

We are the National HPV Vaccination Roundtable



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OUR MISSION:

Prevent HPV-associated cancers and pre-cancers by increasing and sustaining HPV vaccination



Priority Impact Areas:



**Authors, Experts & Providers—
The Provider Training Task Group**



Clinician & Systems Action Guides

hpvroundtable.org/action-guides



Professional Roles:

- MD, NP, PA
- RNs, MAs
- Office teams
- Dentists & Hygienists

Systems Guides:

- Large Health Systems
- Small Private Practices



Cancer Prevention Through HPV Vaccination In Your Practice: An Action Guide for Nurses and Medical Assistants



**HPV Cancer Prevention Action Guide Training:
Nurses & Medical Assistants**

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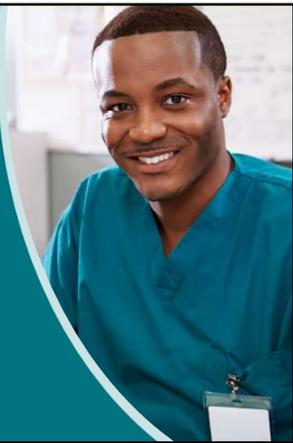


Purposes

1. To highlight successful interventions and strategies which have helped increase HPV vaccine rates
2. To address areas where Nurses and Medical Assistants can work to help improve vaccine uptake

HPV Cancer Prevention Starts With YOU!

You have the power to reduce the incidence of human papillomavirus cancers and pre-cancers among patients in your care.



By the end of this session, you will...



Understand the value of HPV vaccination as cancer prevention



Learn specific action steps that nurses and medical assistants can take to increase HPV vaccination rates

HPV is linked with:

91% of cervical and anal cancers

70% of oropharyngeal cancers

63% of penile cancers

PROBLEM

- Low HPV vaccination rates
- >33,000 cases of HPV cancers each year
- Causes 6 types of cancer and nearly ALL cases of cervical cancer



What is Human Papillomavirus (HPV)?

- Most common sexually transmitted infection
 - 14 million new infections each year
 - 79 million infected at any given time
 - Almost all females and males will be infected with at least one HPV strain at some point in their lives
- Most common route of transmission: vaginal or anal intercourse (now linked with oral cancer)
- > 100 strains
 - > 40 strains infect anogenital & extra-genital tracts
 - Necessary cause of anogenital and extra-genital cancers
 - Intercourse not necessary for transmission



What is Human Papillomavirus (HPV)? (cont'd.)

- Two groups
 - Low-Risk (non-oncogenic): 6, 11 (EGWs, RRP)
 - High-Risk (oncogenic): 16, 18 (Precursors and cancer)
- New screening efforts focused on detecting high-risk HPV strains (16/18)
- Cervical, vulvar, vaginal, anal, penile, and even oral cancers are preventable



Vaccines

- Efforts to reduce HPV-related cancer burden through vaccination
 - 9-valent
 - Bivalent
- HPV vaccine uptake rates remain inconsistent nationwide
- HPV vaccine uptake rates are lower in young men



Important Facts

- Most individuals will be infected with HPV at some point in their lives
- Because HPV has no symptoms, it is hard to know if you or your partner is infected
- Exposure can occur with any type of intimate sexual contact
- In the US, HPV causes about 17,000 cancers in women and about 9,000 cancers in men each year
- Cervical cancer
 - Now the most *preventable* of all female cancers
 - Rates higher among Latino and African American women.



Important Facts (cont'd.)

- Children living below the federal poverty level are less likely to receive and complete the HPV vaccine series
- Vaccination may *prevent* most of these cancers
- Nearly 50% of high school students have already engaged in sexual (vaginal-penile) intercourse
 - 1/3 of 9th graders and 2/3 of 12th graders have engaged in sexual intercourse.
 - 24% of high school seniors have had sexual intercourse with 4 or more partners (Jemal A et al. J Natl Cancer Inst 2013;105:175-201).



Important Facts (cont'd.)

- Cancer is a rare outcome
 - Most infections = transient, asymptomatic, and without clinical consequences
 - Can be cleared by one's immune system
 - Persistent infection increases chance of integrating into the human genome
 - » Can lead to cellular changes → cancer
- Clearance of HPV infection or the particular course an HPV infection takes is determined by:
 - Host immunocompetence
 - Smoking
 - Other co-factors not well understood

Intercourse & Outercourse

LOW RISK

- Deep kissing
- Giving/receiving oral sex
- Sharing sex toys

HIGH RISK

- Insertive unprotected vaginal sex
- Insertive unprotected anal sex
- Receptive unprotected vaginal sex
- Receptive unprotected anal sex

http://deainfo.nci.nih.gov/advisory/pcp/annualReports/HPV/PDF/PCP_Annual_Report_2012-2013.pdf

What is Known

ZERO SYMPTOMS
BECAUSE HPV HAS NO SYMPTOMS, IT'S HARD TO KNOW IF YOU—OR YOUR PARTNER—IS INFECTED.

- HPV is common
- HPV causes cancer
- HPV vaccines are effective and safe
- HPV vaccines = cancer prevention vaccine

The HPV vaccine is cancer prevention!

- Boys and Girls**
Boys and girls should get the HPV vaccine series by age 13, starting as early as age 9.
- It works!**
Since the release of the vaccine, infections that cause most HPV cancers and genital warts have dropped 71% among teen girls.
- Increase Rates**
Make it your goal for every age-eligible patient you care for to be vaccinated against HPV.



Why Is HPV Vaccination So Important?

- To prevent HPV-caused cancers
- Current screening is NOT enough



HPV Cancer-Prevention Vaccines

(cont'd.)

- The 9-valent vaccine prevents:
 - Cervical, vulvar, vaginal, and anal cancers caused by HPV types 16, 18, 31, 33, 45, 52, and 58
 - Precancerous or dysplastic lesions caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58
- Prevention of these cancers can begin at age nine for both girls and boys
 - Recommended age to receive the vaccine is between the ages of 11 and 12 years of age.
 - Catch-up vaccination through age 45



HPV Vaccine Safety

- The most common adverse events reported were considered mild
- For serious adverse events reported, no unusual pattern or clustering suggestive that the events were caused by the HPV vaccine
- These findings are similar to the safety reviews of MCV4 and Tdap vaccines
- 57 million doses of HPV vaccine distributed in US since 2006



HPV Vaccine Impact: High HPV Vaccine Coverage in Australia

- 80% of school-age girls in Australia are fully vaccinated
- High-grade cervical lesions (pre-cancerous) have declined in women less than 18 years of age
- For vaccine-eligible females, the proportion of genital warts cases declined dramatically by 93%
- Genital warts have declined by 82% among males of the same age, indicating herd immunity

Garland et al, Prev Med 2011
Ali et al, BMJ 2013



Why We Need to Do Better in HPV Vaccination of 12 year olds?

- ▶ Currently 26 million girls <13 years of age in US
If none are vaccinated then:
 - 168,400 will develop cervical cancer
 - 54,100 will die from cervical cancer
- ▶ Vaccinating 30% would prevent 45,500 of these cases and 14,600 deaths
- ▶ Vaccinating 80% would prevent 98,800 cases and 31,700 deaths

For each year we stay at 30% coverage instead of achieving 80%, 4,400 future cervical cancer cases and 1,400 cervical cancer deaths will occur



Avoid Missed Opportunities

- HPV vaccine can safely be given at the same time as the other recommended adolescent vaccines
- Provide HPV vaccine during routine sports, or camp physicals
- Review immunization record even at acute care visits
- Systems interventions depend on clinician commitment



The Perfect Storm

- Why is HPV vaccine different?
 - HPV vaccine issues sensationalized by popular media/anti-vaccine groups
 - Different reasons for why some adolescents don't get the first dose and why some do not complete the series
 - Parents think sexuality instead of cancer prevention
 - Clinicians aren't giving strong recommendation
 - Parents have questions that are viewed as hesitation by some clinicians
 - Recommendations initially confusing to parents
 - Systems interventions to improve coverage rates depend on clinician commitment



Why Prioritize HPV Vaccination?

- Better care
- Lower costs
- Better patient health & experiences

OUR GOAL:

Speak with **one message** to promote HPV vaccination.









Action 4 | Minimize missed opportunities

What is a missed opportunity?

A missed opportunity is any patient visit where we could have vaccinated a patient, but missed the chance to do so.

This could be an acute care visit, a school physical, or a walk-in visit.

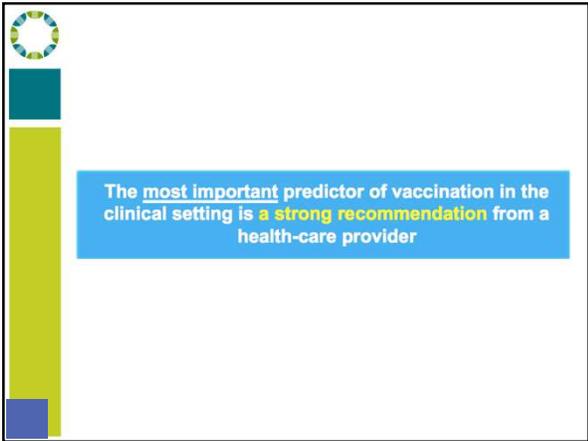


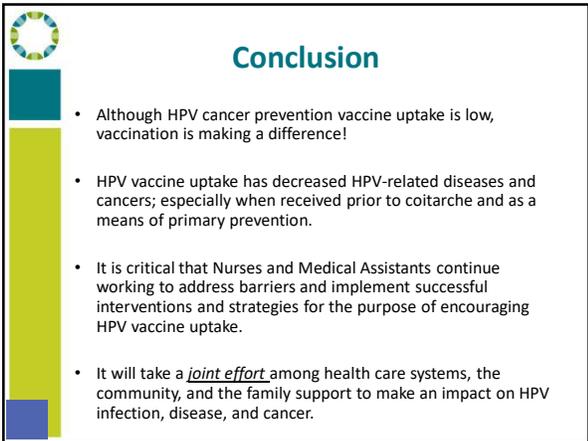
Strategies

- Efficient workflows
- Pre-visit planning
- Reconcile records with state registry
- EHR prompts
- Verbal prompts to providers
- Schedule the 2nd dose







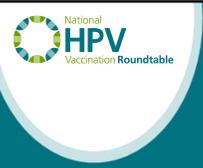


Together, we can prevent cancer

We can prevent more than 30,000 cancers each year!



Questions? Comments?



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Connect & Learn

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Thank You!



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Post-test

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