HPV Vaccination in Washington





Washington State Department of Health

HPV Vaccination in Washington IACW Quarterly Meeting

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WHY ARE WE TRYING TO INCREASE HPV VACCINATION RATES?

Issue: HPV infections can cause cancer.

HPV vaccination prevents cancer.



cases of cancer could be prevented with HPV vaccination each year. Same as the average attendance for a baseball game.



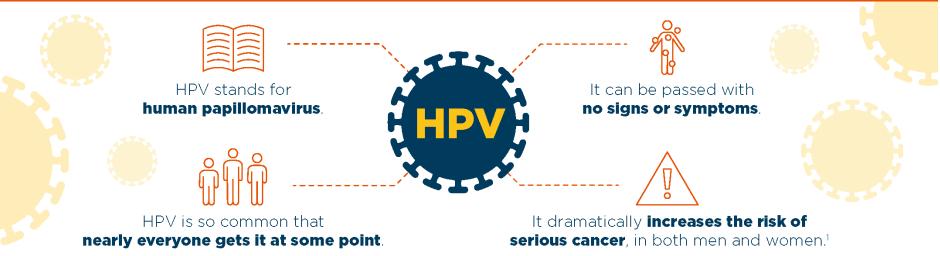
Preventing cancer is better than treating it.



HPV infections can cause six types of cancer, but doctors only routinely screen for cervical cancer. The other five types may not be detected until they cause health problems.



Vaccination prevents over 90% of cancers caused by HPV.



In Washington:

of **teens** completed their HPV vaccination series in 2017.²

55%

72%

of **teens** got one dose of HPV vaccine in 2017.²

Most Common Cancers Caused by HPV³

233 new cases of cervical cancer are found each year

new cases of oropharyngeal* cancer are found each year.

413

*Oropharyngeal cancer is in the back of the throat, including the tonsils and base of the tongue

HPV vaccination guidelines

- Routinely vaccinate boys and girls at 11-12 years*
 - Recommended for females in 2007, males in 2011
 - Can be given as early as 9 years old
- Catch up those previously unvaccinated or are missing doses, including
 - Females to age 26
 - Males to age 21
 - High-risk males age 22 to 26*
- Also recommended at 11-12:
 - Tetanus, diphtheria, pertussis (Tdap) vaccine
 - Meningococcal vaccine

*Men who have sex with men and immunocompromised men

New HPV schedule as of October 2016

Current Age	Routine Schedule
9 – 14 years (most)	2 doses*
	(interval:0, 6-12 months)
15–26 years and	3 doses
9 – 14 years, immunocompromised	(interval:0, 1-2, 6 months)

• Previous recommendation: routine 3-dose schedule

- Up-to-date (UTD) HPV coverage definition:
 - 2 doses if first dose given younger than 15
 - 3 doses if first dose given at 15 or older

*If a second dose is inadvertently administered prior to 6 months, default to a 3-dose series

Issue: Not enough of our children are getting HPV vaccination.

Vaccination can prevent more than 90% of cancers caused by HPV, but ...

- We are not meeting our two HPV vaccination-related Healthy People 2020 immunization goals.
- We are missing opportunities to give HPV vaccine.

HOW ARE WE DOING?

Two sources of immunization data for different purposes

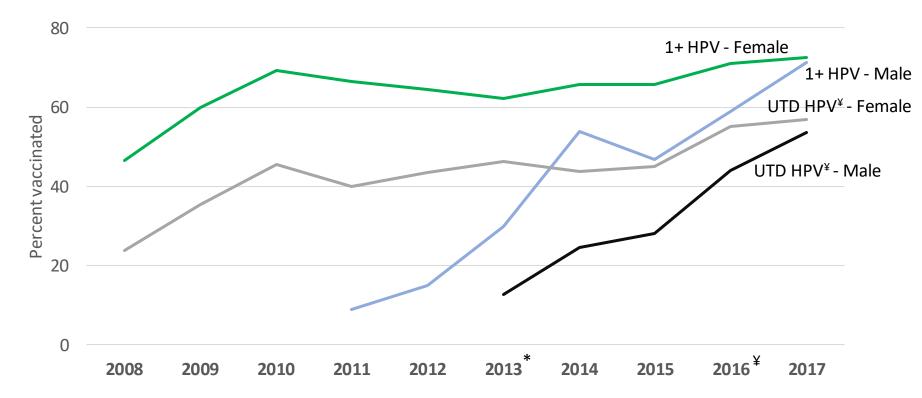
- WA Immunization Information System (WAIIS)
- Population based
- Uses valid vaccine doses (ACIP)
- Point-in-time estimates
- Small area estimates (county, ZIP code, etc.)
- Real time
- Used to compare within state

CDC National Immunization Survey (NIS)

- Sample based
- Uses all vaccine doses administered
- Annual estimates only
- State and regional estimates
- Not timely
- Used to compare nationally

CDC NIS Teen HPV Coverage 13-17 Year Olds, WA 2008-2017

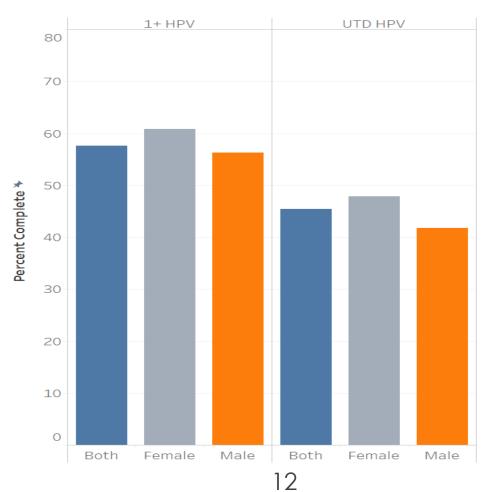
In 2017, male rates caught up with female rates.



* NIS-Teen implemented a revised adequate provider data (APD) definition in 2014 and retrospectively applied the revised APD definition to the 2013 data. Estimates using different APD definition may not be directly comparable. ¥ HPV UTD includes those with ≥ 3 doses , and those with 2 doses when initiated first HPV vaccine dose prior to age 15 years

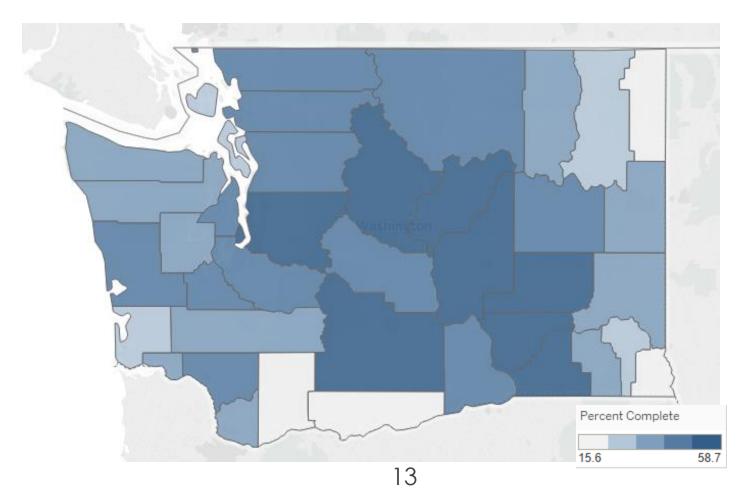
WAIIS HPV Coverage by Sex 13-17 year olds, WA 2017

Females have slightly higher rates than males both for 1+ and UTD HPV vaccination coverage.



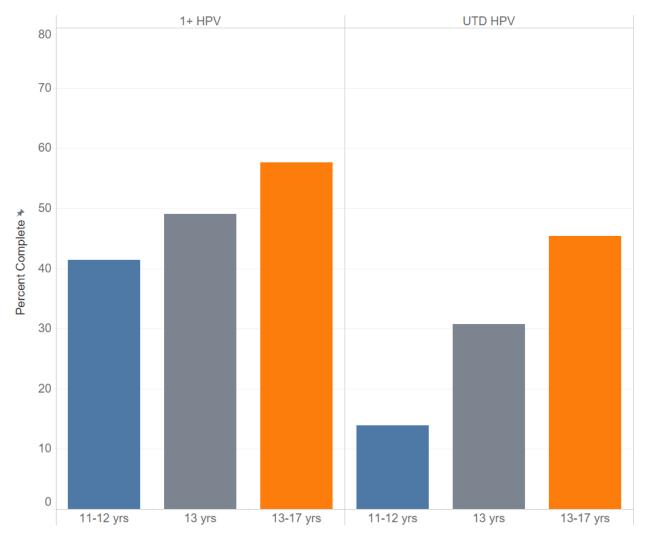
WAIIS UTD HPV Vaccination Coverage by County,13-17 year olds, WA 2017

- 45% of children 13-17 years old have completed the HPV vaccination series.
- Highest UTD vaccination rates are central and western Washington.

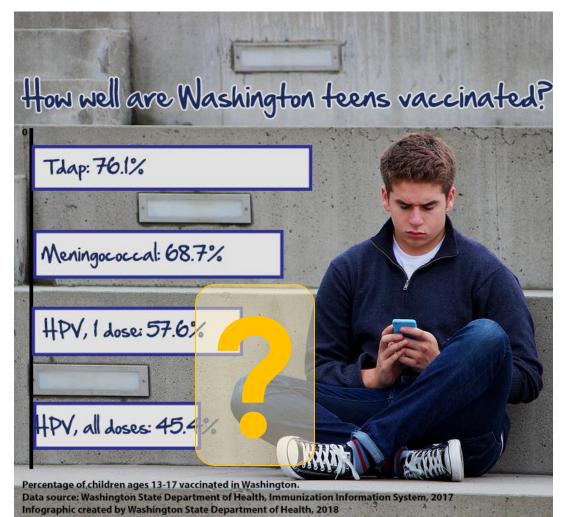


WA IIS HPV Vaccination Coverage By Age Groups, WA 2017

HPV vaccination coverage is higher in older age groups, but still overall low.

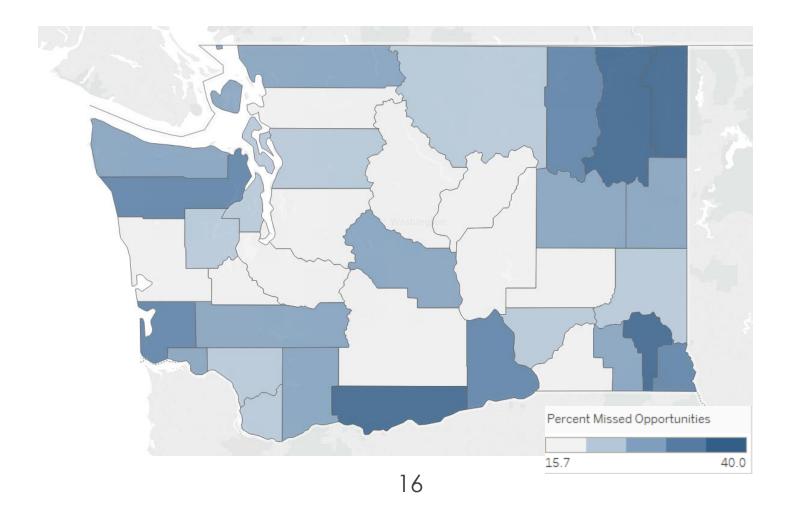


We are missing opportunities to give HPV vaccination.



Missed opportunities for HPV vaccination 13-17 year olds by county, WA IIS 2017

Missed opportunities are highest in the small, rural counties.



PROGRESS ON GOALS

WA Dept of Health goal: Increase the uptake of one does of HPV vaccine among 13-17 year olds from 46% in 2015 to 50% by Dec. 2019.

Target:Where are we at?50%61.2%*

✓ ACHIEVED!

*Washington State Immunization Information System data; all vaccines administered as of 9/30/2018

Healthy People 2020 Goal 1: Increase the percentage of **female** adolescents aged 13 through 15 years who receive 2 or 3 doses of HPV vaccine as recommended (IID-11.4).

Target: 80% Where are we at? 48.1%*

* 2017 NIS data from CDC

Healthy People 2020 Goal 1: Increase the percentage of **male** adolescents aged 13 through 15 years who receive 2 or 3 doses of HPV vaccine as recommended (IID-11.5).

Target: 80%

Where are we at? 52.0%*

* 2017 NIS data from CDC

WHAT ARE WE DOING TO IMPROVE?

What are we doing to improve?



Training

- Enhanced AFIX strategy trainings for local health
- Conventions
- Webinars and CE trainings Next webinar for IIS users: Jan. 30, noon
- <u>Training sessions on</u> <u>YouTube</u>



Materials

- Newsletters
- Drop-in content
- <u>"HPV for Providers"</u>
 <u>webpage</u>
- Brochures, publications
- Infographics, shareables
- Social media

What are we doing to improve?



Tools

- <u>IIS Training Portal</u>
- IIS features: reminder/ recall, population management, coverage rate report
- MyIR



Immunize Washington

CDC's "HPV Immunization Champion" award

What are we doing to improve?

Partnerships

- IACW
- HPV Task Force
- Oral Health Collaborative
- Cancer Leadership Team
- Health Plan
 Partnership
- "Houston Project"



- AFIX/IQIP
- Quality Improvement Learning Collaborative
- PDSA cycle for rate improvement
- Address QI for possible Child Profile expansion to age 18

What stands in the way?

- Child Profile expansion: Unknown address data quality and unknown parent engagement level.
- AFIX: Scheduling provider visits
- AFIX: "HPV fatigue": Too many QI projects

Other Challenges

- Perceived hesitance: Because they fear parent resistance (often incorrectly), some providers don't offer HPV vaccine to avoid "the conversation."
- Inconsistent recommendation: Some providers are recommending Tdap and meningococcal without HPV, when all should be offered as a package.

What can you do?

Providers

Make a strong recommendation

Use IIS tools to clean up records, remind patients, prompt staff

Set HPV vaccine quality improvement goals, choose proven strategies

Set standing orders for HPV vaccination

Public Health

- Give tools, support to providers
- Understand data on HPV cancers and vaccine
- Quality improvement initiatives
- Set and try to reach goals

Questions or Comments?

