

#### WASHINGTON STATE HPV ROUNDTABLE

April 30<sup>th</sup>, 2021



Health Promotion Research Center (HPRC)

A CDC PREVENTION RESEARCH

University of Washington School of











#### WELCOME

## Housekeeping

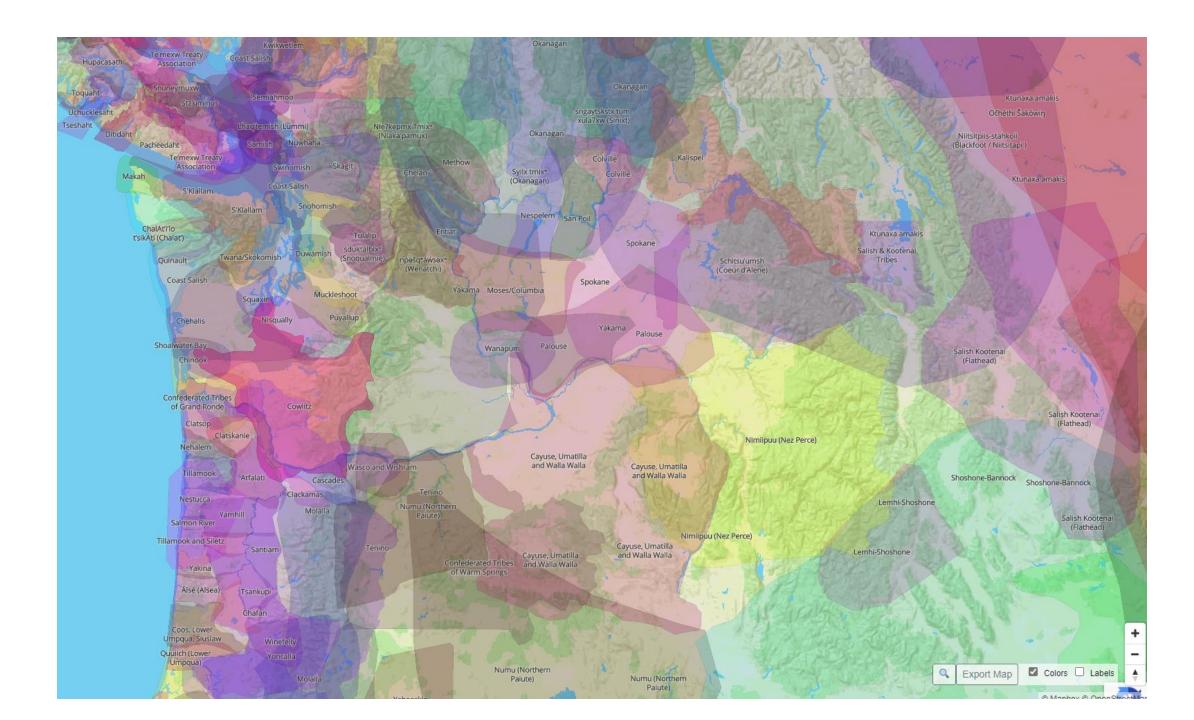
- All lines are muted please use chat for all questions
- If you have any audio or video issues, please contact Adrianna Wong <a href="mailto:adriannaw@withinreachwa.org">adriannaw@withinreachwa.org</a> or send a direct message in Zoom.
- Tips for the best connection. Please turn camera off and if having audio issues through computer you can call in using this number x
- We will be recording this webinar so you can find it and all the resources referenced today on the WithinReach website. You will receive a follow up email with links to the material covered once it is available. Some documents have been included in the webinar resource/files section and can be downloaded for use immediately.
- This is a grass roots effort to put on the roundtable please excuse any technical difficulties etc. and the meeting is only as good as you make it through your engagement and sharing of best practices.
- While the focus is absolutely on HPV vaccination we are also looking at adolescent immunizations collectively as they are all significantly impacted by pandemic, too narrow a focus on just HPV can create missed opportunities and the actions steps we are going to be discussing can increase rates and protection against many vaccine preventable disease.

#### <u>Agenda</u>

- National HPV Speaker Questions
- 2. State of the State Presentation Questions
- 3. Breakout Session for Discussion and Processing
- 4. BREAK
- 5. Interactive Polling
- 6. Snapshot: Where do we go from here?
- 7. Breakout Session for Discussion and Processing
- 8. Report Out
- 9. Commit to Action
- 10. Panel: Boots on the Ground







# National HPV Speaker

Debbie Saslow, PhD

Managing Director, HPV & GYN Cancers, American Cancer Society

# OPERATION GBOT:

Helping Get
Adolescent Vaccination
Back on Track in the
United States





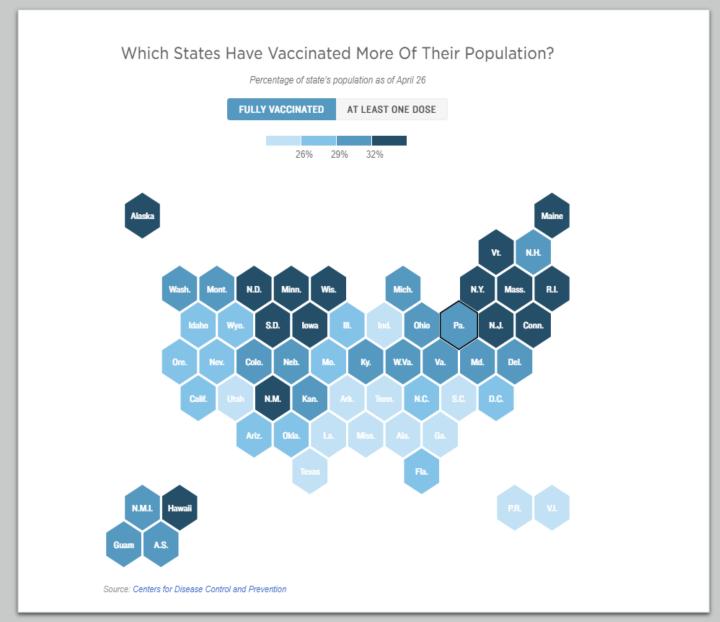
## The U.S. Context

# CURRENT U.S. COVID-19 VACCINATION RATES

As of 4/26/2021

- 28.9% of total population fully vaccinated (WA: 30.6%)
- 67.7% of 65+ fully vaccinated (WA 76.1%)
- 42.5% with at least 1 dose
   (WA: 44.6%)
- 230 MILLION DOSES ADMINISTERED





SOURCE: https://www.npr.org/sections/health-shots/2021/01/28/960901166/how-is-the-covid-19-vaccination-campaign-going-in-your-state

# 2020 PANDEMIC CONTEXT FOR ADOLESCENT VACCINATION:

- 1. Cancelled or delayed well child visits
- Development & rollout of new clinic safety protocols
- 3. Safer at home framework
- 4. Virtual work & school



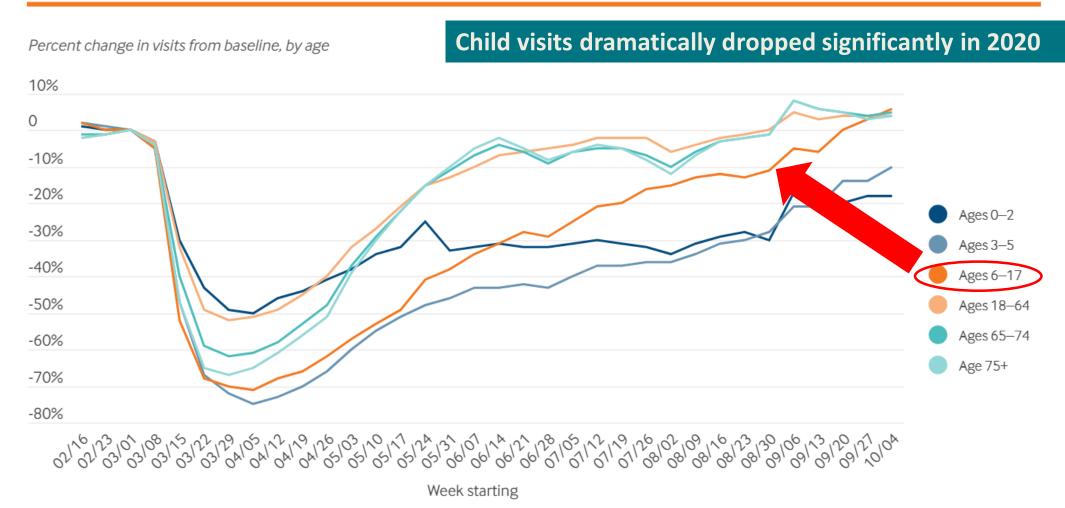








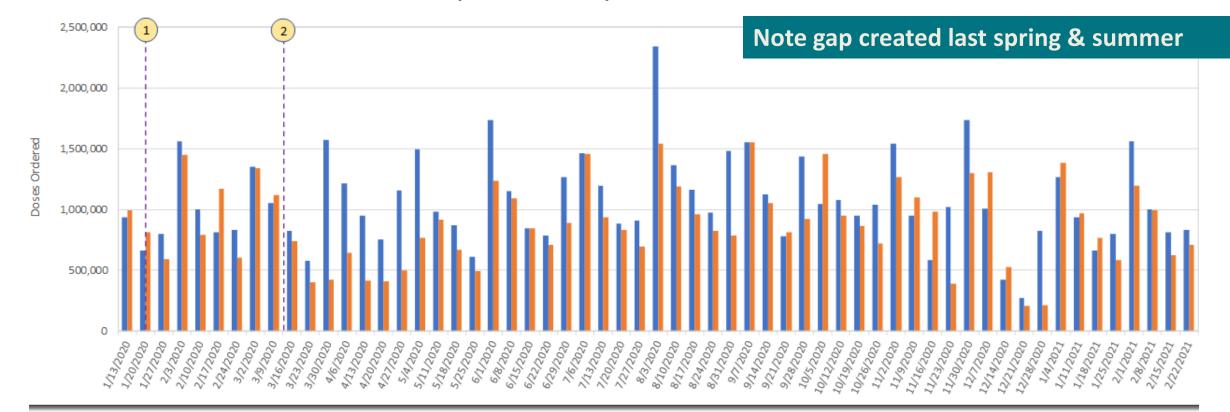
While visits overall have returned to levels prior to the pandemic, they vary by several factors, including age group. For example, visits for younger children remain substantially below the prepandemic baseline.



Source: Ateev Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Care: Visits Return to Prepandemic Levels, but Not for All Providers and Patients* (Commonwealth Fund, Oct. 2020). https://doi.org/10.26099/41xy-9m57

# Immunizations: Public sector (VFC) provider orders have rebounded...

Comparison of FY19 Weekly Provider Orders to FY20 and FY21 - All Non-Flu Vaccines

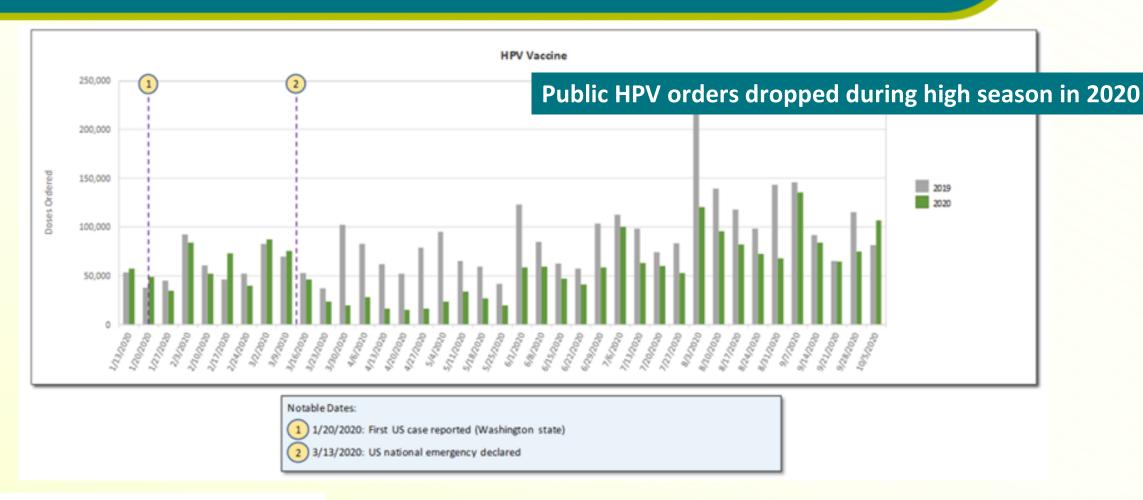


#### Notable Dates:

- 1) 1/20/2020: First US case reported (Washington state)
- 2 3/13/2020: US national emergency declared

Source: CDC, Immunization Services Division, Feb. 2021

## Pandemic Impact: HPV Vaccine Ordering: Jan.- Oct. 2020



# The Adolescent Vaccination Deficit

#### IT'S TIME TO CATCH UP ON ADOLESCENT VACCINATION

Rates dropped due to pandemic impacts.

Immunizations provided by the Vaccines for Children program in FY20 & 21 as compared to FY19



HPV vaccinations down 21%



TdaP vaccinations down 20%

SOURCE: CDC NCIRD Webinar, data current to April 4, 2021



Meningococcal vaccination down 16%



ENSURE YOUR ORGANIZATION HAS A GAME PLAN
TO GET ADOLESCENT VACCINATION BACK ON TRACK.

# MANAGING ADOLESCENT POPULATION HEALTH: SPRING-SUMMER 2021

We need to get children caught up NOW on vaccine doses they missed or are due for so that they can safely return to in-person learning.

- Well-child visits
- Vaccinations









Catch-up vaccination is urgent as we plan for a safe return to in-person school.

# Catching up will be impacted when COVID-19 vaccines approved for younger ages

- EUA submitted by Pfizer/BioNTech for ages 12-15
- Currently, CDC recommends routine administration alone
- Minimum 14-day interval
- Co-administration permitted in a shorter period when benefits of vaccination outweigh potential unknown risks







SPRING 2021

# CATCH UP NOW: GET YOUR PRETEENS VACCINATED

- The pandemic canceled routine doctor's visits and now is the time to catch up.
- Your preteen needs a yearly well child visit.
- Find out if they missed any of 4 recommended vaccinations for preteens, including diphtheria/ tetanus/ whooping cough, flu, HPV-related cancers, or meningitis.
- Get scheduled now before kids can get the COVID-19 vaccine.

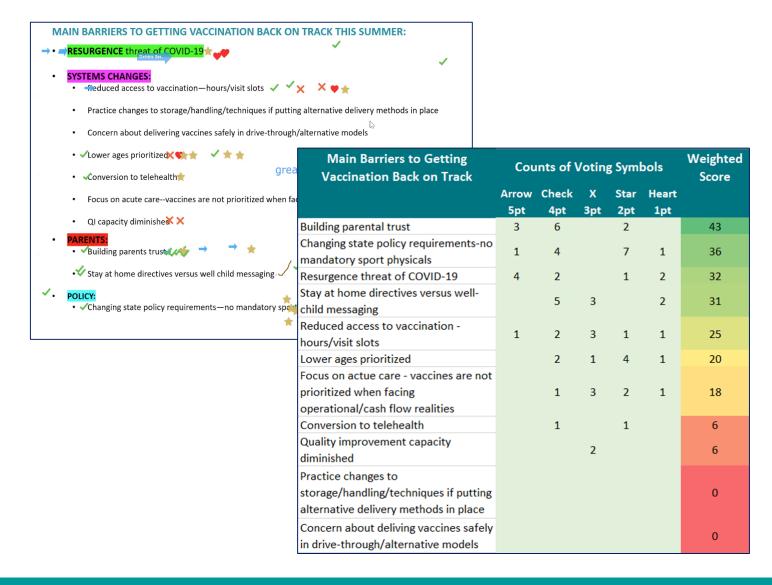
Protect your family...get vaccinated!

# ACTIVATING THE STAKEHOLDERS:

Operation GBOT-Getting Back on Track

# **GBOT Launch in Summer 2020**

- GBOT Stakeholder Calls:
  - Gathered national organizations for ongoing info sharing calls
  - Shared public/private sector data
  - Updates on organizational strategies/activities
  - Opened communication flow



Engaging stakeholders in virtual collaboration clarified perceived barriers.

## Convene, Communicate & **Catalyze**

- **Convened external groups**
- **Published:** 
  - **Promising Practices for** Adolescent Vaccination during COVID-19
  - Commentary in Journal of Adolescent Health

#### ARTICLE IN PRESS

lineral of Adolescent Health sox (2020) 1-2



DOUBNAL OF ADOLESCENT HEALTH

Getting Human Papillomavirus Vaccination Back on Track: Protecting Our National Investment in Human Papillomavirus Vaccination in the COVID-19 Era

Melissa B. Gilkey, Ph.D. 4.7, Robert A. Bednarczyk, Ph.D. 5, Mary A. Gerend, Ph.D. 5 Melanie L. Kornides, Sc.D. d., Rebecca B. Perkins, M.D., M.Sc. o, Debbie Saslow, Ph.D. J. Jennifer Sienko, M.P.H. , Gregory D. Zimet, Ph.D. , and Noel T. Brewer, Ph.D. a

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pperiment of Family and Community Finalth, University of Francyhousia, Philodelphia, Francyhousia queriment of Obsteries and Cynecology, Boston University School of Markete and Boston Market Center, Baston, Manuschasett

Concer Control Department, American Concer Society, Atlanta, Georgia Department of Pediatrics, Indiana University, Indianapolis, Indiana

The adolescent health community must act quickly in the face of the COVID-19 pandemic to protect hard-won gains in human papillomavirus (HPV) vaccination coverage, HPV vaccine protects against six cancers and could nearly eliminate cervical cancer, which disproportionately and unfairly burdens women of color. For more than a decade, U.S. primary care providers have worked tirelessly to establish the adolescent vaccine platform as part of utine care, but they have faced unique challenges with regard to HPV vaccination. HPV vaccination has required sustained investment by federal agencies, professional organizations, researchers, and other adolescent health advocates to achieve widespread use. Recently published surveillance data suggest our collective efforts have yielded results, with HPV vaccine series completion increasing from 30% in 2014 to 54% in 2019 [1]. In this commentary, we describe how the COVID-19 pandemic threatens to wipe out these hard-won gains and argue that interventions are urgently needed to protect our national investment in HPV vaccination.

Conflicts of Interest; G.D.Z. has received connalisation from Saresh Pasteur for work on the Adolescent Introduction Initiative and from Merck for ation related to frames papilloroscirus vaccination, N.T.S. has served or paid advisory boards for Merck and received revenets grants from Merck and Pface. The remaining authors have un conflicts of interest to disclose.

Discharger The firstings and conclusions in this componentary are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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3054-1300(ii) 2020 Society for Adolescent Health, and Medicine. All rights reserved

The available evidence indicates that the COVID-19 nandemic has dramatically disrupted the delivery of HPV vaccine in recent months. Early reports suggest that ordering and billing dropped by >70% in March 2020 [1,2]. HPV vaccine ordering remained down by 25%-50% in tune, in contrast to early childhood vaccine ordering, which rebounded to near prepandemic levels [1]. The pandemic's timing is especially problematic, given that missed opportunities for HPV vaccination are occurring during the spring and summer months when the vast majority of adolescen vaccine doses are typically delivered [3]. Although still emerging all available data suggest that short-term declines in HP vaccination coverage will be substantial.

Unfortunately, the COVID-19 pandemic is likely to have longe term consequences for HPV vaccination as well, Many U.S. primany care clinics continue to operate at reduced capacity to commodate social distancing and more stringent cleaning protocols [4]. Reductions in face-to-face office visits, although dearly warranted, limit opportunities for providers to discuss and deliver vaccines. New barriers to provider communication are likely to be especially harmful for HPV vaccination; some providers have traditionally viewed the vaccine as difficult to ecommend because of perceived resistance from parents and the absence of widespread school entry requirements that support other adolescent vaccines [5,6]. Health care systems have similarly deprioritized their HPV vaccine quality improvement efforts. In a recent poll of quality improvement leaders in 64 systems, all respondents reported prioritizing early childhood or adult vaccines over adolescent vaccines in their pandemic recovery efforts 171. In these ways, the nandemic is exerting

SEPTEMBER 2020



WE'RE IN! 2020 INITIATIVE

#### PROMISING PRACTICES FOR ADOLESCENT VACCINATION DURING COVID-19

Insights from Key Vaccination Stakeholders



#### **CONVENING TO FIND INNOVATIONS**

In July 2020, the National HPV Vaccination Roundtable hosted two webinars to engage health systems and public health immunizers in small group discussions. Given the significant negative impact of COVID-19 on adolescent immunization rates, we sought to solicit and share promising practices from the field.

Stakeholders' collective wisdom is summarized here with the hope of getting adolescent immunization back on track during the pandemic. To learn more, visit www.hpvroundtable.org/health-systems.

It will take effort from multiple sectors to effectively close the vaccination care gap.









## VIDEO PLAYLISTS

- For health systems
- For parents



https://www.youtube.com/c/ HPVRoundtableTV/playlists

## SOCIAL SHAREABLES



PRETEEN VACCINES

SAFE RETURN TO SCHOOL

PROTECTION







FAMI

CLINIC READINESS

#### **SOCIAL MEDIA 2021**

- Parent facing
- Incorporate themes identified by parent/provider focus groups & national stakeholder input
- Access at:

https://hpvroundtable.org/resource-library/2019graphics/

### MESSAGING DOCS

#### MESSAGING FOR CATCH-UP ON PRETEEN VACCINATION **SPRING 2021** A Safe Return to In-Person Schooling: An Urgent Call to Action for Health Plans to Close the Adolescent Vaccination Care Gap SAMPLE SOCIAL MEDIA MESSAGES THEME MESSAGE · Protect your preteen—get their vaccines. The pandemic caused many families to cancel doctors' visits. Now is the time to catch-up on recommended vaccines against 4 vaccines recommended for preteens ages 9-12. Call the clinic to schedule an appointment today. · Catch up now—get your preteen vaccinated. Your preteen needs a yearly well child visit and may have missed recommended vaccines during the pandemic. Get scheduled now before they can get the COVID-19 vaccine. Protect your family...get your school age kids in for their recommended vaccines. Call your health care provider to schedule immunization visits this spring. Learn more about childhood vaccination from the CDC. **PROTECTION** Four preteen vaccines protect against six diseases. Protect your preteen...get them caught up on their recommended vaccines this spring. · Parents of Preteens: You have the power to prevent HPV-related cancers, flu and meningitis with routine vaccines. Get your preteen caught up on their vaccinations. Call us to schedule a yearly check-up. HASHTAGS: #4preteenvaccines, #vaccinecatchup, #protectyourpreteen, The doctor/nurse/nurse practitioner/ physician assistant is ready to see your preteen. Safety measures are in place in the clinic to keep patients safe. Come in this spring to catch up on preteen vaccines. SAFETY · Safe, sanitized and socially distant...our clinic is ready for your preteen visits. Clinic staff have worked hard to make it safe for patients to come in for routine care. Preteens need 4 vaccines between ages 9-12. Call us to schedule their annual visit

#### Sample Letter to Parents from Plans

Dreaming of a return to in-person schooling for your children or a summer family vacation?

Things are looking so much brighter in 2021. The rollout of COVID-19 vaccines is encouraging and will save lives. Vaccination has never been more important to protect our families and communities.

Now is the time to get your children caught up on routine immunizations they may have missed during the pandemic or are due for this year. It's time to call your pediatrician or family doctor's office to schedule a yearly checkup for your child.

In 2020, it was "stay home to stay safe". In 2021, clinics are safe, sanitized and socially distant. Medical offices have taken protective measures to make sure that visits can happen safely, including:

- . scheduling sick visits and well-child visits during different times of the day
- asking patients to remain outside until it's time for their appointment to reduce the number of people in waiting rooms
- · offering sick visits and well-child visits in different locations

A safer return to school means vaccinating your child/children this spring with all recommended vaccines. Preteens especially need to receive their recommended vaccines. Children ages 9 to 12 are due for 4 vaccines to protect against diphtheria, HPV-related cancers, meningitis, tetanus, and whooping cough.

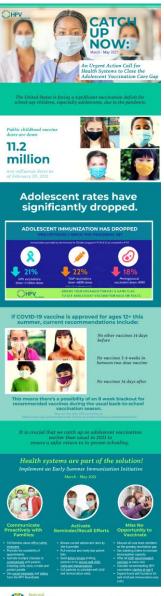
Call to schedule a well child appointment today. For more information, visit [insert organization's website info].

Visiting your child's pediatrician or family doctor/provider is another way to keep your children safe from vaccine-preventable diseases. It protects your child, your family and your community.  Fact sheet on current situation with content for social and newsletters

- Letter templates:
  - Providers
  - Parents
- Access resources for:
  - Health Plans
  - Health Systems

### **INFOGRAPHICS**

- Catch Up Now Spring 2021 Efforts:
  - At-a-glance overview of the urgency
  - Stats
  - COVID-19 implications
  - Call to action
    - Health Systems
    - Health Plans
- HPV Targets: Healthy People 2030





Check out Health System Resources & Clinician & Health System Action Guides





# CALL TO ACTION—SPRING 2021: HEALTH SYSTEMS

#### Health systems are part of the solution!

Implement an Early Summer Immunization Initiative

March - May 2021



Communicate Proactively with Families:

- Tell families about office safety measures
- Promote the availability of appointments
- Activate multiple channels to <u>communicate</u> with parents including calls, texts, e-mails and patient portals
- Use <u>social messages</u> and <u>videos</u> from the HPV Roundtable



Activate Reminder/Recall Efforts

- Review current adolescent rates by site & provider
- Pull overdue and newly due patient lists
- Send <u>letters/emails</u> inviting patients in for <u>annual well child</u> <u>visits and immunizations</u>
- Call patients to schedule well child and immunization visits



Miss No Opportunity to Vaccinate

- Educate all care team members on the growing vaccination gap
- Use standing orders to increase immunization capacity
- Offer all <u>ACIP-recommended</u> vaccines at every visit
- Consider recommending HPV vaccination <u>starting at age 9</u>
- Expand hours and locations for well child and immunization-only visits



Check out <u>Health System Resources</u> & <u>Clinician & Health System Action Guides</u>









# WEBINAR: A Safe Return to In-Person Schooling

An Urgent Call to Action for Health Plans to Close the Adolescent Vaccination Care Gap

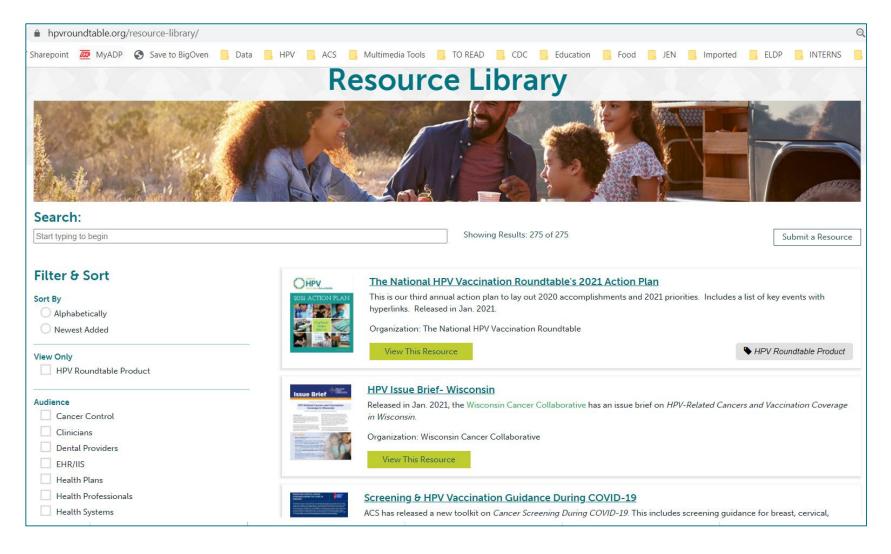
March 4, 2021







## HPV ROUNDTABLE RESOURCE LIBRARY

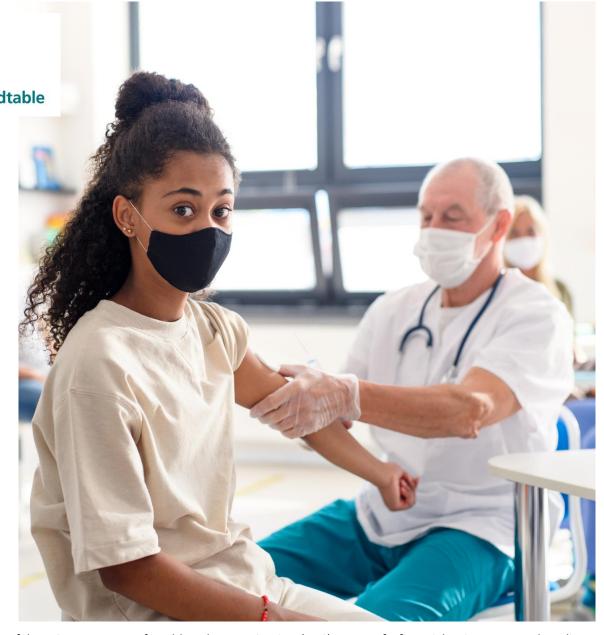


hpvroundtable.org/resource-library/

### **CALL TO ACTION**



- Prioritize adolescent immunization NOW to catch up on missed vaccinations and to move up usual back-to-school vaccination to March-May 2021
- Activate health plans, health systems, providers, and parents
- 3. Access and use the tools & resources @ <a href="https://hpvroundtable.org/resource-library">hpvroundtable.org/resource-library</a>



Funding for the National HPV Vaccination Roundtable comes from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$300,000 funded by CDC/HHS with in-kind support from the American Cancer Society. The contents of this presentation are those of the authors and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government. The National HPV Vaccination Roundtable is managed by the American Cancer Society.

## JOIN US ONLINE IN JUNE:

www.hpvroundtable.org





**REGISTRATION OPENS IN MAY** 

# Questions?

## State of the State

Katherine Graff, BSN, RN.

School and Child Care Immunization Nurse Consultant at the Washington State Department of Health.

#### **HPV** Rates

April 30, 2021



Katherine Graff BSN, RN

Office of Immunization and Child Profile

<u>Katherine.graff@doh.wa.gov</u>

## WAIIS vs National Immunization Survey (NIS) Not Directly Comparable



IIS

- Population based
- Uses valid vaccine (ACIP)
- Point in time estimates
- Small area estimates (county, zip code, etc.)
- Real time
- Used to compare within state

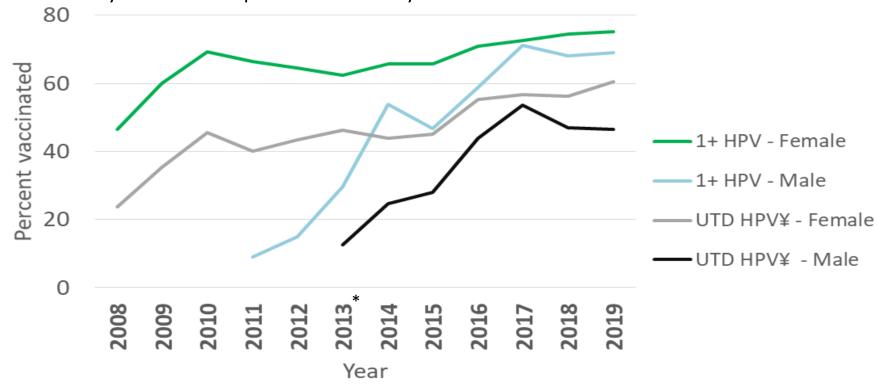


NIS

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

## NIS Teen HPV Coverage 13-17 Year Olds, WA 2008-2019

 WA HPV coverage rates (female and male) have remained steady over the past several years



<sup>\*</sup> 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.

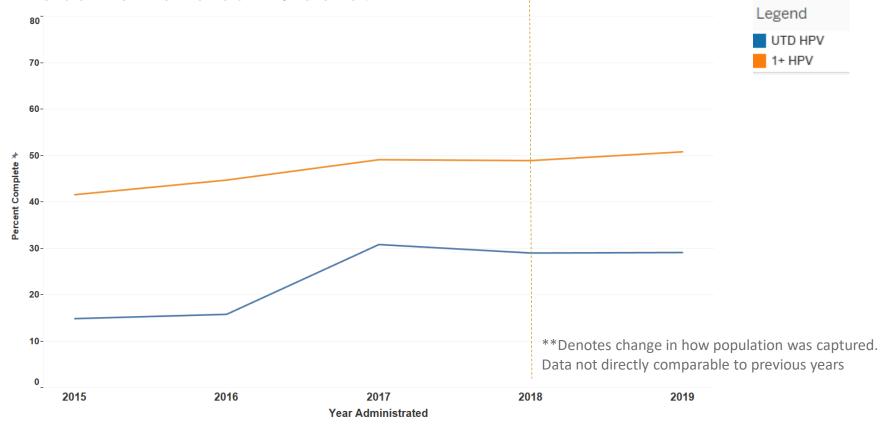
<sup>§ ≥1</sup> dose of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent. Percentages reported among females only

 $<sup>\</sup>ensuremath{\ddagger}$   $\ge \! 1$  dose of HPV vaccine, quadrivalent. Percentage reported among males only.

<sup>++</sup>HPV UTD includes those with ≥ 3 doses, and those with 2 doses when the first HPV vaccine dose was initiated prior to age 15 years and there was at least five months minus four days between the first and second dose as specified by Clinical Decision for Immunization (CDSi)

# WA IIS HPV Vaccination Coverage 13 years olds\*, WA 2015-2019

 HPV rates have slightly increased over the last 5 years, following the same trend as NIS data.

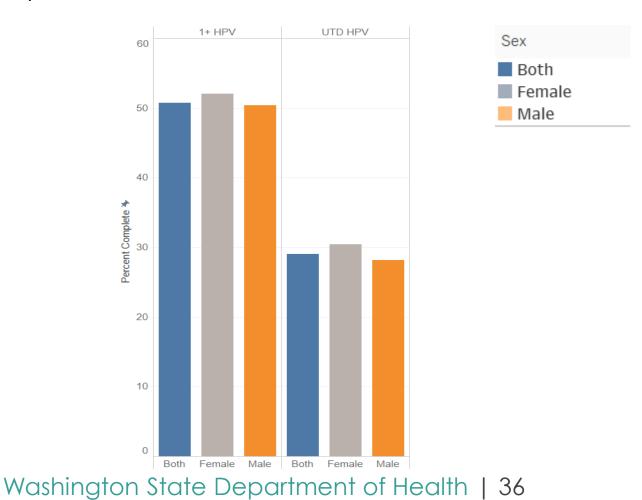


<sup>\*</sup>HPV rates by the 13<sup>th</sup> birthday among those 13 years old in the measurement year.

Data source: Washington State Immunization Information System; all vaccines administered as of 12/31/2019 and reported to the IIS as of 5/20/2020

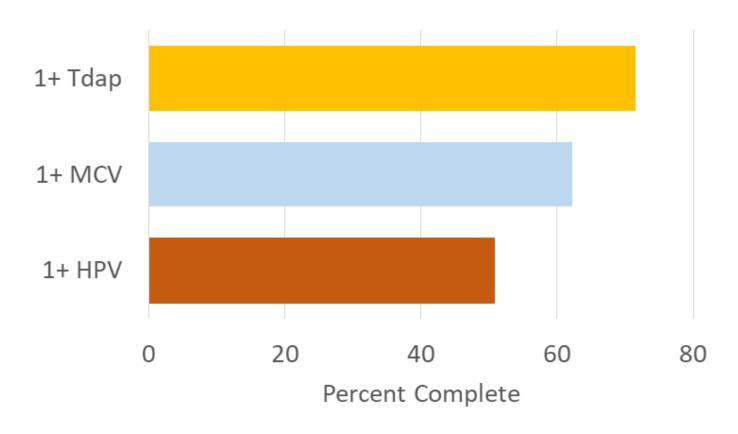
# WA IIS HPV Coverage by Sex 13 year olds, WA 2019

 Series initiation and completion HPV rates are slightly higher in females compared to males



## WA IIS Adolescent Missed Opportunities 13 year olds, WA 2019

 22.1% of adolescent 13-year olds received Tdap or MCV, but did not receive HPV

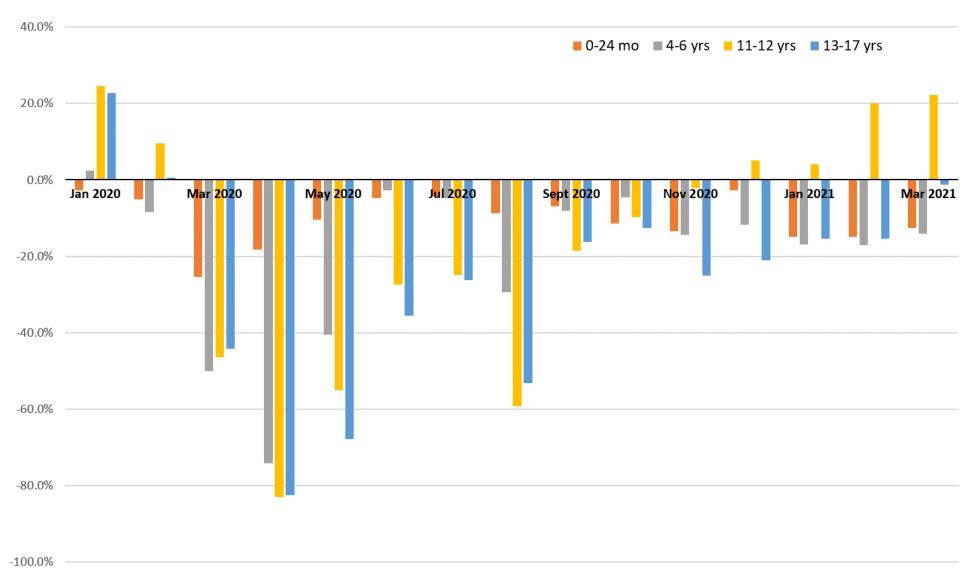


#### WA Childhood Program Vaccine Orders

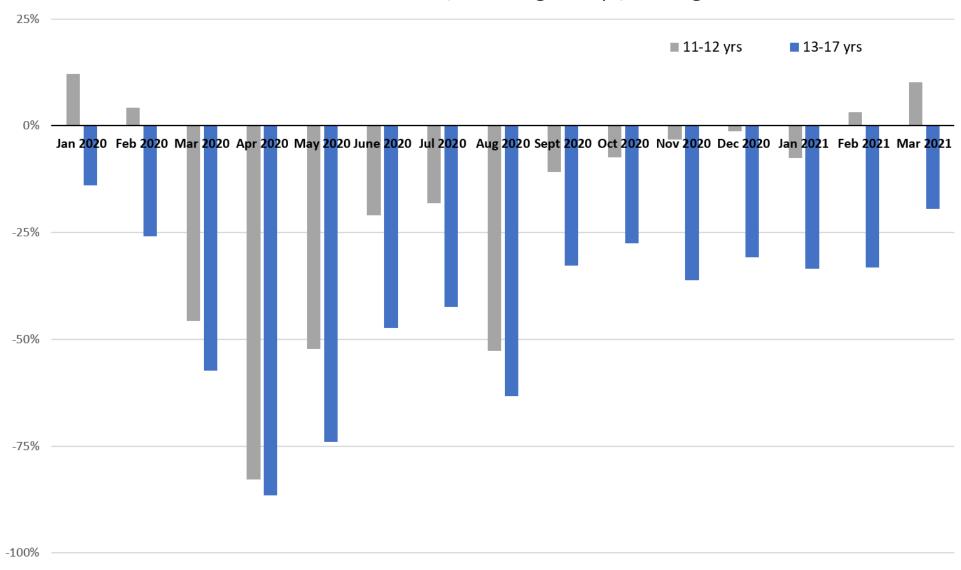
Percentage change in 2020 vaccine orders compared to 2019											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
8.86%	-7.86%	-12.58%	-56.77%	-33.56%	-17.13%	10.02%	-33.15%	-20.05%	3.36%	-5.71%	-3.95%

Percentage change in 2021 vaccine orders compared to 2020											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
-8.58%	-22.39%	24.59%									

## Monthly Percent Change in Vaccines Administered Comparing Average Number in 2015-2019 with 2020-2021, Various Age Groups, Washington State

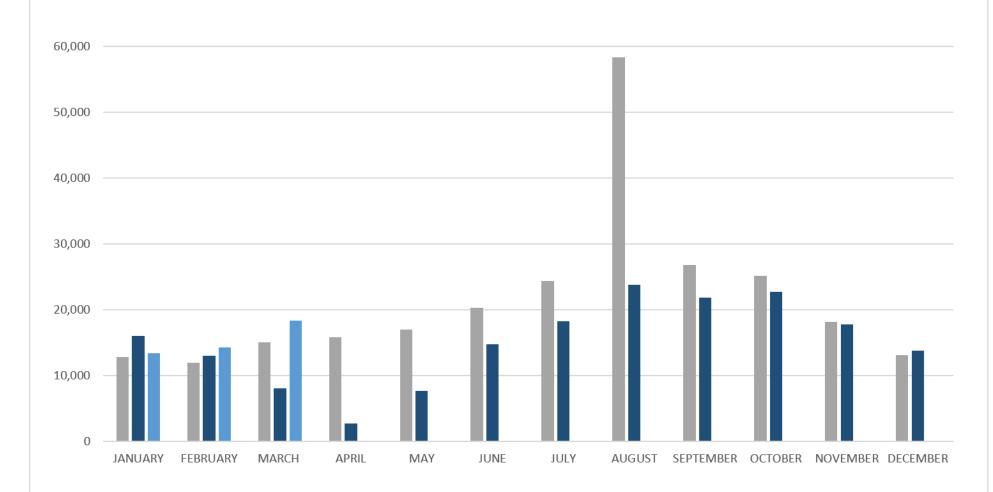


## Monthly Percent Change in HPV Vaccines Administered Comparing Average Number in 2015-2019 with 2020 and 2021, Various Age Groups, Washington State



### Monthly Vaccines Administered to Adolescents 11 - 12 years old in Washington State Comparing Average Number in 2015-2019 with 2020 and 2021

■ AVG 2015 - 2019 ■ 2020 ■ 2021

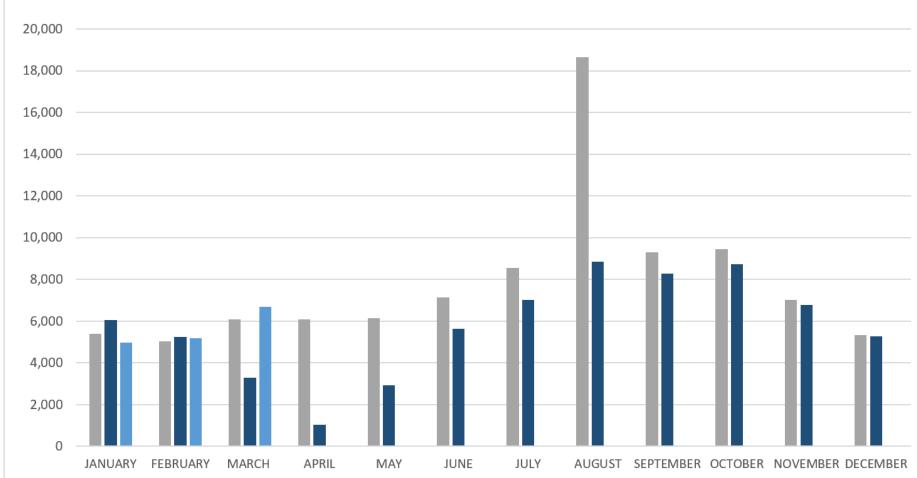


Data source: WA State Immunization Information System; all vaccines reported as of 04/12/2021

\*Does not include Influenza vaccine doses administered

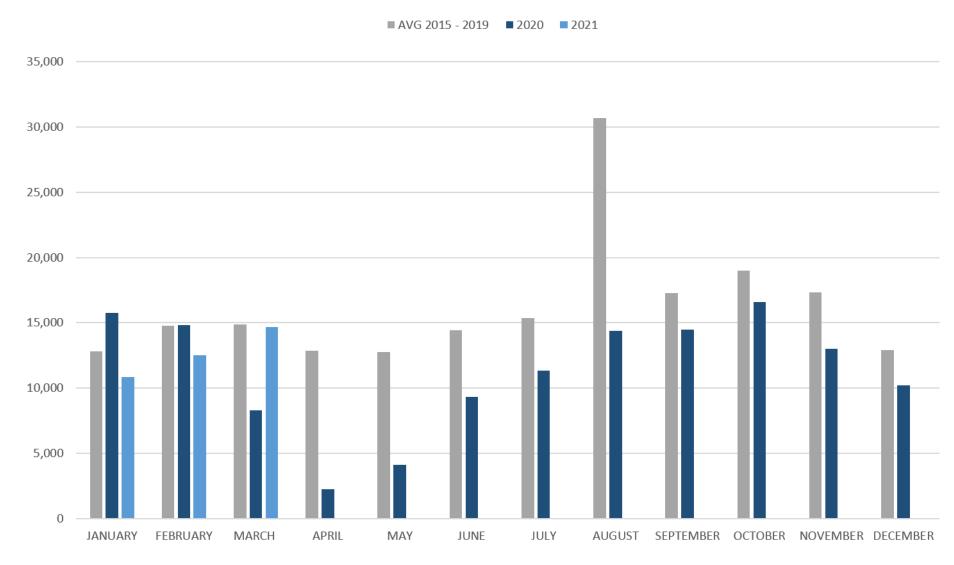
### Monthly HPV Vaccines Administered to Adolescents 11 - 12 years old in Washington State Comparing Average Number in 2015-2019 with 2020 and 2021





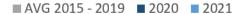
Data source: WA State Immunization Information System; all vaccines reported as of 04/27/2021

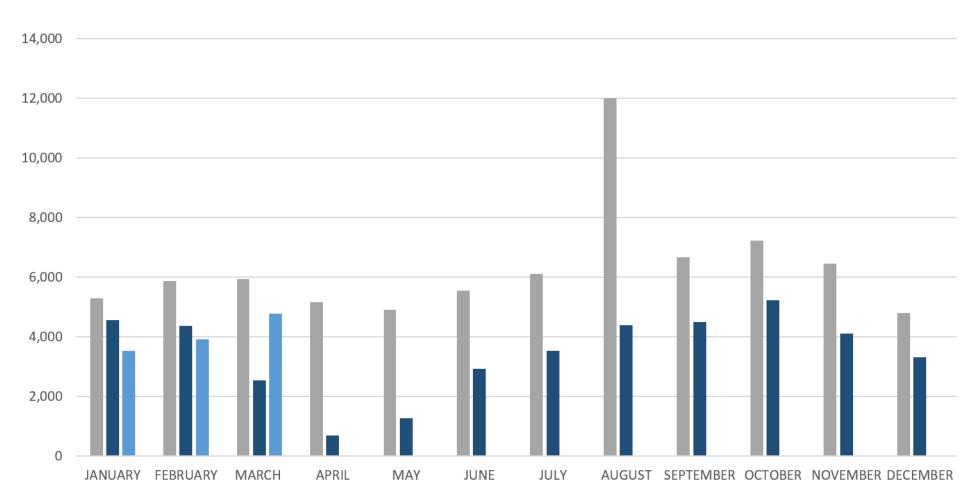
#### Monthly Vaccines Administered to Teens 13 - 17 years old in Washington State Comparing Average Number in 2015-2019 with 2020



Data source: WA State Immunization Information System; all vaccines reported as of 04/12/2021 \*Does not include Influenza and COVID-19 vaccine doses administered

Monthly HPV Vaccines Administered to Teens 13 - 17 years old in Washington State Comparing Average Number in 2015-2019 with 2020 and 2021

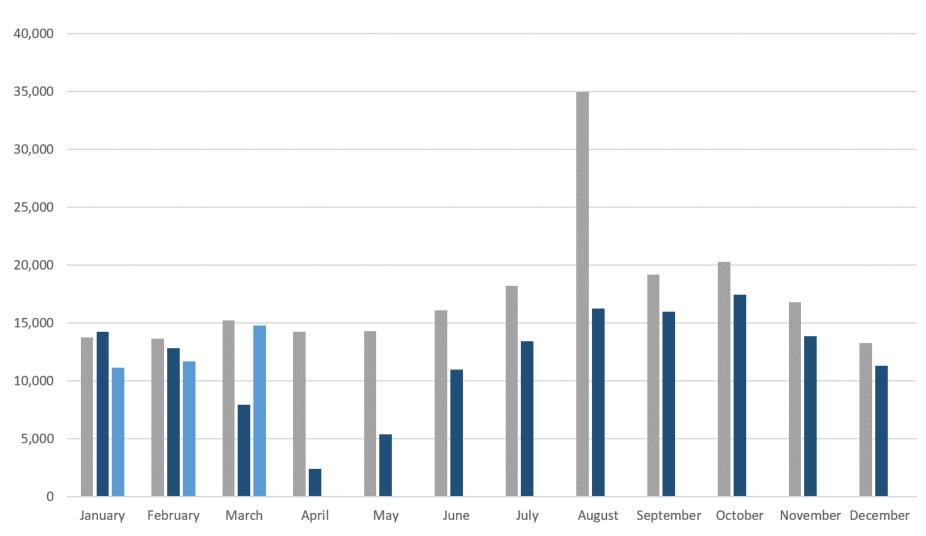




Data source: WA State Immunization Information System; all vaccines reported as of 04/27/2021

## Monthly HPV Vaccines Administered for Individuals 9 through 26 years old in Washington State Comparing Average Number in 2015-2019 with 2020 and 2021





Data source: WA State Immunization Information System; all vaccines reported as of 04/27/2021

#### Implications of COVID-19 on HPV Vaccination

#### Before the Pandemic:

- Rates for HPV lower than Tdap and MCV
- Rates for HPV lower for males

#### During the Pandemic:

- Rates significantly decreased
- A lot of work to catch-up!

#### What Can We Do?

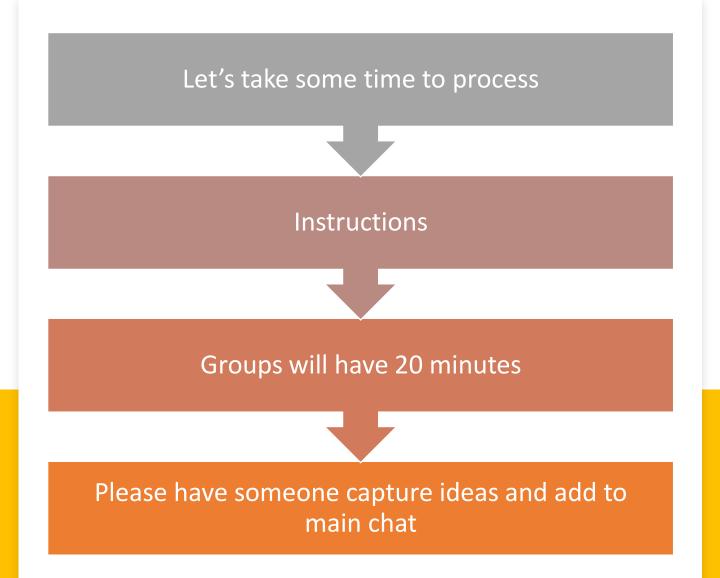
- Efforts should be made to get patients back on track with vaccinations
  - Reminder-Recall
  - Provider Resources: <u>COVID-19 and Immunizations Immunity Community</u> (immunitycommunitywa.org)
- Make a strong recommendation for HPV vaccine at the same tile as Tdap
- Prioritize pre-teens and younger adolescents, for whom vaccination is most effective at preventing cancer.
- Combine telehealth visits with in-person vaccine delivery.
- Utilize public messaging to promote HPV vaccination during COVID-19

#### Data Resources

- https://www.cdc.gov/vaccines/imz-NIS Teen: managers/coverage/teenvaxview/index.html
- IIS Coverage: https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/ImmunizationDataDashb oards
- Washington Childhood Vaccines Administered: https://www.doh.wa.gov/Portals/1/Documents/Mtgs/2020/WashingtonChildhoodVaccinesAdminister edJan-Aug2020.pdf
- Unity Provider Toolkit: <a href="https://www.unity4teenvax.org/dontwaitvaccinatetoolkit/">https://www.unity4teenvax.org/dontwaitvaccinatetoolkit/</a>

# Questions?

# Breakout for Discussion and Processing



## Breakout A Approx. 20 Min

## <u>Discussion Questions</u> - Put answers in chat to capture

- What stood out as most exciting, concerning or made you think "wow"?
- Is the data presented consistent with what you are seeing?
- What concerns are most pressing need to be addressed urgently?
- Is there data that you wish had been presented but wasn't presented?

# BREAK – 10 minutes Back at xxxxx

# Interactive Polling



# Where do we go from here?

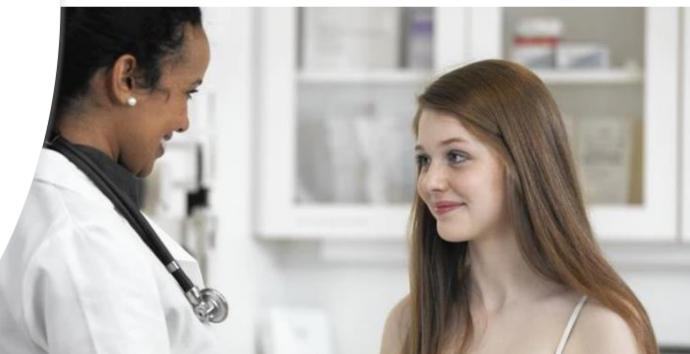
- 1. How can we get patients into the office for well-care visits?
- 2. What can clinics do to increase immunizations rates?
- 3. What specific steps can providers take?



## How can we get adolescent patients into the office for well-care visits?

- Helping families feel safe when coming into office for routine care
  - Continue to communicate how you are making it safe to visit the office/organization
  - Provide flexible locations/times that work for patients/parents
  - Let them know that most the staff is vaccinated
- Making sure families impacted by pandemic still have access to healthcare
- Planning for COVID vaccinations of adolescents catch up and back to school
  - Understand the important and urgency of getting adolescents caught up now
  - Understand the CDC recommendations for co-administration with COVID-19 (14 days before and after) and the timeline for lower age indications for COVID-19 vaccines





# What can clinics do to increase immunizations rates?

Know how you are doing – Run coverage rates for adolescent vaccines

Know who is past due and reach out to them – Reminder/Recalls

#### Create a vaccine culture so no opportunity to vaccinate is missed

- Appoint a vaccine champion
- Every call/appt check vaccination status and offer them
- Educate all staff on the importance of vaccines, HPV specifically yearly refreshers
- Post a vaccine schedule where parents and patients can see it lobby or exam room
- Ensure contact information email, text, address is up to date on every call with patients so you can use it for outreach
- Offer nurse only visits, evening and weekend hours and vaccinations in non-traditional ways
   telehealth visit with drive-by vaccinations

Clean up patient data to include those that are active patients

#### ADOLESCENT IMMUNIZATION SCHEDULE

## Adolescents (ages 7-18) need 4 vaccines to protect against meningococcal disease, some cancers, tetanus, and other serious diseases, according to national guidelines.

AGE

#### **IMMUNIZATIONS**

9-10

- You may choose to offer HPV dose 1
- HPV dose 2 (6 months after dose 1)

11-12

- HPV dose 1 (if not given at ages 9-10)
- HPV dose 2 (6 months after dose 1)
- MCV4 dose 1
- Tdap (one dose)

16

- MCV4 dose 2
- MenB dose 1
- MenB dose 2 (1-2 months or 6 months after dose 1, depending on brand)

YEARLY

• Flu Vaccine (every year, every age, for adolescents)

See full schedule at cdc.gov/vaccines.



## What can providers do?

- Talking to parents and patients about vaccines
  - How you recommend vaccines matters
    - Presumptive "you will be getting vs. do you want"
    - Strong personal recommendation "I vaccinated my kids...I strong recommend"
    - Focus on the disease prevention "We are planning to give vaccines today to protect against several cancers, whooping cough and meningitis infections (flu)"
  - Giving a preview of vaccines to come helps patients and parents
    - Post the vaccine schedule for patients and parents to see
    - Let parents/patients know what to expect at their next visit
  - Keep the vaccine conversation open
    - Welcome questions and ask for the why behind the concern don't assume
    - Don't immediately jump to data motivational interviewing
    - Provide appropriate resources

## VAX to School campaign









https://immunitycommunitywa.org/covid-19-and-immunizations/

## VAX to School campaign

Juf Dat Jennifer Coiteux, MPA, LSSBB

Elizabeth Meade, MD, FAAP President, Washington Chapter of the American Academy of Pediatrics

#### Resources

- WA State Department of Health School & Child Care Immunization: www.doh.wa.gov/SCCI
- Pediatricians discuss ways to prepare ahead of COVID-19 vaccination of children AAP news
- Interim Guidance for Immunization Services During the COVID-19 Pandemic CDC website
- CDC webinars COVID-19 CDC website
- COVID-19 Vaccine Safety webinar WA DOH website
- . myIR family access to immunization records
- Reminder/Recall and Running coverage rates WA DOH website
- WA Apple Health Medicaid
- ParentHelp123
- · See attached sample patient recall letter





#### (DATE)

#### Dear Provider

Many school districts are returning to some level of face-to-face instruction, and outdoor school sports are resuming across the state. Students are required to be up-to-date on immunizations to attend inperson instruction and athletics.

The Advisory Committee on Immunization Practices (ACIP) has issued guidance on the importance of continuing to immunize during the COVID-19 pandemic. Childhood and adolescent immunization rates in Washington are the lowest they have been in a decade. Our adolescent vaccinations have been most impacted.

The time to act is now. As we await COVID-19 vaccinations for children and adolescents, we need to make sure we are protecting kids from other diseases by getting them caught up on vaccines required for in-person instruction. Take advantage of this winter and early spring to bring your pediatric patients up to date on routine vaccinations.

## 1,000,000

#### Consider taking the following

- Use your EMR patient portal, email, phone calls or texts to target outreach. Contact patients due for well-child visits associated with shots (0-2, 4-5, 9-11 and
- Send reminder/recall letters. Include information about COVID-19 safety measures your clinic is.
- Run your clinic's coverage rates in the WA-IIS.
- Include information on your website and in social media about the importance of routine immunizations during the COVID-19 pandemic.

  Offer telehealth and nurse-only quick shot visits.
- Consider hosting drive-thru or pop-up vaccine clinics on site. Consider weekend vaccine clinics to
- If available in your region, partner with school-based health centers to expand immunization
- Educate patients who recently lost insurance about Medicaid options and no-cost vaccines.
- Encourage patients to use <u>MyIR</u> to check their immunization status.

Please consider acting on these suggestions immediately. Your strong recommendations for immunizations are critical to protecting our community against an outbreak of vaccine preventable disease during the pandemic, especially as we return to in-person instruction.







#### "Dear Provider" Letter

This letter is for clinics and health care providers. See below to download an original version or editable Word Document version of this letter:

- "Dear Provider" letter ORIGINAL
- "Dear Provider" letter EDITABLE

#### DATE]

#### Dear [PARENT/GUARDIAN NAME],

Your child's health and well-being are of utmost importance to us here at [CLINIC NAME]. In the coming weeks, many schools will begin in-person learning again and some outdoor school sports are already starting across the state. The time to prepare your child for spending more time with friends and classmates is now.

Your child is due for a well-child visit and vaccinations. At this visit, we'll make sure your child is growing and developing well and we'll answer any questions you may have. We'll also catch your child up on vaccines that prevent serious infectious diseases, like measles, mumps, and whooping cough. During the pandemic, making sure your child is up to date on routine vaccinations is one of the best ways we can work together to protect their health.

#### We have put the following measures in place to ensure your family's safety while in our clinic:

- · Children with respiratory illness and/or fever are separated from well children.
- . Our staff and providers are screened daily for COVID-19 symptoms.
- All patients and visitors are screened for COVID-19 symptoms over the phone and at entry.
- . To practice social distancing, we limit the number of visitors.
- · Masks are mandatory for all patients, visitors, and staff.
- · We frequently disinfect our office and equipment

#### Please contact [CLINIC NAME] at [PHONE #] to schedule an appointment for your child.

If your child has been vaccinated by another provider, has moved out of state, is no longer a patient of this clinic, or you feel this message is in error, please call us to update our records.

If you have been impacted financially by COVID-19 or have lost your health insurance, please contact us to discuss your options. Visit ParentHelp123.org or call the Help Me Grow WA Hotline at 1-800-322-2588. Interpreters available. If seeking English, press 1. If seeking Spanish, press 2.

Our providers and staff are committed to helping your family stay safe and healthy. We look forward to hearing from you soon.

Sincerely,

#### "Dear Parent" Letters

These letters are for clinics and health care providers to send out to the parents or caregivers of their pediatric patients. These letters come in several languages and can be downloaded below as editable Word Documents:

- English
- Spanish
- Chinese (Traditional)
- Somali
- Russian
- Vietnamese
- Amharic
- Korean
- Arabic
- Ukrainian

## Social Media Toolkit



#### Vax to School!

Talk with your doctor or clinic today about the immunizations your kids need for school in-person.



#### Social Media Toolkit

Help us promote our *Vax to School* campaign wi includes shareable images and messaging that a communications channels:

- Social Media Toolkit: <u>English</u> | <u>Spanish</u>
- Facebook/Twitter Images
  - Image 1: English | Spanish
  - Image 2: English | Spanish
  - Image 3: <u>English</u> | <u>Spanish</u>
  - Image 4: English | Spanish
  - Image 5: English | Spanish

Subject Line:

Immunization Laws in Effect for In-Person Learning

Dear School Nurses and Administrators.

This message is being sent in partnership with the (Insert Partners or Organization here).

Many Washingtonians are excited to hear that in-person learning and outdoor sport activities are returning to schools. While COVID-19 vaccines are in the spotlight, vaccines required for school attendance are also important to keep students healthy in all learning environments.

Take action now: Alert families that students need to be in compliance with school vaccination requirements before returning to any in-person instruction or sports. Identify families who need to be caught up and send reminder letters as soon as possible. Please help ensure that your school community is protected from vaccine preventable diseases during the pandemic. Find the immunization requirements and sample letters at <a href="https://www.doh.wa.gov/SCCI">www.doh.wa.gov/SCCI</a>.

New immunization laws: Updated state immunization laws went into effect on August 1, 2020 for childcares, preschools, and K-12 campuses. New students must have medically verified documentation of immunizations. The 30-day grace period was removed; students must be up to date on the first day of in-person instruction. Families can check immunizations, identify needed vaccines, and print the CIS form using MyIR, a portal of the Washington State Immunization Information System (WAIIS).

Connect families with care: Families without a medical home can access healthcare services and immunizations through the <a href="ParentHelp123.org">ParentHelp123.org</a> website and the <a href="Help Me Grow WA">Help Me Grow WA</a> hotline.

Resources: WithinReach is hosting materials related to immunizations, COVID-19, and the return to in-person learning on their Immunity Community website.

Thank you for your continued partnership and tireless service to the community.

Sincerely,

#### "Dear Administrators/School Nurse" Letters

This letter is for school nurses, administrators and staff. See below to download an editable Word Document version of this letter:

• "Dear Administrators/School Nurse" letter - EDITABLE

## National HPV Roundtable Resource

SEPTEMBER 2020



WE'RE IN! 2020 INITIATIVE

### PROMISING PRACTICES FOR ADOLESCENT VACCINATION DURING COVID-19

Insights from Key Vaccination Stakeholders



VISIT & WORKFLOW OPTIONS LOCATION

#### **STAFF EDUCATION**

## Focus Areas

OPTIMIZING PATIENT DATA

REMINDING & SCHEDULING PATIENTS

**PATIENT OUTREACH** 

**VISIT & WORKFLOW OPTIONS** 

**SCHEDULING** 

# Breakout for Discussion and Processing

- Instructions
- Each group will have a facilitator to help discussion along
- Ask is that someone else volunteer to capture and report out discussion and resources to the larger group
- After 35 minutes we will come back into the big group and go through each section to capture all the great suggestions and share best practices and resources. We will have about 45 minutes to report out
- As a reminder, discussion points and resources will be available about a week after the conference on the within reach website.

## Breakout B Approx. 20 Min

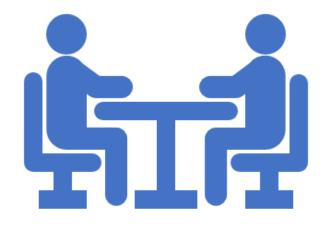
#### **4 Group Themes:**

- 1. How to get patients back to the clinics?
- 2. What can clinics do?
- 3. What can providers do?
- 4. Tribal Health Clinics specific issues, insights and solutions

#### **Discussion Questions** - Put answers in chat to capture

- What are the specifics steps that need to be taken in this area?
- What resources exist to help?
- What resources are still needed that may not exist?
- What are the biggest barriers to taking these steps and how do we overcome them?

# Report Out



## What are you going to do?

- Write in the Chat Box:
  - 2 concrete actions you are going to work on in your organization
- We will be following up with you in our next meeting to see where you are at.

# Panel Discussion

Dr. Sherri Zorn, Pediatrician - The Polyclinic

Dora Cortez, RN Manager – Lummi Tribal Health Center

Jennifer Gibson, Lead RN – Miramar YVFWC

Shellie Stockfish ARNP, School Based Health Center, Neighborcare

Emma McVeigh, Community Programs HPV, King County

## Final Thoughts

#### Acknowledgements

Follow up – email with all links to access recording and resources

Please join us for our summer HPV Task Force Meeting July 14th, 2021

It is up to us to make changes to improve our HPV immunization rates.

## Thank you for doing your part to prevent HPV Cancers

## Please complete our survey!



