

Team-Based Approach to HPV Vaccination Messaging

2026 HPV Summit

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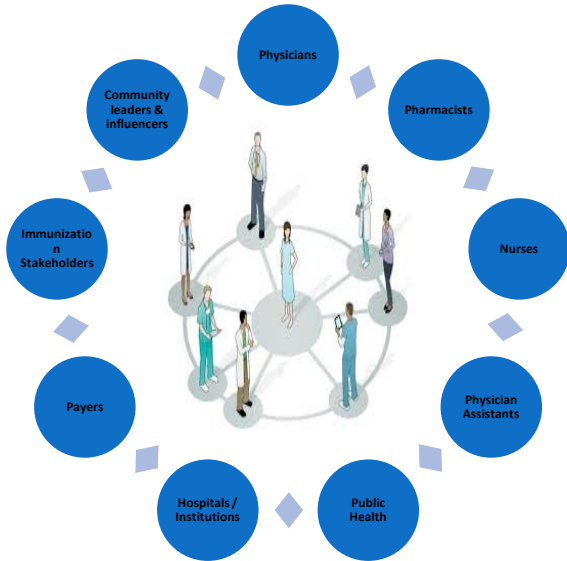
Objective

- Implement a whole-practice, team-based approach to HPV vaccination messaging to *reduce missed opportunities* and *improve vaccine uptake*

Introduction



Immunization Neighborhood



Immunization Neighborhood

Collaboration, **C**oordination, and **C**ommunication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine-preventable diseases.

Coined by APhA in 2012

- Patient and community centric
- An entire community can invest in assessing, administering, and/or referring patients to receive appropriate vaccines
- Supports the sharing and exchanging of immunization data

Arkansas Children's Pediatrics

Primary Care Clinics

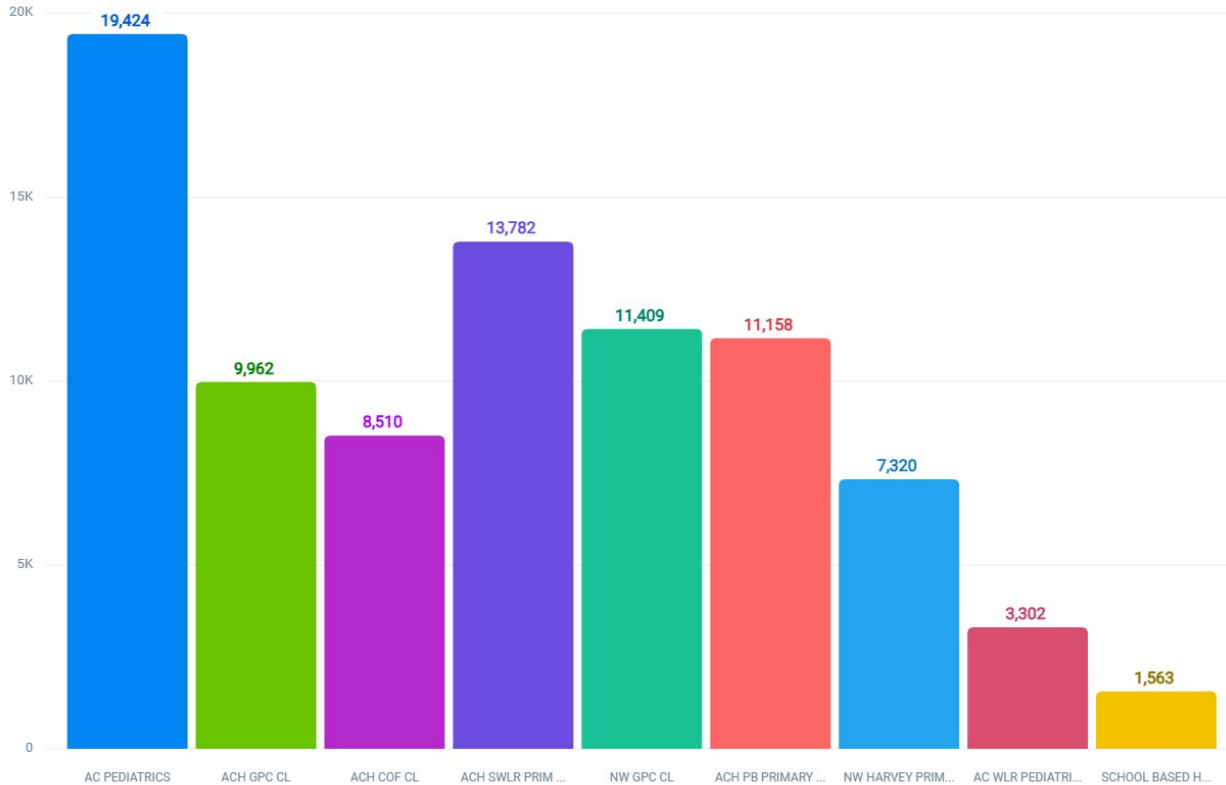
8 clinics across the state

- Little Rock
- Southwest Little Rock
- West Little Rock
- Pine Bluff
- Springdale
- Rogers
- School Based Clinics
 - Chicot Elementary
 - Stephens Elementary



Number of Immunizations Administered by Administration Department

Last 1 year



94,076 vaccines administered in past year in ACH primary care clinics.

Primary Care Immunization Committee



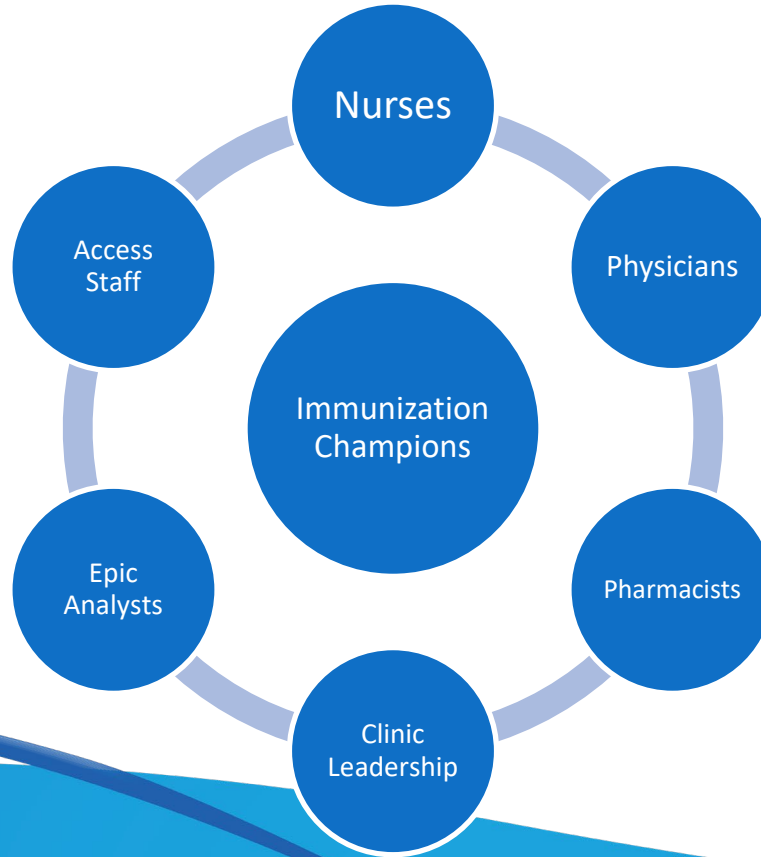
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Primary Care Immunization Committee

- Started meeting in Fall 2025
- Co-Chaired by nurses and physicians
- Representation from all primary care clinics
 - Currently 44 members



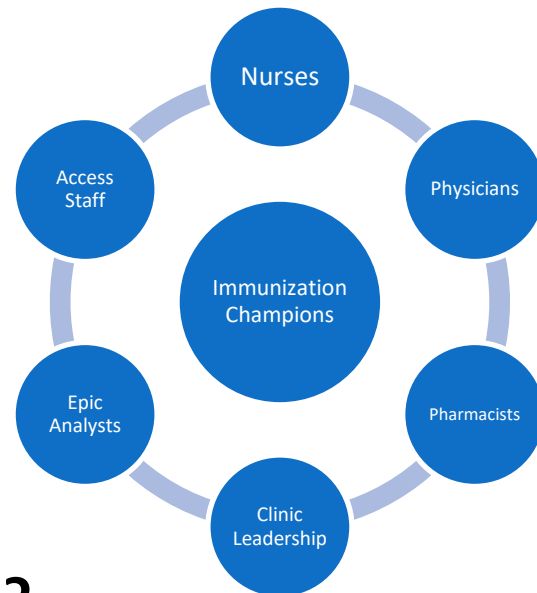
Committee Members



Immunization Champions

Immunization Champions

- Whole staff is represented
- Everyone can be heard
- Everyone feels important
- Everyone IS important



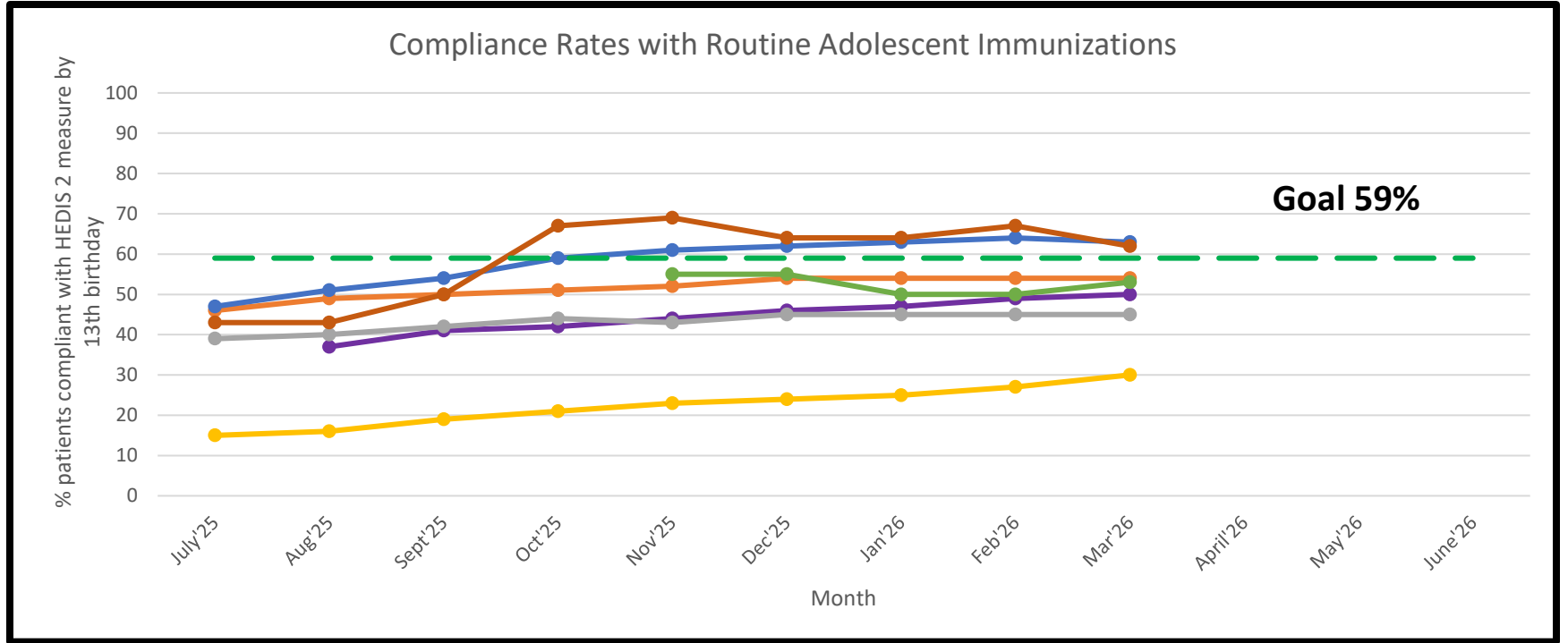
Who are your “immunization champions”?

- Take a moment to write this down

Committee Functions

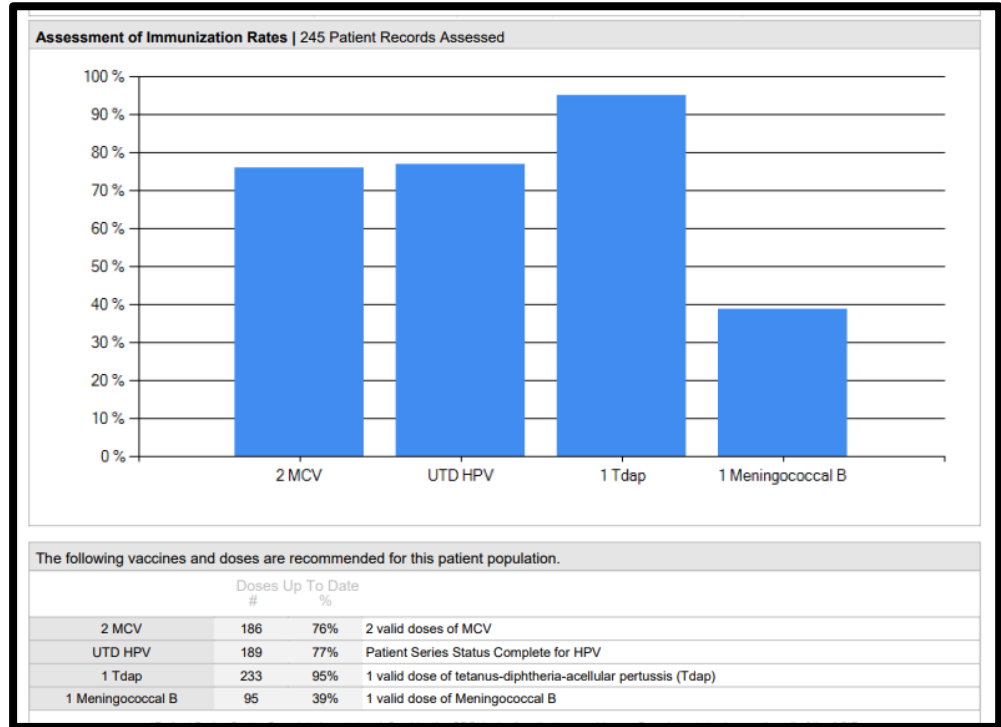
- Identify and improve issues related to immunizations
- Develop strategies to increase immunization rates
- Collaborate to ensure safe and effective implementation of new and revised practices
- Improve staff education and awareness
- Report up to other committees

EPIC Reporting for Compliance Rates



WebIZ Coverage Assessment Snapshot Reports

- If you don't have access to reports through your clinic or pharmacy system, another option is WebIZ reports.



IQIP Adolescent 17 Years On Demand

Current Committee Tasks

- Developing process for identifying missed opportunity for vaccination.
- Improving process for documenting vaccine refusals
 - Consistent use of ICD codes for refusals
 - Updated declination form
- Collaborating with marketing department to develop patient education materials

Identifying Missed Opportunities

Missed Opportunities

Definition:

- Patient that has a vaccine due at any visit type and not administered or addressed at that visit



Documenting Declination

- **Document the conversation**
 - What did you say?
 - How was the recommendation presented?
 - Was a strong recommendation made?
 - What did the patient/parent say?
 - Did the patient/parent have questions?
 - Were they concerned about pain or not feeling well after vaccination?
 - Were they afraid of needles?
- **If it wasn't documented, it didn't happen**
 - The more information included, the more you can prepare for the next visit
- **Use consistent documentation and coding**

Documenting Declination

- **Consistent use of ICD-10 codes for refusals**
 - Z28 codes immunization not carried out:
 - Z28.82 because of *caregiver* refusal
 - Z28.21 because of *patient* refusal
 - Z28.20 because of *patient decision for other and unspecified reason*
- **Updated Declination/Refusal Form**

Declination Form

- Used American Academy of Pediatrics “Refusal of Recommended Immunizations” template to help create this
- Wanted to make it come across “less harsh”
- Not a requirement for our providers to use this, but can be a helpful tool

AAP Template:

https://www.aap.org/en/patient-care/immunizations/implementing-immunization-administration-in-your-practice/refusal-to-vaccinate/?srsltid=AfmBOoq4wsev0543dnPsn9WhBaR7uV6A2gp3dvK89siyKSST6_SsRo4E

Recommended today, <i>Which may prevent disease associated complications</i>	I declined: <i>Initials of Parent/Guardian</i>
<input type="checkbox"/> COVID-19 vaccine <i>Pneumonia, respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death</i>	
<input type="checkbox"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine <i>Tetanus – broken bones, breathing difficulty, death; Diphtheria – swelling of the heart muscle, heart failure, coma, paralysis, death; Pertussis(whooping cough) – pneumonia, death</i>	
<input type="checkbox"/> Haemophilus influenzae type B (Hib) vaccine <i>Meningitis, intellectual disability, closing of the throat, pneumonia, death</i>	
<input type="checkbox"/> Hepatitis A (HepA) vaccine <i>Liver failure, joint pain, kidney, pancreatic and blood disorders, death</i>	
<input type="checkbox"/> Hepatitis B (HepB) vaccine <i>Chronic liver infection, liver failure, liver cancer, death</i>	
<input type="checkbox"/> Human papillomavirus (HPV) vaccine <i>Cervical, vaginal, vulvar, penile, anal, mouth and throat cancers</i>	

I have been given a Vaccine Information Statement that explains each immunization and the disease it prevents. I have discussed the recommendation and my declination with my child's healthcare provider. They have answered my questions about the recommended immunizations.

I understand the following:

- The checked immunizations are recommended by my child's healthcare provider
- The benefits and risks of the recommended immunizations
- If my child does not receive the immunizations the consequences may include:
 - Contracting the illness the immunization is designed to prevent, which could lead to serious complications listed
 - Transmitting the disease to others including those too young to be vaccinated or those with immune problems
 - Possibility of requiring my child to stay out of child care or school and requiring someone to miss work to stay home with my child during disease outbreaks

Today, I declined the recommended immunizations for my child by initialing the boxes.

If you change your mind at any time, speak with your child's health care provider. You can always accept immunizations for your child in the future.



Discussing Declination

- Be respectful and empathetic.
- Do not make them feel angry or as though you don't care about them because of their decision.
 - You are recommending these vaccines because you care about them.

Tips for discussing vaccines with hesitant parents/patients:

- Ask them to bring a list of resources, concerns, and/or questions at their next visit.
- Ask them what information you can provide that can help them make the most informed decision.
- Provide patient educational materials.
- Be kind and respectful.
- Let them know you're on their team and want to help them make the most informed decision.

Discussing Declination

- Let them know you will document the discussion.
 - This shouldn't sound "harsh", but it's important to communicate this.
 - Develop a way to communicate this with empathy.
- Let them know you will follow-up with them at future visits.
 - This is very important to communicate.
 - You don't want them to be upset that you keep asking.
 - This helps you to know that you've prepared them for future discussions.
- Inform them of symptoms of illnesses of the diseases those vaccines would protect against.
- Remind patients (and parents) to call ahead if they have symptoms before coming to a clinic visit or inside a pharmacy.

HPV Quality Improvement Project

HPV QI Project

- Ohio Chapter of American Academy of Pediatrics (ongoing project)
 - <https://ohioaap.org/qi-programs-moc-iv/hpv-qi-project/>
- Arkansas Children's Primary Care participated in 2023-2024
- Monitored monthly vaccine completion rates
- Implemented Tests of Change
 - Provided education for staff focusing on cancer prevention
 - Hung posters in exam rooms
 - Provided education materials for patients
 - Added an EPIC care gap “Optional early start date at age 9 or 10 years”



RAISING A TWEEN?



HELP PROTECT THEM FROM CERTAIN HPV-RELATED CANCERS LATER IN LIFE

WHY DOES IT MATTER?

- **HPV IS A COMMON VIRUS**
HPV, or human papillomavirus, often has no signs or symptoms. People can have the virus, pass it along, and not even know it.
- **FOR MOST PEOPLE, HPV CLEARS ON ITS OWN.**
But for others who don't clear the virus, it can cause certain cancers later in life.
- **TENS OF THOUSANDS OF PEOPLE WERE DIAGNOSED WITH CERTAIN HPV-RELATED CANCERS***
each year from 2014-2018 in the United States.
*Based on 2014-2018 CDC data of certain HPV-related cancers diagnosed each year in the US.
- **HPV VACCINATION IS A TYPE OF CANCER PREVENTION**
It can help protect your son or daughter from certain HPV-related cancers later in life.

Embrace this phase. Help protect them in the next.

Starting at age 9, talk to your child's doctor about certain HPV-related cancers.



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SCAN HERE TO LEARN MORE AT HPV.COM

Don't Wait to Vaccinate



Did you know...

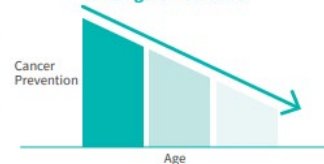
The American Cancer Society recommends that all children get vaccinated against HPV between the ages of 9 and 12. **The vaccine helps prevent 6 types of cancer.**



Age matters.

When you vaccinate your child on time, you help protect them from HPV cancers. **The HPV vaccine works best when given before age 13. Getting the vaccine at the recommended ages will help prevent more cancers than getting the vaccine at older ages.**

The HPV vaccine can help prevent more than 90% of HPV cancers when given on time.



On time
Ages 9-12
2 doses
6-12 months apart

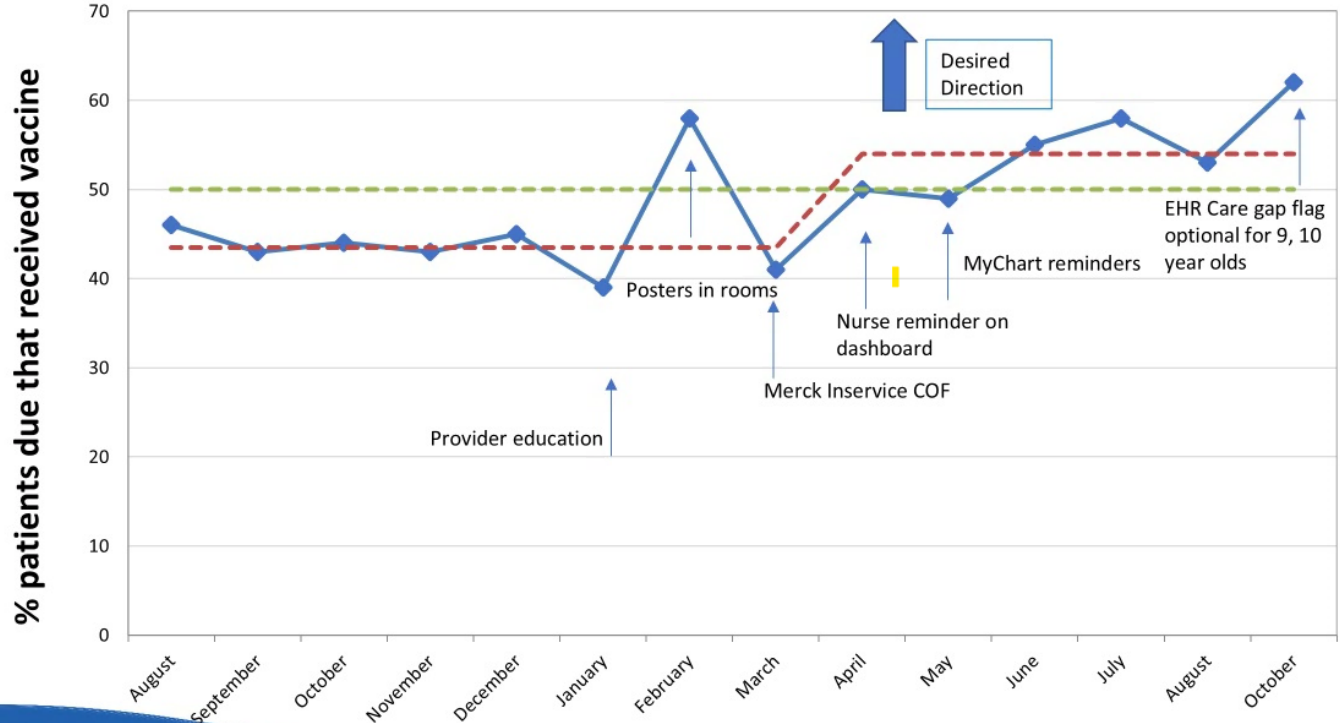
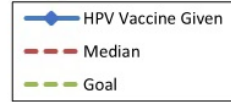
Late
Ages 13-14
2 doses
6-12 months apart

As soon as possible
Ages 15-26
3 doses
1st dose at visit one
2nd dose 1-2 months later
3rd dose 6 months after 1st dose

This resource was supported in part by the Centers for Disease Control and Prevention's MMR Award # 1U39CE000005-02-01. ©2023, American Cancer Society, Inc. No. 98020 Rev. 3/23

<https://www.cancer.org/content/dam/cancer-org/online-documents/en/pdf/flyers/hpv-dont-wait-to-vaccinate.pdf>

HPV Vaccine Rates at Preventative Care Visits



August 2023-October 2024

Prepared by: Laura L. Siderman, MD, MPH, 48354
Data Source: EPIC

Number of Immunizations Administered by Age in Years at Immunization Range

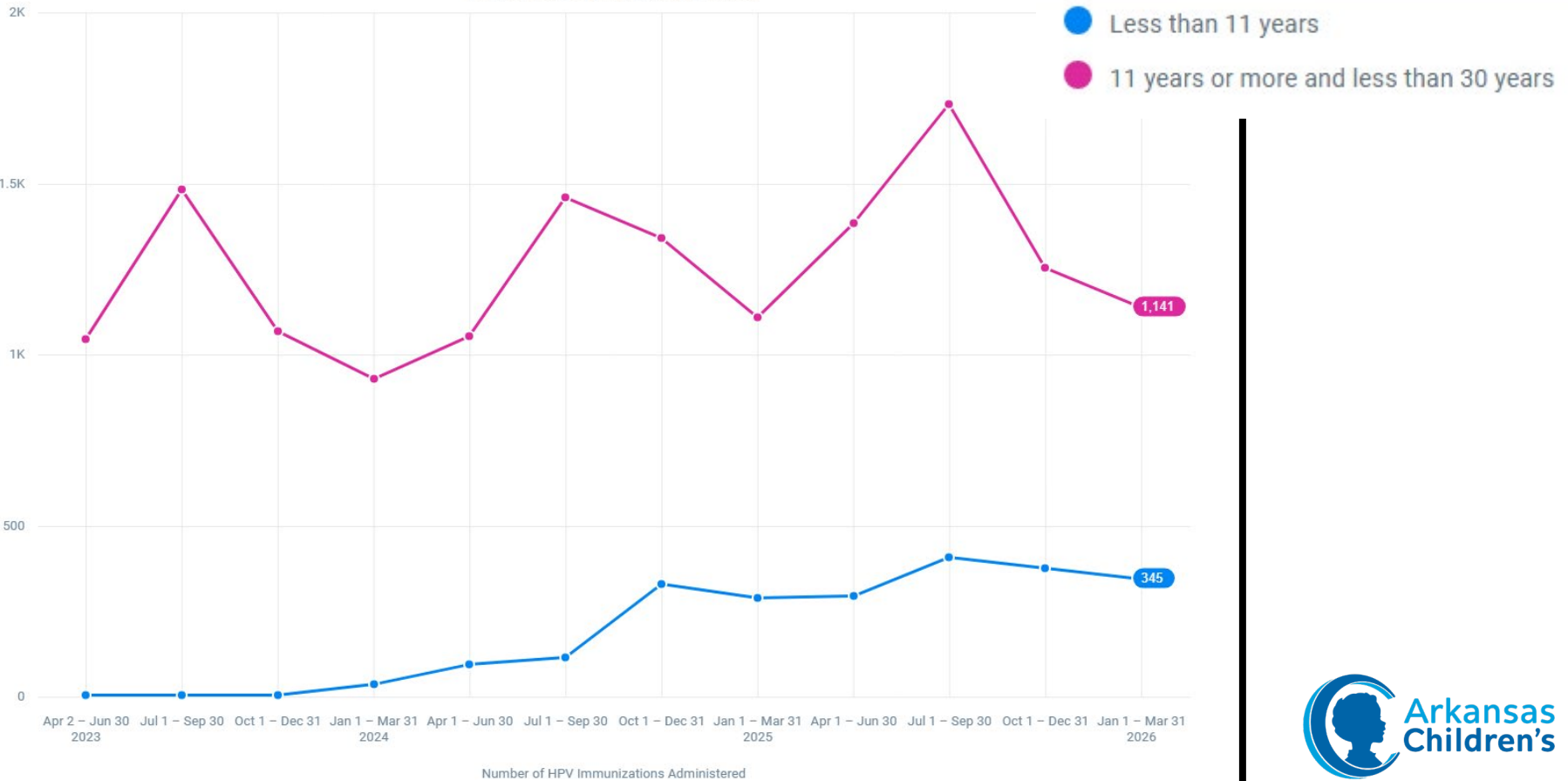
Between 1/1/2023 and 12/31/2025 by year

Age in Years at Immunization	Less than 11 years	≥ 11 and < 13 years	≥ 13 and < 30 years	Total*
Year				
Jan 1 – Dec 31 2023	25	2,869	1,705	4,599
Jan 1 – Dec 31 2024	586	3,112	1,679	5,377
Jan 1 – Dec 31 2025	1,376	3,368	2,116	6,860

- Started project August 2023
- Electronic Health Record reminder to offer HPV at age 9 and 10 added in October 2024
- Completed project October 2024

Number of HPV Immunizations Administered by Age in Years at Immunization Range

Between 4/2/2023 and 3/31/2026 by quarter



Arkansas Children's

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Additional Strategies for Improving HPV Vaccination Rates

Arkansas Pharmacy Immunization Laws

In Arkansas:

- Pharmacists are not required to follow any specific guideline for prescribing/administering immunizations.
 - Example: Following the ACIP/CDC vaccine schedule is not a requirement.
- Pharmacists *can* prescribe/administer immunizations based on FDA approval (package inserts) or any professional guidelines.

Age Requirements for Arkansas Pharmacist Prescribing

- Ages 7 years and older:
 - Pharmacists may prescribe and administer all routinely recommended immunizations
- Ages 3 years through 6 years:
 - Pharmacists may prescribe and administer flu and COVID-19 vaccines, without restrictions
 - Pharmacists must be a VFC provider to administer any other immunizations to this age group
 - A “well-child” visit must be recommended

Nurse Only Visits / Clinics

- Each clinic has set nurse only visit times
- Some evening and weekend options
- Nurse can order vaccines using nursing protocols
 - Allows a nurse to initiate an order following inclusion and exclusion criteria
- ACH piloting using at beginning of clinic visit if provider is backed up

Pharmacy Clinics (on-site & off-site)

Site:

- Go to schools/workplaces and offer vaccines
- Requires unique preparation efforts, but pharmacy is well-positioned for this

Pharmacy:

- Walk-in or appointment-based
- Consider evening and weekend options during summer

Back to School

- Focus on teens/adolescents before the back-to-school rush
- Reminder recall efforts to schedule
- Offer weekend clinics during the summer

Improving Record Keeping (clinic)

- Review electronic health record prior to visit
- Contact new patients and ask to bring records
- Look for duplicate records in WebIZ
- Update electronic record and WebIZ

Improving Record Keeping (pharmacy)

- Review WebIZ and electronic health records whenever possible
 - Should at least review each time patient receives a vaccine
 - Recommend all appropriate vaccines
- Document in WebIZ
 - In Arkansas, it is a requirement to document immunizations in WebIZ for patients ages 21 and younger
 - It is bad practice to NOT document in WebIZ for adults

Reminder Recall (clinic)

- Review reports in EHR and in WebIZ to identify kids that are due for second HPV
- Scheduling staff call and offer nurse only visits or wellness visits if due
 - Super successful for ACH!

Reminder Recall (pharmacy)

- Setup automation for when patient is due for second dose of HPV vaccine
- Dedicate staff to reviewing patient immunization records for teens/adolescents during spring/early summer

New Staff Education

- Review:
 - Vaccine schedule
 - Administration techniques
- Discuss vaccine-preventable diseases
- Survivor stories
 - Jason Mendelsohn, SupermanHPV.com

Thank you!

**PARENTS OF EARTH,
ARE YOUR CHILDREN
FULLY IMMUNIZED?**



**MAKE SURE—
CALL YOUR DOCTOR OR
HEALTH DEPARTMENT TODAY.
AND MAY THE FORCE BE WITH YOU.**

U.S. Department of Health, Education, and Welfare / Photo credit: Kenner Toys for Star Wars

