



You are the Key to HPV Cancer Prevention

Understanding the Burden of HPV Disease,
the Importance of the HPV Vaccine Recommendation,
and Successfully Communicating about HPV Vaccination

Speaker Name

Speaker Title

Speaker Affiliation

{Updated June 25, 2015; Replace with date of Presentation}

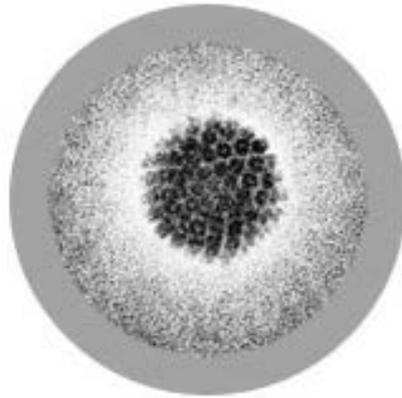


Disclosure

➡ *Please add any financial disclosures or conflicts of interest to this slide*

Objectives

1. Define the importance of HPV vaccination for cancer prevention and the rationale for vaccinating at ages 11 or 12.
2. List the recommendations for HPV vaccine for girls and for boys.
3. Provide useful and compelling information about HPV vaccine to parents to aid in making the decision to vaccinate.
4. Locate resources relevant to current immunization practice.



HPV
(Human papillomavirus)

Understanding the Burden

HPV INFECTION & DISEASE

HPV Types Differ in their Disease Associations

~40 Types

Mucosal sites of infection

High risk (oncogenic)
HPV 16, 18 most common

Cervical Cancer
Anogenital Cancers
Oropharyngeal Cancer
Cancer Precursors
Low Grade Cervical Disease

Low risk (non-oncogenic)
HPV 6, 11 most common

Genital Warts
Laryngeal Papillomas
Low Grade Cervical Disease

Cutaneous sites of infection

~ 80 Types

“Common”
Hand and Foot
Warts



HPV Infection

- ▶ **Most females and males will be infected with at least one type of mucosal HPV at some point in their lives**
 - ▶ Estimated 79 million Americans currently infected
 - ▶ 14 million new infections/year in the US
 - ▶ HPV infection is most common in people in their teens and early 20s
- ▶ **Most people will never know that they have been infected**



Every year in the United States 27,000 people are diagnosed with a cancer caused by HPV

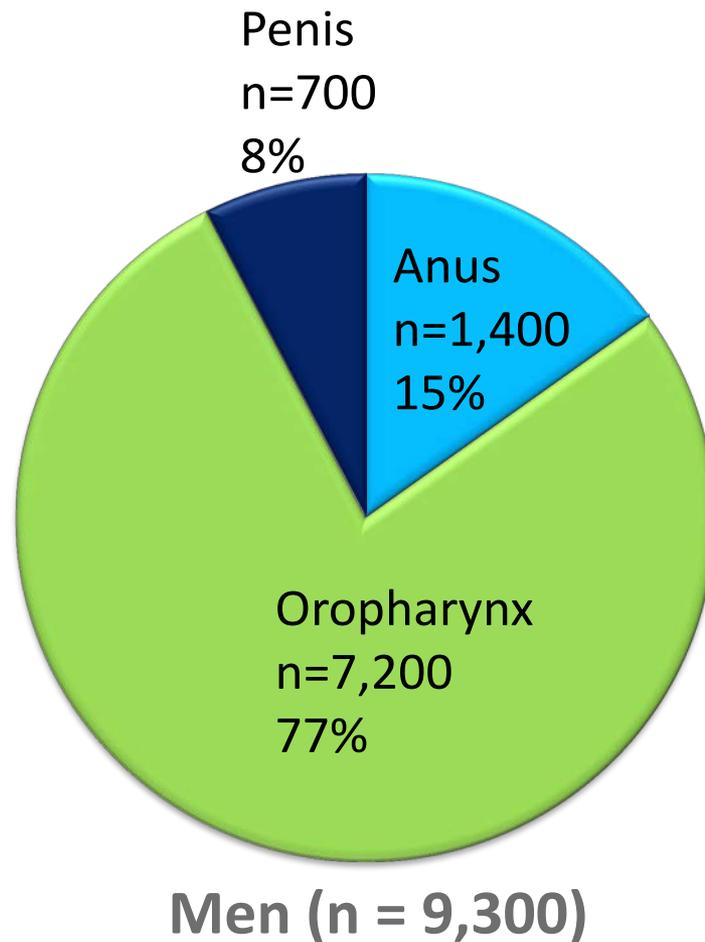
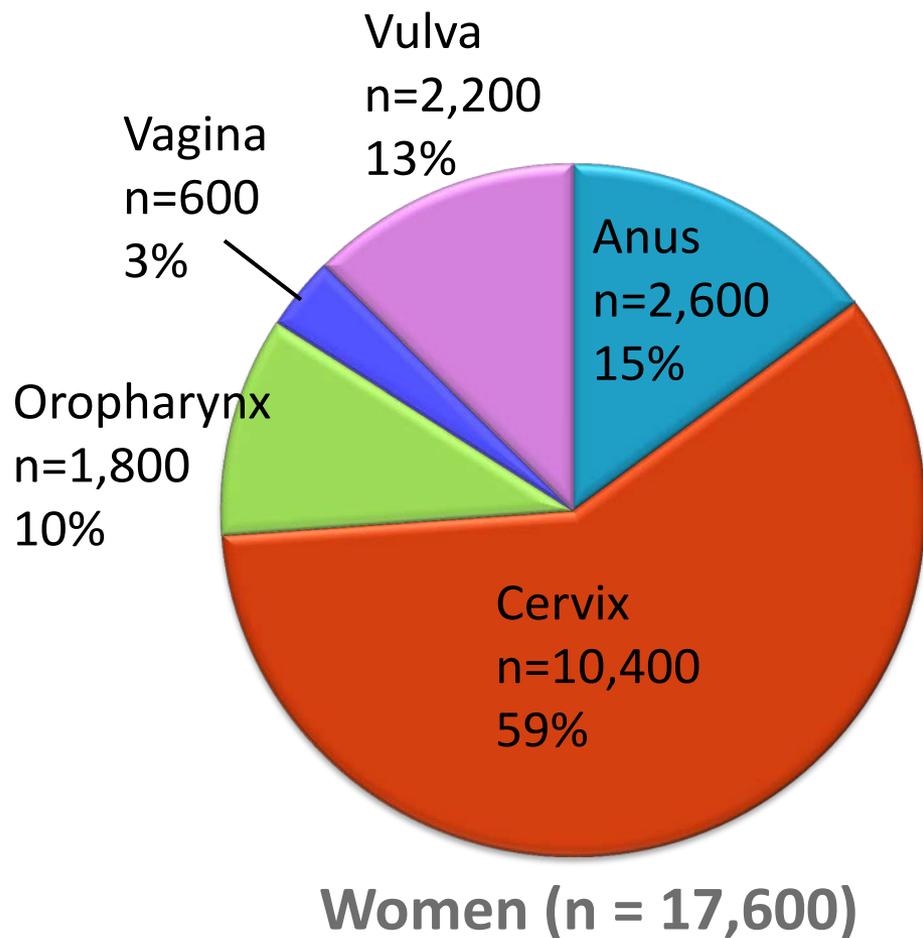


That's 1 case every 20 minutes

Cancers Caused by HPV, U.S.

Cancer site	Average number of cancers per year probably caused by HPV†			Percentage per year
	Male	Female	Both Sexes	
Anus	1,400	2,600	4,000	91%
Cervix	0	10,400	10,400	91%
Oropharynx	7,200	1,800	9,000	72%
Penis	700	0	700	63%
Vagina	0	600	600	75%
Vulva	0	2,200	2,200	69%
TOTAL	9,300	17,600	26,900	

New Cancers Caused by HPV per Year United States 2006-2010



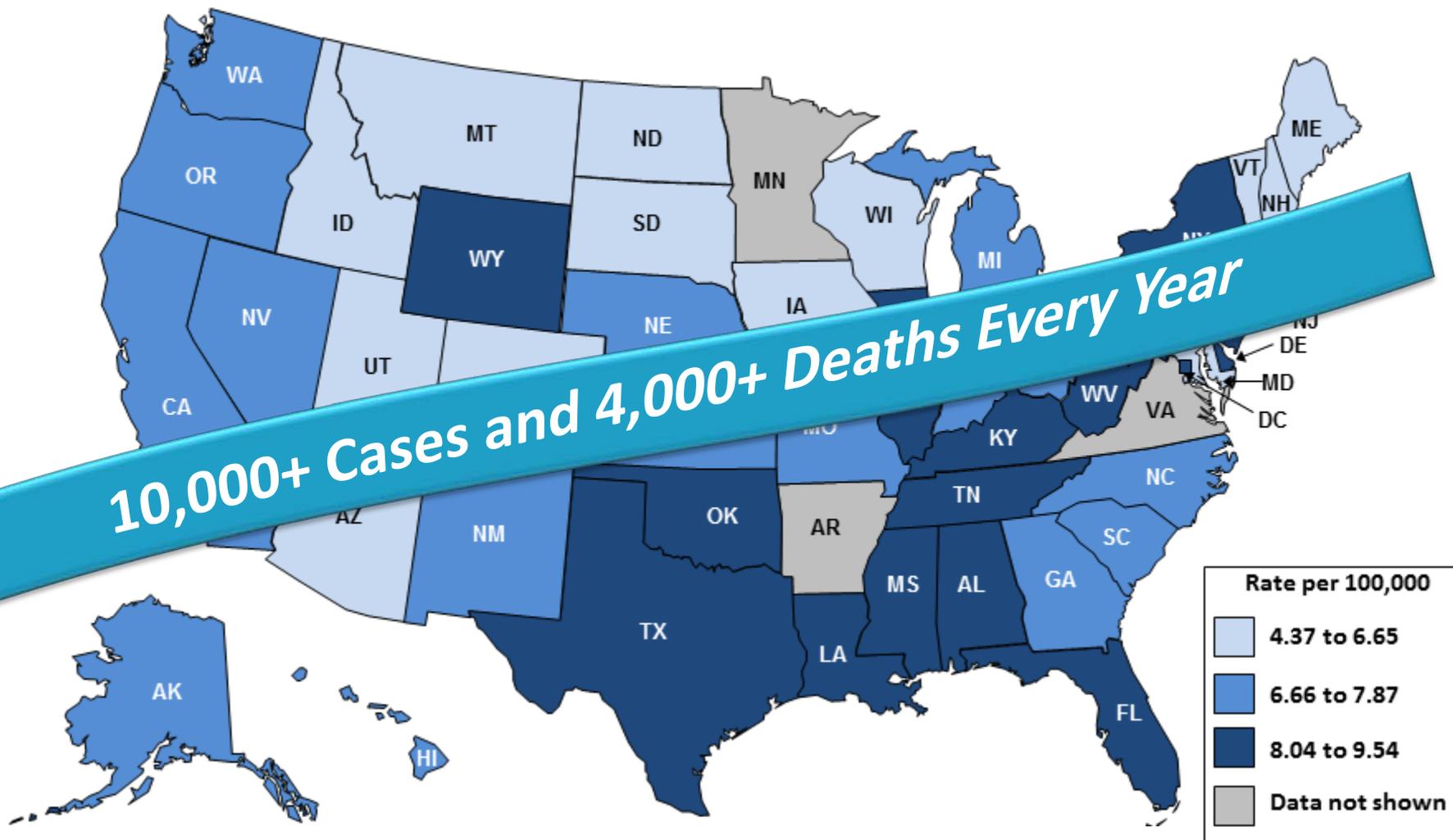


Cervical Cancer

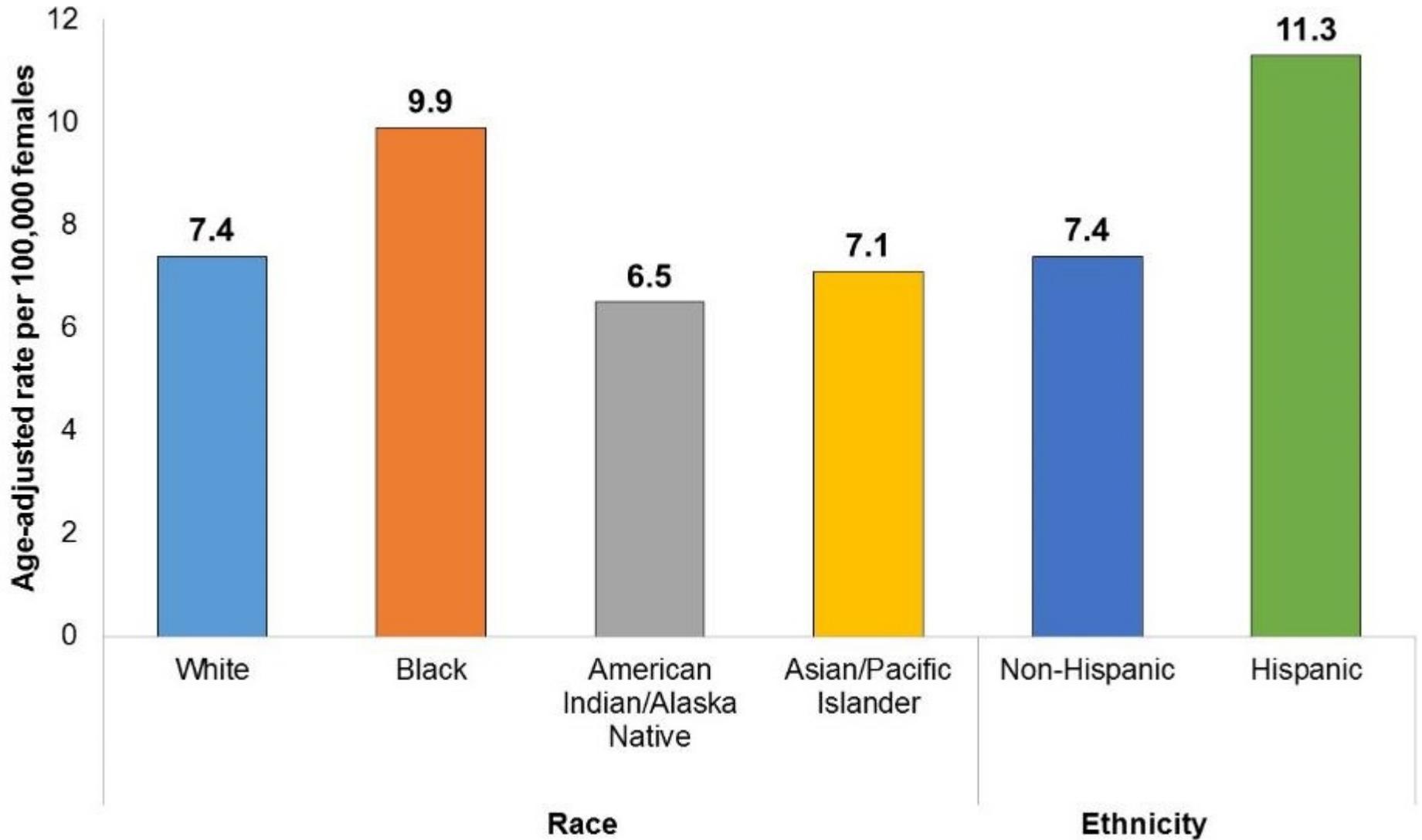
- ▶ **Cervical cancer is the most common HPV-associated cancer among women**
 - ▶ 500,000+ new cases and 275,000 attributable deaths world-wide in 2008
 - ▶ 11,000+ new cases and 4,000 attributable deaths in 2011 in the U.S.
- ▶ **37% cervical cancers occur in women who are between the ages of 20 and 44**
 - ▶ 13% (or nearly 1 in 8) between 20 and 34
 - ▶ 24% (or nearly 1 in 4) between 35 and 44

HPV-Associated Cervical Cancer Incidence Rates by State, United States, 2006-2010

10,000+ Cases and 4,000+ Deaths Every Year



U.S. Cervical Cancer Rates by Race and Ethnicity, 2004–2008





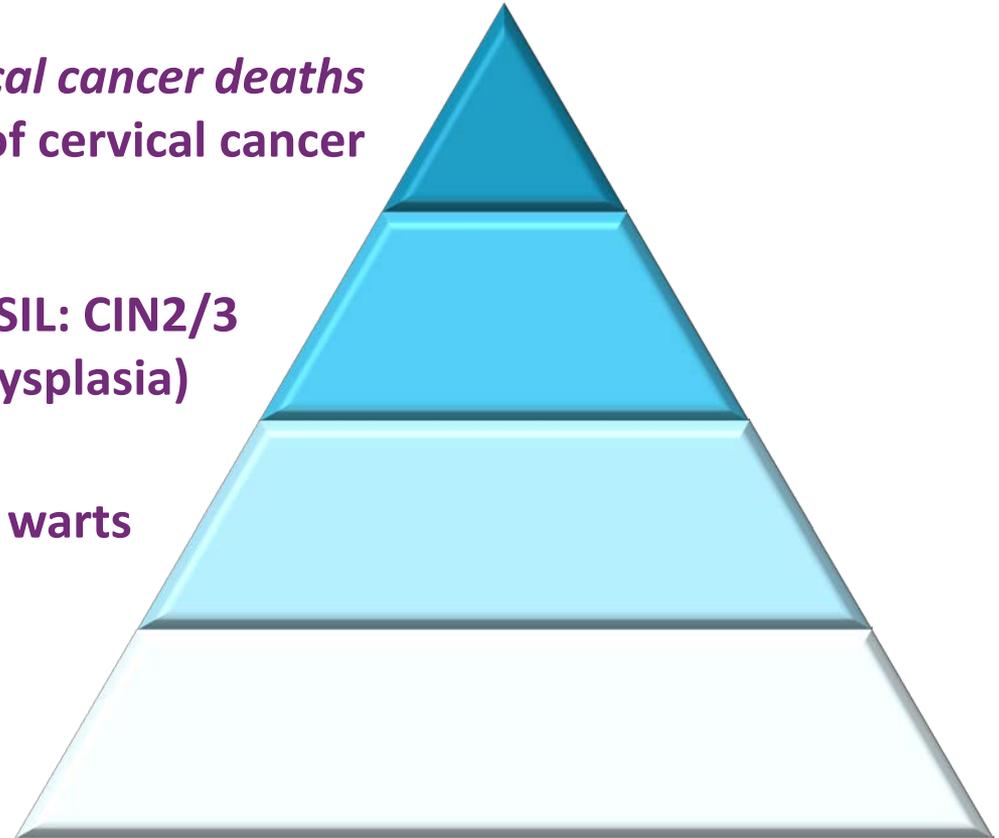
Without vaccination, annual burden of genital HPV-related disease in U.S. *females*:

4,000 cervical cancer deaths
10,846 new cases of cervical cancer

330,000 new cases of HSIL: CIN2/3
(high grade cervical dysplasia)

1 million new cases of genital warts

1.4 million new cases of LSIL: CIN1
(low grade cervical dysplasia)



Nearly 3 million cases and \$7 billion



Annual Report to the Nation on the Status of Cancer: HPV-Associated Cancers

- **From 2000 to 2009, oral cancer rates increased**
 - 4.9% for Native American men
 - 3.9% for white men
 - 1.7% for white women
 - 1% for Asian men
- **Anal cancer rates doubled from 1975 to 2009**
- **Vulvar cancer rates rose for white and African-American women**
- **Penile cancer rates increased among Asian men**



HPV vaccine is cancer prevention.



Talk to the doctor
about vaccinating
your 11–12 year old
sons and daughters
against HPV.

#UCanStopHPV

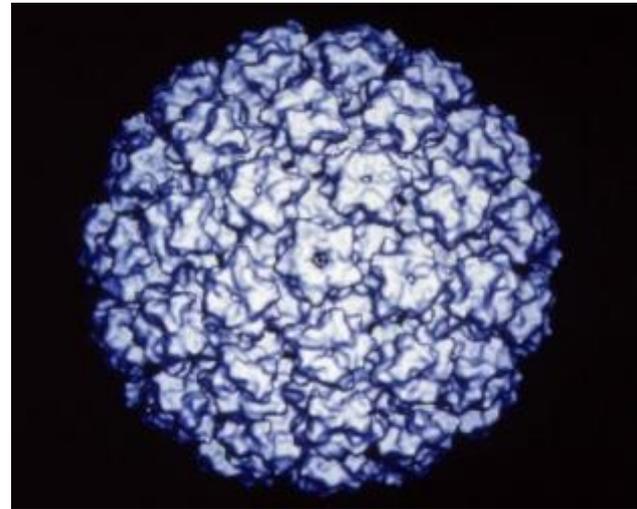
Evidence-Based HPV Disease Prevention

HPV VACCINE



HPV Prophylactic Vaccines

- ➔ Recombinant L1 capsid proteins that form “virus-like” particles (VLP)
- ➔ Non-infectious and non-oncogenic
- ➔ Produce higher levels of neutralizing antibody than natural infection



HPV Virus-Like Particle

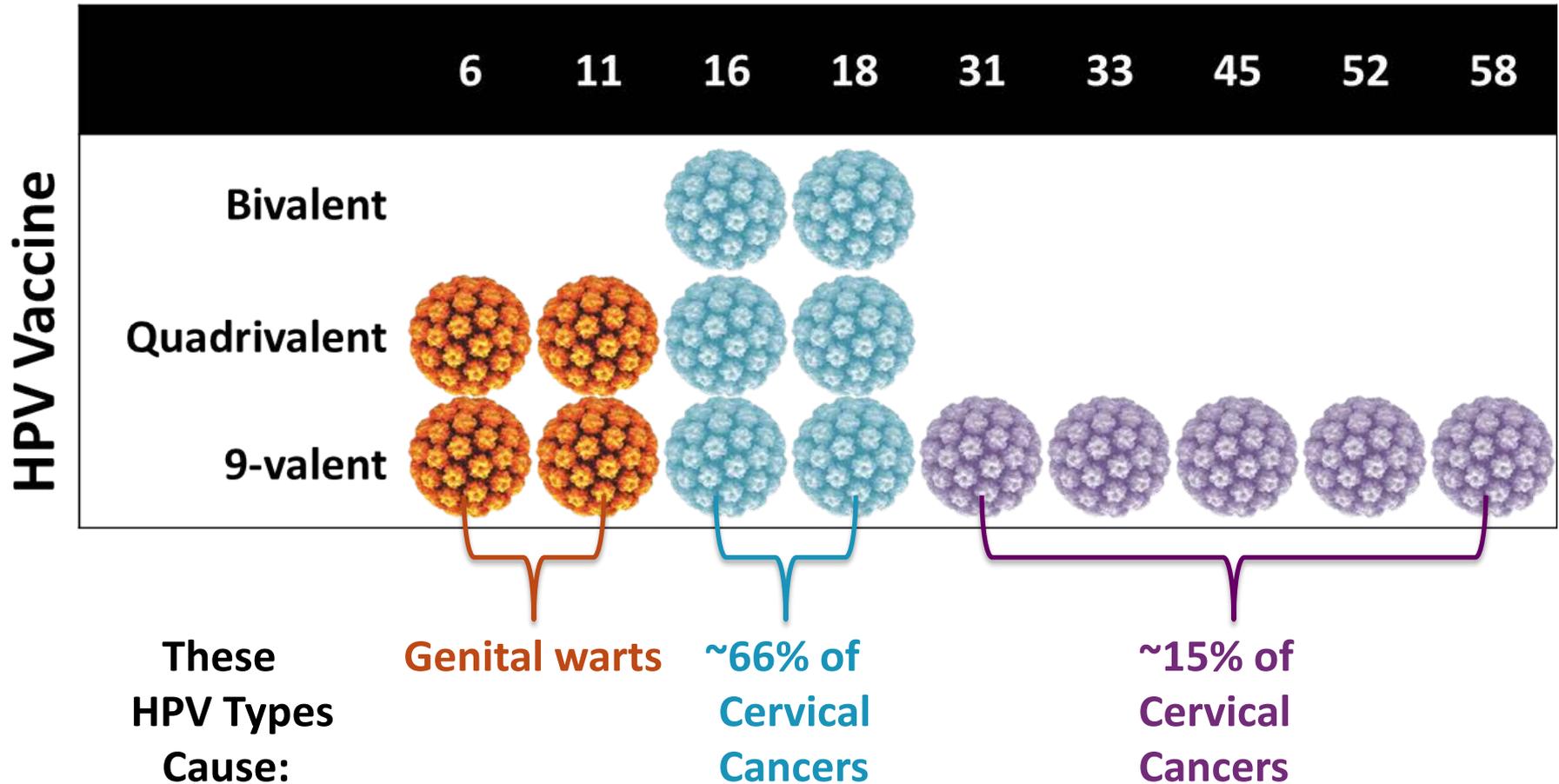
HPV Vaccines Currently Licensed in U.S.

	Bivalent 2vHPV (Cervarix)	Quadrivalent 4vHPV (Gardasil)	9-Valent 9vHPV (Gardasil 9)
Manufacturer	GlaxoSmithKline	Merck	Merck
HPV Types Included	16, 18	6, 11, 16, 18	6, 11, 16, 18, 31, 33, 45, 52, 58
Contraindications	Hypersensitivity to latex*	Hypersensitivity to yeast	Hypersensitivity to yeast
Dose Schedule	3 dose series: 0, 1, 6 months	3 dose series: 0, 2, 6 months	3 dose series: 0, 2, 6 months

* May be present in tip of pre-filled syringes

HPV Vaccine Comparison

HPV Types Included in Vaccine



HPV Vaccine Recommendation

Girls & Boys can start HPV vaccination at age 9

Preteens should finish HPV vaccine series by 13th birthday



Plus girls 13-26 years old who haven't started or finished HPV vaccine series



Plus boys 13-21 years old who haven't started or finished HPV vaccine series



HPV Vaccination is Routinely Recommended

- ▶ HPV vaccination is recommended for both females and males ages 11-12 years
 - ▶ HPV vaccine series should be completed before the 13th birthday

Routine immunization for 11- and 12-year-olds includes HPV vaccination.

Clinicians should recommend HPV vaccine on the same day and in the same way as the other vaccines for preteens.

Updated ACIP Recommendations

Age

- ▶ Routine vaccination at age 11 or 12 years*
- ▶ Vaccination recommended through **age 26 for females** and through **age 21 for males** not previously vaccinated
- ▶ Vaccination recommended for men **through age 26** who have sex with men (MSM) or are immunocompromised (including persons HIV-infected)

Formulation by gender (assuming availability)

	9vHPV	4vHPV	2vHPV
Females	✓	✓	✓
Males	✓	✓	

*vaccination series can be started at 9 years of age
MMWR 2015;64:300-4



Updated ACIP Recommendations: Formulations

- 2vHPV, 4vHPV and 9vHPV all protect against HPV **16 and 18**, types that cause about 66% of cervical cancers and the majority of other HPV-attributable cancers in the United States.
- 9vHPV targets **five additional** cancer causing types, which account for about 15% of cervical cancers.
- 4vHPV and 9vHPV also protect against HPV **6 and 11**, types that cause genital warts.



Updated ACIP Recommendations: Interchangeability

If vaccination providers do not know, or do not have available the HPV vaccine product previously administered, or are in settings transitioning to 9vHPV:

For protection against HPV 16 and 18,

- ➡ **Females:** Any HPV vaccine product may be used to continue or complete the series
- ➡ **Males:** 4vHPV or 9vHPV may be used to continue or complete the series



ACIP Recommendations: Timing of the Series

- ▶ 2vHPV, 4vHPV and 9vHPV are each administered in a 3-dose schedule
 - ▶ Interval between doses 1 → 2: 1-2 months
 - ▶ Interval between doses 1 → 3: 6 months
- ▶ If the vaccine schedule is interrupted, the series does not need to be restarted

HPV Vaccination Is Safe, Effective, and Provides Lasting Protection

▶ HPV Vaccine is SAFE

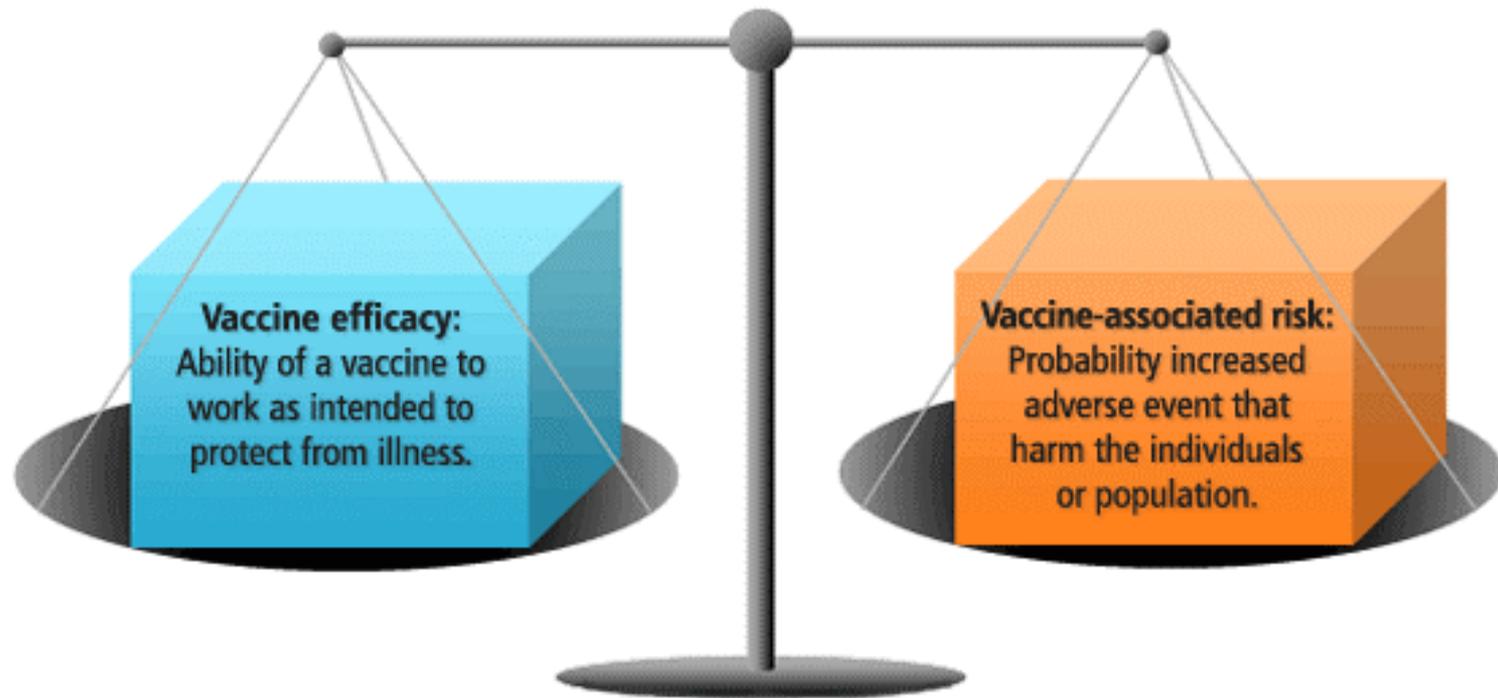
- ▶ Benefits of HPV vaccination far outweigh any potential risks
- ▶ Safety studies findings for HPV vaccination similar to safety reviews of MCV4 and Tdap vaccination

▶ HPV Vaccine WORKS

- ▶ Population impact against early and mid outcomes have been reported in multiple countries

▶ HPV Vaccine LASTS

- ▶ Studies suggest that vaccine protection is long-lasting
- ▶ No evidence of waning protection



HPV VACCINE SAFETY

The Journey of Your Child's Vaccine

HOW A VACCINE'S SAFETY CONTINUES TO BE MONITORED

FDA and CDC closely monitor vaccine safety after the public begins using the vaccine.

The purpose of monitoring is to watch for adverse events (possible side effects).

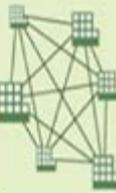


Monitoring a vaccine after it is licensed helps ensure that possible risks associated with the vaccine are identified.

VACCINE ADVERSE EVENT REPORTING SYSTEM

VAERS collects and analyzes reports of adverse events that happen after vaccination. Anyone can submit a report, including parents, patients and healthcare professionals.

VACCINE SAFETY DATALINK



Network of healthcare organizations across the U.S.



Healthcare information available for a population of over **9 million** people.

Scientists use VSD to conduct studies to evaluate the safety of vaccines and determine if possible side effects are actually associated with vaccination.

Vaccine recommendations may change if safety monitoring shows that the vaccine risks outweigh the benefits (like if scientists detect a new serious side effect).



VAERS: HPV Vaccine Safety Monitoring

- Ongoing safety monitoring has shown most reports are non-serious
- Among the 7.6% of reports coded as “serious,” most frequently cited possible side effects are headache, nausea, vomiting, and fever
- Syncope (fainting) continues to be reported following vaccination among adolescents
 - Adherence to a 15-minute observation period after vaccination is encouraged



VSD Rapid Cycle Analysis (RCA), 4vHPV

- RCA allows VSD to detect adverse events following vaccination in near real time
- After approx. 600,000 HPV4 doses among females, **no significant risk** for any of the *pre-specified adverse events* after vaccination (including GBS, seizures, syncope, appendicitis, stroke, venous thromboembolism, and allergic reactions)



Ongoing HPV Safety Activities at CDC

- ▶ Review of reports to VAERS to search for unusual adverse events or changing patterns of adverse events
- ▶ VSD addressing HPV vaccine safety in special populations:
 - ▶ Safety of 4vHPV among males
 - ▶ Inadvertent 4vHPV vaccination during pregnancy
- ▶ VSD addressing HPV vaccine safety concerns that may arise from case reports and/or the media

Non-CDC HPV Vaccine Safety Activities

▶ Post-licensure commitments from manufacturers

- ▶ Vaccine in pregnancy registries
- ▶ Long term follow-up in Nordic countries

▶ Official reviews

- ▶ WHO's Global Advisory Committee on Vaccine Safety ¹
- ▶ Institute of Medicine's report on adverse effects and vaccines, 2011²

¹www.who.int/vaccine_safety/Jun_2009/en/

²www.iom.edu/Reports/2011/Adverse-Effects-of-Vaccines-Evidence-and-Causality.aspx



Key Findings – CDC and Non-CDC

➤ Venous thromboembolism (VTE)¹

- Study evaluating the risk of VTE in vaccinated persons age 9-26 years
- *Found no increased risk of VTE following 4vHPV*

➤ Autoimmune and neurologic conditions²

- Study addressing concerns about autoimmune and neurologic disease following 4vHPV vaccination.
- *Found no association between 4vHPV vaccination and 16 autoimmune conditions*

➤ Injection site reactions and syncope³

- 4vHPV vaccination may be associated with skin infections where the shot is given during the two weeks after vaccination and fainting on the day the shot is received
- *No major safety concerns found*

¹ Gee et al , Vaccine 2011

²Chao C et al. J Intern Med 2012

³Klein NP, et al.. Arch Pediatr Adolesc Med. 2012 Dec; 166(12):1140-8.



IOM Review: Syncope & Anaphylaxis

- ▶ IOM reviewed possible associations between 8 vaccines and adverse health events. Key findings:
 - ▶ Evidence “favors acceptance” of a causal relationship between HPV vaccine and anaphylaxis (rare)
 - ▶ Evidence “convincingly supports” a causal relationship between the injection of a vaccine and syncope
- ▶ **Inadequate evidence** was found for causal relationships between HPV vaccination and **12 other specific health events** studied



9vHPV Vaccine Safety

- Seven pre-licensure studies including 15,000 males and females
- Generally well tolerated
 - Adverse event profile similar to that of 4vHPV across age, gender, race, and ethnicity
 - More injection-site reactions expected among those who receive 9vHPV



Monitoring Impact of HPV Vaccine Programs on HPV-Associated Outcomes

HPV VACCINE IMPACT

HPV vaccine impact monitoring

- Post licensure evaluations are important to evaluate real world effectiveness of vaccines
- Population impact against early and mid outcomes have been reported:

Genital warts

- Australia, New Zealand, Denmark, Sweden, Germany, Quebec, US

HPV prevalence

- Australia, Norway, Denmark, Sweden, UK, US

Cervical lesions

- Australia, British Columbia, Denmark, Sweden, US

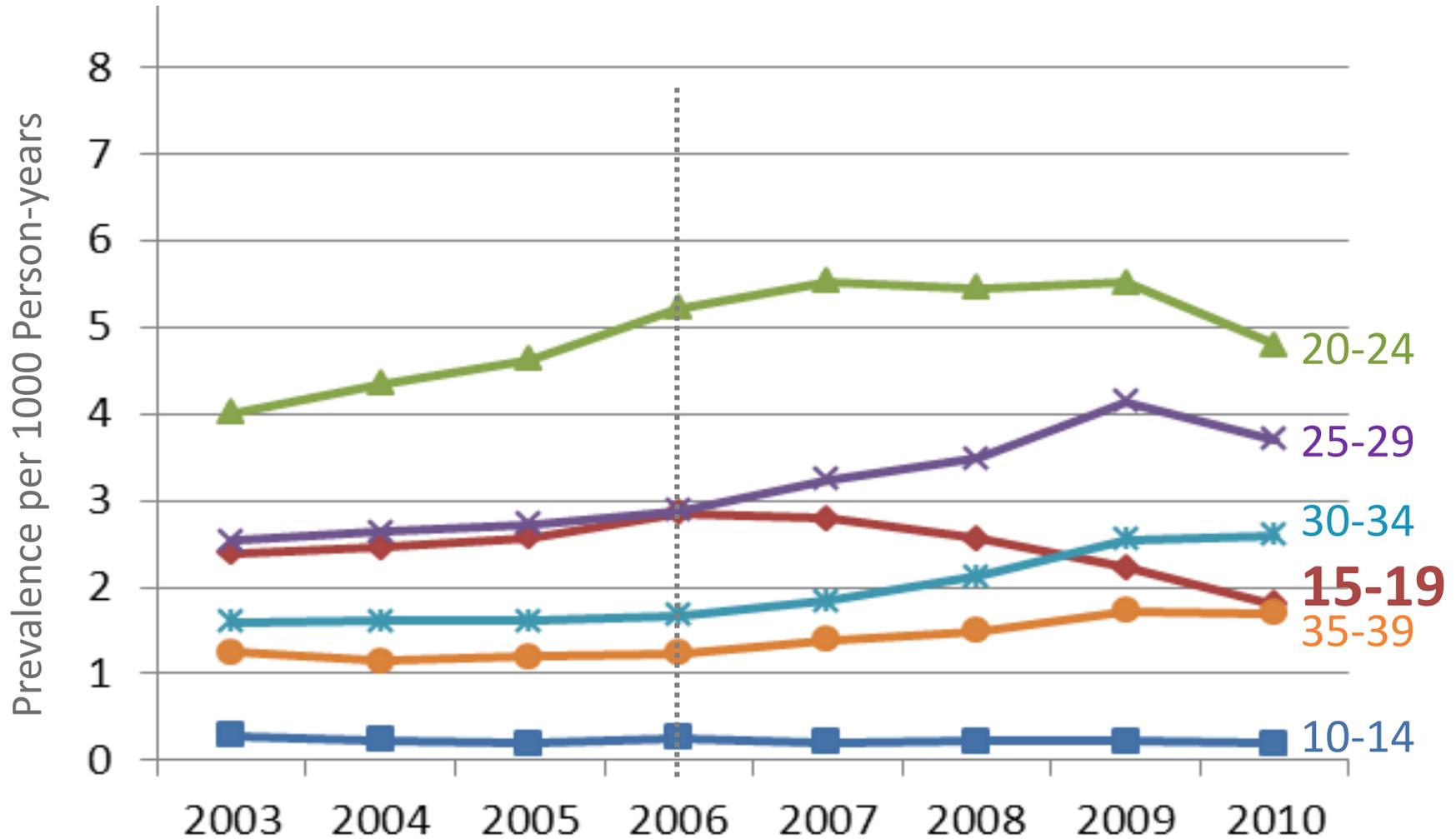


NHANES HPV Prevalence Studies

- ▶ National Health and Nutrition Examination Survey (NHANES) data used to compare HPV prevalence
 - ▶ Before the start of the HPV vaccination program (2003-2006) &
 - ▶ From the first 4 years after vaccine introduction (2007-2010)
- ▶ Results
 - ▶ In **14-19 year olds**, vaccine-type HPV prevalence **decreased 56%** (11.5% in 2003-2006 to 5.1% in 2007-2010)
 - ▶ **Other age groups** did not show a statistically significant difference over time

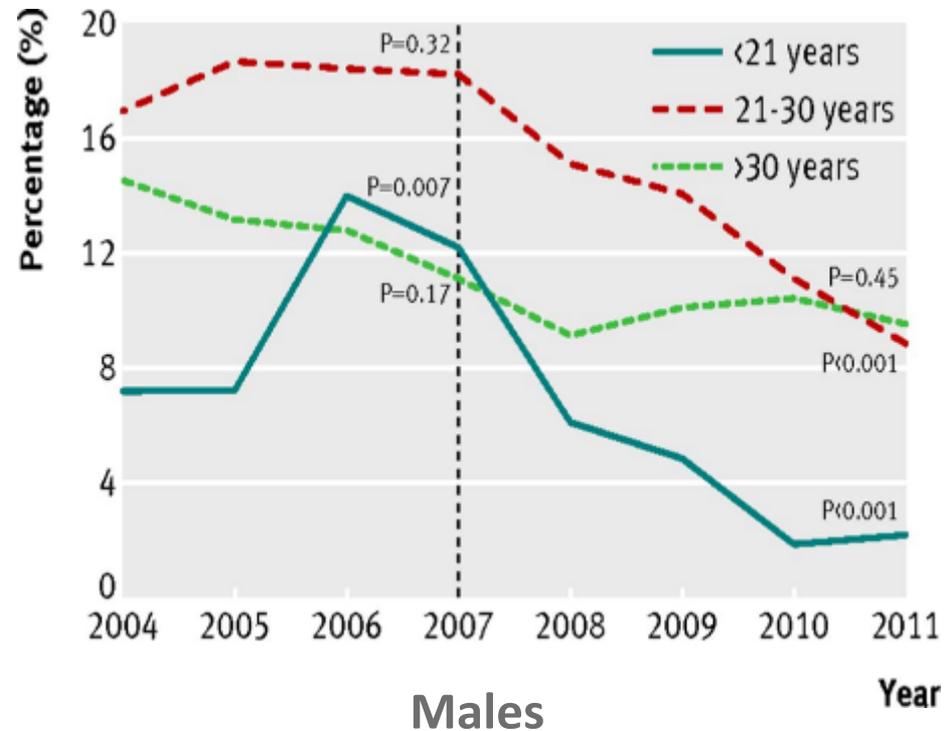
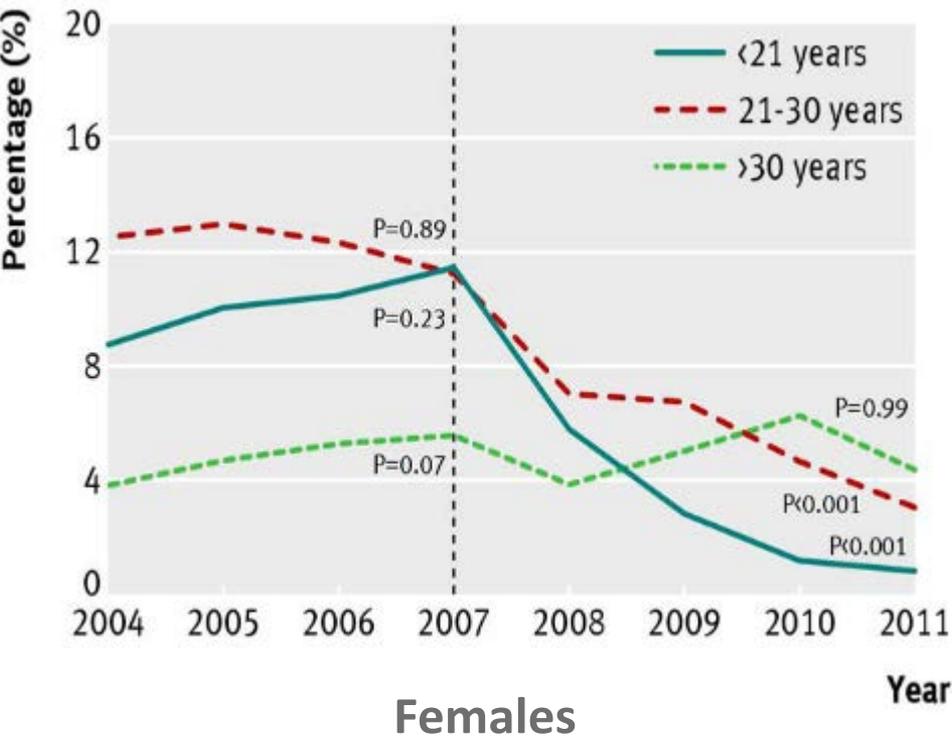
*Vaccine effectiveness for prevention of infection was an **estimated 82%***

Anogenital wart prevalence, female private insurance enrollees, U.S., 2003-2010



Impact of HPV vaccination in Australia

Proportion of Australian born females and males diagnosed as having genital warts at first visit, by age group, 2004-11



Systematic Review and Meta-Analysis: Population-Level Impact of HPV Vaccination

- ▶ Review of 20 studies in 9 high income countries
- ▶ In countries with *>50% coverage*, among 13-19 yr olds
 - ▶ HPV 16/18 prevalence *decreased at least 68%*
 - ▶ Anogenital warts decreased by ~61%
- ▶ Evidence of herd effects
- ▶ Some evidence of cross protection against other types

Challenges in Monitoring HPV Vaccine Impact on Cervical Lesions

- Detected through cervical cancer screening
- Changing screening recommendations
- Lack of cervical cancer screening registries in some countries
- Incomplete linkages with vaccination registries



HPV Vaccine

Duration of Immunity

- ▶ Studies suggest that vaccine protection is long-lasting; no evidence of waning immunity
 - ▶ *Available evidence* indicates protection for *at least* 8-10 years
 - ▶ Multiple cohort studies are in progress to monitor the duration of immunity



HPV Vaccine Three-Dose Coverage

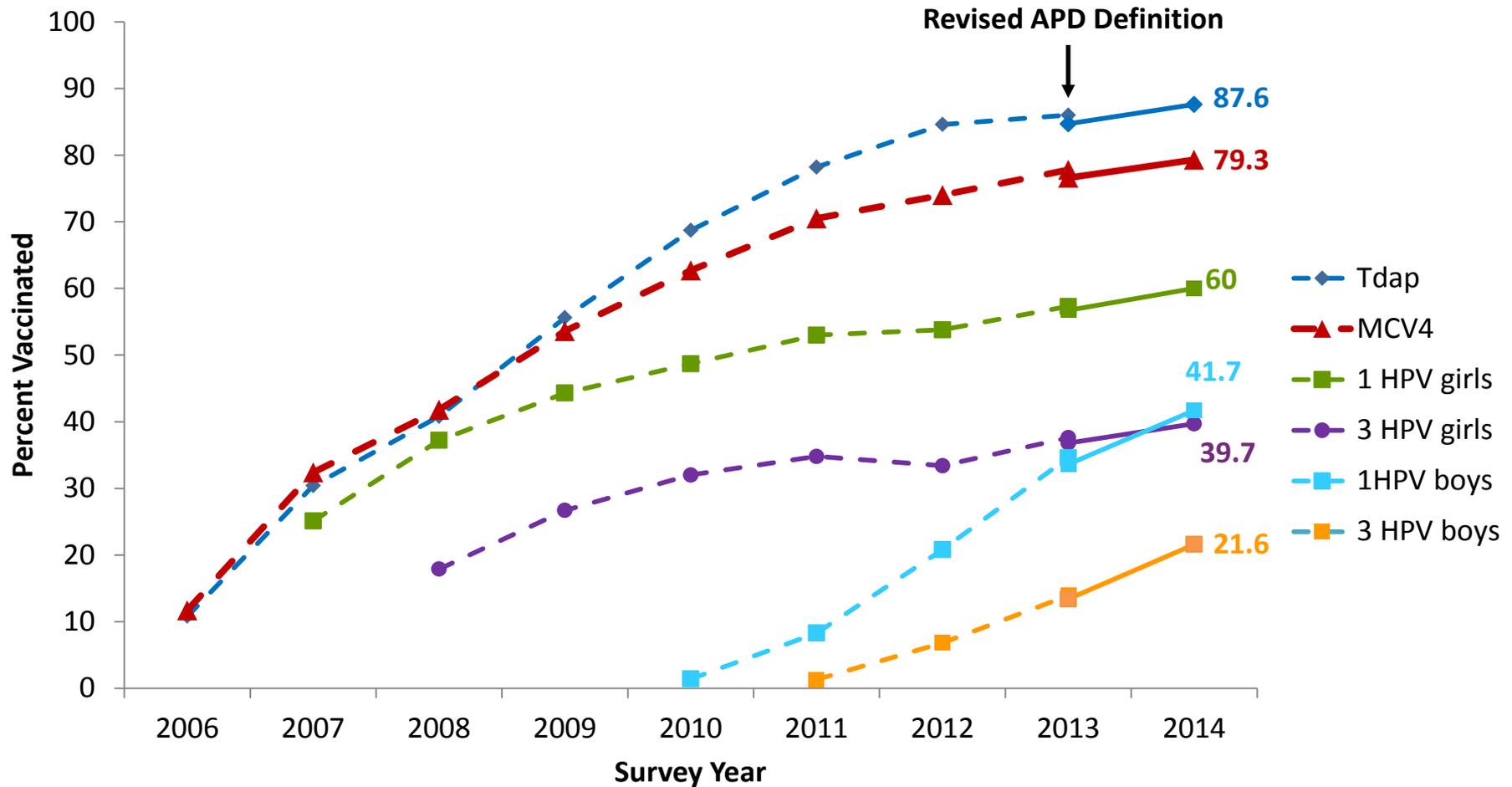


Among Girls in High-Income Countries

United States

HPV VACCINE COVERAGE

Adolescent Vaccination Coverage United States, 2006-2014

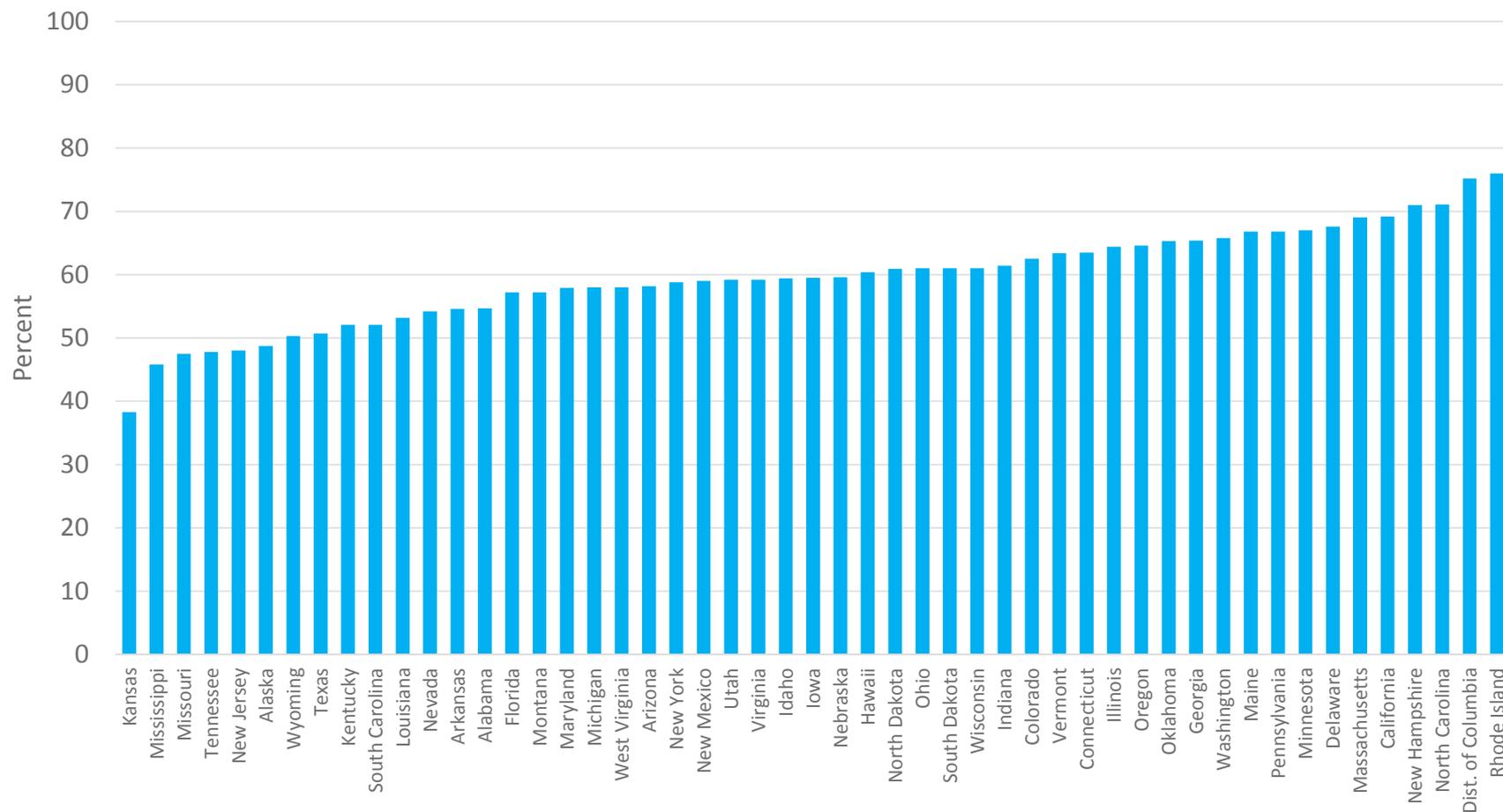


NIS-Teen 2008-2014
*APD = Adequate provider data





HPV Vaccine Series Initiation among Girls Aged 13-17 years, by State, NIS-Teen, 2014



Abbreviations: HPV = Human papillomavirus; NIS-Teen = National Immunization Survey-Teen

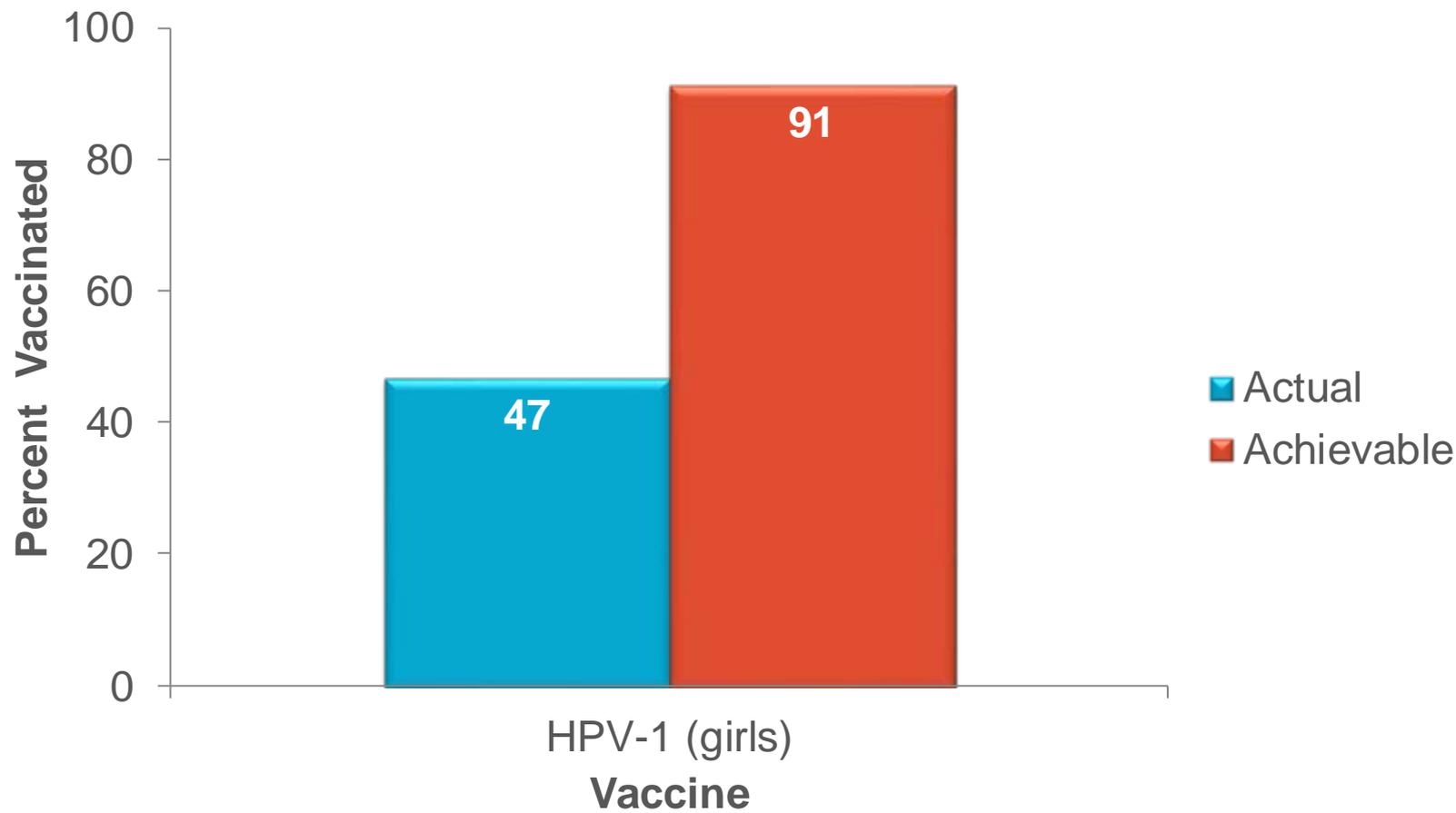
HPV vaccine series initiation: receipt of ≥ 1 HPV vaccine dose

Source: MMWR 64(29);784-792



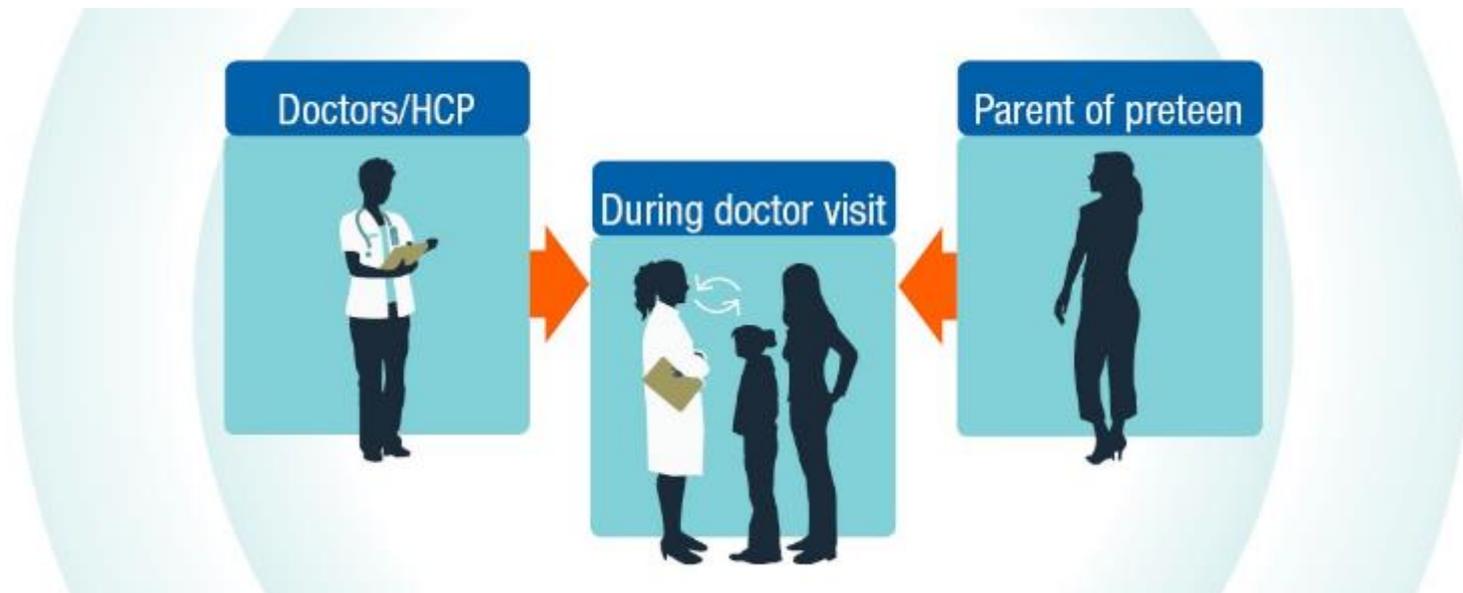


Impact of Eliminating Missed Opportunities by Age 13 Years in Girls Born in 2000



Missed opportunity: Healthcare encounter when some, but not all ACIP-recommended vaccines are given. HPV-1: Receipt of at least one dose of HPV. MMWR. 63(29);620-624.

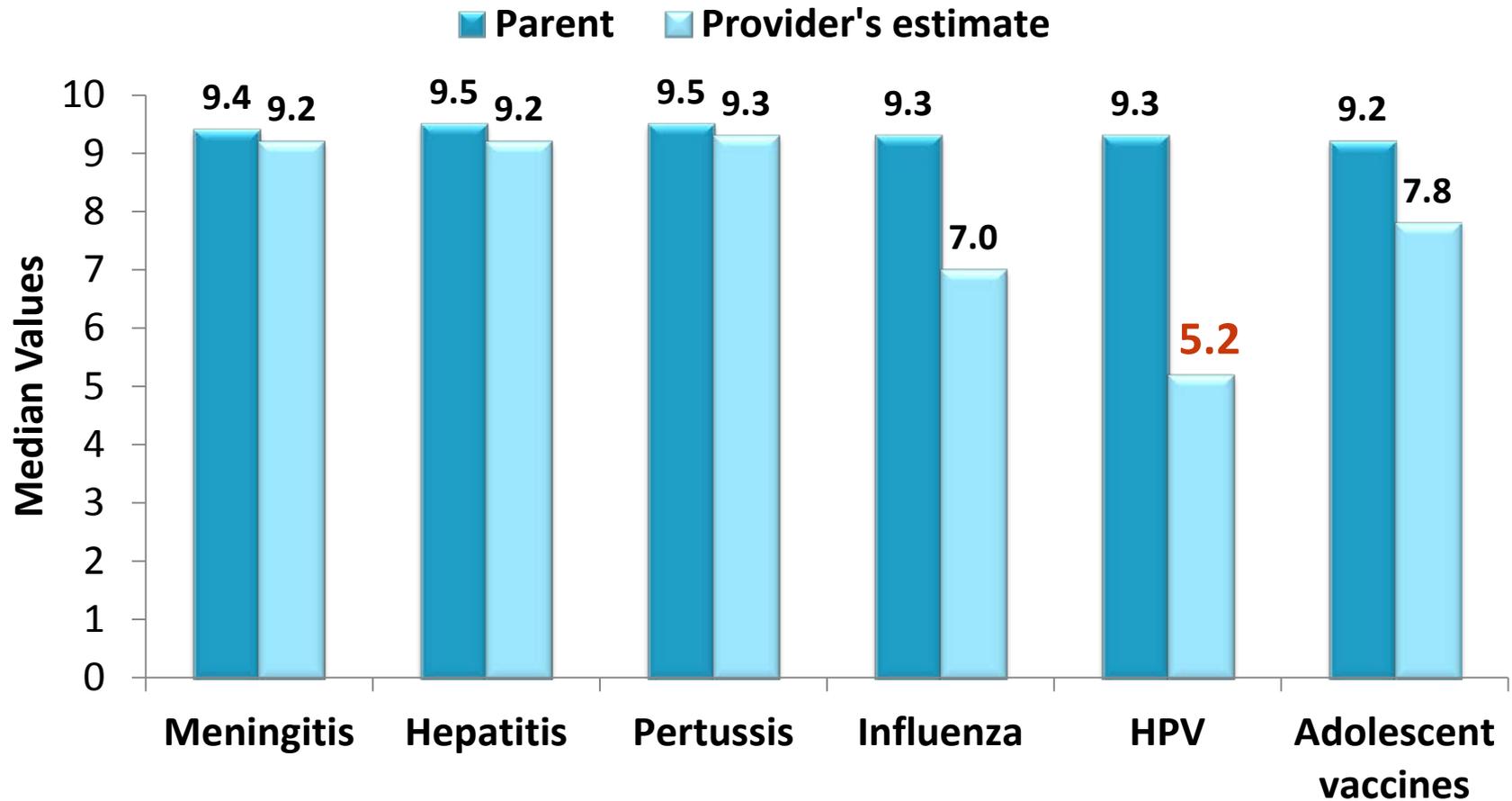




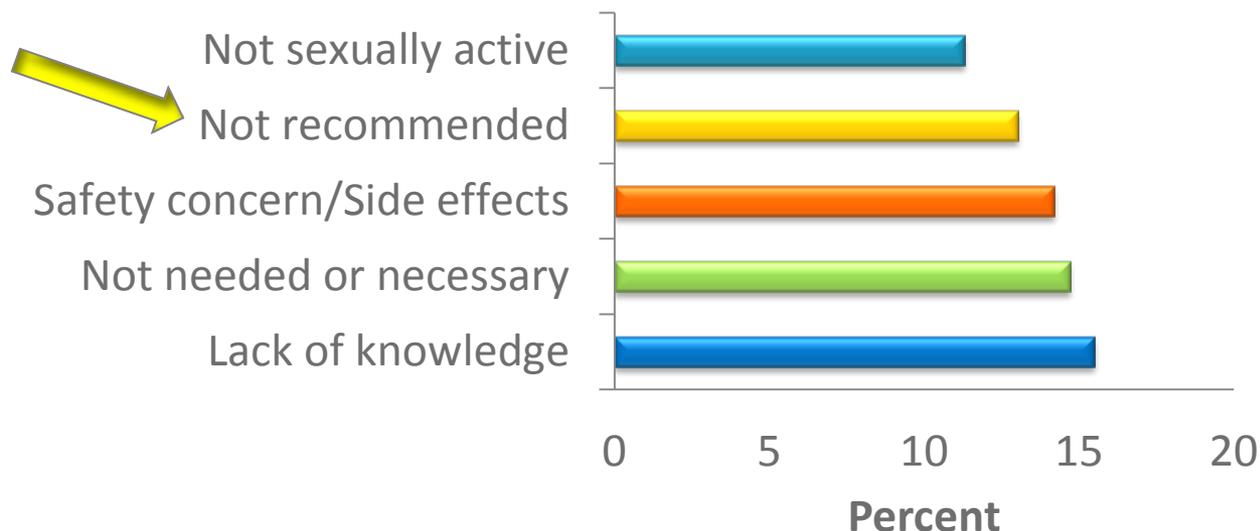
Talking about HPV vaccine

FRAMING THE CONVERSATION

Clinicians Underestimate the Value Parents Place on HPV Vaccine



Give a Strong Recommendation to Receive HPV Vaccine at Ages 11 or 12



- ***A strong recommendation from you is the main reason parents decide to vaccinate***
- Many moms in focus groups stated that they trust their child's doctor and would get the vaccine for their child as long as they received a recommendation from the doctor

Talking to parents about HPV VACCINE



Make a Bundled Recommendation

Recommend HPV vaccine the same way and on the same day you recommend Tdap and meningococcal vaccines. A strong recommendation from you is the main reason parents decide to vaccinate.

You can say “your preteen needs three vaccines that provide protection against meningitis, HPV cancers, and pertussis.”

Hearing “HPV vaccine is cancer prevention” helps parents make the decision to vaccinate. Parents don’t want to talk about HPV vaccine in the context of sexuality or sexual transmission.

Address Parents’ Questions

Help them understand why the vaccine is needed at age 11 or 12, let them know that like any other vaccine, they want their children protected long before exposure.

Emphasize your personal belief in the importance of HPV vaccine to help parents feel secure in their decision. Let them know you have given/will give it to the children in your life.



Make an Effective Recommendation

- ▶ **Same way:** Effective recommendations group all of the adolescent vaccines

Recommend HPV vaccination the *same way* you recommend Tdap & meningococcal vaccines.

- ▶ **Same day:** Recommend HPV vaccine *today*

Recommend HPV vaccination the *same day* you recommend Tdap & meningococcal vaccines.

If a parent were hesitant...

Ask	Clarify & restate their concerns to make sure you understand
Acknowledge	<ul style="list-style-type: none">•Emphasize it is the parents' decision.•Acknowledge risks and conflicting information sources.•Applaud them for wanting what is best for their child.•Be clear that you are concerned for the health of their child, not just public health safety.
Advise	<ul style="list-style-type: none">•Clarify their concerns to make sure you understand and are answering the question they actually care about.•Allow time to discuss the pros and cons of vaccines.•Be willing to discuss parents' ideas.•Offer written resources for parents.•Tailor your advice using this sheet or CDC's <i>Tips & Time Savers</i>.
Remember	<ul style="list-style-type: none">•Declination is not final. The conversation can be revisited.•End the conversation with <u>at least 1 action</u> you both agree on.•Because waiting to vaccinate is the risky choice, many pediatricians ask the parent to sign a <i>Declination Form</i>



Some Parents Need Reassurance

- Many parents simply accept of this bundled recommendation
- Some parents may be interested in vaccinating, yet still have questions. Interpret a question as **they need additional reassurance from YOU, the clinician they trust with their child's health care**
- Ask parents about their main concern (be sure you are addressing their real concern)

Clinicians can give a strong and effective HPV vaccine recommendation by announcing:

Sophia is due for three vaccines today. These will help protect her from meningitis, HPV cancers, and pertussis. We'll give those shots at the end of the visit.

If main concern is “**Why does my child need this vaccine**” try saying:

HPV vaccine is very important because it prevents cancer.

I know we'd like to protect Maureen from cancer and I'd feel better if she got her first dose of the HPV vaccine series today.

If main concern is “**My daughter will wait for marriage/won’t be exposed**”, try saying:

HPV is so common that almost everyone will be infected at some time.

When your daughter marries, she could catch HPV from her husband. He might have been infected before he ever met her.



If main concern is “**why now, let’s wait until child is older,**” try saying:

HPV vaccine produces a more robust immune response in preteens than in older teens which is why I recommend starting the HPV vaccine series today.

If main concern is “**HPV vaccine will be a green light for sex,**” try saying:

Studies have shown that getting the HPV vaccine doesn't make kids more likely have sex, or to have sex at a younger age.

If main concern is “**would you give it to your child,**” try saying:

*Yes, I gave it to my child
(or grandchild, etc) because I think
preventing cancer is very important.*

If main concern is “**side effects,**” try saying:

Vaccines, like any medication, can cause side effects. With HPV vaccine most are mild, primarily pain or redness in the arm. This should go away quickly.

HPV vaccine has not been linked with any serious or long-term side effects.

If main concern is “**possible effects on fertility,**” try saying:

There is no data to suggest that getting HPV vaccine will have an effect on future fertility.

However, persistent HPV infection can cause cervical cancer and the treatment of cervical cancer can leave women unable to have children.

Even treatment for cervical pre-cancer can put a woman at risk for problems with her cervix during pregnancy causing preterm delivery or problems.

Before leaving the exam room, **remind parents when to come back.** Try saying:

To work, Robert needs the full HPV vaccine series, so . . .

When you check out, please make sure to make an appointment for about 6 weeks from now for the next shot, and put that appointment on your calendar before you leave the office today!



Increase the number of target patients who come in & *leave vaccinated*

1. Align office policy with mission – e.g., immunize at every opportunity
2. Align communication with mission
3. Standing orders
4. Prompt the person who is supposed to order the vaccine
 - ▶ Nursing personnel
 - ▶ EHR
 - ▶ Both

Be sure everyone in the office understands the mission



Home Story Gallery Share A Story Use A Story About Us Resources

Story Gallery

Cervical Cancer and HPV (human papillomavirus)



Carron's Story



Laura and Audra's Story



Tricia's Story



Susie's Story



Quite's Story



Maggie's Story



Jaslyn's Story



Lisa's Story



HPV Stories



Belinda's Story



Dawn's Story



Heather's Story

Browse Stories by:

Disease

All Diseases
Cervical Cancer and HPV
Chickenpox
Hepatitis B
Hib
Influenza
Japanese Encephalitis
Measles
Meningitis
Pertussis
Pneumococcal Disease
Polio
Rotavirus
Rubella
Shingles
Story Collections and PSAs

Age

Infant and Toddler
Early Childhood
Preteen and Teen
Young Adult
Adult

Spanish/Latino

Spanish/Latina

Written

Written

PSAs

PSAs

Human stories often influence people more than statistics To understand the human stories behind HPV, listen to survivors

- Shot By Shot
- Unprotected People on www.immunize.org





Standing orders

- ➔ Empower non-physician personnel to vaccinate patients (after assessing for specific contraindications) without direct physician involvement
- ➔ Practices should have on file preapproved orders to vaccinate
- ➔ Templates available for all routine vaccines at www.immunize.org/standing-orders/
- ➔ To save physicians time, staff have to be aware of the standing orders and be trained to use it

Review Question #1

HPV vaccine is recommended for the following persons:

- A. All adolescents at the 11 to 12 year old visit.
- B. Females only at the 13 year old visit.
- C. Males only at the 11 to 12 year old visit.
- D. Females only at the 11 to 12 year old visit.

Review Question #1

HPV vaccine is recommended for the following persons:

- A. All adolescents at the 11 to 12 year old visit.**
- B. Females only at the 13 year old visit.
- C. Males only at the 11 to 12 year old visit.
- D. Females only at the 11 to 12 year old visit.

Review Question #2

Why should males receive HPV vaccine?

- A. Prevention of infection with HPV types 6, 11, 16, 18.
- B. Prevention of genital warts caused by HPV types 6 and 11.
- C. Prevention of anal cancer caused by HPV types 16 and 18.
- D. All of the above.

Review Question #2

Why should males receive HPV vaccine?

- A. Prevention of infection with HPV types 6, 11, 16, 18.
- B. Prevention of genital warts caused by HPV types 6 and 11.
- C. Prevention of anal cancer caused by HPV types 16 and 18.
- D. All of the above.**

Review Question #3

Which of the following HPV vaccine recommendations for a child aged 11 or 12 years is the most likely to be successful?

- A. Ask parent if child is sexually active and then discuss importance of HPV vaccination.
- B. Tell parent that their child needs three vaccinations to prevent meningitis, HPV cancers, and pertussis.
- C. Tell parent about the vaccinations that are mandatory for school entry and ask if they also want HPV vaccine.
- D. Ask parent if they want to get HPV vaccination for their child or wait until the child is older.

Review Question #3

Which of the following HPV vaccine recommendations for a child aged 11 or 12 years is the most likely to be successful?

- A. Ask parent if child is sexually active and then discuss importance of HPV vaccination.
- B. Tell parent that their child needs three vaccinations to prevent meningitis, HPV cancers, and pertussis.**
- C. Tell parent about the vaccinations that are mandatory for school entry and ask if they also want HPV vaccine.
- D. Ask parent if they want to get HPV vaccination for their child or wait until the child is older.

Human Papillomavirus (HPV)

HPV Home

[CDC > HPV Home](#)

For Parents & Public +

For Clinicians

For Clinicians -



Know the Facts -

Continuing Education

Provider Fact Sheets

Schedules & Recommendations

HPV Coverage Data

Commit to the Cause -

Tools for Your Office

Information for Parents

Spanish Resources

Lead the Conversation -

Answering Questions

Speaking to Colleagues

Website Syndication

Resources

Resources

Related Links



KNOW THE FACTS
Get information on the burden of HPV cancers, the importance of HPV vaccination, and how to help parents overcome hesitancy about HPV vaccine.

COMMIT TO THE CAUSE
Find ways to help improve HPV vaccination rates by promoting vaccination in your offices. Get CDC resources to help raise awareness among parents about the importance of HPV vaccine for preventing cancer.

LEAD THE CONVERSATION
Learn how to successfully communicate about HPV vaccine with the parents of your preteen patients, as well as how to become an HPV vaccination champion with your colleagues and in your community.

Continuing Education

Medscape MULTISPECIALTY -

News & Perspective Drugs & Diseases **CME & Education**

Communicating Safety and Efficacy of HPV Vaccine to Parents and Preadolescents

Supported by a contract from the Centers for Disease Control and Prevention



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News & Perspective Drugs & Diseases **CME & Education**

From Medscape Education Public Health & Prevention

Framing the Conversation With Parents About the HPV Vaccine

Supported by a contract from the Centers for Disease Control and Prevention

Larry Pickering, MD; Jay E. Serfaty, MD; Janis Loefer, MD; Katherine Brewer, MSH, RH
CME/CE Released: 07/18/2014 | Valid for credit through 07/18/2015

CME INFORMATION

This activity is intended for pediatricians, family medicine physicians, and nurses.

The goal of this activity is to educate clinicians on the importance of the human papillomavirus (HPV) vaccine for children approaching adolescence and to provide strategies to educate parents about the importance of the vaccine for their child's well-being.

Upon completion of this activity, participants will be able to:

1. Describe the burden of HPV-related disease in the United States
2. Interpret the Advisory Committee on Immunization Practices recommendations for HPV vaccination
3. Identify successful strategies for improving HPV vaccination rates

Faculty and Disclosures

Medscape EDUCATION

**HPV in Our Midst:
Understanding the Problem and Having the Conversation**

Moderator

Kenneth A. Alexander, MD, PhD Professor and Section Chief Pediatric Infectious Disease University of Chicago Chicago, Illinois	Ina Park, MD, MS Chief, Office of Medical and Scientific Affairs Sexually Transmitted Diseases Control Branch California Department of Public Health Medical Director California STD/HIV Prevention Training Center San Francisco, California
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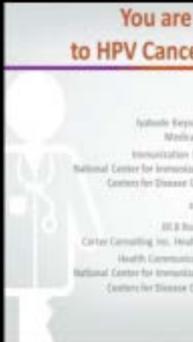
HPV 2 video

**You are the Key
to HPV Cancer Prevention**

Hydesh Eryon, MD, MPH
Medical Officer
Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

and

Bill Bower, MPH
Center Consulting Inc. Health Communication Specialist
Health Communication Science Office
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention



HPV 2 video



Factsheets for Parents in English & Spanish

ENFERMEDADES y las VACUNAS QUE LAS PREVIENEN
INFORMACIÓN PARA LOS PADRES

La vacuna HPV para preadolescentes y adolescentes

Por qué mi hijo/hija necesita la vacuna HPV? Algunos preadolescentes y adolescentes se pueden lesionar...

DISEASES and the VACCINES THAT PREVENT THEM
Updated July 2013

HPV

also known as Human Papillomavirus

As parents, you do everything you can to protect your children's health for now and for the future. Today, there is a strong weapon to prevent several types of cancer in our kids: the HPV vaccine.

HPV and Cancer

HPV is short for Human Papillomavirus, a common virus. In the United States each year, there are about 17,000 women and 9,000 men affected by HPV-related cancers. Many of these cancers could be prevented with vaccination. In both women and men, HPV can cause anal cancer and mouth/throat (oropharyngeal) cancer. It can also cause cancer of the cervix, vulva and vagina in women; and cancer of the penis in men.

For women, screening is available to detect most cases of cervical cancer with a Pap smear. Unfortunately, there is no routine screening for other HPV-related cancers for women or men, and these cancers can cause pain, suffering, or even death. That is why a vaccine that prevents most of these types of

HPV vaccination is recommended for preteen girls and boys at age 11 or 12 years.

HPV vaccine is also recommended for girls ages 13 through 26 years and for boys ages 13 through 21 years, who have not yet been vaccinated. So if your son or daughter hasn't started or finished the HPV vaccine series—it's not too late! Talk to their doctor about get

Two vaccines—C to prevent the HPV cancers and Gardasil, also for women and just Only Gardasil for men. Both vaccines are given over 6 months. I child at these six, second and third office after the 6

DECLARACIÓN INFORMATIVA SOBRE LA VACUNA

Vacuna contra el VPH

Gardasil® (Virus del papiloma humano)
Lo que usted necesita saber

1 ¿Qué es el VPH?

2 ¿Por qué se recomienda la vacuna contra el VPH?

3 ¿Quién debe vacunarse contra el VPH y cuándo?

HPV Vaccine for Preteens and Teens

Why does my child need HPV vaccine?
This vaccine is for protection from most of the cancers caused by human papillomavirus (HPV) infection. HPV is a very common virus that spreads between people when they have sexual contact with another person. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical cancer in women and penis cancer in men. HPV can also cause anal cancer, throat cancer and genital warts in both men and women.

When should my child be vaccinated?
The HPV vaccine is recommended for preteen boys and girls at age 11 or 12 so they are protected before ever being exposed to the virus. If your teen hasn't gotten the vaccine yet, talk to their doctor about getting it for them as soon as possible.

The HPV vaccine is given in 3 shots. The second shot is given 1 or 2 months after the first shot. Then a third shot is given 6 months after the first shot. It is sure that your child gets all 3 shots for full protection.

What else should I know about HPV vaccine?
There are two HPV vaccines. Girls and young women should get either HPV vaccine to prevent cervical cancer. One of the HPV vaccines also protects against genital warts and anal cancer in both females and males. Boys should get this HPV vaccine to prevent anal cancer and genital warts. Girls can get this vaccine to prevent cervical cancer, anal cancer and genital warts.

Both HPV vaccines have been studied very carefully. These studies showed no serious safety concerns. Common, mild adverse events reported during these studies included:

- fever, dizziness, and fainting.
- some preteens and teens might faint after getting the vaccine or any shot. Preteens and teens should be down when they get a shot and stay like that for 15 minutes after the shot. This can help prevent any injury that could happen while fainting.

Serious side effects from the vaccine are very rare. It is important to tell the doctor if your child has any severe allergies, including an allergy to gelatin, if your child is not recommended.

HPV vaccination is recommended by the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the Society of Gynecologic Physicians.

How can I get help paying for the vaccine?
The Vaccines for Children (VFC) program provides HPV vaccines for children ages 18 and under who are uninsured, underinsured, or Medicaid recipients. Your VFC program by going online to www.vfc.gov to search for a participating provider.

Where can I learn more?
For more information about HPV vaccines for preteens and teens, visit www.cdc.gov/ncidod/diseases/hpv/vaccine/parents or www.aap.org.

2013 Vacunas recomendadas para los niños de los 7 años hasta los 18 años de edad

7 a 10 AÑOS	11 a 12 AÑOS	13 a 18 AÑOS
La vacuna Tdap	Tetanus, Difteria, Pertussis (Tdap) Vaccine	La vacuna Tdap*
MCV4	La vacuna HPV (Gardasil®)	La vacuna HPV
	La vacuna meningocócica conjugada (MenQuadJ) (MenVax)	Reserva de la vacuna MCV4

2013 Recommended Immunizations for Children from 7 Through 18 Years Old

7-10 YEARS	11-12 YEARS	13-18 YEARS
Tdap*	Tetanus, Diphtheria, Pertussis (Tdap) Vaccine	Tdap*
MCV4	Human Papillomavirus (HPV) Vaccine (Gardasil®)	HPV
	Meningococcal Conjugate Vaccine (MenQuadJ) (MenVax)	Reserve of age 16, MCV4 (MenVax)

FOOTNOTES

- *This vaccine is a combination vaccine that is recommended at age 11 or 12 to protect against tetanus, diphtheria and pertussis. If your child has not received any or all of the DTPa vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7-10 years old. Talk to your child's health care provider to find out if they need additional catch-up vaccines.
- **All 11 or 12 year olds—both girls and boys—should receive 4 doses of HPV vaccine to protect against HPV-related disease. Entire HPV vaccine (Gardasil® or Gardasil®) can be given to girls and young women; only one HPV vaccine (Gardasil®) can be given to boys and young men.
- **Meningococcal conjugate vaccine (MCV4) is recommended at age 11 or 12. A booster shot is recommended at age 16. Teens who received MCV4 for the first time at age 13 through 15 may sufficient one-time booster dose between the ages of 16 and 18 years. If your teenager started getting the vaccine elsewhere, ask their health care provider about getting it now, especially if your teenager is about to move into a college dorm or military barracks.
- **There are 2 types of meningococcal conjugate vaccine (MCV4) available: one is given as a single shot every year. Children under the age of 16 years may require more than one dose. Talk to your child's health care provider to find out if they need more than one dose.
- **A single dose of Meningococcal Conjugate Vaccine (MCV4) is recommended for children who are 16-18 years old with certain medical conditions that place them at high risk. Talk to your health care provider about meningococcal vaccine and what factors may place your child at high risk for meningococcal disease.
- **If you are a parent of a child with a chronic medical condition that places them at high risk, talk to your child's health care provider, your child's doctor, and your child's health care provider about HPV vaccine and what factors may place your child at high risk for HPV.

El genital es el sitio de infección en los Estados Unidos y las mujeres tienen un mayor riesgo por el VPH.

Algunas niñas adolescentes, cada año. El VPH puede causar cáncer cervical y otros tipos de cáncer en las mujeres. El VPH también puede causar cáncer de la boca y de la garganta.

La vacuna contra el VPH puede prevenir el cáncer cervical y otros tipos de cáncer en las mujeres. La vacuna contra el VPH también puede prevenir el cáncer de la boca y de la garganta.

La vacuna contra el VPH puede administrarse al mismo tiempo que otras vacunas.

U.S. Department of Health and Human Services
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American Academy of Pediatrics
ADVOCATING FOR THE BEST OF OUR CHILDREN®

AMERICAN ACADEMY OF FAMILY PHYSICIANS
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HPV (Gardasil®) VDS - Spanish (5-17-2013)

YOU ARE THE KEY TO CANCER PREVENTION

HPV CANCER PREVENTION

1 HPV VACCINE IS CANCER PREVENTION
 HPV vaccine protects against HPV types that most commonly cause oral, cervical, anal, penile, vaginal, and rectal cancers.
 Every year in the U.S., 27,000 people get cancer caused by HPV. That's 1 person every 20 minutes of every day, all year long.
 Most of these cancers can be prevented by HPV vaccine.

2 HPV VACCINE IS RECOMMENDED AT THE SAME TIME AS OTHER TEEN VACCINES
 Preteens need three vaccines at 11 or 12. They protect against whooping cough, cancers caused by HPV, and meningitis.
 Vaccines for your 11-12 year old:
 • Tdap
 • HPV
 • Meningococcal

3 HPV VACCINE IS BEST AT 11-12 YEARS
 Preteens have a higher immune response to HPV vaccine than older teens.
 While there is very little risk of exposure to HPV before age 11, the risk of exposure increases thereafter.

Parents and healthcare professionals are the key to protecting adolescents from HPV cancers.

VACCINATE YOUR 11-12 YEAR OLDS.

www.cdc.gov/vaccines/teens



Free posters available for ordering in the following sizes: 8.5x11, 11x17, 18x24

If there were a vaccine against cancer, wouldn't you get it for your kids?

HPV vaccine is cancer prevention. Talk to the doctor about vaccinating your 11-12 year old sons and daughters against HPV.

www.cdc.gov/vaccines/teens

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If there were a vaccine against cancer, wouldn't you get it for your kids?

HPV vaccine is cancer prevention. Talk to the doctor about vaccinating your 11-12 year old sons and daughters against HPV.

www.cdc.gov/vaccines/teens

You're not opening the door to sex. You're closing the door to cancer.

HPV vaccine is cancer prevention. Talk to your child's doctor about vaccinating your 11-12 year old against HPV.

www.cdc.gov/vaccines/teens



**Want to know when we have new
resources and tools?**

**Send us an email to request
our newsletter:**

PreteenVaccines@cdc.gov

**We can help provide speakers for grand rounds
and continuing education events, as well.**



**HPV VACCINE IS
CANCER PREVENTION**
And YOU are the key!

#WeCanStopHPV