We are the
National HPV Vaccination Roundtable

Funding for the HPV Roundtable was made possible in part by the Centers for Disease Control and Prevention Cooperative Agreement grant number U68/CP001827-01, CDC/Atlanta, GA: The content does not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

OUR MISSION:
Prevent HPV-associated cancers and pre-cancers by increasing and sustaining HPV vaccination
Priority Impact Areas:

Providers  Parents  Systems

Policies  Disparities

Authors, Experts & Providers—
The Provider Training Task Group

Clinician & Systems Action Guides
hproundtable.org/action-guides

Professional Roles:
• MD, NP, PA
• RNs, MAs
• Office teams
• Dentists & Hygienists

Systems Guides:
• Large Health Systems
• Small Private Practices
Conflict of Interest Disclosure

• No relationship exists between the presenter and any commercial entity or product mentioned in this presentation which would represent a conflict of interest. No inducements have been made by any commercial entity related to the submission or presentation of this discussion.

• The views expressed in this presentation are those of the presenter and do not reflect the official policy of Uniformed Services University or the Department of Defense of the US Government.

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

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

HPV is linked with:

- 91% of cervical and anal cancers
- 70% of oropharyngeal cancers
- 63% of penile cancers
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

Deep kissing
Giving/receiving oral sex
Sharing sex toys
Insertive unprotected vaginal sex
Insertive unprotected anal sex
Receptive unprotected vaginal sex
Receptive unprotected anal sex

What is Known

• 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

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.
Nurses & Medical Assistants

YOU are the key to HPV cancer prevention!

Action 1

Use your influence to encourage cancer prevention.
Framing the HPV Vaccine Conversation

**Action 2**
Exemplify a pro-immunization attitude

**Action 3**
Answer parents’ questions
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
Action 5 | Take the lead

Conclusion

• Although HPV cancer prevention vaccine uptake is low, vaccination is making a difference!

• HPV vaccine uptake has decreased HPV-related diseases and cancers; especially when received prior to coitarche and as a means of primary prevention.

• It is critical that Nurses and Medical Assistants continue working to address barriers and implement successful interventions and strategies for the purpose of encouraging HPV vaccine uptake.

• It will take a joint effort among health care systems, the community, and the family support to make an impact on HPV infection, disease, and cancer.

The most important predictor of vaccination in the clinical setting is a strong recommendation from a health-care provider.
Together, we can prevent cancer

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

Questions? Comments?

Funding for the HPV Roundtable was made possible in part by the Centers for Disease Control and Prevention Cooperative Agreement grant number 5U38IP002551-01, CDCA # 15-273

Connect & Learn

RESOURCES:
www.hpvroundtable.org/resource-library

NEWS:
twitter.com/HPVRoundtable

CONNECT:
facebook.com/groups/HPVCancerFreeFamily
Thank You!

North Dakota Immunization Program

North Dakota Immunization Program Staff

North Dakota Immunization Program Staff

Thank You!

Post-Test

Post-test

Nurses interested in continuing education credit, visit

Successfully complete the five-question post-test to receive your certificate
Credit for this session available until February 13, 2019.

This presentation will be posted to our website: www.ndhealth.gov/immunize