



HPV Vaccination Best Practices: Announcement Approach Training

2024 HPV Learning Program

March 7, 2024



Welcome

Melissa Santiago

HPV Program Manager, Interventions & Implementation
American Cancer Society



HPV Vaccine Best Practices: The Announcement Approach Training

March 7, 2024

CME Learner Information

Accreditation Statement



In support of improving patient care, this activity has been planned and implemented by Indiana University School of Medicine and Indiana Immunization Coalition. Indiana University School of Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Pharmacists

Indiana University School of Medicine designates this live activity for ACPE UAN 1.0 *ACPE contact hours*. Pharmacists should only claim credit commensurate with the extent of their participation in the activity. Credit will be provided to NABP CPE Monitor within 60 days after the activity completion.

Physicians

Indiana University School of Medicine designates this live material activity for a maximum of 1.0 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Summary

Indiana University School of Medicine (IUSM) policy ensures that those who have influenced the content of a CE activity (e.g. planners, faculty, authors, reviewers and others) disclose all financial relationships with any ineligible companies so that IUSM may identify and mitigate any conflicts of interest prior to the activity. All educational programs sponsored by Indiana University School of Medicine must demonstrate balance, independence, objectivity, and scientific rigor.

There are no relevant financial relationship(s) with ineligible companies for anyone who was in control of the content of this activity except: Noel Brewer, PhD has disclosed consulting fee from WHO. He has also disclosed consulting fee from Merck and Company, Inc, Noravax, Sanofi-Aventis, and Moderna that all relationships have ended in past year.

All of the relevant financial relationships listed for this individual has been mitigated.

The activity evaluation will be sent via email. Within 30-60 days following the activity, learners will receive a separate email with instructions on how to obtain proof of participation in this IUSM activity. For questions and concerns, please contact IU School of Medicine, Division of Continuing Education in Healthcare Professions, 317-274-0104, or cehp@iu.edu



SCHOOL OF MEDICINE

INDIANA UNIVERSITY

HPV Webinar Series –The Announcement Approach Nursing Continuing Professional Development (NCPD) Contact Hours

Contact hours are being awarded for this webinar as a joint partnership between the Indiana Immunization Coalition (IIC) an approved provider by the American Nurses Credentialing Center (ANCC), American Cancer Society, UNC Gillings School of Global Public Health and the National HPV Vaccination Roundtable.

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An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Criteria for Successful Completion

Participants must attend the entire meeting and submit a completed evaluation via survey monkey after the event.

CNA Approval

Indiana Immunization Coalition is approved as a provider of nursing continuing professional development by Colorado Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Nurses to receive 1 contact Hour and your CNE certificate, please complete the survey at the link below:

<https://www.surveymonkey.com/r/HPVAnnouncement2024>

For questions about CNE or content, please email Lori@vaccinateindiana.org



Objectives

- 1 **Describe the benefits of the Announcement Approach Training (AAT)**
- 2 **Name the steps of the Announcement Approach to HPV vaccine communication**
- 3 **Plan for hosting an AAT workshop in their system or clinic**



Agenda

- 1 Welcome & Agenda Review**
Melissa Santiago, American Cancer Society
- 2 The Announcement Approach**
Dr. Jessica Young & Dr. Noel Brewer, University of North Carolina
- 3 Q&A**
Dr. Jessica Young & Dr. Noel Brewer, University of North Carolina
- 4 National HPV Vaccination Roundtable**
Christina Turpin, National HPV Vaccination Roundtable
- 5 Closing Remarks & Next Steps**
Melissa Santiago, American Cancer Society



Today's Speakers



Jessica Young MD, MPH
University of North Carolina



Noel Brewer PhD
University of North Carolina



Christina Turpin
*ACS National HPV
Vaccination Roundtable*



Effective HPV vaccine communication: Release of the updated Announcement Approach Training

Jessica Young, MD, MPH

Clinical Assistant Professor
Division of General Pediatrics & Adolescent Medicine
Associate Program Director
Preventive Medicine Residency

Noel Brewer, PhD

Distinguished Professor
Department of Health Behavior
Gillings School of Global Public Health



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

Disclosures



This webinar was coordinated by UNC and ACS

The Announcement Approach Training was developed with funding from the National Cancer Institute (PI: Noel Brewer, P01CA250989)

Dr. Brewer has been a paid consultant for CDC, Merck, Moderna, Novavax, Sanofi, and WHO

Dr. Young reports no conflicts of interest

Desired outcome

Encourage healthcare systems to lead HPV vaccine communication trainings in their clinics

ACTIVITIES

- ✓ Review the Announcement Approach Training (AAT)
- ✓ Discuss AAT updates
- ✓ Share AAT success stories
- ✓ Participate in Q&A

A photograph showing a doctor in a white coat with a stethoscope around his neck, looking towards a young girl and her mother. The girl is smiling and looking at the doctor, while the mother looks on attentively. The scene is set in a clinical or hospital environment.

Announcement Approach Training

What is the AAT?

- Training on effectively recommending HPV vaccine
- For providers and nursing staff
- 60 minutes, in-clinic
- Led by person with experience providing HPV vaccine
- NCI-designated best practice

Available materials



Script and slides



Demo videos



Flier

AAT benefits

Benefits to clinical staff

- Boosts HPV vaccine uptake by 5%
- Simplifies discussions and saves time
- Increases patient satisfaction
- Is equally effective for nurses

**Recommend using
presumptive announcements**



American Academy
of Pediatrics



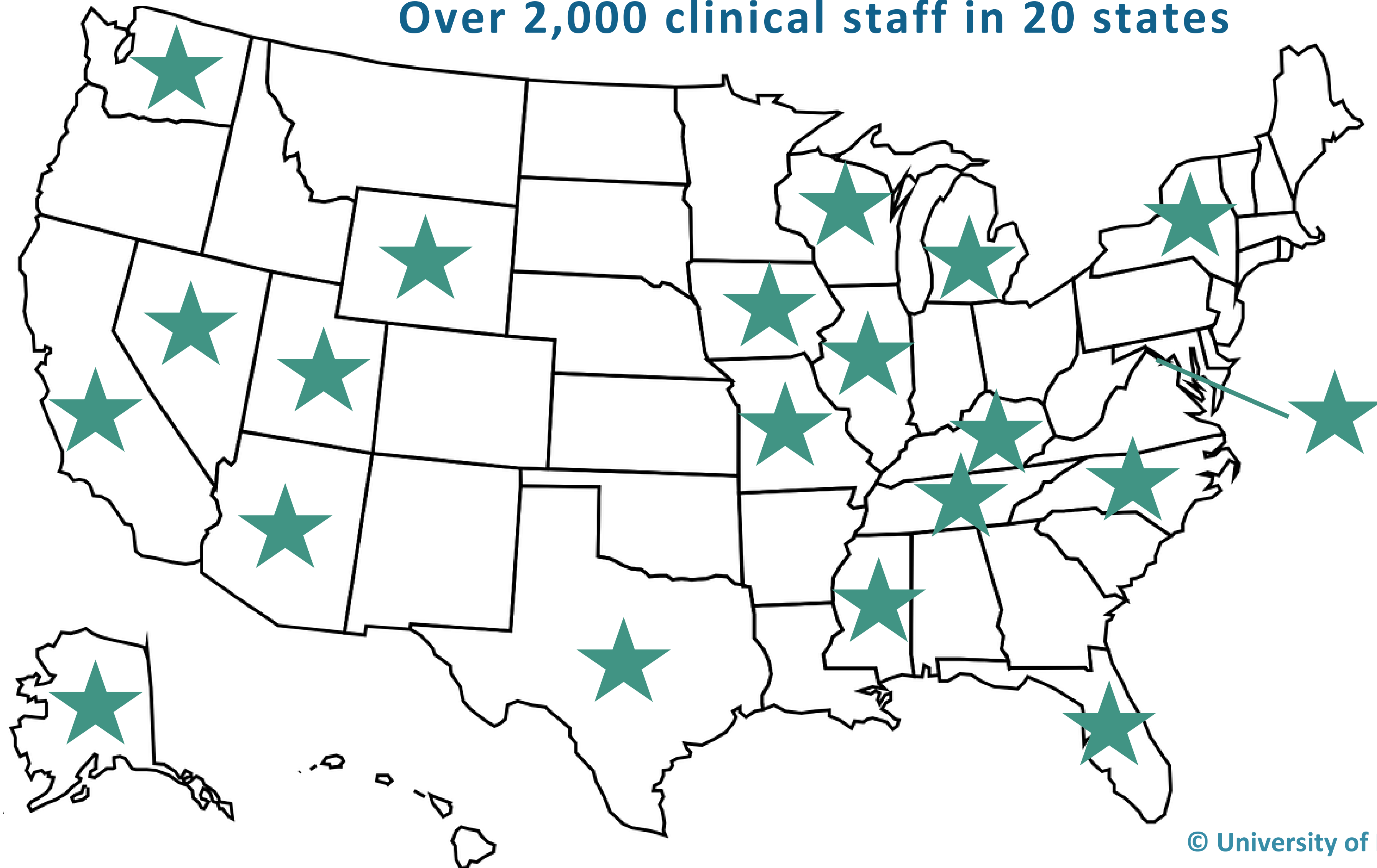
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Poll

Has your healthcare system or clinic held an AAT workshop?

AAT is used nationally

Over 2,000 clinical staff in 20 states



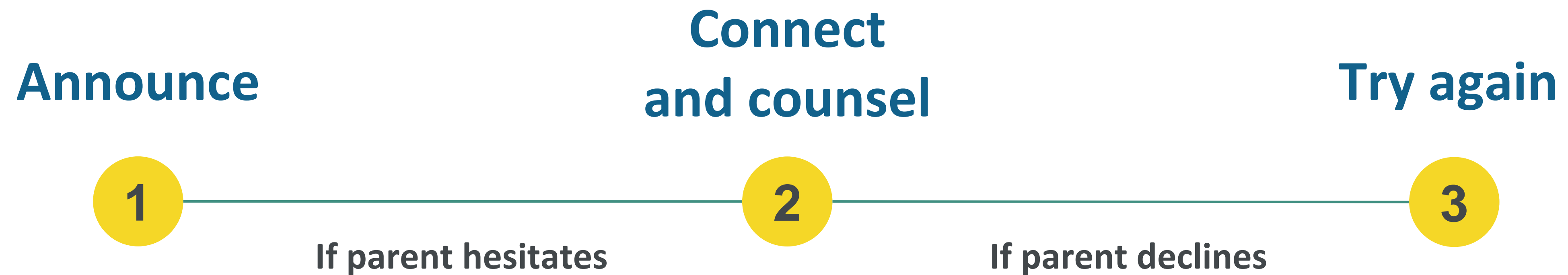
High satisfaction with AAT

100% of attendees would recommend training to a colleague

93% planned to routinely use communication strategy

“ It’s easier for parents.
It’s easier for us. ”

The Announcement Approach



Announce

Announce

1

Connect and counsel

2

Try again

3

- ✓ Note **child's age**
- ✓ Announce children this age get a vaccine that prevents six **HPV cancers**
- ✓ Say you will vaccinate **today**
- ✓ Move on with the rest of the visit

“ Alex is now 9, so today they'll get a vaccine that prevents six HPV cancers. ”

Connect

Announce

Connect and counsel

Try again

1

2

3

- ✓ Ask the parent for their **main concern**
- ✓ To show you're listening, **repeat** the parent's language

“ What would you say is your main concern? ”

“ I hear you. You didn't expect Alex to be getting vaccines at this visit. ”

“ *Parent:* I thought that they wouldn't need any vaccines for a few years. ”

... and counsel

Announce

Connect and counsel

Try again

1

2

3

- ✓ Address parent's concern using a **research-tested** message
- ✓ Clearly recommend getting HPV vaccine **today** and give a reason

“ The American Academy of Pediatrics recommends that kids get the HPV vaccine starting at age 9 to prevent six cancers. ”

“ I strongly recommend Alex get it today because the vaccine works better when given younger. ”

Try again

Announce

1

Connect and counsel

2

Try again

3

- ✓ Say you will **bring up HPV vaccine** at the next visit
- ✓ **Make a note** in the chart

A healthcare professional with dark curly hair, wearing glasses and blue scrubs, is looking at a laptop screen. The background is a blurred indoor setting with large windows and greenery. A teal semi-transparent banner is overlaid across the middle of the image.

AAT updates

What's new in the AAT?

Modified steps

- Combines “Connect” and “Counsel”
- Adds “Try again”

Age 9

- Follows national push to start HPV vaccination younger
- “Announce” step now focuses solely on HPV vaccine at this age

What's new in the AAT?

Focus on DEI

- Highlights HPV impact on Black, Hispanic, and rural communities
- Gives announcement for a non-binary patient
- Uses names for children that are common in multiple racial and ethnic communities
- Includes a Black family in demonstration video

Demonstration videos



The Announcement Approach

Ages 9-10



The Announcement Approach

Ages 11-12

What's new in the AAT?

Technology-assisted practice session

- Delivers vignettes and roles for practice
- Streamlines access to flyer

Facilitator orientation

- Reviews evidence behind the training
- Builds facilitation skills and understanding of facilitation logistics

Update Team



Noel Brewer
Distinguished Professor
UNC



Melissa Gilkey
Associate Professor
UNC



Jessica Young
Assistant Professor
UNC



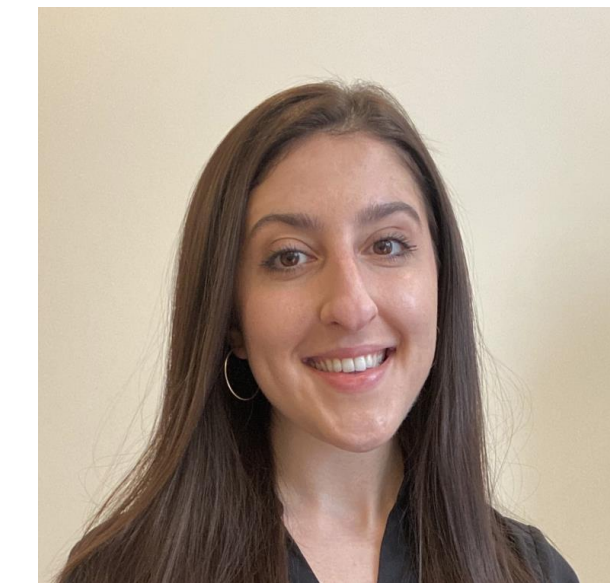
Ellie Bernstein
Project Coordinator
UNC



Jen Heisler-MacKinnon
Project Manager
UNC



Ben Kahn
Doctoral Student
UNC



Katie Kritikos
Project Manager
UNC



Putting the AAT to use

How to bring the AAT to your colleagues

Engage your healthcare system

- Meet with senior decision makers in QI
- Identify a champion to serve as an AAT facilitator, staff for admin support

Host an AAT workshop in your clinic

- Attend a facilitator orientation
- Get materials from UNC
- Plan the logistics and have a great workshop!

A healthcare system's perspective

“It was a huge deal for us, not only for all the education it provides, but it has also been a great team-building exercise.

The research team encouraged us to make sure everyone was given the opportunity to speak up, so our MAs, LVNs, and RNs, as well as our providers, are talking and engaged.”

–QI lead for a large healthcare system

Clinical perspective



Kenneth Alexander, MD, PhD
Chief, Division of Infectious Diseases
Nemours Children's Health
Orlando, FL

Poll

**Are you interested in hosting an AAT workshop
for your healthcare system or clinic?**

Frequently asked questions

How can I access AAT materials?

- We will email you if you expressed interest in the poll
- Email UNC, aat@unc.edu

Do you offer continuing education credit for AAT workshops?

- We do not, so you will need to coordinate this yourself

To lead an AAT workshop, do I have to attend a facilitator orientation?

- No, but we strongly suggest that you do!
- Email UNC for scheduling



Q&A



Thank you!

The ACS National HPV Vaccination Roundtable

- ❖ *The American Cancer Society National HPV Vaccination Roundtable (ACS HPVVRT) was established in 2014, in partnership with the Centers for Disease Control and Prevention. The ACS HPVVRT is a national coalition of over 80 member organizations working to raise HPV vaccination rates and prevent HPV cancers in the US.*
- ❖ *The ACS HPVVRT is working 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.*



Funding for the ACS HPV Vaccination Roundtable was made possible (in part) by the Centers for Disease Control and Prevention Cooperative Agreement grant number NH23IP922551-04, CFDA # 93.733. The content does not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government



Christina Turpin
Director
National HPV Vaccination Roundtable, ACS

HVI Collection: HPV Vaccination Starting at Age 9

2023 Human Vaccines & Immunotherapeutics Collection HPV VACCINATION STARTING AT AGE 9

A collection of original research on the impact of initiating HPV vaccination at ages 9-10



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

HVI Special Collection - HPV Vaccination starting at Age 9

The National HPV Vaccination Roundtable
5 videos · 26 views · Updated 6 days ago

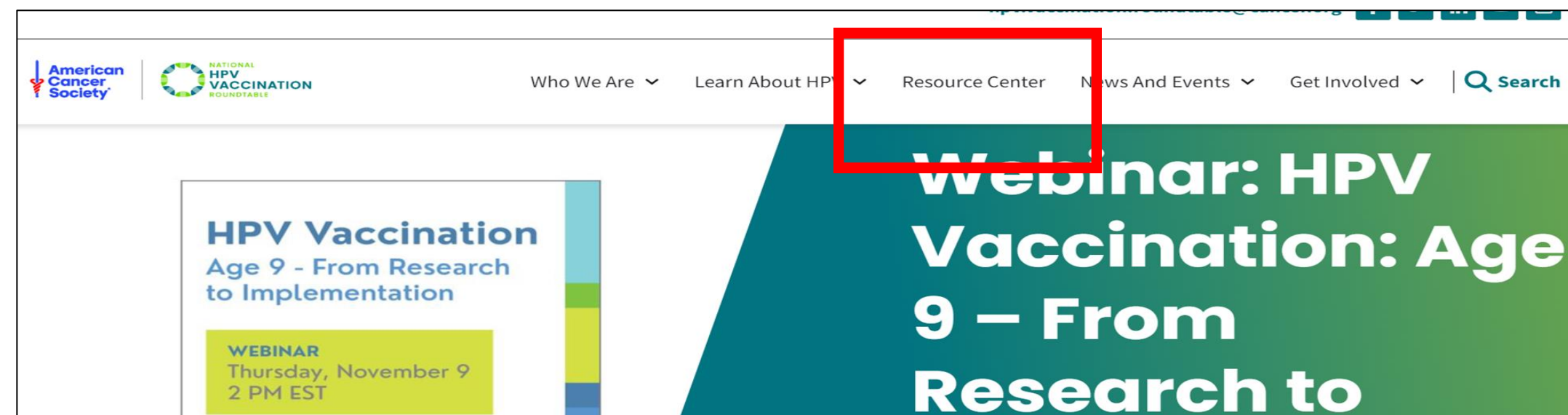
Play all Shuffle

HPV vaccination has the potential to dramatically reduce rates of cervical, oropharyngeal, vaginal, vulvar, anal, and penile cancers. However, HPV vaccination rates in the US lag behind other countries, and HPV vaccine has lower coverage than other adolescent vaccines. Initiation of the

[Article collection: HPV Vaccination Starting at Age 9 \(tandfonline.com\)](https://tandfonline.com)

[YouTube Video Abstracts Playlist](#)

ACS HPVRT Resources



Why Age 9? FACT SHEET

Every year in the United States, it is estimated that nearly 36,500 individuals are diagnosed with cancer caused by an HPV infection. Human papillomavirus (HPV) cannot be treated, but there is a vaccine that can prevent transmission and protect against six cancers if initiated prior to exposure. HPV vaccination is a critical prevention tool, safeguarding children and adolescents against more than 90% of HPV cancers when given at recommended ages.¹ Because cancer prevention decreases as the age of vaccination increases, it is important to start early!

Why Age 9?
Starting the HPV vaccination series at age 9 is recommended by the American Cancer Society, the American Academy of Pediatrics, and the National HPV Vaccination Roundtable. Previous guidance from the Centers for Disease Control (CDC) and Advisory Committee on Immunization Practices (ACIP) recommends routine HPV vaccination at age 11 or 12 years but notes that the HPV vaccine can be given starting at age 9.

Recommended Vaccination Schedule Guideline

| | | |
|--|---|---|
| On Time AGE 9-12 2 Doses 6-12 months apart | Late AGES 13-14 2 Doses 6-12 months apart | Critical AGES 15-26 3 Doses 1st dose at visit one 2nd dose 1-2 months later 3rd dose 6 months after 2nd |
|--|---|---|

Know the Facts!

There are many benefits to initiating the HPV vaccine series at age 9. These include:

- Offers more time for completion of the series by the age of 13
- Results in a strong immune response to the HPV vaccine
- Increases the likelihood of vaccinating prior to first HPV exposure
- Decreases questions about sexual activity by parents and guardians
- Decreases requests for only vaccines that are "required" for school
- Decreases the number of administered shots per visit
- Increases vaccinations and therefore the number of cancers prevented
- Has been shown by several systems to increase vaccination rates
- Has been shown to be highly acceptable to patients, providers, and parents

START AT 9 TOOLKIT

For more information, tools and resources, visit [HPV Vaccination Starts at Age 9 - 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.⁵ 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.⁶
- Rural residents' lack of knowledge of vaccine.^{6,7}
- Cultural views unsupportive of HPV vaccination.⁸
- Limited collaborative communication and resources in rural areas.⁹
- Systems-level challenges with vaccination records, missed opportunities for vaccination, and appointment wait-times.
- Few widely available evidence-based interventions.



The Announcement Approach for Increasing HPV Vaccination

Follow the Path to Increasing HPV Vaccination

1. PRESUMPTIVE ANNOUNCEMENT
2. ADDRESS THE MAIN CONCERN
3. TRY AGAIN

Take these steps to more effectively recommend HPV vaccination. The Announcement Approach will save you time and improve patient satisfaction.

HPV IQ: Immunization Quality Improvement Tools | 14 October 2023

The Announcement Approach for Increasing HPV Vaccination | PDF

Cancer Prevention Through HPV Vaccination: An Action Guide for Small Private Practices

Cancer Prevention Through HPV Vaccination: An Action Guide for Large Health Systems

HPVRT Resource: YouTube Channel & Newsletter

The screenshot shows the YouTube channel page for HPV Roundtable TV. The channel name is "ACS National HPV Vaccination Roundtable" with 438 subscribers and 117 videos. The page features a navigation menu with options like HOME, VIDEOS, SHORTS, PLAYLISTS, COMMUNITY, CHANNELS, and ABOUT. A row of video thumbnails is displayed, including "Part 1: Catalyzing Your Communication: HPV...", "How to make effective HPV vaccine recommendations...", "Multi-level quality improvement strategies to...", "Implementing interventions to start HPV vaccination at...", "HPV vaccine recommendations by age: A...", and "HPV vaccination is Cancer Prevention".

This is a screenshot of a video player. The video title is "HPV Vaccinations: 9 Benefits of Starti...". The video thumbnail features the text "START AT AGE 9" and a large number "9". The video player includes standard controls like "Watch later" and "Share". At the bottom, there is a "Watch on YouTube" button.

<https://www.youtube.com/@HPVRoundtable>

The screenshot shows the "HPVRT Happenings" newsletter. The header features the "E-News YOU CAN USE" logo, the American Cancer Society logo, and the National HPV Vaccination Roundtable logo. The main content is titled "Introducing ACS HPVRT Leadership Office Hours" and includes three portrait photos of staff members: Gabby Darville-Sanders, PhD (Strategic Director, ACS HPVRT), Christina Turpin (Director, ACS HPVRT), and Kiara Long, MPH (Program Manager, ACS HPVRT).

The screenshot shows the homepage of the ACS HPVVRT website. The navigation menu includes "Who We Are", "Learn About HPV", "Resource Center", "News And Events", and "Get Involved", along with a search bar. The main banner features a "2024 Impact Report and Action Plan" with a "View Here" button. A large green callout box on the right says "*New Release* 2024 ACS HPVRT Impact Report & Action Plan".

www.hpvroundtable.org

Additional Opportunities

Register Today!

HPV Vaccination Best Practice Sessions



The American Cancer Society in partnership with the National HPV Vaccination Roundtable and the Indiana Immunization Coalition are launching a 2024 quarterly program for health systems.



Each session will delve into key interventions, best practices, highlight health systems and provide strategies to increase HPV vaccination.

*CME, CNE and Pharmacy continuing education will be offered for each webinar.

[Register Now!](#)



2024 Series Dates

Session 1

MAR 7

2PM EST

The Announcement Approach Training

The updated Announcement Approach training teaches health care professionals how to make and support strong HPV vaccine recommendations and address parent hesitancy.

Session 3

AUG 28

2PM EST

Provider Interventions

Session 3 will focus on interventions targeted for providers & their care team.

Session 2

MAY 8

2PM EST

Patient & Parent Interventions

Session 2 will focus on interventions targeted for patients, and parents. An emphasis on back-to-school initiatives, resources and tools for increasing HPV vaccination.

Session 4

NOV 20

2PM EST

System & Policy Interventions

Session 4 will focus on system level and policy changes health systems can implement.



Free CME On-Demand Provider Education Series

MODULES



Vaccine Hesitancy & Communication

Seth and Kellie Kelley
Lacey Eden, DNP



HPV Related Cancer: HPV 101

Dr. Mike Sim, MD
Dr. Rebecca Perkins, MD, MSc



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

HPV Disparities & Unique Populations: Where You Live Matters

Dr. Benjamin Teeter, PhD
Dr. Shannon Christy, PhD
Dr. Milkie Vu, PhD

Effective EBI'S & Implementation

Dr. Marcie Fisher-Borne, PhD, MPH, MSW
Andrea Stubbs, MPA

Q & A Forum

Dr. Sean O'Leary, MD, MPH, FAAP
Dr. Debbie Saslow, PhD
Dr. Benjamin Teeter, PhD
Dr. Milkie Vu, PhD

Register Today




***Each module completed will receive 1 CME credit.**

***Modules can be viewed in any order.**



Rural Healthcare Partners 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



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.

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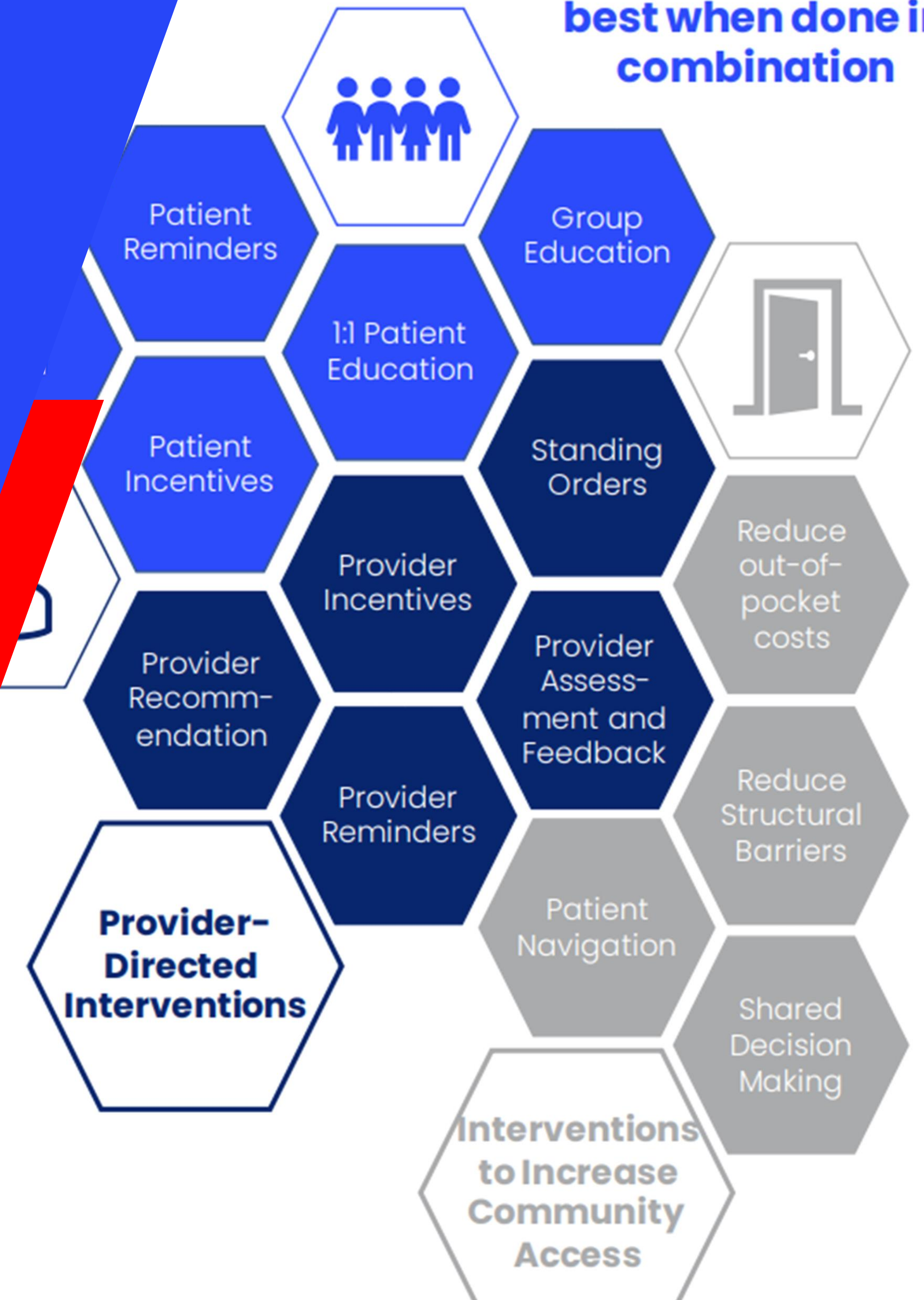
ACS Resources

Evidence-Based Interventions

- Interventions by type (client-directed, provider-directed, barriers to care)
- Includes breast, cervical, colorectal, and lung cancer screening and **HPV vaccination**

Evidence-Based Intervention Types

Interventions are best when done in combination



Summer Social Toolkit in English & Spanish: Coming soon...

Social Post 1

Recommended Post Copy/Caption

We know the health of your child is your #1 priority. That's why we're partnering with the American Cancer Society to vaccinate against HPV cancers. Help protect your 9- to 12-year-olds from cancer later in life by scheduling a back-to-school visit now.



Photo Assets Preview



We value your feedback!!!

- Takes 1 minute
- Scan the QR Code *or*
- Click on the link in the chat

2024 HPV Vaccination Best
Practice Program

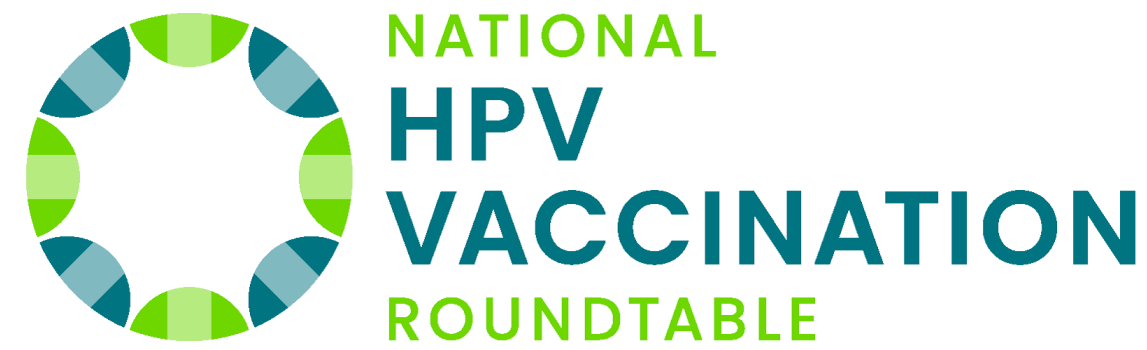


Our Next Steps

- **For claiming continuing education:** Please complete survey in the chat or in the follow-up email
- Post webinar: You will receive an email communication with recording and resources
- UNC will email you for access to the AAT materials if you indicated interest in the poll. For other questions please email aat@unc.edu



Partner Acknowledgement



Funder Acknowledgement

HPV programming 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 totaling \$890,000 with 100% funded by CDC/HHS. The contents of this presentation 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.

In addition, the American Cancer Society provides in-kind support and has been awarded additional support from Merck Sharp & Dohme Corp. and Lyda Hill Philanthropies.



Thank You



Vision: End cancer as we know it, for everyone.

Mission: Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.

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Contact hours are being awarded for this webinar as a joint partnership between the Indiana Immunization Coalition (IIC) an approved provider by the American Nurses Credentialing Center (ANCC), American Cancer Society, UNC Gillings School of Global Public Health and the National HPV Vaccination Roundtable.

Financial Relationship

There are no relevant financial relationship(s) with ineligible companies for anyone who was in control of the content of this activity, except: Noel Brewer, PhD has disclosed consulting fee from WHO. He has also disclosed consulting fee from Merck and Company, Inc, Novavax, Sanofi-Aventis, and Moderna and all relationships have ended in past year.

All of the relevant financial relationships listed for this individual have been mitigated.

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Criteria for Successful Completion

Participants must attend the entire meeting and submit a completed evaluation via survey monkey after the event.

CNA Approval

Indiana Immunization Coalition is approved as a provider of nursing continuing professional development by Colorado Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Nurses to receive 1 contact Hour and your CNE certificate, please complete the survey at the link below:

<https://www.surveymonkey.com/r/HPVAnnouncement2024>

For questions about CNE or content, please email Lori@vaccinateindiana.org



Thank You



Vision: End cancer as we know it, for everyone.

Mission: Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.