

# WASHINGTON STATE HPV ROUNDTABLE April 28<sup>th</sup>, 2023





### WELCOME

### Housekeeping

- All lines are muted please use Q and A feature for questions.
- If you have any audio or video issues, please Robb Hutson or send a direct message in Zoom.
  - Robb Huston: robb.hutson@redegroup.co
- 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.
- 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.

### Code of Conduct

We invite all those who participate in the WA HPV Task Force to help us create a safe, positive experience for everyone. The following behaviors are requested and expected from all members and participants:

- Be courteous, respectful, and considerate of fellow members and participants.
- Encourage a collaborative environment that welcomes diversity.
- Refrain from harassing, discriminatory, or derogatory speech, conduct, and materials.

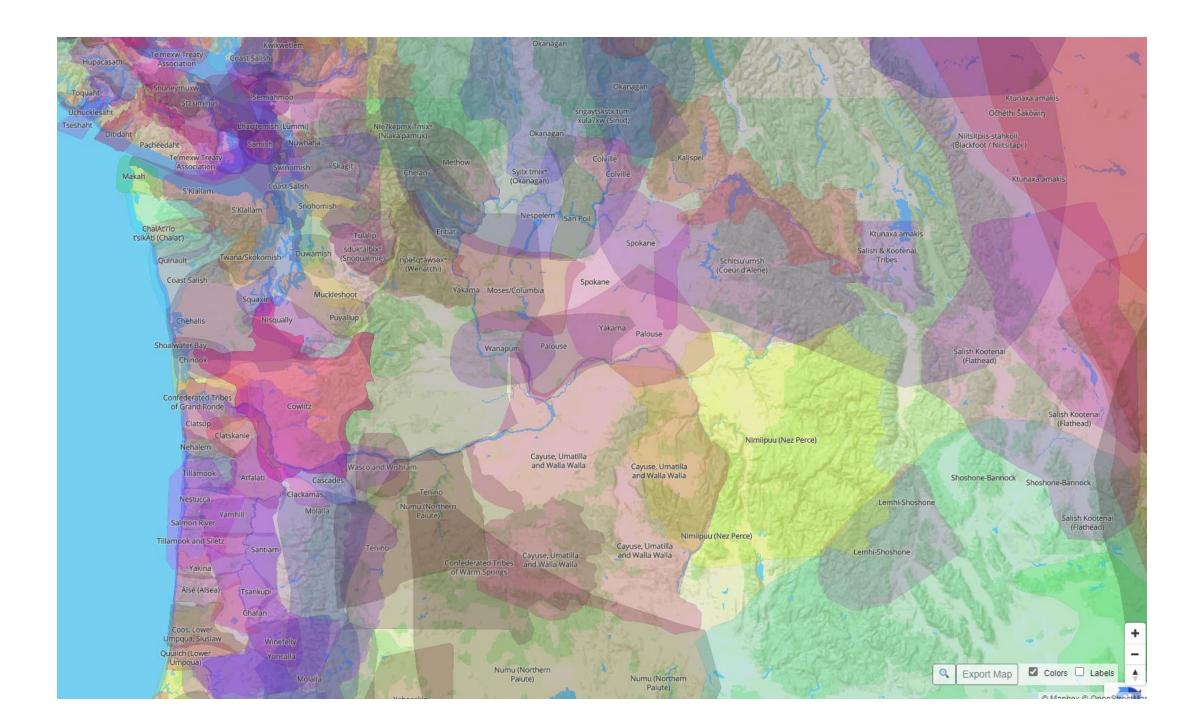
Members and participants asked to stop any behavior will be expected to comply immediately.

If you are subjected to an unacceptable behavior, notice that someone else is being subjected to unacceptable behavior, or have any other concerns, please notify any of the HPV Task Force planning team members as soon as possible. All reports will remain completely confidential.

### Agenda

- 1. Speaker: Debbie Saslow, ACS National
- 2. Presentation: HPV Vaccine Rate and Updated Guidance for HPV @9
- 3. Update: New Resources and Upcoming Continuing Education Credit Opportunities
- 4. BREAK
- 5. Overview: Oral Cancer
- 6. Panel: How to Engage with Oral/Dental Health Professionals
- 7. BREAK
- 8. Community Training Part 1: Native and Tribal HPV Work
- 9. Community Training Part 2: Community Health Education
- 10.BREAK
- 11. Overview: Recent Research and Publications
- 12. Provider Training: Running Coverage Reports in WIIS
- 13.Wrap Up





### Next Meetings

- Next HPV Task Force Meeting October 20th, 2023
- WA State Cancer Coalition: June 13th, 2023
  - Hybrid: In-Person (Seattle) and Virtual
  - Coordinated with Fred Hutch Cancer Center
  - Registration Link will be provided with notes and slides

### Task Force Kudos!



#### American Cancer Society's Health Equity Champion Award



**Debbie Saslow, PhD** 

Managing Director, HPV & GYN Cancers, American Cancer Society

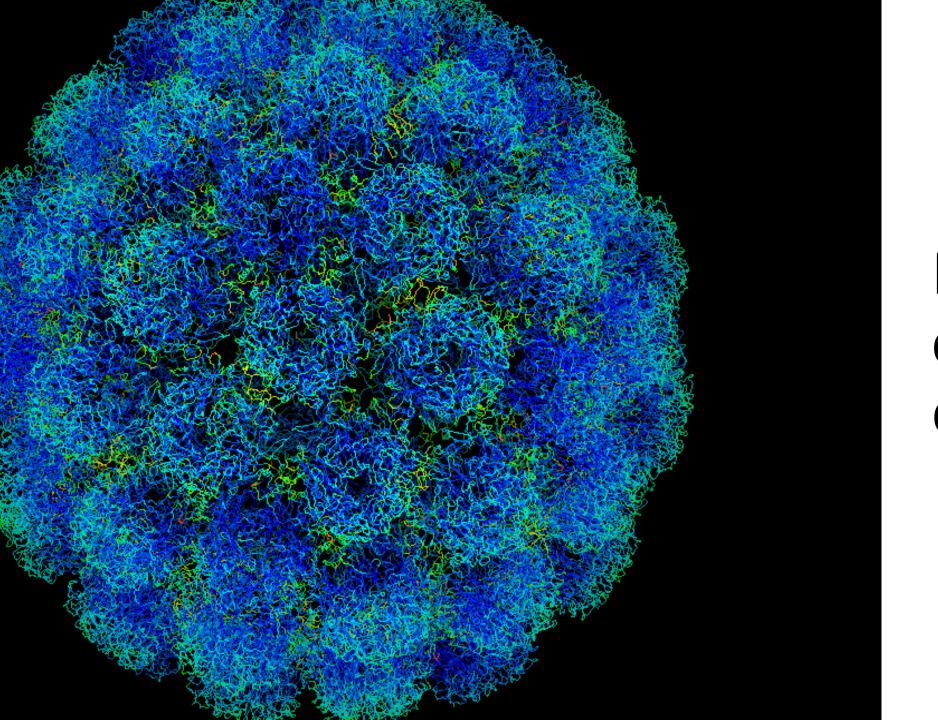






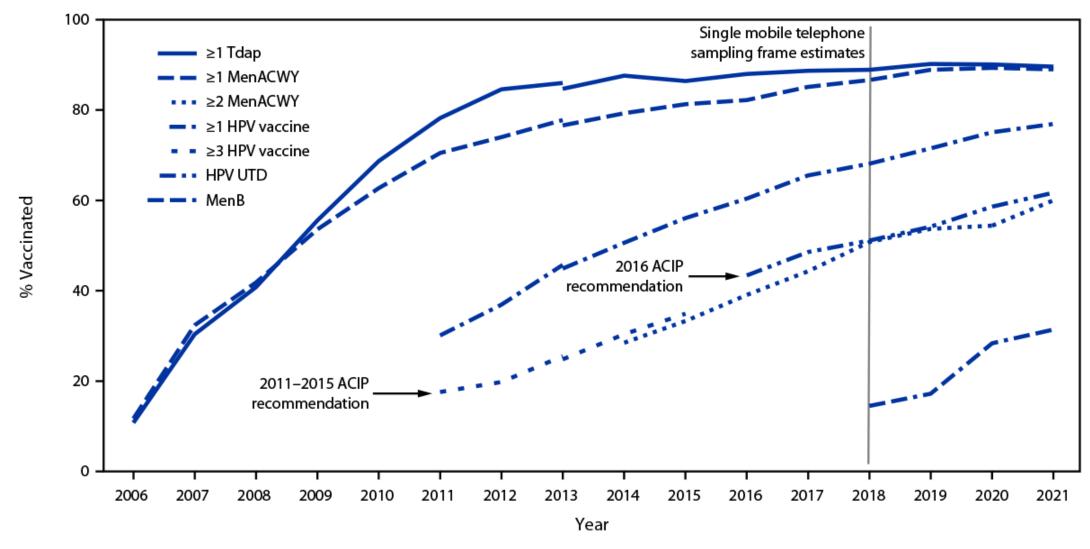
Current HPV Vaccination Rates, Guidelines, & Why Age 9 Matters

Debbie Saslow, PhD Strategic Director, Screening & Vaccination



No financial conflicts to disclose

### **CURRENT HPV VACCINATION RATES**





### **GEOGRAPHIC DISPARITIES: THE RURAL HPV REALITY**

Rural residents face multiple and unique health access barriers

- Lower knowledge of HPV vaccination
- Healthcare provider shortages & fewer access points
- Poor health outcomes, including lower immunization rates
- Limited access to healthcare services
- Lower socioeconomic status





### **COVID-19 IMPACT ON HPV VACCINATION**

# Comparison of Vaccines For Children (VFC) provider orders for HPV vaccine by Fiscal Year\*



#### Compared to FY2019

- FY2020: Total vaccine orders decreased 24%
- FY2021: Total vaccine orders decreased 9%
- FY2022: year to date (May 2022) orders are down 10%

Source: CDC ACIP June 22-23, 2022, Meeting Presentation



### THE PANDEMIC IMPACT ON HPV ORDERING

As of February, 2022, overall VFC provider orders are down by >1.5 million doses compared to 2019

The overall vaccine gap is largest in vaccines primarily given to adolescents, and particularly HPV vaccine

The total HPV vaccine deficit (private + public sectors) is >2.5 million doses compared to pre-Covid

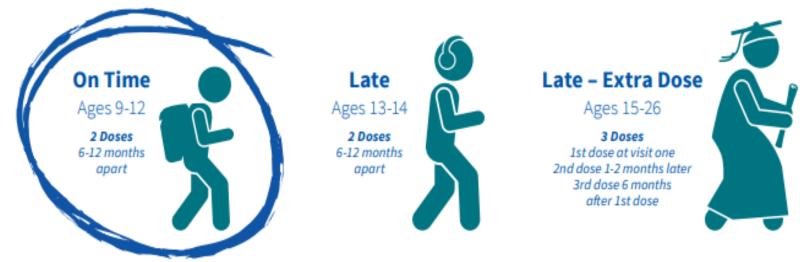
Source: CDC Immunization Services



# HPV VACCINATION RECOMMENDATIONS

### **HPV VACCINATION GUIDELINES**

- Boys and girls
- Age 9 12 = ON TIME; Can vaccinate LATE at ages 13 to 26
- ACS: Individuals ages 22 to 26 who were not previously vaccinated should be informed that vaccination at older ages is less effective in lowering cancer risk
- 2 doses\*



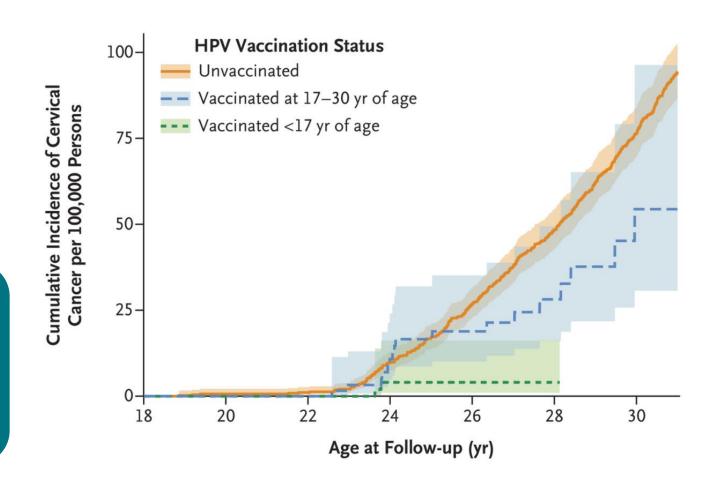


### **HPV VACCINATION IS CANCER PREVENTION**

#### Sweden, 2006-2017

- 1.7 million females ages 10-30
- 538 cases in 528,000 unvaccinated
- 19 cases in 518,000 vaccinated
  - 2 cases in 439,000 vax age 10-16
  - 17 cases in 90,000 vax age 17-30

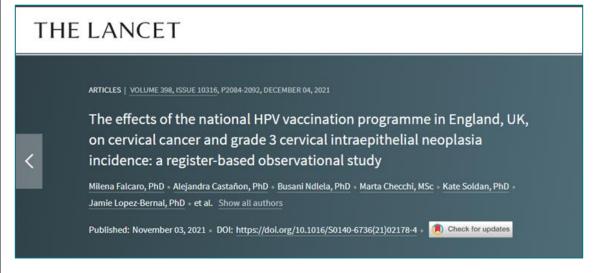
88% protection against invasive cervical cancer when vaccinated before age 17





### **ON-TIME HPV VACCINATION**

Age at Vaccination	Effectiveness against CIN3+	Effectiveness against cervical cancer
12-13	97%	87%
14-16	75%	62%
16-18	39%	34%

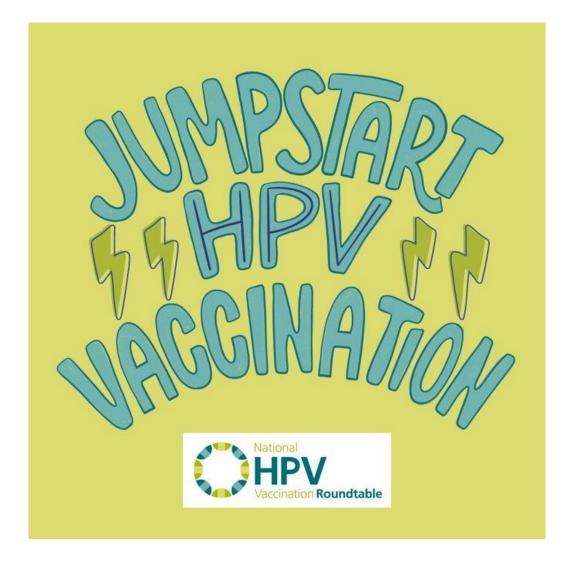




# 9 BENEFITS OF AGE 9

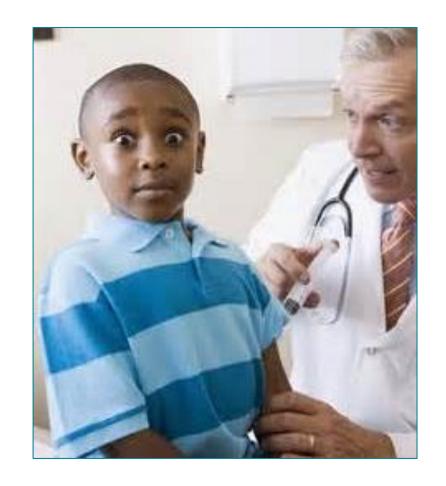


1. More time for completion by age 13



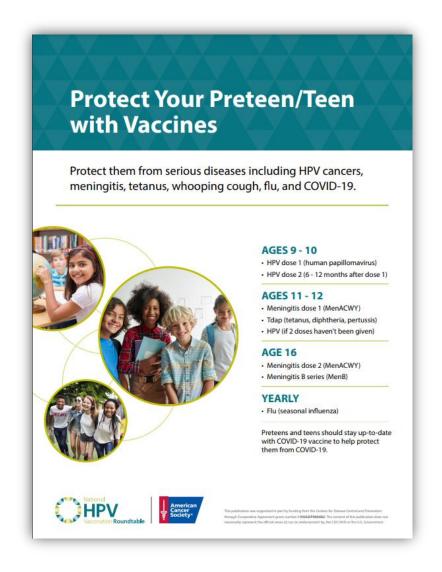


2. Results in a strong immune response



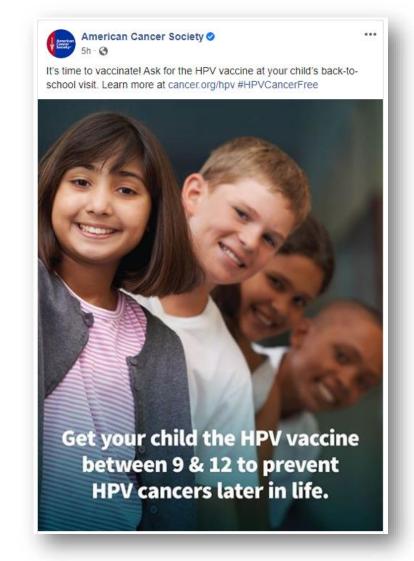


3. Increased likelihood of vaccinating prior to first HPV exposure



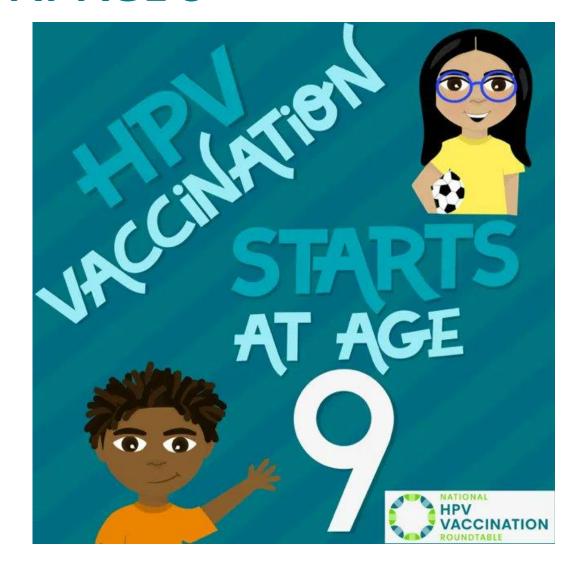


4. Decreased questions about sexual activity by parents and guardians



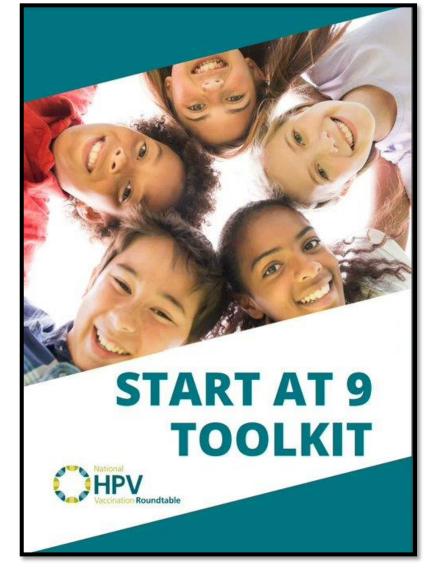


5. Decreased requests for only vaccines that are required for school



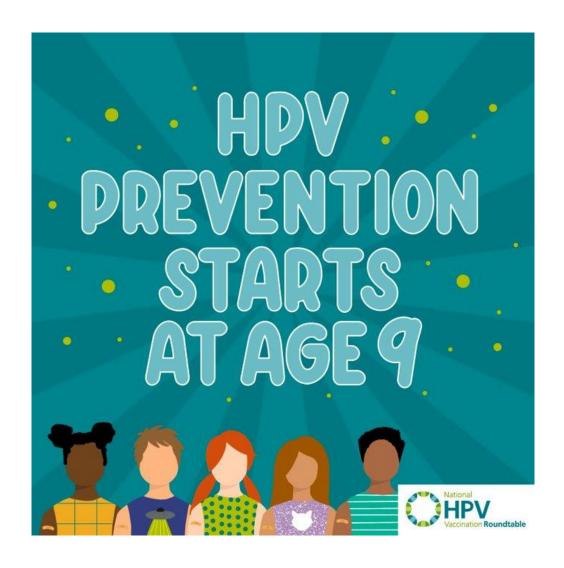


6. Decreased number of shots per visit



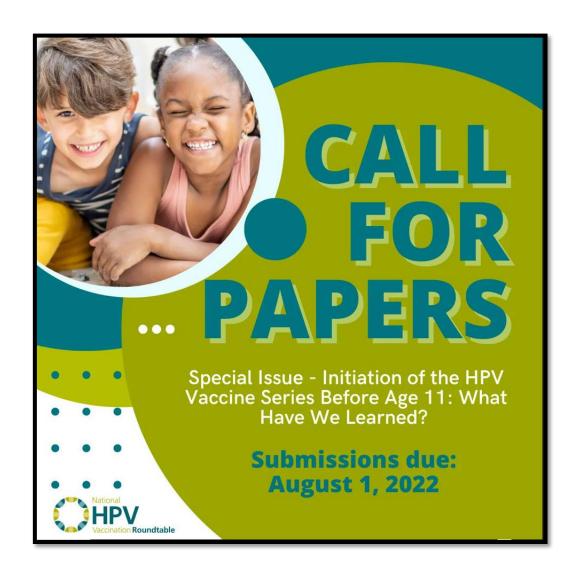


7. Increased vaccinations and therefore cancers prevented





8. Shown to increase vaccination rates in health systems





9. Shown to be highly acceptable by health systems, providers, and parents





## DOWNSIDES OF AGE 9



### **DOWNSIDES OF VACCINATING AT AGE 9**



### **DOWNSIDES OF VACCINATING AT AGE 9**

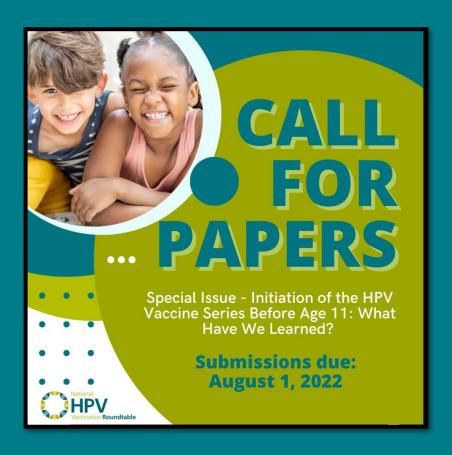
Vaccination has shown no sign of protection waning over time.

No known downside





### SHOW ME THE EVIDENCE



Human Vaccines & Immunotherapeutics

### **VACCINATING AT AGE 9: CREATING AN EVIDENCE BASE**



Articles include research that:

- Considers benefits to subpopulations
- Compares rates by age and demographics
- Describes implementation and/or QI initiatives
- Describes parent experiences
- Describes healthcare provider experiences

<u>Article collection: HPV Vaccination Starting at Age 9 (tandfonline.com)</u>



### **HOW DOES AGE 9 ALIGN WITH ACIP & CDC?**

Since 2007, the ACIP has recommended routine vaccination at age 11-12 or starting at age 9.

The ACIP and the CDC promote the adolescent platform and bundled message.





### **HPV VACCINATION STARTS AT AGE 9 - STRATEGIES**

Increase awareness as a best practice to increase on-time completion rates.

Increase
awareness
of alignment with
ACIP guidelines.

Create common language for health professionals and stakeholder groups.

Age 9 Evidence Summary

Age 9 Clinic and system case studies

Age 9 "Why Deck" for health professionals

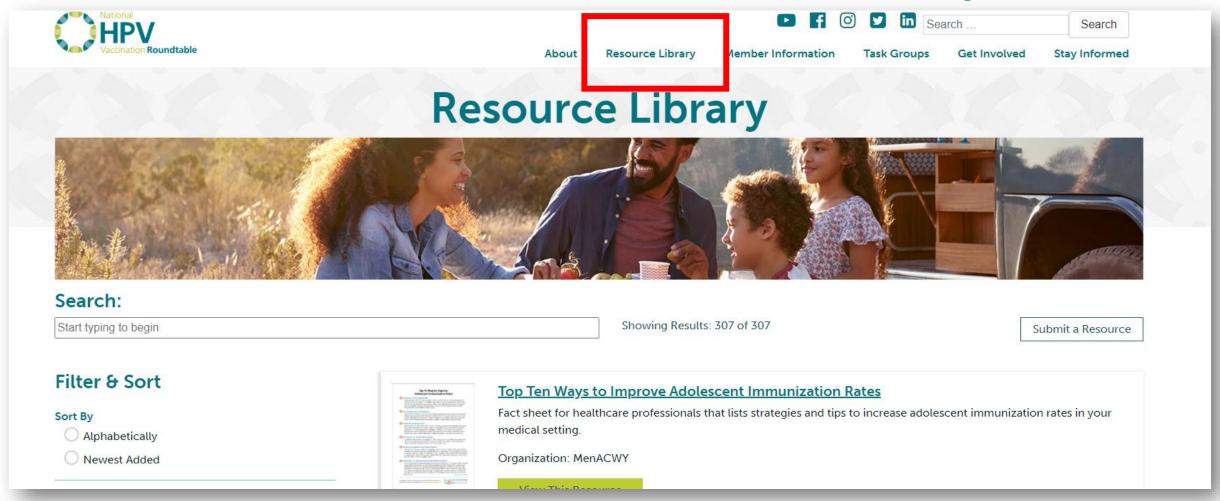
Epic outreach
State IIS outreach
Clinic poster

Consensus statement
Core messages document



# HPVRT RESOURCES

# **HPV Roundtable Resource Library**





# **HPV Roundtable Resource Library**



APRIL 2022

#### **HPV Vaccination at 9-12 Years of Age**

#### What's Known

Adolescent vaccination coverage is improving, but gaps remain between HPV and other adolescent vaccines, and on-time series completion is especially low.

- Adolescent (13-17 yeard) HPV vaccine coverage, as assessed in 2020, has continued to increase in the United States (75% having received at least 1 HPV vaccine dose, compared to 54% in 2019; 59% upto-date, compared to 54% in 2019), but still trails coverage of Tdap vaccine (90%) and quadrivalent meninopococal conjudate vaccine (89%).
- A study published in 2019, using the 2016 National Immunization Survey-Teen data, found that while 60.4% of adolescents had initiated HPV vaccination by ages 13-17 years, only 15.8% were fully up-to-date prior to their 13th hirthday<sup>2</sup>
- Benchmarks for quality improvement, including HEDIS measures, assess vaccination at 13 years of age.<sup>3</sup> Initiating HPV vaccination at the first opportunity (e.g., 9 years of age) can help achieve these QI goals.

HPV vaccination is recommended for ages 9-12, but specific recommendations related to age differ by organization.

- The American Academy of Pediatrics and the American Cancer Society recommend HPV vaccination between 9-12 years of age.<sup>45</sup>
- The Advisory Committee on Immunization Practices recommends starting the HPV vaccine series at 11-12 years of age and indicates that vaccination can be started as early as 9.57

Implementing HPV vaccination at the earliest opportunity produces a strong immune response.

 HPV vaccination at younger ages (e.g., less than 15 years) yields higher antibody titers compared to vaccination later in adolescence, even with a reduced 2-drss cheeful and applications.

#### What's New

Efforts to improve HPV vaccination at the first opportunity help improve overall vaccine uptake.

- Adolescents initiating HPV vaccination at 9-10 years were more likely to be fully up-to-date by 13.5 years of age compared to those initiating at 11 to 12 years (92.5% versus 78%, respectively.)10
- QI initiatives, including changing electronic medical record prompts to alert providers of the need for HPV vaccination starting at 9 years rather than 11 years, led to an 8-fold increase in vaccination prior to 11 years of age (4.6% to 35.7%).11
- A provider-focused multi-level intervention in pediatric offices that agreed to initiate HPV vaccination at 9-10 years of age resulted in a 13 percentage point increase in vaccination among 9-10-year-olds, which was not only sustained but increased in the post-intervention period (27 percentage point increase)
- A 2021 survey of over 1,000 U.5, primary care professionals found that about one-fifth (21%) were routinely recommending the HPV vaccine at age 9-10. Another 48% were somewhat or more willing to adopt the practice of recommending the HPV vaccine at age 9.10.

Initiating HPV vaccination at 9-10 years of age is acceptable to both parents and health care providers.

- Attendance at care visits decreases in older adolescence. Therefore initiating the series younger provides more opportunities to complete the vaccine series on time." For example, this allows providers to give the two HPV vaccine doses 12 months apart at annual well-child visits at 9 and 10 years of age, with Tdap and MCV4 vaccination oliven at 11 years of age.
- Providers find conversations are easier as sexual activity is not a focus.<sup>15</sup>
- The opportunity to receive fewer vaccines per visit is appealing to parents, adolescents, and clinicians.<sup>15,16</sup>

# Protect Your Preteen/Teen with Vaccines

Protect them from serious diseases including HPV cancers, meningitis, tetanus, whooping cough, flu, and COVID-19.



#### **AGES 9 - 10**

- HPV dose 1 (human papillomavirus)
- HPV dose 2 (6 12 months after dose 1)

#### AGES 11 - 12

- Meningitis dose 1 (MenACWY)
- · Tdap (tetanus, diphtheria, pertussis)
- · HPV (if 2 doses haven't been given)

#### **AGE 16**

- Meningitis dose 2 (MenACWY)
- · Meningitis B series (MenB)

#### YEARLY

Flu (seasonal influenza)

Preteens and teens should stay up-to-date with COVID-19 vaccine to help protect them from COVID-19.



This publication was supported in part by funding from the Centers for Disease Control and Prevention through Cooperative Agreement grant number of NUSSIPODESE. The content of this publication does not



#### **Starting HPV Vaccination at Age 9**

#### Recommendations for Age 9 Endorsement

#### American Cancer Society (ACS)

- ACS Recommendations for HPV Vaccine Use
- HPV Vaccination 2020 Guideline Update: ACS Guideline Adaptation

#### American Academy of Pediatrics (AAP)

 Why AAP Recommends Initiating HPV Vaccination as Early as Age 9

Centers for Disease Control and Prevention (CDC)/ Advisory Committee on Immunization Practices (ACIP)

Recommended Vaccinations for Children 7-18 Years Old

#### Materials

- HPVRT Resource: Protect Your
   Preteen/Teen with Vaccines.
   Additional HPVRT materials to be
- released in May 2022.
- ACS HPV Vaccine Materials
   HealthyChildren.org HPV Vaccine

#### Continuing Medical Education (CME)

 Gundersen Medical Center CME Opportunity (Scroll to Childhood Immunization Series)

#### Videos

- Reaching New Heights Together: A National Perspective – Stanley Spinner, MD FAAP
- Going Viral:
  Conversations on HPV
  Disease Preventions



- Adolescent Immunization Schedule Ages <u>Years</u> – American Academy of Pediatrics
- Best Practices for HPV Vaccination at 9-10 Years
   Robert A, Bednarczyk, PhD
- Launching HPV Vaccine Recommendations at Age 9: Perspectives From Primary Care Professionals – Melissa B. Gilkey, PhD
- Components of a Successful Program for Vaccination at 9 – Rebecca B. Perkins MD, MSc

For more information, please see the <u>Evidence</u> Summary on HPV Vaccination at 9-12.



The HPV vaccination Roundtable convenes, communicates with, and catalyzes member organizations to increase HPV vaccination rates and prevent HPV cancers.

Learn more at hpvroundtable.org





# **HPV Roundtable Resource: Start at 9 Campaign**





# **HPV Roundtable Resource: Start at 9 Campaign**



Age 9 Sell Sheet





# **HVI Journal Supplement: HPV Vaccination Starting at 9**









## **CALL TO ACTION**

Normalize HPV vaccination

Present it as a cancer vaccine

Routinely offer at the first opportunity: Age 9



Nicole Rhodes, CHES

Immunizations Health Educator Washington State Department of Health





## HPV UPDATES FROM DOH

Nicole Rhodes, Immunization Health Educator

#### Agenda

- 1. HPV at Nine Initiative
- 2. HPV Data
- 3. Updated Resources
- 4. Abstract Submissions

#### **HPV At Nine**

- Last year the Washington state Vaccine Advisory Committee (VAC) passed a motion to take action to encourage HPV vaccination.
- On January 20th, the Washington state Immunization Information System (IIS) updated the forecast for HPV to start at nine.
- Starting the HPV vaccination series at age nine is recommended by:
  - American Cancer Society
  - American Academy of Pediatrics
  - Washington state Vaccine Advisory Committee (VAC)
  - Washington State Department of Health (DOH)
- DOH will track and publish state and county-level data on HPV vaccination coverage rates for children 9-10 annually (reporting starting in 2024)

#### Why did this change happen?

There are several benefits to starting the HPV vaccine at nine years old:

- Offers more time for completion of the vaccine series before age 13
- Finishing the series before age 13 provides a stronger immune response
- Decreases questions about sexual activity 3.
- Less shots given per visit and overall

#### **IIS Test Patient Record**

Patient			
Name:	TEST PATIENT	SIIS Patient ID:	<mark>11867</mark> 247
Date of Birth:	11/26/2013	Age:	9 yrs
Guardian:		Organization Level Status:	Inactive

Vassination Foresast					
Vaccination Forecast					
The forecast automatically switches to the catch-up schedule whe	n a patient is behind scl	hedule.			
Vaccine Group	Forecasted Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
HEP-B 3 DOSE	1	11/26/2013	11/26/2013	12/23/2013	Past Due
POLIO	1	01/26/2014	01/07/2014	02/26/2014	Past Due
HEP-A	1	11/26/2014	11/26/2014	12/23/2015	Past Due
MMR	1	11/26/2014	11/26/2014	04/22/2015	Past Due
VARICELLA	1	11/26/2014	11/26/2014	04/22/2015	Past Due
Tdap	1	11/26/2020	11/26/2020	11/26/2020	Past Due
FLÜ	1	07/01/2022	07/01/2022	07/28/2022	Past Due
HPV	1	11/26/2022	11/26/2022	12/23/2026	Due Now
MENINGOCOCCAL	1	11/26/2024	11/26/2024	12/23/2026	Not Yet Due
MENINGOCOCCAL B, OMV (Clinical Discretion)	1	11/26/2029	11/26/2023	12/26/2029	Not Yet Due
MENINGOCOCCAL B, RECOMBINANT (Clinical Discretion)	1	11/26/2029	11/26/2023	12/26/2029	Not Yet Due

#### Communications



This message is being sent to health care providers, local health jurisdictions, childhood vaccine providers, and school nurses.

Dear Health Care Professionals and Partners,

Today, January 20<sup>th</sup> 2023, the Washington State Immunization Information System (IIS) updated the human papillomavirus (HPV) forecast to start at age nine. This change signals an important step in increasing HPV vaccination coverage across the state of Washington.

#### **IIS Resource**

This guide gives a visual representation of how this change is presented in the IIS. There are no major differences in the IIS from a user and technical perspective other than the age of the vaccine forecast has changed to nine. HPV vaccines do not need to be entered differently into the IIS than before this forecast update.

#### DOH Letter Supporting HPV at Nine



STATE OF WASHINGTON

#### DEPARTMENT OF HEALTH

Executive Office of Public Affairs and Equity Post Office Box 47890 Olympia, Washington 98504-7890

March 3, 2023

Dear Provider.

On January 23<sup>rd</sup>, 2022, the Washington State Immunization Information System updated the forecast for the Human Papillomavirus (HPV) vaccine to recommend initiating the series at age nine years. This change resulted from a recommendation from the Washington Department of Health (DOH) Vaccine Advisory Committee (VAC), which found compelling evidence showing the benefits of initiating the HPV vaccine series at age nine compared to age 11 or 12.

Starting the HPV vaccination series at age nine is recommended by the American Cancer Society and the American Academy of Pediatrics. It is also aligned with the CDC Advisory Committee on Immunization Practices (ACIP) recommendation. The HPV vaccine is one of the safest, most effective vaccines available, preventing more than 90% of HPV-attributable cancers.

There are several benefits of beginning HPV vaccination for all children at age nine.

- The HPV vaccine produces a better immune response when administered earlier. Pre-teens produce
  more antibodies after HPV vaccination than older teens. HPV vaccines administered to younger
  adolescents are safe and provide effective, long-lasting protection from HPV-related cancers<sup>1</sup>.
- Starting at nine allows for more time and opportunities to finish the two-dose series. If you give the
  first dose at nine years of age, you should give them the second dose between 6 and 12 months after
  the first dose. Providers can also give the two HPV vaccine doses 12 months apart during well-child
  visits. Even if an annual visit is skipped, as long as the first dose is initiated before the 15th birthday,
  only two doses are needed. In Washington, another opportunity to administer that second dose is at
  age 11 years, when the school entry requirement for one dose of Tdap prompts many families to
  schedule a well-child visit.
- The HPV vaccine offers the best protection against HPV infection when administered before
  exposure to the virus. According to 2021 Washington State Healthy Youth Survey data, 3 percent of
  all 8th, 10th, and 12th graders reported having had sexual intercourse by age 13. About 4 percent of 8th
  graders reported having ever had sexual intercourse, whereas 14 percent of 10th-graders and 37
  percent of 12th-graders have ever had sex.<sup>3</sup>. HPV can also be transmitted during oral and anal sex.

We are thankful for all the work you do every day for the health of people in Washington, especially as it relates to recommending and administering HPV vaccination. The COVID-19 pandemic has caused disruptions and delays in the effort to keep people up to date on their vaccinations. Now is the time to re-focus and get back on track with vaccinations.

Provider Letter concerning HPV Vaccine March 6, 2023 Page 2 of 2

To prevent more cancer, we urge you to start initiating HPV vaccination at age nine. For more information, visit doh.wa.gov/hpv.

Best.

Umair A. Shah, MD, MPH Secretary of Health

 Meites E, Kempe A, Markowitz LE. Use of a 2-Dose Schedule for Human Papillomavirus Vaccination — Updated Recommendations of the Advisory Committee on Immunization Practices. MMWR 2016;65(49):1405-8.
 Ask Healthy Youth Survey (2021). Healthy Youth Survey Fact Sheet: Sexual Behavior and Orientation for Washington State. Retrieved from HYS Fact Sheets (askhys.net)



# WA Immunization Information System

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

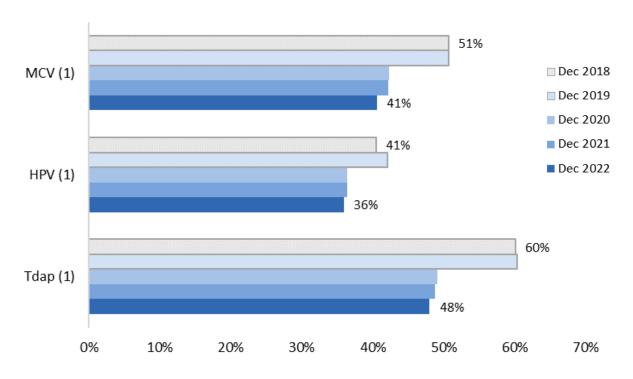


# National Immunization Survey Teen Data

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

#### Coverage Rates 11-12 Years Olds

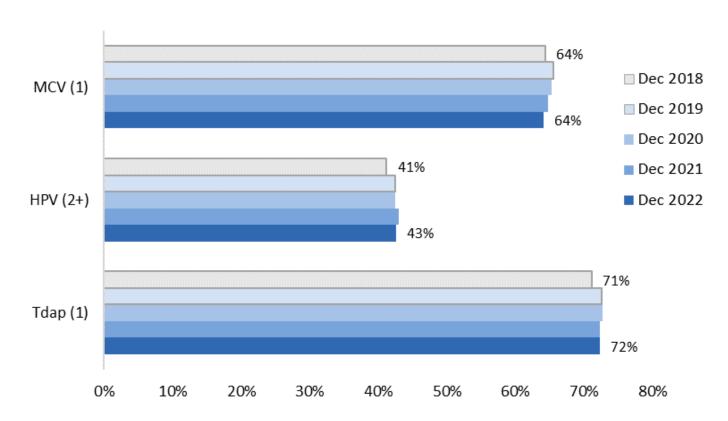
Coverage rates in 11- to 12-year-olds are behind pre-pandemic levels for each vaccine, from 5% lower for HPV, to 10% lower for MCV, and 12% lower for Tdap.



Adolescent immunization series initiation (1:1:1\*) and completion (1:1:UTD\*\*) coverage among 11-12 year olds. Adolescents should receive the MCV vaccine and first dose HPV vaccine when they receive the Tdap booster required for 7th grade entry. The state and national goal is for 80% of 15 year-olds to complete the immunization series. Additionally, the state and national goal is for 90% of 15 year-olds to complete for each individual vaccine.

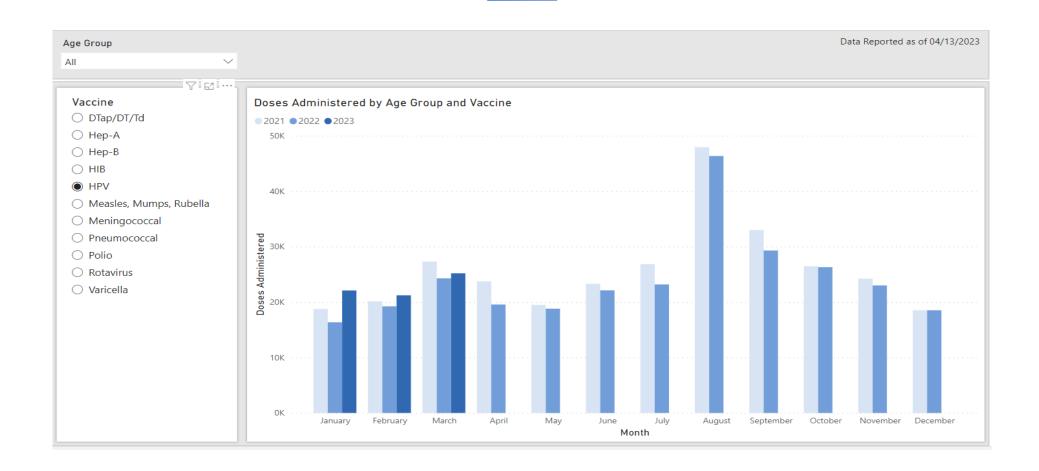
#### Coverage Rates 13-17 Year Olds

Coverage rates in 13- to 17-year-olds are consistent with pre-pandemic levels.

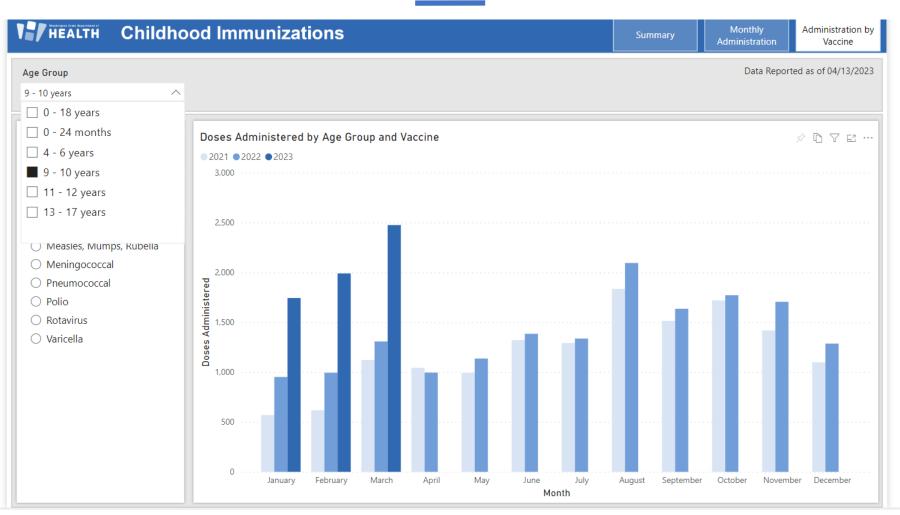


Adolescent immunization series initiation (1:1:1\*) and completion (1:1:UTD\*\*) coverage among 13-17 year olds. Adolescents should complete the 1:1:UTD series by age 13. The state and national goal is for 80% of adolescents to complete these immunizations by the age 15.

#### HPV Doses Administered – All Ages

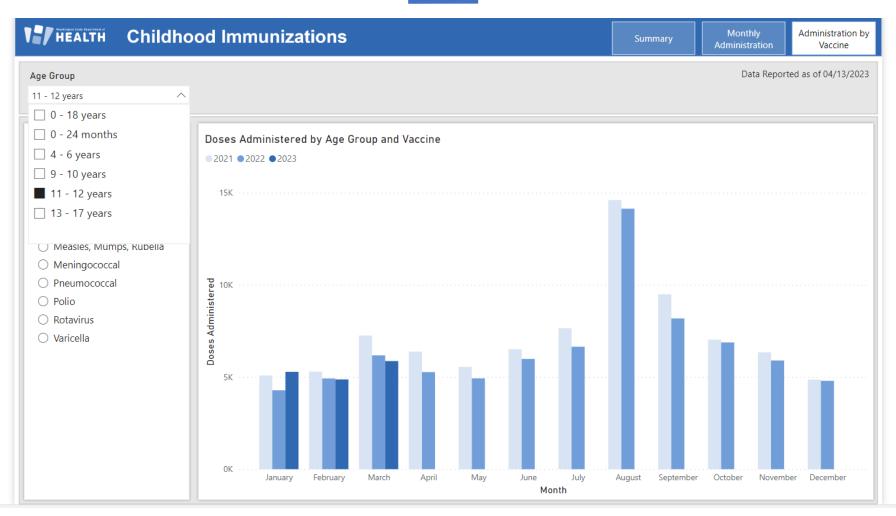


#### Doses Administered 9-10 Year Olds



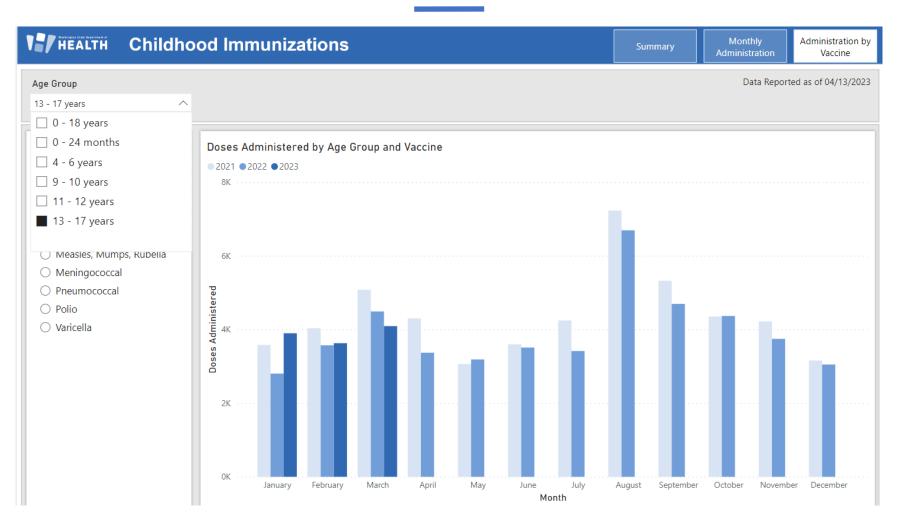
Source: Data based on doses administered data documented in the Washington State Department of Health Immunization Information System

#### Doses Administered 11-12 Year Olds



Source: Data based on doses administered data documented in the Washington State Department of Health Immunization Information System

#### Doses Administered 13-17 Year Olds



Source: Data based on doses administered data documented in the Washington State Department of Health Immunization Information System

#### **DOH Resources**

#### ADOLESCENT IMMUNIZATION SCHEDULE

### At a Glance

Adolescents (age 9-18) need 4 vaccines to protect against meningococcal disease, some cancers, whooping cough, and other serious diseases, according to national guidelines.

AGE

#### **IMMUNIZATIONS**

9-10

- HPV dose 1
- HPV dose 2 (6-12 months after dose 1)



More languages

11-12

- HPV doses 1 and 2 (if not given at ages 9-10)
- MenACWY dose 1
- Tdap (one dose)
- 16
- MenACWY 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)

Stay up-to-date on COVID-19 Vaccination

See full schedule at cdc.gov/vaccines.



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#### Now available in:

- Spanish
- Russian
- Ukrainian
- Vietnamese
- Marshallese

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#### **HPV** Brochure



#### You have the power to protect your kids from certain cancers.

HPV vaccine is important because it protects against cancers caused by the human papillomavirus (HPV). HPV vaccines are safe and highly effective in preventing infection from certain types of HPV when given before a person is exposed to the virus.

Parents are the key to protecting adolescents from HPV. Talk with your child's healthcare provider about the HPV vaccine and make an appointment



37,000 people get cancer caused by HPV each year in the U.S.



#### Resources

Washington State Department of Health: www.doh.wa.gov/hpv

Centers for Disease Control and Prevention: www.cdc.gov/hpv

Watch Me Grow Washington Hotline: 1-800-322-2588

Washington State Local Health Departments and Districts: www.doh.wa.gov/localhealth



1-800-525-0127. Deaf or hard of hearing customers, please

# HPV Vaccine

Protect your child against viruses that can cause cancer



#### Now available in:

- Spanish
- Russian
- Ukrainian
- Vietnamese
- Marshallese

#### **HPV Flyer**

#### Protect your child against viruses that can cause cancer.

HPV vaccine can be given starting at age nine. It protects children against cancers caused by the human papillomavirus.

#### Two reasons for two doses at age nine

HPV vaccines are safe and develop better immunity when given at younger ages, producing the most infection-fighting cells, or antibodies, in preteens. It is highly effective in preventing infection from certain types of HPV when given before a person is exposed to the virus.

When your child turns nine, ask your health care provider about protecting them from cancer with the HPV vaccine. Learn more at https://www.doh.wa.gov/hpv.



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email Feb. 2023 DOH #348-612



At least 35,900 people in the U.S. get cancer caused by HPV each year.

The two most common cancers caused by HPV are cervical cancer in women and mouth/throat cancer in men.

Only TWO doses of HPV vaccine are needed for most kids who start the series at ages 9 to 14. THREE doses are needed for those starting at ages 15 to 26.



#### Protéjalos contra los virus que pueden causar cáncer.

La vacuna contra el VPH puede empezar a darse a partir de los 9 años. La vacuna protege a los niños y niñas contra los cánceres causados por el virus del papiloma humano.

#### 2 razones por las que hay que recibir 2 dosis a los 9 años

La vacuna contra el VPH es segura y produce una mejor inmunidad cuando se da a una edad más temprana debido a que ayuda a producir un mayor número de anticuerpos o células que ayudan a combatir la infección en los preadolescentes. La efectividad de la vacuna contra infecciones con ciertos tipos de VPH es mayor cuando se da antes de que la persona se exponga al virus.

Cuando su hijo o hija cumpla los 9, pregúntele a su médico sobre cómo proteger los contra el cáncerconlavacuna del VPH. Aprenda más en https://www.doh.wa.gov/hpv.





Cada año en los EE. UU., a por lo menos 34 800 personas se les detecta cáncer causado por el VPH.

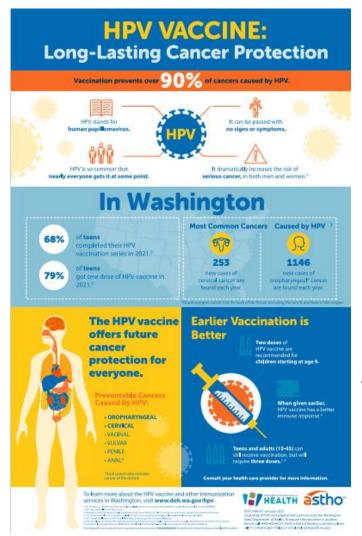
Los 2 cánceres más comunes causados por el VPH son el cáncer del cuello uterino en las mujeres y el de boca y garganta en los hombres.

Sólo DOS dosis de la vacuna contra el VPH son necesarias para la mayoría de los niños que empezaron la serie de los 9 a 14 años. TRES dosis para los que empezaron de los 15 a 26.

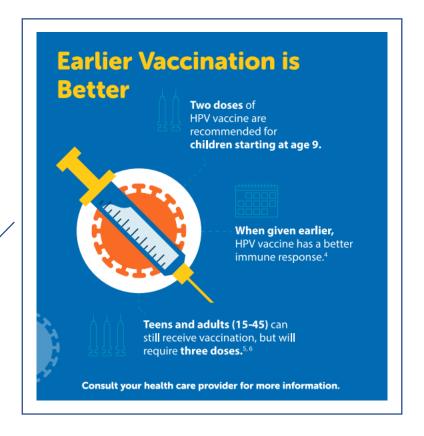


Para solicitar este documento en otro formato, llame al 1-800-525-0127. Las personas con sordera o problemas de audición deben llamar al 711 (servicio de relé de Washington) o enviar un correo electrónico a civil.rights@doh.wa.gov. Feb. 2023 DOH #348-612

#### **HPV Poster**

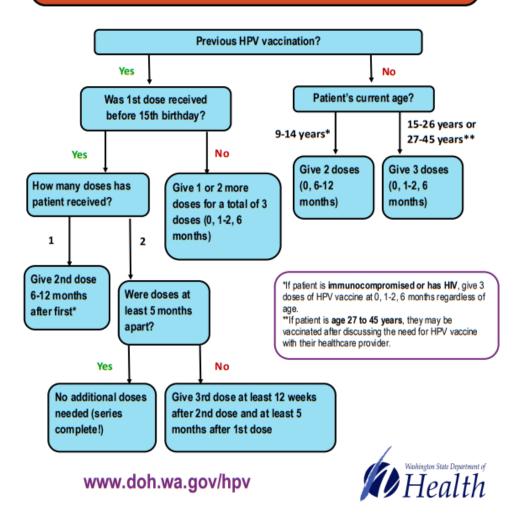


#### Spanish poster in the works!



#### **HPV Vaccination Algorithm**

Use this algorithm to determine how many doses of HPV vaccine a patient needs.



#### **HPV Vaccine Algorithm**

Available on the DOH website at: <u>Human Papillomavirus</u>
(HPV) Information Healthcare
Providers | Washington State
Department of Health

#### **HPV** Dose Reminder Cards





To request this document in another format, call 1-800-525-0127, Deaf or hard of hearing customers, please call 711 (Washington Relay) or email

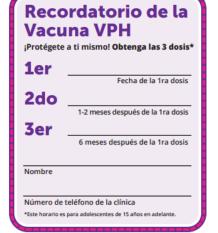
# Pecardatorio de la

¡Protégete	a ti mismo! Obtenga ambas dosis
1er	
	Fecha de la 1ra dosis
2do	
	6-12 meses después de la 1ra dosis
Nombre	
Número de	teléfono de la clínica
*Este horario e	es para niños de 9 a 14 años.





To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email





Para solicitar este documento en otro formato, llame al 1-800-525-0127. Las personas con sordera o problemas de audición, deben llamar al 711 (servicio de relé de Washington) o enviar un correo electrónico a

personas con sardera o problemas Health (servicio de relé de Washington) o enviar un correo electrónico a

#### **DOH Materials**

All materials can be found at doh.wa.gov/hpv

#### **Abstract Submissions**



#### **ENGAGE, COLLABORATE, GROW**

Save the date! Join your friends and colleagues in Atlanta from Nov. 12-15 for the APHA Annual Meeting. The APHA Annual Meeting brings together more than 12,000 public health professionals from across the world to engage, collaborate and grow through educational and networking opportunities.

**2023 Location:** Georgia World Congress Center (GWCC), 285 Andrew Young International Blvd NW, Atlanta, GA

Two abstracts have been submitted this year for the "HPV at Nine" initiative.



2023 National Conference on Health Communication, Marketing and Media

Collaborate, Innovate, Inspire:
The Evolution of Public Health Communications in a Changing World

July 18 – 20, 2023 Atlanta, Georgia Questions?

#### **Contact Information**

#### **Nicole Rhodes**

Immunization Health Educator **Health Promotion and Education** nicole.rhodes@doh.wa.gov













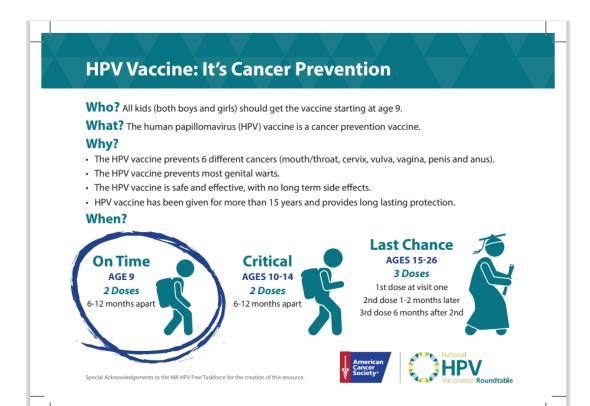




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# New Resources and Continuing Education Credits

# Additional Resources – Cue Card



Train MA and front staff

Reminder for providers

Could be used for patients

#### Additional Resources - Provider Education

- May 16, 2023 HPV Vaccine starts at 9: Why, How, Now! Cancer prevention made easy
  - Topics include how the WA-IIS registry supports HPV at 9, Dr. Sherri Zorn, pediatrician discussing the science behind HPV at 9 and pearls/barriers of implementing in a busy practice from Drs. Carrie Jenner and Amy Carter.
  - Audience Providers, MA and nursing staff, school nurses
  - CE credits available
  - Live webinar 12 noon to -1 pm. Recording available
  - REGISTER FOR WEBINAR HERE
- June 28, 2023 HPV Disparities and addressing vaccine hesitancy in rural Washington
  - Topics include rural cancer rates, HPV vaccinations rates and Dr. Gretchen LaSalle, Family Medicine provider from Spokane discussing the disparities seen in this environment, the unique challenges of vaccine hesitancy and strategies/best practices to increase HPV immunizations.
  - Audience Providers and medical staff interested in rural healthcare
  - CE credits available
  - Live webinar 12 noon to -1 pm. Recording available

## BREAK Back at 9:25am

# Oral Cancer

#### **HPV Related Cancer Sites**

- Squamous cell carcinoma of the oropharynx
- Squamous cell carcinoma of the anus
- Squamous cell carcinoma of the vulva
- Squamous cell carcinoma of the vagina
- Carcinoma of the cervix
- Squamous cell carcinoma of the penis

#### References:

1 Watson M, Saraiya M, Ahmed F, Cardinez CJ, Reichman ME, Weir HK, Richards TB. Using population-based cancer registry data to assess the burden of human papillomavirus-associated cancers in the United States: overview of methods. Cancer 2008;113(10 Suppl):2841–2854. Available at www.ncbi.nlm.nih.gov/pubmed/18980203.

2. Saraiya M, Unger ER, Thompson TD, Lynch CF, Hernandez BY, Lyu CW, Steinau M, Watson M, Wilkinson EJ, Hopenhayn C, Copeland G, Cozen W, Peters ES, Huang Y, Saber MS, Altekruse S, Goodman MT: HPV Typing of Cancers Workgroup, US assessment of HPV types in cancers: implications for current and 9-valent HPV vaccines, Journal of the National Cancer Institute 2015:107(6):div086, Available at www.ncbi.nlm.nih.gov/pubmed/25925419.

3 International Agency for Research on Cancer. IARC monographs on the evaluation of carcinogenic risks to humans. Volume 90: Human Papillomaviruses. Lyon, France: International Agency for Research on Cancer: 2007, Available at http://monographs.jarc.fr/ENG/Monographs/vol90/,

4 Viens LJ, Henley SJ, Watson M, Markowitz LE, Thomas CC, Thompson TD, Razzaghi H, Saraiya M, Centers for Disease Control and Prevention (CDC). Human papillomavirus-associated cancers—United States, 2008-2012. MMWR 2016;65(26):661-666. Available at <a href="https://www.cdc.gov/mmwr/volumes/65/wr/mm6526a1.htm">www.cdc.gov/mmwr/volumes/65/wr/mm6526a1.htm</a>.

5 Centers for Disease Control and Prevention. How Many Cancers Are Linked with HPV Each Year? Atlanta, GA: U.S. Department of Health and Human Services. Available at www.cdc.gov/cancer/hpv/statistics/cases.htm.

Age-adjusted incidence rate trends for invasive cancer sites associated with HPV in Washington State from 1992 to 2019.

#### **Incidence Rate Time Trends**

		Trend line 1		Trend line 2		Trend line 3	
Cancer site	Gender	Diagnosis year	APC	Diagnosis year	APC	Diagnosis year	APC
Squamous cell carcinoma of the oropharynx <sup>¥</sup>	Total	1992-2019	<mark>2.08</mark>	-	-	-	-
	Male	1992-2019	<mark>2.66</mark>	-	-	-	-
	Female	1992-2019	-0.36	-	-	-	-

APC=Annual percent change

Highlighted=If p<0.05 then it is statistically significant

-=Trends in rates from 1992 to 2019 could not be assessed due to small numbers of new cases

Data Source:

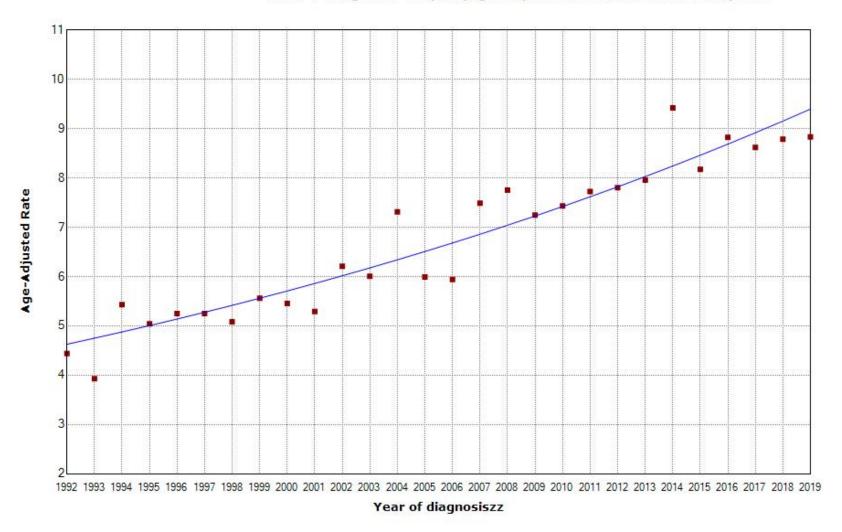
Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released in April 2022

National Program of Cancer Registries and Surveillance, Epidemiology and End Results Program SEER\*Stat Database: NPCR and SEER Incidence - U.S. Cancer Statistics Public Use Research Database, 2020 Submission (2001-2018). United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Released June 2021. Accessed at <a href="https://www.cdc.gov/cancer/uscs/public-use">www.cdc.gov/cancer/uscs/public-use</a>.

#### Trend Analysis – Male Oropharyngeal Carcinoma

" Male" / Malignant / Oropharyngeal squamous cell carcinoma: 0 Joinpoints

Observed 1992-2019 APC = 2.66\*



<sup>\*</sup> Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level Final Selected Model: 0 Joinpoints.

Age-adjusted incidence rate for invasive cancer sites associated with HPV in Washington State by Counties in Washington from 2015 to 2019.

#### Incidence data for the HPV related cancer sites

Cancer site	Geographic Region	Diagnosis year	Total Number of new	Total Population	Age adjusted	95% confidence
			cases	count	incidence rate*	interval
Squamous cell	Total – WA State	2015-2019	2,278	36,529,391	4.9	4.8-5.1
carcinoma of	Clallam County	2015-2019	47	371,440	7.27	2.68-6.98
the oropharynx	Jefferson County	2015-2019	28	156,820	8.7	5.3-15.4
Male and	Kitsap County	2015-2019	133	1,322,310	6.8	5.6-8.2
Female	Snohomish County	2015-2019	308	3,943,680	6.3	5.6-7.0
(Combined)					-	

<sup>\*=</sup>Rates per 100,000 adjusted to the 2000 US standard population

## Oral Cancer Survivor Story

<u>SnohomishCounty HPV Short - YouTube</u>

Dr. Gary Heyamoto, DDS

Dr. Aarika Anderson, DMD

Dr. Sherri Zorn, MD

## BREAK Back at 10:05am

Jan Marie Ward, MPA, Senior Public Health Policy and Project Advisor

> Wendy Stevens, MNPL, MSS, Tribal Immunizations / Tribal Health

### HPV Roundtable April 28, 2023 **American Indian Health Commission Tribal and Urban Indian Health Immunization Coalition** Jan Marie Ward, MPA, Senior Public Health Policy and Project Advisor Wendy Stevens, MNPL, MSS, Tribal Immunizations / Tribal Health Monitors vaccine and infectious disease issues with TUIHIC members and collaborating with partners, serving as a trusted source of information sharing © 2023 American Indian Health Commission FOR WELLNESS



A forum for 29 Tribal governments and 3 urban Indian health programs

Tribally-driven, Culturallyresponsive Nonprofit Organization



Delegates appointed by Tribal resolutions and 3 urban Indian health programs

Mission: Improve the health status of American Indian/Alaska Native people through tribal-state collaboration

Providing Technical Support and Advocacy

**FOR WELLNESS** 

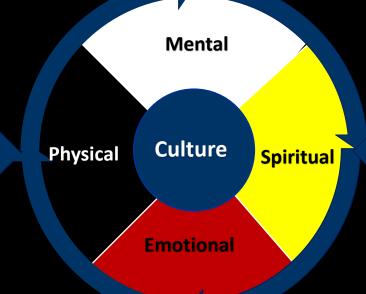


#### Pulling Together for Wellness A Tribally-driven Framework



#### Components of the PTW framework:

- Mobilizing at the Tribal/Community Level
- Leadership and Community Engagement
- Recruit and Retain Partners
- Specific Outreach to Youth and Elders
- Engagement of Cultural Resources and Traditional Healers
- Inclusion of Cultural Consideration in the Planning Process
- Use of Storytelling Balance of Data and Stories
- 7 Generation Strategies Strength-based
- Integrates Trauma Informed Strategies



#### Tools of the PTW Framework:

- Definition, Vision and Values of the PTW
   Framework
- Partnership Development Inventory and Process
- Community Health
   Assessments and
   Environmental Scans
- Inventory of Cultural Appropriate Strategies
- Matrix: Vision, Goals, Indicators, Strategies (including PSE, EB, PB, PP)
- 20 Competence Domains (knowledge, skills, and abilities)

#### **Generational Clarity**

#### HEAL

Historical and Intergenerational Trauma effect

Equity, Health Disparities and Social Justice (Social Determinants of Health)

Adverse Childhood Experiences (NEAR)

Lateral Violence and Oppression



#### AIHC Tribal/Urban Indian Health Immunization Coalition (TUIHIC)

PTW Model Establishing Continuity through Seven Generations Strategic Planning

The TUIHIC coalition is a network of dedicated partners and community members, health care providers, elders, and tribal leaders working together to increase immunization rates and prevent infectious disease.

**PURPOSE: To** improve American Indian / Alaska Native immunizations and vaccine access, surveillance, practices, infectious disease prevention, and health literacy

Tribally-Driven Prevention & Support for Immunizations and Infectious Disease

- Tribally-Driven Strategic Planning
- Network of Partners
- Historical and Cultural Context
- Based on a continuum of over a decade of Immunizations work



#### AIHC Continuity of Over a Decade – Initiatives from 2008 to Present

#### Tribal and Urban Indian Health Immunizations Coalition

- Build confidence and trust in Tribal/UIHP Vaccination System.
- Improve Equity
   Informed and
   Culturally Relative
   Systems Change
- Support Health and Vaccine Literacy, As a trusted source, provides credible and scientifically accurate information.

#### **ACHIEVEMENT HIGHLIGHTS**

- 2008, 2009, 2010 Pandemic Lessons H1N1/2020, 21, 22 Pandemic Lessons COVID-19
- 2013 Vaccine Hesitancy Assessment Report: Tribal Healthcare Worker Immunization
- 2014 Vaccine Hesitancy Assessment, Report, and Tribal Healthcare Worker Immunization Presentation at the National Immunizations Conference
- 2016 CDC "Best Practice" acknowledgement on PRAMS Pregnant Mom Vaccination culturally designed Influenza Promotion.
- 2018 Recipient of Immunizations Action Coalition of Washington Collaborator Award
- 2019 Lummi reaches first reported 100%
- 2020, 21, 22 Established Vaccine Hesitancy/Confidence Taskforce
- 2021 Received national recognition from the American Lung Association for addressing COVID-19 Vaccine Hesitancy and Commercial Prevention to address lung disease.
- 2022 Received national recognition from National Indian Health Board to observance of National Immunizations Awareness Month (NIAM) and the AIHC Tribal and Urban Indian Health Immunizations Coalition participation in Coffee Talk: Conversations on Back-to-School Vaccinations, COVID-19 Boosters, and Monkeypox.

#### TUIHIC's role in Addressing Infectious Disease

IDENTIFIES AND IMPLEMENTS POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE

#### 8-31-22 Presentation to Washington State HPV Task Force, **Community Outreach Workgroup Meeting**

Tribally-driven HPV Vaccination & Cancer Prevention Effort

Shared role that TUIHIC had in creation of model tribal health care worker policies and efforts on the AIHC TUIHIC HPV Vaccination Project that helped inform the CDC of tribal health needs in WA: included teen boys need to be a focus of HPV tribal immunization education and vaccination efforts.

TUIHIC's role in
Addressing
Vaccine
Preventable
Infectious
Disease

**Monitoring vaccine** and infectious disease issues with **TUIHIC** members and collaborating with Partners, serving as a trusted source of information sharing

AIHC Tribal and Urban Indian Health Immunization Coalition



# VACCINATING BOYS CAN PREVENT CANCERS CAUSED BY HPV IN MEN

More than 4 out of every 10 cases of cancer caused by HPV occur among men. Every year in the U.S., over 14,000 men get cancers caused by HPV. Protect children from these cancers by vaccinating for HPV beginning at age 9.

Talk to your child's Tribal Health Provider or Doctor about HPV vaccination.

Source: https://www.cdc.gov/hpv/parents/cancer.html





March 26, 2023

Joint WA HPV Task Force and AIHC **TUIHIC** Memorandum: Collaborative State and Tribal Policy Change

(Memo and ancillary documents in chat)



#### Tribal and Urban Indian Health Immunization Coalition FOR THE HEALTH OF INDIGENOUS PEOPLE TODAY, TOMORROW, AND INTO THE FUTURE

March 26, 2023

#### MEMORADUM

TO: Tribal and Urban Indian Leaders, Health Directors, Medical Directors, Immunization

Coordinators

FROM: American Indian Health Commission Tribal and Urban Indian Health Immunization (AIHC TUIHIC)

and Washington State HPV Task Force

SUBJECT: IMPORTANT EMERGING INFORMATION ABOUT HPV TRIBAL IMMUNIZATIONS

- HPV immunizations recommended to begin at age nine (9).
- Beginning January 2023, the Washington State Immunizations Information System (IIS) will advise beginning the Human Papillomavirus (HPV) series at age nine (9).
- Washington State Department of Health has made a change to the IIS guidance to reflect the recommendation to administer HPV vaccine starting at age nine (9).

#### COLLABORITIVE STATE AND TRIBAL POLICY CHANGE

The American Indian Health Commission Tribal and Urban Indian Health Immunization Coalition (AIHC TUIHIC) and the Washington State HPV Task Force are collaborating to announce important emerging information to highlight the Advisory Committee on Immunization Practices' (ACIP) recommendations for HPV Immunization to include beginning giving childhood HPV Vaccines at age nine (9).

The AIHC TUIHIC, the Washington State HPV Task Force and the Washington State Vaccine Advisory Committee (VAC) each identified the necessity for a policy change that would remove barriers to accessing the cancer prevention of HPV immunizations, specifically to beginning the HPV immunizations series at age nine (9). AIHC TUIHIC participates on both the Washington State HPV Task Force as well as the Washington State Vaccine Advisory Council.

The Washington State Vaccination Advisory Committee (VAC) passed a motion to request that DOH take action to encourage HPV vaccination at age nine (9). In accordance with the motion, Washington State Department of Health has made a change to the IIS guidance to reflect the recommendation to administer HPV vaccine starting at age nine (9).

- The AIHC Tribal and Urban Indian Health Immunizations Coalition (TUIHIC), the first Tribal
  Immunization Coalition in the nation, is a network of dedicated health care providers, elders, tribal
  leaders, community members, and trusted partners that serve together to make significant
  improvements in American Indian (AI)/Alaska Natives (AN) immunizations, vaccine access, surveillance,
  practices, infectious disease prevention and health literacy. (See attached AIHC TUIHIC Fact Sheet).
- The Washington State HPV Task Force mission includes increasing HPV vaccination rates in Washington state and reducing the amount of HPV associated disease by engaging and supporting

PULLING TOGETHER
FOR WELLNESS

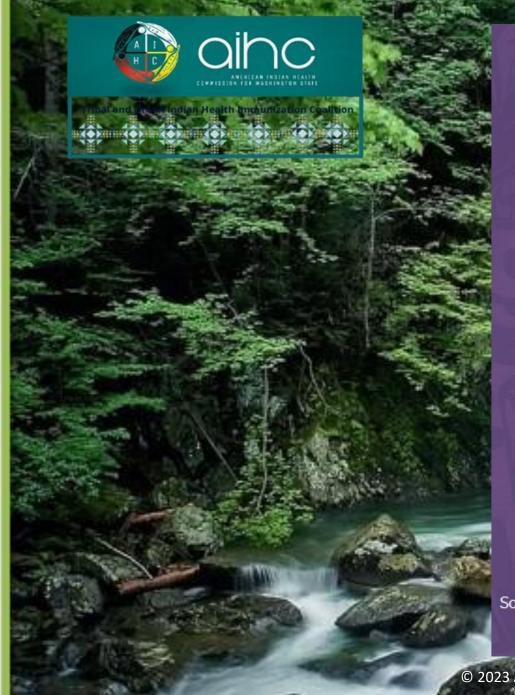
© 2023 American Indian Health Commission

FOR WELLNESS

Joint Memorandum: Collaborative State and Tribal Policy Change (Memo and ancillary documents in chat)



- AIHC Tribal and Urban Indian Health Immunization Coalition (TUIHIC) and the Washington State HPV Task Force are collaborating to announce important information to highlight the Advisory Committee on Immunization Practices' (ACIP) recommendations for HPV Immunization to include beginning giving childhood HPV Vaccines at age nine (9).
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   the HPV immunizations series at age nine (9). AIHC TUIHIC participates on both the
   Washington State HPV Task Force as well as the Washington State Vaccine Advisory Council.



#### AIHC Tribal and Urban Indian Health Immunization Coalition



#### **HPV VACCINE SCHEDULE & DOSES**

Don't wait to vaccinate. The American Cancer Society recommends that boys and girls get the HPV vaccine starting at **age 9**. Age matters. When you vaccinate your child on time, you give them the best protection from HPV cancers.

#### HPV vaccine begins at age 9

The second dose would then be between 9 1/2 and 10 years of age. (1st and 2nd dose should be 6-12 months apart)

If your child is older than 9 years, and has not received their first HPV vaccine, contact your provider with questions about scheduling an appointment.



American Indian Health Commission

Tribal/Urban Indian Health Immunizations Coalition
https://aihc-wa.com/immunizations

Source: hpvroundtable.org



March 26, 2023
Joint
Memorandum:
Collaborative
State and Tribal
Policy Change

(Memo and ancillary documents in chat)



IMPORTANT EMERGING INFORMATION ABOUT HPV TRIBAL IMMUNIZATIONS & RECOMMENDATIONS:

- HPV immunizations recommendation to begin at age nine (9).
- Washington State Department of Health has made a change to the IIS guidance to reflect the recommendation to administer HPV vaccine starting at age nine (9).
- Beginning January 2023, the Washington State Immunizations Information System (IIS) advised beginning the Human Papillomavirus (HPV) series at age nine (9).





#### **COLLABORATIVE IMMUNIZATION STRATEGIC ACTIONS:**

- Washington State IIS system adopted a change in the alerts and notifications included in the IIS system resulting in health care providers getting current information and reminders about opportunities to vaccinate for HPV as early as age nine (9).
- Health messages for providers and families are being developed and shared to support the important shift of awareness of opportunity to begin HPV immunization at age nine (9).

FOR WELLNE



#### AIHC Tribal and Urban Indian Health Immunization Coalition



#### **HPV Vaccine Schedule & Doses**

Don't wait to vaccinate. The American Cancer Society recommends that boys and girls get the HPV immunization starting at age 9. Age matters. When you vaccinate your child on time, you give the best protection from HPV cancers.

#### **HPV Immunization begins at age 9**

Get the HPV second dose between 9 1/2 and 10 years of age. (1st and 2nd dose should be 6-12 months apart)

If your child is older than 9 years, and has not received their first HPV immunization, contact your provider with questions about scheduling an appointment.

American Indian Health Commission
Tribal/Urban Indian Health Immunizations Coalition
https://aihc-wa.com/immunizations



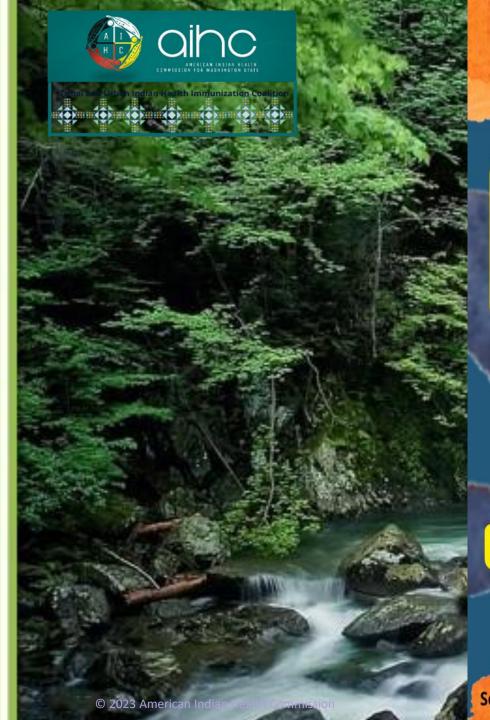
#### Joint Memorandum: Collaborative State and Tribal Policy Change



#### **HPV TRIBAL URBAN IMMUNIZATION RESOURCES**

People in Indian Country are disproportionately impacted by HPV. Resources to support your efforts to increase access to HPV vaccinations are provided

- Tribal Urban Indian Health Immunization Coalition (TUIHIC) Fact Sheet
- TUIHIC HPV Messages
- IIS Quick Reference Guide: HPV Vaccine Forecast
- Start At 9 Toolkit (hpvroundtable.org)
- Why Age 9? Fact Sheet National HPV Roundtable
- Clinician & Health Systems Action Guides National HPV Roundtable
- HPV At Nine (DOH)
- HPV Vaccination Algorithm (DOH)
- HPV Provider Fact Sheet (cancer.org)
- Why AAP recommends initiating HPV vaccination as early as age 9 | American Academy of Pediatrics



AIHC Tribal and Urban Indian Health Immunizations Coalition



# PREVENT A CANCER THAN TO TREAT A CANCER.

Start HPV immunizations series

beginning at age 9 for the best

protection against cancers
caused by HPV infection



Source: https://www.cdc.gov/hpv/parents/cancer.html





#### AIHC Tribal and Urban Indian Health Immunizations Coalition



#### HPV VACCINATION IS THE BEST PROTECTION AGAINST CANCERS CAUSED BY HPV

#### **CERVICAL CANCER**

Just the tip of the iceberg.

Cervical cancer is the only type of cancer caused by HPV that has a recommended screening test to detect it at an early stage.

#### Estimated U.S. Cases Every Year 1,2



#### **CERVICAL PRECANCERS**

While screening can detect precancers before they turn into cancer, treatment for these precancers can lead to problems during pregnancy.

196,000

#### OTHER CANCERS CAUSED BY HPV

There are no recommended screening tests for these cancers, so they may not be detected until they cause serious health problems.

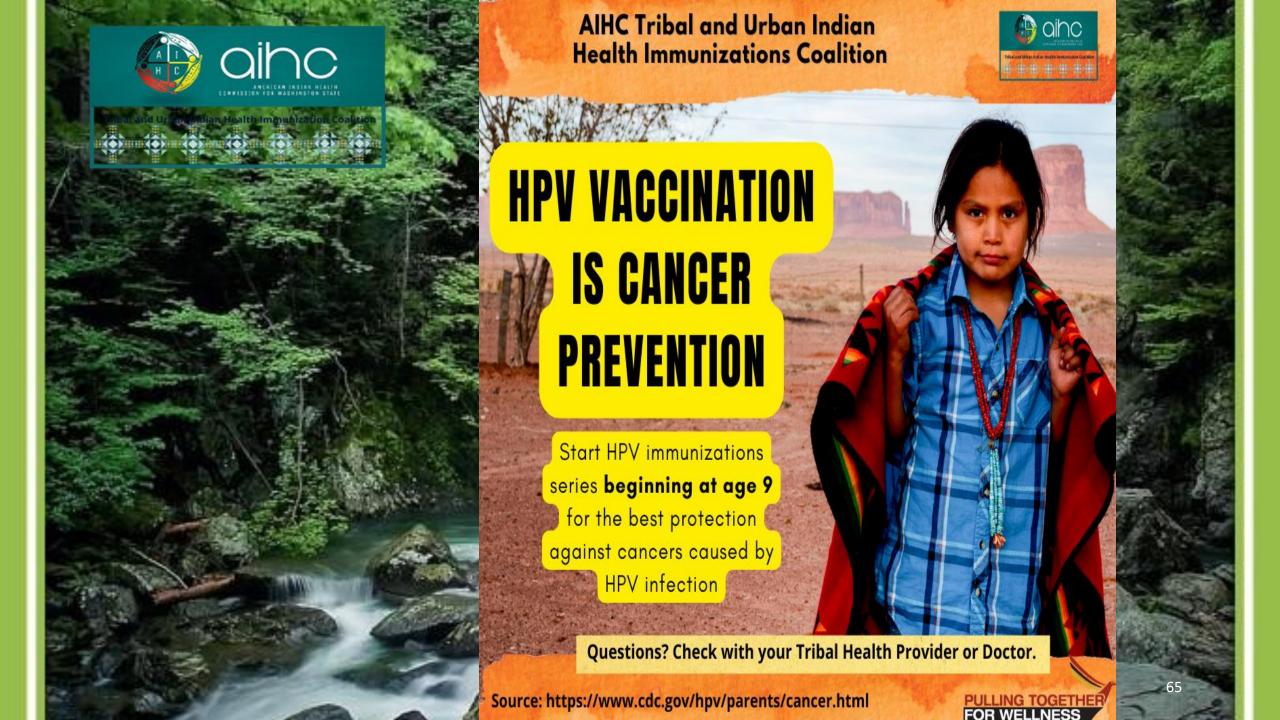
Start HPV immunizations series beginning at age 9 for the best protection against cancers caused by HPV infection

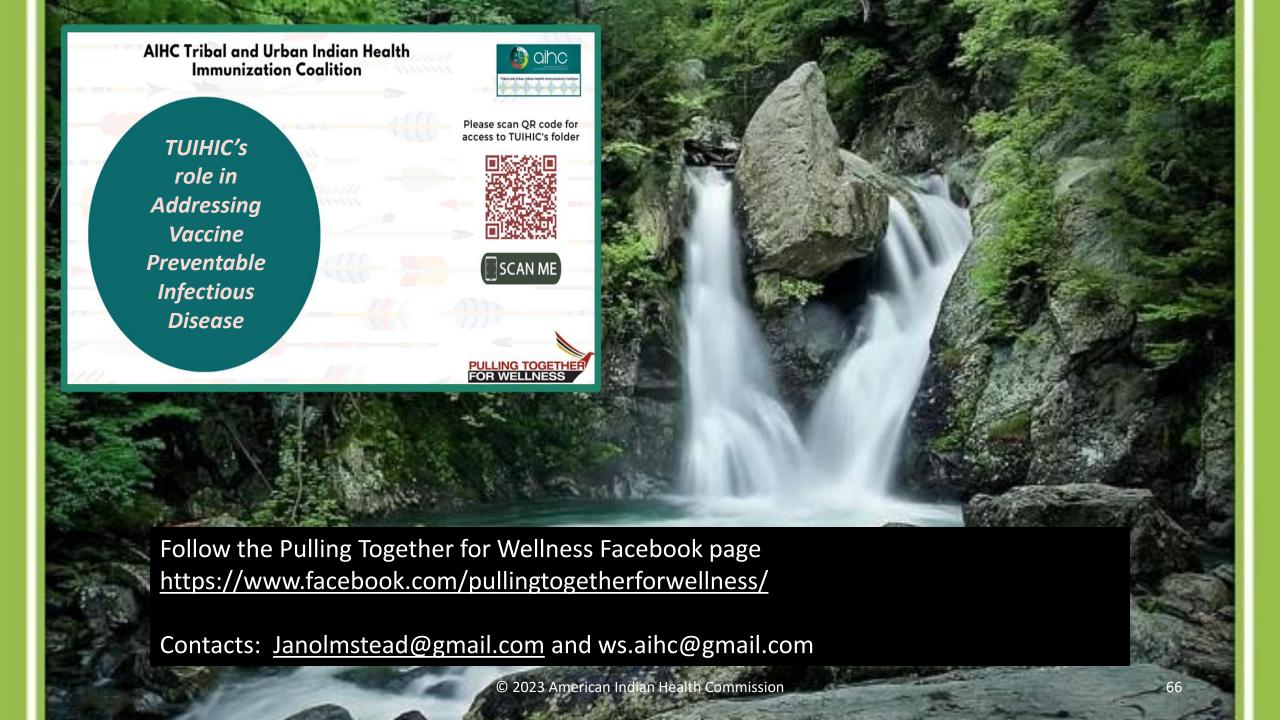


#### Sources:

- 1. https://www.cdc.gov/cancer/hpv/statistics/cases.htm
- 2. https://www.cdc.gov/mmwr/volumes/68/wr/mm6815a1.htm

FOR WELLNESS





**Cancer Pathways** 

Amy Wooten, M.Ed Program Director

Lauren Bineau, MPH
Program Manager, Community Education

# Cancer Pathways HPV Education and Awareness

Amy Wooten, M.Ed - Program Director

Lauren Bineau, MPH - Program Manager, Community Education



# Facing Cancer Together

We host events, educational forums, teen education, wellness classes, kids camp, special initiatives, and workplace support all at **no cost** to members of our community. When someone is diagnosed with cancer, it touches not only that person, but also everyone around them. Our programs and support groups create a space to empower and educate our community.

To learn more visit: www.cancerpathways.org





Cancer Happens
Cancer Unwrapped
Teen Ambassadors

SUPPORT GROUPS

Survivorship
Living with Cancer
Caregivers
Bereavement
Lung Cancer
Parent Grief
Parents with Cancer
Parents of Children
Healthcare Workers
Workplace Support

3 CAMP & FAMILY PROGRAMS

Camp Sparkle Sparkle Saturdays COMMUNITY EDUCATION

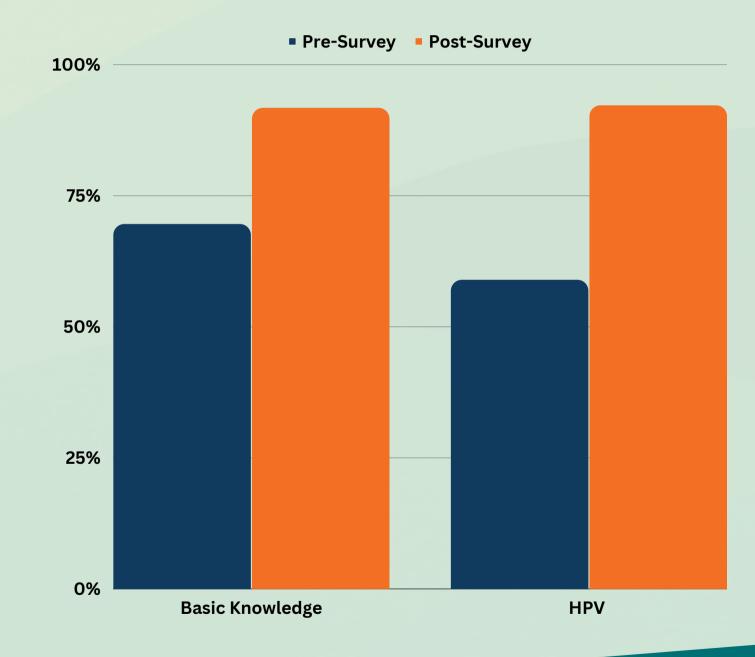
Podcast
Webinars & Workshops
Community Events
Special Initiatives
Resource Hub
Book Club
Partnerships
Workplace Support

# 



# Teen Risk Reduction Education

- HPV, Tobacco/E-cigarettes, Sun Safety,
   Testicular, Breast Awareness,
   Diet/Nutrition, Physical Activity
- Partnerships with over 125 schools throughout Washington state
- Created HPV-specific e-learning module



CANCER HAPPENS
TEEN EDUCATION

# Cancer Happens the Numbers

# 18 years in classrooms

The Cancer Happens classroom education program started in 2005. We have over 95% retention rate in schools requesting that Cancer Happens health educators return to present.

# 117,000 + students

We reach an average of 6,500 students per year. In 2022, nearly 70% of participants reported they intend to initiate the HPV vaccine and/ or complete their HPV vaccine series.

# 3 formats

We offer our cancer risk reduction in three different ways: online modules, virtual presentations, and live in-person sessions. To execute our program we have **3-5 trained health** educators in any given year.

# HPV and HPV Vaccine Awareness



Goal: replicate this in Washington state - let's team up together!



Empower and inform teens on how they can look up their own status and then refer to clinics.



More visibility, more facts, passive educational opportunities for info.

## HPV VACCINE FACTS ALL PRE-TEENS AND TEENS



More than

## 42 million

Americans are currently infected with HPV types that cause disease.



HPV can occur in both men and women.

Early protection works best.

The HPV vaccine protects against

## **6** kinds of cancers

- Anal
- Penile
- Vaginal
- Cervical
- Vulvar
- Oral



recommended from age 9-26 and could **PREVENT OVER** 

**HPV** vaccination



90%

of these cancers

Every year in the United States, HPV causes about



**36,000** cases

of cancer in men and women.



HPV immunization is

SAFE, **EFFECTIVE**, and LONG LASTING.

### The Vaccines for Children (VFC) Program

offers vaccines at no cost for eligible children through VFC-enrolled doctors.

CANCERPATHWAYS.ORG



# Project C.H.A.M.P.

- To better understand knowledge and awareness about HPV and the HPV vaccine among youth and adults in rural communities
  - 65% of teens had heard of HPV and 51.7% reporting willingness to get HPV vaccine
  - 90% of adults had heard of HPV and the vaccine, but 45% reported
     NOT being vaccinated
  - Highlights need for where to access and cancer screening services

# 

# Teen Risk Reduction Education

- Creating partnerships with new schools as we expand into other communities across WA state.
- Started a Teacher Advisory Council to get a pulse of how we can better support in classrooms.
- Asking new communities what they need and adapting how we deliver Cancer Happens.
- Offering our *Teen Ambassador* program for student leaders.

# 'Encompassing Cancer' Podcast

- 28 episodes to date, 2 episodes per month (every other Monday)
- Three episodes covering HPV, HPV Vaccine, or related cancers
  - #11: Spotlighting the HPV vaccine with Dr. Jose Rodriguez
  - Bonus: Answering questions about HPV and the HPV vaccine from Project CHAMP
  - #21: Becoming a better advocate: Cervical Cancer Awareness Day 2023



## C.H.A.M.P.S 2.0

- Building on what we learned in Project C.H.A.M.P.
- Improving access to HPV vaccination and cancer screening services
  - HPV Vaccine resources
  - Cancer Screening resources and cancer prevention kits
  - Survey to better understand barriers to access and how community partners can help

#### **5 CANCER SCREENING RECOMMENDATIONS**

Screening tests help find cancer before symptoms appear, making it easier to treat and less likely to be fatal

#### **BREAST**



Women at average risk should start screening via mammography at age 50, and be screened every two years until age 74. For those at higher risk or who have a family history, screening may begin at age 40. Women are encouraged to do monthly self-exams and practice breast self-awareness.

#### COLORECTAL



Screening recommended for all adults

ages 45 to 75 via colonoscopy – frequency
dependent on specific situation and type
of test. If you are at higher risk, your
doctor may recommend screening start
earlier and at more regular intervals.

#### CERVICAL



Women ages 21 to 65 should be screened at least every 3 years via Pap smear.

At age 30, your doctor may start doing a Pap test and HPV test every 5 years, depending on results.

#### LUNG



Annual screening with low-dose CT suggested for adults ages 50 to 80 with a heavy smoking history and who currently smoke or have quit in the past 15 years.

#### SKIN



This is a **monthly visual exam** done by yourself or your healthcare provider. Check for any changes in color, size, shape or texture of your moles and birthmarks.

#### Do you have a family history of cancer?

Communicate this with your healthcare provider! Screening recommendations may vary when accounting for family history and genetic makeup.

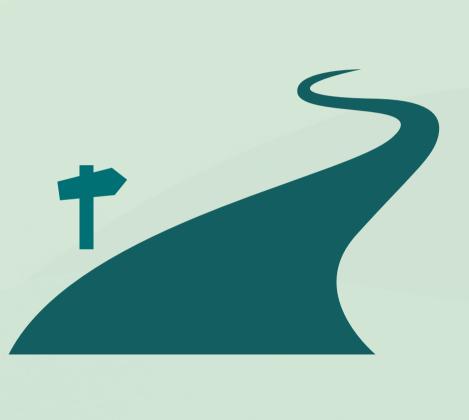
These recommendations are based on the U.S. Preventative Task Force and are guidelines. Please consult your healthcare provider with specific questions and to discuss your options.



# Trending Challenges

- Community hesitancy/beliefs (vaccine = immunization)
- Turnover rates in schools for teachers, counselors, and admin
- Lots of noise around health education for ALL audiences
- Education retention beyond our presentations
- Continued impacts from covid (regular check-ups, hospital/ clinic staffing, screening delays)

# 



# What we're working towards

## **Expanding Teen Risk Reduction Education:**

Developing elementary/middle school-specific curriculum

## **Fostering New Partnerships:**

- Healthcare organizations, specifically in rural communities
- Intentionally expanding our services into Vancouver and Spokane

## **Educating ourselves:**

 Evolving the way we deliver our education to meet students/ teachers needs.

# What we're working towards

100% Vaccinated

# Stronger together!

## How can we help support one another?

- Partner together and promote events
- Share resources
- Engage teachers across the state
- Distribute Cancer Happens in your community not just for schools

# Connect with us!



Amy Wooten, M.Ed

Amy@cancerpathways.org



Lauren Bineau, MPH
Lauren@cancerpathways.org

## BREAK – 5 minutes Back at 11:05am

# **Notable Research and Publications**

#### Multi-level Quality Improvement Strategies to Optimize HPV Vaccination at the 9 Year Well Child Visit: Success Stories from two private pediatric clinics

WA project lead by Clinical Champion-Dr. Sherri Zorn, DOH-Katie Treed, ACS-Char Raunio & UW School of Public Health, Health Promotion Research Center-Thuy Vu & Anjali Vasavada

## QI intervention project parred HPV vaccinations with 9–10-year-olds well child visits

#### The article outlines the interventions used:

- Standardized immunization schedule posters in each exam room
- Electronic record supports
- Provider and staff training around HPV
- Strong provider recommendations
- Printed educational resources
- Peer-to-peer champion coaching





#### **Article Highlights**

- In the first year, vaccination rates in 9-10-year-olds increased 30% or more at each clinic
- Sustained improvements with both initiation and series completion rates were noted with 11-12-year-olds with a 40% increase
- Sidenote: The QI project was started at one set of clinics during the pandemic. They were still showed significant vaccination increases

# Why the American Academy of Pediatrics recommends initiating HPV vaccine at age 9

- Published Online: November 2022
- The American Academy of Pediatrics (AAP) recommends starting the human papillomavirus (HPV) vaccine series between 9 and 12 years,
- This recommendation differs from the Advisory Committee on Immunization Practices (ACIP), which recommends HPV vaccination be initiated at age 11 or 12 years, stating the series can be started at age 9 years.
- Several reasons by AAP's recommendation differs from ACIP, as the AAP and ACIP schedules are "essentially harmonized for all other vaccines".

# Why the American Academy of Pediatrics recommends initiating HPV vaccine at age 9

#### 7 Reasons Outlined:

- 1. Vaccination uptake is suboptimal;
- 2. Offering vaccination earlier offers provider's flexibility in introducing the vaccine;
- 3. Initiating the vaccine at age 9 or 10 may be preferable for parents or adolescents who do not want to receive ≥3 concomitant vaccines at age 11 or 12;
- 4. Earlier initiation may disentangle HPV recommendations from discussions of sexuality;
- 5. Earlier recommendation might alleviate HPV vaccine hesitancy "fatigue;"
- 6. The immune response is robust at younger ages with no evidence of waning protection; and
- 7. There is a dearth of evidence supporting starting the recommendation at age 11 or 12 within the "adolescent immunization platform."

### Other Notable Publications

- Entire Collection of Publications: <u>Article collection: HPV Vaccination</u> <u>Starting at Age 9 (tandfonline.com)</u>
- Human papillomavirus vaccinations at recommended ages: How a middle school-based educational and vaccination program increased uptake in the Rio Grande Valley (tandfonline.com)
- An opportunity to increase human papillomavirus vaccination rates: Change the guidelines (tandfonline.com)
- Why the American Academy of Pediatrics recommends initiating HPV vaccine at age 9 (tandfonline.com)
- HPV vaccine initiation at 9 or 10 years of age and better series completion by age 13 among privately and publicly insured children in the US (tandfonline.com)

## Other Notable Publications



- Multi-level quality improvement strategies to optimize HPV
   vaccination starting at the 9-year well child visit: Success stories from
   two private pediatric clinics (tandfonline.com)
- Engaging health plans to prioritize HPV vaccination and initiate at age
   9 (tandfonline.com)
- Framing of national HPV vaccine recommendations and willingness to recommend at ages 9-10 (tandfonline.com)
- Optimizing timing of adolescent vaccines: Impact of initiating HPV vaccination before Tdap or meningococcal vaccination on timely completion of the HPV vaccine series (tandfonline.com)

### Other Notable Publications

- The association of initiating HPV vaccination at ages 9–10 years and up-to-date status among adolescents ages 13–17 years, 2016-2020 (tandfonline.com)
- Recommending HPV vaccination at age 9 to reduce health disparities:
   Communication challenges and opportunities (tandfonline.com)
- <u>Implementing interventions to start HPV vaccination at age 9: Using the evidence we have (tandfonline.com)</u>
- Does HPV vaccination initiation at age 9, improve HPV initiation and vaccine series completion rates by age 13? (tandfonline.com)
- HPV vaccine recommendations by age: A survey of providers in federally qualified health centers (tandfonline.com)

**Chrystal Averette, MPH** 

Immunization Quality Improvement for Providers (IQIP) Coordinator Washington State Department of Health





#### IMMUNIZATION QUALITY IMPROVEMENT FOR PROVIDERS (IQIP)

Office of Immunization Child Profile



Award Nominations open on June 1, 2023

Providers must complete self nomination form.

Submit a copy of coverage rate report to <a href="mailto:immunizewa@doh.wa.gov">immunizewa@doh.wa.gov</a>

Gold Award Level (80% and above Childhood HEDIS Combo 10 Adolescent HEDIS Combo 2

Silver Award Level (70-79%)
Childhood HEDIS Combo 10
Adolescent HEDIS Combo 2

Bronze Award Level
4313314 Childhood Series
(Healthy People 2020 Goal) 1:1:1
Series Adolescent Series



#### **IQIP** Purpose

The purpose of IQIP is to promote and support the implementation of provider-level strategies designed to increase on-time vaccination among child and adolescent patients in adherence to the Advisory Committee on Immunization Practices' (ACIP) routine immunization schedule.

- Promote and support Collaborate
  with provider site to identify
  opportunities for workflow
  improvement, select QI strategies,
  provide ongoing support and
  motivation
- <u>Provider-level strategies</u> Update vaccination workflow changes at provider site to implement IQIP strategies
- Routine immunization schedule –
   Achieve on-time vaccination
   according to ACIP schedule, reducing
   future need for catch-up

#### The IQIP Process

- Conducted over a period of one year during a series of four consultations
- Provider site may do another IQIP cycle if desired

#### Site Visit (In-Person)

- · Discuss provider's vaccination workflow
- Review initial coverage assessments and set coverage goals
- · Discuss, select, and practice QI strategies

#### 2-Month Check-In (Phone Call)

- Monitor progress
- Provide technical assistance and motivation
- Update Strategy Implementation Plan

#### 6-Month Check-In (Phone Call)

- Monitor progress
- Provide technical assistance and motivation
- Update Strategy Implementation Plan

#### 12-Month Follow-Up (Phone Call)

- · Assess QI progress and provide technical assistance
- Evaluate year-over-year change in coverage levels
- Update strategy implementation plan and encourage continued effort

#### **IQIP** Core Strategies



Schedule the next vaccination visit before the patient leaves the provider site



Leverage IIS functionality to improve immunization practice.



Give a strong vaccine recommendation (include HPV vaccine if the provider has adolescent patients).



Strengthen vaccination communications.



Recommend HPV vaccination series starting at age 9.

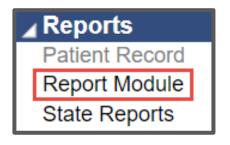
## **IIS Quality Improvement Tools**

Coverage Rate Report

Reminder/Recall

Manage Population

#### Coverage Rate Report

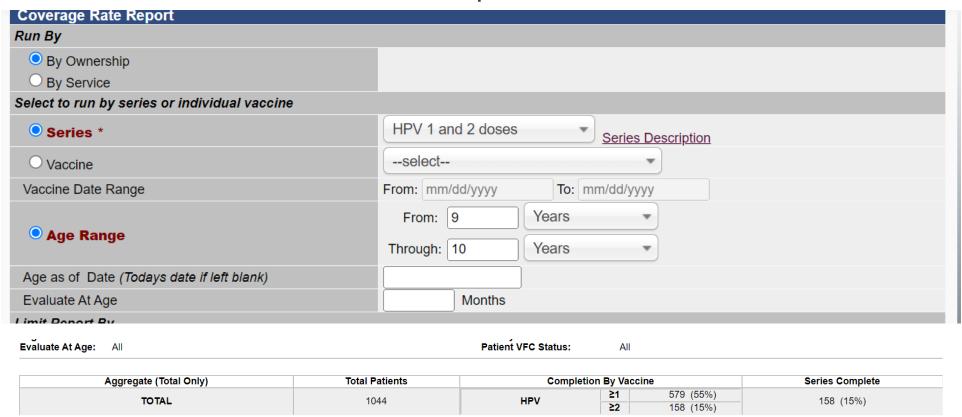


- Access in the **Report Module** under the **Reports** heading in the left menu.
- Assess coverage for any age range, vaccine or pre-defined vaccine series.
- Run or export coverage rates and patient lists.

Total Patients	Completion By Vaccine			Incomplete Series	Series Complete
4	MENINGOCOCCAL	≥1	4 (100%)		3 (75%)
	HPV	≥1	3 (75%)	1 (25%)	
	Tdap	≥1	4 (100%)		

Patient 1 6268484	IDOwning IRMS/Facility Id 100034 / 16882	Patient Name NICOLE FOURTEEN	<b>Birthday</b> 04/09/2002	Age 16 years		VFC Eligibility	<b>Guardian F.N.</b> MAMA	Patient Phone Number	<b>County</b> WHATCOM	Zip Code 98228	Chart Number SIISCLIENT6268484
	Patient has met the requirements for the vaccines in the series										
Patient 1 6268482	IDOwning IRMS/Facility Id 100034/16882	Patient Name NICOLE TWELVE	<b>Birthday</b> 02/01/2005	Age 13 years		VFC Eligibility	<b>Guardian F.N.</b> NOT	Patient Phone Number	County THURSTON	Zip Code 98512	Chart Number SIISCLIENT6268482
	Vaccine Family Name			Dose Number		Recommended Date			Minimum Date		
	HPV				1		02/01	/2016		02/0	01/2014

#### HPV @ 9 Reports to Run

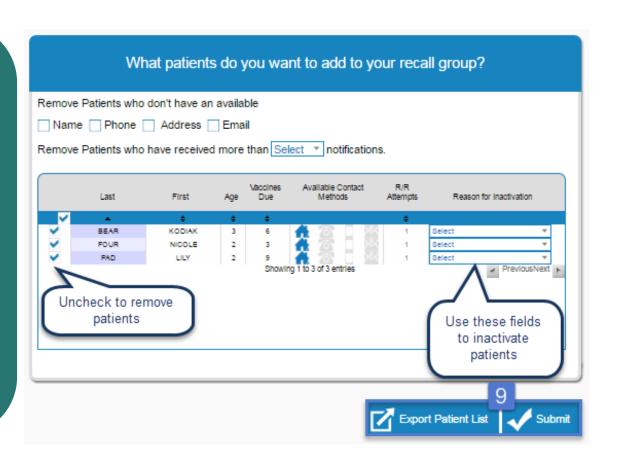


# Patient Listing for 9 and 10 YO Run 2 HPV for Series

D	ispiay Report Columns
	✓ Complete By Vaccine
	☐ Incomplete Series
	☐ One Dose to Complete Series
	☐ One Visit to Complete Series (Multiple doses needed but could be given with one visit to vaccinator)
	□ Not Yet Due
	☐ Not Yet Due (Late by Age)
	☐ Missed Opportunities
:lp?	Back Reset Export Patient List Create Patient List Export Coverage Report Create Coverage Report

#### Reminder/Recall

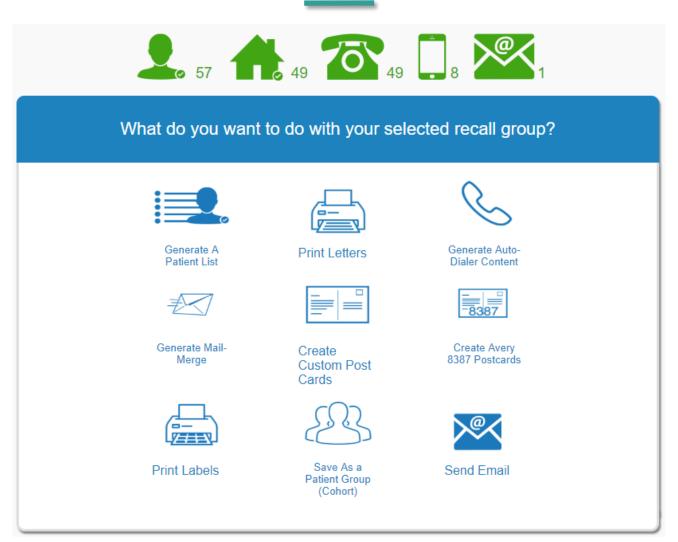
- Remove patients
- Inactivate patients
- Limit by contact method
- Remove patients after certain number of contacts.



## Reminder/Recall

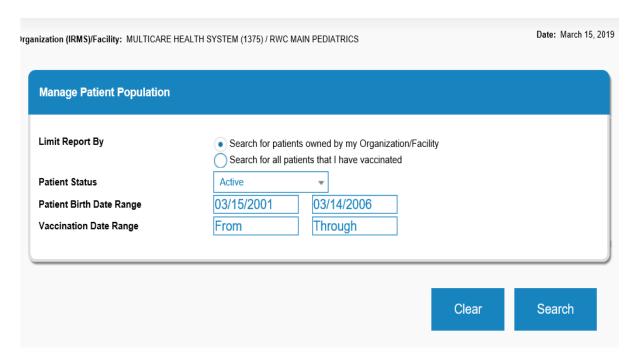
Vaccines Due	Available Contact Methods	R/R Attempts	Reason for Inactivation
•		<b>•</b>	
10	<b>1 1 1 1 1 1 1 1 1 1</b>	0	Select •
10	<b>1</b> 20 📗 🔀	0	Select ▼
10		0	Select •
10	<b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	Select ▼
10		0	Select •
10		0	Select •
10		0	Select •
10		0	Select •
10		0	Select
10		0	Select
Showing 1 to	10 of 920 entries		✓ PreviousNext

#### Choose Reminder/Recall Output



#### Manage Patient Population

#### Teen Cohort



## IIS Training Portal

- Patient Active/Inactive Status for Owning Organizations
- Immunization Quality Improvement Tools
- IIS Data Exchange 101
- All IIS training materials

#### Reach for Gold!

For more information go to the <u>Immunize WA</u> <u>webpage</u>

If interested in participating in IQIP email <a href="mailto:immunizewa@doh.wa.gov">immunizewa@doh.wa.gov</a>





Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at <a href="mailto:civil.rights@doh.wa.gov">civil.rights@doh.wa.gov</a>. TTY users dial 711.

## Final Thoughts

Webinar: May 16<sup>th</sup> and June 28<sup>th</sup>, 2023: 12pm-1pm

Next Task Force Meeting October 20<sup>th</sup>, 2023: 8am-10am

WA State Cancer Coalition: June 13<sup>th</sup>, 2023