

Welcome to the July 14th ECHO Session

HPV Vaccination in the Mountain West- Back to School and Beyond in the Era of COVID-19



The ECHO session today will be partially recorded and posted to echo.cancer.org



You will be muted with your video turned off when you join the call.
Use the buttons in the black menu bar to unmute your line and to turn on your video.
If you do not wish to have your image recorded, please turn OFF the video option.



Type your name, pronouns, organization/clinic, City/State, and role/title in the chat box



This ECHO session takes place on the Zoom platform.
To review Zoom's privacy policy, please visit zoom.us/privacy



Remember: Do NOT share any personal information about any patient



Questions? Type them in the chat box to: Ashley Lach



Before we begin...

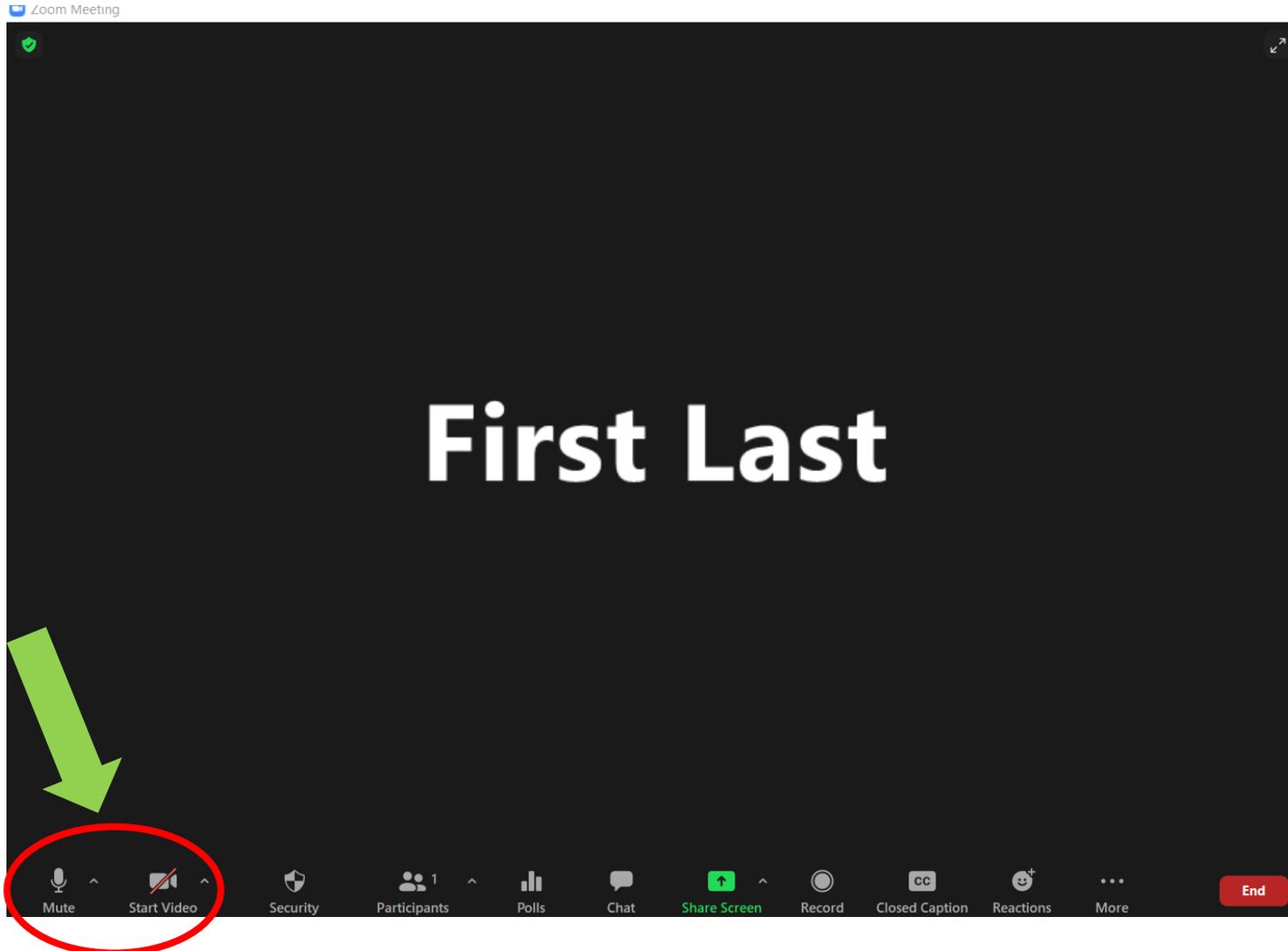


Please put your name, pronouns, organization/clinic, City/State, and your role/title in the chat!

HPV Vaccination in the Mountain West- Back to School and Beyond in the Era of COVID-19 ECHO

Zoom Basics – Audio/Video

Zoom Meeting

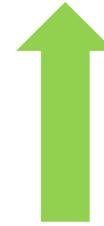


First Last

Mute Start Video Security Participants 1 Polls Chat Share Screen Record Closed Caption Reactions More End

Participants (1)

FL First Last (Host, me) Mute More >



Invite

Mute All

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HPV Vaccination in the Mountain West- Back to School and Beyond in the Era of COVID-19 ECHO

July 14th Agenda

Introductions	5 minutes
Zoom & ECHO Overview	5 minutes
Didactic Presentation <i>Early Bird Gets the Worm: How Moving to Vaccinate at Age 9 Can Revolutionize Cancer Prevention</i> Dr. Sherri Zorn	25 minutes
Didactic Q/A	5 minutes
Facilitated Q/A	15 minutes
Wrap-up	5 minutes

Introductions

Hub Staff



Hannah Nein



Ashley Lach



Tina Turpin



Richard Killewald



Ray Meads, PhD

Introductions

Faculty



Sherri Zorn, MD, FAAP



Aarti Vala, MD



Deanna Kepka, PhD, MPH



Bryan Gibson, PhD, DPT



Abby Moler

1. Genetic counseling factsheets: <https://hci-portal.hci.utah.edu/sites/factsheets/layouts/15/start.aspx#/SitePages/Genetic%20Counseling.aspx>
 - a. This will have links for BRCA1/2 and other materials
2. NCCN Guidelines for STK11 (Peutz Jeghers):

Genetic counseling factsheets: <https://hci-portal.hci.utah.edu/sites/factsheets/layouts/15/start.aspx#/SitePages/Genetic%20Counseling.aspx>

NCCN Guidelines: https://www2.tri-kobe.org/nccn/guideline/gynecological/english/genetic_familial.pdf

National Comprehensive Cancer Network®		
NCCN Guidelines Version 1.2021		
Peutz-Jeghers Syndrome		
Peutz-Jeghers Syndrome: Adult Surveillance Guidelines		
Site	% Lifetime Risk ^d	Screening Procedure and Interval
Breast (women)	32%–54%	<ul style="list-style-type: none"> • Mammogram and breast MRI annually^e • Clinical breast exam every 6 mo
Colon	39%	<ul style="list-style-type: none"> • High-quality colonoscopy every 2–3 y. Shorter intervals may be indicated based on polyp size, number, and pathology.
Stomach	29%	<ul style="list-style-type: none"> • Upper endoscopy every 2–3 y. Shorter intervals may be indicated based on polyp size, number, and pathology.
Small intestine	13%	<ul style="list-style-type: none"> • Small bowel visualization (video capsule endoscopy or CT/MRI enterography) every 2–3 y. Shorter intervals may be indicated based on polyp size, number, and pathology.
Pancreas	11%–36%	<ul style="list-style-type: none"> • Annual imaging of the pancreas with either endoscopic ultrasound or MRI/MRCP (both ideally performed at center of expertise). Also see NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic.
Cervix (typically cervical adenoma malignum)	10%	<ul style="list-style-type: none"> • Pelvic examination and Pap smear annually
Uterus	9%	
Ovary (SCTAT)	18%–21%	<ul style="list-style-type: none"> • Pelvic examination and Pap smear annually
Lung	7%–17%	<ul style="list-style-type: none"> • Provide education about symptoms and smoking cessation. No other specific recommendations have been made

^d Hearle N, et al. Clin Cancer Res 2006;12:3209-3215; Giardiello FM, et al. Gastroenterology 2000;119:1447-1453.

^e See [NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic \(BRCA-A\)](#) for further breast screening recommendations and breast MRI screening. High-quality breast MRI limitations include having: a need for a dedicated breast coil, the ability to perform breast MRI guidance, experienced radiologists in breast MRI, and regional availability. Breast MRI is performed preferably days 7–15 of menstrual cycle in women. The appropriateness of imaging modalities and scheduling is still under study. Lowry KP, et al. Cancer 2012;118:2021-2030.

^f Based on clinical judgment, early initiation age may be considered, such as 10 y younger than the earliest age of onset in the family.

HPV Vaccination in the Mountain West- Back to School and Beyond in the Era of COVID-19 ECHO

What is your experience with increasing HPV vaccines?

- ▶ Tell us about your [challenges](#).
- ▶ Tell us about a [success](#).

Mountain West HPV Project

ACS | NCI CCC Partnership Model

The American Cancer Society received funding in 2020 for a project titled “Mountain West HPV Project – An ACS | NCI CCC Partnership Model to Reduce Geographic Disparities in HPV Vaccination Rates for Adolescents Living in Rural States”. The states included in this work are Idaho, Montana, Nevada, Utah, and Wyoming; states that are experiencing multiple disparities, notably geographic and gender gaps, in HPV vaccination rates. The Center for Health Outcomes and Population Equity (HOPE) at Huntsman Cancer Institute at the University of Utah is a partner on this 3-year grant project. This partnership uses a health equity lens to implement disparity-reducing interventions by leveraging health information technology, Project ECHO, and a regional consortium convening stakeholders to network and share best practices related to HPV vaccination in demographically similar states.

*This grant is made possible through funding from Merck, for the purpose of Mission: HPV Cancer Free Quality Improvement Initiative.



CENTER FOR HOPE





Early Bird Gets the Worm: How Moving to Vaccinate at Age 9 Can Revolutionize Cancer Prevention

Dr. Sherri Zorn, The Polyclinic

Early Bird Gets the Worm: How Moving to Vaccination at Age 9 Can Revolutionize Cancer Prevention

Sherri Zorn, MD

Polyclinic Pediatrics

ECHO: HPV Vaccination in the Mountain West

July 14, 2021



Sherri Zorn MD, FAAP
Polyclinic Pediatrics
Part of Optum since 2019

- 11 pediatricians within a large multispecialty group
- Downtown Seattle, Washington
- Patients:
 - Racial diversity (reflective of King County): 59% White, 17% Asian, 6% Black, 3% Hispanic, <1% American Indian/Alaskan Native, 15% Other or Unknown
 - Majority are English speakers
 - ~95% have private insurance
 - ~75% are up to date with annual well child visit (pre-pandemic)
 - N=3,700 (9-17 y) as of 12.31.2020

Initial HPV efforts 2016 - 2017

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

Barriers:

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

2017 “Permission Slip” from WA DOH

Full letter available
www.WA.DOH.gov



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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

DOH 348-624 April 2017

April 20, 2017

Dear Provider,

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

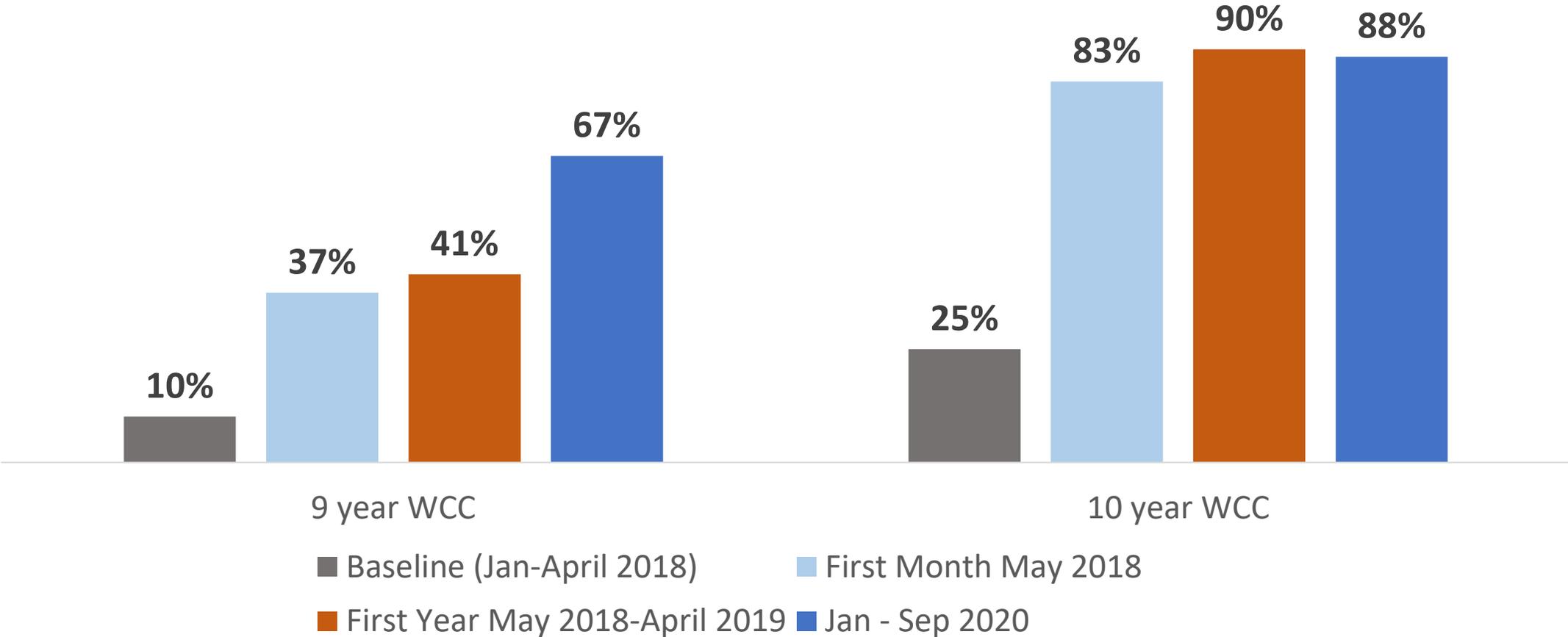
Change to 9-10, April 2018

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

Script for an effective strong recommendation

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

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



Supporting the Change: HPV at 9

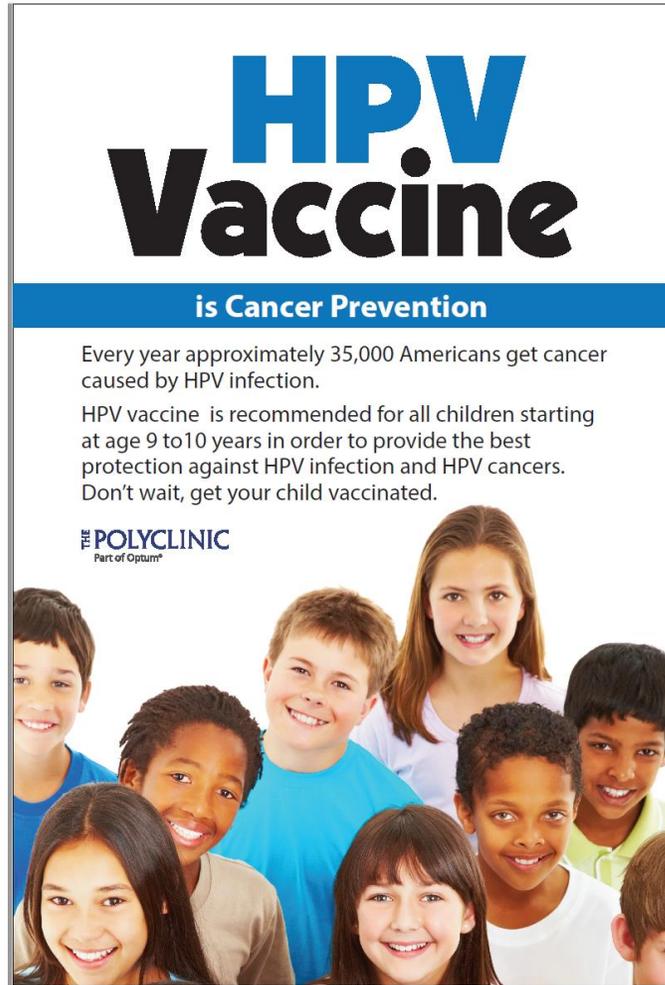
Three essential items:

- Lobby Poster: HPV is Cancer Prevention
- Exam Room Poster: Standard Immunization Schedule
- HPV Vaccine Facts Cue Card

Helpful items:

- EMR prompt at age 9 (we are in process of creating)
- Exam room posters: HPV at 9
- HPV pamphlets for hesitant parents

Lobby Poster



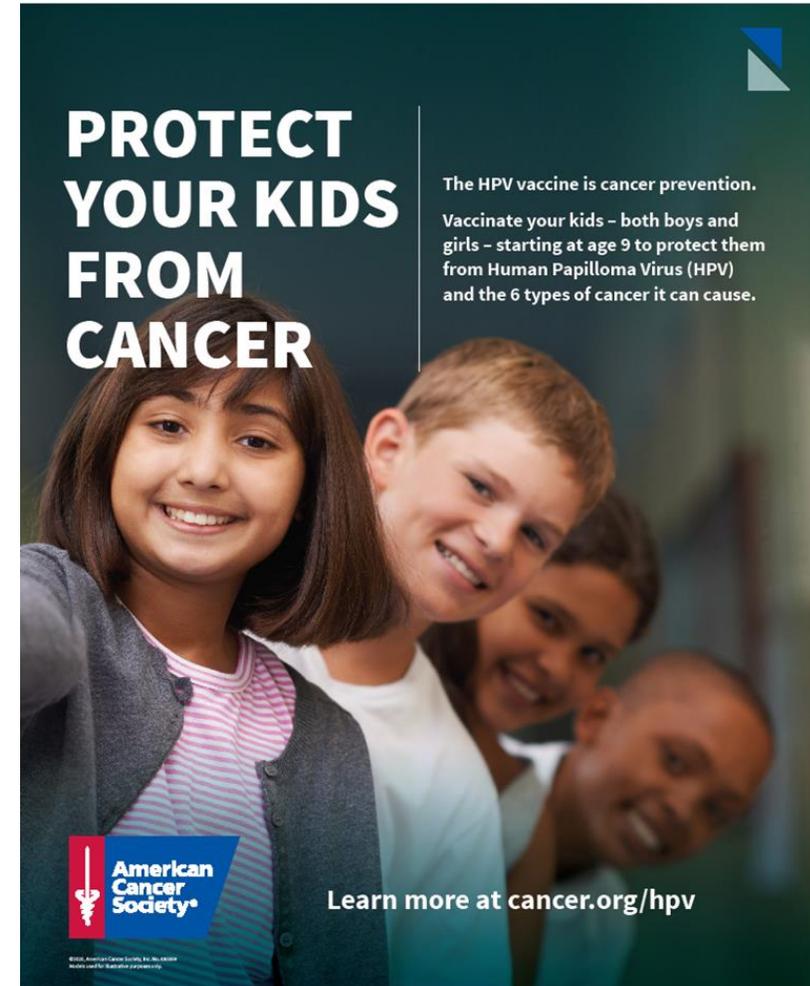
HPV Vaccine
is Cancer Prevention

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

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

THE POLYCLINIC
Part of Optum®

A group of diverse children of various ethnicities and ages are smiling at the camera.



PROTECT YOUR KIDS FROM CANCER

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

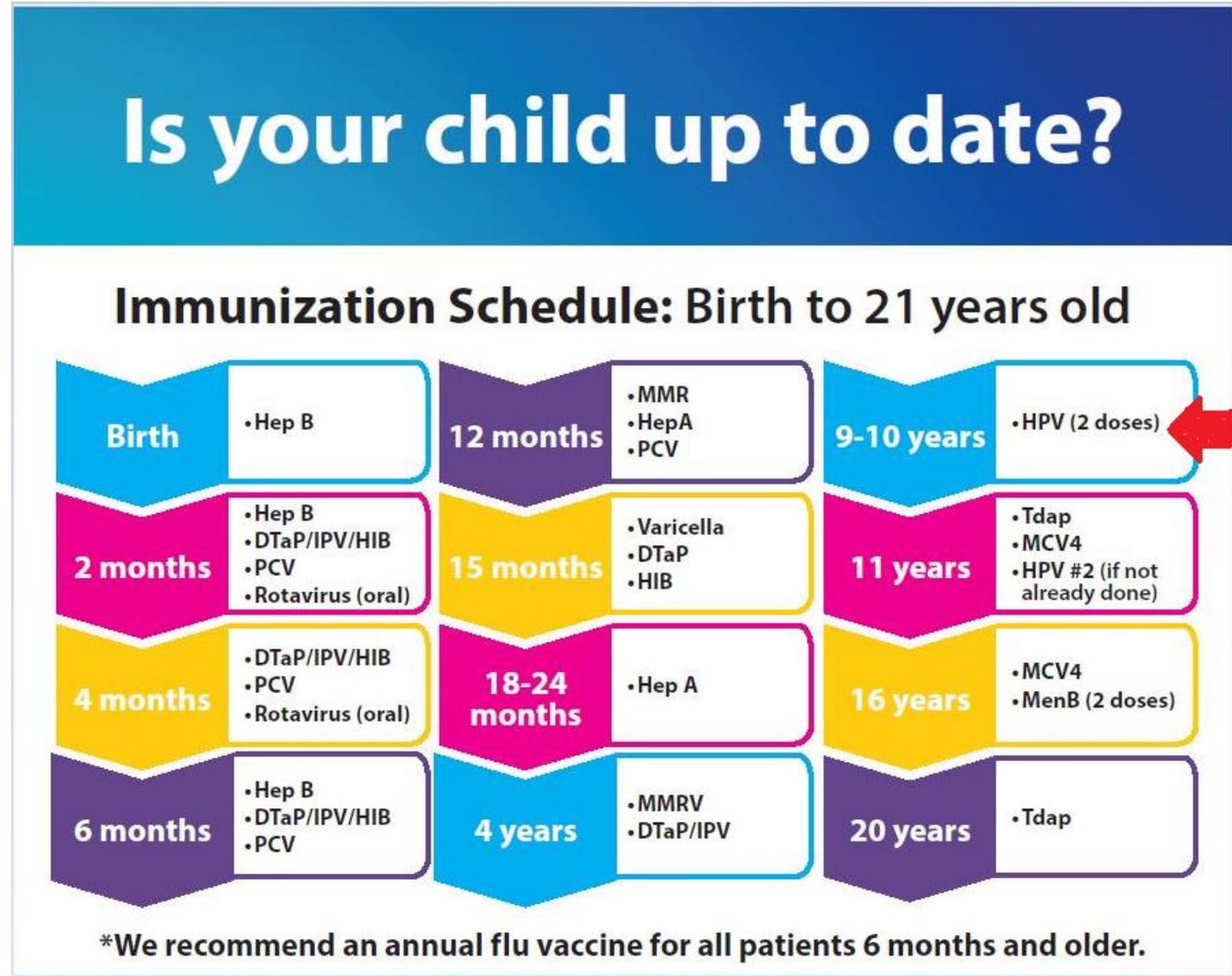
American Cancer Society®

Learn more at cancer.org/hpv

A group of diverse children of various ethnicities and ages are smiling at the camera.

Exam Room Poster

Standard Immunization Schedule



Cue Card

HPV Vaccine Facts | HPV Free WA

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

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

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

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

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



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

Few Barriers:

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

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

Outreach is still essential, but keep it simple:

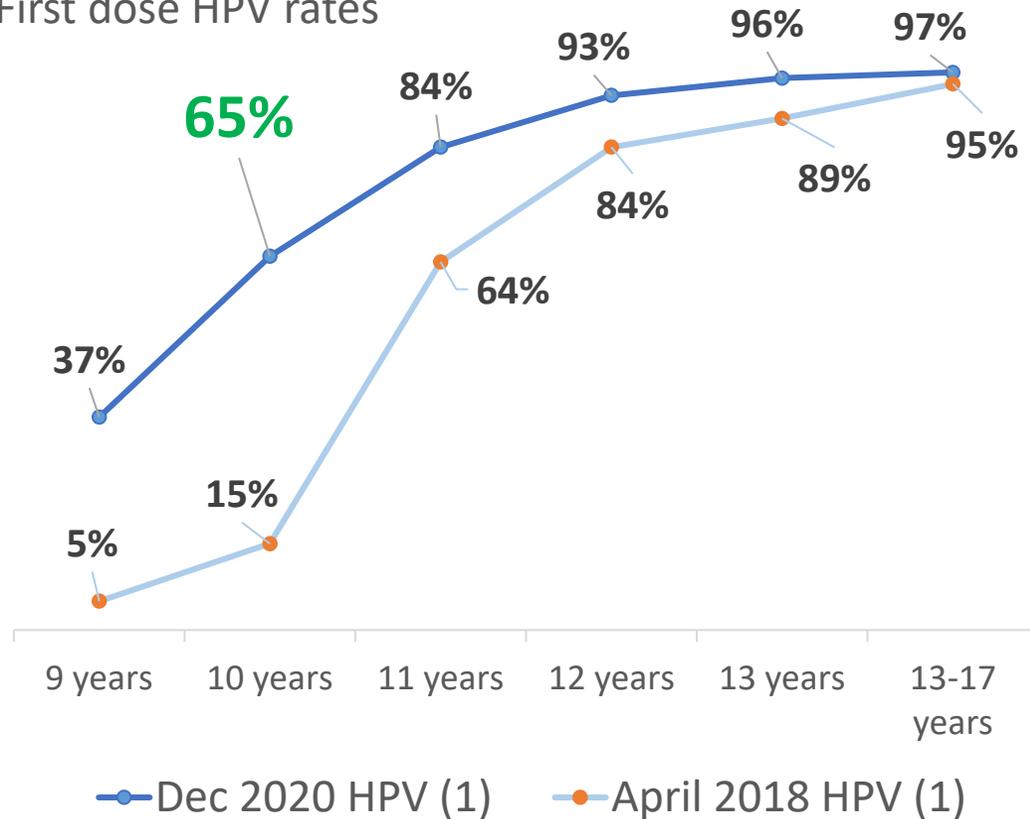
- Focus on annual well child visits
- Reminder letter for overdue 2nd dose, age 12-17

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

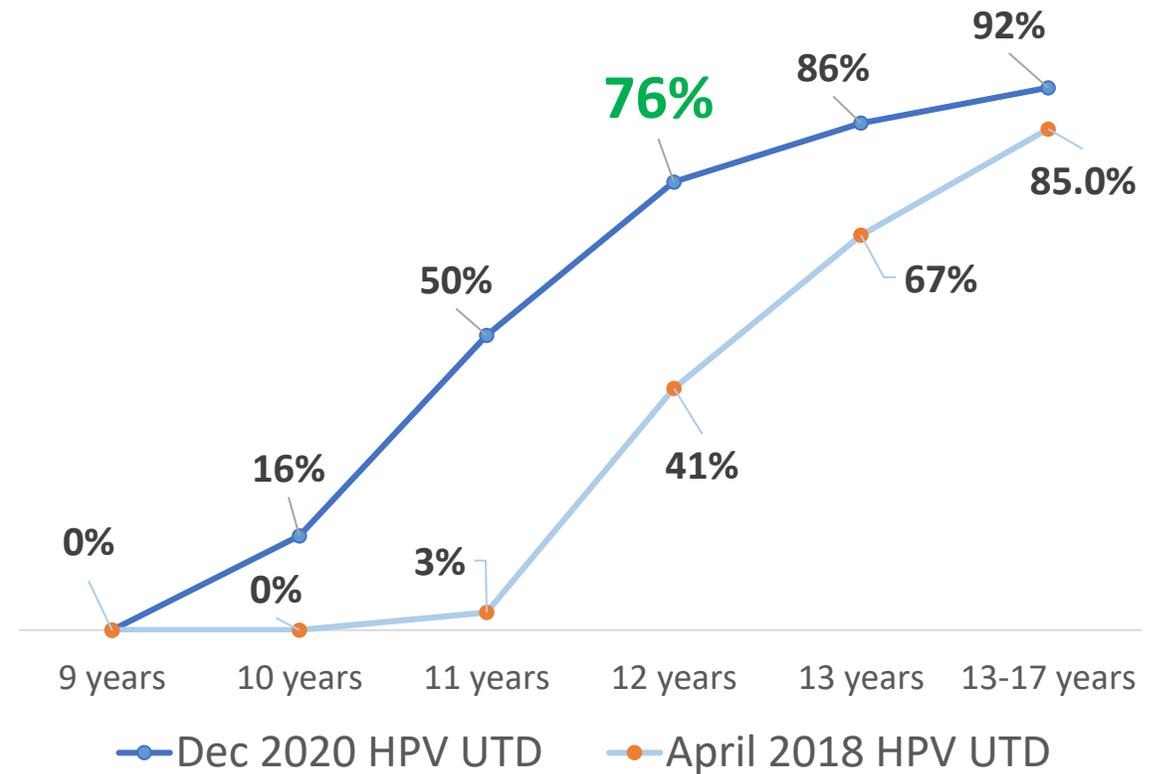
Polyclinic Pediatrics, 2018-2020

N = 3700 as of 12.31.2020 (Data from WAIS)

First dose HPV rates



HPV series completion rates

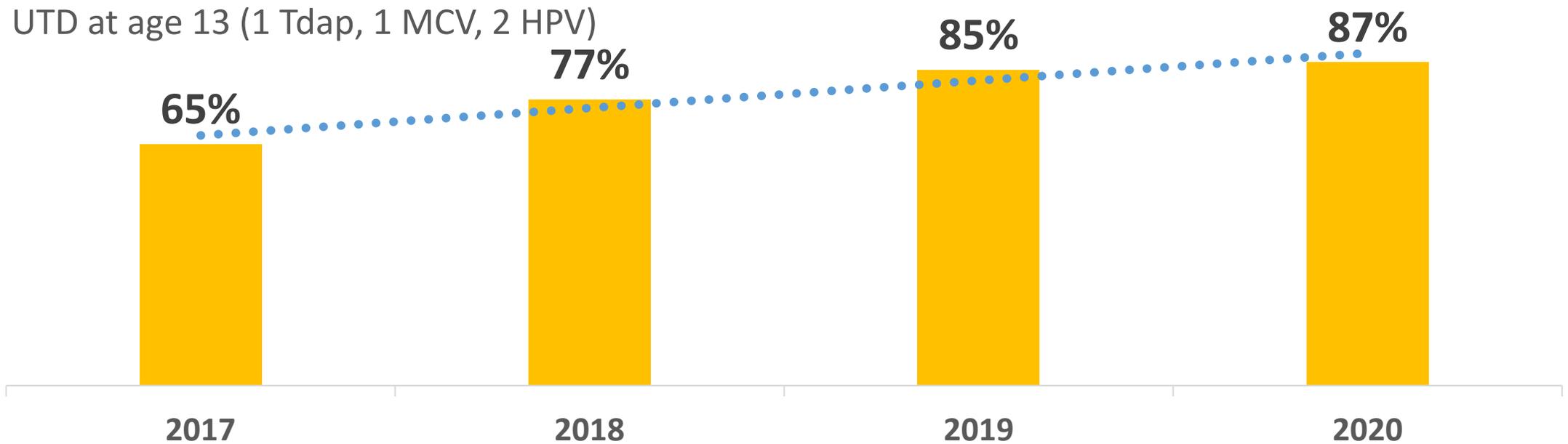


Comments from Polyclinic Providers about HPV at 9

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

These strategies really work!!

Adolescent Series Rates Climb



Polyclinic Pediatrics Madison Center, Seattle, Washington
(n=350-450 in each year's cohort)

Questions you may have:

- Is it actually ok to recommend at age 9?
- Are Primary Care Providers willing to recommend at 9?
- Have other clinics had success with recommending at 9?
- Is it easier to recommend at 9?
- Can this strategy work in the Mountain West?

The answers to all of these are YES!

Starting HPV at age 9 is endorsed by:

- AAP
- American Cancer Society
- National HPV Roundtable
- WA DOH



5 reasons why the HPV vaccination is recommended for pre-teens

- #5 Better immunity**

After receiving HPV vaccine pre-teens make more infection fighting antibodies than older teens. That is why they need only 2 doses of the vaccine are recommended at this age, instead of 3.
- #4 More chances to vaccinate**

Every visit on or after the 9th birthday is an opportunity to provide the vaccine.
- #3 Low risk of exposure**

HPV vaccine only works if the series is complete before a person is infected. Almost no 9-12 year olds have HPV.
- #2 Long lasting**

Current evidence shows that the HPV vaccination does not wear off!
- #1 More effective**

Early vaccination prevents substantially more pre-cancer than late vaccination.

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www.cervivor.org

This content was supported by the Grant or Cooperative Agreement Number, 5H231P000952, funded by the Centers for Disease Control and Prevention. The content is solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™ 

Starting at 9 fits within the CDC/ACIP guidelines, so you aren't breaking any rules!

“Children and adults aged 9 through 26 years. HPV vaccination is routinely recommended at age 11 or 12 years; **vaccination can be given starting at age 9 years.** Catch-up HPV vaccination is recommended for all persons through age 26 years who are not adequately vaccinated.”

Immunity: more robust immune response to HPV vaccine at younger ages

Immunogenicity of the 9-Valent HPV Vaccine Using 2-Dose Regimens in Girls and Boys vs a 3-Dose Regimen in Women, 2016 JAMA, Iverson et al

Key Questions:

- Comparison of HPV antibody titers of 9-14 year olds to 16-26 year olds
 - Dosing schedule: 2 or 3 dose in 9-14 yo vs 3 dose in 16-26 yo
 - Timing of final dose: 6 or 12 months
 - Age stratification of antibody response in 9-14 yo (9-10, 11-12, 13-14)

Results:

- Higher antibody titers (1.6-3x) in 9-14 yo as a group compared to 16-26 yo
- 2 dose schedule is non-inferior to 3 dose schedule for 9-14 yo
- Higher antibody titers in younger ages (9-10 yo have the highest overall)
- Higher antibody titers (1.75x) with 2 dose schedule of 0,12 m (vs 0,6 m)

HPV at 9: Primary care professional survey, 2021

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

- Current practice
- Willingness to adopt
- Advantages and disadvantages

Eligibility criteria

- Vaccine provider for patients ages 11-17

National sample ($n=1,047$)

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

HPV vaccine recommendations at age 9

Current use ($n=1047$)

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



HPV vaccine recommendations at age 9

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- 21% age 9-10
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- 20% age 13+ or never

Willingness to adopt ($n=822$)

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



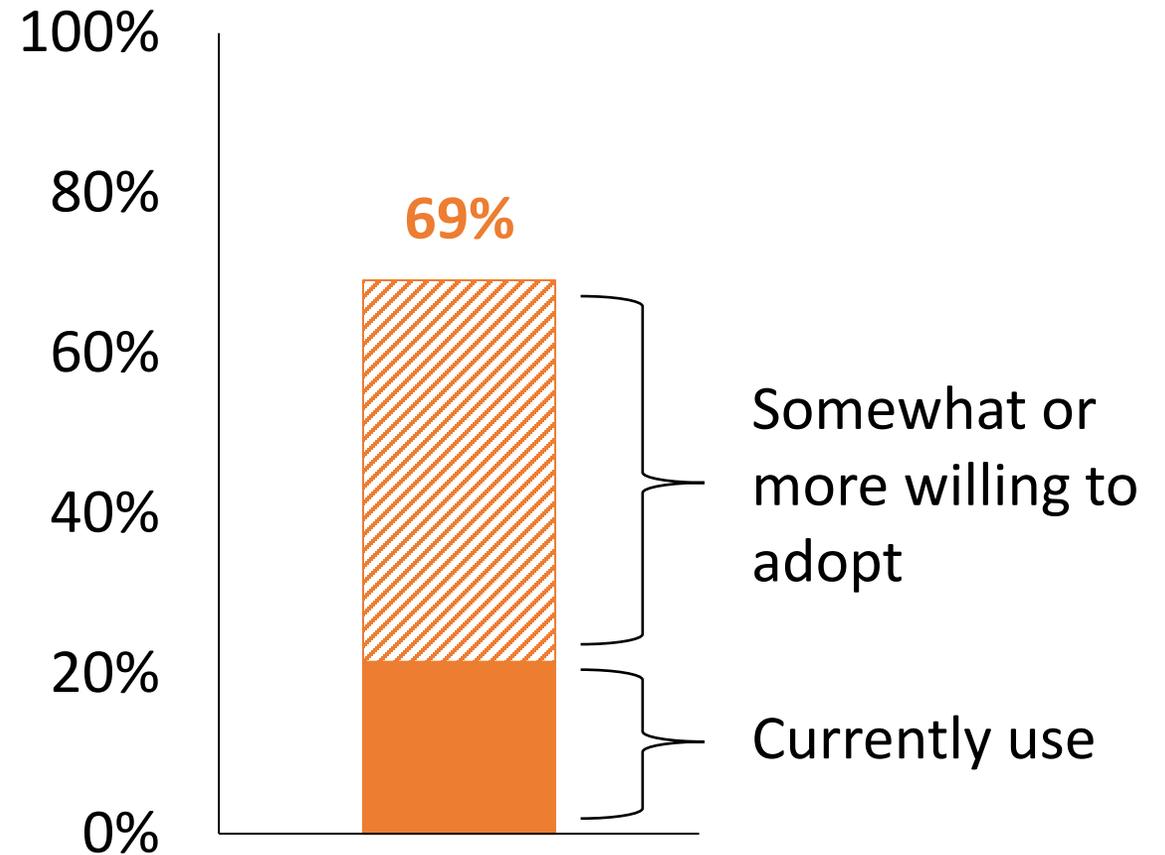
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Published experience from Boston HPV Initiation before age 11

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

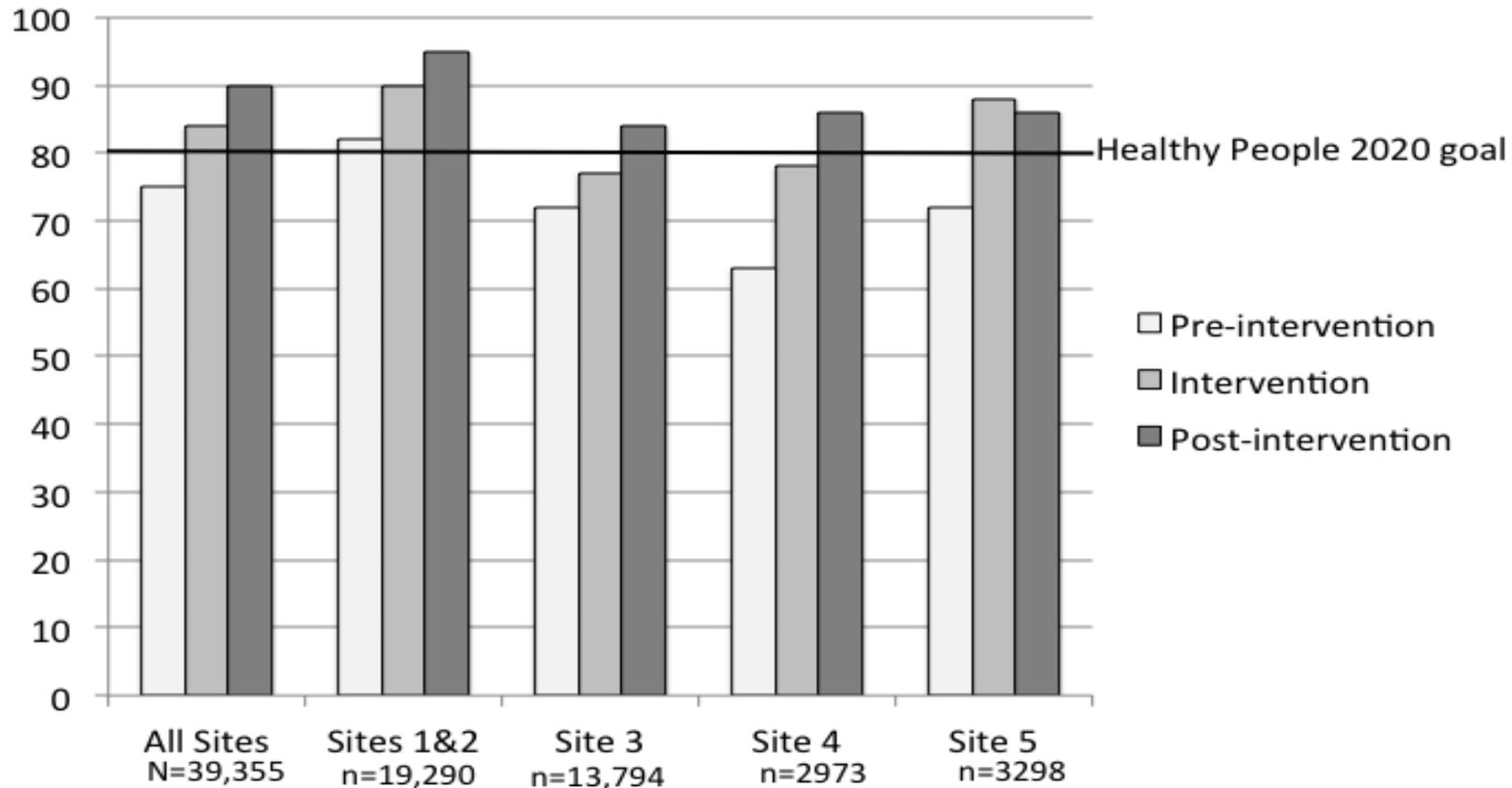
Results from Boston Study

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

Increased vaccine initiation

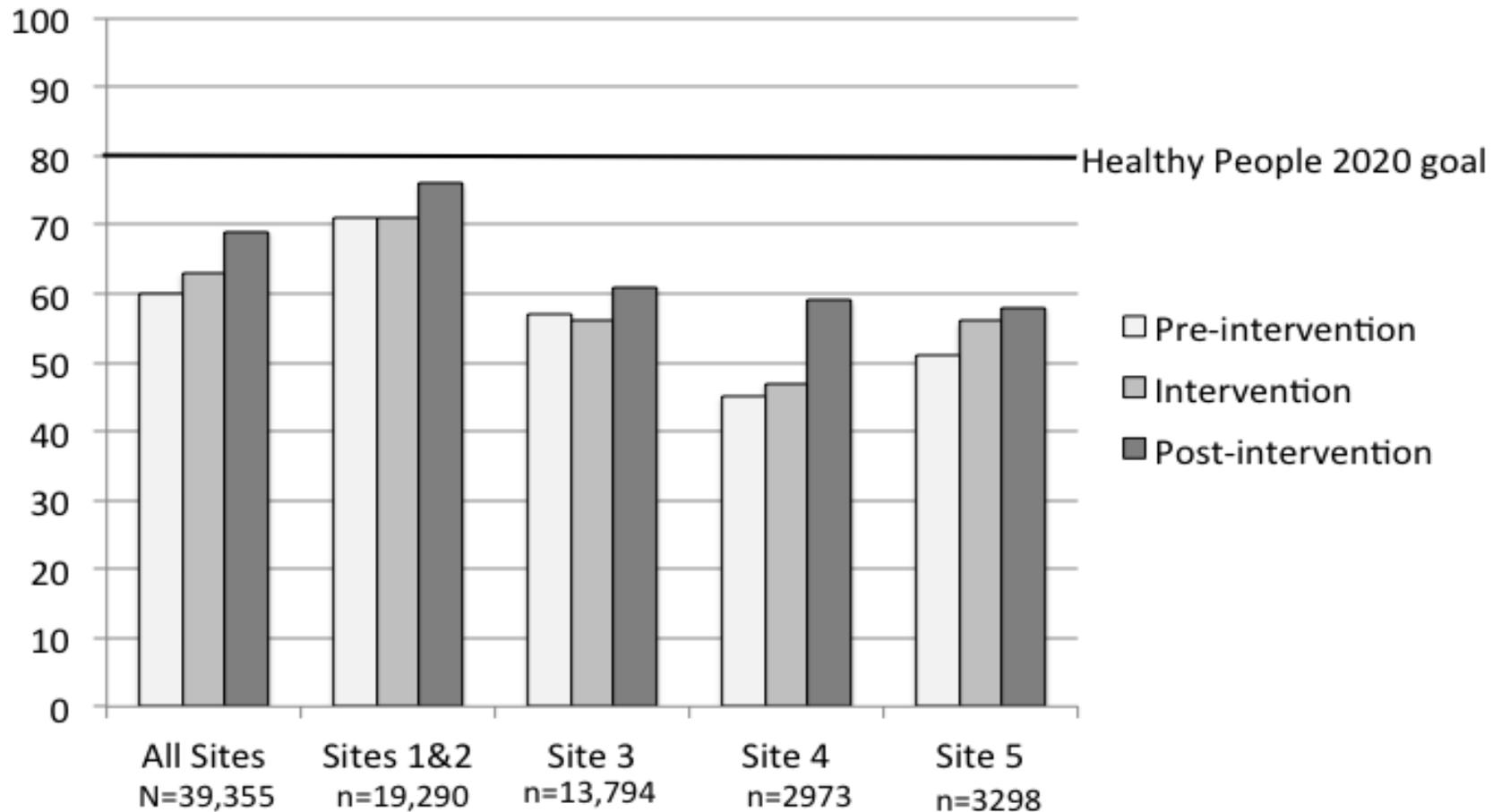
Likelihood of vaccination at an eligible visit increased by >10 percentage points

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



Increased vaccine completion

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



“Easier than I thought”

Providers’ experience with vaccinating before 11, Boston Study

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

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

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

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

Can “HPV at 9” work in the Mountain West?

YES

Clinic/Clinic System	Number of Providers	Comments: HPV at 9
Polyclinic, WA	11 Peds, ~50 Fam Med	Started 2018
Intermountain Healthcare, Utah	98 Peds, 260 Fam Med	Started 2020: 10% rise in HPV completion for 9-17 y
Allegro Pediatrics, WA	80 Peds	Started Jan 2021
The Everett Clinic, WA	32 Peds, ~120 Fam Med	Started Feb 2021
Swedish Medical Clinics, WA	43 Peds, 200+ Fam Med	Started Feb 2021
Southwest Medical, NV	18 Peds	Started April 2021

Experience at Intermountain Healthcare, Utah

HPV at 9-10

98 Peds & 260 Fam Med Providers

Strategies:

Change practice to begin HPV series at 9-10 years (Began in 2020)

Message to parents – HPV vaccine is cancer prevention

EMR point of service reminders

Quality of care payment to pediatricians based on performance

Posted new Vaccine schedules with 9-10 year visit and advertising posters around clinics (white labeled so clinicians outside of Intermountain could use and put their brand on it)

Result: The rate of fully vaccinated 9-17 yo increased by 10% in 2020

Courtesy of Dr. Tamara Sheffield, Intermountain Healthcare

Summary:

Start the HPV vaccine at age 9-10 years!

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

Next steps for HPV at 9:

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

American Cancer Society Posters

PROTECT YOUR KIDS FROM CANCER

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

American Cancer Society

Learn more at cancer.org/hpv

Don't Wait to Vaccinate

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

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

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

Cancer Prevention Decreases as Age at Vaccination Increases

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

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

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

This tool was supported in part by Centers for Disease Control and Prevention Cooperative Agreement Number NH23IP000953-03.
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National HPV Roundtable Immunization Schedule Poster (draft)

(available soon from
www.hpvroundtable.org)

Protect Your Preteen/Teen with Vaccines

Preteens and teens need several vaccines to protect them from HPV cancers caused by human papillomavirus, meningitis, tetanus, diphtheria, whooping cough, flu, and COVID-19

	AGES 9-10	<ul style="list-style-type: none">• HPV (Human papillomavirus) dose 1• HPV dose 2 (6 – 12 months after dose 1)
	AGES 11-12	<ul style="list-style-type: none">• MCV4 (Meningitis) dose 1• Tdap (Tetanus, Diphtheria, Whooping Cough)• HPV (if 2 doses haven't already been completed)
	AGE 16	<ul style="list-style-type: none">• MCV4 dose 2• MenB (Meningitis type B) dose 1• MenB dose 2 (1-2 months or 6 months after dose 1, depending on brand)
	YEARLY	<ul style="list-style-type: none">• Flu
	AS ADVISED	<ul style="list-style-type: none">• COVID-19
		
		

LEARN MORE: [CDC.GOV/VACCINES](https://www.cdc.gov/vaccines)

Stay safe...vaccinate!

THIS DOCUMENT IS BASED ON MATERIALS ORIGINALLY
CREATED BY THE WASHINGTON STATE DEPARTMENT OF HEALTH. 2021

 National HPV
Vaccination Roundtable

WA DOH Materials

Poster (English and Spanish)

Protect your child against viruses that can cause cancer.



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

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

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

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

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

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



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov. DOH 348-612 January 2020

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

Pamphlet (English)



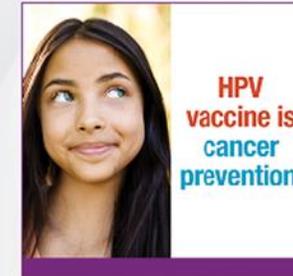
You have the power to protect your kids from certain cancers.

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

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



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



HPV Vaccine

Protect your child against viruses that can cause cancer

Resources

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

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

Family Health Hotline: 1-800-322-2588

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



DOH 348-516 January 2020
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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

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

Follow the Path to Increasing HPV Vaccination

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

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

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

KEY ELEMENTS OF AN ANNOUNCEMENT:

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

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

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

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

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

Effective Responses to HPV Vaccine Concerns

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

- AGE**

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

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

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

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

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

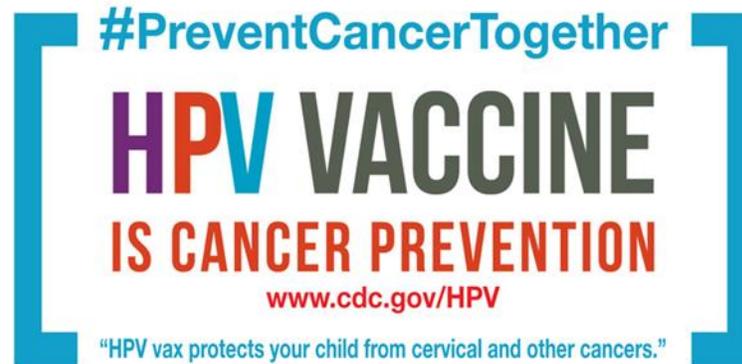
"Over 30,000 Americans get cancer from HPV every year. Most could be prevented with the HPV vaccine."

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

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

Be the Early Bird, Vaccinate at 9!

Questions?



Thank you for doing your part to prevent
HPV Cancers

Grab a piece of paper and a pen or pencil, or open a word processing app on your computer for a **3-minute freewrite** on one of the following prompts:

Prompt 1: A time I recommended HPV vaccination that resulted in vaccination was.... I think it worked because...

Prompt 2: A time I recommended HPV vaccination that did not result in vaccination was... I think there was tension because...



Before our next session, take some time to prepare to act in your health system, organization, or clinic.

1. How are you working to increase HPV vaccines in your community or clinic?
2. What's one thing that would make you feel more comfortable promoting/talking about the HPV vaccine?
3. What EMR is used in your context?
4. Who is the best contact in your organization's IT department? Who can find out your EMR's capabilities for recall?
5. Do you have a bidirectional or unidirectional interface? (Ask your IT desk or IIS)
6. Can you text patients?
7. For what percent of patients age 9-17 do you have emails or "Mychart/portal" activation?
8. Do your front staff ask and document patient's preferences for outreach?
9. Can you run outreach for patients who haven't had a well check in more than 13 months?



HPV Vaccination in the Mountain West- Back to School and Beyond in the Era of COVID-19 ECHO

Moving the HPV Vaccination Needle Through This Project and Subsequent Quality Improvement



Abby Moler

American Cancer Society

Survey Link: https://utah.sjc1.qualtrics.com/jfe/form/SV_bIT5GdYPIV6siAC





THE HPV VACCINE PREVENTS 6 CANCERS

Learn more at cancer.org/hpv

Thank you and we will see you next week!

- Questions??? Contact Hannah.Nein@Cancer.org