

HPV TO STAY CANCER FREE

How You Can Help: Strategies for Specific Groups



Our objective is to increase initiation and completion of the HPV vaccine series while reducing disparities will be accomplished only through the strategic and coordinated actions of each stakeholder group. Below is a list of strategies that you can implement to help protect girls against cervical cancer.

The CDC's National Immunization Survey for 2010 shows that Kansas needs to dramatically increase all adolescent/teen vaccines, but especially the HPV vaccine series.

NIS Adolescent rates for the 13-17 yr olds are as follows: 2009 2010

	US		KS	
HPV (one dose)	44.3	48.7%	44.1	40.2%
HPV (3D series)	26.7	32.0%	27.7	25.1%

Summary of Main Points

- CDC's 2010 national teen vaccination data shows that far too few U.S. girls are getting the HPV vaccine, a life-saving vaccine that can protect them against cervical cancer
- HPV vaccine coverage has not demonstrated the same strong and steady increases over time like the increases we have seen following the introduction of other vaccines
- There was overall improvement for the tetanus-diphtheria-pertussis (Tdap) vaccine, as well as for the meningococcal conjugate vaccine (MCV4)
- Parents, healthcare providers and immunization partners all have a role in preventing HPV disease in girls
 - Parents need to know their daughter's vaccination status—if she has not started the HPV series and is 11-12 years old, make an appointment to do so
 - Healthcare providers should make strong recommendations and vaccinate every girl in your practice on time
 - Immunization partners can make HPV vaccination a priority and help educate their community

Background on the NIS-Teen

- The National Immunization Survey on teen vaccine immunization coverage rates (also called NIS-Teen) provides us with a "report card" to let us know how well we are doing in protecting our nation's teens against vaccine-preventable diseases.
- The NIS-Teen is a random telephone survey of more than 19,000 parents of teens 13-17 years old. It is followed by verification of records with healthcare providers.
- It provides immunization coverage estimates for three vaccines recommended at 11 or 12 years of age: Tdap, MCV4 and HPV vaccines.
- The points that follow are related to the data that was collected in 2010

HPV Vaccine information

- The 3-dose series of HPV vaccine is routinely recommended for the prevention of cervical cancer for girls at 11 or 12 years, and for teens and young women 13 through 26 years old, who did not get any or all of the three recommended doses when they were younger
 - One HPV vaccine also protects males against most genital warts and anal cancer and is available for boys and men, 9 through 26 years of age
- Human papillomavirus (HPV) is a common virus that is primarily spread through sexual contact
- There are approximately 40 types of genital HPV
 - Some types can cause cervical cancer and other kinds of cancer in both men and women
 - Other types of HPV can cause genital warts in both males and females
- About 6 million people, including teens, become infected with HPV each year.
- CDC reports that every year, about 12,000 women living in the United States will be diagnosed with cervical cancer and 4000 women will die from cervical cancer.
- There are 2 vaccines licensed by the Food and Drug Administration (FDA) and recommended by CDC to protect against HPV-related illness; these vaccines are Cervarix (made by GlaxoSmithKline) and Gardasil (made by Merck)
 - Gardasil was licensed for use in females in June 2006 and for males in October 2009

- Cervarix was licensed for use in females in October 2009
- Both vaccines are very effective against HPV types 16 and 18, which cause most cervical cancers—So both vaccines prevent cervical cancer in women
- Only Gardasil protects against HPV types 6 and 11 the types that cause most genital warts in females and males
- Only Gardasil has been tested and shown to protect against cancers of the vulva, vagina, and anus
- Only Gardasil has been tested and licensed for use in males

HPV Vaccine Safety

- All vaccines used in the United States are required to go through years of extensive safety testing before they are licensed by the U.S. Food and Drug Administration (FDA).
- Before they were licensed by the FDA, Gardasil was studied in more than 29,000 males and females, and Cervarix was studied in more than 30,000 females during clinical trials; both vaccines were found to be safe and effective.
- FDA and CDC work with healthcare providers throughout the United States to monitor the safety of HPV vaccines, including for any adverse events, especially rare events not identified in the pre-licensure study trials
- There are 3 systems used to monitor the safety of vaccines after they are licensed and being used in the U.S.
 - These systems can monitor side effects already known to be caused by vaccines as well as detect rare side effects that were not identified during a vaccine's clinical trials
 - One of the 3 systems used to monitor the safety of vaccines after they are licensed and used in the U.S. is called the Vaccine Adverse Event Reporting System (VAERS)
- As of June 22, 2011, approximately 35 million doses of Gardasil® were distributed in the U.S. and VAERS received a total of 18,727 reports of adverse events following Gardasil® vaccination
- Of the total number of VAERS reports following Gardasil®, 92% were considered to be non-serious, and 8% were considered serious
 - The vast majority (92%) of the non-serious adverse events reports following Gardasil® vaccination have included fainting, pain, and swelling at the injection site (the arm), headache, nausea, and fever
- CDC and FDA have reviewed all of the safety information available to them on Cervarix and Gardasil, and based on this information, CDC recommends HPV vaccination for the prevention of most types of cervical cancer.
- Any problems detected with these vaccines will be reported to health officials, healthcare providers and the public, and appropriate action will be taken to ensure the public's health and safety.

WHAT CAN WE DO?

Providers/Clinicians

- Provide a strong recommendation for HPV vaccine for teen girls of all age:
 - If some parents are hesitant to have their daughters vaccinated, your advice can help them. Let those who are concerned about safety know about the large numbers of girls who have received HPV vaccines and strong safety record. For those who think they can wait, alert them to how critical it is to get the three dose series finished well before exposures to HPV, and that young teens have strong immune responses to the vaccine that will protect them for the years ahead.
- Create a standard operating procedure to check the vaccination status of your adolescent patients at every visit, even acute care visits. There are many ways this can be done:
 - Nurse reviews immunization history (registry, EMR, paper chart) and flags the chart to indicate which vaccines are needed
 - If using an EMR, contact the EMR company to create an immunization prompt that will appear if an immunization is needed – they may even have one already created
- Administer all recommended vaccines during a visit.
- If a parent declines a vaccine, ask why and document in the chart. This can reinforce offering again at follow-up visits.
- For teens who start the HPV series, have parents schedule the visit for the next (two) dose(s) of HPV before leaving the office.
- Send reminder/recall notices to parents. There are many options for doing this:
 - Every state (but NH and MA) maintains an immunization registry; contact the state health department to learn how to use the reminder/recall function that can automate preparation of reminder notices and review records

for teens who are overdue. Most electronic medical records can also carry out this function; contact your vendor to find out how to turn on this function.

- If not using an immunization registry or electronic medical record, have the parents write their address on a reminder postcard before leaving the office. Indicate on the postcard the due date for the next HPV dose and organize your postcards by the months they should be mailed. If the patient does not receive the dose within a month of the due date, mail the postcard to remind the parent to make an appointment.
- Find out how many adolescents you are following in your practice and how many of those (or what percentage) have been immunized. Use this information to help improve vaccine delivery.
 - Contact the state immunization program to get help with assessing vaccination levels in your practice. They have developed assessment protocols and can do these record reviews for you and give you feedback.
- Report vaccines that are administered to the state/local immunization registry
 - If you are not currently using the state/local registry, contact the state immunization program to learn more and get connected. If you already use an electronic medical record, the state may be able to set up automated sharing of immunization information from your EMRs to the state-wide registry.
 - Encourage SBHCs to report to the state/local immunization registry
- Connect with your federally qualified health center network, especially the new facilities in your state, and offer materials to help them improve HPV uptake and work with the VFC program

Parents

- Know your daughters' immunization status—you can call your child's doctor's office and ask the nurse or receptionist to check her records
- If your daughter has not started the HPV series and is 11-12 years old, make an appointment to do so
- Many children see their doctors or other health care professionals for physical exams before participation in sports, camping events, travel, applying to college, and so on
 - All of these wellness check-ups provide a perfect opportunity to ask about vaccines for your preteen or teen
- When you complete the first shot, make an appointment then to schedule the second and third shots
 - Ask your doctor's office if they can send a reminder notice to you by email, text, mail, or phone
- Some pharmacies also provide the vaccine
 - Ask your local pharmacy if they can give the vaccine to your daughter
- If your daughter has started the series and only gotten 1 or 2 shots, schedule an appointment to complete the series
 - You do not have to restart the series; simply ensure she gets all three doses for full protection
- If you are concerned about cost of the vaccine series
 - Call your health insurance company to make sure the vaccines are covered
 - Most companies do reimburse for this vaccine
- If you don't have insurance, or if it does not cover vaccines, the [Vaccines for Children \(VFC\) program](#) can help
 - This program provides vaccines at no cost to doctors who serve eligible children
 - Children younger than 19 years of age are eligible for VFC vaccines if they are Medicaid-eligible, American Indian or Alaska Native, have no health insurance, or have insurance that does not cover vaccines
 - Ask your doctor or contact your local health department to learn more about getting free vaccines through the VFC program, or go to www.cdc.gov/vaccines
- If you have concerns about the vaccine, educate yourself and your daughter
 - Try to use credible sources of information, such as the CDC website: www.cdc.gov/vaccines/teens or the Children's Hospital of Philadelphia (CHOP) website
 - Talk with your doctor or nurse to make good decisions to protect your daughter's health
- You can help remind friends and relatives to vaccinate their daughters
 - Send them a friendly e-card from the www.cdc.gov/vaccines/teens website and help educate your school leaders and friends