

National
HPV
Vaccination Roundtable

Best Practices Task Group

National HPV Vaccination Roundtable Meeting





Goal

- Plan the format and content of three panel sessions during the Roundtable Meeting
 - How could we build on what we learned from the Roundtable meeting and the Best and Promising Practices Conference from August 2016?



Priority Research Gaps

Social Media

Increase vaccine confidence via SM #1 (38 votes)

Address SM rumors #4 (25 votes)

Address concerns and hesitancy #8 (16 votes)

Slide courtesy of Shannon Stokley



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Provider

Get providers to attend in-clinic QI efforts #2 (36 votes)

Intervene w/entire med team #6 (22 votes)

Increase uptake at acute visits #10 (14 votes)



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Health System

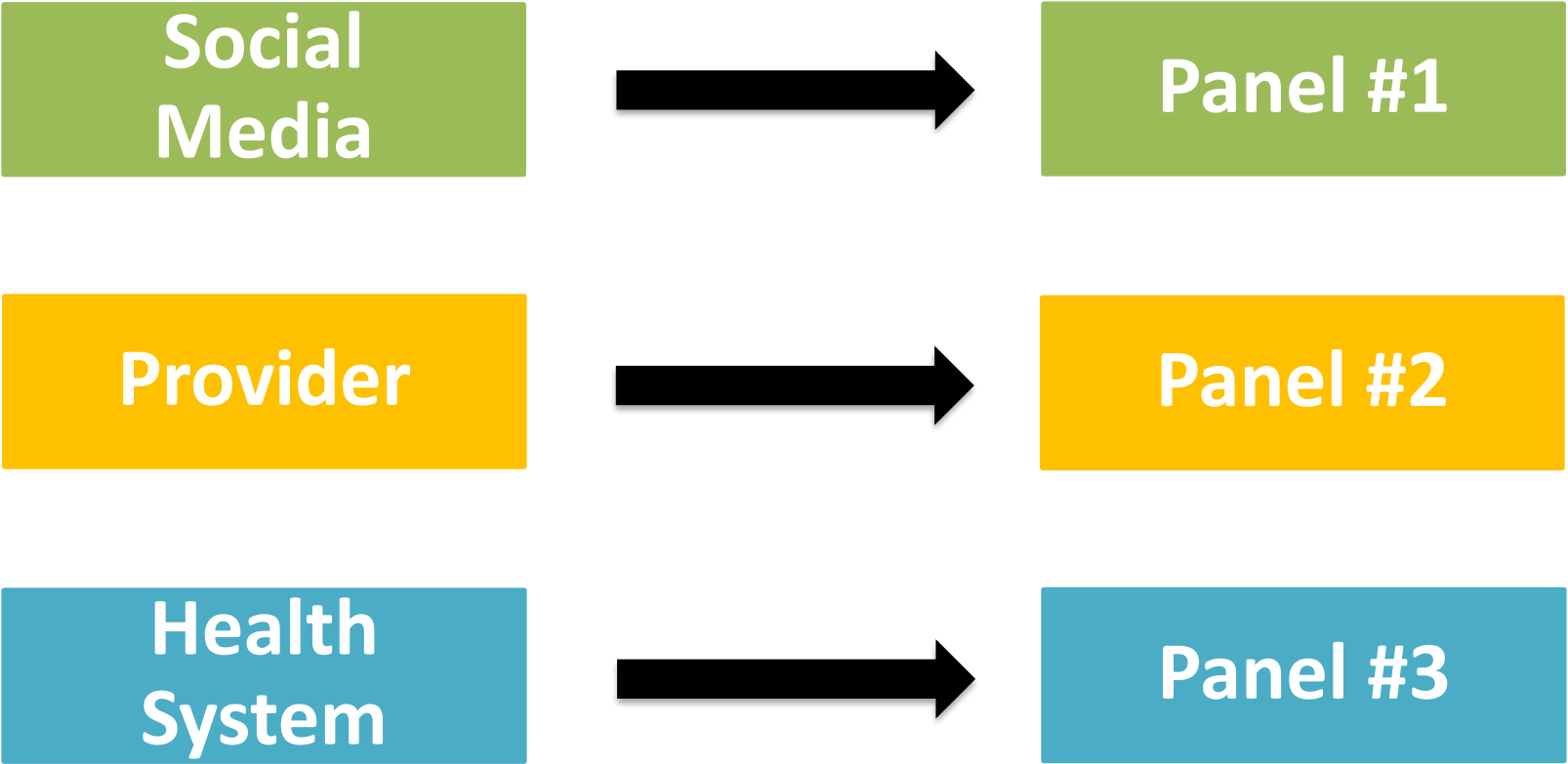
Best practices for health insurers #3 (27 votes)

Connecting IIS and EHR #5 (25 votes)

Large health system strategies #11 (10 votes)



Panel Sessions





Dissemination

- Publication in *Academic Pediatrics*
 - Online release date scheduled for early March
- Presented at 2017 EUROGIN conference

Advancing HPV Vaccine Delivery: 12 Priority Research Gaps

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From the College of Medicine, The Ohio State University (Dr Reiter), Columbus; Feinberg School of Medicine, Northwestern University (Dr Gerend), Chicago, Ill; Harvard Medical School and Harvard Pilgrim Health Care Institute, Harvard University (Dr Gilkey), Boston, Mass; School of Medicine, Boston University (Dr Perkins), Mass; American Cancer Society (Dr Saslow), National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (Dr Stokley), Atlanta, Ga; University of Texas Southwestern Medical Center and Simmons Comprehensive Cancer Center (Dr Tiro), Dallas; School of Medicine, Indiana University (Dr Zimet), Indianapolis; and Gillings School of Global Public Health, University of North Carolina (Dr Brewer), Chapel Hill. P.L. Reiter has received research grants from Merck and Cervical Cancer-Free America, via an unrestricted educational grant from GlaxoSmithKline. G.D. Zimet has been an investigator on investigator-initiated human papillomavirus research funded by Merck and Roche and received travel support from Merck to present research findings at a scientific meeting. N.T. Brewer has served on paid advisory boards for Merck and received research grants from Merck and Pfizer. The remaining authors have no conflicts of interest to disclose. Address correspondence to Paul L. Reiter, PhD, Division of Cancer Prevention and Control, College of Medicine, The Ohio State University, 1590 North High St, Suite 525, Columbus, OH 43201 (e-mail: Paul.Reiter@osumc.edu).

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THE HUMAN PAPILLOMAVIRUS (HPV) vaccine has been available in the United States for a decade, yet vaccination coverage remains modest. A recent review identified numerous interventions for increasing HPV vaccination,¹ but effects were small and evidence was often insufficient to identify best practices. The National HPV Vaccination Roundtable sponsored a 1-day national meeting in 2016 on best and promising practices in HPV vaccine delivery, in part to identify important research gaps.

Meeting attendees were HPV vaccine delivery experts including scientists, clinicians, and other stakeholders. Approximately 100 people attended in-person and approximately 400 additional people streamed the meeting online (livestream.com/ACS/events/5892004). Throughout the meeting, the meeting facilitators encouraged attendees to identify gaps that future research should address and write them on display boards (or send via e-mail or Twitter). Facilitators did not provide attendees with a predefined list of gaps. Attendees identified a total of 33 gaps (Table). In-person attendees voted for up to 5 gaps they believed were top priorities. We categorized the gaps into themes. The 12 gaps that received the most votes generally fit into these themes: 1) social media and vaccine confidence, 2) health care provider interventions, or 3) system-level approaches. Two gaps in the top 12 that did not fit these themes were determining what interventions work in rural areas (gap 7) and the effect of survivor testimonials (gap 9).

SOCIAL MEDIA AND VACCINE CONFIDENCE

Many attendees prioritized the gaps of how to increase HPV vaccine confidence by intervening in social media

stories about vaccine side effects and other misinformation have proliferated through antivaccination groups on social media.² Even if unfounded, this negative publicity can confuse and frighten parents, lead health care providers to incorrectly assume that parents might not value HPV vaccination, and create the perception among providers that conversations about HPV vaccination will be difficult. It is important to understand how best to leverage social media to counter the negative publicity and promote HPV vaccination. This includes determining which negative stories require a response, when and how the response should take place, and which organizations should issue the response.

Attendees prioritized the gap of how to address parents' concerns and hesitancy about HPV vaccine (gap 8). Working groups at the World Health Organization and the US National Vaccine Advisory Committee have also identified this as a priority. However, relatively few interventions have been explicitly designed to address vaccine hesitancy and there is limited evidence on the effectiveness of such interventions.³

HEALTH CARE PROVIDER INTERVENTIONS

Attendees prioritized several gaps involving health care providers, whose recommendations to vaccinate are central to increasing HPV vaccination. This included how to encourage providers to attend in-clinic quality improvement interventions (gap 2), such as Assessment, Feedback, Incentives, and eXchange visits recommended by the Centers for Disease Control and Prevention. Assessment, Feedback, Incentives, and eXchange visits for adolescent

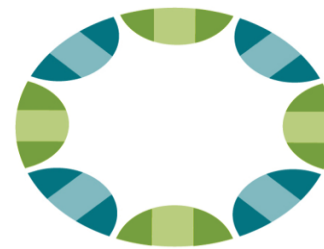


Task Group Members

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Thank you!



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