

# **NVAC HPV Working Group**

## Draft Report and Recommendations

June 9, 2015 - NVAC

# HPV Working Group Membership

**Sarah Despres**, NVAC WG Chair

**Wayne Rawlins**, NVAC WG Chair

**Walt Orenstein**, NVAC Chair

**Philip Hosbach**, NVAC

**Vish Viswanath**, NVAC

**Mitch Rothholtz**, NVAC

**Richard Beigi**, NVAC

**Jamie Loher**, AAFP

**Rodney Willoughby**, AAP

**Linda Eckert**, ACOG

**Debbie Saslow**, ACS

**James Turner**, American College Health Association

**Kim Martin**, ASTHO

**Melinda Wharton**, CDC

**Shannon Stokley**, CDC

**Rebecca Gold**, CDC

**Julie Morita**, Chicago Department of Public Health

**Mary Beth Hance**, CMS/CMCS

**Nancy Lee**, HHS Office of Women's Health

**Valerie Borden**, HHS Office of Women's Health

**Litjen Tan**, Immunization Action Coalition

**Maureen Hess**, FDA

**Paul Etkind**, NACCHO

**Nichole Bobo**, National Association of School Nurses

**Bob Coyle**, NCI

**Carolyn Deal**, NIH

**Douglas Lowy**, NIH/NCI

**Noel Brewer**, President's Cancer Panel

**Jessica Kahn**, Society of Adolescent Health and  
Medicine

**David Salisbury**, UK Department of Health

**Bruce Gellin**, NVPO

**Sharon Bergquist**, NVPO

**Maggie Zettle**, NVPO

**Karin Bok**, NVPO

**Katy Seib**, NVPO

# Working Group Charge

The Assistant Secretary for Health (ASH) asks the National Vaccine Advisory Committee (NVAC) to:

- Review the current state of HPV immunization,
- To understand the root cause(s) for the observed low vaccine uptake (both initiation and series completion), and
- To identify existing best practices all with a goal of providing recommendations on how increase use of this vaccine in young adolescents.

# Timeline

August 9, 2013 Inaugural Call	Update from CDC regarding the July 28 MMWR
Sept – Oct, 2013	Background: Epidemiology of coverage and solution strategies
Nov 2013 – Jan 2014	Provider barriers and solution strategies
Feb, 2014	PCP Report review
March – June, 2014	System barriers and solution strategies
June – Aug, 2014	Series completion, communication to parents, utilizing all stakeholders, new research on dosing
Sept 2014 – Jan 2015	Discussion and development of recommendations
Feb, 2015	Presentation of draft recommendations to NVAC
April 6, 2014 – May 6, 2014	Report available for public comment on Federal Register
<b>June, 2015</b>	<b>NVAC discussion and vote on recommendations</b>

# Presentations to the Working Group

<b>Current epidemiology of vaccination coverage and VPD/background and proposed solution strategies</b>		
1	CDC - MMWR July report	Melinda Wharton and Shannon Stokley
	International perspective (UK and Canada)	David Salisbury and John Spika
	Industry perspective	Merck - Liana Clark
	Research - communication	Dan Kahan
<b>Provider barriers and federal opportunities</b>		
2	Provider Groups	Elizabeth Sobczyk and Jamie Loher
	President's Cancer Panel	Barbara Rimer
	Follow up from PCP report	
<b>Systems barriers and federal opportunities</b>		
3	Utilizing pharmacies: What remains to be done with state legislation and registries	Mitch Rothholtz
	Alternative Locations/programs - schools (Chicago)	Ken Alexander and Rachel Caskey
	AFIX	Noel Brewer and Shannon Stokley

# Presentations to the Working Group

<b>Parental and adolescent barriers and federal opportunities</b>		
4	Communicating with parents and teens	Jessica Kahn
	Adolescent Health community strategies	Wilma Robinson
	School-located Pre-teen & Teen Vaccination – The School Nurse Perspective	Nichole Bobo
<b>Potential changes to vaccine products and dosing</b>		
5	Alternative schedules/New vaccine development	Doug Lowy

# NVAC INPUT AND PUBLIC COMMENT

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# NVAC Input

- One comment received after February NVAC meeting regarding inclusion of research on alternative ages. The following language was added to the narrative before public comment period:

"These data have led to the European Medical Agency and the World Health Organization to recommend a two-dose schedule, and many countries have adopted a two-dose schedule. However, while the data look promising, further post-licensure data are needed to confirm fewer doses are equally effective at preventing persistent HPV infection and provide long-lasting protection.

**Antibody levels to HPV vaccine have been demonstrated for up to five years post vaccination<sup>16,17</sup>. Further research is planned to determine duration of protection and antibody levels through at least 14 years post series completion.** Therefore, the Working Group suggests that NVAC recommend that the ASH encourage continued review of available data or support for additional data that could concretely answer whether fewer doses are equivalent in both effectiveness and safety to the current three-dose schedule **and if alternative ages of administration are a viable option based on long term protection.** The Working Group notes that any changes to the schedule are the responsibility of ACIP and is aware that ACIP continues to review these data."

# Public Comment

- Report and recommendations out for public comment for 30 days on Federal Register
  - April 6, 2015 to May 6, 2015
- Six comments from the public received
  - Two – general public
  - Four – organizations
- May 8, 2015: Working group met to thoughtfully discuss and adjudicate all comments received. The Working Group thanks all who submitted public comment.

# Public Comment

- Themes
  - Overall support
    - One comment in dissention
  - Coordinated, consistent messaging is key
  - State-level suggestions
    - School requirements, state practice laws
  - Coordination of care

# REVIEW OF RECOMMENDATIONS

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# June 2014 NVAC Meeting

- NVAC voted to endorse the PCP report and adopt the recommendations outlined therein (NVAC Recommendation 1)
- NVAC voted to endorse monitoring “the status of uptake and implementation of the [PCP] recommendations” through an annual progress report from HPV immunization stakeholders. (NVAC Recommendation 2)

# Recommendation 1

- The ASH should endorse the PCP report, Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer, and adopt the recommendations outlined therein

**Endorsed at June 2014 NVAC meeting**

# President's Panel Cancer Report Recommendations

Goal 1: Reduce missed clinical opportunities to recommend and administer HPV vaccines

Goal 2: Increase parents', caregivers', and adolescents' acceptance of HPV vaccines

Goal 3: Maximize access to HPV vaccination services

Goal 4: Promote global HPV vaccine uptake

## Recommendation 2

- As the PCP recommended, NVAC should, monitor “the status of uptake and implementation of the recommendations.” This should be done by hearing an annual progress report from HPV vaccination stakeholders identified in the PCP report.

**Endorsed at June 2014 NVAC meeting**

## Recommendation 3:

- The ASH should work with relevant agencies and stakeholders to develop evidence-based, effective, coordinated communication strategies to increase the strength and consistency of clinician recommendations for HPV vaccination to adolescents (both males and females) in the recommended age groups and to improve acceptance among parents/guardians, adolescents and young adults.

# Recommendation 3, continued:

Recommended communication strategies include the following:

- Develop **practical tools to increase clinicians' skills and confidence** in promoting HPV vaccination as a routine adolescent vaccine and part of routine adolescent care. These communication tools should equip clinicians to **emphasize HPV vaccine as a cancer prevention** strategy, to **increase clinicians' ability to respond to questions** from parents/guardians and adolescents about HPV as a sexually transmitted infection, and to **enable clinicians to effectively address parental hesitancy**.
- Develop **evidence-based, culturally competent communication strategies** for parents/guardians, adolescents and young adults that address key beliefs driving decisions to vaccinate and address barriers to vaccination.
- Promote **collaboration among all stakeholders to coordinate communications and messaging** that increase message consistency across professional organizations and their constituencies.
- Utilize **multiple methods for communication** including one-on-one counseling, public health messaging, social media, and provider decision support systems.
- Promote **science-based media coverage about HPV vaccination** and appropriate response to media coverage that does not adequately reflect the science of HPV vaccines and HPV vaccination recommendations.

## Recommendation 4:

- NVAC recommends the ASH should work with the relevant agencies and stakeholders to strengthen the immunization system in order to maximize access to and support of adolescent vaccinations, including HPV vaccines.

# Recommendation 4, continued:

These efforts include the following:

- **Addressing barriers to vaccination in venues outside the primary care provider office** including pharmacies, schools, and public health departments. This may include immunization status assessment and administration of the appropriate doses towards completion of the HPV vaccination series.
  - Develop **strategies to overcome barriers regarding reimbursement** for vaccination administration and compensation of vaccine administrators and their staff.
  - **Strengthen Immunization Information Systems (IIS)** to allow pharmacies, school-located programs, and public health clinics to view and query patient immunization records and submit records of immunizations administered to their state IIS which ensures proper communication and record of immunization histories are available to the patient's primary care provider, vaccination administrator, and the state public health system.
  - Encourage **collaboration and sharing of best practices** for successful vaccination programs at pharmacies, schools, and public health clinics.
- Working with relevant agencies and stakeholders to **increase the widespread use of quality improvement strategies**, such as Assessment, Feedback, Incentives, and eXchange (AFIX) visits, to support and evaluate HPV immunization practices within all vaccination venues.
- Encouraging **widespread adoption of state centralized reminder recall** for adolescent vaccines and reporting of vaccinations into existing immunization information systems and electronic health records.

## Recommendation 5:

The ASH should encourage the review or development of available data that could lead to a simplified HPV vaccination schedule. In addition to a review that could impact existing vaccines, manufacturers of HPV vaccines in development should also consider opportunities to support the simplest HPV immunization schedule while maintaining vaccine effectiveness, safety, and long-term protection.

# DISCUSSION AND VOTE

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