



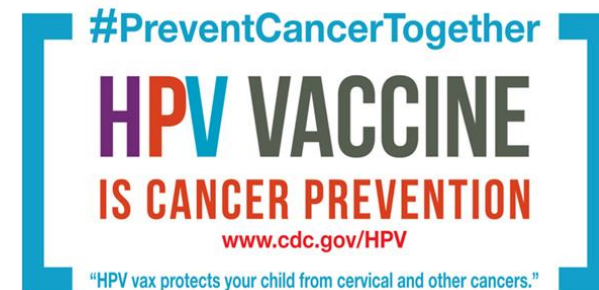
Washington State HPV Free Task Force Winter 2026 Meeting

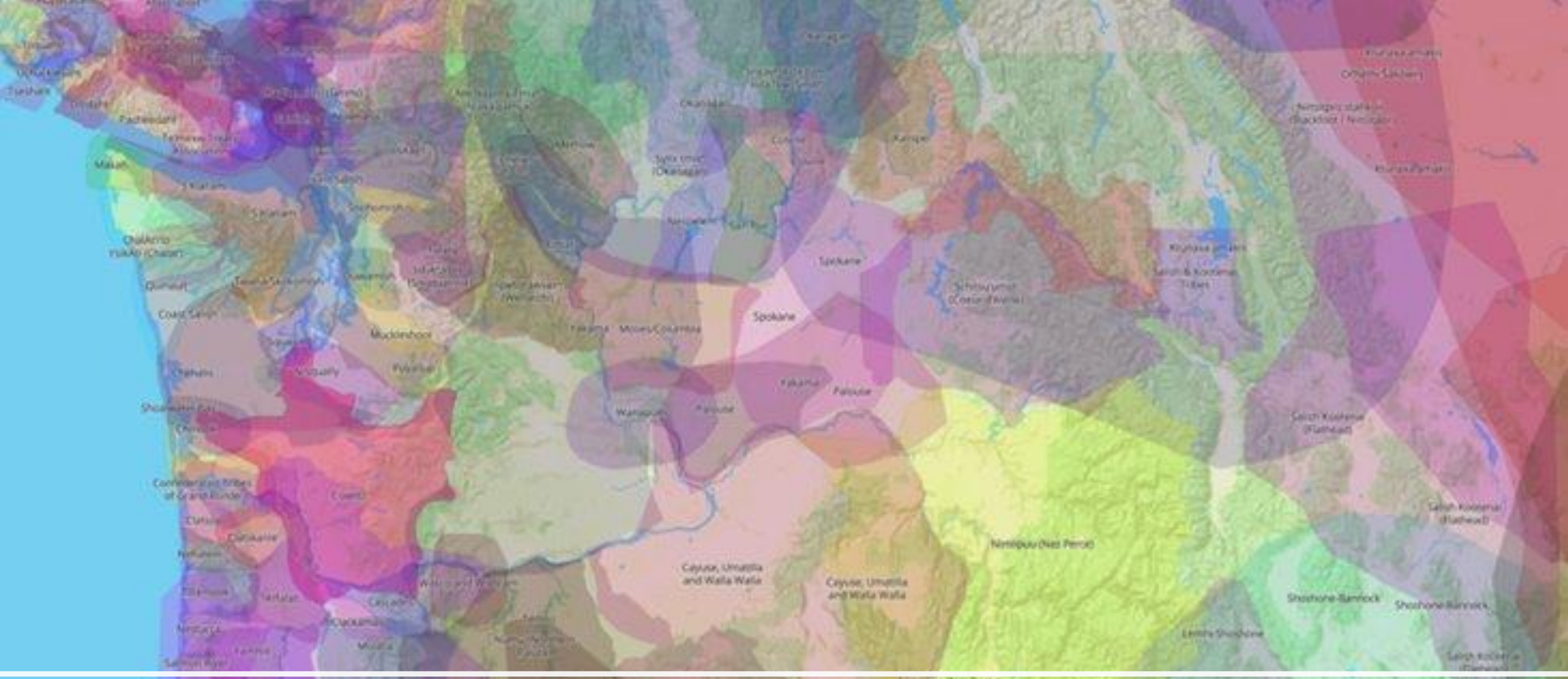
Friday, February 27th, 2026



Agenda

- Welcome, Introduction & Housekeeping
- Land Acknowledgement
- Updates on 2026 Childhood Immunization Schedule & HPV Vaccine Dose
- Data Update: WA State Immunization Data
- Presentation: Pakistan's HPV Vaccination Campaign
- BREAK
- Presentation: American Cancer Society's Global HPV Outreach
- Presentation : Cervical Cancer Survivor Story
- Presentation: Global HPV Projects Updates
- Updates & Upcoming Events
- Wrap Up





Land Acknowledgement



Welcome & Introductions

Please introduce yourself by
typing in the chat your **Name**,
Organization and Title



Housekeeping



- 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

A friendly reminder that the HPV Taskforce invites all who attend today to help us create a safe, positive experience for everyone. Members and participants agree to support our mission and strengthen HPV prevention efforts in Washington State based on State immunization recommendations, aligned with the American Academy of Pediatrics, based on decades of research showing vaccines are effective and essential for protecting health

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.

See the chat for more details.

Save the Date! Upcoming HPV Task Force Meeting Dates:

**Annual Roundtable
(4 hrs.)**

May 8, 2026

8:00 am – 12:00 pm

**Fall Quarter
Meeting (2.5 hrs.)**

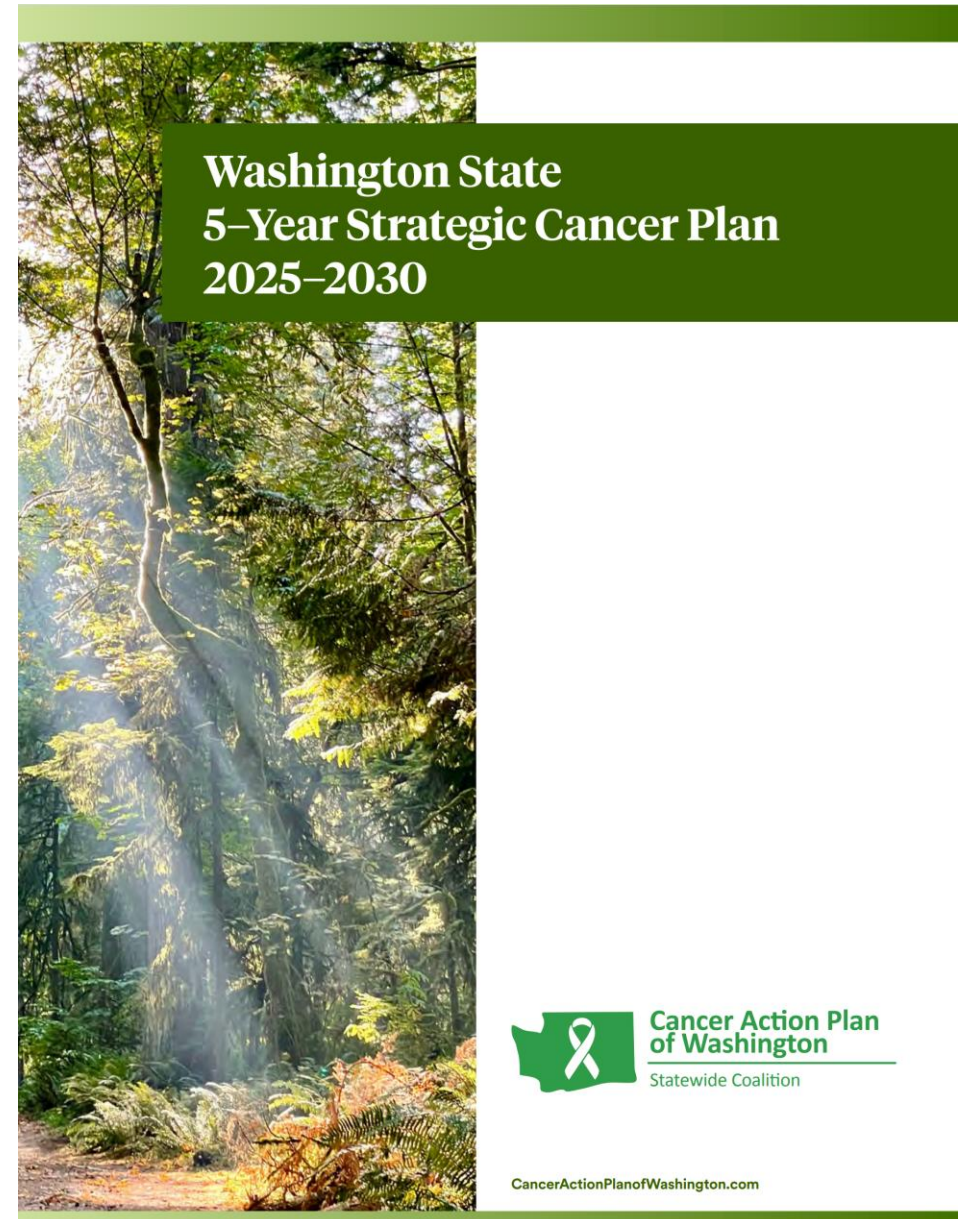
October 9, 2026

8:00 am – 10:30 am



Cancer Action Plan of Washington 2026 Virtual Gathering

- Date: April 30, 2026
- Time: 10:00 am – 12:00 pm
- Registration Link: [Meeting Registration – Zoom](#)
- Location: Virtual
- Contact:
info@canceractionplanofwashington.com
- **HPV Related Cancer is one of the priority areas in the cancer plan.**





2026 CHILD AND ADOLESCENT IMMUNIZATION SCHEDULE UPDATE

Washington State Department of Health

Washington State Department of Health's Updates on Federal Changes to Childhood Vaccine Recommendations

State immunization recommendations, aligned with the **American Academy of Pediatrics**, are based on decades of research showing vaccines are effective and essential for protecting health.

The WA DOH and the West Coast Health Alliance endorse the **American Academy of Pediatrics (AAP) vaccine schedule** for children and adolescents.

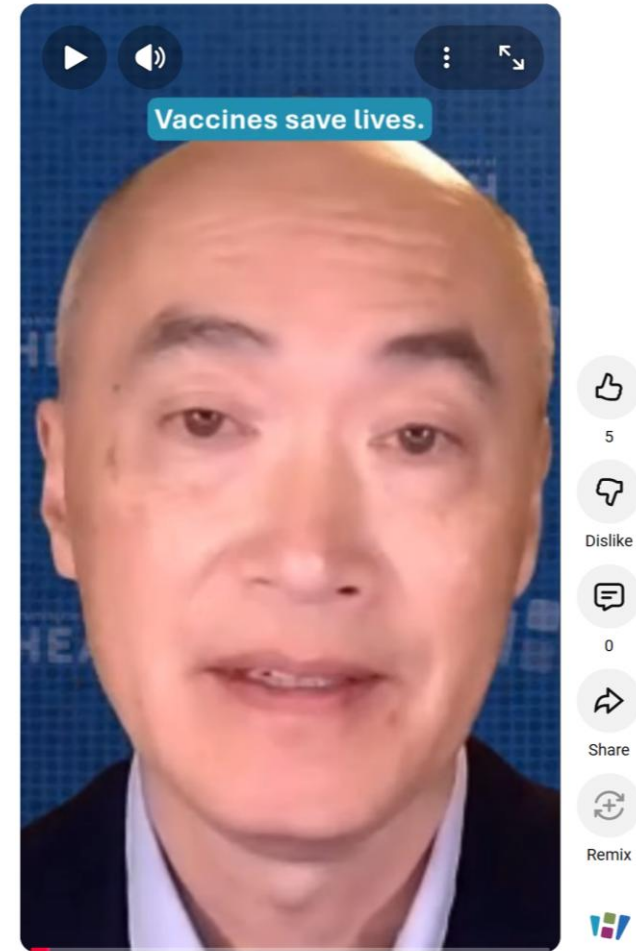
Our current guidelines are based on the following professional resources:

- Children (18 years or younger): [American Academy of Pediatrics](#)
- Pregnant Persons: [American College of Obstetricians and Gynecologists](#)
- Adults (19 years or older): [American Academy of Family Physicians](#)

The screenshot shows the top navigation bar of the Washington State Department of Health website. It includes the logo, a search bar, and several menu items: 'You & Your Family', 'Community & Environment', 'Licenses, Permits, & Certificates', 'Data & Statistical Reports', 'Emergencies', and 'Public Health & Provider Resources'. Below the navigation bar is a breadcrumb trail: 'Home | Newsroom | Washington State Department of Health Statement on Federal Changes to Childhood Vaccine Recommendations'. A language selector is set to 'English'. The main heading of the page is 'Washington State Department of Health Statement on Federal Changes to Childhood Vaccine Recommendations'. The content area includes a release date of 'January 5, 2026 (26-002)', a contact link for 'DOH Communications', and several paragraphs of text explaining the significance of the federal changes and the state's commitment to evidence-based public health. The text mentions that the state's immunization recommendations are aligned with the American Academy of Pediatrics and are based on decades of research. It also notes that the federal changes were made without the standard scientific review process. The page concludes with a note that the website is the source for a healthy dose of information and provides a link to social media for updates. The page ends with three hash symbols (###).

A Message from the State Health Officer- Tao Kwan-Gett, MD, MPH

- <https://www.youtube.com/shorts/BHykPtZ65AY?feature=share>



Resources: 2026 Child and Adolescents Immunization Schedule

- [2026 AAP-Immunization-Schedule.pdf](#)
- [WA DOH Immunizations and Vaccines Website](#)
- Press Releases:
 - [WA DOH Statement on Federal Changes to Childhood Vaccine Recommendations](#)
 - [The West Coast Health Alliance continues to recommend vaccination in alignment with the American Academy of Pediatrics \(AAP\)](#)
- [Communicating About Shared Clinical Decision-Making](#)
- [Disease risk for kids hasn't changed | Vaccine Resource Hub](#)





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 doh.information@doh.wa.gov.



HPV vaccine: One Dose or Two? Follow the Evidence.

Sherri Zorn MD, FAAP
(She/Her/Hers)
Washington Chapter of the AAP

Ramie Leibnitz, PhD immunologist
(She/Her/Hers)
Vaccine Advocate

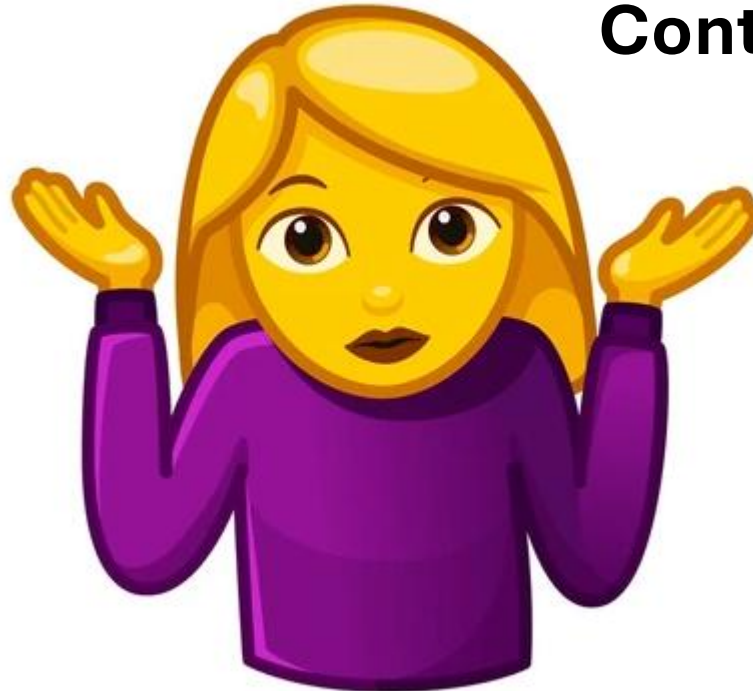
Jan 5, 2026

Health and Human Services (HHS):

American Academy of Pediatrics (AAP),
West Coast Health Alliance (WCHA),
WA DOH:

**New Recommendation:
ONE dose HPV**

**Recommendation:
Continue TWO doses of HPV**



Jan 5, 2026
Health and Human Services (HHS):

**Decision made behind
closed doors**

American Academy of Pediatrics (AAP),
West Coast Health Alliance (WCHA),
WA DOH:

**Emphasis on evidence-based
recommendations**

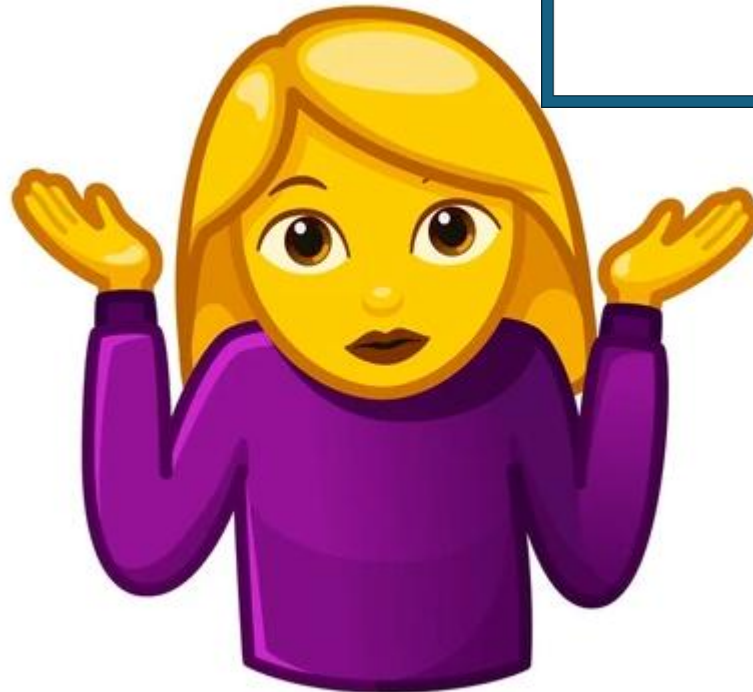


Jan 5, 2026
Health and Human Services (HHS):

**Decision made behind
closed doors**

American Academy of Pediatrics (AAP),
West Coast Health Alliance (WCHA),
WA DOH:

**Emphasis on evidence-based
recommendations**



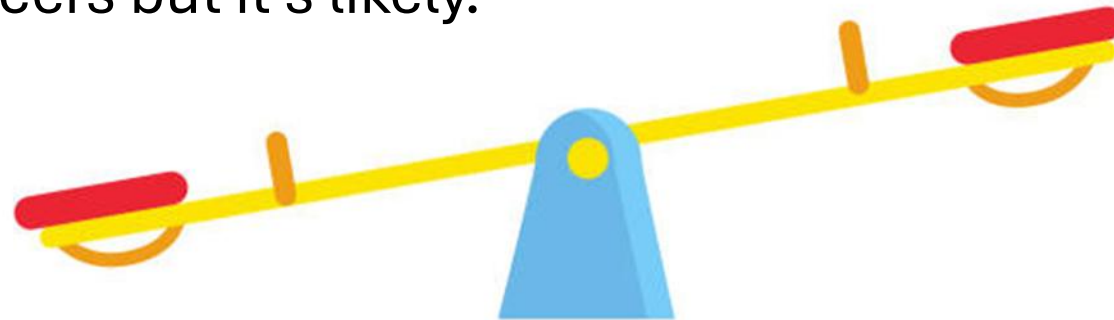
Two doses of the HPV are Effective!

PROS:

- Studied in more than 50 randomized controlled trials.
- *Real world data*: significant reduction in cervical & anal cancers, vaginal & oral infections, genital warts, and respiratory papillomas.
- Too early to confirm reduction in mouth/throat cancers but it's likely.

CONS:

- Return visit required.
- Increased expenses for a second dose.



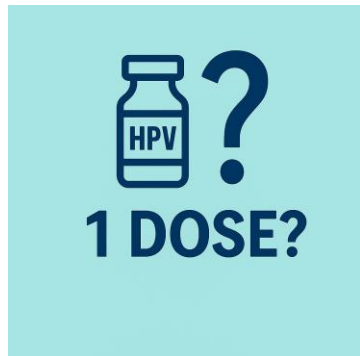
Is One Dose of the HPV Vaccine Enough?

PROS:

- One dose is very (>95%) effective in large randomized trials (RTs) to prevent cervical cancers.
- Many countries only use one dose – often for logistical or financial concerns.

CONS:

- Data gaps in the RTs:
 - ❖ No data for males.
 - ❖ No data for other HPV diseases, other than cervical cancer.
- HPV is not FDA approved for 1-dose schedule in USA.





In Conclusion:

We know that 2 doses of the HPV can prevent 6 types of HPV cancers in males and females, as well as genital warts and respiratory papillomas.

The evidence is mounting that one dose of HPV vaccine may be enough...but, there are data gaps.



Bottom Line:

Follow the Evidence.

This is not a decision to be rushed.
Be Patient.

Follow the evidence as it unfolds.
Look for evidence-based decision-making by the American Academy of Pediatrics.





More information:

CIDRAP Op-Ed: The HPV vaccine prevents cancer. The new ACIP wants to re-examine that.

<https://www.cidrap.umn.edu/human-papillomavirus-hpv/cidrap-op-ed-hpv-vaccine-prevents-cancer-new-acip-wants-re-examine>

What to Know About One-dose HPV Vaccination

<https://www.immunizationmanagers.org/what-to-know-about-one-dose-hpv-vaccination/>



WA STATE HPV IMMUNIZATION DATA UPDATE

Washington State Department of Health



Leigh Wallis, MPH

She/Her

Immunization Health Educator

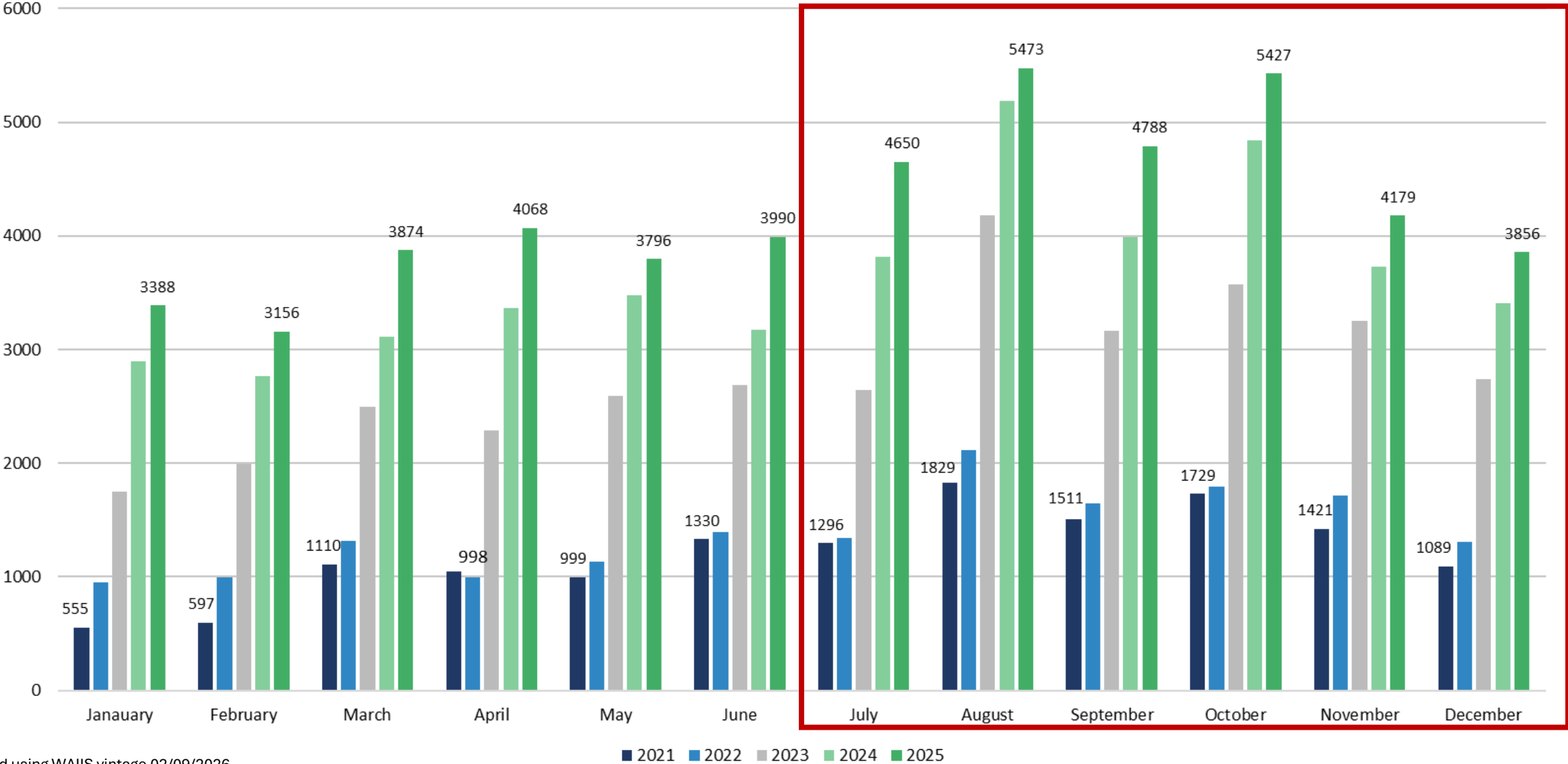
leigh.wallis@doh.wa.gov

Health Promotion and Education (HPE)
Office of Public Affairs and Equity (OPAE)
Washington State Department of Health

Data: HPV Doses Administered

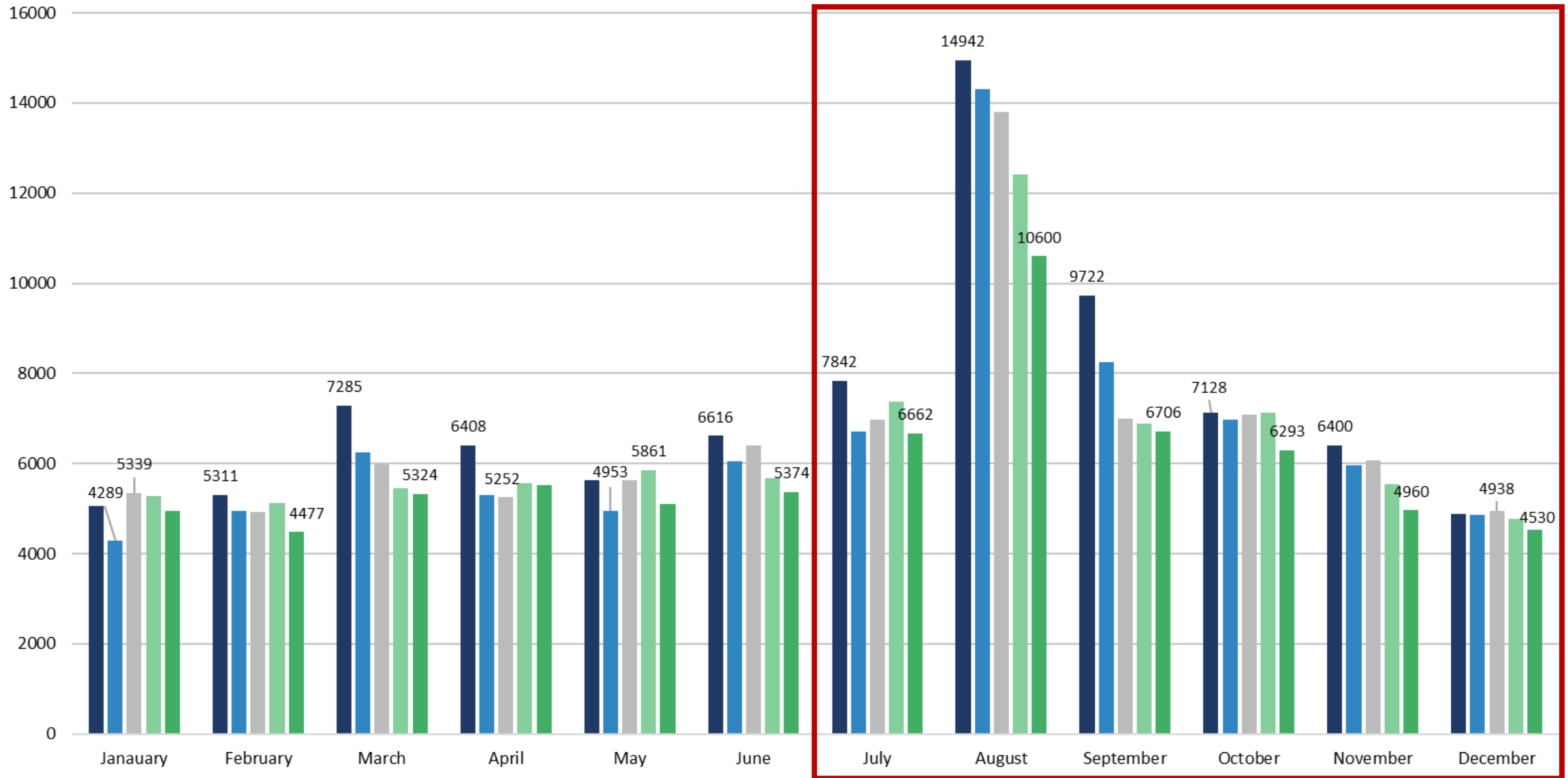
Note: Third and fourth quarter data are available for 2025.

HPV Administrations among 9-10 year olds by calendar year, Washington state



Calculated using WAIS vintage 02/09/2026.
 Excludes records with a date of registry entry after the as-of-date.
 May not be comparable to prior estimates.

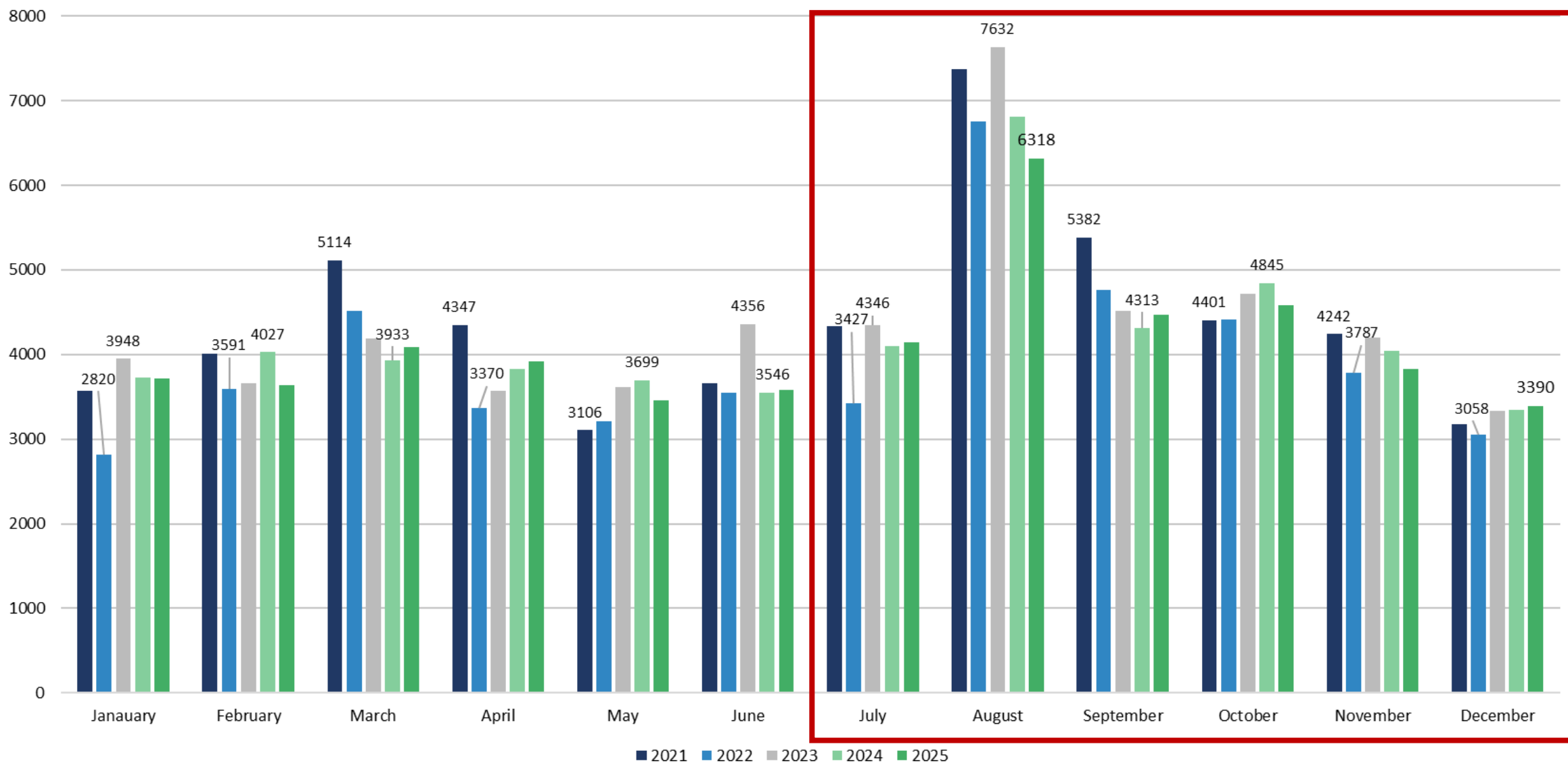
HPV Administrations among 11-12 year olds by calendar year, Washington state



Calculated using WAIS vintage 02/09/2026.
 Excludes records with a date of registry entry after the as-of-date.
 May not be comparable to prior estimates.

■ 2021 ■ 2022 ■ 2023 ■ 2024 ■ 2025

HPV Administrations among 13-17 year olds by calendar year, Washington state



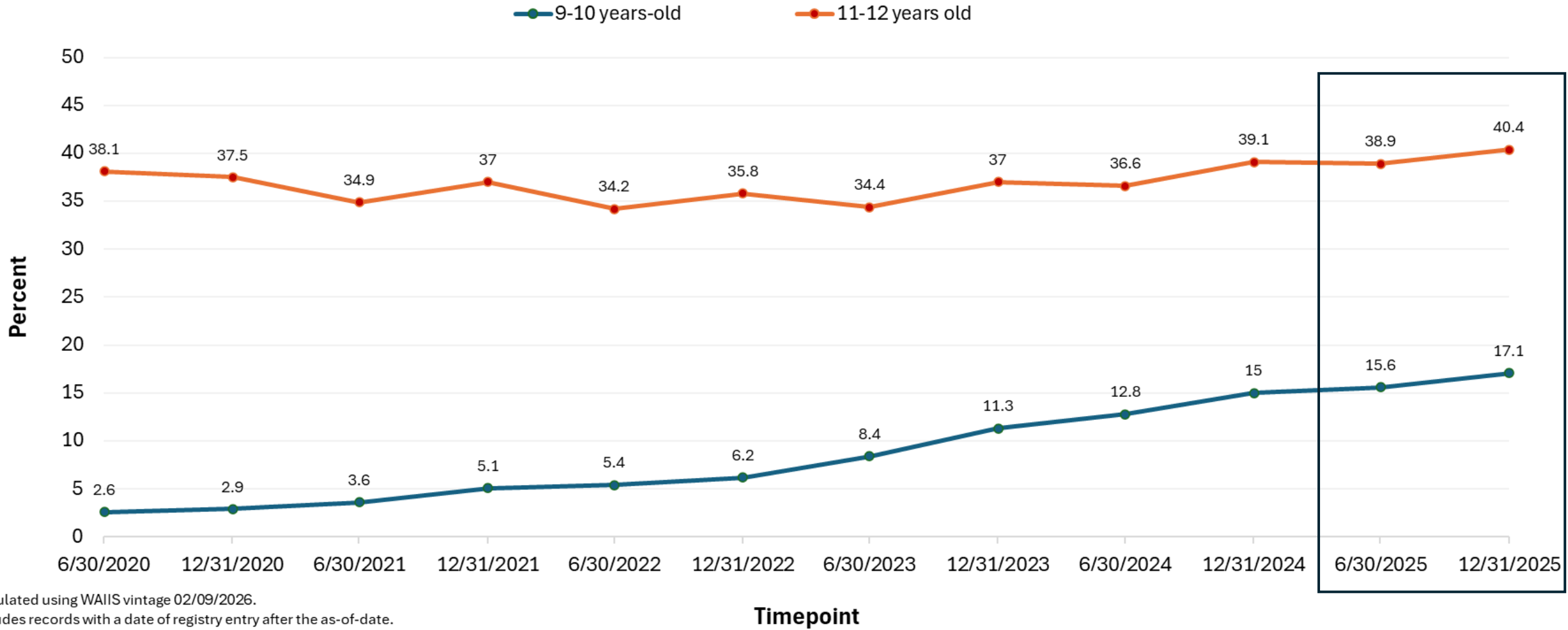
Calculated using WAIS vintage 02/09/2026.

Excludes records with a date of registry entry after the as-of-date.

May not be comparable to prior estimates.

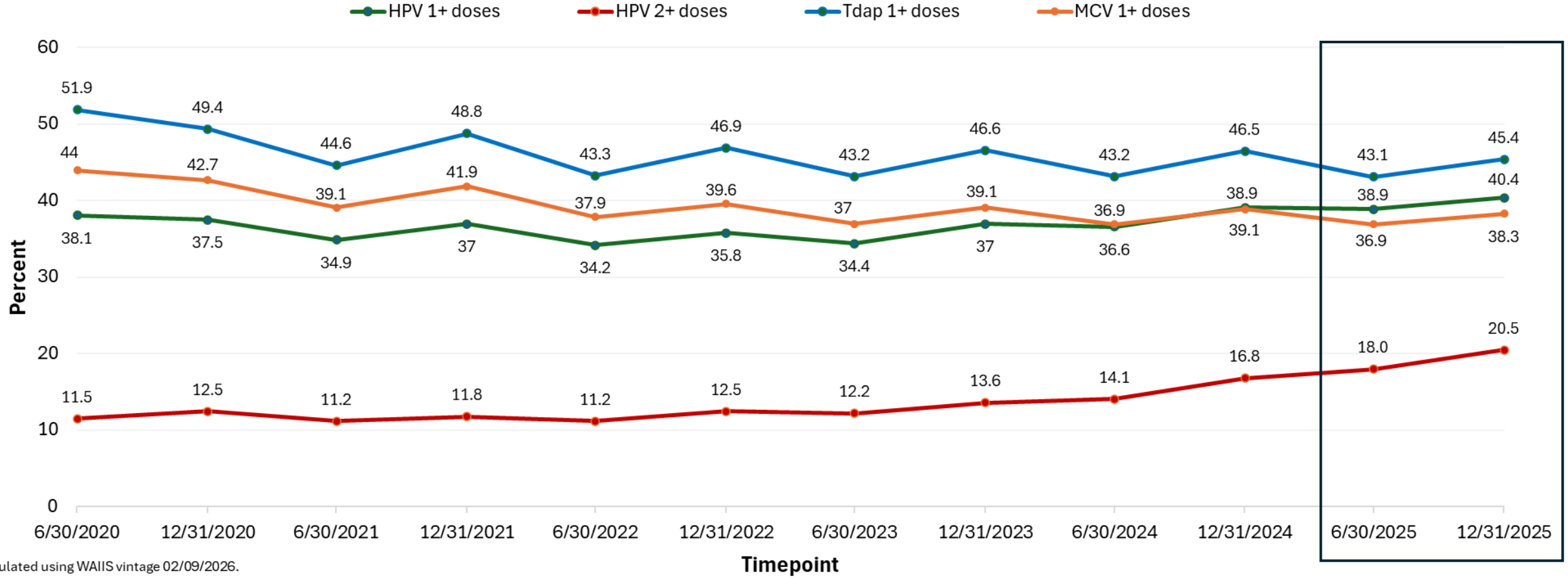
Data: HPV Coverage Rates

Percent of HPV-initiated (1+ dose) adolescents by age group, June 2020 - December 2025



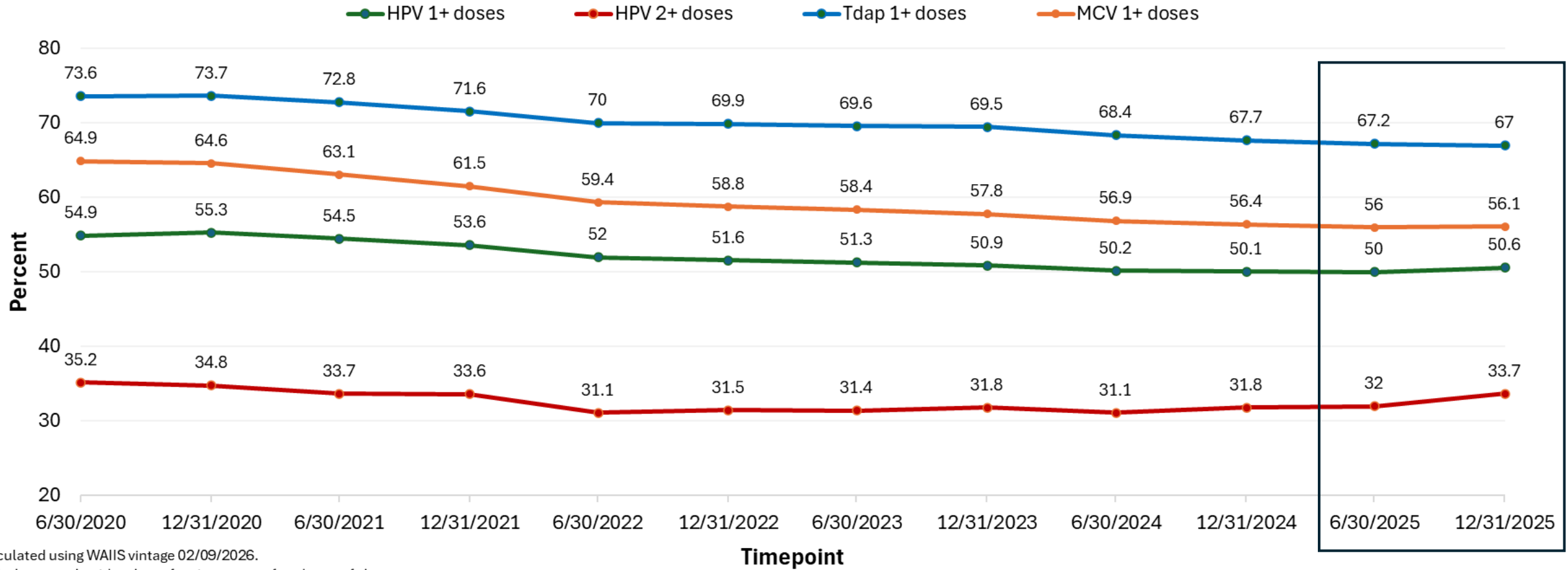
Calculated using WAIS vintage 02/09/2026.
Excludes records with a date of registry entry after the as-of-date.
May not be comparable to prior estimates.

Percent of 11-12 year olds with 1+ doses HPV, 2+ doses HPV, 1+ doses Tdap, and 1+ doses MCV, June 2020 to December 2025



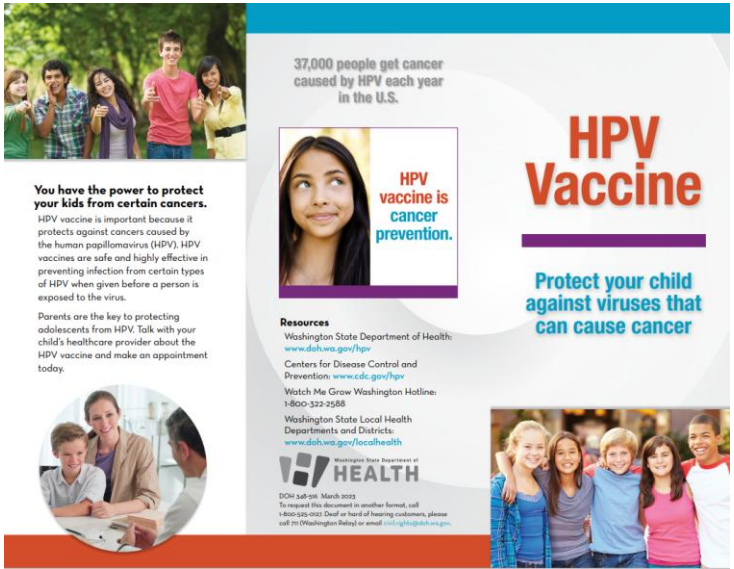
Calculated using WAIS vintage 02/09/2026.
 Excludes records with a date of registry entry after the as-of-date.
 May not be comparable to prior estimates.

Percent of 13 year olds with 1+ doses HPV, 2+ doses HPV, 1+ doses Tdap, and 1+ doses MCV, June 2020 to December 2025



Calculated using WAIS vintage 02/09/2026.
 Excludes records with a date of registry entry after the as-of-date.
 May not be comparable to prior estimates.

Exciting HPV at Age 9 Updates



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

HPV Vaccine

Protect your child against viruses that can cause cancer

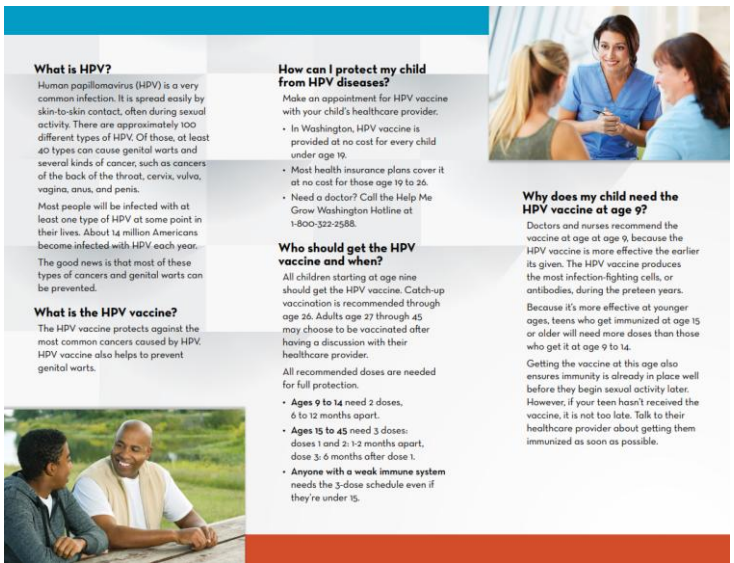
HPV vaccine is cancer prevention.

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 today.

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

DOH 348-091 March 2022
 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 civil.rights@doh.wa.gov.



What is HPV?
 Human papillomavirus (HPV) is a very common infection. It is spread easily by skin-to-skin contact, often during sexual activity. There are approximately 100 different types of HPV. Of those, at least 40 types can cause genital warts and several kinds of cancer, such as cancers of the back of the throat, cervix, vulva, vagina, anus, and penis.

Most people will be infected with at least one type of HPV at some point in their lives. About 14 million Americans become infected with HPV each year.

The good news is that most of these types of cancers and genital warts can be prevented.

What is the HPV vaccine?
 The HPV vaccine protects against the most common cancers caused by HPV. HPV vaccine also helps to prevent genital warts.

How can I protect my child from HPV diseases?
 Make an appointment for HPV vaccine with your child's healthcare provider.

- In Washington, HPV vaccine is provided at no cost for every child under age 19.
- Most health insurance plans cover it at no cost for those age 19 to 26.
- Need a doctor? Call the Help Me Grow Washington Hotline at 1-800-322-2588.

Who should get the HPV vaccine and when?
 All children starting at age nine should get the HPV vaccine. Catch-up vaccination is recommended through age 26. Adults age 27 through 45 may choose to be vaccinated after having a discussion with their healthcare provider.


- All recommended doses are needed for full protection.
- Ages 9 to 14** need 2 doses, 6 to 12 months apart.
- Ages 15 to 45** need 3 doses: doses 1 and 2, 1-2 months apart, dose 3, 6 months after dose 1.
- Anyone with a weak immune system** needs the 3-dose schedule even if they're under 15.

Why does my child need the HPV vaccine at age 9?
 Doctors and nurses recommend the vaccine at age 9, because the HPV vaccine is more effective the earlier it's given. The HPV vaccine produces the most infection-fighting cells, or antibodies, during the preteen years.

Because it's more effective at younger ages, teens who get immunized at age 15 or older will need more doses than those who get it at age 9 to 14.

Getting the vaccine at this age also ensures immunity is already in place well before they begin sexual activity later. However, if your teen hasn't received the vaccine, it is not too late. Talk to their healthcare provider about getting them immunized as soon as possible.

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>.



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HPV Vaccine Brochure

Old HPV Materials

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>.



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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.



HPV Flyer

HPV VACCINE: Long-Lasting Cancer Protection

Vaccination prevents over **90%** of cancers caused by HPV



In Washington

- 65%** of teens completed their HPV vaccination series in 2023.¹
- 82%** of teens got one dose of HPV vaccine in 2023.¹

Most common cancers caused by HPV²

- 248** new cases of cervical cancer are found each year.
- 505** new cases of oropharyngeal³ cancer are found each year.

³Oropharyngeal cancer is in the back of the throat, including the tonsils and base of the tongue.

The HPV vaccine offers future cancer protection for everyone.

Preventable Cancers Caused by HPV:

- OROPHARYNGEAL
- CERVICAL
- VAGINAL
- VULVAR
- PENILE
- ANAL*

*Anal cancer also includes cancer of the rectum.

Earlier Vaccination is Better

Two doses of HPV vaccine are recommended for children starting at age 9.

When given earlier, HPV vaccine has a better immune response.

Teens and adults (15-45) can still receive vaccination, but will require three doses.

Consult your health care provider for more information.

To learn more about the HPV vaccine and other immunization services in Washington, visit www.doh.wa.gov/hpv.

1. CDC. 2023 National Immunization Survey.
 2. Washington State Department of Health, Washington State Cancer Registry 2019-2022, released in January 2025. Average number of new cases per year.
 3. CDC. 2019 HPV Vaccine Survey.
 Created by CDC and adapted with permission by the Washington State Department of Health. 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 civil.rights@doh.wa.gov.

HPV Vaccine Poster

New HPV at Age 9 Materials

Getting the HPV vaccine prevents cancer!

- HPV vaccine helps protect against six types of cancer.
- HPV vaccine protects people from over 90% of HPV cancers when given at the recommended ages.
- More than 75% of US parents have chosen to protect their children from HPV cancer with the HPV vaccine. Will you, too?

HPV vaccination between ages 9 and 12 will prevent more HPV cancers than vaccination at older ages. Why?

- Pre-teens produce more antibodies after HPV vaccination than older teens.
- It's important for children to be vaccinated BEFORE possible exposure to HPV infection.

Resources

- www.cdc.gov/hpv
- cancer.org/hpv
- doh.wa.gov/hpv
- slsh.wa.gov/hpvc-at-nine
- nhd.org/hpv

HEALTH HPV FREE

Information in this publication is current as of the date noted. For updates, visit doh.wa.gov/updates.
DOI# 348-472 January 2024, C.S. English. 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 doheinformation@doh.wa.gov.

What is HPV?

Human papillomavirus (HPV) is a common virus that spreads easily and often when an infected person has no signs or symptoms. In fact, it is so common that most adults are infected at least once in their life. Most of the time, our bodies can clear HPV. When a person gets infected with the virus, there is no way to know who will develop cancer or other health problems. It can take years or decades before cancer from HPV infection develops.

How does HPV spread?

HPV is spread through intimate skin-to-skin contact. It can spread without having sex. Three out of every four adults will have at least one HPV infection before age 30.

How can you prevent HPV cancers?

With the HPV vaccine! The HPV vaccine protects against certain types of HPV infection, HPV cancers, and prevents most cases of genital warts. The HPV vaccine is recommended for all boys and girls between the ages of 9 and 12.

- It helps protect boys from cancers of the mouth and throat, penis, and anus later in life.
- It helps protect girls from cancers of the cervix, mouth and throat, anus, vagina, and vulva later in life.

Is the HPV vaccine safe and effective?

Yes, hundreds of millions of doses of HPV vaccine have been given around the world since 2006. Its safety is monitored in over 80 countries.

- Studies show that this vaccine provides almost 100% protection against the types of HPV it targets, and it protects kids from cancer caused by HPV for a lifetime.
- The HPV vaccine does not cause fertility issues, in fact, the opposite is true. HPV vaccine helps protect against cervical cancer and can help ensure a woman's ability to get pregnant and have healthy babies.

Recommended HPV Vaccination Schedule

- On time: Age 9-12**
2 Doses
• 6-12 months apart
- Late: Age 13-14**
2 Doses
• 6-12 months apart
- Critical: Age 15-26**
3 Doses
• 1st dose at visit one
• 2nd dose 1-2 months later
• 3rd dose 6 months after 1st

HEALTH HPV FREE

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HPV Vaccine Brochure

Protect Your Child from Cancers Caused by HPV

HPV vaccination starts at age 9!

Age 9 to 12 Years | Safe | Effective

- Protects both boys and girls
- Stronger protection at younger ages
- Only 2 doses needed

HPV vaccine prevents most cases of:

Boys	Girls
<ul style="list-style-type: none"> • Mouth and throat cancer • Penis cancer • Anus cancer • Genital warts 	<ul style="list-style-type: none"> • Cervical cancer • Mouth and throat cancer • Anus, vagina, & vulva cancer • Genital warts

VACCINATE AT 9-12
Give your child long-lasting protection from HPV cancers.

The HPV vaccine is part of the Washington State Childhood Vaccine Program. This program pays for the HPV vaccine for youth under 19 years of age.

HEALTH HPV FREE

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HPV Vaccine Flyer Co-brandable

Do it for their future.

HPV vaccination starts at age 9!

A future that's free from HPV cancers!

The best age for the HPV vaccine is 9-12.

Preventing cancer is always better than treating it.

The HPV vaccine protects your child from six types of cancer for the rest of their lives! It's for all boys and girls, starting at age 9. Talk to your child's health care provider about the HPV vaccine.

Scan the QR code to learn more or visit doh.wa.gov/hpv-at-nine

HEALTH HPV FREE

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DOI# 348-707 January 2024, C.S. English. 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 doheinformation@doh.wa.gov.

HPV Vaccine Poster Co-brandable

Watch Me Grow: 9 Year Letter Materials

Vaccines
HPV vaccines can be given starting at age 9.

Human Papillomavirus (HPV) is a very common virus that can cause cancers and genital, oral, and skin infections. The HPV virus is spread through sexual skin-to-skin contact. People of all genders and ages can get HPV and spread it to others without realizing they have the virus. Most people will get their first HPV infection in their late teens and early 20s.

There are many different types of HPV. Most of them do not cause infections. But, some types of HPV can cause cancer of the cervix, vagina, vulva, penis, anus, and back of the throat. The good news is these types of cancers are preventable with the HPV vaccine! Doctors and nurses recommend the HPV vaccine for children starting at age 9 years for three big reasons.

1. The HPV vaccine works best at this age because it encourages the body to produce the most infection-fighting cells, or antibodies.

2. Getting the vaccine at age 9 also protects your child long before they ever have contact with the virus.

3. HPV vaccination is safe. Over 15 years of data have shown that HPV vaccines are very safe and effective. And just like with all vaccines, scientists continue to monitor HPV vaccines.

With the HPV vaccine, you have the ability to protect your child from certain cancers later in life. Children at age 9 should get 2 doses of HPV vaccine 6 to 12 months apart. Talk to your child's doctor, nurse, or pharmacist about getting your child vaccinated as soon as possible. For more information about the HPV vaccine, please visit: doh.wa.gov/hpv-at-nine

Feeling strong and protected after getting vaccinated.

Watch Me Grow 9 Year Letter

Get updated vaccine, health, and safety information for your 9-year-old child.

Puberty
Talk about puberty with your child before it starts.

Puberty Brochure

Find tips and information to help you talk with your child about body changes before they begin.

Prevent HPV Cancer Starting at Age 9

You are the key to protecting your child from HPV cancers later in life.

Prevent HPV Cancer Brochure

HPV vaccination starts age 9. Learn about the HPV vaccine that prevents cancers caused by HPV infection.

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)
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 doh.wa.gov/immunization

Immunization Schedule

Adolescents (age 9-18) need 4 vaccines to protect against serious diseases.

Access your family's official immunization records online, right when you need them.

When you use MyIR Mobile you can:

- View your family's immunization records.
- Print your child's Certificate of Immunization Status form.

Register today!
Visit MyIRmobile.com or scan the QR code below and follow the registration instructions.

MyIR Mobile is the quickest way to get the records you need, but you can find more ways to access your family's immunization by visiting www.doh.wa.gov/immrecords

More information available at:
1-866-397-0337
WAIISRecords@doh.wa.gov or
MyIR@doh.wa.gov

MyIR Mobile Card

View vaccine records online and print the CIS form for your child.

DOH HPV Social Media



Old DOH Social Media



New DOH Social Media

Social Media Calendar

March 4, 2026

International HPV
Awareness Day

#OneLessWorry

www.askabout HPV.org



April 6-11, 2026

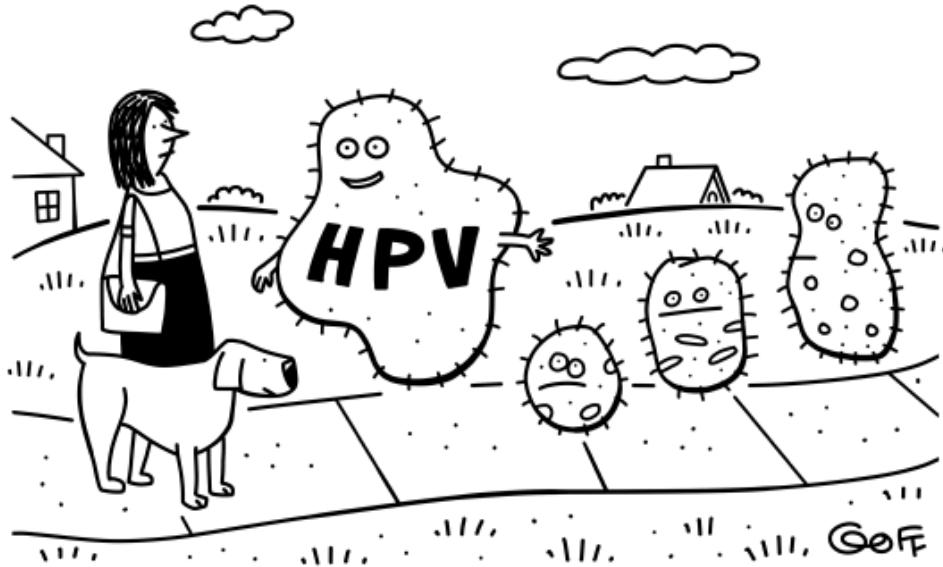
Adolescent
Immunization
Action Week

#AIAW26

[www.unity4teenv
ax.org/aiaw26](http://www.unity4teenv
ax.org/aiaw26)

Go High and Go Low: Surprising Ways to Increase HPV Vax Rates

Brought to you by the Immunization Ambassadors community
© 2026 STChealth www.stchealth.com Twitter: #WhyIVax



“I’d like to introduce you to my colleagues: Cancer, Cancer and Cancer.”

STC Health’s Immunization Intelligence News

Number 106: February 19, 2026

Authors: Dale Dauten and Dylan Ortega

- Part One: The Sad Stall-out of the HPV Vaccine
- Part Two: What Works- High Tech and Low (!) Tech
- Next Steps to “Simple, Successful, and Sustainable”
- Bonus Topic: But What About One Dose?

www.stchealth.com/2026/02/19/go-high-and-go-low

Let's Remember Our Why

Every year, nationwide, over 1.5 million kids will exit their teenage years unshielded from some of the worst cancers, not to mention warts in all the places you'd least like to find a wart.

“With HPV, you don't just get cancer, you have a horrible experience of cancer... with HPV it's wickedly visible on our face and neck or in our intimate private areas. Both the cancer and the treatment can be devastating.” -Dr. Scott Hamstra

Picture saying this to someone entering adulthood without benefit of the vaccine: “Ah, shucks, we missed you. Sorry. Hope it works out okay. Fingers crossed, right?” Now say it 1.5 million times every year.

We want our next generation of adults to have a future that's free from HPV cancers!

DOH HPV Resources

- [Human Papillomavirus \(HPV\) Information Health Care Providers | Washington State Department of Health](#)
- [Human Papillomavirus \(HPV\) Vaccine at Age Nine | Washington State Department of Health](#)
(Now in Spanish too!)
- [Human Papillomavirus \(HPV\) | Washington State Department of Health](#)
- [Vaccine Stories | Washington State Department of Health](#)
- [Immunization Measures by County Dashboard | Washington State Department of Health](#)
- [Watch Me Grow Washington | Washington State Department of Health](#)
 - [Watch Me Grow Print Materials by Mailing | Washington State Department of Health](#)
- [Go High and Go Low: - STChealth \(not a DOH resource\)](#)



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 doh.information@doh.wa.gov.

HPV Vaccination Campaign in Pakistan

Seema Abbasi
Pediatrician

A turning point for women's health in Pakistan

Starting this week, the nation's daughters will be shielded from
a brutal and preventable disease, and we are glad to play our
part in the Campaign

September 18, 2025

Pakistan



Background

- Population: 250 million (5th most populous country)
- Median Age: 20 years
- 35% under 14 years of age
- 18 million girls between 9-14 years of age

Pakistan

Four provinces

National Language: Urdu

Literacy rate: 60%

Rural vs Urban: 60:40

HPV vaccination Campaign

Historic first HPV Vaccination: September 15th-October 1st, 2025

First Phase: 2 provinces, Capital city and Kashmir

Goal: 13 million girls aged 9-14

Future phases planned for other 2 provinces

KPK 2026 (3.2 million) and Baluchistan/Gilgit 2027 (1.4 million)

Integrate HPV vaccine in routine vaccinations



National vaccination Campaign

Islamabad, Pakistan

Implementation
Strategy

Healthy daughter,
healthy family

Cervical cancer
Prevention

Single dose HPV (Human Papilloma Virus) Vaccination for Cervical Cancer Prevention in Pakistan

Sadiyah Ahsan

Pakistan is launching the HPV Vaccine in September 2025, in its EPI (Expanded Programme for Immunization) for 9 to 14 year old girls. This has been suggested by Professional organizations in Pakistan including SOGP (Society of Obstetricians & Gynaecologists) and AMAN (Association for Mothers & Newborns).¹ At the 2nd Global Cervical Cancer Elimination Forum held recently, world leaders announced new investments and policy pledges to expand access to HPV vaccination, screening and treatment – bringing the world closer to making cervical cancer the first cancer ever to be eliminated.² HPV vaccination can prevent the majority of cases. Combined with screening and timely treatment for precancerous Cervical intraepithelial neoplasia (CIN) and invasive cancer, it can lead to elimination. However, in 2024 only 46% of low-income countries introduced HPV vaccination nationally, compared to 98% of high-income nations.

A total of 194 countries have adopted WHO's global strategy to eliminate cervical cancer while 75 countries have globally adopted the single-dose HPV vaccine, which expands access to more girls and saves costs.²

Despite being preventable, cervical cancer claims the life of a woman every 2 minutes – 94% in low- and middle-income countries (LMICs) like Pakistan. Less than 5% of women in many LMICs receive cervical cancer screening due to health system limitations.³⁻⁵ Majority of Pakistani women die from cervical cancer because of late diagnosis. It is ranked as the 4thmost frequent cancer amongst women in Pakistan and the second most common cancer in women between 15 – 44 year ages.^{3,6,7} As the population increases, this figure is projected to rise even further

HPV infection is associated in 99% of cases of cervical cancer, and can be prevented with a single dose of HPV vaccine. Single dose is showing similar efficacy of around 95 %, in recent studies, which was seen with the previous 2 and 3 doses regimens.⁸⁻¹³ Girls aged between 9 to 14 years develop the best immune response.

.....
New Beginnings Healthcare , AMAN (Association for Mothers and Newborns)
Karachi, Pakistan

Correspondence: Sadiyah Ahsan . Email: sadiyahahsan1@gmail.com

Vaccination provides **primary prevention**. Screening with Pap smears, VIA (visual inspection with acetic acid) and HPV testing provides **secondary prevention**, with possible timely curative treatment. This significantly reduces the incidence of Cervical Cancer.

Over 98% of cervical cancer deaths occur in developing countries like Pakistan.⁹ Most women die in the prime of their lives, leaving behind young children. The preventive measures remain mostly inaccessible to the girls and women who need them the most. If we follow the example of UK, Sweden, Australia and other developed countries with comprehensive vaccination, screening and treatment programmes, the mortality and morbidity will decline. Lack of awareness and stigma associated with female diseases, pose significant barriers.

Secondary prevention with universal screening (Pap Smears, VIA, HPV testing), is lacking in Pakistan. Opportunistic screening exists for women who present with other issues to health care providers. Without multi-pronged strategy, cervical cancer cases will continue to grow fast with the alarming projected population rise.

The WHO Global Strategy for the elimination of cervical cancer sets clear targets for 2030: 90% of girls to be fully vaccinated by age 15 years; 70% of women screened with a high-performance test by age 35 and again at 45 years age; and 90% of women identified with cervical disease receiving appropriate treatment. Progress across all three pillars is essential to achieve and sustain elimination. The HPV Vaccine is not available for over 5 years in Pakistan, while it was previously available in the private sector.

Pakistan has additional existing challenges: early marriage, low socio-economic status, smoking (tobacco/ chewing/ gutka/ shisha), multiparity and polygamy. Circumcision is the only protective factor against Cervical cancer.

Although Globocan³ includes data from major Cancer hospitals in Pakistan, a functional population based National Cancer Registry is needed for both government and private hospitals. SOGP has made a digital gynaecological cancer registry platform which is undergoing initial testing.



Collaborative
Effort:

Pakistan Federal Government

Provincial health Departments

Jpiego

WHO

GAVI

UNICEF

Partners



TEACHERS



NON-GOVERNMENT
ORGANIZATIONS



PROFESSIONAL AND
MEDICAL ASSOCIATIONS



JOURNALISTS

knowledge, Attitude and Behavior survey

20% caregivers heard of cervical cancer

5% heard of HPV

2% knew that there was a vaccine to prevent it

30% poor hygiene

20% maternal-fetal spread

2% unsafe sexual practices

Cervical cancer

5300 new cases yearly

Tip of the iceberg

Screening for cervical
cancer: 2%

Build Trust

Bridge knowledge Gap

Counter misinformation



Inclusive vaccine delivery model

SCHOOLS

FIXED EXPANDED PROGRAMMES OR IMMUNIZATION CENTERS

TEMPORARY OUTREACH SITES IN VILLAGES

MOBILE TEAMS

Female Vaccinators



Results

Roughly 9.2 million
doses (70%)

Vaccine is now
available free of cost
girls 9-14

School girls getting vaccinated



Village vaccination site



Challenges

Healthcare delivery model

Low health

Literacy

Hard to reach population

Social media flooded with misinformation:
infertility most common

Campaign coincided with regional floods



Door to door Campaign



Strategies for next Campaign

- Inform and engage teachers, parents, parent teacher organizations and students/youth organizations
- Social media Campaign: with celebrities (sports, cinema, media), government and academics: Influencers to dispel the myths

WHO Goal of cervical cancer elimination 2030

Primary prevention: 90 % HPV vaccination rate by 15

Secondary prevention: 70% women screened by a high-performance test for HPV at age 35 and 45 years.

Tertiary: 90% women identified with cervical cancer to receive Rx and care

90% by
age15

Africa: Rwanda, Bhutan,
Uganda, Tanzania

Europe: Denmark, Norway,
Sweden, Iceland, Portugal

Asia: Cambodia, Turkmenistan,
Uzbekistan, Cabo Verde, Cook
Islands

Rhode
Island

“Vaccinate before you
graduate program”
easy access at school

School mandate

Final thoughts:

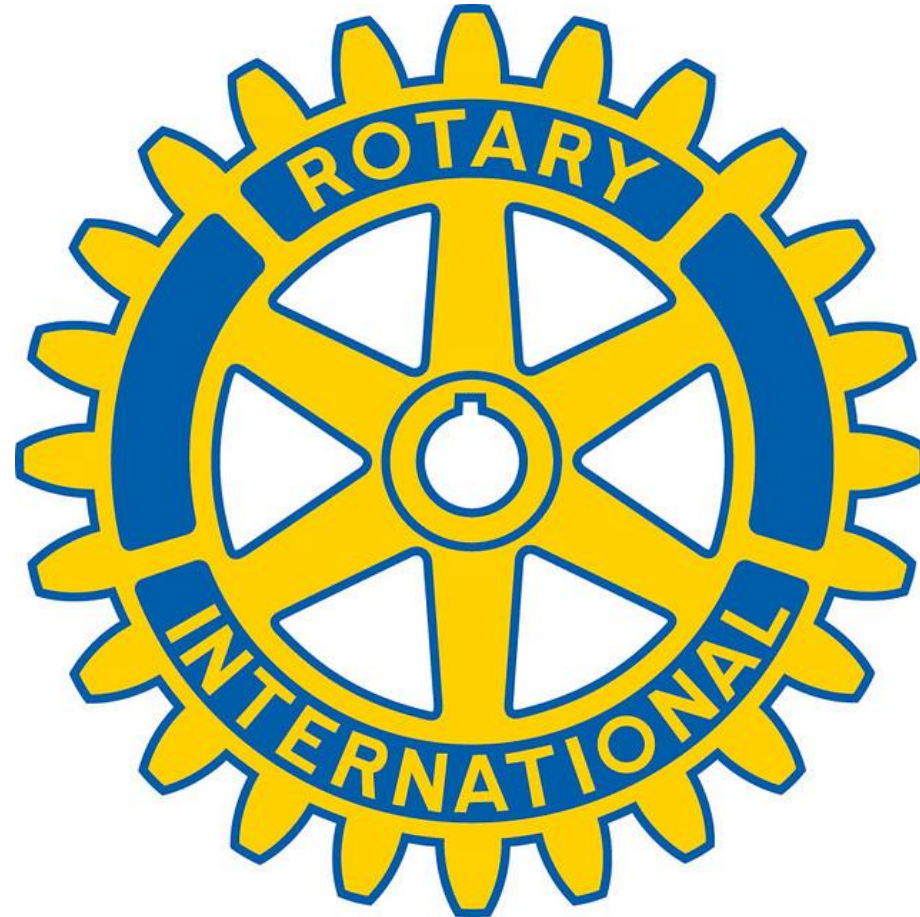
Single dose

Younger girls only

Cervical Cancer prevention

Multiple partnerships

Cervical cancer elimination as a goal



[This Photo](#) by Unknown Author is licensed under [CC BY](#)



We'll be back at: 9:05 AM

Global Cancer Support

Meenu Anand

Director of Global Cancer Prevention and Screening
American Cancer Society

How We Do This Work

Our Approach (The Response)

The American Cancer Society accelerates global progress.

Partnership: Develop and sustain collaborations with local cancer-fighting organizations, health systems, and governments to strengthen country-led cancer control.

Global Programs: Scale sustainable solutions through Global Alliance for Cancer Patient Navigation, Global Academy, and other ACS Initiatives.

Technology: Leverage digital tools and learning platforms to expand global reach and accelerate shared learning



What We Do

We strengthen prevention, patient support, and health systems through partnerships and evidence-based programs.

Expand Prevention & Screening

- Increase HPV vaccination and screening access
- Engage trusted messengers

Strengthen Patient Support

- Deliver cancer education and patient navigation
- Empower patients and caregivers

Improve Treatment & Symptom Management

- Train health professionals to improve quality of care
- Support coalition-building

Build Organizational Capacity & Collaboration

- Connect global partners to share tools and learn
- Accelerate innovation through the Global Academy

Our Team



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Global Cancer Prevention Program: Preventing Cancer Before It Starts



What We Focus On:

High-Impact Cancer Prevention Strategies

WHO Best Buys for Cancer Prevention & Control



Best buys: Effective interventions with cost-effectiveness analysis \leq |\$100 per HLY gained in low-income and lower middle-income countries

Vaccination against human papillomavirus (1 or 2 doses) of girls aged 9–14 years

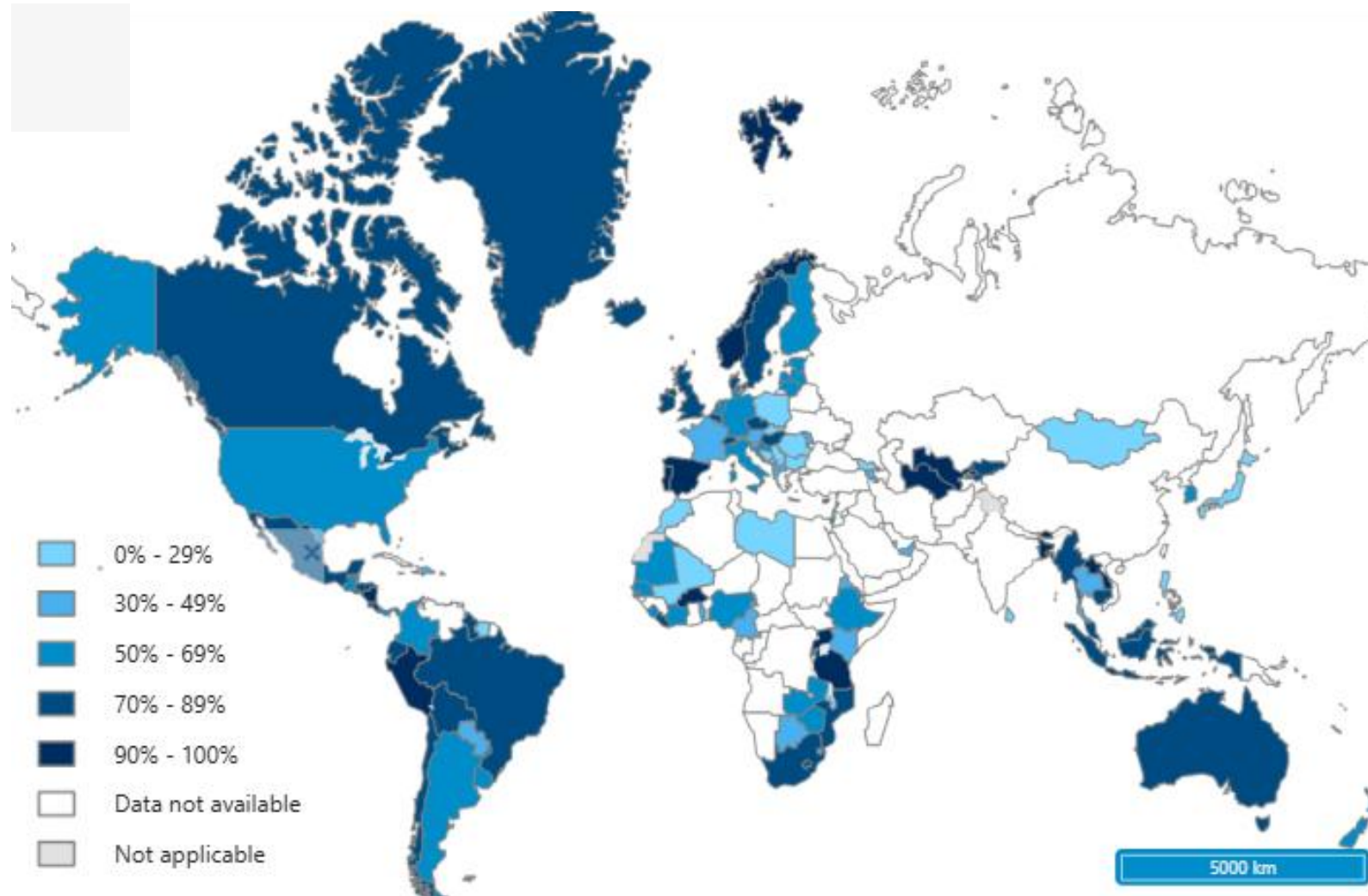
Cervical cancer: HPV DNA screening, starting at the age of 30 years, with regular screening every 5 to 10 years (using a screen-and-treat approach or screen, triage and treat approach)

Cervical cancer: early diagnosis programmes linked with timely diagnostic work-up and comprehensive cancer treatment

What We Focus On:

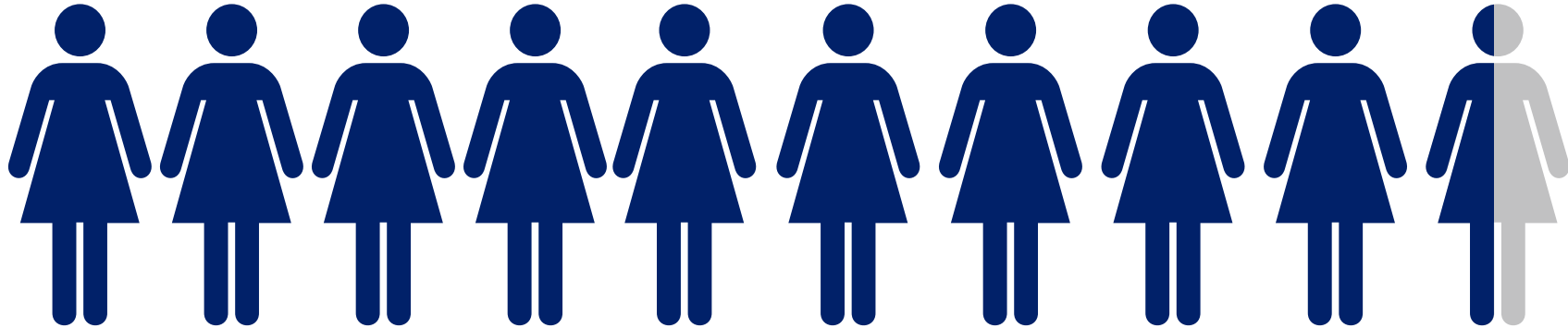
High-Impact Cancer Prevention Strategies with Low Coverage

HPV vaccine full dose programme coverage 2024



Where We Focus: Those at Greatest Risk

94% of all cervical cancer deaths occur in
Low and Middle Income Countries



“More than any other cancer, cervical cancer reflects striking global health inequity.”

Agosti & Goldie
New England Journal of Medicine

For the first time in history... **we can eliminate a cancer**

WHO Global Strategy for the Elimination of Cervical Cancer

90%

of girls fully vaccinated
with the HPV vaccine
by the age of 15

70%

of women screened
using a high-
performance test by
the age of 35, and
again by the age of 45

90%

of women identified
with cervical disease
receive treatment
(90% of women with
precancer treated;
90% of women with
invasive cancer
managed).

ACS's Unique Role in Global Cancer Prevention: Winning Hearts & Minds



Respected Brand



Global Thought Leader



Science-Based



Connections to Local
Cancer Organizations



Patient-Centered
Communication &
Interventions



Ability to connect
experts to high-need, low-
resource communities



Convener



Champion policies and practices that
reduce the burden of cancer for
everyone

Our Approach:

Purposeful Collaborations, Durable Local Solutions, Global Dissemination



Global Reach & Impact By the Numbers 2025

210+

organizations engaged in 52 countries



84

health centers supported



1,167,670

individuals reached
with [cervical cancer prevention messages](#)



1,246

community health workers and
nurses trained

22,979

physicians trained

Global Reach & Impact

Stories of Impact



Grace, a community health worker and mother in Kenya transformed her understanding of cervical cancer prevention after participating in a local training program: [Grace's Story](#).



[Dr. Denis Zjajo](#), a pediatrician in Bosnia and Herzegovina, encouraged other pediatricians to champion HPV vaccination in their communities. His example will be featured in healthcare provider training modules developed in partnership with the International Pediatrics Association.



The CCAE Learning Series impact story highlights the collective [commitment of 29 organizations across 17 countries](#) to accelerate the elimination of cervical cancer.

Scaling Global Cancer Prevention: Global Partnerships and Initiatives



Equipping **medical societies** and **healthcare workers** with effective strategies for communicating about HPV vaccination and increasing uptake with the **International Pediatric Association**.



An partnership with Cancer Research UK Connecting CSOs with evidence-based strategies, research, and collaboration to accelerate progress toward cervical cancer elimination in partnership with **Cancer Research UK**.



Providing communication strategies and tools for **ministries of health, medical societies, and civil society organizations** to adapt evidence-based messages to increase the demand and uptake of HPV vaccination.

Scaling Global Cancer Prevention: Implementation Pathways



Scaling Global Cancer Prevention: Public Awareness & Education

A Promise to Protect Global Cervical Cancer Education & Awareness through Social Media 2025 Results Summary

Total Engagement

933,232 interactions

Total Reach

6,296,214 individuals

Total Impressions

10,829,543 views

Top Performing Posts



Partner countries : India and Kenya

Platforms Used: Instagram, Facebook, X(Twitter), LinkedIn

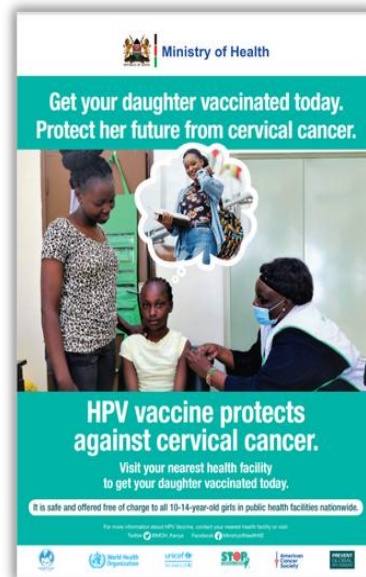
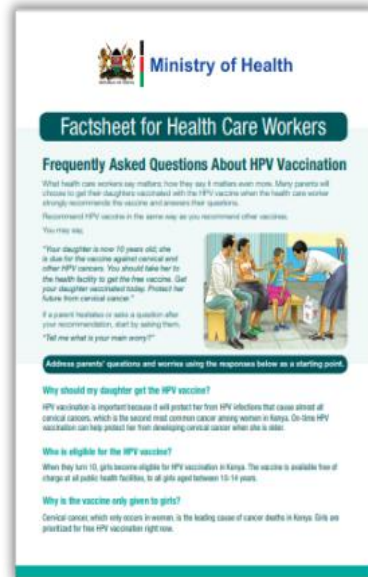
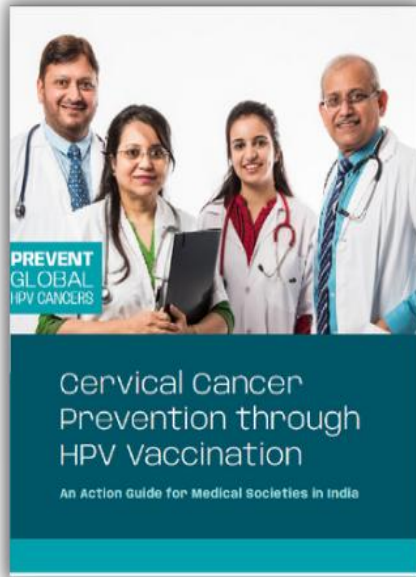
Objective: To educate and increase awareness around cervical cancer prevention and HPV vaccination.

Discussion :

In partners and communities you are working with...

- what similarities and differences do see with your own programs?
- do you see opportunities to connect the dots between your strategies and our global work.
- any advice would you offer regarding strategy, approach, and partnership to the global team .

Scaling Prevention to Reach Elimination Goals: Expanding Reach through Technology



Prevent Global HPV Cancers is a digital platform that connects ministries of health, medical societies, and CSOs to evidence-based tools and resources.

Explore and download materials: www.PreventGlobalHPVCancers.org



Scaling Prevention to Reach Elimination Goals: Expanding Reach through Partnership and Technology

Vaccinate Adolescents Against Cervical Cancer

*Free online training and practical tools for healthcare professionals
around the world*



The International Pediatric Association and the American Cancer Society are **launching a new online program** designed to equip healthcare professionals with the knowledge, skills, and confidence to champion HPV vaccination.

Join us on March 4th to hear leaders from IPA, ACS, and medical societies across the world as they come together to launch this global movement.

👉 Be part of a shared commitment to **protect every girl, everywhere, from cervical cancer.**

Launch Event

4 March 2026

**07:00 PST / 10:00 EST /
15:00 GMT / 16:00 CET /
18:00 EAT / 20:30 IST**

**CLICK HERE to register
or scan the QR CODE**



bit.ly/IPAMarch4

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Country Liaisons



Deborah Martinez Villarreal
Colombia



Mathangi Ramakrishnan
India



Barrack Ogbwell
Kenya



Thank you!



Survivor Story

Jessica Stam

Cervivor



Survivor Story

BY JESSICA STAM

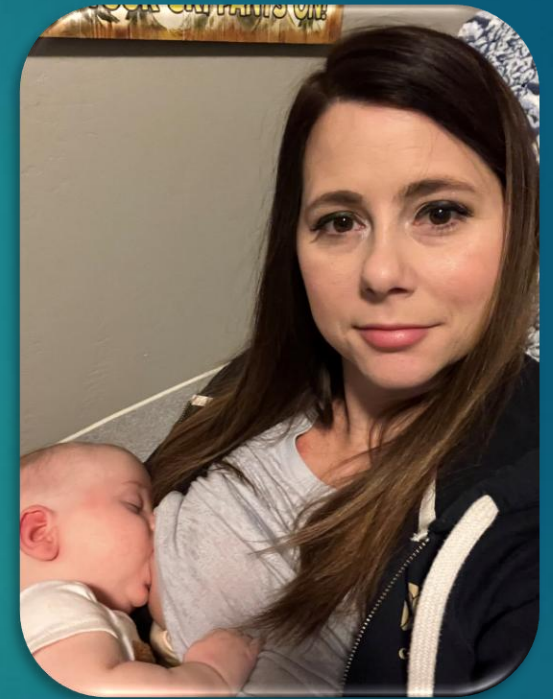


Jessica Stam

- ▶ Born in Ohio, raised in Reno, Nevada
- ▶ Lives in Spokane, Washington
- ▶ Stage 3c1 (Squamous Cell Carcinoma) Cervical Cancer Survivor
- ▶ Mom of Kenny (3.5) and Stepmom of Kyla (9.5)
- ▶ Works as a Client Executive for Gartner
- ▶ Volunteered for both Cervivor & Imerman Angels
- ▶ Loves working out, spending time at our lake place, golf, snowboarding, riding horses & spending time with family.

Diagnosis & Treatment

- ▶ Diagnosed at 35, 3 months after I had my son, less than a month before my 36th birthday.
- ▶ Detected late – was warned of an irregular pap 3 years prior but didn't understand the severity and didn't want to endure the pain of a colpo.
- ▶ When I became pregnant, GP said that due to my irregular pap and the time lapse, I was at higher risk for cancer.
- ▶ Agreed to have 3 “checks” (colpo without biopsy). I had to remind my medical team all 3 times to conduct them, all 3 times was told they didn't see cancer.
- ▶ Had to remind them to perform my post-partum colpo, even though my results came back CIN3, was told it was “highly unlikely” that it was cancer but wanted to do a Leep just in case.
- ▶ When my Gyn oncologist finally did a pap smear, said my tumor was visible to the naked eye.
- ▶ 28 rounds of exterior radiation, 6 rounds of chemo (1/2 Cisplaton, 1/2 Carboplatin), 6 rounds Tandem & Ovoid Brachytherapy.



The impact it had on me

- ▶ Physical Side Effects
 - ▶ Lymphedema, bladder and bowel issues, intimacy pain, never fully recovering from my c-section/diastasis recti from pregnancy, early-onset menopause and hormone imbalances.
- ▶ Mental Health
 - ▶ Panic attacks (both myself and my husband), anxiety over future scans, depression.
- ▶ Financial
 - ▶ Spending at least \$10,000 a year in medical expenses since 2023, despite great medical insurance.
- ▶ Could no longer breast feed
 - ▶ Had to receive donor milk as I was forced to stop breastfeeding when chemo started.
- ▶ Loss of fertility
 - ▶ When I was diagnosed, we were in the process of searching for a bigger car to expand our family.



Why advocate?

▶ Karen's story

- ▶ Diagnosed at the same time. Met on a milk donation group. Same cancer (stage & type), both diagnosed around the time of pregnancy/after birth, both had the same oncology teams.
- ▶ Karen was lower income and had a history of drug use. Much of her concerns while pregnant were dismissed by doctors. When she had reoccurrence, medical team didn't believe her and thought she was trying to get drugs.
- ▶ Did not have the financial means or support to advocate and fight this properly.
- ▶ Karen passed away the day I discovered I was cancer-free.



Closing Thoughts

- ▶ Education is key – vaccination as well as regular pap smears are critical in the fight against cervical cancer.
- ▶ Breaking the stigma is critical- too many people are too embarrassed to talk about this and thus, advocate. The more we normalize HPV and what the associated risks are, the more women lean into preventative measures.
- ▶ Awareness will save lives-Over my cancer mentorship, almost every single woman I have met with (about 10 individuals) had at some point, been misdiagnosed or dismissed by their medical teams. It starts with our GP's really understanding the signs and even though the odds of HPV turning into cancer is rare, every instance of high-risk HPV should be thoughtfully evaluated and considered.



Thank you

Email: jessicaessad@hotmail.com

Global HPV Cancer Prevention

Deanna Kepka

Leader of Global Oncology Initiative

Huntsman Cancer Institute, University of Utah



GLOBAL FRONTIERS IN CERVIX ONCOLOGY: BRIDGING SCIENCE, SYSTEMS, AND EQUITY

Deanna Kepka, PhD, MPH
Huntsman Cancer Institute & The University of Utah

Kepa Lab Research

At the intersection of...

- Population health & patient-centered care
- Prevention, screening, and survivorship
- Systems-level change & strategic interventions

Focused on...

- HPV-associated cancers
- HPV vaccination
- Messaging strategies

Passion for...

- Preventing cancer
- Reducing cancer burden
- Cancer health equity for all



World Health Organization's 2030 Cervical Cancer Elimination Strategy

90%

of girls fully vaccinated
with HPV vaccine by
age 15 years.

70%

of women are screened
with a high-performance
test by 35 years of age and
again by 45 years of age.

90%

of women identified with cervical
disease receive treatment
(90% of women with precancer
treated, and 90% of women
with invasive cancer
managed).

Kepka Research Lab

UNIVERSITY OF UTAH



Deanna.Kepka@hci.utah.edu

Global Frontiers in Oncology – December 2025 Kickoff Symposium at Huntsman Cancer Institute

Symposium Goals

This symposium aims to establish a strong foundation for HCI's Global Oncology initiatives by achieving the following three goals:

1. **Foster Strategic Partnerships:** To connect HCI faculty, staff, and trainees with key global partners and stakeholders, identifying opportunities for collaborative research, education, and patient care initiatives.
2. **Identify Critical Priorities:** To collaboratively assess the most urgent and impactful global oncology challenges, ensuring HCI's program is focused on areas where it can make the greatest difference – learn from serving rural MW for global impact.
3. **Define Program Roadmap:** To gather input from all attendees to help define the initial short-term and long-term objectives and structure of HCI's new Global Oncology Initiative.

Cervical Cancer Prevention in Guatemala



Reducing cervical cancer disparities among Mayan women in Guatemala: An assessment of human papillomavirus (HPV) self-collection interventions

Sharon Talboys, PhD, MPH



Agenda & Speaker Bios

Cervical Cancer in Guatemala

- Second-leading cause of death among women of reproductive age
- Mortality rates are six times higher than in the U.S.
- CC Incidence 20.3/100,000 compared to 7/100,000 in the U.S.
- % of women ever screened:
 - 64% (Overall)
 - 57.5% (Indigenous/Mayan)
 - 47.5% (Rural)
- Screening is free via public health system, but barriers include ancillary costs, control by male partners, poor provider communication
- HPV self-test acceptable/preferred, especially with CHW assist and educational 'charlas'

Impetus for study

Builds upon a 2023 pilot study of CHW-assisted HPV self-testing and follow-up in San Lucas Tolimán, Guatemala (TM Valley, S Duffy)

- 132 participants (Age 30-49)
- 25.8% HPV positive
- VIA, Cryo, and thermocoagulation and f/u for advanced lesions provided at no cost
- Highlighted need for culturally-sensitive and subsidized CC screening and treatment with patient accompaniment and economic supports

Co-Investigators: Deanna Kepka (UofU), Taryn Valley McGinn (U Wisconsin)



90%

de niñas
vacunadas contra
el VPH antes de
los 15 años.

70%

de las mujeres
de 35 a 45 años
testeadas con
una prueba de
alto rendimiento.

90%

de las mujeres con
cáncer cervical reciben
tratamiento para lesiones
precancerosas o
cáncer invasivo.

How can Guatemala assure that **70% of women are screened for cervical cancer** with highly effective tests by age 35 and 45?

Community Engagement

Local health promoter meetings

Local public health district meetings

Cultural and professional exchange
(CHWs and students)

University of San Carlos – School of
Public Health

National observatory of research on
women (OSAR)

Testing laboratory

**Establishment of Community
Advisory Board (CAB)**



Research Questions

1. How are cervical cancer screening efforts being implemented in Guatemala at the National and local levels?
2. How is HPV self-testing being adopted and integrated into CC prevention strategies at national level and local levels?
3. What barriers hinder broader adoption and implementation?
4. What opportunities and strengths can be leveraged to accelerate implementation?



Methods

- Community-engaged approach
 - Establishment of Community Advisory Board
 - Stakeholder assessment and engagement
- Implementation science lens
 - CFIR – Consolidated Framework for Implementation Research
 - RE-AIM – Reach Effectiveness, Adoption, Implementation, Maintenance
- Qualitative interviews with experts / implementers
 - Local/rural and National/regional
- Template analysis
 - Transcripts, translated, Excel, memo-writing

RESULTS

Interview Participants: N = 11

Community Level – n=8

- Community health workers (promotor/a) – 3
- Local public health nurses – 4
- HPV pilot study tech support - 1

National or Regional Level: n=3

- National Policy makers/advocates- 2
- Laboratory/biomedical - 1
- National Cancer Institute – 0*
- Ministry of Health -0*

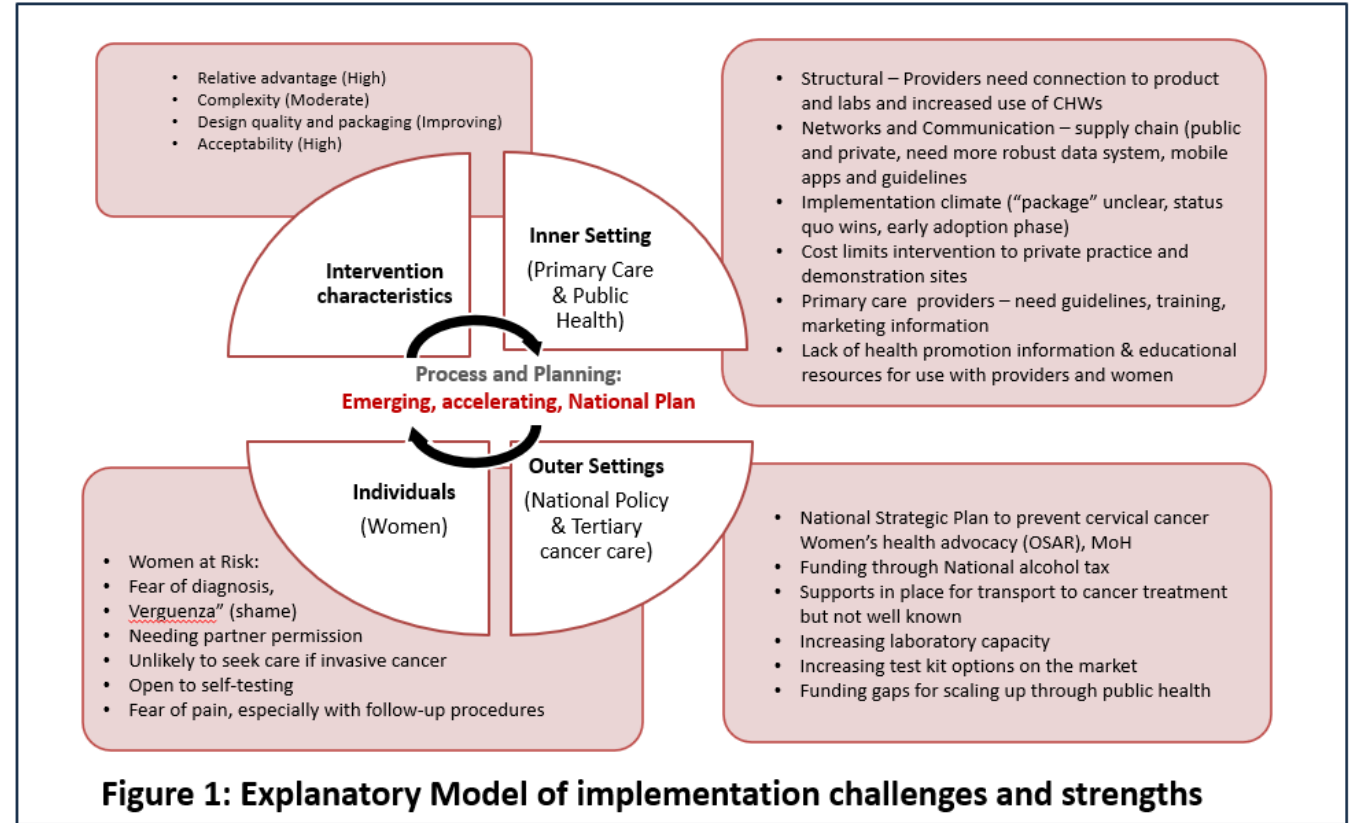


Study support team members:
San Lucas Tolimán, Sololá department, Guatemala



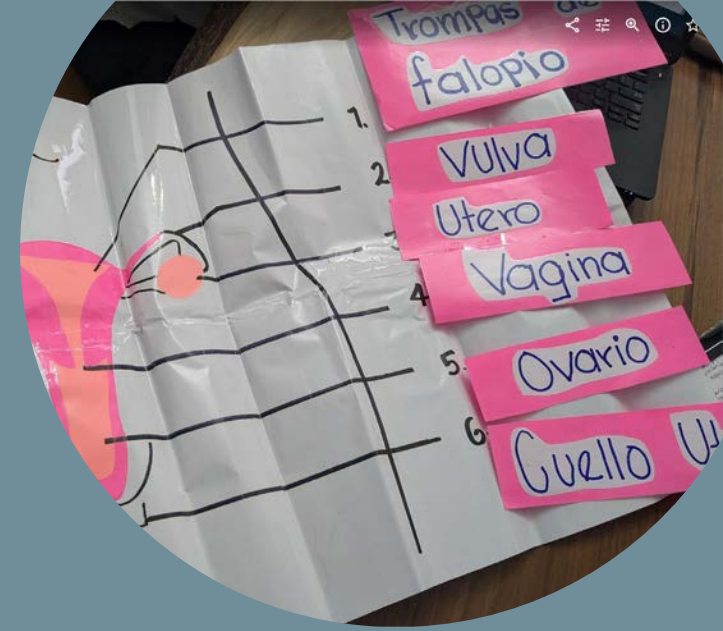
Key take-aways

- **The Intervention** [HPV self-testing with CHW assist] advantageous and highly acceptable, although the “packaging” of the intervention needs refinement.
- **Individuals** – Women are open to self-collection, relieves the barrier of partner permission to go to the clinic. However, shame, fear and fatalism are strong barriers to overcome.
- **Inner setting** - Much work is needed to develop an intervention “package” that makes it easier to adopt in the primary care and public health systems. Public health system needs to fund and integrate into existing CC screening efforts
- **Outer setting** - Funding is needed for public health sector scale-up, paired with staff training and more outreach using CHW strategies. Need to address gaps in care for advanced cervical cancer and costs of testing.
- **Process** - Strong advocacy and momentum with advent of National CC Strategic Plan



Next Steps and Questions?

- ✓ Proposal Preparation (MS-CEDI)
- ✓ Intervention packaging
- ✓ Development of IEC materials
- ✓ Formalizing research partnerships



Cervical Cancer Prevention in Thailand



Health Economics Application In Global Oncology



Agenda & Speaker Bios

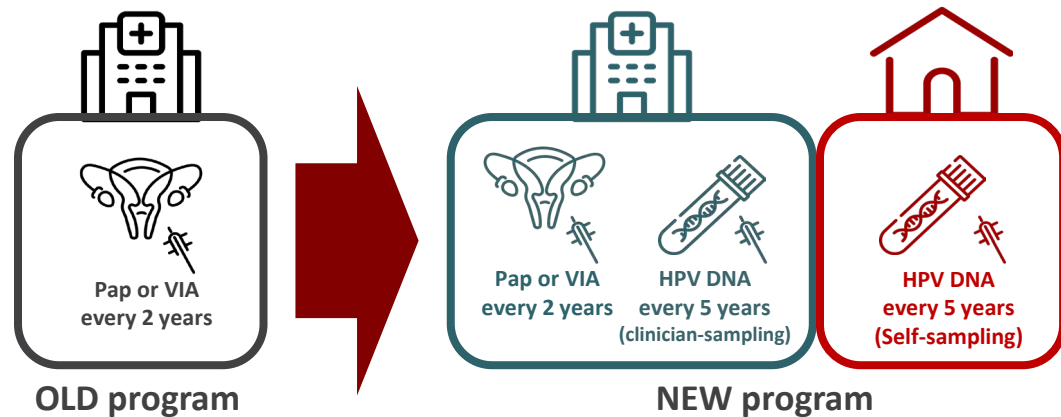
Nathorn (Nui) Chaiyakunapruk PharmD, PhD
Professor
Department of Pharmacotherapy, University of Utah College of Pharmacy



CERVICAL CANCER SCREENING

LESSON LEARNED IN THAILAND

- Is new screening program cost-effective in Thailand?



- HPV DNA testing with self-collection was 1) **cost-saving**, 2) **clinically dominant**, compared to previous cytology-based screening.

Kositamongkol et al. *BMC Public Health* (2023) 23:2413
<https://doi.org/10.1186/s12889-023-17358-0>

BMC Public Health

RESEARCH

Open Access



Cost-utility and budget impact analyses of cervical cancer screening using self-collected samples for HPV DNA testing in Thailand

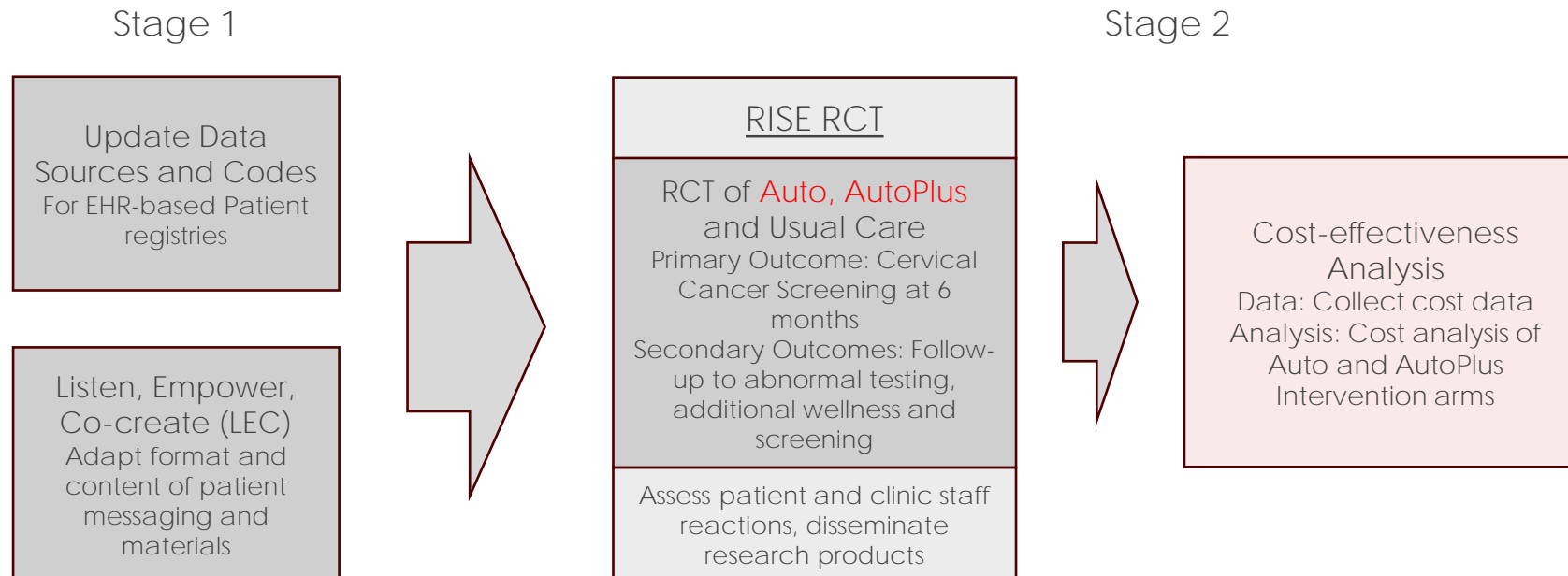
Chayanis Kositamongkol¹, Sukrit Kanchanasurakit^{2,3,4,5}, Euarat Mepramoon¹, Pattarawalai Talungchit⁶, Pattama Chaopotong⁶, Kirati Kengkla², Thanet Chaisathaphol¹, Surasak Saokaew^{2,4,5*} and Pochamana Phisalprapa^{1*}

CERVICAL CANCER SCREENING

WHAT WE PROPOSED FOR UTAH AND MOUNTAIN WEST

- What we learned from Thailand study:
 1. Self-sampling is cost-effective
 2. Needs effective **implementation strategies** to increase screening uptake in rural population
- Whether automatic reminder with or without follow-up phone calls improve screening uptake and assessing long-term cost-effectiveness of these implementation strategies

RISE: Rural Interventions for Self-testing and Education on Cervical Cancer





Summary

- Using Health Economics Outcomes Research (HEOR)
 - To demonstrate clinical and public health benefits of interventions or implementation strategies
 - Economic evidence is always relevant to clinicians and policy makers
- HEOR can be applicable to oncology research globally

Cervical Cancer Prevention in Ghana



A TRANSFORMATIVE MODEL FOR CANCER CARE – DR. RAY PRICE

Empowering Local Teams. Expanding Access. Changing Lives.

- **Education and Prevention**
- **Capacity Building and Training**
- **Infrastructure and Innovation**
- **Clinical Research and Trials**
- **Policy Impact/ Advocacy**



CERVICAL CANCER: GHANA

Higher than US



Annual Age-
standardized
Incidence Rate

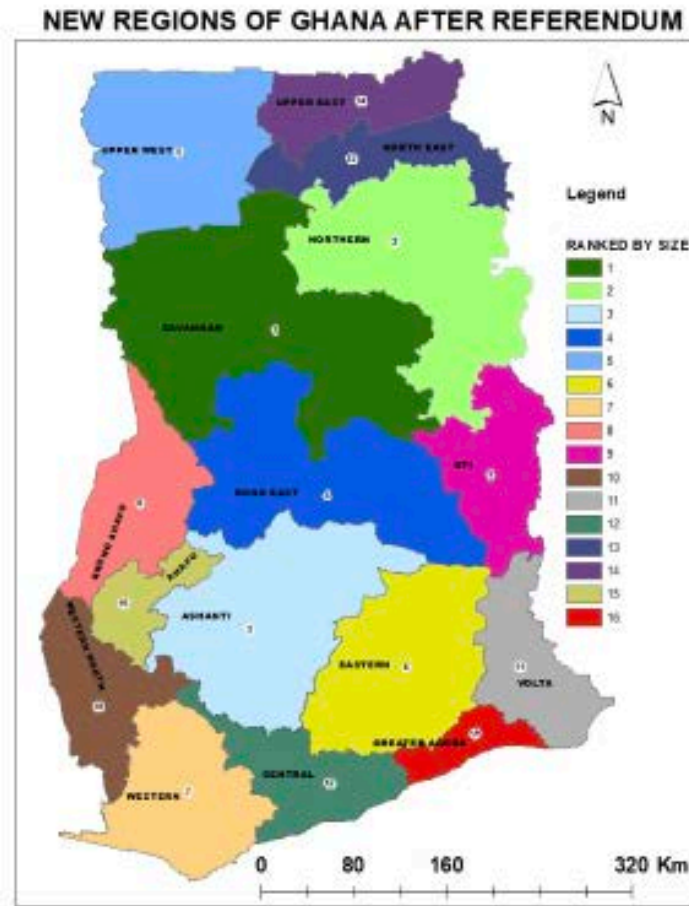
4x

Mortality Rate

10X

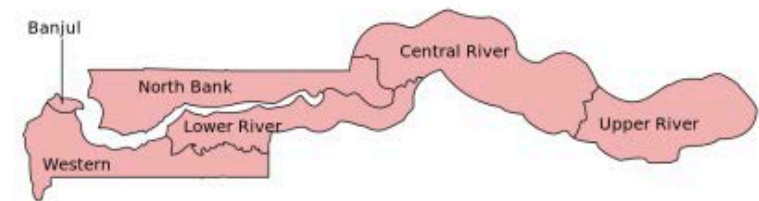
A Comprehensive-Nationwide Assessment & Mapping of Breast & Cervical Cancer Services in Ghana & the Gambia

1. Northern - 16 Districts
2. Ashanti - 30 Districts
3. Western - 22 Districts
4. Volta - 17 Districts
5. Eastern- 27 Districts
6. Upper West - 11 Districts
7. Central - 20 Districts
8. Upper East - 13 Districts
9. Greater Accra - 26 Districts
10. Savannah - 7 Districts
11. North East - 6 Districts
12. Bono East - 11 Districts
13. Oti - 8 Districts
14. Ahafo - 28 Districts
15. Bono - 1 District
16. Western North - 9 Districts



BY: SAKO.COM

Subdivisions of the Gambia

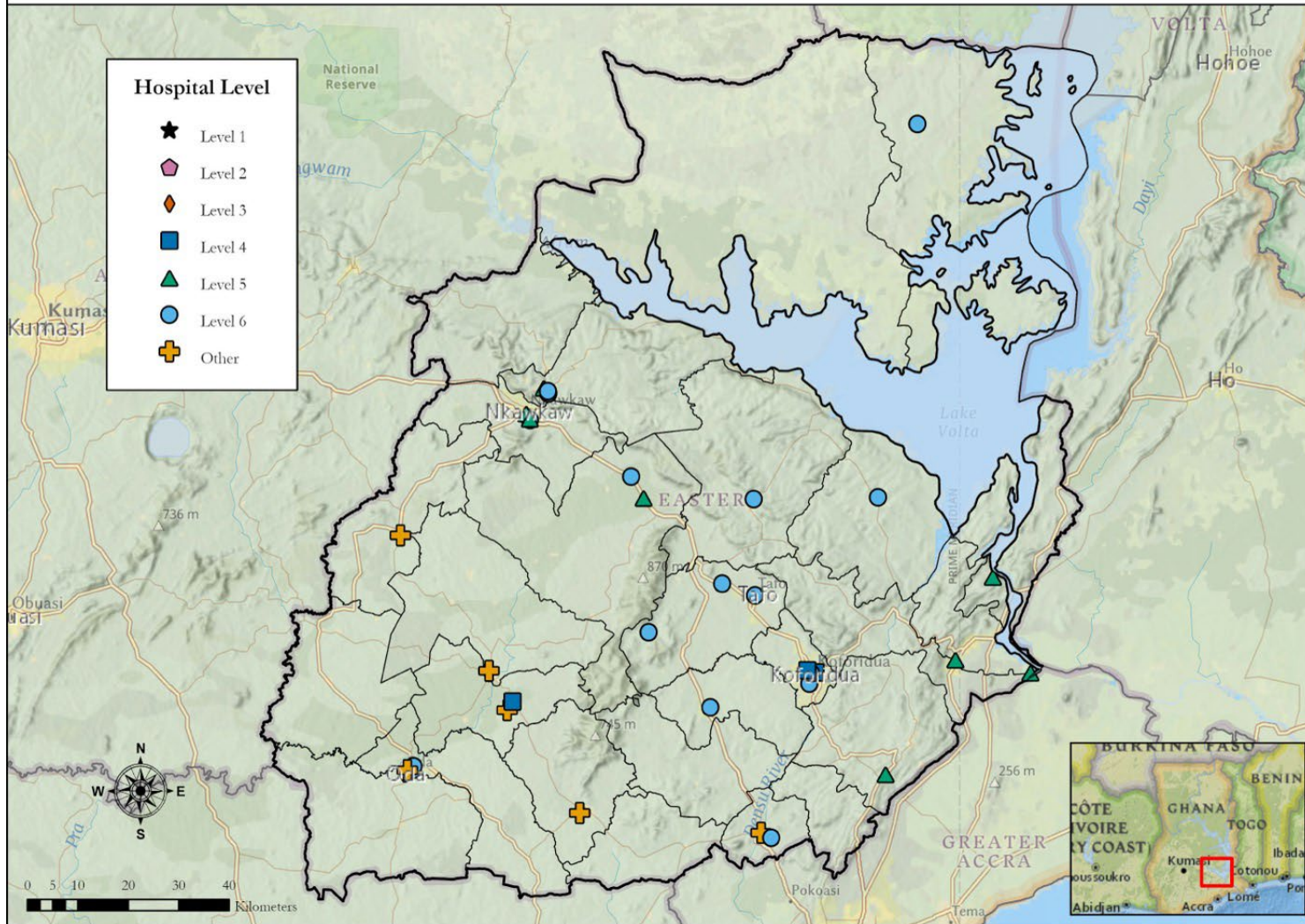


Subdivision - Capital - Population in thousands²

1. Banjul - Banjul - 413
2. Central River - Janjanbureh - 223
3. Lower River - Mansa Konko - 82
4. North Bank - Kerewan - 221
5. Upper River - Basse - 239
6. Western - Brikama - 699

Stratification by Level of Care Provided

Hospitals in the Eastern Region of Ghana



Levels	(N = 33)
Level 1 (NCCN Enhanced)	0
Level 2 (NCCN Core)	0
Level 3 (NCCN Basic)	0
Level 4 (Surgical Care)	3
Level 5 (Pathologic Diag.)	8
Level 6 (Screening)	16
Other	6

What you should know about
BREAST & CERVICAL CANCER

The Changing Young Minds Project
by The Breast and Cervical Cancer Awareness Group





CHANGING YOUNG MINDS

AIM: To deliver a breast & cervical cancer educational intervention in Ghanaian high schools; assess its impact on the knowledge, attitude and practices among the youth.



Training Workshops (3)

40 schools

154 participants

Teachers, assistant head teachers, school nurses, district SHEP Officers.

1st School Interventions

Greater Accra Region

18/20 schools

Central Region

19/20 schools

93% participation

2nd School Interventions

14/20

18/20

80% participation

Monitor/Evaluation *Pre-, mid- & post-test*

7/20

7/20

SELECTED RESEARCH OUTPUTS

Open access

Original research

BMJ Open Surveying and mapping breast cancer services in Ghana: a cross-sectional pilot study in the Eastern Region

Moustafa Moustafa,¹ Meghan Eileen Mali,^{1,2} Fidel Lopez-Verdugo,¹ Ousman Sanyang,^{1,3} Jonathan Nellermeoe,¹ Raymond R Price,^{1,4} Stephen Manortey,⁵ Alberta Biritwum-Nyarko,⁶ Irina Ofei,⁶ Justin Sorensen,⁷ Alison Goldsmith,^{1,8} Kirstyn E Brownson,^{1,9} Augustine Kumah,¹⁰ Edward Sutherland^{1,5}

BMJ Open: first published as 10.1136/bmjopen

PLOS ONE

RESEARCH ARTICLE

Geospatial availability of breast cancer treatment modalities and hypothetical access improvement in Ghana: A nationwide survey

Sarah Schoenhals,^{1,2} Meghan E. Mali,^{1,2} Edward K. Sutherland,^{1,3*} Justin Sorensen⁴, Florence Dedey^{5,6}, Jonathan Nellermeoe¹, Angel Flores-Huidobro Martinez¹, Mamadou D. Tounkara¹, Raymond R. Price^{1,7}, Kirstyn E. Brownson^{1,8}

Mali et al. *BMC Women's Health* (2023) 23:660
<https://doi.org/10.1186/s12905-023-02802-5>

BMC Women's Health

RESEARCH

Open Access

Capacity assessment and spatial analysis of cervical cancer services in The Gambia

Meghan E. Mali¹, Ousman Sanyang², Katherine L. Harris³, Justin Sorensen⁴, Mustapha Bittaye⁵, Jonathan Nellermeoe¹, Raymond R. Price¹ and Edward K. Sutherland^{6*}



Original Reports | Breast Cancer

Availability and Geographic Access to Hospital-Based Breast Cancer Diagnostic Services in Ghana

Matthew D. Price, MD, MPH^{1,2,3} ; Anne F. Rositch, PhD, MSPH¹ ; Florence Dedey, MBChB, FWACS⁴; Meghan E. Mali, MD, MS^{5,3} ; Kirstyn E. Brownson, MD^{5,3,6} ; Josephine Nsafu, MBChB, FWACS⁴ ; Mamadou Tounkara, MD, MPH, MS³; Raymond R. Price, MD^{5,3,7} ; and Edward Kofi Sutherland, MD, MPH^{1,3,8}



Sanyang et al. *BMC Health Services Research* (2021) 21:943
<https://doi.org/10.1186/s12913-021-06963-7>

BMC Health Services Research

RESEARCH

Open Access

Geospatial analysis and impact of targeted development of breast cancer care in The Gambia: a cross-sectional study

Ousman Sanyang^{1,2,3†}, Fidel Lopez-Verdugo^{1†}, Meghan Mali^{1,4†}, Moustafa Moustafa¹, Jonathan Nellermeoe¹, Justin Sorensen⁵, Mustapha Bittaye^{3,6}, Ramou Njie^{2,3}, Yankuba Singhateh⁶, Ngally Aboubacarr Sambou⁶, Alison Goldsmith^{1,7}, Nuredin I. Mohammed⁸, Kirstyn E. Brownson^{1,4,9}, Raymond R. Price^{1,4,10} and Edward Sutherland^{1,11*}



DESIGN FOR EXTREME AFFORDABILITY

Thermocoagulator: Screen and Treat CIS

- ✓ **Portable**
- ✓ **Reusable**
- ✓ **Inexpensive**
- ✓ **Battery Powered**
- ✓ **Auto-sterilization Cycle**
- ✓ **Exceeds WHO Treatment Standards**

Interdisciplinary team of business entrepreneurs, legal experts, engineers, and others

- designed the physical product
- organized a sustainable business model



THERMOCOAGULATOR GHANA, OCT, 2023

Rotary 
Clubs of Accra-East &
Eau Claire

DONATION OF 50 THERMOCOAGULATORS (CERVICAL PRECANCER TREATMENT DEVICES) A GLOBAL GRANT PROJECT

 **Saturday, 30th September, 2023**

 **10:00am prompt**

 **Cervical Cancer Prevention and
Training Centre (CCPTC)
Catholic Hospital, Battor.**



Dr. Kofi Effah

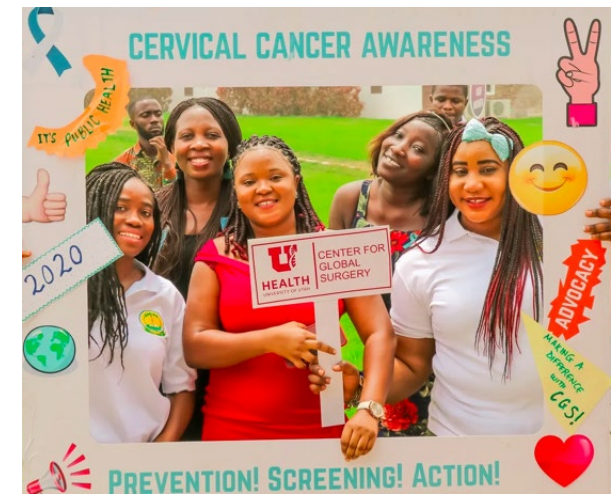
 **CATHOLIC HOSPITAL, BATTOR
CERVICAL CANCER
PREVENTION AND
TRAINING CENTRE**

 **HEALTH**
UNIVERSITY OF UTAH

 [rotary_accraeast](https://www.instagram.com/rotary_accraeast)   [Rotary Club of Accra-East](https://www.facebook.com/rotaryclubofaccraeast)  rotaryclubofaccraeast@gmail.com

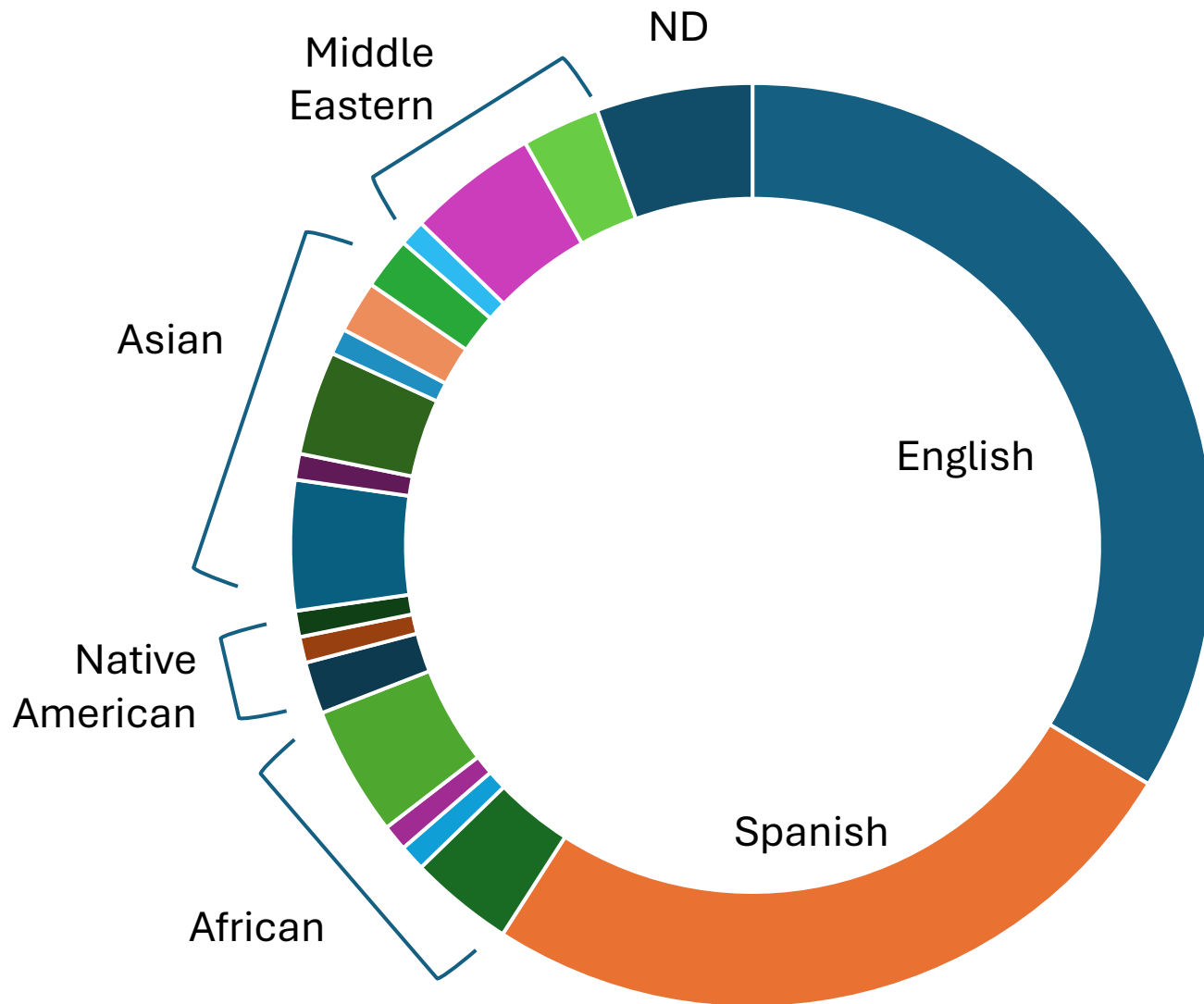
 [Rotary club of eau Claire](https://www.facebook.com/rotaryclubofeauclaire)  <https://www.eauclairerotary.org>

ECOPH's maiden student-led cervical cancer awareness symposium



Huntsman Cancer Institute Trainees

Large portion with international / immigrant backgrounds are integrated into CRTEC Programs



Trainees with
international / immigrant
backgrounds
are integrated
into CRTEC Programs

Training Navigator

**30% of Scholars indicated they
were not a US citizen or
permanent resident in our
contact form**

PathMaker Scholars

From:

Mexico



Javier

Venezuela



Lexaide

Afghanistan



Samim

“The experience shaped my future goals and brought me the desire to bring change to immigrants through accessible, high-quality healthcare that can diagnose and treat them effectively.”

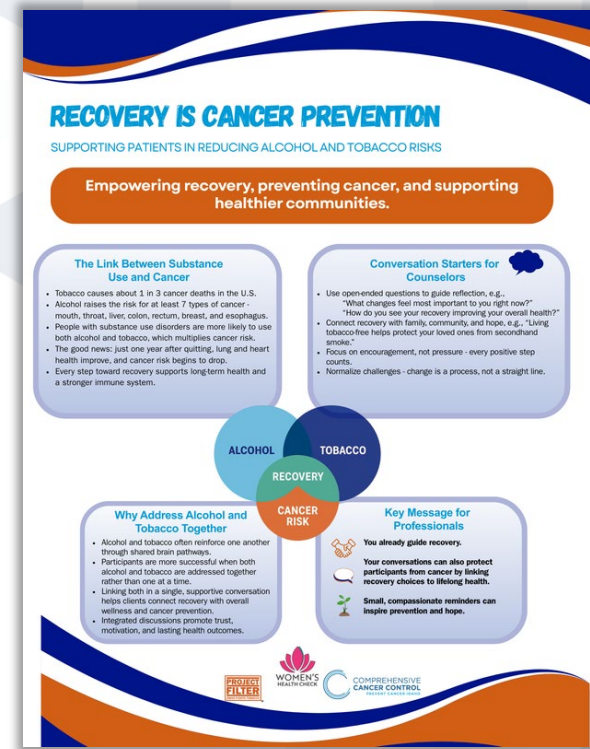
COE Intern from Nigeria



Mary Bolarinwa

Master of Public Health

Boise State University



Worked with the CRTEC office to design virtual professional development sessions for high school students

Worked with Idaho Department of Health & Welfare on substance use materials and outreach for the St. Alphonsus Bus Mammography

"This internship helped me combine what I enjoy: research, education, and outreach. It opened my eyes to new programs, expanded my network, and helped me feel more confident as I work toward becoming a public health educator."

Office of Cancer Research Training and Education Coordination (CRTEC)

THANK YOU

Deanna Kepka, PhD, MPH


Investigator | Professor
Huntsman Cancer Institute
College of Nursing, University of Utah
Mountain West HPV Vaccination Coalition

Deanna.Kepka@utah.edu

*Questions?
Contact Us!*

Kepka Research Lab
Kepka-Research@hci.utah.edu

*Join us for
monthly meetings!*

MOUNTAIN WEST
**HPV VACCINATION
COALITION** 

HPV-Coalition@hci.utah.edu

UNIVERSITY OF UTAH
 **HUNTSMAN**
CANCER INSTITUTE

Upcoming Events

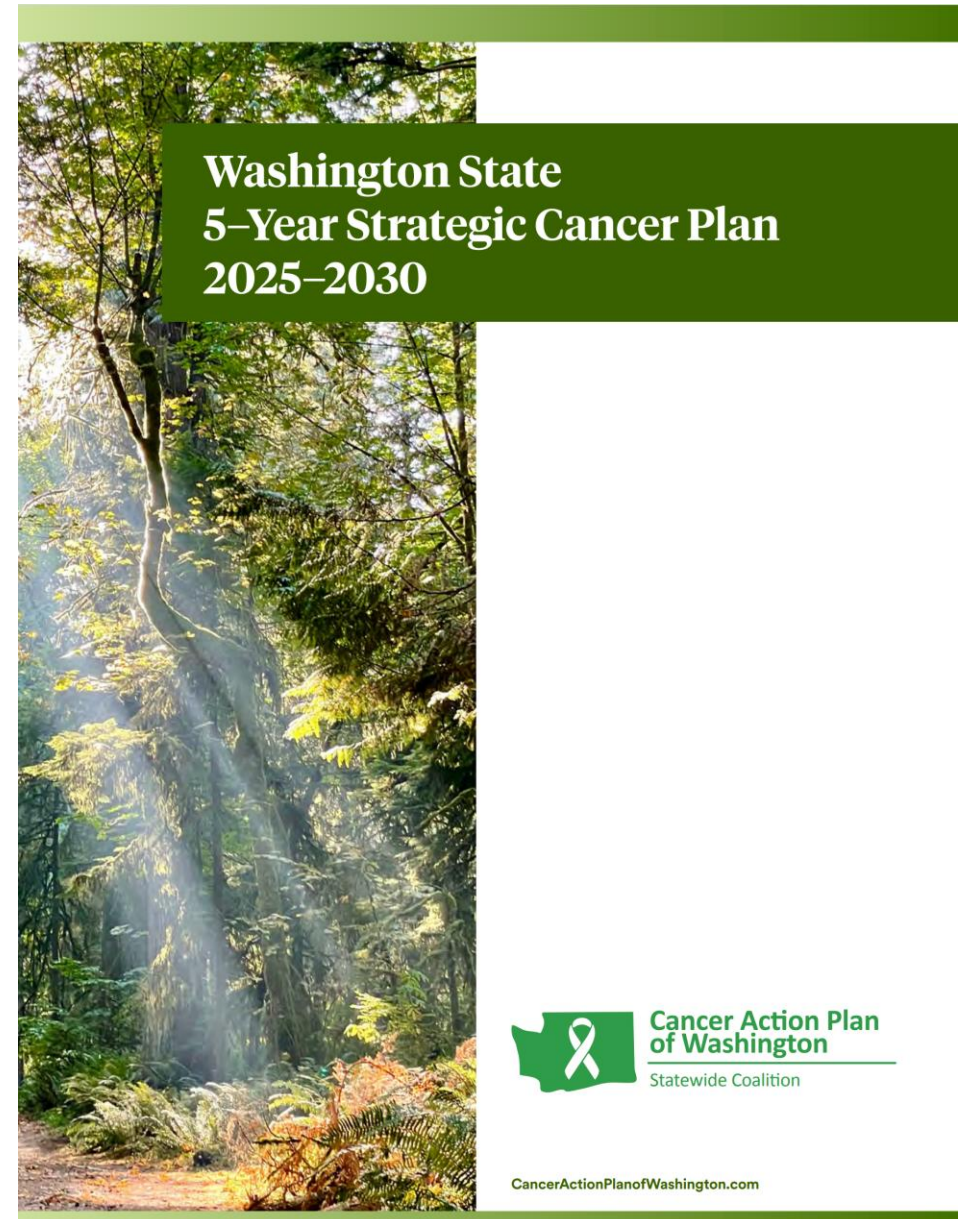
Washington State Immunization Summit 2026

- Date: **March 19, 2026**
- All day on Zoom and in-person at the **Greater Tacoma Convention Center**
- Registration:
<https://wsis.withinreachwa.org/>



Cancer Action Plan of Washington 2026 Virtual Gathering

- Date: April 30, 2026
- Time: 10:00 am – 12:00 pm
- Registration Link: [Meeting Registration – Zoom](#)
- Location: Virtual
- Contact:
info@canceractionplanofwashington.com
- **HPV Related Cancer is one of the priority areas in the cancer plan.**



Upcoming Events

Do you have any upcoming events or updates to share with the Task Force Members?

Please type in the chat or Unmute & Share

2026 Meetings



Wrap Up

Annual Roundtable (4 hrs.)
May 8, 2026, 8:00am- 12:00 pm

Fall Quarter Meeting (2.5 hrs.)
October 9, 2026, 8:00 am – 10:30 am

Let's reconvene our workgroups!

- Clinical Intervention/Provider Engagement
- Community Outreach
- Dental Provider Engagement

Interested in joining these workgroups, please contact: Sahla Suman at Sahla.suman@doh.wa.gov



Protect Your Child from Cancers Caused by HPV

Age 9 to 12 Years | Safe | Effective

- Protects both boys and girls
- Stronger protection at younger ages
- Only 2 doses needed

HPV vaccine prevents most cases of:

Boys	Girls
<ul style="list-style-type: none">• Mouth and throat cancer• Penis cancer• Anus cancer• Genital warts	<ul style="list-style-type: none">• Cervical cancer• Mouth and throat cancer• Anus, vagina, & vulva cancer• Genital warts

VACCINATE AT 9-12
Give your child long-lasting protection from HPV cancers.

The HPV vaccine is part of the Washington State Childhood Vaccine Program. This program pays for the HPV vaccine for youth under 19 years of age.

Scan the QR code to learn more or visit doh.wa.gov/cv-9-12
Information in this publication is current as of the date listed. For updates, visit doh.wa.gov/immunization.
DOI# 168-1182 January 2023 (2). English. To request this document in another format, call 1-800-533-8273. Downloaded from www.wa.gov, please call 1111 (Washington Relay) or email doit@doh.wa.gov

HEALTH HPV FREE



June 18, 2025

Dear Vaccine Provider,

Do you know that Washington state recommends Human Papillomavirus (HPV) vaccination starting at age 9? [Recommending the HPV vaccine at ages 9 and 10](#) leads to higher rates of finishing the series on time at age 11-12, providing the best cancer prevention for your patients. The [uptake of adolescent vaccines usually peaks in the summer months](#) with August being the highest for HPV vaccine initiation. Take advantage of every patient visit to promote HPV vaccination alongside other immunizations and enhance our cancer prevention efforts.

Three things you can do:

- 1. Use the Announcement Approach to make strong recommendations.**
Using the Announcement Approach is one of the best tools to increase immunization rates. [See this flyer](#) and watch these 2-minute demonstration videos to learn more about how to use the Announcement Approach in your [9-10 year](#) and [11-12 year](#) visits.
- 2. Prepare the office and staff NOW for the rush of back-to-school vaccine requests.**
Check your vaccine inventory to ensure you have enough stock to meet the increased demand during the back-to-school season.

Standardize your [vaccine schedule](#) AND post it in the lobby and every exam room. The poster gives parents and children something to read while they are waiting and adds legitimacy to your recommendations. To receive free laminated vaccine schedule posters, contact: Char.Raunio@cancer.org

Encourage your patients to access their official WA State immunization records online for free at myirmobile.com. With a MYIR Mobile account, families can print their child's [Certificate of Immunization Status](#), for school and child care. [MYIR Mobile flyers](#) and [posters](#) are available to [order](#), and shipping is free.
- 3. Sign your clinic up for the Washington State Immunization Quality Improvement Program.**
Get tailored support to improve HPV vaccination rates. Earn 3.5 to 4 hours of FREE HPV vaccine continuing education credits for your entire team (CME/CNE/CE). To sign up, send an email to immunizewa@doh.wa.gov

Remember HPV vaccination is Cancer Prevention! Using these strategies will improve your immunization rates. Check out the Washington State Department of Health's [website dedicated to HPV Vaccination at Age 9](#) with more tools and resources, like this [HPV cue card](#), which is also available [in Spanish](#).

We appreciate all your hard work caring for patients and promoting immunization. Thanks for all you do!



Thank you for doing your part to
prevent HPV Cancers!

#PreventCancerTogether

HPV VACCINE

IS CANCER PREVENTION

www.cdc.gov/HPV

"HPV vax protects your child from cervical and other cancers."