The Nurse Leader’s Role in Improving HPV Immunization Rates

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Health Systems Manager, Primary Care
American Cancer Society of Maine

OMNE Annual Meeting
Friday, September 29th 2017
Why Nurses make a difference

- We are trusted
- We listen
- We walk in others’ shoes
- We get the job done
My Journey and Passion for Prevention

- Pediatrics
- Public Health Nursing
- PNP
- Health Care Reform
- Pediatric Neurology
- Legislature
- PCMH
- American Cancer Society
You are the Key to HPV Cancer Prevention - Update

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OMNE Nursing Leaders of Maine
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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
Jointly provided by The National AHEC Organization and <Insert AHEC Name>
Disclosure

I have no financial disclosures.

I am an American Cancer Society Staff Member working in the Northeast Region.

I am a soccer Mom and have a golden doodle named George.
Objectives

1. Nurses are leaders to improve immunization rates and to fight cancer.
2. Describe the burden of HPV disease.
3. Define the importance of HPV vaccination for cancer prevention.
4. Explain the rationale for vaccinating youth at ages 11 or 12.
5. List the recommendations for administering the HPV vaccine to girls and to boys.
6. Provide useful and compelling information about HPV vaccine to parents to aid in making the decision to vaccinate.
7. Locate resources relevant to current immunization practice.
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
Precursors
Low Grade Cervical Disease

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

Genital Warts
Laryngeal Papillomas
Low Grade Cervical Disease

~ 80 Types

Cutaneous sites of infection

“Common” Hand and Foot Warts

~ 80 Types
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

Satterwhite et al. Sex Transm Dis. 2013
HPV-Associated Cancers per Year, United States, 2009–2013

## Cancers Caused by HPV per Year, U.S., 2009-2013

<table>
<thead>
<tr>
<th>Cancer site</th>
<th>Percentage probably caused by any HPV type</th>
<th>Number probably caused by any HPV type</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Cervix</td>
<td>91%</td>
<td>10,600</td>
</tr>
<tr>
<td>Vagina</td>
<td>75%</td>
<td>600</td>
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<tr>
<td>Vulva</td>
<td>69%</td>
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<tr>
<td>Penis</td>
<td>63%</td>
<td>0</td>
</tr>
<tr>
<td>Anus</td>
<td>91%</td>
<td>3,200</td>
</tr>
<tr>
<td>Rectum</td>
<td>91%</td>
<td>500</td>
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<tr>
<td>Oropharynx</td>
<td>70%</td>
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</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>19,400</td>
</tr>
</tbody>
</table>

Based on Viens et al. MMWR 2016. [https://www.cdc.gov/cancer/hpv/statistics](https://www.cdc.gov/cancer/hpv/statistics)
HPV-Associated Cancer Rates by Sex, Race and Ethnicity, United States, 2009–2013

HPV-Associated Anal Cancer Rates by Sex, Race and Ethnicity, United States, 2009–2013

### HPV-Associated Oropharyngeal Cancer Rates by Sex, Race and Ethnicity, United States, 2009–2013

<table>
<thead>
<tr>
<th>Race</th>
<th>Women</th>
<th>Men</th>
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<tr>
<td>White</td>
<td>1.8</td>
<td>8.2</td>
</tr>
<tr>
<td>Black</td>
<td>1.5</td>
<td>6.8</td>
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<tr>
<td>AIAN</td>
<td>1.1</td>
<td>4.7</td>
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<tr>
<td>API</td>
<td>0.6</td>
<td>2.0</td>
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<tr>
<td>Non-Hispanic</td>
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</tr>
<tr>
<td>Hispanic</td>
<td>0.9</td>
<td>4.3</td>
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</table>

Based on Viens et al. MMWR 2016. [https://www.cdc.gov/cancer/hpv/statistics](https://www.cdc.gov/cancer/hpv/statistics)
HPV-Associated Cervical Cancer Rates by Race and Ethnicity, United States, 2009–2013

Cervical Cancer

- Cervical cancer is the most common HPV-associated cancer among women
  - 528,000 new cases and 266,000 deaths world-wide in 2012
  - 12,000 new cases and 4,000 deaths in the U.S. in 2013

- Half of cervical cancers occur in women <50 years
  - A quarter of cervical cancers occur in women 25-39 years

Cervical pre-cancer in U.S. females

- 1.4 million new cases of low grade cervical dysplasia
- 330,000 new cases of high grade cervical dysplasia

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 Vaccine Comparison

HPV Types Included in Vaccine

<table>
<thead>
<tr>
<th>HPV Vaccine</th>
<th>6</th>
<th>11</th>
<th>16</th>
<th>18</th>
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<th>33</th>
<th>45</th>
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<tr>
<td>Quadrivalent</td>
<td></td>
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<td>9-valent</td>
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</tbody>
</table>

Genital warts
63% of cancers in body parts where HPV DNA is often found
10% of cancers in body parts where HPV DNA is often found

Adapted from Petrosky et al. MMWR. 2015.
HPV Vaccine Recommendation

The CDC recommends routine vaccination at age 11 or 12 years to prevent HPV cancers.

- The vaccination series can be started at age 9 years.
- Two doses of vaccine are recommended.
- The second dose of the vaccine should be administered 6 to 12 months after the first dose.

Meites et al. MMWR. 2016.
HPV Vaccine Recommendations: Catch Up/Late

- Vaccination for females through age 26 years and for males through age 21 years who were not previously adequately vaccinated. Males aged 22 through 26 years may be vaccinated.

- Vaccination is also recommended through age 26 for gay, bisexual, and other men who have sex with men (MSM), transgender people, and people with certain immunocompromising conditions (including HIV infection).
Dosing Schedules

Starting the vaccine series before the 15th birthday

Recommended schedule is 2 doses of HPV vaccine

- Second dose should be administered 6–12 months after the first dose (0, 6–12 month schedule)
- Minimum interval between dose one and dose two in a 2-dose schedule is 5 months

Starting the vaccine series on or after the 15th birthday*

Recommended schedule is 3 doses of HPV vaccine

- Second dose should be administered 1–2 months after the first dose, and the third dose should be administered 6 months after the first dose (0, 1–2, 6 month schedule)
- Minimum interval between dose one and dose three in a 3-dose schedule is 5 months

*and immunocompromised persons 9-26 years

Meites et al. MMWR. 2016.
HPV vaccine protects against cancers and other diseases caused by human papillomavirus (HPV). Follow the chart below to determine whether your patient needs two or three doses of HPV vaccine.

**IS THE PATIENT AGE 11–12?**

- **YES**
  - **INFORM**
  - **VACCINATE**
    - CDC recommends 11- to 12-year-olds receive two doses of HPV vaccine 6–12 months apart.

- **NO**
  - **See FAQs on reverse side for patients outside this age range.**

**HAS THE PATIENT RECEIVED ANY DOSES OF HPV VACCINE?**

- **YES**
  - **INFORM**
  - **VACCINATE**
    - The patient should receive the second dose of HPV vaccine 6–12 months after the first dose to complete the series.

- **NO**
  - **INFORM**
  - **VACCINATE**
    - The patient should receive a third dose of HPV vaccine 6–12 months after the first dose to complete the series.

**MORE THAN ONE?**

- **NO**
  - **INFORM**
  - **VACCINATE**
    - The patient should receive the second dose of HPV vaccine 6–12 months after the first dose to complete the series.

- **YES**
  - **INFORM**
  - **VACCINATE**
    - The patient should receive a third dose of HPV vaccine 6–12 months after the first dose to complete the series.

**TWO DOSES OR THREE Doses?**

- **YES**
  - **INFORM**
  - **VACCINATE**
    - The patient should receive a third dose of HPV vaccine 6–12 months after the first dose to complete the series.

- **NO**
  - **INFORM**
  - **VACCINATE**
    - The patient should receive a third dose of HPV vaccine 6–12 months after the first dose to complete the series.

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**CDC RECOMMENDS TWO HPV DOSES FOR YOUNGER ADOLESCENTS**

The Centers for Disease Control and Prevention (CDC) now routinely recommends two doses of HPV vaccine for 11- or 12-year-olds to prevent HPV cancers. This recommendation makes it easier for parents to protect their children by reducing the number of doses and trips to the doctor. HPV vaccination is an important cancer prevention tool and two doses of HPV vaccine will provide safe, effective, and long-lasting protection. Some specific recommendations include:

- A two-dose schedule is recommended for adolescents starting the schedule at ages 9 through 14 years. For this age group, follow the decision tree on the reverse side.
- Adolescents aged 9 through 14 years who have already received two doses of HPV vaccine less than 5 months apart will require a third dose. The third dose should be given 6–12 months after the first dose to complete the series.
- Three doses are recommended for people aged 19–26 years with certain immunocompromising conditions.

Read the full policy note: www.cdc.gov/mmwr/volumes/65/mm6549a5.htm

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**TALKING TO PATIENTS AND THEIR PARENTS ABOUT 2-DOSE SCHEDULES FOR HPV VACCINATION**

With patients aged 11–12 years, start the vaccine discussion with their parents by making the following recommendation: “Now that your child is 11 (or 12) years old, they are due for three vaccines today to help protect them from the infections that cause meningitis, HPV cancers, and pertussis—or whooping cough.”

Many parents are accepting of this bundled recommendation because it demonstrates that HPV vaccination is a normal part of adolescent vaccination. Parents may be interested in vaccinating, yet still have questions. Some parents might just need additional information from you, the clinician they trust. Clarify the parent’s question or what additional information they need.

For parents who have a question or need more information about "why now? 11–12?"

- "As with all vaccine-preventable diseases, we want to protect your child early. If we start now, it’s one less thing for you to worry about. Also, your child will only need two doses of HPV vaccine at this age. If you wait, your child may need three doses in order to get complete protection. We’ll give the first dose today and then you’ll need to bring your child back in 6 to 12 months from now for the second dose."

For patients aged 9–14 who have already had two doses given less than 5 months apart

- “The recommended schedule is two doses given 6 to 12 months apart. The minimum amount of time between those doses is 5 months. Because your child received two doses less than 5 months apart, we’ll need to give your child a third dose.”

For parents asking about the duration of protection or how well the vaccine will work with just two doses

- “Studies have shown that two doses of HPV vaccine work very well in younger adolescents and we expect the same long-lasting protection with two doses that we expect with three doses.” You can also access guidance on answering parents’ questions about HPV vaccine by using our tip sheet, Talking to Parents about HPV Vaccine, at www.cdc.gov/HPV.

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**HPV VACCINE IS CANCER PREVENTION**

MARCH 2017

HPV Vaccination is Recommended at Age 11 or 12 Years

Girls & Boys can start HPV vaccination at age 9

Preteens should finish the HPV vaccine series before their 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

Meites et al. MMWR. 2016.
HPV VACCINE SAFETY
Over 10 Years of HPV Vaccine Safety Data

- HPV vaccine is safe
- Reactions after vaccination may include
  - Injection site reactions: pain, redness, and/or swelling in the arm where the shot was given
  - Systemic: fever, headaches
- HPV vaccines should not be given to anyone who has had a previous allergic reaction to the vaccine or who has an allergy to yeast (Gardasil/Gardasil 9)
- Brief fainting spells (syncope) and related symptoms (such as jerking movements) can happen soon after any injection, including HPV vaccine
- Patients should be seated (or lay down) during vaccination and remain in that position for 15 minutes

HPV Vaccination is Safe

HPV vaccine safety studies have been very reassuring: HPV vaccine has a good safety profile.

To date, we have not observed any signal that shows that HPV vaccination causes death, neurologic conditions, autoimmune conditions, or venous thromboembolism (VTE).

Clinicians can reassure parents who may have concerns, that HPV vaccination is safe.

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:

**HPV prevalence**
- Australia, Norway, Denmark, Sweden, UK, US

**Genital warts**
- Australia, New Zealand, Denmark, Sweden, Germany, Quebec, US

**Cervical lesions**
- Australia, British Columbia, Denmark, Sweden, US
Prevalence of HPV before & after introduction of HPV vaccination in the United States

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

Females

Males

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 year 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

Drolet et al. Lancet Infect Dis. 2015
HPV Vaccine
Duration of Protection

- Studies suggest that vaccine protection is long-lasting
- No evidence of waning protection
  - Available evidence indicates protection for \textit{at least} 10 years
  - Multiple studies are in progress to monitor
HPV Vaccination Is Safe, Effective, and Provides Lasting Protection

**HPV Vaccine is SAFE**
- Benefits far outweigh any potential risks
- Safety studies findings for HPV vaccination are reassuring and similar to MenACWY and Tdap vaccine safety reviews

**HPV Vaccine WORKS**
- Population impact against early and mid outcomes have been reported in multiple countries

**HPV Vaccine Protection LASTS**
- Studies suggest that vaccine protection is long-lasting
- No evidence of waning protection
Talking about HPV vaccine

FRAMING THE CONVERSATION
Adolescent Vaccination Coverage
United States, 2006-2015

Reagan-Steiner et al. MMWR 2016.
Impact of Eliminating Missed Opportunities by Age 13 Years in Girls Born in 2000

![Bar chart showing percent vaccinated for HPV-1 vaccine for girls. The actual vaccinated percentage is 47, and the achievable percentage is 91.](Stokley et al. MMWR. 2014.)
Reasons parents won’t initiate HPV vaccination for children

- Not sexually active
- Not recommended
- Safety concern/Side effects
- Not needed or necessary
- Lack of knowledge

Stokley et al. MMWR. 2014.
Value Parents Place on the Vaccines

- Meningitis: 9.4
- Hepatitis: 9.5
- Pertussis: 9.5
- Influenza: 9.3
- HPV: 9.3
- Adolescent vaccines: 9.2

Median Values

Adapted from Healy et al. Vaccine. 2014.
Clinician estimations

Adapted from Healy et al. Vaccine, 2014.
Clinicians underestimate the value parents place on HPV vaccine

Adapted from Healy et al. Vaccine. 2014.
“The perceived and real concerns of parents influence how the clinician recommends and administers HPV vaccine.”

Adapted from Healy et al. Vaccine. 2014.
Give an Effective Recommendation to Receive HPV Vaccine at Ages 11 or 12

An effective 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.

What is an effective recommendation for HPV vaccination?
Same Way

Same Day
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.

Your preteen needs three vaccines today to protect against meningitis, HPV cancers, and pertussis.
Now that Sophia is 11, she is due for three vaccines today. These will help protect her from the infections that can cause meningitis, HPV cancers, and pertussis. We’ll give those shots at the end of the visit.
Now that Sophia is 11, she is due **today** for three important vaccines. **The first is to help prevent an infection that can cause meningitis, which is very rare, but potentially deadly.** **The second is to prevent a very common infection, HPV, that can cause several kinds of cancer.** **The third is the “tetanus booster” which also protects against pertussis, so your child doesn’t get whooping cough, but also to protect babies too young to be vaccinated.** We’ll give those shots at the end of the visit. Do you have any questions for me?
Some Parents Need Reassurance

- Many parents simply accept 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)

Unpublished CDC data, 2013.
Why does my child need HPV vaccine?
HPV vaccination is important because it prevents cancer. That’s why I’m recommending that your child start the HPV vaccine series today.
What cancers are caused by HPV infection?
Certain HPV types can cause cancer of the cervix, vagina, and vulva in females, cancer of the penis in men, and in both females and males, cancers of the anus and the throat. We can help prevent infection with the HPV types that cause these cancers by starting the HPV vaccine series today.
Is my child really at risk for HPV?
HPV is a very common and widespread virus that infects both females and males. We can help protect your child from the cancers and diseases caused by the virus by starting HPV vaccination today.
Why at 11 or 12 years old?
When should the bike helmet go on?

A. Before they get on their bike
B. When they are riding their bike in the street
C. When they see the car heading directly at them
D. After the car hits them
When do we put our seat belts on?

A. Before turning on car
B. When leaving driveway
C. After a near accident
As with all vaccine-preventable diseases, we want to protect your child early. If we start now, it’s one less thing for you to worry about.

Also, your child will only need two shots of HPV vaccine at this age. If you wait until 15, your child will need three shots.

We’ll give the first shot today and then you’ll need to bring your child back in 6 to 12 months from now for the second shot.
I’m just worried that my child will perceive this as a green light to have S-E-X.
Numerous research studies have shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age. Starting the HPV vaccine series today will give your child the best protection possible for the future.
“How long can we wait and still give just two doses?”
The two-dose schedule is recommended if the series is started before the 15th birthday. However, I don’t recommend waiting to give this cancer-preventing vaccine. As children get older and have busier schedules, it becomes more difficult to get them back in. I’d feel best if we started the series today to get your child protected as soon as possible.
I have some concerns about the safety of the vaccine—I keep reading things online that says HPV vaccination isn’t safe. Do you really know if it’s safe?
It sounds like you are generally in support of vaccines, but you have concerns about the safety of HPV. Is that right?

So if you had information that convinced you the HPV vaccine was safe you might consider letting your daughter get it?

I’d like to share with you what I know about the safety of HPV vaccine...
I know there are stories in the media and online about vaccines, and I can see how that could concern you. However, I want you to know that HPV vaccine has been carefully studied for many years by medical and scientific experts. Based on all of the data, I believe HPV vaccine is very safe.
Vaccines, like any medication, can cause side effects. With HPV vaccination this could include pain, swelling, and/or redness where the shot is given, or possibly headache. Sometimes kids faint when they get shots and they could be injured if they fall from fainting. We’ll protect your child by having them stay seated after the shot.
Could HPV vaccine cause my child to have problems with...?
There is no data available to suggest that HPV vaccine will affect future fertility. However, women who develop cervical cancer could require treatment that would limit their ability to have children. Starting the HPV vaccine series today could prevent that from happening and protect your daughter’s ability to bear children.
More than a decade of HPV vaccine safety studies have been very reassuring. To date, we have not observed any signal that shows that HPV vaccination causes death/ neurologic conditions/ autoimmune conditions/ venous thromboembolism/ postural orthostatic tachycardia syndrome/ complex regional pain syndrome.
How do you know if the vaccine works?
Ongoing studies continue to show that HPV vaccination works very well. HPV infections, genital warts, and cervical precancers in young people have all decreased in the years since the vaccine has been available. Starting the vaccine series today will help ensure your child gets the best protection possible.
Why do boys need HPV vaccine?
HPV infection can cause cancers of the penis, anus, and throat in men.

HPV infection can also cause genital warts.

Getting HPV vaccine today for your son can help prevent the infection that can lead to these diseases.
We only want the vaccines needed for school.
All three vaccines are strongly and equally recommended by the CDC. All three are also recommended by Pediatric, Adolescent, and Family Medicine doctors and groups. School-entry requirements don’t always reflect the current recommendations for your child’s health.
Would you get HPV vaccine for your kids?
Yes, I have given HPV vaccine to my child. I believe strongly in the importance of this cancer-preventing vaccine. The American Academy of Pediatrics, the American Academy of Family Physicians, NIH cancer centers, and the CDC, also agree that getting the HPV vaccine is very important for your child.
I heard there is a new HPV vaccine that works better. Should I be getting that for my child who already was vaccinated?
Currently there is no recommendation for additional vaccination for someone who has already completed an HPV vaccine series.

All HPV vaccines protect against the infections that cause most of the cancers.
When do we need to come back?
Since your child is younger than 15, she will need a second shot in 6 months to a year. When you check out, please make sure to make an appointment for the second shot and put that appointment on your calendar before you leave today!
Since your child is already 15, she will need a second shot in 1-2 months. The third shot is due 6 months from today.

When you check out, please make sure to make an appointment for about 1-2 months from now and 6 months from now, and put those appointments on your calendar before you leave today!
My child is less than 15 years old, so why does she need a third shot?
The recommended schedule is 2 shots given 6 to 12 months apart. The minimum amount of time between those shots is five months. Because your child received two shots less than five months apart, we’ll need to give your child a third shot.
Will my child be protected with just two shots?
Yes! Studies have shown that just two shots given at least six months apart when kids are between 9 and 14 years worked as well or better than three shots given to older adolescents and young adults.
If a parent doesn’t say yes today...

<table>
<thead>
<tr>
<th>Ask</th>
<th>Acknowledge</th>
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<tbody>
<tr>
<td>• Clarify &amp; restate their concerns to make sure you understand</td>
<td>• Emphasize it is the parents’ decision</td>
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<tr>
<td></td>
<td>• Acknowledge risks &amp; conflicting info sources</td>
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<td>• Applaud them for wanting what is best for their child</td>
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<td></td>
<td>• Be clear that you are concerned for the health of their child, not just public health safety</td>
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<tr>
<td>• Allow time to discuss the pros &amp; cons of the vaccine</td>
<td>• Be willing to discuss parents’ ideas</td>
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<tr>
<td>• Be willing to discuss parents’ ideas</td>
<td>• Offer written resources for parents</td>
</tr>
<tr>
<td>• Offer written resources for parents</td>
<td>• Tailor your advice using this presentation</td>
</tr>
</tbody>
</table>

Adapted from Henrickson Vax Northwest 2014.
If a parent declines today...

- Declination is not final. The conversation can be revisited.
- End the conversation with at least 1 action you both agree on.
- Because waiting to vaccinate is the risky choice, many pediatricians ask the parent to sign a Declination Form.
How to increase the number of target patients who come in & *leave vaccinated*

1. **Know your coverage rates**
   - Clinic-level rates are great, but rates for individual clinicians are even better!
   - Other than AFIX visits, rates can come from:
     - Data from EHR
     - IIS inputs
2. Align office/clinic policy with mission

- Immunize at every opportunity
- Implement and utilize standing orders
- Prompt the person ordering the vaccine in multiple ways
- Reminders & Recalls
How to increase the number of target patients who come in & leave vaccinated

3. Align communication with mission

- Give staff a cancer-prevention mission
- All staff need to be saying the same thing
- Share talking points
- Use the Tip Sheet
- Hold an in-service
The Opener by the Nurse/MA

- Encourage convenient same-day vaccination
  “Today, Pat should have 3 vaccines. They’re designed to protect him from the infections that cause meningitis, HPV cancers, and pertussis. Do you have any questions for me?”

- If a parent hesitates, the MA/nurse should say
  “Our practice is so dedicated to cancer prevention that I’m sure the doctor will want to talk with you about your concerns.”
Human Papillomavirus (HPV)

For Clinicians

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.
LADY GANGA

https://www.youtube.com/watch?v=u5yMCzx0ctU.
HPV VACCINE IS CANCER PREVENTION

And YOU are the key!

#WeCanStopHPV
References


• Petrosky et al. Use of 9-Valent Human Papillomavirus (HPV) Vaccine: Updated HPV Vaccination Recommendations of the Advisory Committee on Immunization Practices. MMWR. 2015 64(11):300-304


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