 2 doses at 9: HPV vaccines are safe and develop better immunity when given at younger ages, producing the most infection-fighting cells, or antibodies, in preteens. It is highly effective in preventing infection from certain types of HPV when given before a person is exposed to the virus.

When your child turns 9, ask your healthcare provider about protecting them from cancer with the HPV vaccine. [Learn more at www.doh.wa.gov/hpv](http://www.doh.wa.gov/hpv).

Only TWO doses of HPV vaccine are needed for most kids who start the series at ages 9 - 14. THREE doses are needed for those starting at 15 - 26.

At least 34,800 people in the U.S. get cancer caused by HPV each year.

The 2 most common cancers caused by HPV are cervical cancer in women and mouth/throat cancer in men.



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. DOH 348-612 January 2020

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

Pamphlet (English)



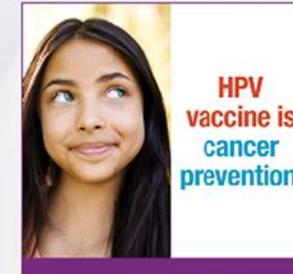
You have the power to protect your kids from certain cancers.

HPV vaccine is important because it protects against cancers caused by the human papillomavirus (HPV). HPV vaccines are safe and highly effective in preventing infection from certain types of HPV when given before a person is exposed to the virus.

Parents are the key to protecting adolescents from HPV. Talk with your child's healthcare provider about the HPV vaccine and make an appointment today.



34,800 people get cancer caused by HPV each year in the U.S.



HPV Vaccine

Protect your child against viruses that can cause cancer

Resources

Washington State Department of Health: www.doh.wa.gov/hpv

Centers for Disease Control and Prevention: www.cdc.gov/hpv

Family Health Hotline: 1-800-322-2588

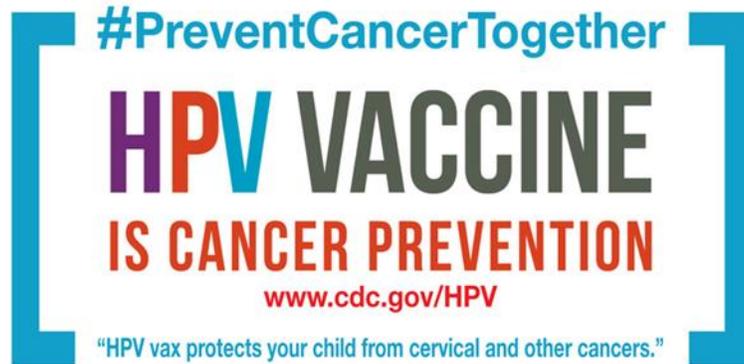
Washington State Local Health Departments and Districts: www.doh.wa.gov/localhealth



DOH 348-516 January 2020
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.

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

Be the Early Bird, Vaccinate at 9!



Thank you for doing your part to prevent
HPV Cancers

Interactive Polling



Final Thoughts

Acknowledgements

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

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

Thank you for doing your part to prevent
HPV Cancers

Please complete our survey!

