



# HPV Vaccination Best Practices: System and Policy Interventions

2024 Quarterly Best Practices Series

**November 20, 2024**

*This session is being recorded*



# Welcome

**Jennifer Nkonga**

Implementation Science

Cancer Prevention & Survivorship

American Cancer Society

# Agenda

- 1 Welcome & Agenda Review**  
Jennifer Nkonga, MS
- 2 SYSTEM-LEVEL INTERVENTIONS: Texas Children's Hospital**  
Dr. Stanley Spinner, Rachel Cunningham, MPH, Dr. Julie Boom
- 3 POLICY INTERVENTIONS: Indiana Immunization Coalition**  
Lisa Robertson, MPH
- 4 POLICY INTERVENTIONS: Washington HPV Free Task Force**  
Char Raunio, ACS
- 5 Rapid Fire Q&A**  
Panelists
- 6 Takeaways**



# HPV Vaccine Best Practices: System and Policy Interventions

November 20, 2024

## CME Learner Information

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SCHOOL OF MEDICINE

INDIANA UNIVERSITY



# Today's Speakers



**Char Raunio**  
American Cancer Society



**Dr. Julie Boom**  
Texas Children's Hospital



**Lisa Robertson**  
Indiana Immunization  
Coalition



**Rachel Cunningham**  
Texas Children's Hospital



**Dr. Stanley Spinner**  
Texas Children's Hospital





Baylor  
College of  
Medicine

DEPARTMENT OF  
PEDIATRICS



# Texas Children's Hospital: Designing a Targeted HPV Vaccine Improvement Plan

**Stanley W. Spinner, MD**

**Julie A. Boom, MD**

**Rachel M. Cunningham, MPH**

November 2024

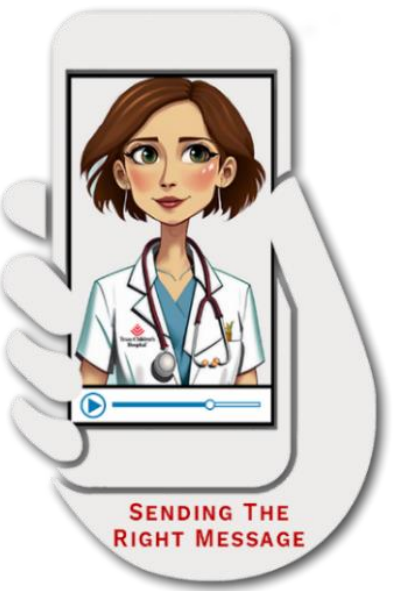


# Disclosures



The presenters have no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.

# Objectives



- Describe Texas Children's Pediatrics and prior efforts to improve HPV vaccine uptake
- Discuss Texas Children's Pediatrics HPV vaccination rates and 2021 provider assessment
- Explain and assess the impact of HPV educational videos delivered via text message on HPV vaccine initiation among adolescents.



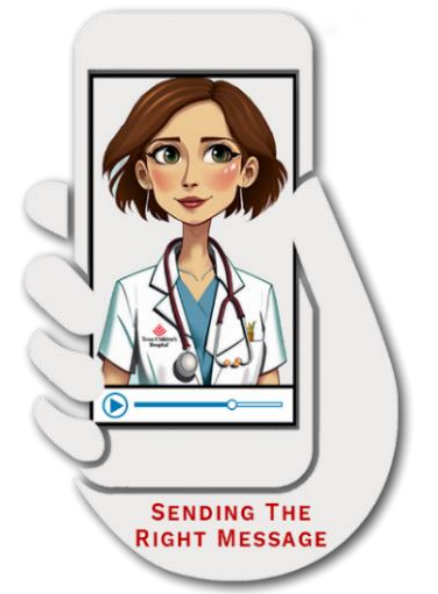
# Texas Children's Pediatrics (TCP)



Texas Children's Pediatrics, an entity of Texas Children's Hospital, consists of 66 pediatric primary care practices located throughout Houston, Austin and College Station.



# HPV Vaccine Timeline



2006

First HPV vaccine approved

2017

CDC expanded recommendation to 9 yrs

2019

TCP adopted 9-yr-old recommendation system-wide

*Epic Forecaster  
Epic Smart Sets  
Reminder/recall  
SDOs*

2022



2030

Healthy People Target of 80% of adolescents 13-15-yr-olds receive HPV

# 2021 TCP Provider Assessment

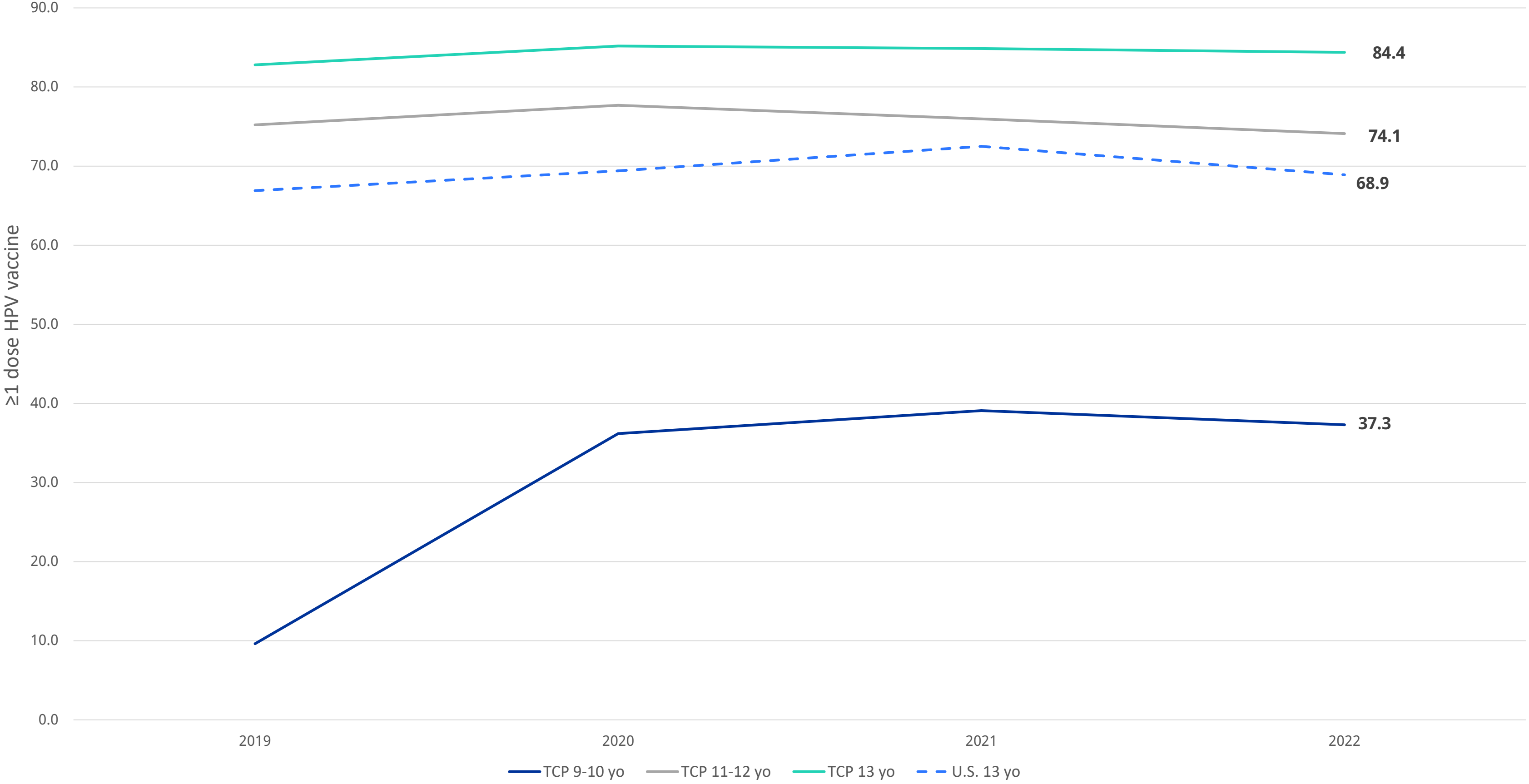


Survey responses	N (Total N=41)
Parent declination	23
Parents believes child is 9 is too young for HPV vaccine	20
Need better educational materials	15
Failure to return for well child visits especially during COVID	10
Failure to return for 2 <sup>nd</sup> dose	7
Parents aren't expecting vaccines until age 11	6
Parental beliefs regarding abstinence/religion; association between sex and HPV	9
Provider doesn't believe HPV vaccine is needed at age 9	1
Parental desire to let their child choose at age 18	1

*“Please recognize that a lot of this is outside of the physician’s control...I have many parents who are otherwise pro-vaccine but completely shut down any discussion about HPV.”*

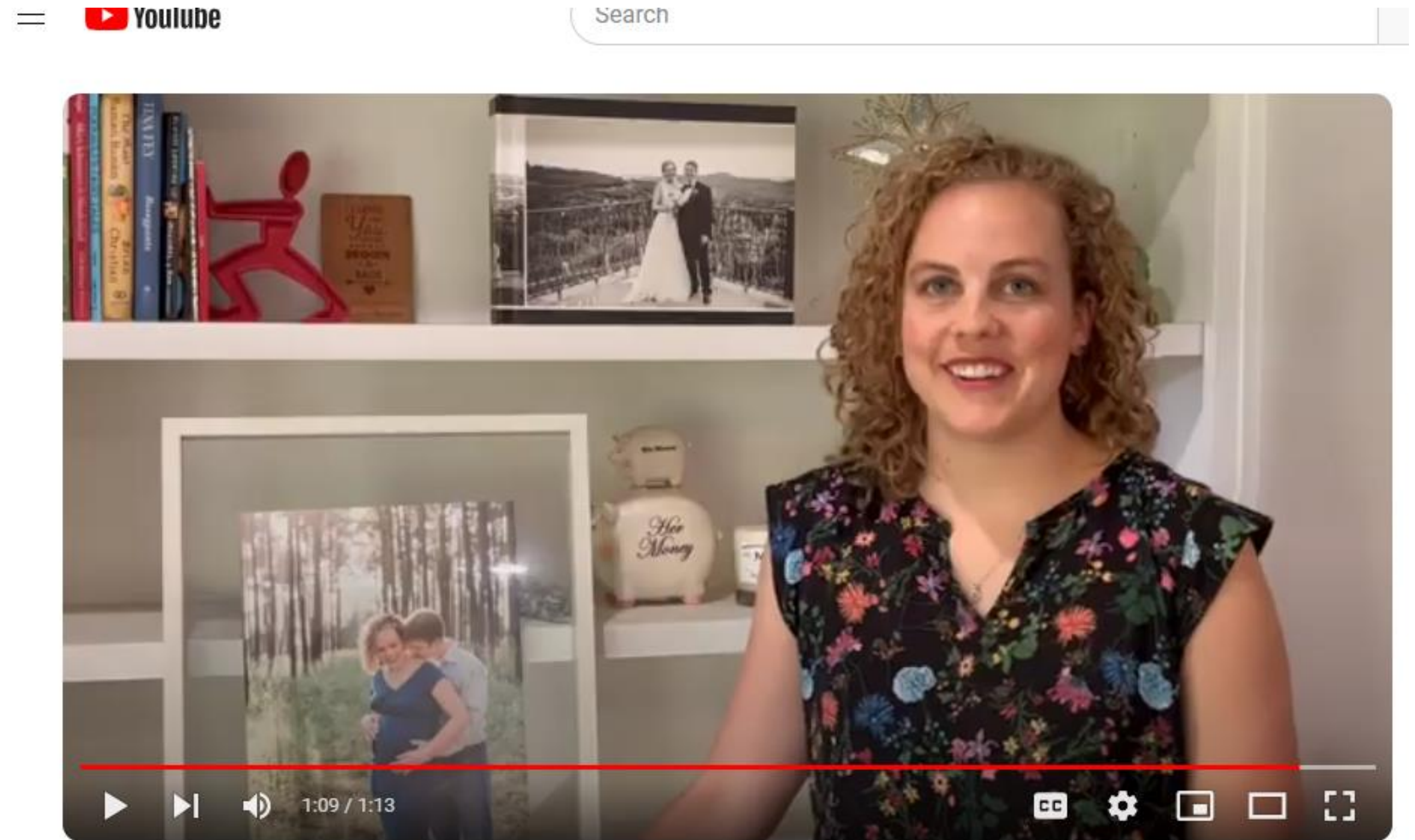
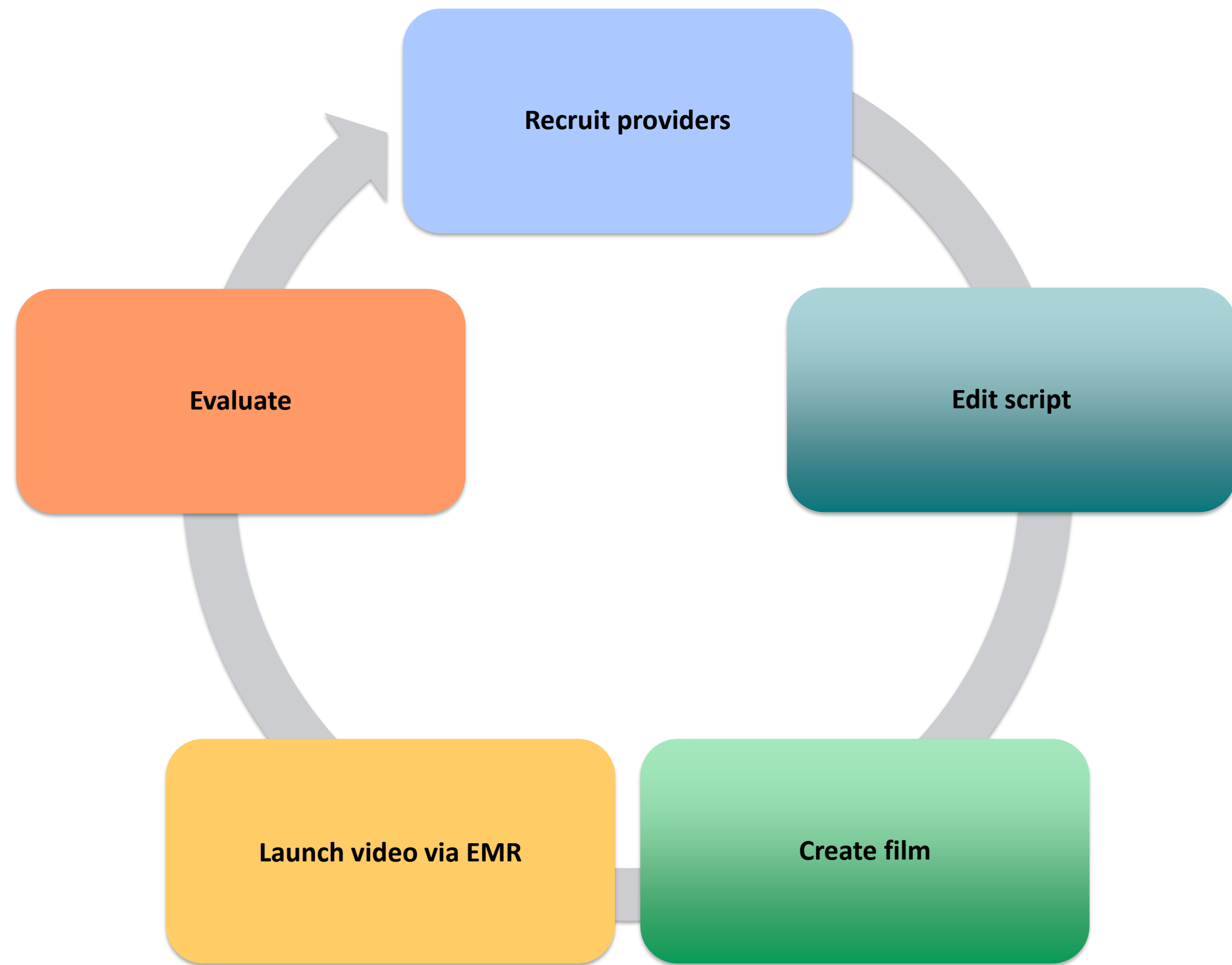


# HPV Vaccine $\geq 1$ Dose Uptake

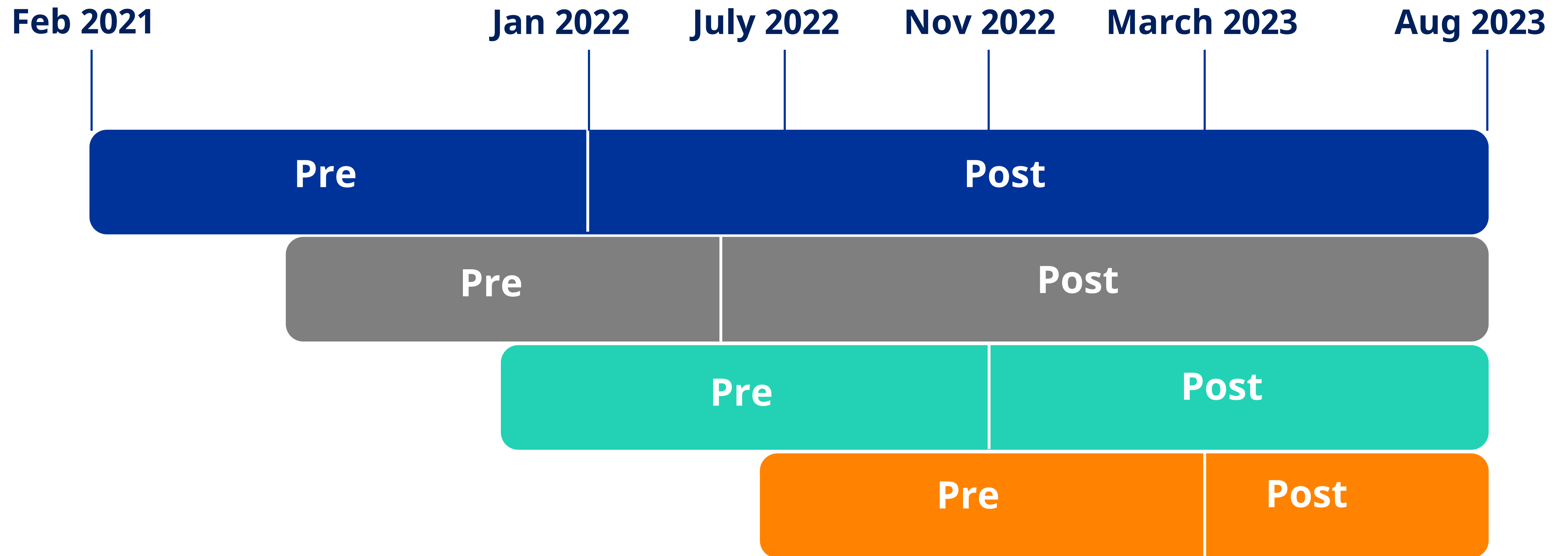


Initiation rates range from  
**20 to 90%**  
across 387 providers

# Methods



# Study Timeline



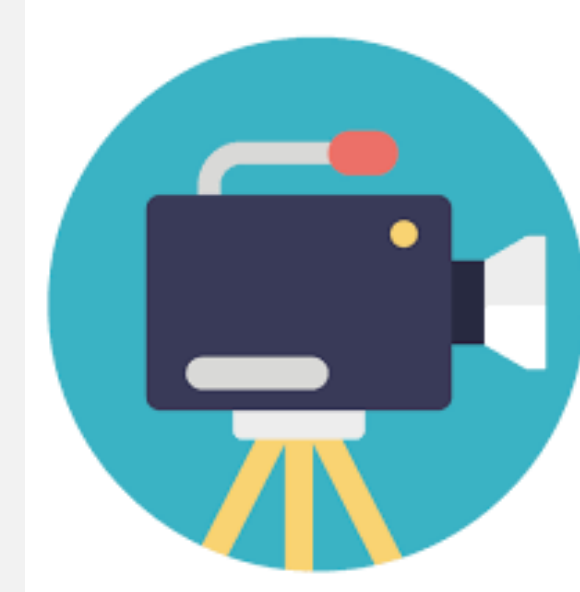
- 1 provider
- 13 providers
- 5 providers
- 9 providers





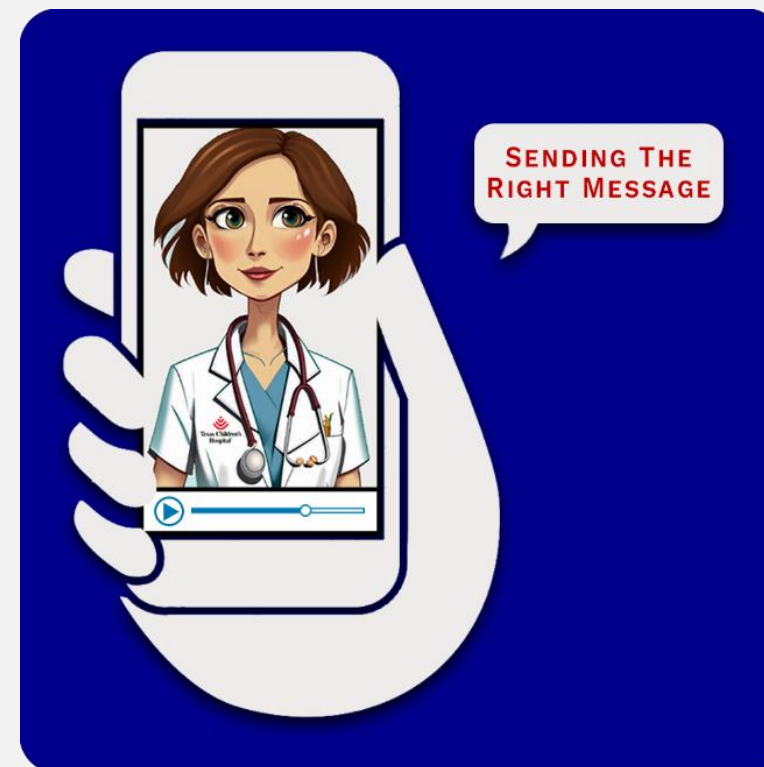
# Results as of May 2024

**28** providers from **14** practices



**17**  
individual or  
group videos

**14,036**  
text messages  
delivered



**4,559**  
YouTube views



**A message from your child's pediatrician,  
Dr. Caitlin Carroll.**

# HPV Vaccine Initiation Rates by Age among All Participating Providers, Pre and Post Intervention (Adjusted)

	HPV Initiation Rate (pre-intervention)	HPV Initiation Rate (post-intervention)	OR (95% CI)
All Ages	46.06 (40.26, 51.85)	47.93 (42.03, 53.82)	1.12 (0.99-1.28)
<b>9-year-olds</b>	<b>36.71 (29.23, 44.19)</b>	<b>41.61 (33.74, 49.49)</b>	<b>1.37 (1.08-1.73)</b>
10-year-olds	43.33 (35.49, 51.18)	46.22 (38.03, 54.41)	1.20 (0.92-1.55)
11-year-olds	62.44 (54.81, 70.08)	61.54 (53.62, 69.46)	0.94 (0.74-1.21)
12-year-olds	47.47 (38.96, 55.58)	49.94 (41.13, 58.75)	1.18 (0.85-1.64)
13-year-olds	42.62 (33.75, 51.49)	36.50 (27.20, 45.80)	0.68 (0.42-1.10)

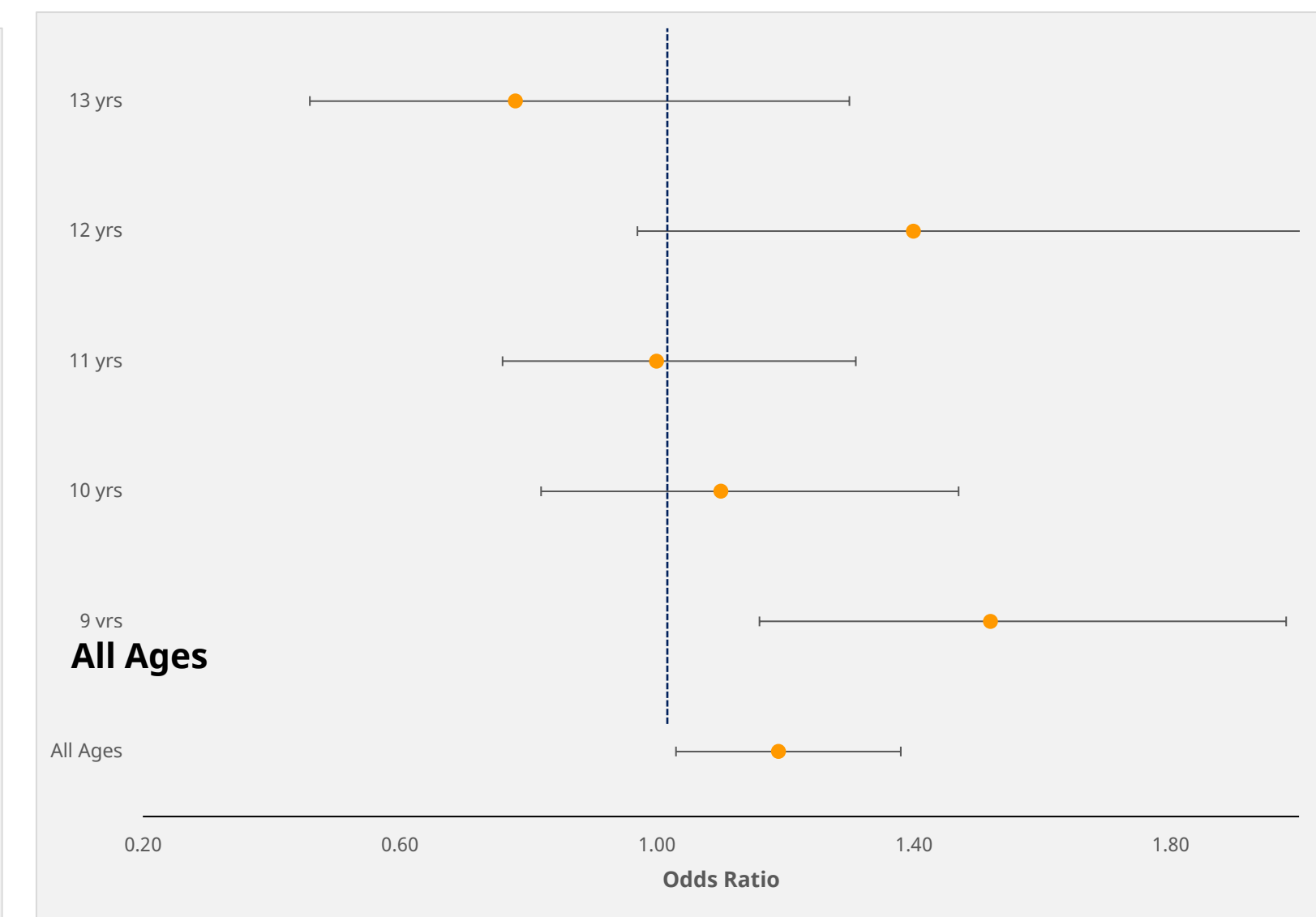
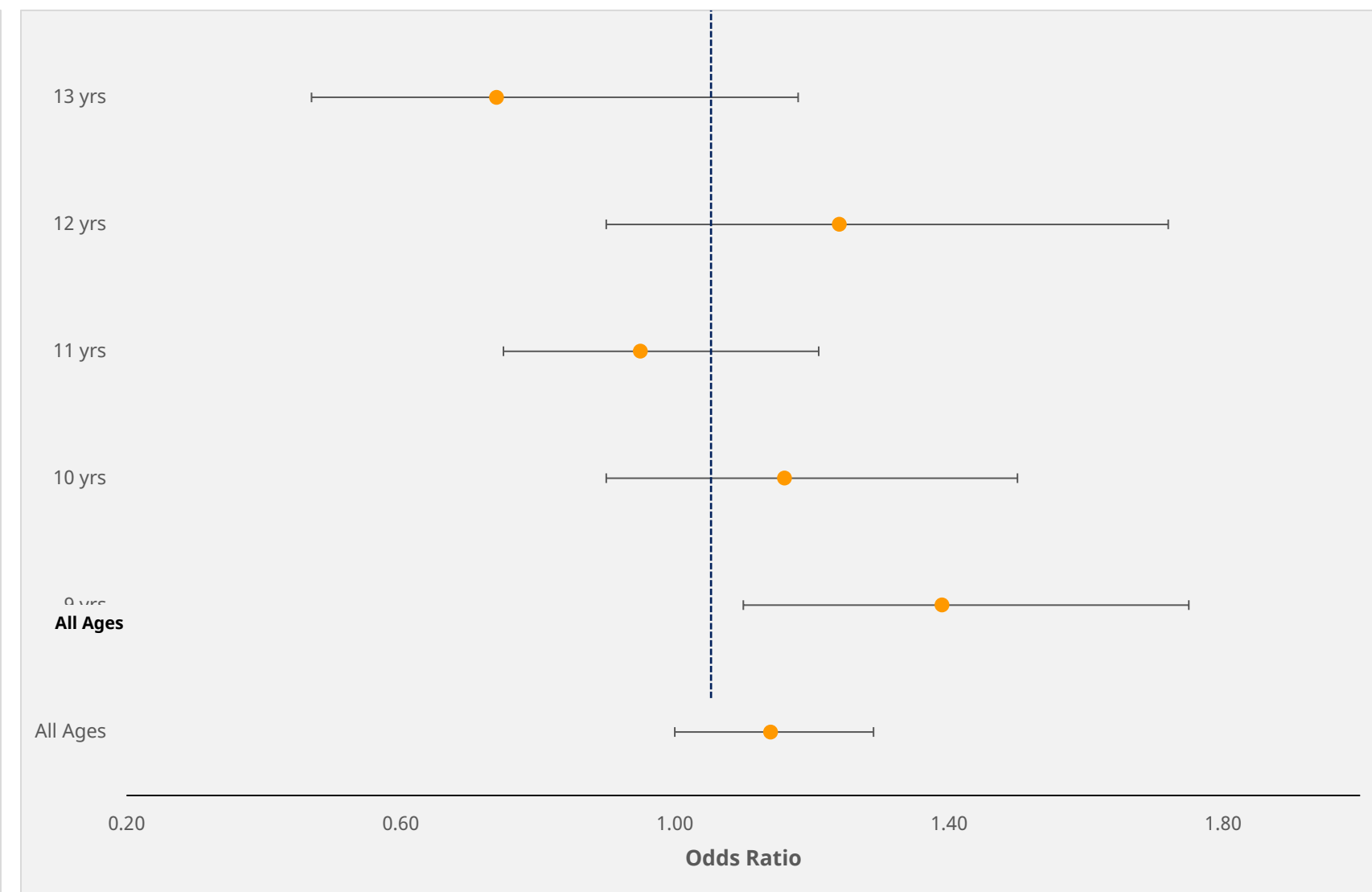
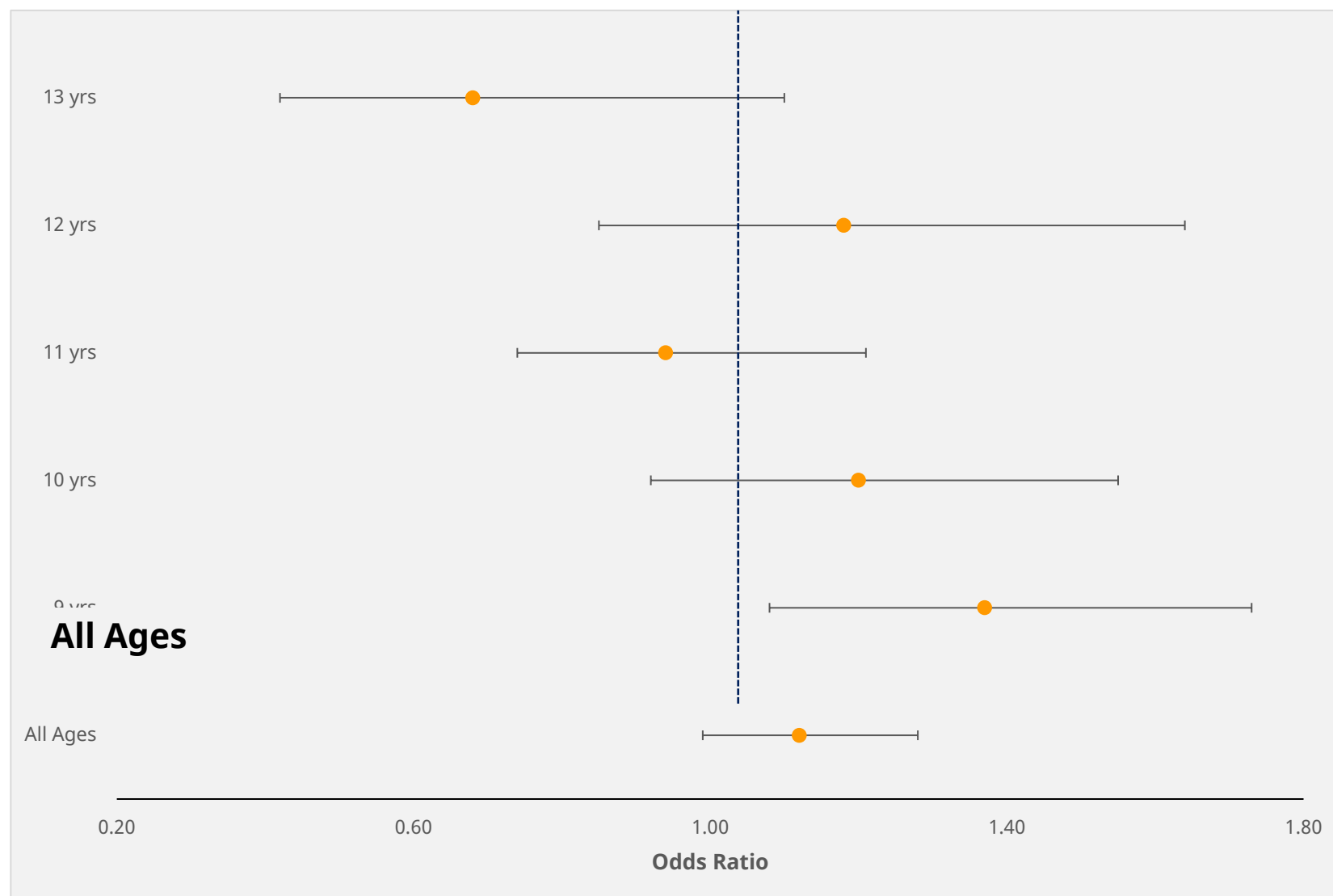


# HPV Vaccine Initiation Rates by Age among Participating Providers, Pre and Post Intervention (Adjusted)

**All Participating Providers**  
(20-84% HPV Initiation Rate Range)

Excludes Participating Providers **>80%\***  
HPV Initiation

Excludes Participating Providers **>69%+**  
HPV Initiation



**\*Healthy People 2030 Target**

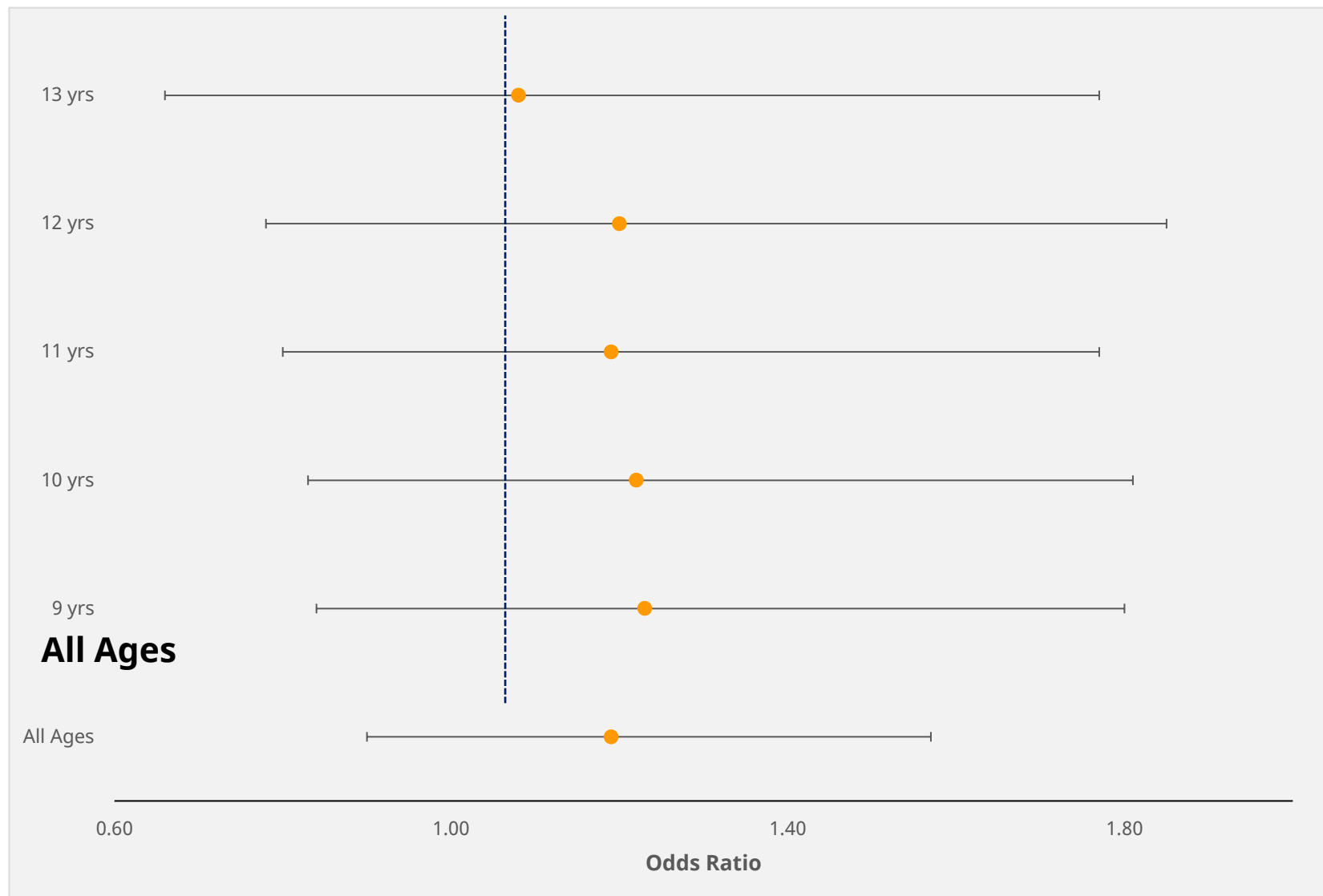
**+2022 CDC NIS ≥1 dose for 13-yr-olds**

# HPV Vaccine Initiation Rates among Non-Participating Providers vs. Participating Providers (Adjusted)

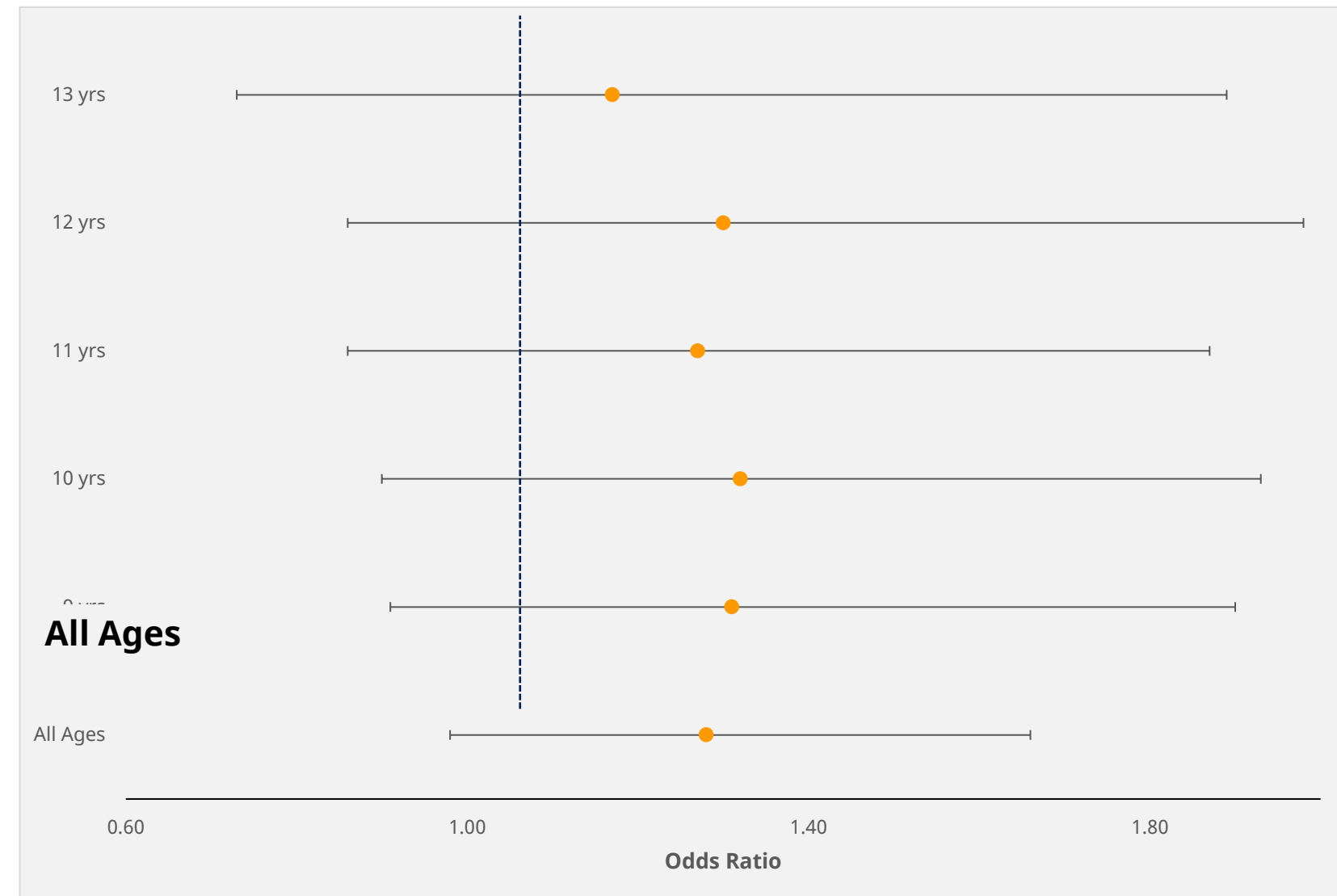
	Non-Participating Providers %	Participating Providers %	OR (95% CI)
All Ages	44.2 (42.58, 45.84)	47.8 (42.44, 53.35)	1.19 (0.90-1.57)
9-year-olds	37.5 (35.35, 39.73)	41.7 (34.14, 49.30)	1.23 (0.84-1.80)
10-year-olds	41.8 (39.53, 44.12)	46.1 (38.10, 54.05)	1.22 (0.83-1.81)
11-year-olds	58.0 (55.68, 60.34)	61.6 (53.87, 69.32)	1.19 (0.80-1.77)
12-year-olds	47.3 (44.76, 49.77)	51.2 (42.39, 59.99)	1.20 (0.78-1.85)
13-year-olds	35.0 (32.42, 37.63)	36.6 (27.25, 45.99)	1.08 (0.66-1.77)

# HPV Vaccine Initiation Rates by Age among Non-Participating Providers vs. Participating Providers (Adjusted)

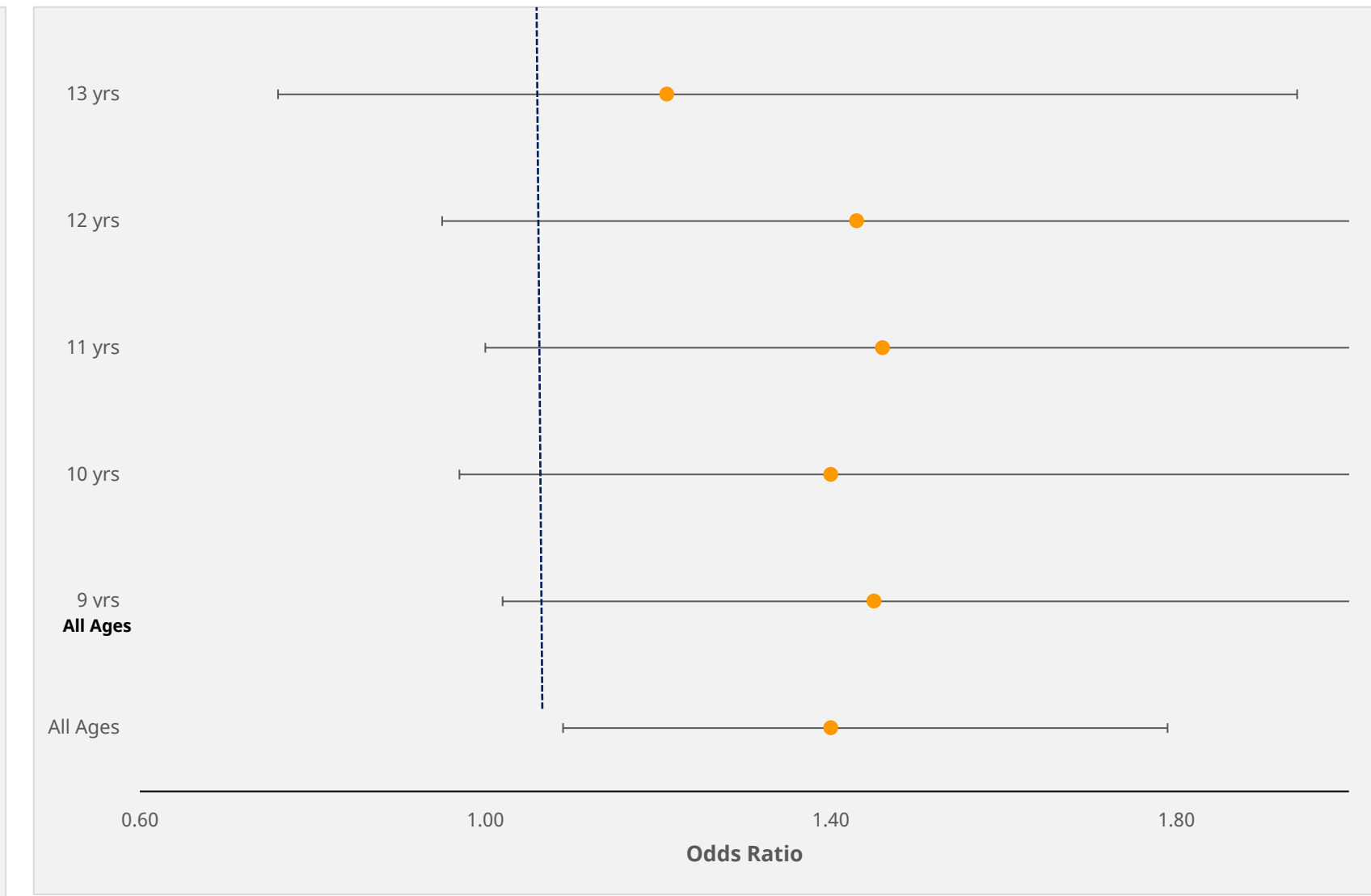
**All Providers**  
(20-90% HPV Initiation Rate Range)



Excludes Providers  
**>80%\*** HPV Initiation



Excludes Providers  
**>69%+** HPV Initiation



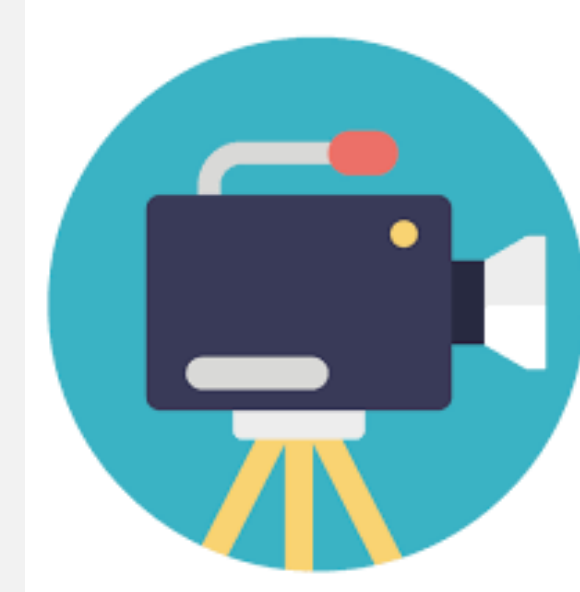
**\*Healthy People 2030 Target**

**+2022 CDC NIS ≥1 dose for 13-yr-olds**



# Results as of November 2024

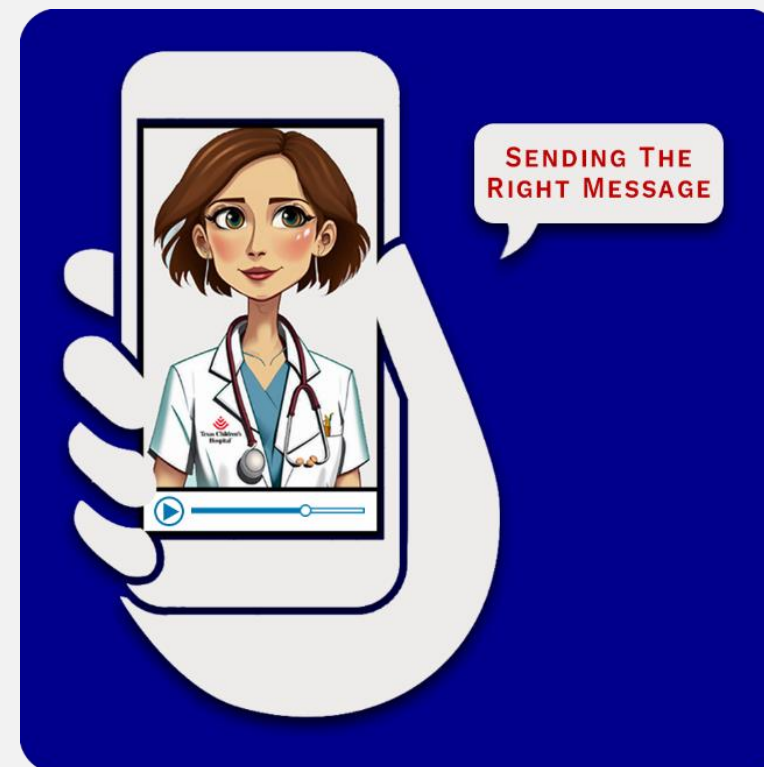
**33** providers from **15** practices



**19**

individual or group videos

**21,064**  
text messages delivered



**8,022**

YouTube views



# Conclusions



**Small** but statistically significant impact on **9-year-olds** and all ages.



Improving HPV vaccine rates is hard so **any and all interventions** that moves the needle may be meaningful.



May most benefit providers with **lower** HPV vaccine initiation rates.



## Feedback from participating providers

*“The HPV videos increased my efficiency during 9–12-year-old well visits. I no longer feel like I need to convince them to consent to the HPV vaccine. I often hear ‘we already told the nurse, we’ve decided to start the HPV vaccine today.’ It is so helpful they already know my thoughts regarding the HPV vaccine...patients have told me they appreciate the information and it’s helped them to be more comfortable with their decision to vaccinate.”*

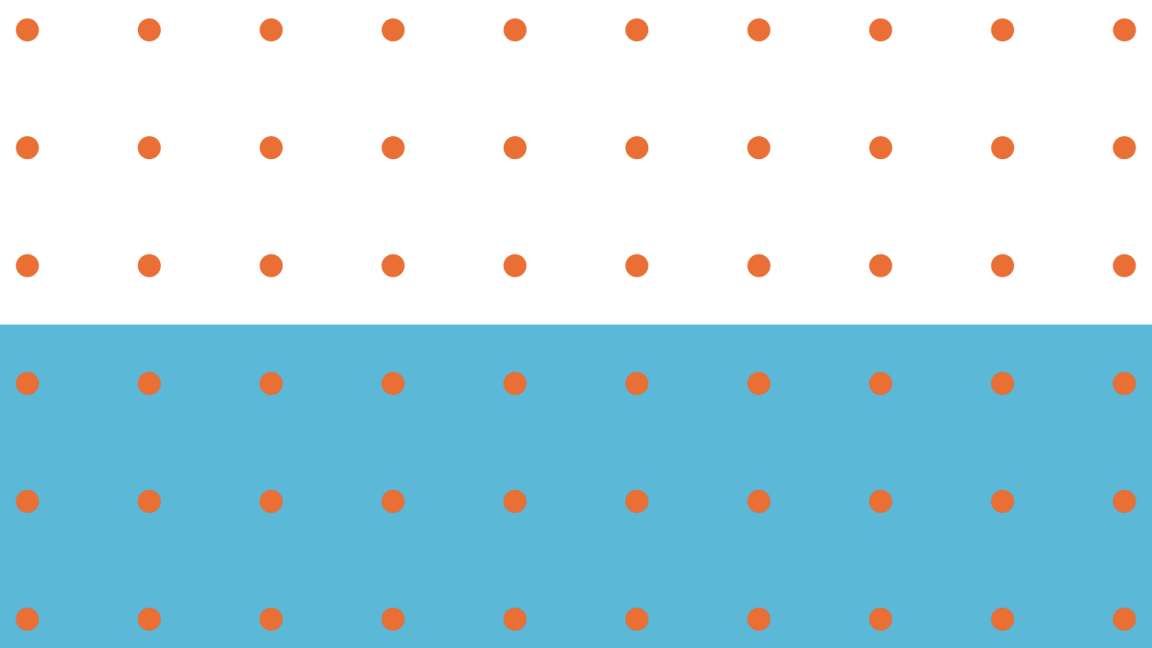
*“This process has very positively impacted my HPV vaccine rates. It is anticipatory guidance for the visit itself and makes the visit flow easier. Sometimes, parents come in with better questions because they have had a chance to ‘digest the information prior to the visit.”*





Thank You



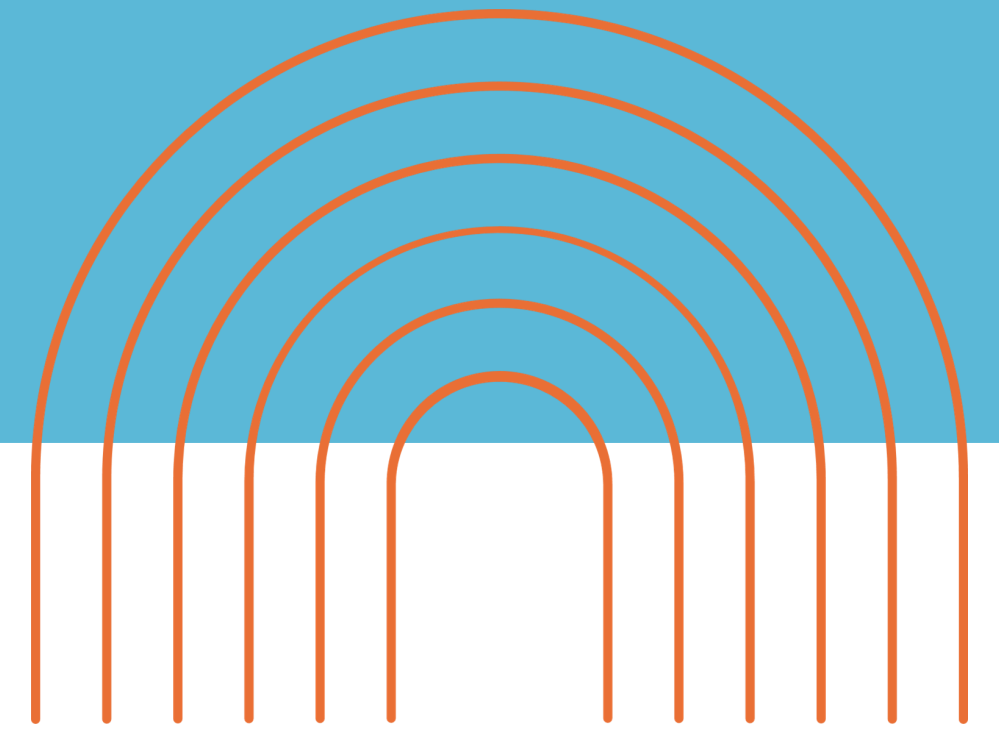


# Indiana

Lisa K. Robertson  
Executive Director



INDIANA  
IMMUNIZATION  
COALITION  
#VACCINATEINDIANA

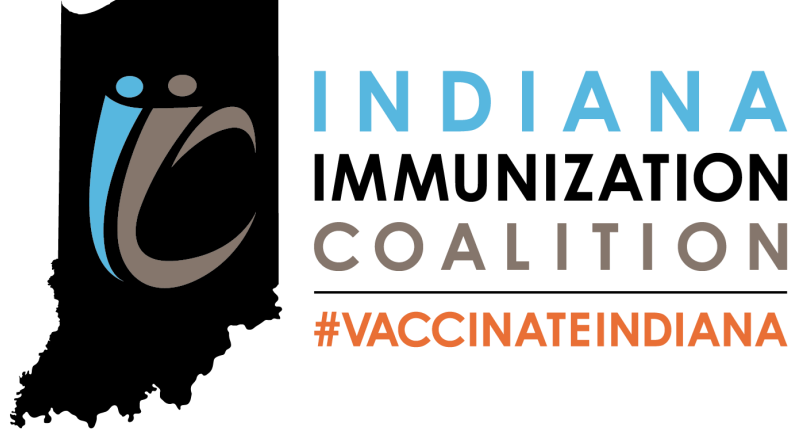




# Our Mission

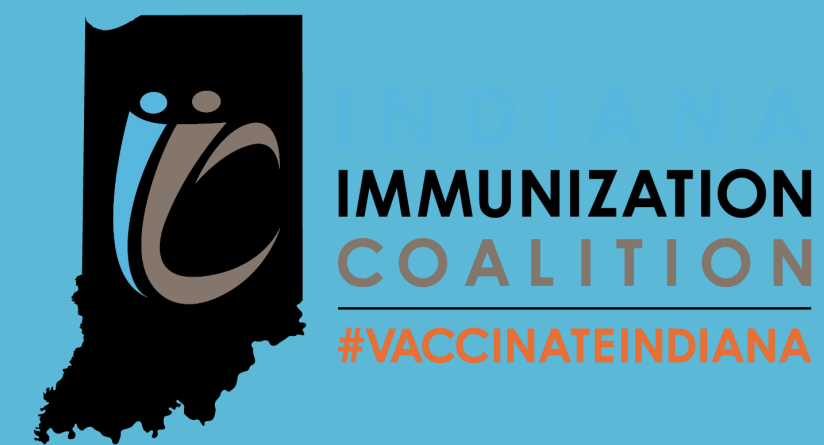
The Indiana Immunization Coalition exists to reduce the spread of vaccine-preventable diseases through immunization, education, advocacy, promotion, and collaborative partnerships.

# #VaccinateIndiana



# HPV Summits

A partnership with ACS and IDOH





# Objectives

After attending an HPV Summit, learners will be able to:

- Explain what cancers are linked to HPV infection.
- Identify the burden of disease associated with HPV cancers.
- Model effective HPV vaccine recommendations and answers for commonly asked questions.

Focus is on health systems engagement in promoting to their providers.

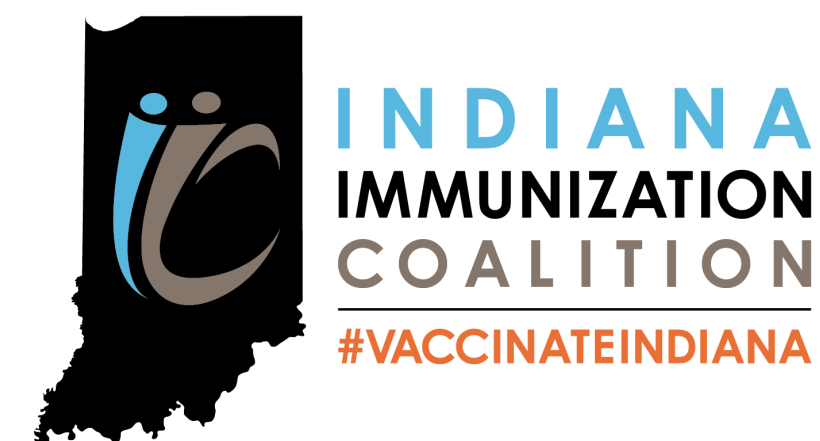
- Local providers requested to speak.

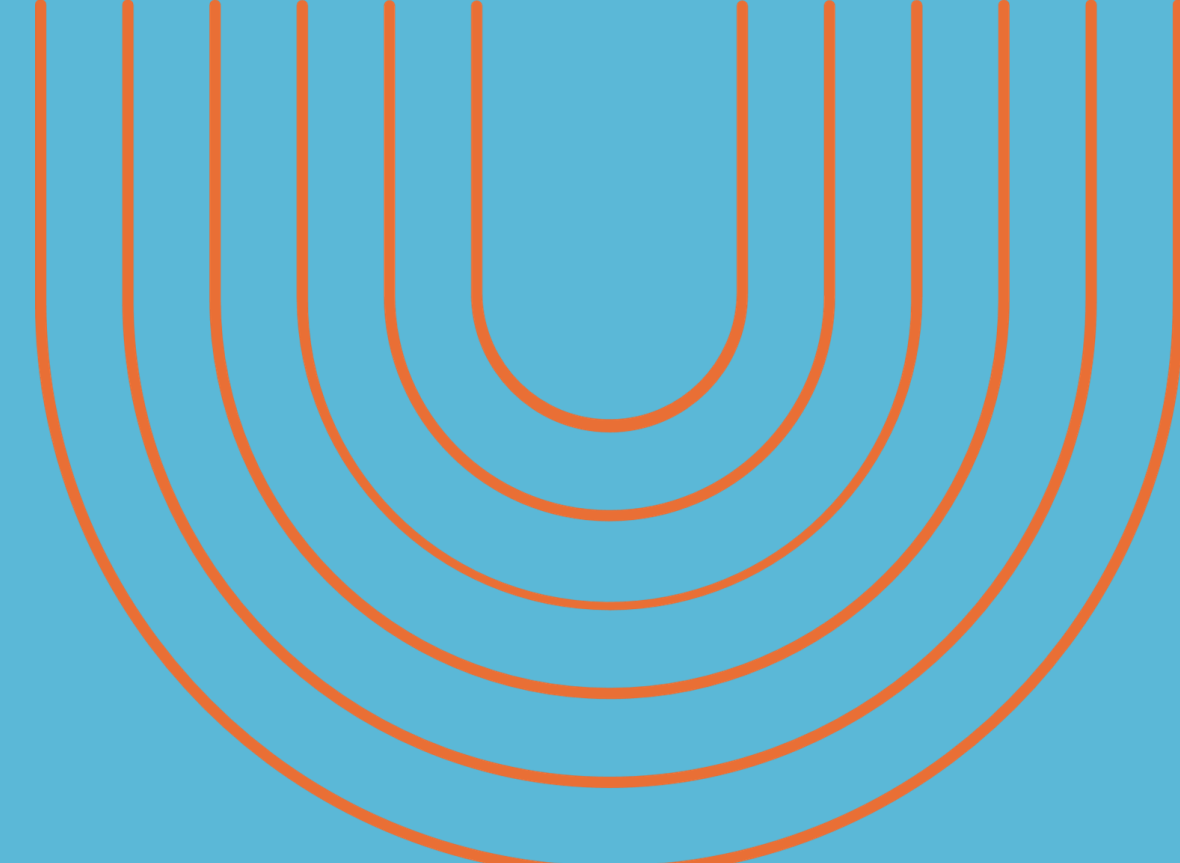
This Summit is 4-5 hours long.

All continuing education is provided by IIC.



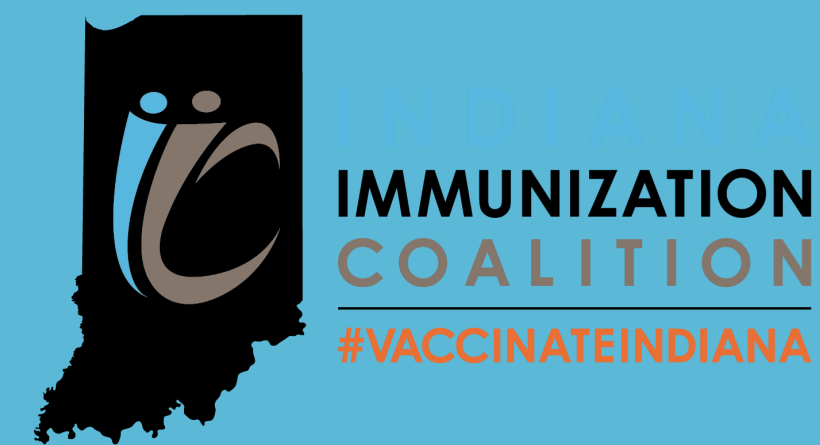
8:00	<b>Welcome and Introductions</b> Dr. Barai, Methodist Hospital Participants will understand the purpose of the day and meet fellow participants
8:15	<b>HPV: The Facts and National Roundtable Update</b> Katie Crawford, American Cancer Society
8:30	<b>HPV and Gynecological Cancer</b> Dr. Valentin Drezaliu, Methodist Hospitals
9:00	<b>HPV and Oropharyngeal Cancers</b> Aidnag Diaz, MD Radiation Oncologist, Rush University
9:30	<b>Survivor's Story</b> Erica Frazier Stum, Cervivor Participants will feel connected with the mission and inspired to commit to action.
9:45	<b>Facilities Break</b>
10:00	<b>What parents should know – safety and effectiveness of the HPV vaccine</b> Lisa Robertson, Indiana Immunization Coalition
10:30	<b>Intervention to Impact Parental Decisions</b> Tawa Bimbola Ibikunie-Salami, DNP, MSN, FNP-BC, APRN Clinical Assistant Professor, Director, Campus Health and Wellness Center, Indiana University Northwest
11:00	<b>Overcoming Barriers and Addressing Objections</b> Dr. Sarah Bosslet, President, Indiana Chapter of the American Academy of Pediatrics; Witham Pediatrics
11:30	<b>Lunch</b>
12:15	<b>Expert Panel Discussion</b> Participants will increase their understanding of people and organizations that can serve as resources in efforts to boost HPV immunization in Indiana.
1:00	<b>Closing Remarks and Call to Action</b>





# Dr. Weaver Indiana State Health Commissioner

Letter to CMOs







Eric J. Holcomb  
Governor  
Lindsay M. Weaver, MD, FACEP  
State Health Commissioner

August 21, 2024

Dear Chief Medical Officer:

Protecting the health of Hoosiers is my top priority as state health commissioner. The Indiana Department of Health cannot address this need alone and recognizes that public-private partnerships are critical. I am grateful for your collaboration and coordination and invite you to join us in a call to action to prevent cancer.

Human papillomavirus vaccine is safe and effective and prevents six types of cancer. Direct healthcare costs of cervical cancer alone in Indiana total \$50 million annually, and Indiana has the seventh lowest HPV vaccination rate in the United States.<sup>1</sup>

In partnership with the American Cancer Society, Indiana Chapter of American Academy of Pediatrics, Indiana Chapter of American Family Physicians, and the Indiana Immunization Coalition, the Indiana Department of Health has implemented a series of evidence-based interventions to ensure Hoosiers are protected from human papillomavirus.

The Indiana Department of Health:

- Has a quality measure for all VFC providers evaluated through an Immunization Quality Improvement Plan
- Tracks and publishes HPV vaccination rates<sup>2</sup>
- Forecasts HPV vaccination through CHIRP on a child's 9<sup>th</sup> birthday to ensure timely vaccination series completion. This protocol is endorsed and supported by American Cancer Society, the National American Academy of Pediatrics, and the National HPV Roundtable.
- Supports reminder recalls to parents/guardians regarding missed vaccinations.
- Develops a comprehensive Indiana human papillomavirus cancer burden report in partnership with the Indiana Immunization Coalition

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

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HPV Call to Action • August 21, 2024  
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Here are recommended actions to implement in your health system that will have a direct impact on Hoosier health outcomes:

- Ensure EMR is forecasting HPV on a child's 9<sup>th</sup> birthday, mirroring CHIRP;
- Establish quality measures to ensure providers are working towards a shared goal;
- Support reminder recalls;
- Host an HPV Summit organized by the Indiana Immunization Coalition;
- Enroll providers in an HPV Maintenance of Certification project:  
<https://indianahpvmoc.vaccinateindiana.org/login>

Thank you for considering these evidence-based interventions. The Indiana Department of Health is ready to support your efforts, and together we will lower the cancer burden in Indiana.

Sincerely,

Lindsay Weaver, MD, FACEP  
State Health Commissioner

References:

- <sup>1</sup>[2018-indiana-cervical-cancer-strategic-plan-isdh-2019-2028.pdf \(indianacancer.org\)](#)
- <sup>2</sup>[Health: Immunization: HPV Data \(in.gov\)](#)

# Maintenance of Certification

IDOH partnership



## What is an MOC?

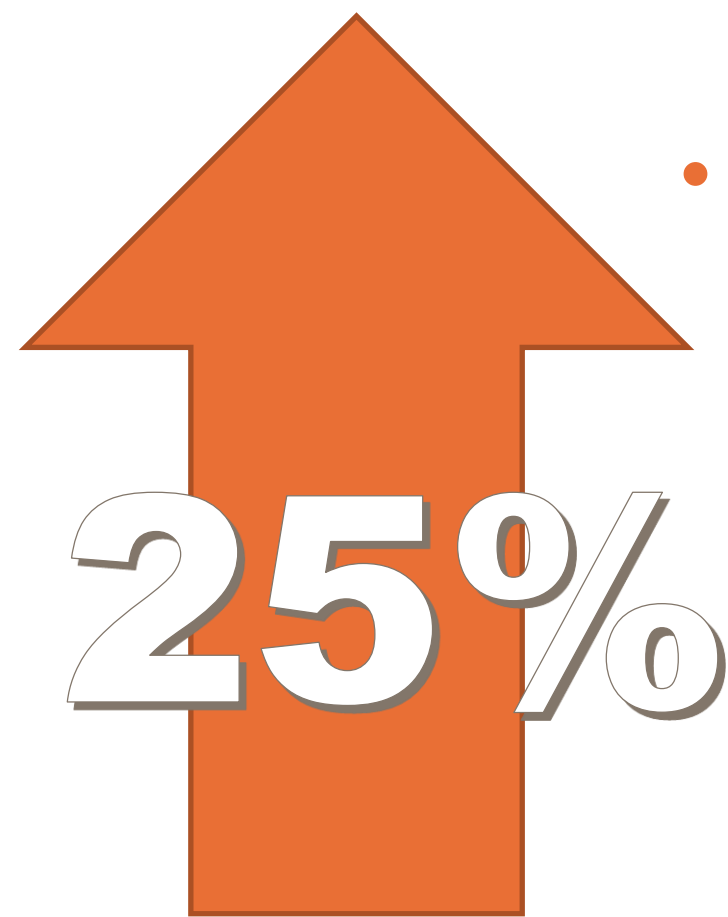
- MOC = Maintenance of Certification
- Designed by the American Board of Medical Specialties
- A way to ensure a continuous cycle of lifelong learning for a physician's professional development
- This MOC is a Part IV, Performance in Practice Project, approved for physicians by:
  - American Board of Pediatrics
  - American Board of Family Medicine





## Details of the MOC

- Program provides HPV education and recommendations to increase HPV vaccination rates
- Six month project
  - Submit monthly numbers of patients who are eligible to receive the vaccine as well as numbers of patients who actually receive the vaccine
  - Aim to increase 1st dose HPV vaccine rate (M/F ages 9-21) by 25% during this period
- The cost to participate in this MOC project is \$50, which includes educational materials; Indiana physicians are no cost

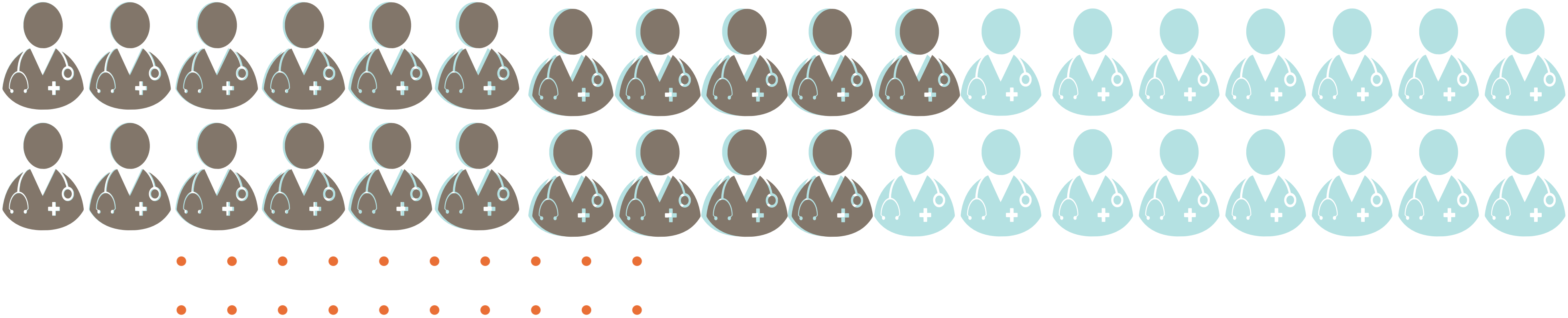


# Outcomes

- Data summarized for first 36 pediatricians to complete MOC
- Providers represented 14 states

**61%** percent noted ANY increase of vaccine rates from first to sixth month of project

**50%** showed 25% or greater rate of improvement in vaccine rates over six-month period

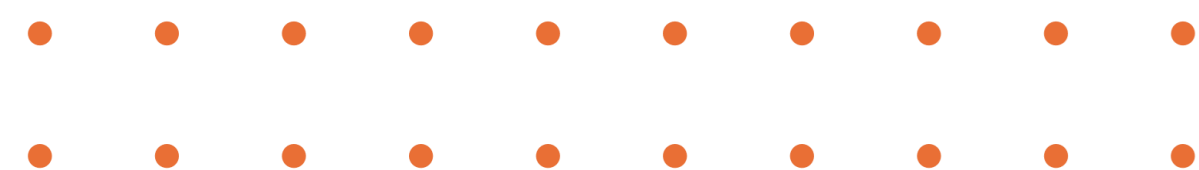


## MOC Partnerships

### 2018 Indiana Mandate

- Indiana State Department of Health mandated the MOC project for VFC providers who had HPV vaccine rates below 25%

2019 HPV Education Requirement as one of their VFC re-enrollment requirements



## MOC Mandate Results

- 553 Enrolled in the MOC (some of these are test names)
  - 217 have completed the program
  - 86 are still active
  - 250 withdrawn by request or by us for lack of participation
- 38 providers had a greater than 25% increase in rates over the 6 months
- 79 providers had any increase in the HPV vaccination rate
- In 2022, the original list went down from 288 to 143 providers and only 60 of these were repeats from the first list.





## Other policy initiatives

- Registry forecast at age 9. CHIRP 9-12 Years old is Due Now. 13 and older is Past Due.
- Does your school sports physical paperwork include vaccine information?
- Legislative breakfast
- MCE joint partner letter
- Project ECHO partnerships







# NATIONAL HPV Conference

April 15 -17, 2025

Hyatt Regency | Indianapolis, Indiana



### Keynote Speaker



Robin Vanderpool, DrPH

Robin C. Vanderpool, Dr.P.H., is chief of the Health Communication and Informatics Research Branch (HCIRB) in the Division of Cancer Control and Population Sciences at the National Cancer Institute (NCI). Dr. Vanderpool's scientific background includes both formative and interventional research on HPV vaccination, cancer screening, cancer survivorship, implementation science, and rural cancer control.

### Keynote Speaker



Georgina Peacock, MD, MPH

Dr. Georgina Peacock is the Director of the Immunization Services Division (ISD) in the National Center for Immunization and Respiratory Diseases (NCIRD) at CDC. In this role, Dr. Peacock oversees support of immunization programs, provider and public education, and evaluation and research. During her 15 years with CDC, Dr. Peacock has been dedicated to developing and implementing public health programs that support children and adults in underserved populations to lead healthy lives.

### HPV Survivor Panelist



Tamika Felder, Survivor

Diagnosed with cancer at 25 while working as an award-winning television producer in Washington, D.C., Tamika has spent the rest of her life proving that triumph over tragedy is entirely possible. A cancer survivor, award-winning women's health advocate, and Chief Visionary at [Cervivor](#) – a nonprofit dedicated to cervical cancer advocacy and support – Tamika also has a mission to eradicate cancer and shine a spotlight on the patient voice in healthcare.

## Vaccination & Prevention

This track will focus on measures to prevent HPV infection, including education and awareness, advocacy, policy, vaccination, sexual health, health disparities, and more. Speakers will be encouraged to share programs, practices, and materials that have been successful in the realm of HPV prevention. Participants will leave with new ideas and actionable items.

## Research & Best Practices

This track invites area experts and researchers to present findings directly related to public-facing HPV care and prevention. Presentations should not be overly technical, but should privilege projects that include evaluation data, consensus statements, or similar approaches to establishing best practices. Applicable topics might include health equity, best practices, health communication, dissemination, or implementation science.

## Cancer Screening & Treatment

This track is focused on the screening and treatment of HPV-related cancers. Innovative and emerging methods, as well as those with high compliance and success, should be discussed. Topics might also include related policy and metrics. As with all tracks, presentations are aimed at those in public-facing environments to aid in understanding and communication.

## Public Health & Collaboration

This track seeks to help organizations collaborate and engage to further public health initiatives around HPV. Applicable topics might include health disparities and equity, legislation, policies, examples of successful partnerships, and public health outreach programs.



PROJECT  
**HPV-FREE**

# Project HPV Free

Collegiate Vaccination Toolkit

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## Vaccination Education for Pharmacists and Dentists

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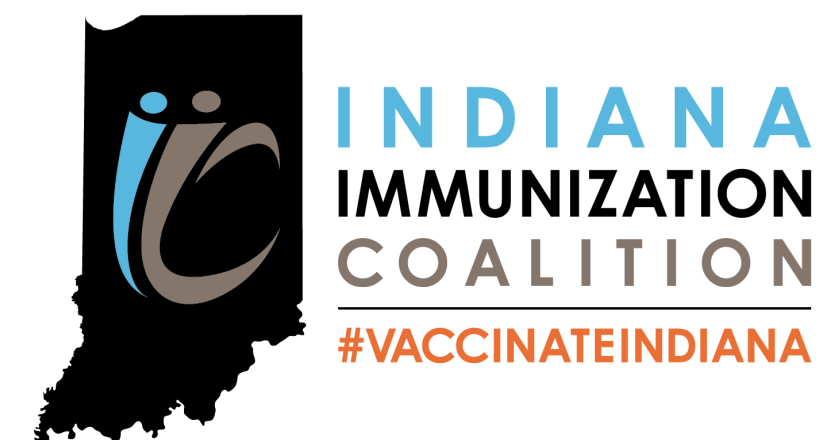




Check our website for current resources  
at [www.vaccinateindiana.org](http://www.vaccinateindiana.org)

New Dental HPV information brochure

Postcard for parents of 8 year olds







INDIANA  
IMMUNIZATION  
COALITION  
#VACCINATEINDIANA

# Thank you!

[director@vaccinateindiana.org](mailto:director@vaccinateindiana.org)

[www.vaccinateindiana.org](http://www.vaccinateindiana.org)







**Char Raunio**  
**Associate Director, State Partnerships**  
**Washington & Oregon**



**HPV Free Washington**



# Washington HPV Free Task Force Leadership

- Strong, active **WA HPV Free Task Force Leadership**
- Reassembled and gained strength through the pandemic, meeting monthly
- Leadership Members:
  - *DOH Comprehensive Cancer Program*
  - *DOH Immunization Health Education*
  - *Independent Pediatric Physician Champion*
  - *South Puget Intertribal Planning Agency*
  - *Hospital System's Pediatric Physician*
  - *Glaxco Smith Kline Public Health-Vaccines*
  - *Cervivor*
  - *American Cancer Society*





## *2021 Pilot Project HPV Vaccination At Age 9*

- Project focus: Begin *HPV Vaccination at Age 9* with two pediatric clinics
- Team met with clinics (separately) once a month/five months, 45 mins. Provided HPV vaccination education centered on cancer prevention, cleaning vaccine data, strong recommendations from all clinic staff, recall reminders, and educational materials (posters, cue cards, etc.)
- At project conclusion, met with clinic staff to discuss process/follow through/evaluation at six, nine, 12 & 15 months



*Pediatric Group (Single Clinic)  
9-10 yr. old's  
Feb. 21, 2021 - March 3, 2022*

17.6% increase in HPV initiation rates

*Pediatrics Group (Eight Clinics)  
9-10 yr. old's  
May 1, 2021 - May 1, 2022*

33% increase in HPV initiation rates  
2% increase in HPV series completion rates

## ***Barriers to Wide-Scale Implementation of HPV Vaccinations at Age 9***



- Lack of awareness and understanding by providers
  - ✓ Starting at age 11-12, state failing to get most kids vaccinated on-time
- Lack of awareness and understanding by providers
- Concern vaccinating at age 9 might contradict CDC guidelines (not true)
- Confusion caused by “Optional” forecasting in WA. Immunization Information System (WA IIS)
- Inability to track 9-10 yr. old coverage rates, at state and county levels
- Inability to change the EMR prompt at many clinics



# Addressing the Barriers Implementing HPV Vaccinations at Age 9



**Vaccination Forecast**  
The forecast automatically switches to the catch-up schedule when a patient is behind schedule.

Vaccine Group	Forecasted Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
HEP-A	1	08/12/2013	08/12/2013	08/12/2014	Past Due
POLIO	4	08/12/2016	08/12/2016	08/12/2019	Past Due
VARICELLA	2	08/12/2016	11/07/2014	08/12/2019	Past Due
Coronavirus (SARS-CoV-2)(COVID-19)	1	12/12/2020	12/12/2020	01/22/2021	Past Due
FLU	1	07/01/2021	07/01/2021	07/28/2021	Past Due
HPV	1	08/12/2023	08/12/2021	09/08/2025	Optional
MENINGOCOCCAL	1	08/12/2023	08/12/2023	09/08/2025	Not Yet Due
Tdap	B	08/12/2023	08/12/2023	09/08/2025	Not Yet Due
MENINGOCOCCAL B, OMV (Clinical Discretion)	1	08/12/2028	08/12/2022	09/11/2028	Not Yet Due
MENINGOCOCCAL B, RECOMBINANT (Clinical Discretion)	1	08/12/2028	08/12/2022	09/11/2028	Not Yet Due

**Due Now** -- As of today's date, the patient's age falls between the recommended minimum age and the recommended maximum age for this dose and the absolute minimum interval has been met since the last dose.

- July 2022, WA. HPV Free Task Force Leadership requested a meeting with the WA. Vaccine Advisory Committee to request a change to WA IIS
- Request: Change HPV vaccinations to begin at age 9, Due, opposed-Optional



## *Summary of Vaccine Advisory Committee Meeting*

- Addressed Healthy People 2030 goal
- Pandemic impact on vaccination rates
- Addressed Statewide Vaccination efforts
- Emerging best practices for beginning HPV Vaccinations at age 9
- Supporting Journal Publications outlining successes, including outcomes from local Pilot Project
- Addressed the ability to complete vaccine series by 13 years old

- Outlined endorsements from American Academy of Pediatrics, American Cancer Society, WA Child Health Improvement Partnership, and 2017 WA DOH Clinical Guidance
- Provided Letters of Supports from American Cancer Society and the WA HPV Free Task Force





## Summary of Vaccine Advisory Committee Meeting

### **Motion Request to WA Vaccine Advisory Committee**

- Encourage providers to routinely start HPV Vaccinations at age 9
  - Change WAIS forecast - HPV Vaccination to begin at age 9, Change to **Due** - from **Optional**
  - Track vaccination rates for 9–10-year-olds at state level
- 
- WA Vaccine Advisory Committee passed motion unanimously to act on all three motions requested. The recommendation was submitted to WA State Secretary of Health, Dr. Shah for acceptance
  - Dr Shah agreed with recommendations & began process to change the WA. HPV forecasting to reflect HPV vaccines beginning at age 9 in WA IIS



## *Starting HPV Vaccinations at Age 9*



- Approximately a six-month testing period was scheduled before officially launching IIS change
- WA DOH sent *Vaccine Provider Letters* from Dr. Shah, notifying of the upcoming forecast change and reasoning behind the change. A second letter was sent when forecasting changed
- **January 20, 2023**, WA State Immunization Information System (WA-IIS) was updated to forecast HPV vaccinations beginning at age 9, to **Due** at age 9



## WA HPV Free Task Force Support



- WA HPV Free Task Force sent *Dear Vaccine Provider* Letters announcing the WA IIS forecasting change with supporting information and education around beginning HPV vaccinations at age 9

- Provided “*Why at 9*” webinar, with CME’s for providers and clinic staff. Available online on DOH website for six months



***HPV Vaccine Starts at 9:  
Why? How? Now! – Cancer Prevention Made Easy***

- WA DOH developed HPV at 9 webpage – [doh.wa.gov/hpv-at-nine](https://doh.wa.gov/hpv-at-nine)  
Resources, Data links, Materials in multiple languages  
Trainings, Social posts, Additional links to *At 9* resources





# WA HPV Free Task Force Support



Task Force Leadership distributed HPV at age 9 materials at no cost across the state – over 5,000 pieces distributed

- *Protect Preteen/Teen with Vaccines* posters, laminated
- HPV Cue Cards
- Dental Provider Cards added to patient's bags

Target: Clinics, tribes, health districts, schools

**Protect Your Preteen/Teen with Vaccines**

Protect them from serious diseases including HPV cancers, meningitis, tetanus, whooping cough, flu, and COVID-19.

**AGES 9 - 10**

- HPV dose 1 (human papillomavirus)
- HPV dose 2 (6-12 months after dose 1)

**AGES 11 - 12**

- Meningitis dose 1 (MenACWY)
- Tdap (tetanus, diphtheria, pertussis)
- HPV (if 2 doses haven't been given)

**AGE 16**

- Meningitis dose 2 (MenACWY)
- Meningitis B series (MenB)

**YEARLY**

- Flu (seasonal influenza)

Preteens and teens should stay up-to-date with COVID-19 vaccine to help protect them from COVID-19.

**National HPV Vaccination Roundtable**

This publication was supported in part by funding from the Centers for Disease Control and Prevention. Through Government-to-Government agreements with tribal governments. The content of this publication does not necessarily represent the official views of, nor an endorsement by the CDC/NHCV or their U.S. Government.

**HPV Vaccine: It's Cancer Prevention**

**Who?** All kids (both boys and girls) should get the vaccine starting at age 9.

**What?** The human papillomavirus (HPV) vaccine is a cancer prevention vaccine.

**Why?**

- The HPV vaccine prevents 6 different cancers (mouth/throat, cervix, vulva, vagina, penis and anus).
- The HPV vaccine prevents most genital warts.
- The HPV vaccine is safe and effective, with no long term side effects.
- The HPV vaccine has been given for more than 15 years and provides long lasting protection.

**When?**

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

**American Cancer Society** | **National HPV Vaccination Roundtable**

Special Acknowledgments to the WA HPV Free Taskforce for the creation of this resource.

That's why we, as your dentist, recommend the HPV vaccine to prevent cancers of the mouth & throat, and five other cancers.

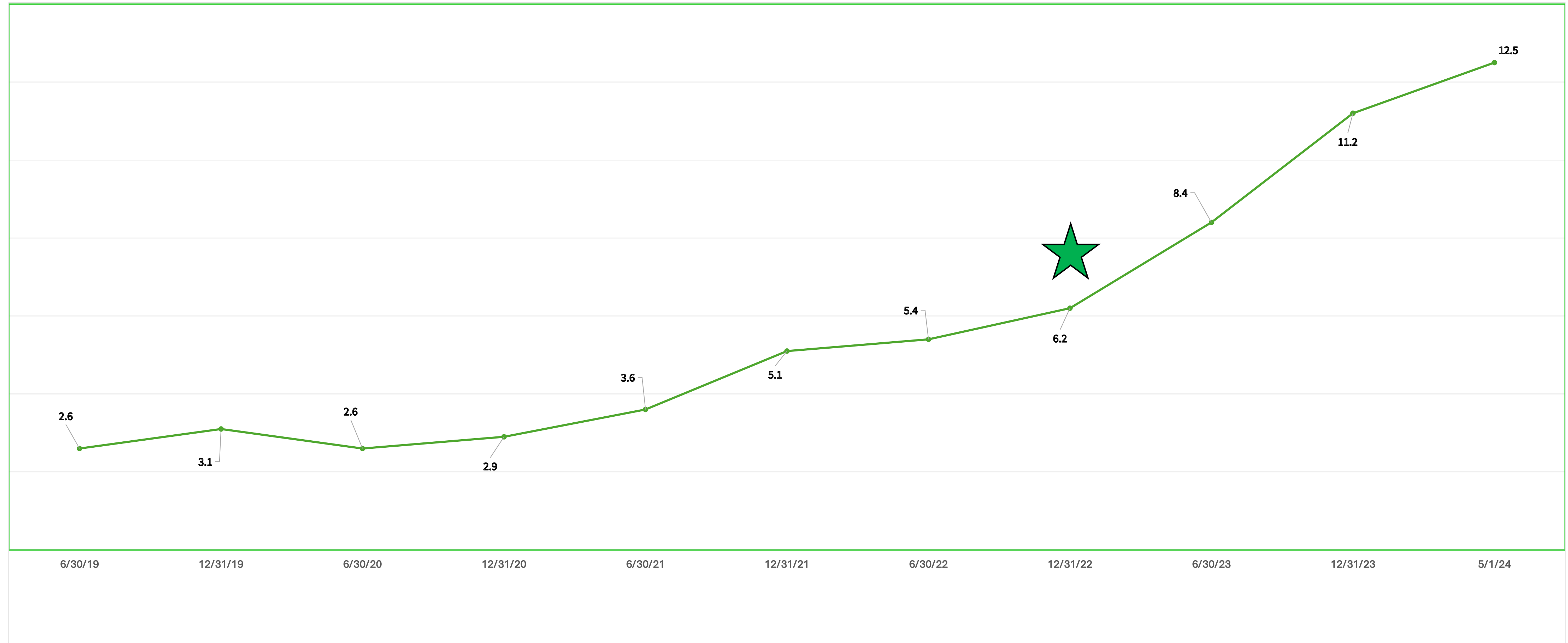
**Make an appointment with your health care provider to get the HPV vaccine starting at age nine.**

Are you serious about preventing cancer?

**We are!**

**\* Special Acknowledgments to the WA HPV Taskforce for the creation of this resource**

# WA HPV @ Age 9 Vaccine Growth







***Thank You***

# Rapid Q&A



# 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



# Future Opportunities Poll

- What topics would you like to see for the quarterly best practices in 2025?
- Would you be interested in participating in a quality improvement project to increase your HPV vaccination rates (data sharing, monthly calls)?




# Takeaway Resources



# ACS HPVRT Evidence Summaries

## [Click here to access!](#)



### HPV Vaccination Starting at Age 9

**What's known**

Adolescent vaccination coverage is improving, but gaps remain between HPV and other adolescent vaccines. On-time HPV vaccination series completion is especially low.

- Adolescent (ages 13-17 years) HPV vaccination coverage, as assessed in 2023, has remained steady in the United States:
  - 76.8% of adolescents have received at least 1 HPV vaccine dose compared with 76% in 2022.<sup>1</sup>
  - 61.4% of adolescents are up-to-date with vaccination compared with 63% in 2022.<sup>1</sup>
- HPV vaccination still trails coverage of Tdap vaccine (89%) and quadrivalent meningococcal conjugate vaccine (MenACWY; 88.4%).<sup>2</sup>
- Only 4% of children ages 9-10 years had received the HPV vaccine according to the 2020 National Immunization Survey (NIS)-Teen data.<sup>2</sup>
- Benchmarks for quality improvement (QI), including Healthcare Effectiveness Data and Information Set measures, assess vaccination at age 13 years.<sup>3</sup> Timely HPV vaccination administration starting at age 9 can have a positive impact on organizational quality measures for childhood immunizations and pediatric well-care visits.

The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices recommends routine HPV vaccination for children ages 11-12 years and states that vaccination can begin as early as age 9. The American Cancer Society and the American Academy of Pediatrics recommend starting vaccination at age 9 to increase the likelihood of completing the vaccination series by age 13.<sup>4,5</sup>

HPV vaccination at the earliest opportunity produces a strong immune response.

- HPV vaccination at younger ages (e.g., younger than 15 years of age) yields higher antibody titers compared with vaccination later in adolescence.<sup>6,7</sup>

**What's new**

Efforts to improve HPV vaccination at the first opportunity (e.g., at age 9 years) help improve overall vaccine uptake.

- A study published in 2023<sup>8</sup> using the 2020 NIS-Teen data found that:
  - Among those initiating at ages 9-10 years, 93% completed the series by age 13.
  - Among those initiating at ages 11-12 years, 66% completed the series by age 13.
- QI initiatives, such as electronic medical record prompts to discuss HPV vaccination for patients at age 9 years, led to an 8-fold increase in vaccination prior to 11 years of age (4.6% to 35.7%).<sup>9</sup>
- Pediatric offices that agreed to initiate HPV vaccination in patients ages 9-10 years showed a 13-percentage point increase in vaccination for that age group, which increased in the post-intervention period (27-percentage points).<sup>10</sup>


Parents or providers support HPV vaccination starting at age 9.

- Providers find conversations are easier if sexual activity is not a focus.<sup>11</sup>
- Provider interviews have reported high parental acceptance of HPV vaccination before age 11 years in part due to the opportunity to administer fewer shots at each visit.<sup>11</sup> However, evidence suggests that recommended age is more important than number of doses for motivating parental acceptance and encouraging on-time vaccination.<sup>12</sup>

Individuals due for routine adolescent vaccines during the Covid-19 pandemic, coverage for at least one HPV dose was 3.2 percentage points lower than those due prior to the pandemic (69.2% vs. 72.4%, respectively).<sup>1</sup>

- Rates have returned to pre-pandemic levels for at least one dose of HPV vaccination at age 13 years.<sup>1</sup>
- Compared with the rate of individuals who were up to date with HPV vaccination born in 2007, HPV up-to-date coverage has decreased 7.1 percentage points among those born in 2010 (59.9% vs. 45.8%, respectively).<sup>1</sup>

HPV Best Practices Evidence Summary 2024



### Epidemiologic Evidence: Effectiveness and Safety of the HPV Vaccine

**What's known**

Data have shown that HPV vaccination is safe and effective in preventing precancers and genital warts.

Evidence from clinical trials has led to the recommendation for routine provision of the 9-valent HPV (9vHPV) vaccine starting at age 9 years.<sup>1</sup>

No new safety concerns have been observed in data from post-licensure safety studies of 9vHPV vaccination.<sup>2</sup>


**What's new**

Data from long-term observational studies continue to confirm the effectiveness and safety of HPV vaccination.

**HPV vaccine effectiveness**

- In the United States, cervical cancer incidence in young women (ages 20-24 years) decreased by 65% from 2012 to 2019. These women were among the first cohort of adolescents to receive the HPV vaccine. As vaccinated women age, the protective effect is carried forward into older age groups; for women ages 25-29 years, cervical cancer incidence dropped 6.8% per year from 2016 to 2019.<sup>3</sup>
- Vaccine-type HPV infections have decreased by 81% for women in the United States ages 20-24 years and 88% for those ages 14-19 years. These declines also occurred in unvaccinated women, offering evidence of community protection (i.e., herd immunity) from HPV vaccination.<sup>4</sup>
- Recent systematic analyses of the impact of HPV vaccines on oral HPV infection identified a significant decrease in oral HPV infections in vaccinated participants (range 72%-93%).<sup>5,6</sup>
- A 70% reduction in high-grade anal precancers and cancers among women who received the HPV vaccine before age 17 years has been reported.<sup>7</sup>
- Multiple international studies indicate that a single dose of HPV vaccine may be effective for cervical cancer prevention.<sup>8</sup>

HPV Best Practices Evidence Summary 2024



### School-entry Requirements for HPV Vaccination

**What's known**

For more than a decade, school-entry requirements for HPV vaccination have generated substantial discussion.

Since 2006, 40 states, the District of Columbia, and Puerto Rico have proposed legislation to require HPV vaccination for school entry, fund HPV vaccination administration programs, or educate the public or school children about the benefits of HPV vaccination.<sup>1</sup>


- Five jurisdictions require families to vaccinate their children (boys and girls) against HPV or receive an exemption before starting a particular grade: Hawaii, Puerto Rico, Rhode Island, Virginia, and the District of Columbia. Opt-out provisions vary.<sup>1</sup>
- A national, web-based survey of parents or guardians of 11- to 17-year-olds found that 38% of parents or guardians agreed with laws requiring HPV vaccination for school attendance without exemptions. When including exemption provisions, parental agreement increased to 45% for philosophical reasons, 50% for religious reasons, and 59% for medical reasons.<sup>1</sup>
- A systematic review of 36 studies from 2009-2022 assessing the association between policies and HPV vaccination coverage among adolescents (defined as ages 9-18 years in this study) in the United States found consistent positive associations between school-entry requirements and HPV vaccination uptake.
  - School-entry requirements for other vaccines had positive spillover effects for HPV vaccinations.<sup>2</sup>

**What's new**

Ongoing discussions of school-entry requirements explore the ethical, political, and legal implications of these policies.<sup>3,4</sup> Such debates are likely to continue as clinical and behavioral studies inform policy initiatives to improve HPV vaccination rates and help reduce HPV cancers.

- A study using National Immunization Survey-Teen data from 2008-2017 found that levels of HPV vaccination initiation in girls was significantly higher (32%) in Rhode Island after vaccination school-entry policies were implemented compared with pre-policy levels. Similar increases were noted for post-policy HPV vaccination initiation in boys in the District of Columbia (16%) and Rhode Island (17%) compared with pre-policy levels.<sup>5</sup>
- In 2018, jurisdictions with school-entry requirements had higher HPV vaccination rates (District of Columbia, 71%; Virginia, 55%) compared with the nation overall (51%). In 2022, national HPV vaccination rates increased to 63%, closing the gap (District of Columbia, 78%; Virginia, 63%).<sup>6</sup>

HPV Best Practices Evidence Summary 2024



### Rural Disparities in HPV Vaccination

**What's known**

Rural adolescents have lower HPV vaccine uptake than their urban counterparts due to barriers at multiple levels.

- The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices recommends routine HPV vaccination for children ages 11-12 years and states that vaccination can begin as early as age 9.<sup>1</sup> The American Cancer Society and the American Academy of Pediatrics recommend starting vaccination at age 9 to increase the likelihood of completing the vaccination series by age 13.<sup>2,3</sup>
- Adolescents (ages 13-17 years) in rural communities are less likely to be vaccinated against HPV than those in urban areas, which may exacerbate disparities in cancer outcomes experienced by rural residents.<sup>4</sup>
  - Data from the CDC confirm that from 2018-2022 up-to-date HPV vaccination among adolescents in rural areas was 11-percentage points lower compared with urban communities (50% versus 61%, respectively).<sup>5</sup>
  - Additional data suggest rural young adults (ages 18-26 years) are less likely to initiate HPV vaccination compared with their urban counterparts.<sup>6</sup>
- Low HPV vaccination uptake and completion among individuals in rural areas may be due to numerous barriers faced by rural residents at multiple levels.<sup>4</sup> Barriers include, but are not limited to the following:
  - Individual-, interpersonal-, organizational-, and community-level barriers to accessing preventive health care services, including HPV vaccination, in rural communities<sup>7</sup>
  - Rural residents' lack of knowledge of HPV's link to cancer and their limited awareness of the HPV vaccine<sup>8,9</sup>
  - Limited collaborative communication between parents or guardians and health care providers about HPV vaccination in rural areas<sup>10</sup>
  - Systems-level challenges with vaccine distribution and access, vaccination tracking in electronic health records, missed opportunities for vaccination, provider shortages, and clinical constraints such as long appointment wait times<sup>7</sup>
  - Few widely available evidence-based HPV vaccination interventions focused on rural communities<sup>11</sup>


HPV Best Practices Evidence Summary 2024





# ACS HPVRT Cancer Prevention Through HPV Vaccination Action Guides


American Cancer Society | NATIONAL HPV VACCINATION ROUNDTABLE



**Cancer Prevention Through HPV Vaccination:**  
An Action Guide for Health Plans


American Cancer Society | NATIONAL HPV VACCINATION ROUNDTABLE

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



American Cancer Society | NATIONAL HPV VACCINATION ROUNDTABLE

**Cancer Prevention Through HPV Vaccination:**  
An Action Guide for Nurses and Medical Assistants





# Upcoming Opportunities





# Rural HPV Vaccination Learning Community

## Next Session: December 4<sup>th</sup> 2PM ET




### Learning Session Details

Date	Topic	Recording	Slide Deck
March 20, 2024	Setting the Stage: Networking & Orientation	<a href="#">Recording</a>	<a href="#">Slides</a>
April 10, 2024	A Deep Dive into HPV Vaccination Data	<a href="#">Recording</a>	<a href="#">Slides</a>
May 22, 2024	HPV Vaccination Starting at Age 9	<a href="#">Recording</a>	<a href="#">Slides</a>
June 12, 2024	ABC's of QI: AIM Statement & Building a Team	<a href="#">Recording</a>	<a href="#">Slides</a>
July 17, 2024	ABC's of QI: Process Mapping & Gap Analysis	<a href="#">Recording</a>	<a href="#">Slides</a>
August 14, 2024	Finding the Best Fit: Evidence Based Interventions & HPV Vaccinations	<a href="#">Recording</a>	<a href="#">Slides</a>
September 18, 2024	ABC's of QI: PDSA Cycles	<a href="#">Recording</a>	<a href="#">Slides</a>
October 16, 2024	Highlighting Best Practices: Reducing Structural Barriers	<a href="#">Recording</a>	<a href="#">Slides</a>
November 13, 2024	Highlighting HPV Vaccination Best Practices	<a href="#">Recording</a>	<a href="#">Slides</a>
December 4, 2024	Celebrating & Sustaining Success	<a href="#">Recording</a>	<a href="#">Slides</a>





  **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?

 <p><b>Most patients will be exposed to HPV:</b> HPV is extremely common. The HPV vaccine provides protection from these infections and six types of cancer.</p>	 <p><b>Pandemic impact:</b> Nationally 8.4 million doses have been missed, leaving many children unprotected from future cancers. The impact on publicly insured children has been significant.</p>	 <p><b>Population health management:</b> Rural communities lag 10% behind the national average for HPV vaccination. HPV underperforms compared to other ACIP recommended vaccines, including Tdap and MenACWY.</p>	 <p><b>Improve HEDIS IMA/CHIP metrics:</b> Payors may tie incentives to performance improvements on adolescent immunization measures.</p>
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# Pharmacy Continuing Education Opportunity



## Pharmacists & Pharmacy Technicians as Cancer Prevention Champions

### Free Continuing Education

The human papillomavirus (HPV) is extremely common. The HPV vaccine provides protection from six types of cancer. However, Texas lags behind the US average, leaving Texas adolescents unprotected from HPV related cancers. Additionally, the HPV vaccine underperforms compared to other ACIP recommended vaccines, including Tdap and MenACWY. Pharmacists are a trusted source for health information, are highly accessible and are authorized to administer immunizations. The American Cancer Society (ACS) is seeking **Texas pharmacists and pharmacy technicians** to join a two part learning series focused on providing current HPV vaccination information, strategies to increase awareness of HPV vaccination and tools to increase utilization of evidence based interventions to increase HPV vaccination in pharmacies.

#### Educational Objectives:

- Discuss the importance of HPV vaccination
- Identify key points around HPV infection, related cancers, and vaccination rates
- Describe communication strategies for HPV vaccination
- Identify pharmacy solutions to vaccination barriers
- Review evidence-based interventions to increase HPV vaccinations in your pharmacy
- Explain how to increase on-time HPV vaccination rates

#### Subject Matter Expert Speakers:

- Erika L. Thompson, PhD, MPH, CPH, FAAHB  
Associate Professor, Department of Quantitative and Qualitative Health Sciences  
UT School of Public Health San Antonio
- Chantelle Parker, PharmD, MBA  
Healthcare Specialty Supervisor  
Houston Southeast  
Walgreen Co.

### Date/Time

Nov 21, 2024  
12-1pm CST

Dec 12, 2024  
12-1pm CST

### Topic

HPV vaccination Facts & Communication Strategies

HPV Evidence Based Interventions & Immunization Champions

Please scan QR code or [click here](#) to register for the webinar series!



Date/Time	Topic	Pharmacy CE Credit
Nov 21, 2024 12-1pm CST	HPV vaccination Facts & Communication Strategies	<a href="#">CE Information</a>
Dec 12, 2024 12-1pm CST	HPV Evidence Based Interventions & Immunization Champions	<a href="#">CE Information</a>

Please scan QR code or [click here](#) to register for the webinar series!







NATIONAL  
**HPV Conference**

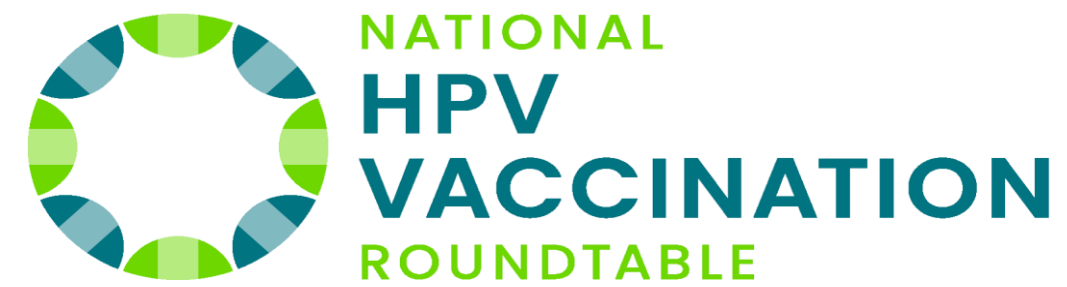
April 15 -17, 2025

Hyatt Regency | Indianapolis, Indiana

Visit [nhpvc.org](http://nhpvc.org) for  
additional information and  
to register!



# Partner Acknowledgement



# Funder Acknowledgement

This program 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 total award totaling \$1,000,000 with 100% funded by CDC/HHS. The contents are those of ACS 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.





# HPV Vaccine Best Practices: System and Policy Interventions

November 20, 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.

#### Nurses

Indiana University School of Medicine designates this activity for a maximum of 1.0 *ANCC contact hours*. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

#### Pharmacists

Indiana University School of Medicine designates this activity for 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 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.**

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](mailto:cehp@iu.edu)



SCHOOL OF MEDICINE

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# EVALUATION

We value your feedback.

Please complete the evaluation:

[https://iu.co1.qualtrics.com/jfe/form/SV\\_1Uj6Gvjuwr8axpk](https://iu.co1.qualtrics.com/jfe/form/SV_1Uj6Gvjuwr8axpk)



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# 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.