



ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO)

HPV Vaccination: State Perspectives

**National Vaccine Advisory Committee Meeting
February 5-6, 2013**

STATE SPECIFIC STRATEGIES TO INCREASE UPTAKE OF HPV VACCINE

- Communication Campaigns
- Specific Focus on Adolescent Vaccination
 - Working with partners
 - Identifying a champion
 - Using school located vaccination clinics
- Working with Healthcare Providers
 - Provide educational materials and discuss during site visits
- Vaccination Financing Policies

CHALLENGES IDENTIFIED BY STATES

- Barriers Experienced by Providers
 - The nature of the adolescent visit
 - Limited time to discuss the vaccine with patients/parents
- Barriers Experienced by Patients
 - Perception of HPV vaccine
 - Cost
- Policy Barriers
 - State mandates

POTENTIAL METHODS IDENTIFIED BY STATES TO INCREASE HPV VACCINE UPTAKE

1. Using Technology

- Using the immunization registry to issue reminders to patients

2. Improving the Provider Recommendation

- Focusing on specific efforts to increase the provider recommendation of HPV vaccine to patients
- Working with non-traditional providers

3. Improving Public Awareness

- Conducting large media campaigns
- Using a champion

CONTACT INFORMATION

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The American Academy of Family Physicians (AAFP)

- The AAFP represents over 100,000 members, including physicians, residents and students.
- Family physicians care for patients from “cradle to grave” including children, adolescents, and young adults.
- The AAFP mission is to “improve the health of patients, families, and communities...”

The AAFP and Immunizations

- The AAFP's Strategic Plan names immunizations as a key component of Objective 4: The Health of the Public.
- Immunizations are part of the core curriculum for medical education for family physicians.
- The re-certification process for family physicians requires ongoing CME. Several of these modules include training in childhood, adolescent, and adult immunizations.

AAFP and Immunizations, cont.

- The AAFP works collaboratively with the CDC in developing immunization recommendations for all age groups.
- The AAFP promotes these recommendations via multiple venues including online newsletters, journals, and the AAFP website.

The AAFP and HPV

- The AAFP has a cooperative agreement with the CDC to increase adolescent immunization rate, specifically the HPV vaccine. This involves an Office Champions project with 20 family practices.
- The AAFP has a similar agreement (Office Champions project with 20 practices) with an external partner that is focusing on both childhood and adolescent immunizations.

Barriers to HPV uptake

- Three doses over six months do not fit into the normal well child schedule and require extra appointments at the doctor's office.
- The HPV vaccine is not mandatory which makes it easier for parents to opt out.
- There is no cultural norm or expectation in favor of the HPV vaccine.

Ideas to improve HPV uptake

- Create a pre-teen vaccine expectation similar to the pre-KG group of vaccines. Most parents know that some vaccines are needed before KG.
- Make an expectation that the Tdap, meningococcal, and HPV vaccines are expected before age 13.
- This might counteract the hesitancy parents have about vaccinating children at age 11 or 12 before they are sexually active.

Ideas (2)

- Allow other venues for administering HPV vaccine including schools (as done in the UK) and pharmacies.
- While the AAFP prefers that vaccines be given in the medical home, they recognize that might not always happen.
- However, they do feel strongly that the vaccine administrator needs to submit the data to the medical home and the local vaccine registry.

Ideas (3)

- Reframe the HPV vaccine as a “vaccine against cancer.”
- Expand media coverage for HPV for boys and men. This would make the recommendation gender neutral and possibly easier to sell.
- Review the Adolescent Working Group recommendations that were approved in June 2008. They are an excellent resource.

Issues on HPV uptake

- As of October 2009, all 50 states allow pharmacists to administer some vaccinations.
- According to data from APhA, as of June 2012, 43 states or territories have granted authority to pharmacists to administer the HPV vaccine, with most having specific age limitations.
(<http://www.pharmacist.com/node/29316>)

Issues (2)

- However, in New York State, certified pharmacists are only allowed to administer influenza, pneumococcal, and herpes zoster vaccinations and only to adults. They do have to report vaccinations for 18 year old patients to the state registry.
- NY currently only has a required vaccine registry for children although it will accept adult information.

Jamie Loehr, MD

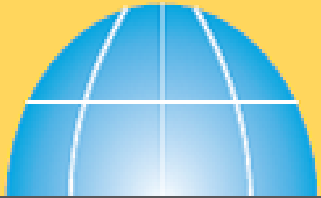
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THE HPV
VACCINE
EXAMPLE

2012-13

THE PRESIDENT'S
CANCER PANEL

PRESIDENT'S CANCER PANEL UPDATE

NATIONAL VACCINE ADVISORY COMMITTEE

2/5/2013

Barbara K. Rimer, DrPH

PCP Mission

- **The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President.**
- **Any delays or blockages in rapid execution of the Program shall immediately be brought to the attention of the President.**

PCP Members

- **Barbara K. Rimer, DrPH,**
*Univ. of North Carolina
at Chapel Hill (Chair)*
- **Owen N. Witte, MD,**
*University of California
Los Angeles (Member)*
- **Hill Harper, JD,**
*Cancer Survivor,
Actor and Best-Selling
Author, Los Angeles, CA
(Member)*



Cancer Indications for Gardasil

-----INDICATIONS AND USAGE-----

GARDASIL is a vaccine indicated in girls and women 9 through 26 years of age for the prevention of the following diseases caused by Human Papillomavirus (HPV) types included in the vaccine:

- Cervical, vulvar, vaginal, and anal cancer caused by HPV types 16 and 18
- Genital warts (condyloma acuminata) caused by HPV types 6 and 11

Precancerous or Dysplastic Lesions

11

al warts (condyloma acuminata) caused by HPV ty

And the following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, and 18:

- Cervical intraepithelial neoplasia (CIN) grade 2/3 and Cervical adenocarcinoma *in situ* (AIS)
- Cervical intraepithelial neoplasia (CIN) grade 1
- Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3
- Vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3
- Anal intraepithelial neoplasia (AIN) grades 1, 2, and 3

is indicated in boys and men 9 through 26 years

Accelerating Progress in Cancer Prevention: The HPV Vaccine Example

Four Workshops (3/4 completed)

1. **HPV Vaccination as a Model for Cancer Prevention**
2. **Achieving Widespread HPV Vaccine Uptake**
3. **Creating an Integrated HPV Vaccination and Screening Program**
4. **Challenges of Global HPV Vaccination**

Draft Priority Actions to Increase HPV Vaccine Uptake

Monitoring & Surveillance

- **Strengthen vaccine registries (*w/reminder systems*) and enable linkage to cancer registries for monitoring and surveillance.**
- **Endorse Healthy People 2020 vaccination goals for females; and encourage male vaccination goal.**

Draft Priority Actions

Physicians/ Providers

- **Educate physicians/other health providers about cancer prevention benefits and efficacy of HPV vaccines.** (*Set practice goals and use/modify QI practices.*) **Provide tools.**
- **Consider HPV vaccination as part of broader adolescent health platform.**
- **Encourage policies that permit pharmacist-administered HPV vaccines.**
- **Encourage school-located vaccination programs.**

Draft Priority Actions

Communication

- **Conduct consumer-focused campaign** (*for adolescents/parents/caregivers/others*) **that focuses on vaccination for males and females, using a range of strategies, including social media.**
- **Special attention to geographic areas with low vaccination rates**

Draft Priority Actions

Research

Encourage research to...

- **Monitor ongoing studies to assess whether <3 vaccine doses are sufficient for efficacy/duration of protection.**
- **Monitor clinical and virologic impact of vaccination at population level.**
- **Explain natural history of oropharyngeal HPV infections.**

Possible Priority Actions

Global



Possible Priority Actions

Global



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Improving HPV Vaccine Uptake: A Local Health Department Perspective

Anne Bailowitz, MD, MPH

Johns Hopkins School of Public Health

National Vaccine Advisory Committee Liaison

National Association of County and City Health Officials (NACCHO)

NVAC Meeting February 5-6, 2013



The National Connection for Local Public Health



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IMPROVING HPV VACCINE UPTAKE: LOCAL HEALTH DEPARTMENT EFFORTS

- ◆ Know your population – surveys (Jefferson County, Alabama nurses; Baltimore, MD KABs), focus groups
- ◆ Communicate with your community - YouTube in Milwaukee; dedicated nurse in Baltimore; education for health care professionals?
- ◆ Maximize vaccine opportunities - catch people where they are: IZ Clinic; Family Planning Clinic; STD Clinic
- ◆ Collaborate with state health departments: HPV Task Force (CA); HPV Subcommittee (MD)
- ◆ Mandate



IMPROVING HPV VACCINE UPTAKE: NACCHO EFFORTS

- ◆ NACCHO's Immunization Toolkit highlights HPV vaccine

<http://www.naccho.org/toolbox>

- ◆ NACCHO participation in the Project to End Cervical Cancer (PECC), sponsored by the Society for Women's Health Research



IMPROVING HPV VACCINE UPTAKE: SUCCESSIONS AND CHALLENGES

◆ Successes:

- immunize males and females
- reduce cost
- physician recommendation
- address parent concerns
- maximize opportunities: LHD; community

◆ Challenges:

- adverse media coverage re: side effects; sexual activity; mandate attempts
- physician involvement
- cost
- multiple doses over 6 months



IMPROVING HPV VACCINE UPTAKE: TOP 3 “MUST DO” TASKS

- ◆ Push male immunization: LHDs, schools, pharmacy, barber shops, athletic events; record in State IIS
- ◆ Reduce vaccine cost, number of doses, and create multi-antigen vaccines (HPV +.....)
- ◆ Mandate: should be considered



Strategies to Increase HPV Vaccine Uptake

National Vaccine Advisory Committee
February 5, 2013



Jessica A. Kahn, M.D. M.P.H.

SAHM: Efforts to Increase HPV Vaccine Uptake

▶ Education and Advocacy

▶ Vaccination Committee

- ▶ Updates about adolescent vaccination recommendations and resources
- ▶ Members serve as liaisons to 15-20 vaccine-related organizations

▶ Adolescent vaccination integral part of annual meeting programming

▶ Position papers – HPV Vaccine update 2013

▶ Press releases – HPV Vaccine uptake 2011

▶ Research

▶ In 2012, funded 10 public health demonstration projects to improve adolescent vaccination across the U.S. – all address HPV vaccination

▶ Summit meeting in October 2013 will allow grantees to share results

▶ Project results will be published in a journal supplement in 2014

▶ Broad dissemination of results through website

Strategies to Increase Vaccine Uptake

- ▶ Systems and Policies
- ▶ Clinician Recommendation
- ▶ Adolescent/Parent Acceptance

Systems and Policies

- ▶ Mandated vaccination
- ▶ Office procedures to maximize vaccination; e.g. recall/reminder systems, vaccinating at every opportunity, standing orders, adolescent consent
- ▶ Convenient access for adolescents
- ▶ Insurance coverage
- ▶ Vaccination in alternative settings; e.g. school-located
- ▶ Vaccination registries/Immunization Information Systems
- ▶ Collaboration with other organizations that provide vaccine assessment, education and support
 - ▶ Professional organizations, departments of public health

Clinician Recommendation

- ▶ Key driver of parental/adolescent acceptance and vaccine uptake, but many missed opportunities to vaccinate
 - ▶ National data demonstrate that < 50% of clinicians consistently recommend HPV vaccines to 11-12 y/o girls
- ▶ Large body of research has identified modifiable predictors
- ▶ These can be addressed and recommendations increased by providing educational resources and tools to clinicians that:
 - ▶ Increase understanding of HPV vaccines – including vaccine recommendations, benefits and safety profile – and promote positive attitudes about vaccination
 - ▶ Address perceived barriers to vaccination such as parental lack of understanding and concerns
 - ▶ Innovative, tailored, culturally appropriate educational materials
 - ▶ Strategies for addressing parental concerns

Adolescent and Parent Acceptance

- ▶ Key driver of vaccine uptake
- ▶ Large body of research identifying modifiable predictors of adolescent/parent acceptance of vaccination
- ▶ These predictors can be addressed and uptake increased by:
 - ▶ Development of educational materials tailored to parents and adolescents that contain brief key messages addressing the 5 core beliefs that drive decisions about HPV vaccination
 1. HPV vaccines are effective and should prevent most HPV-associated anogenital cancers
 2. HPV vaccines are safe
 3. HPV-related diseases are serious and adolescents are susceptible
 4. Girls and boys should be vaccinated before they initiate sex
 5. Clinicians support vaccination (for adolescents - peer norms important)

Adolescent and Parent Acceptance (cont.)

- ▶ Development of resources for clinicians
 - ▶ To elicit and address concerns if parents are hesitant
 - e.g. be aware of the efficacy and safety profile and prepared to discuss why vaccination is important at 11-12 years and is unlikely to lead to riskier behaviors
 - ▶ To encourage parents to use vaccination visit as an opportunity
 - e.g. to educate teens, involve them in decision-making, promote their taking responsibility for their health

Three Strategies That Would Make Most Difference

1. Mandated vaccination
2. Vaccination in alternative venues; e.g. school-located vaccination
3. Evidence-based public health interventions that target
 - ▶ Systems and policies
 - ▶ Provider recommendations
 - ▶ Adolescent and parent acceptance

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Approaches by the American Academy of Pediatrics to improve vaccine uptake of the HPV vaccine

Rodney E. Willoughby, M.D.

Member, Committee on Infectious Diseases, AAP

Member, HPV vaccine working group, ACIP, CDC

“Increasing adolescent immunization through pediatric partnerships”

(Cooperative agreement with CDC, 2012-2015)

- **Evidence-based approaches**

- Promoting reminder/recall systems for families
- Promoting EHR prompts for providers
- **EQIPP** immunization module

- **Education**

- Physician webinars under development for a strong provider recommendation
- Video competition for pediatric residents on adolescent vaccines
- Educational materials for offices, AAP consumer website, Text4Kids

www.thecommunityguide.org/vaccines
www2.aap.org/immunization

American Academy of Pediatrics

- AAP acknowledges the need for school-based clinics and pharmacies where access to a medical home is lacking.
Increasing immunization coverage, Pediatrics (2010) 125: 1295
 - A vaccine registries (IIS) statement is under revision
- AAP points to the need for improvements in financing and practice management systems to assist in carrying the load of expensive and complicated adolescent vaccines. *Increasing immunization coverage, Pediatrics (2010) 125: 1295*
 - This is equally true for school-based clinics and pharmacies
- The AAP could provide granular detail on why HPV vaccine uptake is so poor
 - Pediatric Research in Office Settings network is available, but requires investment

NVAC HPV Update ACOG Representation

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NVAC Meeting
February 5th, 2013

ACOG EFFORTS

- Major push shortly after time of HPV licensure and roll-out (2006-'07)
 - Robust information to providers:
 - Educational materials - CO
 - Practical materials for office use
 - Adolescent tool-kit with HPV fact sheet, CPT coding info, vaccine administration record
 - Overlap with vaccine push & adolescent/preconception care agenda
 - Patients:
 - Patient educational pamphlets

ACOG EFFORTS

- Vaccination website:
<http://www.immunizationforwomen.org>
 - Robust information for providers and patients on all immunizations and VPD's
 - Heavy internet traffic
- Formed: Immunization Work Group (IWG)
 - Laura Riley, myself, etc.
- Timely session: ACOG already planning to re-focus on HPV

Effectiveness ??

- Not 100% clear
- Research investigations from ACOG:
 - HPV specific: (Leddy et al. J Ped Adol Gyn 2009;22)
 - Modestly high knowledge of HPV vaccine benefits among Ob-Gyn providers (District V), high rates of offering
 - OB-Gyn's attitudes and beliefs re: vaccinations in general.
 - HPV highest on radar screen (pre-2009 H1N1)

Barriers

- Provider side:
 - Not view themselves as vaccinators
 - Sexual activity discussion (??)
 - Financial reimbursement issues
 - Lack of materials to give to parents
 - Access to adolescent pts?
- Patient side:
 - Myths about own risks for HPV
 - \$\$\$\$
 - Worry about “new” vaccine
 - ? from parents about necessity for 11-12 yrs olds given pre-sexual debut
 - ? Increase promiscuity

Additional Barrier

- Consent:
 - Most states have laws allowing adolescents to seek & receive independent care for STD screening/treatment
 - Not the case for prevention (HPV vaccine)!
 - ACOG IWG – focus on HPV this spring!

ACOG Wish List

- Social media campaign
 - Target pts and parents
 - Media campaign led by those with cervical cancer/high-grade CIN
 - “Why let your daughters get this” ??
- Address consent issues
- Less challenging vaccine schedule (3 shots)
 - Vaccine delivery innovation