PROMOTING HPV VACCINATION AMONG ADULT PATIENTS

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fenwayhealth.org
We have no conflicts of interest to disclose.
LEARNING OBJECTIVES

1. Describe HPV vaccination recommendations
2. Review disparities in HPV vaccine uptake according to age, sexual orientation, gender identity, race and ethnicity
3. Identify effective communication strategies to increase HPV vaccine uptake
4. Analyze and provide solutions to address provider and systems barriers to HPV vaccination.
HUMAN PAPILLOMAVIRUS

• Double stranded DNA virus
• More than 150 types
  • ~ 40 types defined by genital/mucosal sites of infection
    • Low-risk (6, 11) associated with 90% of genital warts
    • High-risk (16, 18) associated with anogenital & oropharyngeal cancers

HPV EPIDEMIOLOGY

• HPV infection is prevalent
  • 79 million Americans are currently infected
  • 14 million people become newly infected annually
  • 75 to 80% of sexually active adults will acquire a genital tract HPV infection before the age of 50

• Usually acquired shortly after onset of sexual activity

• Cancer is a rare outcome

HPV TRANSMISSION

LOW RISK
Deep kissing
Giving/receiving oral sex
Sharing sex toys
Insertive unprotected vaginal sex
Insertive unprotected anal sex

HIGH RISK
Receptive unprotected vaginal sex
Receptive unprotected anal sex
EPIDEMIOLOGY
SEXUAL MINORITY POPULATIONS (MSM)

• Prevalence of high-risk anal HPV (types 16, 18) among MSM is high:
  • 37% among HIV-uninfected MSM
  • 74% among HIV-infected MSM

• Since HPV is spread via any sexual contact, everyone having sex should be vaccinated

**Epidemiology**

**Sexual Minority Populations (WSW)**

- HPV is transmitted via all kinds of sex and sharing of sex toys
- Lesbians and other WSW are at risk for infection from both F and M sex partners
- Same prevalence of cervical HPV (13-30%) among exclusive WSW and WSM
- Increased cervical cancer risk factors (less likely to access screenings, more likely to smoke)

Kerker BD, Mostashari F, Thorpe L. Health care access and utilization among women who have sex with women: Sexual behavior and identity. J Urban Health. 2006;83(5):970-979


# HPV Vaccine

<table>
<thead>
<tr>
<th>Quadrivalent/HPV4 (Gardasil)</th>
<th>Name</th>
<th>Bivalent/HPV2 (Cervarix)</th>
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<tbody>
<tr>
<td><strong>Merck</strong></td>
<td><strong>Manufacturer</strong></td>
<td><strong>GlaxoSmithKline</strong></td>
</tr>
<tr>
<td>6, 11, 16, 18</td>
<td><strong>Types</strong></td>
<td>16, 18</td>
</tr>
</tbody>
</table>

**Females:** Anal, cervical, vaginal and vulvar precancer and cancer; Genital warts

**Males:** Anal precancer and cancer; Genital warts

**Indications**

- **Females:** Cervical precancer and cancer
- **Males:** Not approved for use in males

**Contraindications**

- Hypersensitivity to yeast

**Schedule (IM)**

- 3 dose series: 0, 2, 6 months

- 3 dose series: 0, 1, 6 months

**Hypersensitivity to latex** (latex only contained in pre-filled syringes, not single-dose vials)
ACIP RECOMMENDATIONS

• Routine HPV vaccination recommended for males and females ages 11-12 years
• Catch-up recommended:

<table>
<thead>
<tr>
<th>Age</th>
<th>13-21</th>
<th>22-26</th>
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</thead>
<tbody>
<tr>
<td>Females</td>
<td>3 Doses</td>
<td>3 Doses</td>
</tr>
<tr>
<td>Males</td>
<td>3 doses</td>
<td>3 doses*</td>
</tr>
</tbody>
</table>

*For men who have sex with men or immunocompromised individuals

Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2014 Source: MMWR, February 7, 2014; 63(5):110–112
VACCINE SCHEDULE

Dose 1

Dose 2 1-2 months after first dose

Dose 3 6 months after first dose

Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2014 Source: MMWR, February 7, 2014; 63(5):110–112
HPV VACCINE IS SAFE, EFFECTIVE AND PROVIDES LASTING PROTECTION

• HPV Vaccine is SAFE
  • Safety studies findings for HPV vaccine similar to safety reviews of MCV4 and Tdap vaccines

• HPV Vaccine WORKS
  • High grade cervical lesions decline in Australia (80% of school aged girls vaccinated)
  • Prevalence of vaccine types declines by more than half in United States (33% of teens fully vaccinated)

• HPV Vaccine LASTS
  • Studies suggest that vaccine protection is long-lasting; no evidence of waning immunity

HPV VACCINE INITIATION
ADULTS 19-26, US, 2012

CDC. Noninfluenza vaccination coverage among adults—United States, 2012. MMWR 2014; 63(05);95-102.
HPV VACCINE INITIATION, US ADOLESCENTS 13-17, 2014

National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States. MMWR 2014, 63(29);625-33.

FENWAY HEALTH

fenwayhealth.org
DISPARITIES IN HPV INITIATION/COMPLETION BY RACE/ETHNICITY

• No racial differences in parental support for vaccination

• Parents of Black and Latina girls report lower rates of provider recommendations than parents of white girls

• Common reasons for not completing series:
  - Unaware of need for subsequent doses, side effects, time, inconvenient clinic locations
  - These issues more common among low-income women who may have limited English proficiency, low health literacy, inflexible work hours, or limited child care options

Jeudin, Patricia et al. Race, Ethnicity, and Income Factors Impacting Human Papillomavirus Vaccination rates. Clinical Therapeutics, Volume 36, Issue 1, 24 – 37
Jeudin P, Liveright E, del Carmen MG, Perkins RB. Race, ethnicity and income as factors for HPV vaccine acceptance and use. Human Vaccines & Immunotherapeutics 2013; 9:1413 - 1420
DISPARITIES IN HPV KNOWLEDGE/INITIATION AMONG SEXUAL MINORITY WOMEN

- No significant difference in having heard of the HPV vaccine between lesbians and heterosexual women (92.1% vs. 84.8%)
- Lesbian-identified women were significantly less likely to receive at least one dose of the vaccine (5% vs. 28.5%)

Data: National Survey of Family Growth, 2006-2010
SYSTEMS-BASED APPROACH TO INCREASING VACCINATION

1. Increase client demand for vaccinations
   • Client-centered educational materials
   • Reminder systems

2. Enhance access to vaccines
   • Reduce out-of-pocket costs
   • Expanded access in health-care settings

3. Provider reminders and education

INCREASING VACCINE UPTAKE

The most important predictor of vaccination in the clinical setting is a strong recommendation from a health-care provider.
COUNSELING STRATEGIES

• Focus on HPV vaccination as a tool to prevent multiple cancers
• Emphasize the importance of vaccinating people of all genders
• Emphasize the importance of vaccinating the primary target age group (11- to 12-year-olds)
• Promote catch-up vaccination for older adolescents and young adults
• Reinforce HPV vaccine efficacy and safety

FRAMING THE HPV VACCINE CONVERSATION

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

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

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

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

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

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

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

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

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

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

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

A champion can:

• Be any staff member
• Generate support and cooperation from coworkers
• Spearhead Quality Improvement (QI) activities to reduce barriers and increase vaccination
• Involve all office staff in the effort
EDUCATIONAL MATERIALS

**Goal**: Create resource containing key messages that:

- Explain HPV, risk factors, prevention, relationship between HPV and associated cancers
- Are gender-neutral and appropriate for people of all sexual orientations
- Address perceived barriers


Gerend, M. Increasing Human Papillomavirus Vaccine: Acceptability by Tailoring Messages to Young Adult Women’s Perceived Barriers. Sexually Transmitted Diseases & Volume 40, Number 5, May 2013, 401-405
FENWAY HPV BROCHURE

Shared widely:

Exam and waiting Rooms

Fenway Health Blog, Tumblr, and other social media accounts

6,640 notes on Tumblr

Outreach and education events
PROJECT PLANNING TOOLS
Framework: Plan-Do-Study-Act

Continuous Quality Improvement – PDSA Cycle

- Adapt and publish lessons learned and best practices
- Develop standards and policies

- Identify priority population
- Engage population
- Develop goals and strategies
- Identify resources
- Identify partners

- Analyze data
- Learning Lab

- Outreach
- Education
- Immunization
- Data Collection
LOGIC MODELS

A summary of your project

→ What you put in, do, and achieve

• Clarifies the strategy underlying your program

• Details the relationship between actions and results

• Communicates what your project activities include

• Forms a basis for evaluation

Program:
Situation:

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Tip: What we invest)</td>
<td>(Tip: What We Do)</td>
<td>(Tip: What We Do)</td>
<td>(Tip: Who we reach)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes – Impact</th>
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</thead>
<tbody>
<tr>
<td>Short</td>
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<tr>
<td>(Tip: Learning, Awareness, Knowledge, Attitudes, Skills, Opinions, Aspirations, Motivations)</td>
</tr>
<tr>
<td>Medium</td>
</tr>
<tr>
<td>(Tip: Action—Behavior, Practice, Decision-making, policies, Social action)</td>
</tr>
<tr>
<td>Long</td>
</tr>
<tr>
<td>(Tip: Conditions—Social, Economic, Civic, and Environmental)</td>
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<tr>
<td>---------------</td>
</tr>
<tr>
<td>Staff</td>
</tr>
<tr>
<td>Technology</td>
</tr>
<tr>
<td>Time</td>
</tr>
</tbody>
</table>

- **Program:**
- **Situation:**

- **Staff**
- **Technology**
- **Time**

**Patient Outreach**
- Reminder calls/letters
- Design patient education materials
ACTIVITY

Complete a logic model identifying existing resources, activities, and achievable goals for increasing vaccine uptake at your site.
<table>
<thead>
<tr>
<th>Inputs (What we invest)</th>
<th>Activities (What We Do)</th>
<th>Outputs (Who we reach)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff:</strong> Medical Director; Physician Floor Leaders; Nurse Managers; Medical Providers; Nurses; Medical Assistants; Data Analyst; Project Coordinator</td>
<td><strong>Patient Identification and Outreach</strong></td>
<td>• 120 patients contacted by mail or phone</td>
</tr>
<tr>
<td><strong>Nursing visit appointments</strong></td>
<td>Identification of patients due for vaccine</td>
<td>• 40 Fenway providers trained</td>
</tr>
<tr>
<td><strong>Project Partners:</strong> Grant support from the Institute for Community Health Program Planning (ICHPP); college groups</td>
<td>Vaccine offered at every visit</td>
<td>• 120 community members reached through community education workshops</td>
</tr>
<tr>
<td><strong>Evidence-based models for increasing vaccination rates</strong></td>
<td>Pilot outreach to 18-19 year olds</td>
<td>• 800 community members received educational brochures at outreach/engagement events</td>
</tr>
<tr>
<td><strong>Technology</strong></td>
<td><strong>Patient and Community Education</strong></td>
<td>• 6,600 user views/re-shares of HPV brochure on Fenway Health Tumblr</td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td>Developed population-specific education materials</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Identification and Outreach</strong></td>
<td>Delivered educational workshops in the community</td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>Short</td>
<td>Medium</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Participants in community education workshops will:</strong></td>
<td>- Explain how HPV is transmitted</td>
<td>- Two immunization and HPV-specific flow sheets edited to track vaccines more efficiently</td>
</tr>
<tr>
<td></td>
<td>- Name two prevention strategies</td>
<td>- 1,937 vaccines documented or administered (2/2013-6/2014)</td>
</tr>
<tr>
<td></td>
<td>- Describe who is eligible for the HPV vaccine and how many shots are needed to complete the series</td>
<td>- Partial or complete vaccination rates increased from 20% to 39% (2/2013-6/2014)</td>
</tr>
<tr>
<td></td>
<td>- Express the intention to make an appointment for vaccination</td>
<td>- 30 vaccines administered through Patient Assistance Program</td>
</tr>
</tbody>
</table>
FENWAY STRATEGIES TO OVERCOME SYSTEMS BARRIERS

1) Used protocol prompts within electronic health records (EHRs) to avoid missed opportunities

2) Implemented nurse standing orders

3) Designed process to capture outside records for all new patients

4) Delivered patient and provider education

MEDICAL TEAM PROCESS

• Bundled vaccine efforts with other preventive services
  • Identified eligible patients during huddles
  • Requested outside records automatically for all new patients → Process confirms records received
• Trained medical assistants to enter immunization records into EMR.
STANDING ORDERS

Title: MED-MEDSO-13 Immunization Standing Orders
Chapter: Medical: Medications and Standing Orders

I. Purpose: The following are the orders approved by the Medical management of the clinic in order to expedite the service we provide and to maintain low the cost incurred by our patients. The following is a list of immunizations that a Registered Nurse or a Licensed Practical Nurse (LPN) can give. Medical Assistants are permitted to administer PPD’s.

II. Responsibility: Medical Department Staff

III. Procedure: This Standing Order only applies to patients 18 years or older, or for those institutions with which we have a contract to provide health services.

In all cases the vaccine information statement will be reviewed with the patient, and any relevant precautions against receiving the shot be heeded.

A Fenway Health provider must be in the healthcare center when administering a vaccine or medication in case of an adverse reaction.

Any allergies and all immunizations given to our patients will be recorded in the medical record.

<table>
<thead>
<tr>
<th>COVERED VACCINATION LISTING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAV (Hepatitis A)</td>
</tr>
<tr>
<td>HBV (Hepatitis B)</td>
</tr>
<tr>
<td>Hepatitis A and B combination vaccine</td>
</tr>
<tr>
<td>HPV (Human papillomavirus): May be administered to any patient (male or female) between 18 and 27.</td>
</tr>
<tr>
<td>Influenza: May be given between September and March.</td>
</tr>
</tbody>
</table>
# Systems Prompts and Protocols

**Services Due**
- BREAST PALP, BP DIASTOLIC, BP SYSTOLIC, BP DIASTOLIC, BP SYSTOLIC, HPV#3 MFR, HPV#2 MFR, HPV VAX MFR, PAP SMEAR, DVSCRN_COMPL or IPVREFUSED.

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**Protocol "HPV Vaccination"**

Patients of either sex with an age of greater than 9 months, and less than 27 years.

<table>
<thead>
<tr>
<th>Test</th>
<th>Schedule</th>
<th>Last Done</th>
<th>Last Rslt</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV#3 MFR</td>
<td>Every 100 years</td>
<td></td>
<td></td>
<td>Due Now</td>
</tr>
<tr>
<td>HPV#2 MFR</td>
<td>Every 100 years</td>
<td></td>
<td></td>
<td>Due Now</td>
</tr>
<tr>
<td>HPV VAX MFR</td>
<td>Every 100 years</td>
<td></td>
<td></td>
<td>Due Now</td>
</tr>
</tbody>
</table>
PRE & POST INTERVENTION DATA

HPV Vaccination among Patients Aged 18-26

# Patients that Received HPV Vaccines
# HPV Vaccines Administered or Documented

FENWAY HEALTH

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HPV VACCINE COVERAGE OF PATIENTS AGED 18 TO 26

Patients with at least One HPV Vaccination

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%

Timeline:
- Intervention Began
- Provider Education
- Implemented Huddles

Timeline:
- Jan '12
- Mar '12
- May '12
- Jul '12
- Sep '12
- Nov '12
- Jan '13
- Mar '13
- May '13
- Jul '13
- Sep '13
- Nov '13
- Jan '14
- Mar '14
- May '14

FENWAY HEALTH

fenwayhealth.org
PRE & POST INTERVENTION DATA

Patients with at Least One HPV Vaccination by Age

- Pre-Intervention (2/15/2012 to 2/14/2013)
- Post-Intervention (2/15/2013 to 2/14/2014)
PRE & POST INTERVENTION DATA

Patients with Complete HPV Vaccination by Age

- Pre-Intervention (2/15/2012 to 2/14/2013)
- Post-Intervention (2/15/2013 to 2/14/2014)
PRE & POST INTERVENTION DATA

Percentage of Patients with Complete or Partial HPV Vaccination by Gender

- Female
- Male
- Transgender

Q1 2012
Q2 2012
Q3 2012
Q4 2012
Q1 2013
Q2 2013
Q3 2013
Q4 2013
Q1 2014
Q2 2014
PRE & POST INTERVENTION DATA

Percentage of Patients with Complete or Partial HPV Vaccination Coverage by Sexual Orientation

Lesbian, Gay, Bisexual, or Other
Straight/Heterosexual
Not Reported

Q1 2012
Q2 2012
Q3 2012
Q4 2012
Q1 2013
Q2 2013
Q3 2013
Q4 2013
Q1 2014
Q2 2014
FURTHER OPPORTUNITIES TO INCREASE UPTAKE

1) Vaccine administration during walk-in hours or at pharmacy

2) Develop registry of unvaccinated or partially vaccinated patients
   → Outreach to unvaccinated patients

3) Email blasts to patients
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
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<td>172</td>
<td>SIDNEY BORUM JR. HEALTH CENTER</td>
<td>Abalos MD, Kathleen</td>
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<td>177</td>
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LOOKING AHEAD: 9-VALENT HPV (9VHPV) VACCINE

- Investigational product currently under FDA review
- Trials suggest it is safe and effective
  - Non-inferior anti-HPV 6, 11, 16, 18 responses vs. qHPV vaccine
  - ~97% protection against HPV 31, 33, 45, 52, 58-related disease
- Generally well-tolerated

<table>
<thead>
<tr>
<th>What: Action/Commitment</th>
<th>Who: Responsibility</th>
<th>By When: Deadline</th>
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<tbody>
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Evidence-Based Strategies to Increase Immunization Rates

TASK FORCE ON COMMUNITY PREVENTIVE SERVICES RECOMMENDATIONS

www.thecommunityguide.org/vaccines/index.html
URGENT CALL TO PREVENT CANCER – TAKE THE HPV VACCINE CHALLENGE

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

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

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

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

Providers: TAKE THE HPV VACCINE CHALLENGE

This simple change works because by putting HPV first, parents perceive that it’s a normal, recommended vaccine, not a controversial or optional vaccine. CDC provides a “Tips and Time-savers for Talking with Parents about HPV Vaccine” resource that translates research into effective communication tools: http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf
About the MIIS

- Secure, confidential web-based system capable of electronic data exchange and direct data entry
- Consolidates immunization records over lifespan
- Assists providers with clinical decision support
  - Helps identify due or overdue immunizations
  - Prevents over/under immunization
- Patient immunization and vaccine usage reports
- Provides infrastructure for tracking essential information during public health emergencies
- Includes practice management tools
## MIIS, Reports and More...

| Immunization Registry          | Patient Search                                      |
|                              | Immunization Forecast Report                        |
|                              | Coverage Reports                                    |
|                              | Reminder Recall                                     |
|                              | Patient Certificates/VAR                            |
| Vaccine Management            | VFC/Adult Enrollment                                |
|                              | Inventory Management                                |
|                              | Vaccine Ordering                                    |
|                              | Report Aggregate Usage                              |
|                              | Vaccine Management Reports                          |
| Resources Module              | MIIS Resources                                      |
|                              | Links to: Immunization Schedules & Recommendations   |
|                              | Links to: Vaccine Information Statements            |
|                              | Links to: Reporting for Vaccine errors & Adverse Reactions |
|                              | Links to: Other Resources (CDC sites, IAC etc...)   |
Welcome to the Massachusetts Immunization Information System!

The Massachusetts Department of Public Health (MDPH) Immunization Program is committed to promoting the health of Massachusetts' citizens by reducing the burden of vaccine preventable diseases that affect residents of the Commonwealth. As part of this effort, the MDPH Immunization Program has launched the Massachusetts Immunization Information System (MIIS), a web-based lifespan immunization registry and vaccine management system. The MIIS securely and accurately consolidates patient immunization information that is easily accessible by health care providers across the Commonwealth, who are then able share these records with their patients and families. The MIIS helps ensure vaccines administered in the Massachusetts are based on the latest immunization recommendations and provides patient and practice level reports to aid the administration of immunization.

**Benefits of the MIIS:**

- Assists providers with ensuring that patients are up to date with their immunizations
- Identifies unimmunized and under immunized patients
- Provides the infrastructure needed for tracking essential information during natural disasters, influenza pandemics, bioterrorist events and other public health emergencies
- Tracks and manages state and/or privately purchased vaccines

By law (M.G.L. Chapter 111, Section 24M), providers must discuss the reporting procedures of the MIIS with each of their patients and their parents or guardians when applicable. The law also stipulates that patients and their parents or guardians have the right to object (or withdraw a previous objection) to having their or their child’s data shared with other providers in the MIIS. This should be done after the MIIS has been integrated into the practice. The [MIIS Policy Statement](#) describes the guidelines for all health care providers who are registered to use the MIIS. For more information on integrating the MIIS at your practice, please visit the ContactMIS Resource Center.

**Gaining access to the MIIS:** If you are the Access Administrator at your site and need to identify additional users for the MIIS, please log into the [ContactMIS Resource Center](#), add the users to your site and ensure that they then complete the registrations steps of gain access to the system.

**Known Issues:** For a list of items that are not functioning as anticipated within the MIIS, and suggested ways to 'work around' them, please see the list of [MIIS Known Issues](#).
**Input parameters**

**Visual Graphic of your coverage rates compared to MA overall & Healthy People 2020 goals**

**Your Practice Data**

**Massachusetts Immunization Information System**

**Standard Adolescent Coverage Report**

- Report Type: Standard Adolescent Coverage Report
- Report Name: 
- Report Run Date: 09/19/2014
- Selected PINs: 
- Selected Parameters: Patient Status: Active;
- Number of Patients Assessed: 764

**Assessment of Immunization Rates**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Percentage</th>
<th>Count</th>
<th>Patients Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap</td>
<td>88.22%</td>
<td>674</td>
<td>764</td>
</tr>
<tr>
<td>MCV4</td>
<td>85.21%</td>
<td>651</td>
<td>764</td>
</tr>
<tr>
<td>HPV1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV2</td>
<td>33.59%</td>
<td>87</td>
<td>259</td>
</tr>
<tr>
<td>HPV3</td>
<td>43.06%</td>
<td>329</td>
<td>764</td>
</tr>
<tr>
<td>HPV4</td>
<td>20.94%</td>
<td>160</td>
<td>764</td>
</tr>
</tbody>
</table>

Routine vaccination with Tdap and the first doses of MCV4 and HPV are recommended at age 11-12 years.
Dear Parent/Caregiver of SHARPIE PEN,

Our records show that SHARPIE PEN is or will be due for one or more immunization(s) as of 05/05/2011. The immunization history that we have on record appears below. If SHARPIE has received immunizations from another health care provider that are not listed below, please call our office at (781) 646-4345 so that we can update SHARPIE’s record. Otherwise, please schedule an appointment for SHARPIE to receive them.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date(s) Given</th>
<th>Recommendation(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HepB</td>
<td></td>
<td>Overdue</td>
</tr>
<tr>
<td>Tdap</td>
<td></td>
<td>Overdue</td>
</tr>
<tr>
<td>PPSV</td>
<td></td>
<td>Next Due: 05/05/2065</td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td>Overdue</td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td>Overdue</td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td>Overdue</td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td>Overdue</td>
</tr>
<tr>
<td>HepA</td>
<td></td>
<td>Overdue</td>
</tr>
<tr>
<td>HPV</td>
<td></td>
<td>Overdue</td>
</tr>
<tr>
<td>MCV</td>
<td></td>
<td>Next Due: 05/05/2016</td>
</tr>
<tr>
<td>Herpes Zoster</td>
<td></td>
<td>Next Due: 05/05/2060</td>
</tr>
</tbody>
</table>

Sincerely,

[Signature]

Fenway Health Pediatrics
NOT REGISTERED WITH THE MIIS? 
WHAT YOU CAN DO NOW:

1. Register for the MIIS (www.contactmiis.info)
2. Review Clinical Integration and training resources
3. Contact the MIIS Help Desk for more information on coming on board with the MIIS 617-983-4335
4. Contact Mass League Staff, Antonia Blinn for questions about process and quality improvement and MIIS implementation (ablinn@massleague.org or 617-988-2243)
Team Maureen is a non-profit working to raise awareness about preventing cervical and other HPV-related cancers through education, prevention, and early diagnosis.

Visit the new TeamMaureen.org website to:

- Use the GET A REMINDER service—receive free text or email reminders for HPV vaccinations and/or cervical cancer screenings
- Find user-friendly basic fact quizzes, current news, and reliable resources on HPV, vaccines, cervical and HPV-related cancers
- Post, share, and view upcoming HPV/cervical cancer related events across Massachusetts
- Join the new MA Coalition for HPV/Cervical Cancer & HPV-Related Cancer Awareness to increase awareness by amplifying our collective voices

Email us: info@TeamMaureen.org
HPV PORTAL

cdc.gov/hpv
Continuing Education

Immunization Schedules, Recommendations, and more
Patient and Parent Handouts

cdc.gov/vaccines/who/teens/products/print-materials.html
HPV (Human Papilloma Virus) causes cancer in men and women.
The HPV vaccine is recommended for girls age 11-26 and boys age 11-21. Ask your provider about the HPV vaccine.

El virus de Papiloma Humana (HPV) causa cáncer en mujeres y hombres.
La vacuna HPV está recomendada para las niñas entre 11-26 años de edad, y para los niños entre 11-21.
Pregunta de su proveedor sobre la vacuna del HPV.
QUESTIONS?

Contact:
Catherine Basham, cbasham@fenwayhealth.org
Dr. Jennifer Potter, jpotter@bidmc.harvard.edu