

NVAC HPV Working Group Update

Feb 11, 2015 - NVAC

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.

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)
- The working group then continued meeting to ensure the charge given to the group by the ASH had been addressed.

Topics addressed since June and given consideration for recommendations

- Strategies to address series completion
- Communication strategies to reach parents and adolescents/hesitancy
- Utilizing all stakeholders – role for school nurses, cancer community, adolescent health organizations, pharmacists.
- Alternative immunization locations – diving deeper into the barriers
 - Beyond HPV – registries, financing, policy around alternative locations applies to all vaccines. Systems issues
- New vaccines in development and research on dosing/schedules

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
June, 2015	NVAC vote on recommendations

Timeline

1	Current epidemiology of vaccination coverage and VPD/background and proposed solution strategies	
	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
2	Provider barriers and federal opportunities	
	Provider Groups	Elizabeth Sobczyk and Jamie Loher
	President's Cancer Panel Follow up from PCP report	Barbara Rimer
3	Systems barriers and federal opportunities	
	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

Timeline

Parental and adolescent barriers and federal opportunities		
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

5 Potential changes to vaccine products and dosing		
	Alternative schedules/New vaccine development	Doug Lowy

6 Draft recommendation – discussion on the need for additional recommendations.

7 Discussion of draft recommendations at February NVAC meeting

8 Voting on draft recommendations at June NVAC meeting

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.

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

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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

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Karin Bok, NVPO

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