You are the Key to HPV Cancer Prevention

Working Towards Improved HPV Vaccine Coverage

Jill B Roark, MPH
Carter Consulting Inc. Health Communication Specialist
Health Communication Science Office
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

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Using data to create an evidence-based communication campaign

CDC FORMATIVE RESEARCH
HPV Vaccine Communications During the Healthcare Encounter

- HPV vaccine is often presented as ‘optional’ whereas other adolescent vaccines are recommended.
- Some expressed mixed or negative opinions about the ‘new vaccine’ and concerns over safety/efficacy.
- When parents expressed reluctance, providers were hesitant to engage in discussion.
- Some providers shared parents’ views that teen was not at risk for HPV and could delay vaccination until older.

Goff S et al. Vaccine 2011;10:7343-9
Hughes C et al. BMC Pediatrics 2011;11:74
Recommendations for CDC Communications based on Research with Moms

- Focus communication messages for parents
  - HPV Vaccine is Cancer Prevention
  - Several cancers caused by HPV
  - HPV vaccination at 11 or 12
  - No serious safety concerns
  - Many credible organizations support HPV vaccine recommendation

- Use plain language and layer messages to allow parents to easily choose the level of detail they wish to pursue
Recommendations for CDC Communications based on Research with Physicians

- Materials for clinicians to give to parents and patients
- Help clinicians have conversations with patients and parents
- Physicians providing HPV vaccine, especially pediatricians, do not routinely see the results of not vaccinating and therefore may benefit from peer-to-peer education from physicians who routinely treat HPV-related cancers
Focus Groups with Moms: Recommendations for CDC Comms for HCP Audience Media

- Continue to encourage clinicians to give strong recommendations for the HPV vaccine
- Guidance for doctors to group vaccine recommendations and not separate HPV vaccine
- Develop a CME video for doctors about providing strong recommendations for the HPV vaccine
Focus Groups with Moms: Recommendations for CDC Comms for Parent Audience Media

- Identify audience on the material
- Do not make general statements, include more statistics
- Explain research involved in vaccine safety
- Emphasize message about vaccinating early
- Define sexual activity
- Address main questions from participants
Goals Based on Formative Research

WE WANT PARENTS TO:

- Realize HPV vaccine is CANCER PREVENTION
- Understand HPV vaccine is best at 11 or 12 years old
- Recognize importance of getting all 3 shots
Goals Based on Formative Research

**We want healthcare professionals to:**
- Be familiar with **all of the indications** for HPV vaccine
- Make **strong recommendations** for receiving vaccine at 11 or 12
- Be aware of, and interested in, **systems** that can improve practice vaccination rates
Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say “Your child needs these shots today,” and name all of the vaccines recommended for the child’s age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents’ questions helps you save time and give an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.

CDC RESEARCH SHOWS: The “HPV vaccine is cancer prevention” message resonates strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

TRY SAYING: HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That’s why I’m recommending that your daughter/son receive the first dose of HPV vaccine today.

CDC RESEARCH SHOWS: Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.

TRY SAYING: HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 26,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.

CDC RESEARCH SHOWS: Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.

TRY SAYING: We’re vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.

CDC RESEARCH SHOWS: Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.

TRY SAYING: Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

CDC RESEARCH SHOWS: Parents might believe their child won’t be exposed to HPV because they aren’t sexually active or may not be for a long time.

TRY SAYING: HPV is so common that almost everyone will be infected at some point. It is estimated that 79 million Americans are currently infected with 14 million new HPV infections each year. Most people infected will never know. So even if your son/daughter waits until marriage to have sex, or only has one partner in the future, he/she could still be exposed if their partner has been exposed.
Many parents do not know that the full vaccine series requires 3 shots. Your reminder will help them to complete the series.

I want to make sure that your son/daughter receives all 3 shots of HPV vaccine to give them the best possible protection from cancer caused by HPV. Please make sure to make appointments on the way out, and put those appointments on your calendar before you leave the office today!
How Do We Improve HPV Vaccination Rates?

Some things we need to consider:

- Initiation vs. completion predictors differ
- Provider “hesitancy” (weak recommendations)
  - Potential factors: risk assessment, resistant to 11-12 yr rec, cost, competing priorities, communication skills
- Parental attitudes likely amenable to provider communication if clinicians are convinced & confident
- System interventions depend on clinician commitment
  - E.g., Missed opportunities, AFIX, HEDIS (positive feedback loops) require clinicians to buy-in to purpose & targets
What’s in a recommendation?

Studies consistently show that a strong recommendation from you is the single best predictor of vaccination.

- In focus groups and surveys with moms, having a doctor recommend or not recommend the vaccine was an important factor in parents’ decision to vaccinate their child with the HPV vaccine.

- Not receiving a recommendation for HPV vaccine was listed a barrier by mothers.

Unpublished CDC data, 2013.
Successful recommendations group all of the adolescent vaccines

- Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines
- Moms in focus groups who had not received a doctor’s recommendation stated that they questioned why they had not been told or *if the vaccine was truly necessary*
- Many parents responded that they trusted their child’s doctor and would get the vaccine for their child as long as they received a recommendation from the doctor

Unpublished CDC data, 2013.
Try saying:

Your child needs three shots today: HPV vaccine, meningococcal vaccine and Tdap vaccine.

You child will get three shots today that will protect him/her from many cancers caused by HPV, as well as to prevent tetanus, diphtheria, pertussis and meningitis.
A case of vaccine hesitancy?

Parents may be interested in vaccinating, yet still have questions

- However, many parents didn’t have questions or concerns about HPV vaccine
- A question from a parent does not mean they are refusing or delaying
- Taking the time to listen to parents’ questions helps you save time and give an effective response
- CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver

Unpublished CDC data, 2013.
Why should I get this vaccine for my child?

The “HPV vaccine is cancer prevention” message resonates strongly with parents

- In focus groups and online panels, mothers wanted more information on the types of HPV cancers
- In focus groups mothers stated they were influenced to vaccinate their child because HPV vaccine prevents cancer, they had a family history of cervical cancers, and/or because they had a personal experience with cervical cancer

Unpublished CDC data, 2013.
Try saying:

HPV vaccine is very important because it prevents cancer.

I want your child to be protected from cancer.

That’s why I’m recommending that your daughter/son receive the first dose of the HPV vaccine series today.
HPV Transmission

- Almost everyone will be infected but most people will never know
- 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

Try saying:

HPV is so common that almost everyone will be infected at some point. It is estimated that 79 million Americans are currently infected with 14 million new HPV infections each year.

Most people infected will never know. Even if your child waits until marriage to have sex, or only has one partner in the future, he/she could still be exposed, if their partner has already been exposed.
Resources for HPV vaccine communication campaigns

COMMUNICATION TOOLS
Preteens and Teens Still Need Vaccines

As kids get older, protection from some childhood vaccines begins to wear off. Plus, older kids can also develop risks for other diseases. Health check-ups and sports or camp physicals can be a good opportunity for your preteens and teens to get the recommended vaccines.

HPV Vaccine Is Cancer Prevention

You can CLOSE the DOOR to cancer.

Facts about HPV Vaccine

You are the Key to Cancer Prevention

cdc.gov/vaccines/teens
Site Organized by Audience
Communication Products and Tools: Parent Audience

Multimedia Products

**Print Materials**
Preteens and teens related fact sheets, flyers, and posters...

**Web Tools**
This page lists preteen and teen related web features, eCards, and web button...

**Video and Audio Resources**
This page lists preteen and teen related podcasts, PSAs, and videos...

**Matte Articles**
This page lists preteen and teen related matte articles...

You’re not opening the door to sex.

You’re closing the door to cancer.

HPV vaccine is cancer prevention.
Talk to your child’s doctor about vaccinating your 11–12 year old against HPV.
www.cdc.gov/vaccines/teens

If there were a vaccine against cancer, wouldn’t you get it for your kids?

HPV vaccine is cancer prevention.
Talk to the doctor about vaccinating your 11–12 year old sons and daughters against HPV.
www.cdc.gov/vaccines/teens

HPV YOU ARE THE KEY TO CANCER PREVENTION
Communication Products and Tools: Clinician Audience

[Image: HPV Vaccine Resources for Healthcare Professionals]

HPV Vaccine is Cancer Prevention

Overview | Tools for Your Practice | Handouts to Give to Patients & Parents

[Video: You Are the Key to HPV Cancer Prevention]

Resource Spotlight

Understanding the Burden of HPV-Related Cancers

Tips for Talking to Parents about HPV Vaccine

[Handouts: 1 page]

Customize this slideset for presentations on HPV and HPV vaccination.

[cdc.gov/vaccines/YouAreTheKey]
Tips for Talking to Parents about HPV Vaccine

Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say “Your child needs these shots today,” and name all of the vaccines recommended for the child’s age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents’ questions helps you save time and give an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.

**CDC RESEARCH SHOWS:**

**TRY SAYING:**

**HPV vaccine is cancer prevention** message resonates strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

**Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.**

**HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 26,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.**

**Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.**

**We’re vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.**

**Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.**

**Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.**

**Parents might believe their child won’t be exposed to HPV because they aren’t sexually active or may not be for a long time.**

**HPV is so common that almost everyone will be infected at some point. It is estimated that 79 million Americans are currently infected with 14 million new HPV infections each year. Most people infected will never know. So even if your son/daughter waits until marriage to have sex, or only has one partner in the future, he/she could still be exposed if their partner has been exposed.**

[cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html](http://cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html)
HPV Fact Sheet for Clinicians

cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html
HPV Portal

cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html
Immunization Schedules, Recommendations, and more

cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html
Patient and Parent Handouts

Resources for Patients

cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html
## Adolescent Immunization Schedule

### 2013 Recommended Immunizations for Children from 7 Through 18 Years Old

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>7–10 Years</td>
<td>Tdap&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>MCV4&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>11–12 Years</td>
<td>Tdap&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>MCV4&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>13–18 Years</td>
<td>Tdap&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>MCV4&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

### Resources for Patients

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit [http://www.cdc.gov/vaccines/teens](http://www.cdc.gov/vaccines/teens).

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**Footnotes:**

1. Tdap vaccine is combination vaccine that is recommended at age 11 or 12 to protect against tetanus, diphtheria and pertussis. If your child has not received any or all of the DTPa vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7–10 years old. Talk to your child's health care provider to find out if they need additional catch-up vaccines.

2. All 11 or 12 year olds—both girls and boys—should receive 3 doses of HPV vaccine to protect against HPV-related disease. Either HPV vaccine (Cervarix<sup>®</sup> or Gardasil<sup>®</sup>) can be given to girls and young women; only one HPV vaccine (Gardasil<sup>®</sup>) can be given to boys and young men.

3. Meningococcal conjugate vaccine (MCV) is recommended at age 11 or 12. A booster shot is recommended at age 16. Teens who received MCV for the first time at age 13 through 15 years will need a one-time booster dose between the ages of 16 and 18 years. If your teenager missed getting the vaccine altogether, ask their health care provider about getting it now, especially if your teenager is about to move into a college dorm or military barracks.

4. Everyone 6 months of age and older—including preteens and teens—should get a flu vaccine every year. Children under the age of 5 years may require more than one dose. Talk to your child's health care provider to find out if they need more than one dose.

5. A single dose of Pneumococcal Conjugate Vaccine (PCV) is recommended for children who are 6 months through 18 years old with certain medical conditions that place them at high risk. Talk to your healthcare provider about pneumococcal vaccine and what factors may place your child at high risk for pneumococcal disease.

6. Hepatitis A vaccine is recommended for older children with certain medical conditions that place them at high risk. Hepatitis A vaccine is licensed, safe, and effective for all children of all ages. Even if your child is not at high risk, you may decide you want your child protected against Hepatitis A. Talk to your healthcare provider about Hepatitis A vaccine and what factors may place your child at high risk for Hepatitis A.

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[cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html](http://cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html)
High-Impact Activities to Improve Coverage

STRATEGIES
Evidence-based strategies to improve vaccination coverage in healthcare setting

- Reminder/recall system
- Standing orders
- Provider assessment and feedback
- Utilizing immunization information systems

www.thecommunityguide.org/vaccines/universally/index.html
Impact of Reminder/Recall on Vaccination Rates among Adolescents

Percentages of adolescents 11-18 years of age who received any vaccination at 4, 12, and 24 weeks: Text4Health-Adolescents, New York City, 2009

Suggestions to Improve Your Immunization Services

Following are several ideas that healthcare professionals and practices can use to improve their efficiency in administering vaccines and increase their immunization rates. Read each idea and check the response that applies to your work setting. Yes = We already practice this. No = We don’t like this idea, or it couldn’t work in our practice setting. Partly = We do some of this (or do it sometimes); we will consider it.

1. In all exam rooms, we post the current, official U.S. immunization schedule for children and/or adults or variations thereof (for example, the official schedule of a medical society or of a state health department).
   - Yes
   - No
   - Partly

2. We use the official “catch-up” schedule for children for advice on how to bring children up to date on their vaccinations when they have fallen behind.
   - Yes
   - No
   - Partly

3. We are familiar with special vaccination recommendations for high-risk patients (e.g., special groups who need hepatitis A, hepatitis B, pneumococcal, influenza vaccines).
   - Yes
   - No
   - Partly

4. When scheduling appointments, we remind patients/parents to bring along their (or their
   - Yes
   - No
   - Partly

5. Prior to patient visits, we review the immunization record for each patient and flag charts of those who are due or overdue.
   - Yes
   - No
   - Partly

6. We provide vaccination services during some evening and/or weekend hours.
   - Yes
   - No
   - Partly

7. Patients can walk in during office hours for a “nurse only” visit and get vaccinated.
   - Yes
   - No
   - Partly

8. We use all patient encounters (including acute-care and follow-up visits) to assess and provide vaccinations.
   - Yes
   - No
   - Partly

9. Whenever a patient comes in, the staff routinely asks to see his/her immunization record to determine if the patient received vaccinations at another healthcare site.
   - Yes
   - No
   - Partly

10. If a patient tells us “I’m up to date with my
    - Yes
    - No
    - Partly

11. We remind patients to bring their (or their
    - Yes
    - No
    - Partly
URGENT CALL TO PREVENT CANCER – TAKE THE HPV VACCINE CHALLENGE

YOUR HELP IS NEEDED TO INCREASE HPV VACCINATION RATES
Health care providers and public health professionals in Massachusetts and across the country have started a campaign to dramatically increase adolescent vaccination rates against HPV. For each year we stay at current vaccination rates, girls and boys will go on to acquire cervical, oral, anal and other HPV-related cancers.

THE PROBLEM
Our three-dose HPV vaccine coverage has stagnated at 33% nationally and missed opportunities for vaccination are high. The CDC, AAP and AAFP recommend that all 11-12 year-olds receive HPV, meningococcal, and Tdap vaccines together.

WHAT CAN PROVIDERS DO?
The most significant factor in parents’ decision to vaccinate their children with HPV vaccine is a clear, brief, and strong recommendation from the child’s healthcare provider. Research shows that simply changing the wording used to introduce the HPV vaccine makes a tremendous difference. Try changing your discussion for one week, and see how it improves your vaccine acceptance.

<table>
<thead>
<tr>
<th>Providers:</th>
<th>Start your vaccine discussion with all 11 and 12 year-olds and their parents by saying: “Your child needs 3 vaccines today – HPV, Tdap, and meningococcal.”</th>
</tr>
</thead>
</table>

This simple change works because by putting HPV first, parents perceive that it’s a normal, recommended vaccine, not a controversial or optional vaccine. CDC provides a “Tips and Time-savers for Talking with Parents about HPV Vaccine” resource that translates research into effective communication tools: [http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf](http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf)
How State and Local Immunization Programs Can Improve HPV Vaccination Rates

- Adolescent vaccination is a priority
- Having an adolescent coordinator helps
- Strong partnerships with provider community
  - Professional organizations
  - VFC providers
- Incorporate promotion of adolescent vaccination into existing activities
  - Conduct adolescent AFIX
  - Reminder/recall
  - Incorporate HPV vaccination into existing visits for school required vaccines
- Routinely evaluate data and use data for action
Minnesota Cancer Alliance and State Immunization Program Partnership

Minnesota Cancer Alliance Strategy:
- HPV Vaccine added to Cancer Plan 2011-2016
- HPV Vaccine was added to the Policy Agenda (2011)
- HPV was identified as an MCA Steering Committee priority 2011/12

Work plan aimed at changing the message around HPV
- Moving away from HPV as an STD and framing the conversation around HPV vaccine as cancer prevention

Strategy includes recruiting physicians to:
- Write editorials in provider publications
- Host provider education webinars
- Conduct clinic visits
Joint letter from Minnesota Cancer Alliance and Minnesota Department of Health

Sent to 253 clinics identified via VFC ordering records
Old Minnesota State High School League physical assessment form:

New language (adds MCV4 and HPV):

Newest language (no distinction between recommended and required):

HPV YOU ARE THE KEY TO CANCER PREVENTION
DO SOMETHING EASY TODAY

Get vaccinated.

Teens are at risk for diseases like meningitis, pertussis and HPV. If you’re not up to date on vaccines, see your doctor. Free or low cost immunizations are available.

Getting over being sick is difficult for anyone. Getting vaccinated is easy.

For more information please visit www.health.state.mn.us/vax4teens

Adapted from the Colorado Department of Public Health and Environment
Three Recommended Activities

1. Support healthcare providers in recommending HPV vaccine for 11 and 12 year old girls and boys

2. Use data to drive immunization action plan decision-making

3. Work with cancer partners to advocate for HPV vaccination
What your partners can do:

1. **SYNDICATE** CDC content to their website
   - http://tools.cdc.gov/syndication/

2. **DOWNLOAD** a matte article for publications

3. **SHARE** factsheets with parents & clinicians

4. **COLLABORATE** to increase the campaign reach
For more information, including free resources for yourself and your patients/clients, visit: cdc.gov/vaccines/YouAreTheKey

Email questions or comments to CDC Vaccines for Preteens and Teens: PreteenVaccines@cdc.gov
HPV VACCINE IS CANCER PREVENTION
And YOU are the key!