



NATIONAL
HPV
VACCINATION
ROUNDTABLE

Cancer Prevention Through HPV Vaccination:

An Action Guide for Nurses and Medical Assistants



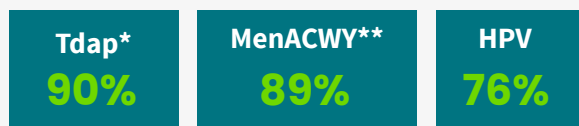
HPV Cancer Prevention Starts With You

Nurses and medical assistants have the power to help reduce the burden of HPV cancers by making strong HPV vaccination recommendations starting at age 9. Make it your team's goal to take advantage of every appropriate patient encounter to encourage HPV vaccination. Before providing information to parents or guardians, please consult your state's scope of practice laws.

HPV vaccination rates lag behind other preteen vaccines.

The HPV vaccine is a powerful tool to help prevent multiple cancers, yet HPV vaccination rates are lower than those of other preteen vaccines.

Percent of teens ages 13 to 17 years who had received ≥ 1 vaccine dose in 2022ⁱ



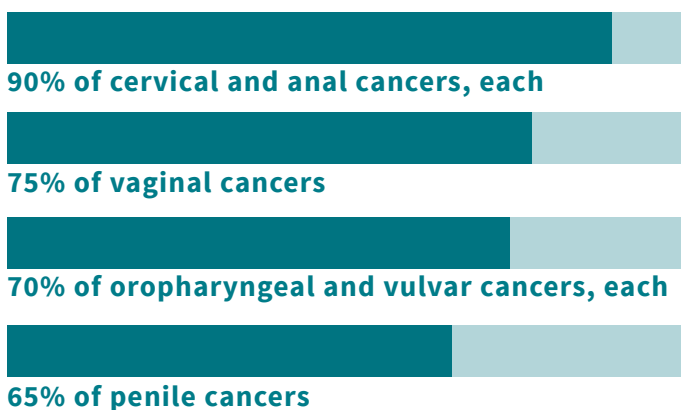
*Tdap (tetanus, diphtheria, pertussis vaccine)

**MenACWY (meningococcal ACWY vaccine)

HPV vaccination is cancer prevention.

HPV causes about 37,000 cases of cancer in men and women each year in the United States.ⁱⁱ

HPV is linked to:ⁱⁱ



The HPV vaccine protects against the virus types that cause most HPV cancers and genital warts. It's estimated that HPV vaccination can help prevent over 90% of all HPV cancersⁱⁱⁱ and that it could virtually eliminate cervical cancer, which takes the lives of over 4,000 womenⁱⁱⁱ in the US each year.

HPV vaccination should begin at age 9^{iv} and should finish by age 13 for boys and girls. The HPV vaccine is most effective when given before age 13.

HPV vaccination works. Studies have reported a 70% reduction in high-grade anal precancers and cancers among women who received the HPV vaccine before age 17,^v likely, in part, due to herd immunity.^{vi}



A 65% reduction in cervical cancer cases was observed from 2012–2019 among women ages 20–24, who were among the first cohort of preteens to receive the vaccine.^{vii}

Every member of your practice can be a valuable advocate for HPV vaccination.

Implementing a consistent and evidence-based approach to HPV vaccination recommendations is key to improving vaccination uptake and reducing disparities.^{viii}

Make it an organizational goal to vaccinate every age-eligible child in the communities your practice serves. This guide features actionable steps your practice can take to increase HPV vaccination uptake.

Actions at-a-Glance

Click the Action icon associated with each item below for detailed guidance.



Strategies to Increase HPV Vaccination

Action 1

Promote a pro-vaccination culture.

Action 2

Make effective HPV vaccine recommendations.

Action 3

Use recommended strategies to answer questions.

Action 4

Reduce missed opportunities for vaccination.

If you are reading a printed version of this guide, please see the Appendix for full links to hyperlinked words, as indicated by superscript numbers (e.g., [how the HPV vaccine protects against cancers¹](#)).

Actions You Can Take

Action 1: Promote a pro-vaccination culture.

Nurses and medical assistants are often the first health professionals to meet with patients. You set the tone for the patient experience and can make the difference of whether parents or guardians choose HPV vaccination for their children.

Some actionable steps include:

- ✓ Advocate for professional development opportunities for you and your teammates to learn about [how the HPV vaccine protects against cancers](#)¹ and [methods to improve vaccine delivery](#).²
- ✓ Keep educational materials about the HPV vaccine available for parents or guardians and include HPV cancer prevention information on your website and social media pages.

Posters, Flyers, and Graphics to Create a Pro-vaccination Environment

- American Cancer Society: [HPV VACS](#)³ flyer
- American Cancer Society National HPV Vaccination Roundtable [Flyers and posters](#)⁴ and [Co-brandable “Start at Age 9” Social Media Graphics](#)⁵
- California Department of Public Health: [Vaccines for Your Preeteen](#)⁶ flyers, graphics, and posters available in multiple languages
- US Department of Health and Human Services: [HPV Vaccine Graphics](#)⁷

The collage features five distinct posters:

- Poster 1: BEST PRACTICE HEALTHCARE PLANS** - Focuses on increasing HPV immunization and preventing HPV-related cancers. It lists needs for immunization programs, vaccinator recommendations, and awareness. It also mentions 'HEALTHCARE PLAN MEMBERS' and 'STATE COALITIONS'.
- Poster 2: BEST PRACTICE PRIORITY PREVENTION** - Emphasizes initiating HPV vaccination at age 9 for a healthy future.
- Poster 3: BEST PRACTICE PROVIDER SYSTEMS PERSPECTIVE** - Discusses workflow redesign, vaccinating at age 9, and quality improvement. It includes an announcement approach, strong provider recommendation, standard order, and reminder-recall systems (office call, text, reminder, postcard letter).
- Poster 4: BEST PRACTICE SPEED UP THE OPPORTUNITY FOR DISEASE ELIMINATION** - Aims to change the mindset and speed up disease elimination. It lists needs for immunization programs, vaccinator recommendations, and awareness.
- Poster 5: BEST PRACTICE RAISE AWARENESS** - Focuses on raising awareness and changing electronic health records and immunization forwarding. It includes a 'CHANGE MINDSET' theme and a 'RAISE AWARENESS' goal.

Logos for the American Cancer Society and the National HPV Vaccination Roundtable are visible at the bottom of the posters.

Action 2: Make effective HPV vaccination recommendations.

Your vaccination recommendation is powerful. All patient-facing staff should be [trained](#)⁸ to begin the discussion about the HPV vaccine with parents or guardians. Start these discussions at age 9, and repeat them at each visit until the patient [completes their vaccination series](#).⁹

- Make a [presumptive recommendation](#)¹⁰ starting at age 9. These are brief statements that assume parents or guardians are ready to vaccinate. These are more effective than open-ended discussions.
- Make [bundled recommendations](#)¹¹ if patients are eligible for multiple vaccinations such as Tdap and/or meningococcal ACWY.

“Your child is 9 years old. That means we’ll give them their HPV vaccine today to help protect them against six types of cancers.”

“Your child is due for vaccinations to help protect against meningitis, HPV cancers, pertussis, and the flu. We’ll give them those shots during today’s visit.”

- [Use every opportunity](#)¹² to vaccinate and emphasize the need to [complete the vaccination series](#).¹³

“We need to schedule a follow-up appointment in six months for your child to get their last dose of the HPV vaccine. Once they’re fully vaccinated, they’ll have lifelong protection against six types of cancer.”

Do your part to reduce the burden of HPV cancers.

Parents and guardians want their kids to get the HPV vaccine. Studies have shown that parents [view the HPV vaccine positively](#)¹⁴ and that they rate the HPV vaccine to be [as important as other vaccines](#).¹⁵

Still, about **1 in 5** parents reported not receiving an HPV vaccination recommendation from [2019-2021](#).¹⁶



Action 3: Use recommended strategies to answer questions.

Build trust by effectively answering questions from parents or guardians about the HPV vaccine. Using [research-backed strategies](#)¹⁷ to answer questions can make the difference of whether parents or guardians choose to have their children receive the HPV vaccine.

Below are example prompts to address common questions.

- Actively listen to their concerns to build trust. Identify their [primary concern](#)¹⁸ and restate it to show you are listening.
- Show urgency by using the words “recommend” and “today”.

“You mentioned that you’re worried about the safety of the vaccine. Would you say that’s your biggest concern?”

- Address the concern using research-tested methods.

“The HPV vaccine is very safe. The Centers for Disease Control and Prevention (CDC) has extensively researched its safety and has not identified any concerns. Like other medications, vaccines can cause side effects, like pain and swelling where the shot was given. That’s normal for the HPV vaccine too and will go away in a day or two.”

“HPV vaccination starts at age 9 because at this age it’s most effective in preventing six types of cancers. That’s why [primary care provider name] and I strongly recommend that your child gets that vaccine today.”

- Make a note to prompt again if HPV vaccination is declined.

“I’m making a note to revisit this topic at your child’s next checkup. I want to make sure they have the chance to be protected against HPV cancers.”

Research-tested Answers to Questions About HPV Vaccination

The [main reasons](#)¹⁹ parents refuse HPV vaccination for their children are they don’t think it’s necessary or they don’t think it’s safe. For more information on research-tested answers, review these resources and prepare answers to the most common questions and concerns about the HPV vaccine.

- American Academy of Pediatrics:** [FAQs About HPV](#)²⁰
- CDC:** [Talking with Parents about HPV Vaccination](#)²¹ and [Questions Parents May Ask about Vaccines](#)²²
- American Cancer Society:** [HPV Vaccines](#)²³

By providing research-tested answers and strong vaccination recommendations, you can be the reason parents or guardians choose to protect their children from HPV cancers.

Action 4: Reduce missed opportunities for vaccination.

Recommended tools and workflows can help your practice improve HPV vaccination uptake. Review expert-recommended QI strategies on [page 8](#) for more information.

■ Step 1

Develop a process to flag patients who are due for vaccination. For example:

- During pre-clinic team meetings, review which patients are due for vaccination and pull records.
- When you first triage patients, review their HPV vaccination status. If the patient is due, use established messaging to encourage vaccination.

■ Step 2

Ask leadership to establish [standing orders](#)²⁴ and to provide [competency training](#)²⁵ on immunization delivery to facilitate efficient delivery of vaccines to patients by nurses and medical assistants.

■ Step 3

Use [electronic health records \(EHRs\)](#)²⁶ to send patient reminders and give provider prompts.

- Optimize EHRs to identify which patients need vaccination and to capture all doses.
- Use EHR data to guide quality improvement (QI) efforts.
- Improve data collection by using [vaccination program tools](#)²⁷ or short training videos to standardize processes.

■ Step 4

Connect to your state's [immunization information system \(IIS\)](#)²⁸ and ensure [that current vaccination records are captured accurately](#)²⁹ in both systems.

■ Step 5

Establish [patient reminder and recall strategies](#),³⁰ and consider how to optimize via text messaging, mail, email, social media and/or phone calls.



Share your story!

Let us know what lessons you learned from your efforts to improve HPV vaccination rates. What worked? What strategies needed to be revisited? Send your story to HPV.Vaccination.Roundtable@cancer.org

Resource Center

Expert-recommended QI Strategies

There are a wide variety of QI strategies to improve HPV vaccination rates. Explore and test strategies that may work best in your practice.

- American Cancer Society National HPV Vaccination Roundtable: [Promising Best Practices: An Illustrated Guide](#)³¹
- American Academy of Pediatrics (AAP): [Improving HPV Vaccination Rates Using Maintenance of Certification Requirements](#)³²
- CDC: [Immunization Quality Improvement for Providers \(IQIP\)](#)³³, which offers programs to implement strategies to give [strong vaccine recommendations](#)³⁴ and to [strengthen vaccine communications](#).³⁵
- HPV IQ: [QI Tools](#)³⁶
- Merck Vaccines: [Vaccination Program Tools](#)³⁷
- Institute for Healthcare Improvement: [QI Essentials Toolkit](#)³⁸


Additional Resources

- [Start HPV Vaccination at Age 9](#)³⁹
 - [2023 Human Vaccines & Immunotherapeutics Collection Toolkit](#)⁴⁰
 - [HPV Vaccination at 9 – 12 Years of Age: An Evidence Summary](#)⁴¹
 - [Start at Age 9 Print On-demand Toolkit](#)⁴²
 - [Why Age 9? Fact Sheet](#)⁴³
- [2024 ACS National HPV Vaccination Roundtable Impact Report and Action Plan](#)⁴⁴
- [ACS National HPV Vaccination Roundtable Resource Center](#)⁴⁵
- [ACS National HPV Vaccination Roundtable Video Collection](#)⁴⁶
- [ACS Recommendations for HPV Vaccine Use](#)⁴⁷
- [ACS HPV Information and Resources for Patients and Parents](#)⁴⁸
- [ACS HPV Vaccine Information for Health Professionals](#)⁴⁹
- [American Academy of Pediatrics: Adolescent Immunization Discussion Guides](#)⁵⁰
- [CDC: HPV Resources](#)⁵¹
- [HPV Data Sources](#)⁵²
- [Immunize.org: Vaccine Apps for Health Care Providers](#)⁵³



Follow the American Cancer Society National HPV Vaccination Roundtable.

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References

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Appendix: Nurses and Medical Assistants

- How the HPV vaccine protects against cancers: <https://www.cdc.gov/hpv/vaccines/>
- Methods to improve vaccine delivery: <https://www.immunize.org/wp-content/uploads/catg.d/p2045.pdf>
- HPV VACs: <https://www.cancer.org/content/dam/cancer-org/online-documents/en/pdf/flyers/hpv-vacs-just-the-facts-for-providers.pdf>
- Flyers and posters: <https://hpvroundtable.org/resource-center/?type=14>
- Co-brandable “Start at Age 9” Social Media Graphics: <https://hpvroundtable.org/resource-center/?search=starting%20at%20age%209>
- Vaccines for Your Preteen: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Campaigns.aspx>
- HPV Vaccine Graphics: <https://www.hhs.gov/immunization/get-involved/spread-the-word/graphics/index.html>
- Trained: <https://www.cdc.gov/hpv/vaccines/>
- Completes the vaccination series: <https://www.cdc.gov/vaccines/imz-schedules/adolescent-easyread.html>
- Presumptive recommendation: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10305488/>
- Bundled recommendations: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9691592/>
- Use every opportunity: <https://www.cdc.gov/hpv/hcp/vaccination-considerations/boost-rates.html>
- Complete the vaccine series: <https://www.cdc.gov/vaccines/imz-schedules/adolescent-easyread.html>
- View the HPV vaccine positively: <https://pubmed.ncbi.nlm.nih.gov/24315883/>
- As important as other vaccines: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4899198/>
- 2019-2021: <https://pubmed.ncbi.nlm.nih.gov/37361924/>
- Research-backed strategies: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10305488/>
- Primary concern: <https://hpvroundtable.org/wp-content/uploads/2023/05/HPVIQ-flyer-FINAL.pdf>
- Main reasons: <https://pubmed.ncbi.nlm.nih.gov/30348283/>
- FAQs About HPV: <https://www.healthychildren.org/english/safety-prevention/immunizations/Pages/hpv-vaccine-what-parents-need-to-know.aspx>
- Talking with Parents about HPV Vaccination: <https://www.cdc.gov/hpv/hcp/vaccination-considerations/talking-with-parents.html>
- Questions Parents may Ask about Vaccines: <https://www.cdc.gov/vaccines-children/hcp/conversation-tips/questions-parents-may-ask.html>
- HPV Vaccines: <https://www.cancer.org/cancer/risk-prevention/hpv/hpv-vaccines.html>
- Standing orders: <https://www.aap.org/en/patient-care/immunizations/implementing-immunization-administration-in-your-practice/office-strategies-for-improving-immunization-rates/>
- Competency training: <https://www.aap.org/en/patient-care/immunizations/implementing-immunization-administration-in-your-practice/vaccine-administration/>
- Electronic health records (EHRs): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10145812/>
- Vaccination program tools: <https://www.merckvaccines.com/vaccine-resources-tools/healthcare-information-technology-ehr/>
- Immunization information system (IIS): <https://www.cdc.gov/iis/contacts-locate-records/>
- That current vaccination records are captured accurately: <https://www.cdc.gov/iis/technical-guidance/>
- Patient reminder and recall strategies: <https://www.aap.org/en/patient-care/immunizations/implementing-immunization-administration-in-your-practice/reminder-and-recall-strategies/>
- Promising Best Practices: An Illustrated Guide: https://hpvroundtable.org/wp-content/uploads/2024/02/ACS_Promising-Best-Practice-Booklet.pdf

32. Improving HPV Vaccination Rates Using Maintenance of Certification Requirements: <https://publications.aap.org/pediatrics/article-abstract/137/3/e20150675/81405/Improving-HPV-Vaccination-Rates-Using-Maintenance?redirectedFrom=fulltext>
33. Immunization Quality Improvement for Providers (IQIP): <https://www.cdc.gov/iqip/hcp/strategies/index.html>
34. Strong vaccination recommendations: <https://www.cdc.gov/iqip/hcp/strategies/strong-vaccine-recommendation.html>
35. Strengthen vaccination communications: <https://www.cdc.gov/iqip/hcp/strategies/strengthen-vaccination-communications.html>
36. QI Tools: <https://www.hpviq.org/resources/qi-tools>
37. Vaccination Program Tools: <https://www.merckvaccines.com/vaccine-resources-tools/vaccine-recommendations/>
38. QI Essentials Toolkit: <https://www.ihl.org/resources/tools>
39. Start HPV Vaccination at Age 9: <https://hpvroundtable.org/start-hpv-vaccination-at-age-9/>
40. 2023 Human Vaccines & Immunotherapeutics Collection Toolkit: https://hpvroundtable.org/wp-content/uploads/2023/05/HPV-RT-HVI-Supplement-Toolkit_Final-v2.pdf
41. HPV Vaccination at 9 – 12 Years of Age: An Evidence Summary: <https://hpvroundtable.org/wp-content/uploads/2023/05/Evidence-Summary-HPV-Vaccination-Age-9-12-Final-1.pdf>
42. Start at Age 9 Print On-demand Toolkit: https://hpvroundtable.org/wp-content/uploads/2023/05/FINAL_NW-Summit-Clinic-Toolkit-Print-On-Demand-Kits.pdf
43. Why Age 9? Fact Sheet: https://hpvroundtable.org/wp-content/uploads/2023/05/HPV_Roundtable-HPV_Why_Age_9_Sales_Sheet_WEB.pdf
44. 2024 National HPV Vaccination Roundtable Impact Report and Action Plan: https://hpvroundtable.org/wp-content/uploads/2024/01/2024-HPVRT-Impact-Report-and-Action-Plan_Final.pdf
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51. CDC: HPV Resources: <https://www.cdc.gov/hpv/>
52. HPV Data Sources: <https://hpvroundtable.org/wp-content/uploads/2023/09/HPV-Data-Sources.pdf>
53. Immunize.org: Vaccine Apps for Health Care Providers: <https://www.immunize.org/clinical/external/apps/>

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