



ACS National HPV Vaccination Roundtable

May 2024

ACS HPVRT Snapshot



History: Established in 2014 by the ACS, in partnership with the CDC, to serve as an umbrella organization to engage all types of partners who are committed to reducing HPV –associated cancers in the US.



Mission: To reduce the incidence of and mortality from HPV-associated cancers through coordinated leadership, strategic planning, and advocacy. We believe that by working together over the long-term, the US can move towards ending vaccine-preventable HPV cancers as a public health problem.



Membership: Collaborative partnership of 80+ member organizations, including nationally known experts, thought leaders, and decision makers.

Intersection: Cancer Moonshot and Roundtables



HPV Vaccination for Cancer Prevention: Progress, Opportunities, and a Renewed Call to Action

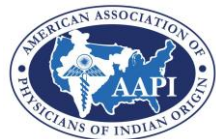
President's Cancer Panel Annual Report 2012-2013

**ACCELERATING HPV VACCINE UPTAKE:
URGENCY FOR ACTION TO PREVENT CANCER**





American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Structure

How are we organized to accomplish our goals?



How are we organized?

Leadership

- Tri-Chairs
- Steering Committee
- Membership Committee
- Nominating Committee

Strategic Committees

- Best & Promising Practices
- State Roundtables & Coalitions
- National Meeting Planning
- Emerging Leaders Fellowship

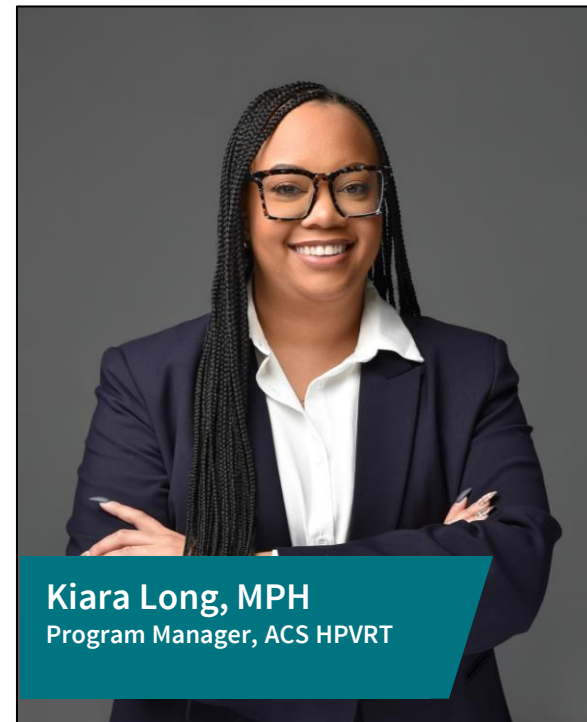
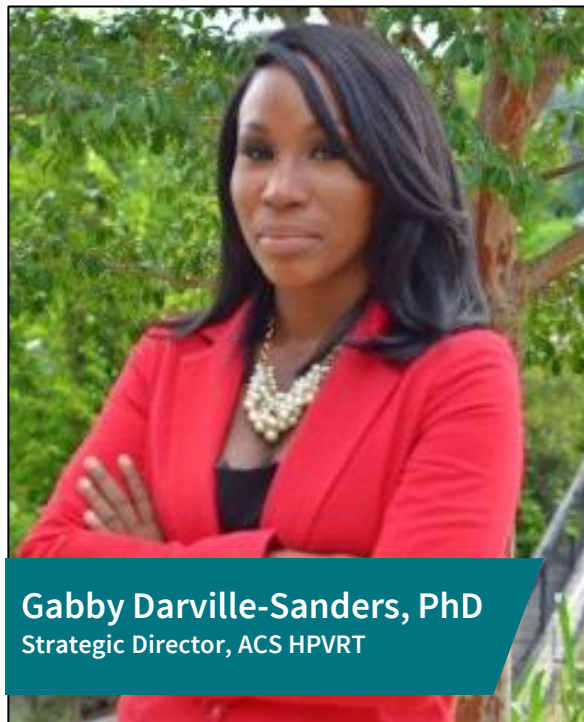
Best Practices Special Topics

- IIS Forecasting at Age 9
- HPV Data Sources/Toolkit
- Landing Page for Evidence Based and Promising Practices – HPV Vaccination
- Updated Research Priority Gaps
- Profiles of HPV Vaccination Resilience
- One-Dose Evidence Summary

Ad-Hoc Strategic Committees

- Health Plans
- Health System Action Guides

ACS Team Leadership



ACS Roundtable Executive Leadership Team



Kristin Oliver, MD
Tri-Chair
American Academy of Pediatrics (AAP)



Rebecca Perkins, MD, MSc
Tri-Chair
American College of Obstetricians
and Gynecologists (ACOG)



Debbie Saslow, PhD
Tri-Chair
American Cancer Society (ACS)

Steering Committee



Heather Brandt, PhD

St. Jude Children's Research Hospital



Noel Brewer, PhD

University of North Carolina,
Gillings School of Public Health



Tamika Felder

Cervivor



Jane Grey, MPH

California Department of Public Health,
Immunization Branch



Nikki Hayes, MPH

Division of Cancer Prevention and Control,
Centers for Disease Control and Prevention (CDC)



Judy Klein

Unity Consortium



Jill Moses, MD, MPH

Immunization Services Division (ISD),
Centers for Disease Control and Prevention (CDC)



Sharon Perlman, DDS, MPH

American Association of Public Health Dentistry

Catalyzing Action

How do we work?



What can an ACS National HPV Vaccination Roundtable do?



Establish National Priorities
for HPV Vaccination



Utilize innovative strategies



Promote Evidence-Based Strategies
and Translate them into Practice



Convene national experts and
partner organizations to collaborate
on best practices

ACS HPVRT Priority Areas

**Disseminate
Best &
Promising
Practices**

**Educate &
Catalyze
Key
Audiences**

**Leverage
Member
Expertise &
Increase
Engagement**

**Integrate Health
Equity into HPV
Vaccination
Activities**

**Catalyze State HPV
Vaccination
Coalitions &
Roundtables**

ACS HPVRT Priority Areas



Released January 2024

**2024
Impact Report
and Action Plan**

American Cancer Society

**NATIONAL HPV VACCINATION
ROUNDTABLE**

2024 ACS HPVRT Impact Report and Action Plan

2024 Priorities

Disseminate Best and Promising Practices

- Facilitate discussions concerning HPV vaccination data sources
- Collaborate with the Evidence – Based Cancer Control Programs (EBCCP, formerly RTIPs) and Community Guide concerning updates
- HPV Vaccination Starting at Age 9
 - Continue to promote and expand the evidence around the impact of vaccinating starting at age 9 using research included in the HVI Special Issue Collection
 - Develop Age 9 resources for key audiences (i.e. Health Plan, Health Systems and Health Departments)
 - Highlight success stories of Age 9 HPV Vaccination Champions
 - Develop social media content on Age 9 evidence
 - Evaluate the impact of the Age 9 Campaign
- Update the *Advancing Human Papillomavirus Vaccine Delivery: 12 Priority Research Gaps* publication.
- Utilize communication channels to share resources, emphasize best practices and increase collaboration among member organizations.

Educate and Catalyze Key Audiences (Health systems, providers, parents, public health partners)

- Host public educational seminars/forums virtually
- Host in person summits and symposiums on priority HPV vaccination topics
- Update and promote Clinician and Health Systems Action Guides
- Develop a Health Plan Action Guide
- Create curated co-brandable content for use by members and partners
- Present and disseminate ACS HPVRT findings at International, National or Regional conferences

HPV Vaccination – Addressing Misinformation

Fact 1: The vaccine prevents certain cancers.

Fact 2: The HPV vaccine works best when given between ages 9 and 12

Fact 3: The HPV vaccine is for boys and girls

Fact 4: The vaccine is safe.

Fact 5: The HPV vaccine does not contain harmful ingredients.

Fact 6: The HPV vaccine can protect, not harm, fertility.

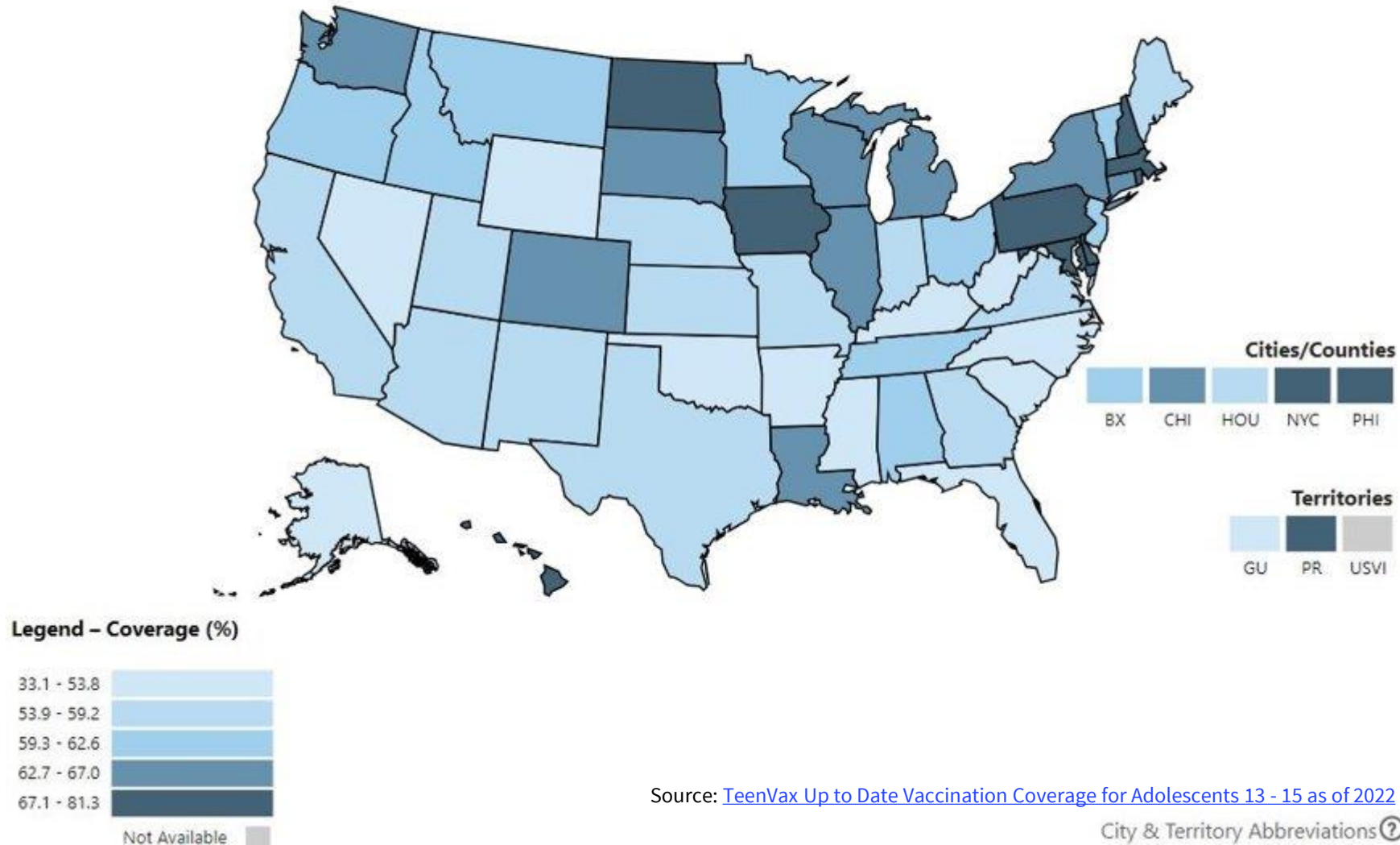
Fact 7: The HPV vaccine lasts a long time.

Fact 8: Most children in the US can get the HPV vaccine for little-to-no cost.



HPV Vaccination Outlook

Up-to-Date HPV Vaccination Coverage among Adolescents Age 13-15 Years, 2022, National Immunization Survey-Teen

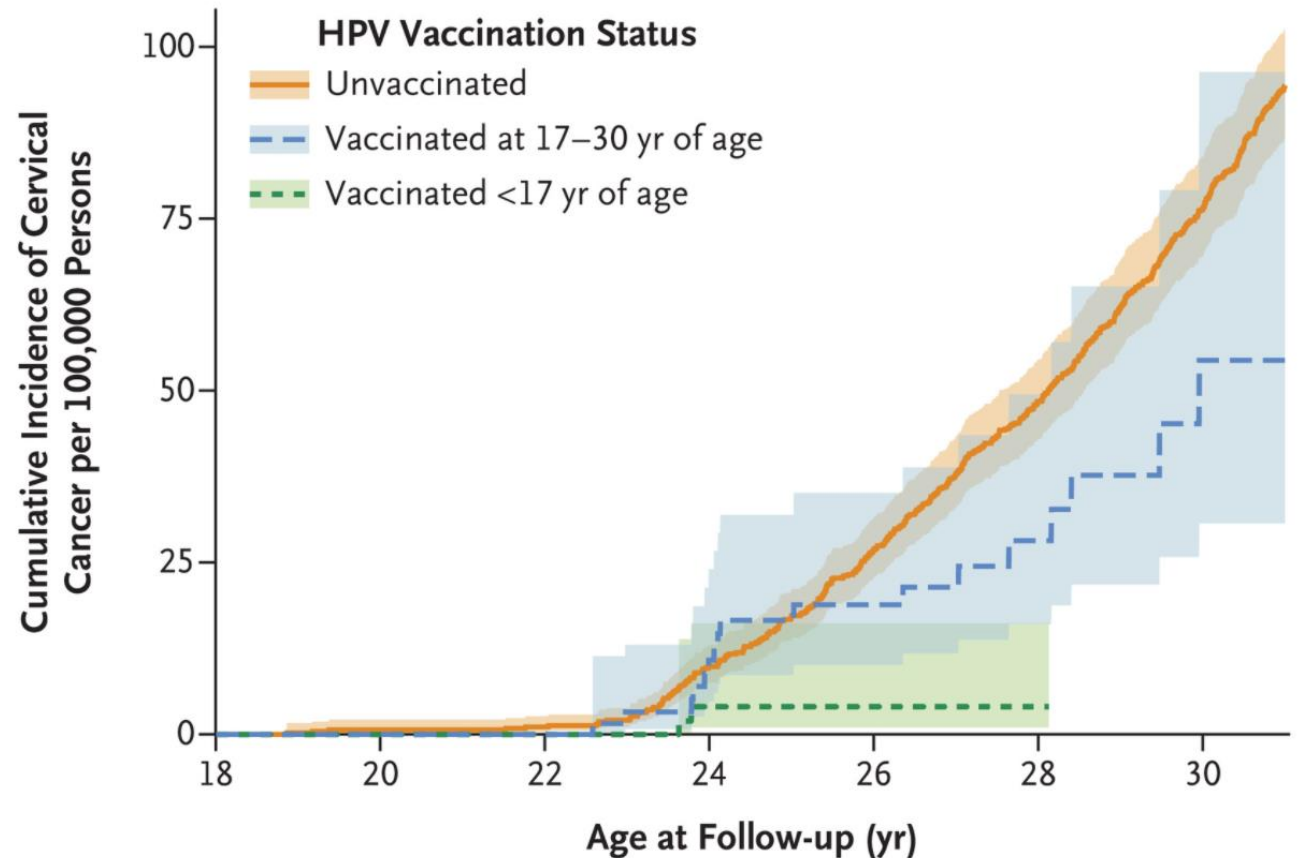


HPV Vaccination is Cancer Prevention

Sweden, 2006-2017

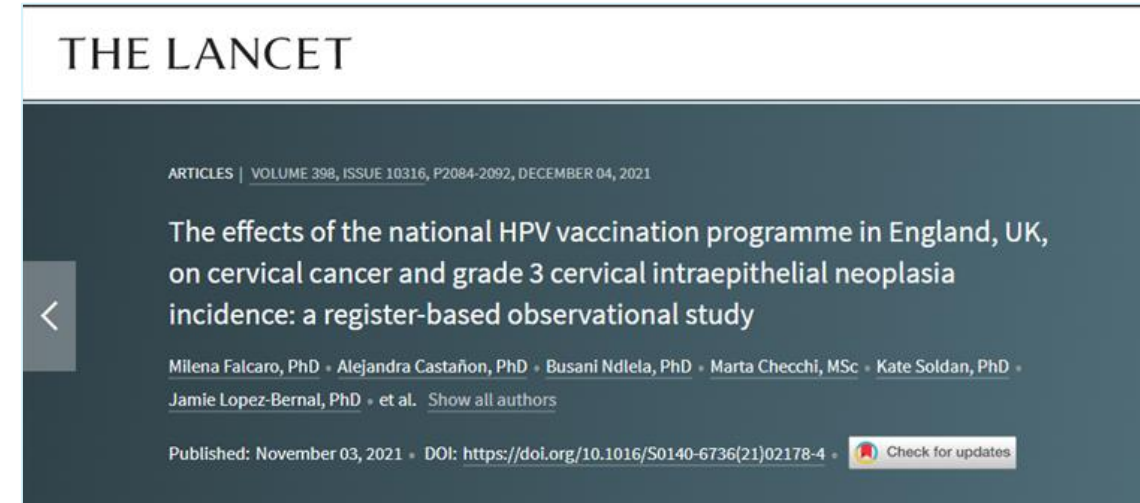
- 1.7 million females ages 10-30
- 538 cases in 528,000 unvaccinated
- 19 cases in 518,000 vaccinated
 - 2 cases in 439,000 vax age 10-16
 - 17 cases in 90,000 vax age 17-30

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



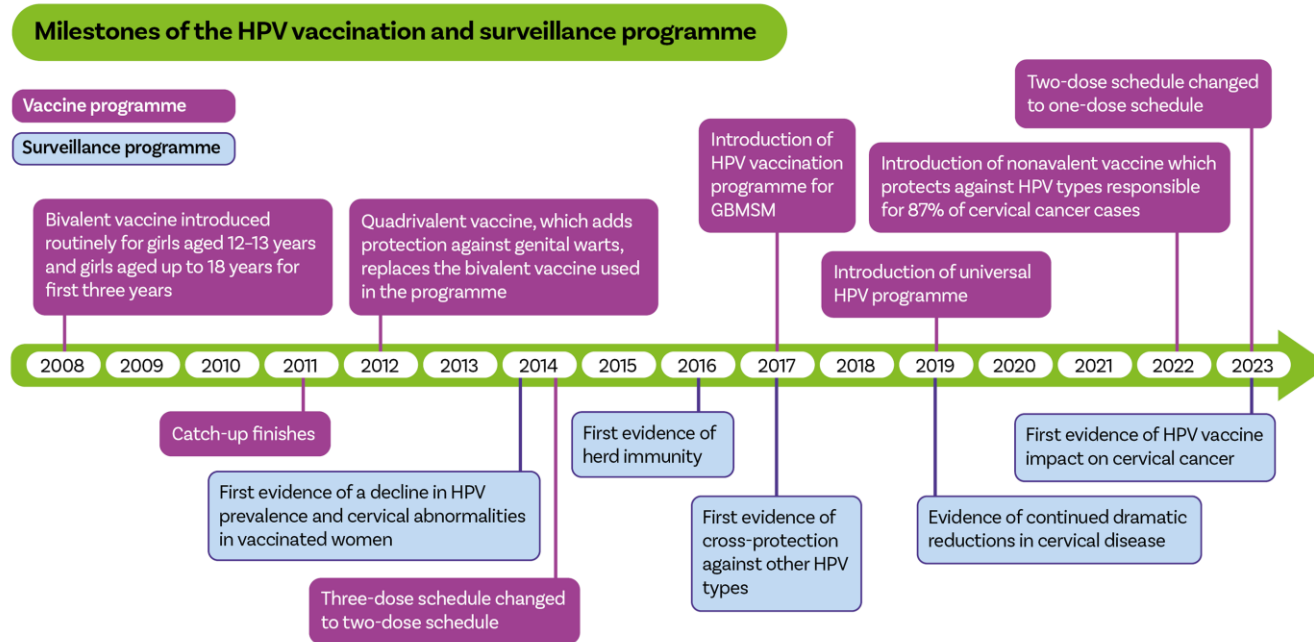
HPV Vaccination is Cancer Prevention

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



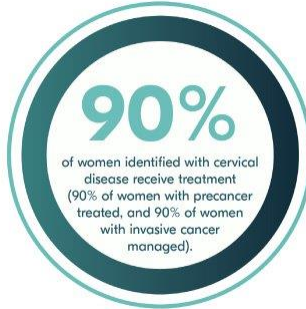
SOURCE: Falcaro, et al. Lancet 2021;398(10316):2084-2092

HPV Vaccination is Cancer Prevention



An exciting new study from Scotland (2024) shows that **no cervical cancer cases** have been detected in fully vaccinated women following the human papillomavirus (HPV) immunization at age 12-13 since the program started in Scotland in 2008.

HPV Vaccination is Cancer Prevention



Elimination of HPV cancers starting with cervical cancer elimination

Proposed Elimination Goal for the U.S.

Reach **≤4 cases per 100,000** by 2030-2038;

*ultimate goal of ≤1 per 100,000 by 2063¹

- **90%** vaccination rates*
- **90%** cervical screening rates**
- **90%** follow-up/treatment rates

* Gender neutral, Up-to-Date by age 13

** The goal of 90% builds on the WHO target of 70%, with more ambitious, yet achievable targets, appropriate to our setting

¹Berger et al, 2020: [Projected time to elimination of cervical cancer in the USA: a comparative modelling study \(thelancet.com\)](https://www.thelancet.com)

Strategies

Vaccination

Start at 9

Rural/geographic

VFC

Parents/vaccine
confidence

Health plans

Registries

Screening

Patient ed

Self-collection

Lab workflow

Health plans

Follow-up

Clinician ed

Improve follow-up

Reminder/recall

Colpo training

State-level

Cancer plans

Policy needs

Policy

Workforce

Navigation

Insurance coverage

Funding

Sustainable \$\$

Data & Monitoring

Improve/

Standardize data

Evaluation

framework

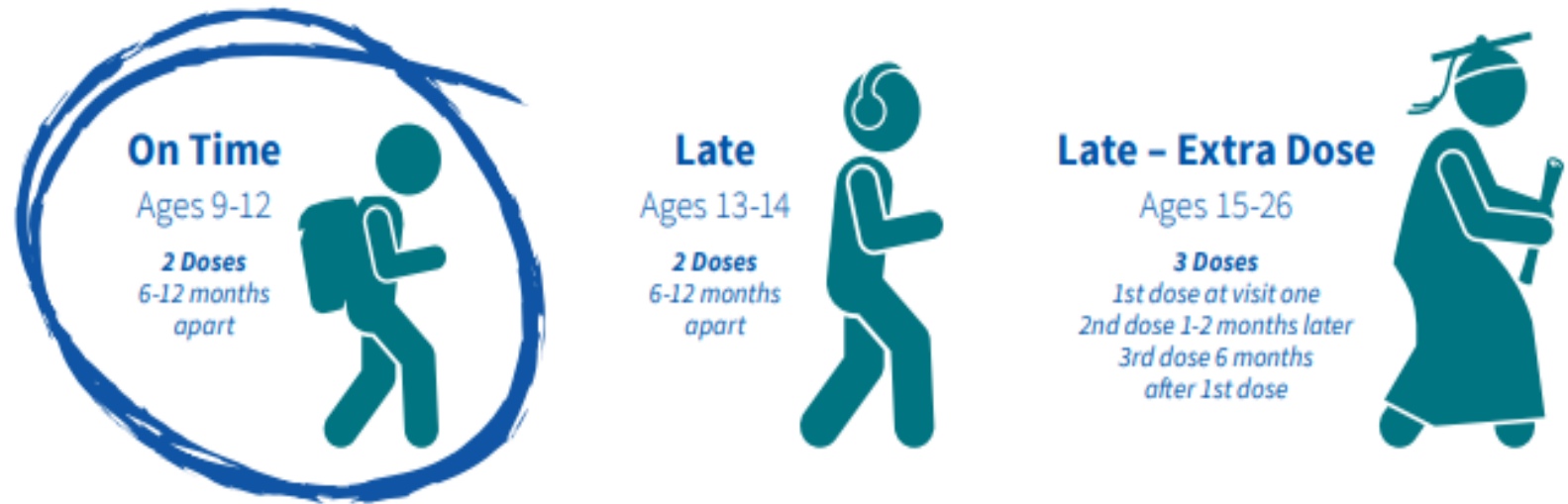
Wild Card

What if... ?



ACS HPV Vaccination Guidelines

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



CDC HPV Vaccination Guidelines (2024)

Key



ALL children in age group **should** get the vaccine



SOME children in age group should get the vaccine



ALL children in age group **can** get the vaccine



Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child

Recommended Vaccines	7 Years	8 Years	9 Years	10 Years	11 Years	12 Years	13 Years	14 Years	15 Years	16 Years	17 Years	18 Years
HPV			<div></div>		<div></div>							
Tdap ¹					<div></div>							
Meningococcal ACWY					<div></div>					<div></div>		
Meningococcal B										<div></div>		
Influenza/Flu	<div>Every year. Two doses for some children</div>		<div>Every year</div>									
COVID-19	<div>At least 1 dose of updated (2023–2024 Formula) COVID-19 vaccine</div>											
RSV					<div>If pregnant during RSV season</div>							
Mpox												<div></div>
Dengue			<div>ONLY if living in a place where dengue is common AND has laboratory test confirming past dengue infection</div>									

¹ One dose of Tdap is recommended during each pregnancy

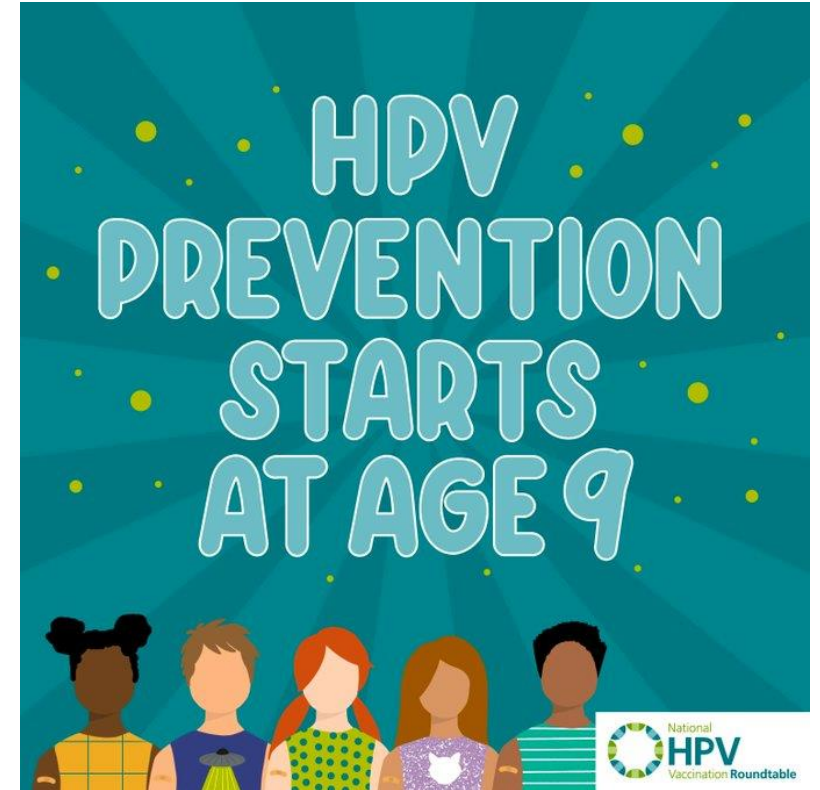
BENEFITS OF VACCINATING AT AGE 9

1. More time for completion by age 13
2. Results in a strong immune response
3. Increased likelihood of vaccinating prior to first HPV exposure
4. Decreased questions about sexual activity by parents and guardians
5. Decreased requests for only vaccines that are required for school
6. Decreased number of shots per visit
7. Increased vaccinations and therefore cancers prevented
8. Shown to increase vaccination rates in health systems
9. Shown to be highly acceptable by health systems, providers, and parents

DOWNSIDES OF VACCINATING AT AGE 9

Vaccination has shown no sign of protection waning over time.

No known downside

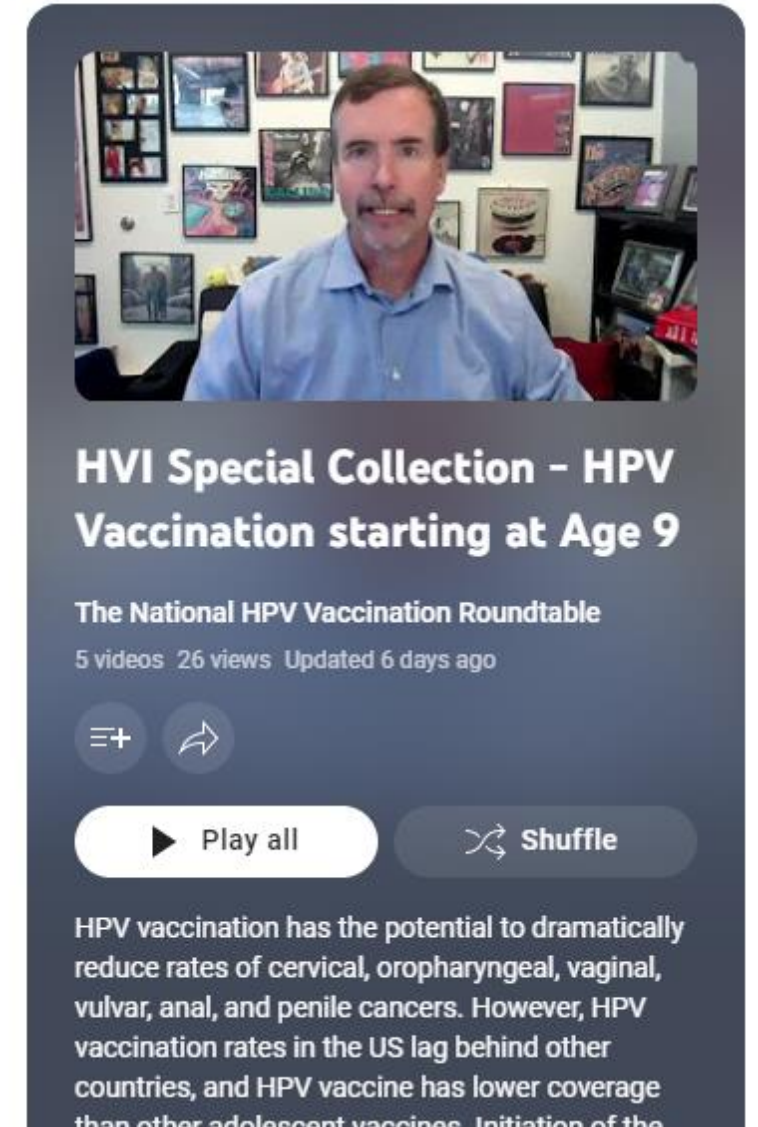


Evidence Around Starting At Age 9



Articles include research that:

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



Key Findings for Starting HPV Vaccines at Age 9 Include:



Increases of up to 30 percentage points in on-time completion rates



Larger increases in those with public vs. private insurance and those with access barriers



68-86% acceptance by providers and clinics

Working Together

How can we help you, our partners?



Provider Education Series



Session 6: Live Panel Discussion August 17th, 2023 1:00–2:00PM ET



Dr. Sean O'Leary



Dr. Debbie Saslow



Dr. Benjamin Teeter



Dr. Milkie Vu

CME, Nursing, and
Pharmacy
Education Credits



HPV PROVIDER VIDEO SERIES

The American Cancer Society in partnership with The National HPV Vaccination Roundtable and the Indiana Immunization Coalition are launching a 6-part provider education virtual series, summer 2023.

The on-demand sessions will range in topics and equip providers with the latest information, HPV vaccination guidelines, science, and implementation strategies to increase vaccination rates. CME, CNE and Pharmacy continuing education will be offered for each webinar.

Registration:

By registering, you will have access to all of the HPV video series.

CLICK HERE



MODULES

Session 1: Vaccine Hesitancy & Communication

Seth and Kellie Kelley
Lacey Eden, DNP

Session 2: HPV Related Cancer: HPV 101

Dr. Mike Sim, MD
Dr. Rebecca Perkins, MD, MSc

Session 3: Current HPV Vaccine Guidelines & Why Age 9 Matters?

Dr. Sean O'Leary, MD, MPH, FAAP
Dr. Debbie Saslow, PhD
Andrea Polkinghorn, BSN, RN, AMB-BC

Session 4: HPV Disparities & Unique Populations: Where You Live Matters

Dr. Benjamin Teeter, PhD
Dr. Shannon Christy, PhD
Dr. Milkie Vu, PhD

Session 5: Effective EBI'S & Implementation

Dr. Marcie Fisher-Borne, PhD, MPH, MSW
Andrea Stubbs, MPA



Session 6: LIVE Discussion Panel

**August 17th, 2023
1:00–2:00PM ET**

*Each module completed will receive 1 CME credit.
*Modules can be viewed in any order.

<https://hpvrroundtable.org/provider-education-series/>

HPV Vaccination Rural Learning Community




Partner with us in 2024 to Address HPV Vaccination Geographic Disparities

Protecting our children today for a healthier tomorrow

The American Cancer Society (ACS) and The National HPV Vaccination Roundtable (HPVRT) are seeking rural healthcare partners to join a learning community focused on improving HPV vaccination among 9–12-year-olds.


Through a series of virtual sessions and peer-based learning, the rural disparities HPV vaccination learning community will use quality improvement (QI) and evidence-based interventions to increase vaccine rates. This no-cost, practical how-to learning community will serve as a forum for health partners to gain knowledge, exchange promising practices, and talk through challenges to increasing HPV vaccinations in rural settings.




Why Prioritize HPV?




Most patients will be exposed to HPV:
HPV is extremely common. The HPV vaccine provides protection from these infections and six types of cancer.



Pandemic impact:
Nationally 8.4 million doses have been missed, leaving many children unprotected from future cancers. The impact on publicly insured children has been significant.




Population health management:
Rural communities lag 10% behind the national average for HPV vaccination. HPV underperforms compared to other ACIP recommended vaccines, including Tdap and MenACWY.




Improve HEDIS IMA/CHIP metrics:
Payors may tie incentives to performance improvements on adolescent immunization measures.


Why partner with ACS?




History of success:
Since 2014, ACS has partnered on 300+ HPV QI projects. Partners have rate improvements of 3–5%. Review our [2022–2023 HPV Impact Report](#) to learn more.



Trusted global organization:
ACS is a leader in the HPV vaccination space. Participation includes access to thought leaders and experts.




Mission HPV Cancer Free:
ACS set a goal to increase HPV vaccination rates and seeks to eliminate vaccine preventable HPV cancers, as a public health problem starting with cervical cancer.



Cancer prevention in action:
Attendees will learn and apply QI tools and best practices to increase vaccine delivery.

Participation Benefits:

- Access to ACS & HPVRT resources and materials
- Co-branding opportunities
- Data utilization best practices
- Networking with peer organizations
- Practical implementation tips
- Opportunity to showcase success
- QI coaching & support
- Learning from subject matter experts
- Social media toolkit (patient-facing)
- Preventing HPV-related cancers and pre-cancers



cancer.org | 1.800.227.2345 1.30.2024

Learning Outcomes

- **Increase** on-time HPV vaccination rates
- **Expand** knowledge around HPV infection, related-cancers, and vaccination rates
- **Build** awareness around the importance of HPV vaccination data
- **Explore** evidence-based interventions to increase HPV vaccinations in your community
- **Discuss** best practices and challenges increasing HPV vaccinations in rural settings

Learning Session Details

Dates	Topics
March 20, 2024	Setting the Stage: Networking & Orientation
April 10, 2024	A Deep Dive into HPV Vaccination Data
May 22, 2024	HPV Vaccination Starting at Age 9
June 19, 2024	The ABCs of Quality Improvement: AIM Statements & Building a Team
July 17, 2024	The ABCs of Quality Improvement: Process Mapping & Gap Analysis
August 14, 2024	Finding the Best Fit: Evidence-Based Interventions & HPV Vaccination
September 18, 2024	The ABCs of Quality Improvement: PDSA Cycle
October 16, 2024	Highlighting HPV Vaccination Best Practices
November 13, 2024	Highlighting HPV Vaccination Best Practices
December 4, 2024	Celebrating & Sustaining Success

Time:
2–3pm EST

Cost:
Free to attend

Location:
Virtual format via Zoom meeting



Registration Details

Registration is rolling and participants can join at any time throughout the year. Register using the following link: <https://forms.office.com/r/q8zfWncCgr> or scan the QR code.

Once registration has been completed, Zoom calendar invites will be sent for the monthly calls.



Questions? Please reach out to **Ashley Lach, HPV Program Manager**
Email: Ashley.Lach@cancer.org



This resource is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

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HPV Best Practices Education Program

HPV Vaccination Best Practice Sessions



The American Cancer Society in partnership with the National HPV Vaccination Roundtable and the Indiana Immunization Coalition are launching a 2024 quarterly program for health systems.



Each session will delve into key interventions, best practices, highlight health systems and provide strategies to increase HPV vaccination.

*CME, CNE and Pharmacy continuing education will be offered for each webinar.

[Register Now!](#)



2024 Series Dates

Session 1

MAR 7

2PM EST

The Announcement Approach Training

Session 1 focuses on the Announcement Approach Training on making effective HPV vaccine recommendations and counseling hesitant parents. Healthcare systems can access free materials, updated for 2024

Session 2

MAY 8

2PM EST

Patient & Parent Interventions

Session 2 will focus on interventions targeted for patients, and parents. An emphasis on back-to-school initiatives, resources and tools for increasing HPV vaccination.

Session 3

AUG 28

2PM EST

Provider Interventions

Session 3 will focus on interventions targeted for providers & their care team.

Session 4

NOV 20

2PM EST

System & Policy Interventions

Session 4 will focus on system level and policy changes health systems can implement.

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HPV Vaccination Best Practices: The Announcement Approach Training

Description

Learn about the Announcement Approach Training on making effective HPV vaccine recommendations and counseling hesitant parents. Healthcare systems can access free materials, updated for 2024

Speakers



Noel Brewer PhD
University of North Carolina



Jessica Young MD, MPH
University of North Carolina



Melissa Santiago MPA, MPH
American Cancer Society



Christina Turpin
American Cancer Society
National HPV Vaccination Roundtable

Details



**March 7, 2024
2:00 PM EST**

[Registration Link](#)

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*CME, nursing, and pharmacy continuing education credit offered

Questions? [Melissa Santiago
melissa.santiago@cancer.org](mailto:melissa.santiago@cancer.org)

HPV Best Practices Education Program

The Announcement Approach for Increasing HPV Vaccination

Take these steps to more effectively recommend HPV vaccination.
They will save you time and improve patient satisfaction.

1

If a parent is hesitant

ANNOUNCE

Start with a presumptive announcement that assumes parents are ready to vaccinate. This is an effective way to recommend adolescent vaccines, including HPV vaccine.¹

KEY ELEMENTS OF AN ANNOUNCEMENT:

Note child's age to cue that this is part of routine care

Say you will vaccinate today

Announce children this age get a vaccine that prevents six HPV cancers.

ANNOUNCEMENT EXAMPLE

"Marcus is now 9, so today he'll get a vaccine that prevents six HPV cancers."

2

CONNECT & COUNSEL

Connect with parents by asking for their main concern about HPV vaccine. Counsel parents by using a research-tested message to address their concern.² Then clearly recommend getting HPV vaccine today.

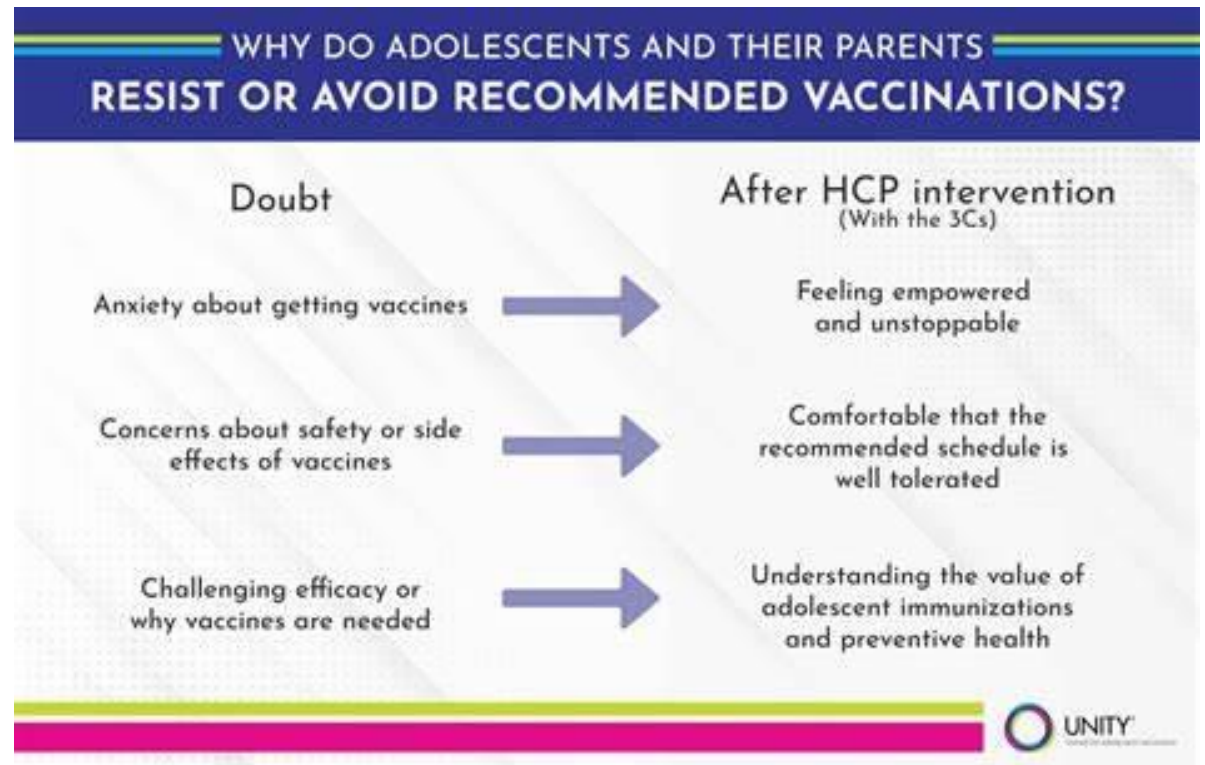
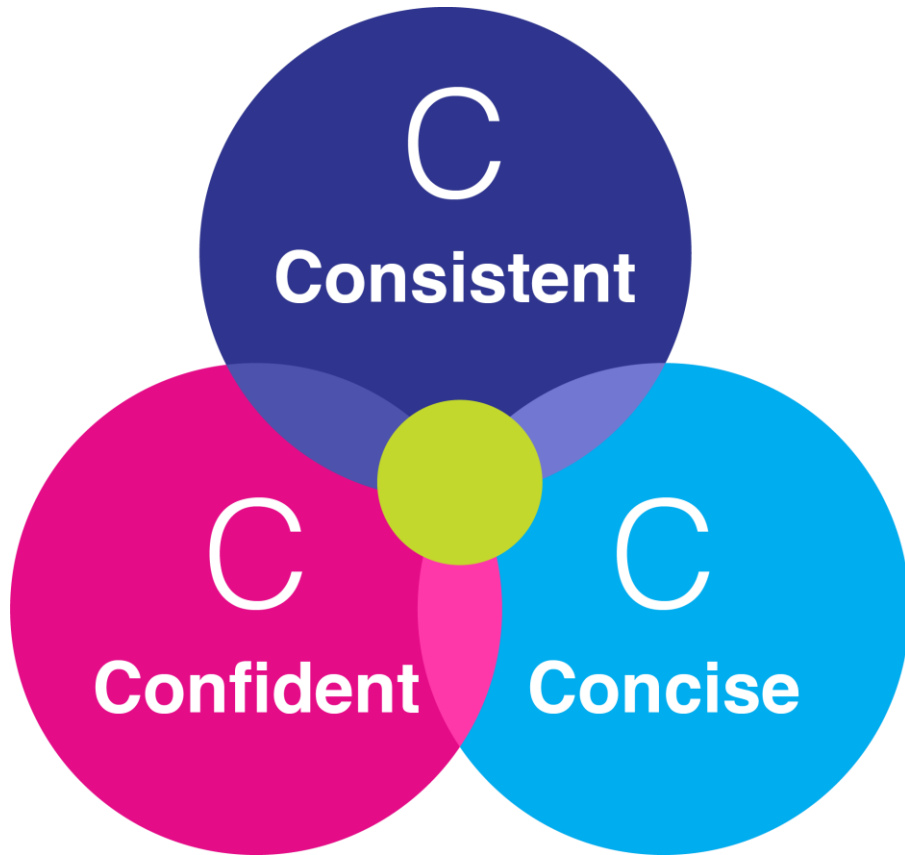
If a parent declines

3

TRY AGAIN

Say you'll bring up HPV vaccine at the next visit. Then make a note in the child's chart. Almost 70% of parents who initially decline later agree to HPV vaccine or plan to soon.

Unity Consortium – How Do We Increase Vaccine Confidence During an Office Visit?



2025 National HPV Conference



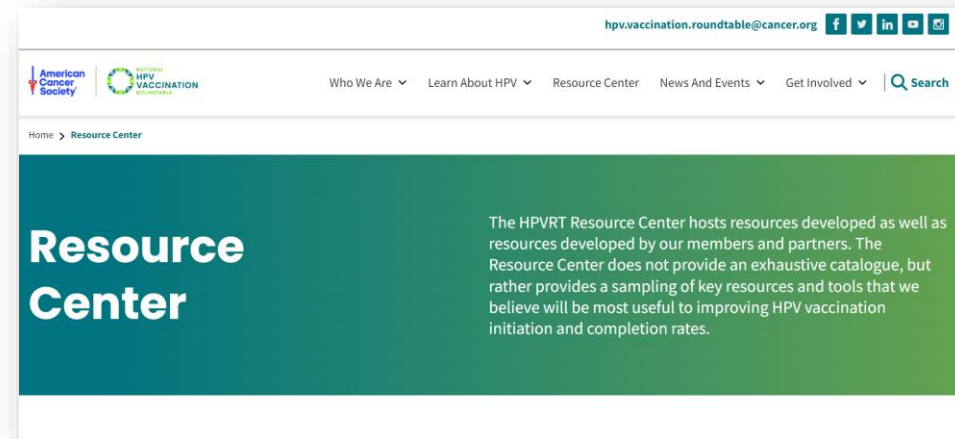
❏ Let's get on track to end HPV infections! Sign up to be notified when registration opens for the first-ever National HPV Conference!

This 2025 conference will bring together HPV professionals, advocates, and researchers for networking and workshops. Learn best practices, share resources, and collaborate to end HPV infections!

Sign Up Today:
<https://nhpvc.org/>

ACS HPVRT Website & Resource Center

The **ACS HPVRT Website & Resource Center** contains evidence-based resources and tools to help you increase HPV vaccination produced by the ACS HPVRT and member organizations.




hvproundtable.org/resource-center

Signature Resources

- Start at Age 9 Resources
- Action Guides
- Evidence Summaries
- Best and Promising Practices – Posters
- YouTube Channel (past forums, annual meetings, educational videos)



HPV Roundtable Resource Center



APRIL 2022

HPV Vaccination at 9-12 Years of Age

What's Known

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

- Adolescent (13-17 years) HPV vaccine coverage, as assessed in 2020, has continued to increase in the United States (75% having received at least 1 HPV vaccine dose, compared to 72% in 2019; 59% up-to-date, compared to 54% in 2019), but still trails coverage of Tdap vaccine (90%) and quadrivalent meningococcal conjugate vaccine (89%).¹
- A study published in 2019, using the 2016 National Immunization Survey-Teen data, found that while 60.4% of adolescents had initiated HPV vaccination by ages 13-17 years, only 15.8% were fully up-to-date prior to their 13th birthday.²
- Benchmarks for quality improvement, including HEDIS measures, assess vaccination at 13 years of age.³ Initiating HPV vaccination at the first opportunity (e.g., 9 years of age) can help achieve these QI goals.

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

- The American Academy of Pediatrics and the American Cancer Society recommend HPV vaccination between 9-12 years of age.^{4,5}
- The Advisory Committee on Immunization Practices recommends starting the HPV vaccine series at 11-12 years of age and indicates that vaccination can be started as early as 9.^{6,7}

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

- HPV vaccination at younger ages (e.g., less than 15 years) yields higher antibody titers compared to vaccination later in adolescence, even with a reduced 2-dose schedule.^{8,9}

What's New

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


- Adolescents initiating HPV vaccination at 9-10 years were more likely to be fully up-to-date by 13.5 years of age compared to those initiating at 11 to 12 years (97.5% versus 78%, respectively).¹⁰
- QI initiatives, including changing electronic medical record prompts to alert providers of the need for HPV vaccination starting at 9 years rather than 11 years, led to an 8-fold increase in vaccination prior to 11 years of age (4.6% to 35.7%).¹¹
- A provider-focused multi-level intervention in pediatric offices that agreed to initiate HPV vaccination at 9-10 years of age resulted in a 13 percentage point increase in vaccination among 9-10-year-olds, which was not only sustained but increased in the post-intervention period (27 percentage point increase).¹²
- A 2021 survey of over 1,000 U.S. primary care professionals found that about one-fifth (21%) were routinely recommending the HPV vaccine at age 9-10. Another 48% were somewhat or more willing to adopt the practice of recommending the HPV vaccine at age 9.¹³

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

- Attendance at care visits decreases in older adolescence. Therefore initiating the series younger provides more opportunities to complete the vaccine series on time.¹⁴ For example, this allows providers to give the two HPV vaccine doses 12 months apart at annual well-child visits at 9 and 10 years of age, with Tdap and MCV4 vaccination given at 11 years of age.
- Providers find conversations are easier as sexual activity is not a focus.¹⁵
- The opportunity to receive fewer vaccines per visit is appealing to parents, adolescents, and clinicians.^{16,18}

Protect Your Preteen/Teen with Vaccines

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



AGES 9 - 10

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

AGES 11 - 12

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


AGE 16

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


YEARLY

- Flu (seasonal influenza)

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



This publication was supported in part by funding from the Centers for Disease Control and Prevention through Cooperative Agreement grant number 6 N00000000002. The content of this publication does not necessarily represent the official views of, nor an endorsement by, the CDC/PHS or the U.S. Government.



Starting HPV Vaccination at Age 9

Recommendations for Age 9 Endorsement

American Cancer Society (ACS)

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

American Academy of Pediatrics (AAP)


- Why AAP Recommends Initiating HPV Vaccination as Early as Age 9

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

- Recommended Vaccinations for Children 7-18 Years Old

Materials

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




Continuing Medical Education (CME)


- Sundusen Medical Center CME Opportunity (Scroll to Childhood Immunization Series)

Videos

- Reaching New Heights Together: A National Perspective – Stanley Spinner, MD FAAP
- Going Viral: Conversations on HPV Disease Prevention – Debbie Saslow, PhD
- Adolescent Immunization Schedule Ages 7-18 Years – American Academy of Pediatrics
- Best Practices for HPV Vaccination at 9-10 Years – Robert A. Bednarczyk, PhD
- Launching HPV Vaccine Recommendations at Age 9: Perspectives From Primary Care Professionals – Melissa B. Gilkey, PhD
- Components of a Successful Program for Vaccination at 9 – Rebecca B. Perkins MD, MSc



For more information, please see the [Evidence Summary on HPV Vaccination at 9-12](#).



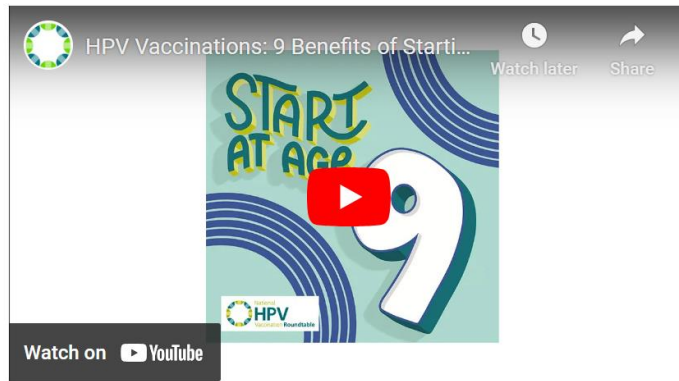
The HPV vaccination Roundtable convenes, communicates with, and catalyzes member organizations to increase HPV vaccination rates and prevent HPV cancers.

Learn more at hpvroundtable.org

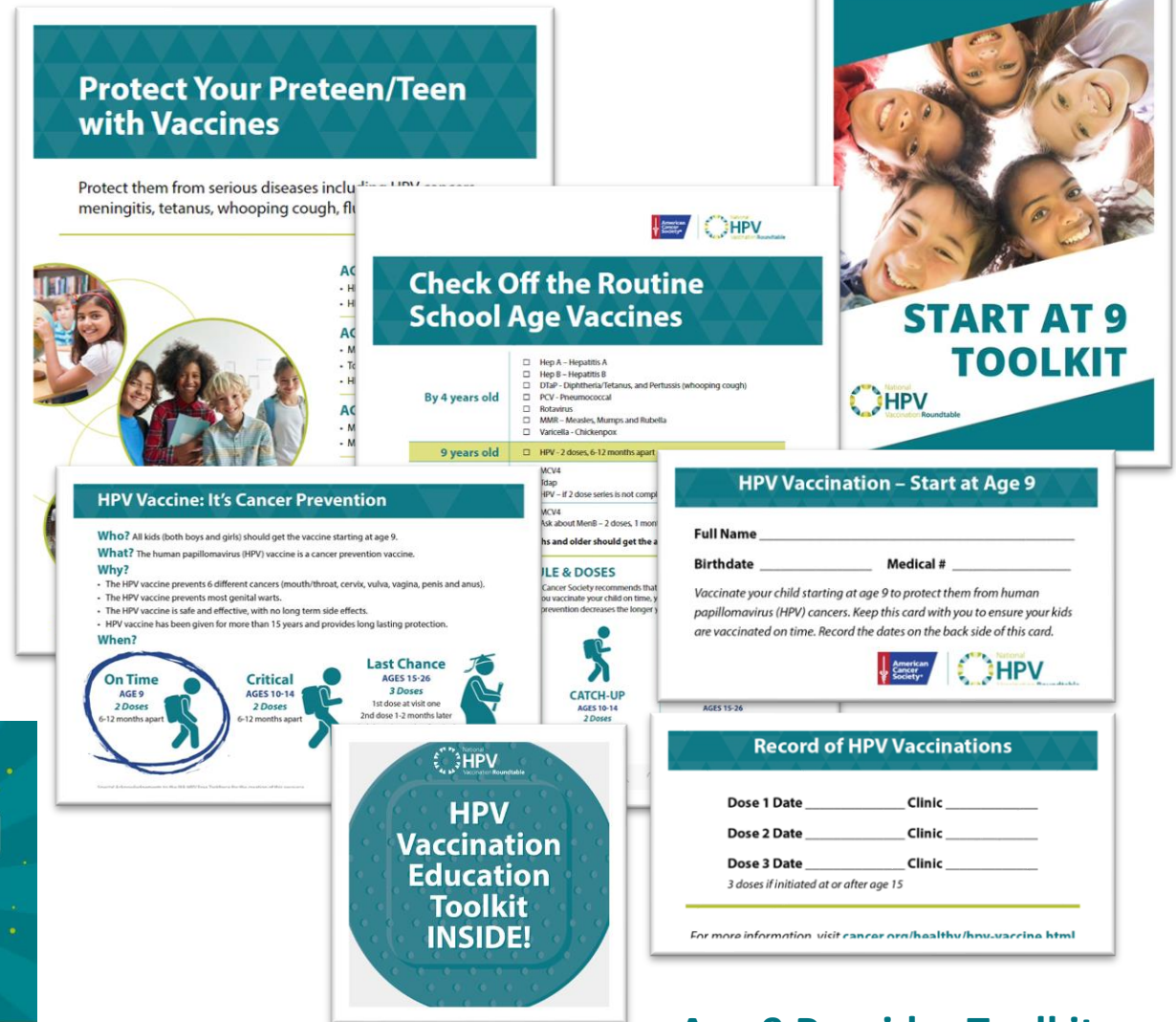
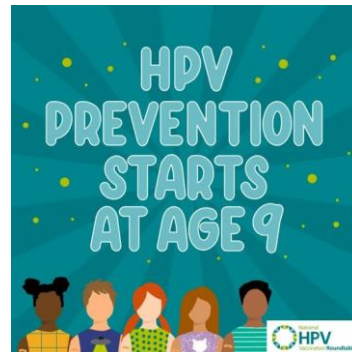
Start at Age 9 Campaign



Age 9 Sell Sheet



9 for 9 Video



Age 9 Provider Toolkits

<https://hpvroundtable.org/start-hpv-vaccination-at-age-9/>

Action Guides



Current Action Guides – Updating Now!

New in 2024:

- Health Plan Action Guide

Exploring:

- Pharmacy
- ENTs
- Immunization Managers
- Let us know of any other needs!



Evidence Summaries



APRIL 2022

HPV Vaccination at 9-12 Years of Age

What's Known

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

- Adolescent (13-17 years) HPV vaccine coverage, as assessed in 2020, has continued to increase in the United States (75% having received at least 1 HPV vaccine dose, compared to 72% in 2019; 59% up-to-date, compared to 54% in 2019), but still trails coverage of Tdap vaccine (90%) and quadrivalent meningococcal conjugate vaccine (89%).¹
- A study published in 2019, using the 2016 National Immunization Survey-Teen data, found that while 60.4% of adolescents had initiated HPV vaccination by ages 13-17 years, only 15.8% were fully up-to-date prior to their 13th birthday.²
- Benchmarks for quality improvement, including HEDIS measures, assess vaccination at 13 years of age.³ Initiating HPV vaccination at the first opportunity (e.g., 9 years of age) can help achieve these QI goals.

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

- The American Academy of Pediatrics and the American Cancer Society recommend HPV vaccination between 9-12 years of age.^{4,5}
- The Advisory Committee on Immunization Practices recommends starting the HPV vaccine series at 11-12 years of age and indicates that vaccination can be started as early as 9.^{6,7}

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

- HPV vaccination at younger ages (e.g., less than 15 years) yields higher antibody titers compared to vaccination later in adolescence, even with a reduced 2-dose schedule.^{8,9}

What's New

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

- Adolescents initiating HPV vaccination at 9-10 years were more likely to be fully up-to-date by 13.5 years of age compared to those initiating at 11 to 12 years (97.5% versus 78%, respectively).¹⁰
- QI initiatives, including changing electronic medical record prompts to alert providers of the need for HPV vaccination starting at 9 years rather than 11 years, led to an 8-fold increase in vaccination prior to 11 years of age (4.6% to 35.7%).¹¹
- A provider-focused multi-level intervention in pediatric offices that agreed to initiate HPV vaccination at 9-10 years of age resulted in a 13 percentage point increase in vaccination among 9-10-year-olds, which was not only sustained but increased in the post-intervention period (27 percentage point increase).¹²
- A 2021 survey of over 1,000 U.S. primary care professionals found that about one-fifth (21%) were routinely recommending the HPV vaccine at age 9-10. Another 48% were somewhat or more willing to adopt the practice of recommending the HPV vaccine at age 9.¹³

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

- Attendance at care visits decreases in older adolescence. Therefore initiating the series younger provides more opportunities to complete the vaccine series on time.¹⁴ For example, this allows providers to give the two HPV vaccine doses 12 months apart at annual well-child visits at 9 and 10 years of age, with Tdap and MCV4 vaccination given at 11 years of age.
- Providers find conversations are easier as sexual activity is not a focus.¹⁵
- The opportunity to receive fewer vaccines per visit is appealing to parents, adolescents, and clinicians.^{15,16}



Rural Disparities in HPV Vaccination Coverage

What's Known

Human Papillomavirus (HPV) vaccination is routinely recommended for male and female adolescents and young adults in the United States to prevent HPV-related diseases, including cancer.¹ However, adolescents in rural communities are less likely to be vaccinated against HPV than adolescents in urban areas, which may exacerbate disparities in cancer outcomes experienced by rural residents.² Data from the Centers for Disease Control and Prevention (CDC) confirms that 2019 up-to-date HPV vaccination coverage among adolescents in rural areas was 10 percentage points lower in comparison to urban communities (47% vs. 57% respectively).³ Additional data suggests rural young adults aged 18-26 years are less likely to initiate the HPV vaccine compared to their urban counterparts.⁴ This low HPV vaccination coverage may be due to numerous barriers faced by rural residents at multiple levels – patient, provider, clinic, and community.² Barriers include, but are not limited to:

- Individual, interpersonal, organizational, and community-level barriers to accessing preventive healthcare services, including HPV vaccination, in rural communities.⁵
- Rural residents' lack of knowledge of HPV's link to cancer and limited awareness regarding the HPV vaccine.^{6,7}
- Cultural views unsupportive of HPV vaccination.
- Limited collaborative communication between parents and healthcare providers about HPV vaccination in rural areas.⁸
- Systems-level challenges with vaccine distribution and access, vaccination tracking in electronic health records, missed opportunities for vaccination, provider shortages, and clinical constraints such as long appointment wait-times.
- Few widely available evidence-based HPV vaccination interventions focused on rural communities.⁹



Epidemiologic Evidence of HPV Vaccine Effectiveness and Safety

What's Known

High-quality studies have shown that HPV vaccination prevents precancers and genital warts and is safe. Clinical trials established the efficacy and safety evidence of HPV vaccination, leading to recommendation for routine provision of HPV vaccine to adolescents ages 11-12,^{1,4} recommendation of 9-valent HPV vaccine,⁵ and a reduced dosing schedule for younger adolescents.⁶ Post-licensure safety studies with millions of patients across at least 6 countries continue to document no increased risk of autoimmune or neurologic conditions following HPV vaccination.^{7,8}

What's New

Long-term observational studies continue to confirm the effectiveness and safety of HPV vaccine.

HPV vaccine effectiveness

- Vaccine-type HPV infections have decreased by 78% for US women ages 20-24 and 38% for ages 25-29.¹¹ These declines also occurred in unvaccinated women, offering evidence of community protection (i.e., herd immunity) from HPV vaccination.
- Trials show long-term prevention of HPV pre-cancers and cancers, with only 1 breakthrough case (low-grade CIN1) over 12 years in a cohort of over 2,000 women,¹² and 0 breakthrough cases of HPV-related cancers over 65,656 person-years of follow-up for 9,529 vaccinated females compared to 10 cases of HPV-related cancers among 124,245 person-years of follow-up for 17,838 non-vaccinated females.¹³
- The average annual decrease in high-grade cervical pre-cancers was 24% for women ages 18-20 and 10% for women ages 21-24 who received cervical screening in an active surveillance area in the US between 2008 and 2013.¹⁴
- Population-level cervical cancer incidence, estimated from the Surveillance, Epidemiology, and End Results (SEER) registry, decreased in young women by 29% (ages 15-24) and 13% (ages 25-34) between 2003-2006 (before the vaccine was available) and 2011-2014 (after US licensure).¹⁵
- Preliminary estimates from population-based observational studies¹⁶ and post-hoc analyses of clinical trial data^{17,18} indicate that a single dose of HPV vaccine may be effective for prevention of cervical cancer.
- Systematic reviews^{9,10} of HPV vaccine effectiveness have highlighted protection against HPV-related pre-cancers and cancers, with a recent meta-analysis¹⁹ estimating 83% reduction in HPV-16 and -18 infection in 13-19-year-olds and 66% reduction in 20-24-year-olds, with 51% reduction in CIN2+ among 15-19-year-olds and 31% reduction among 20-24-year-olds.

HPV Best Practices Conference Evidence Summary 2019

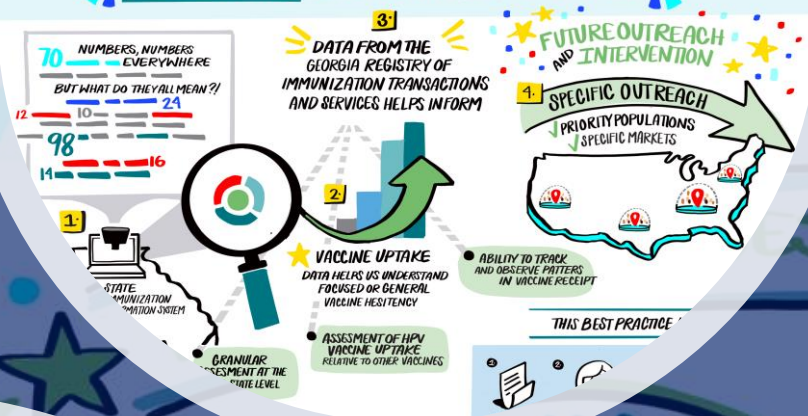
Best & Promising Practices – Posters





BEST PRACTICE DATA

GET A MORE GRANULAR LOOK AT HPV VACCINE UPTAKE



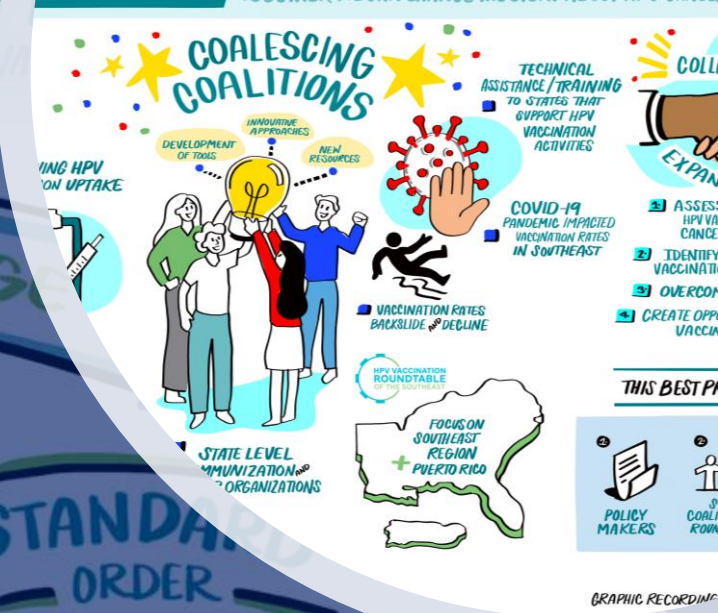
BEST PRACTICE STATE ROUNDTABLES & COALITIONS

TOGETHER WE CAN CHANGE THE STORY

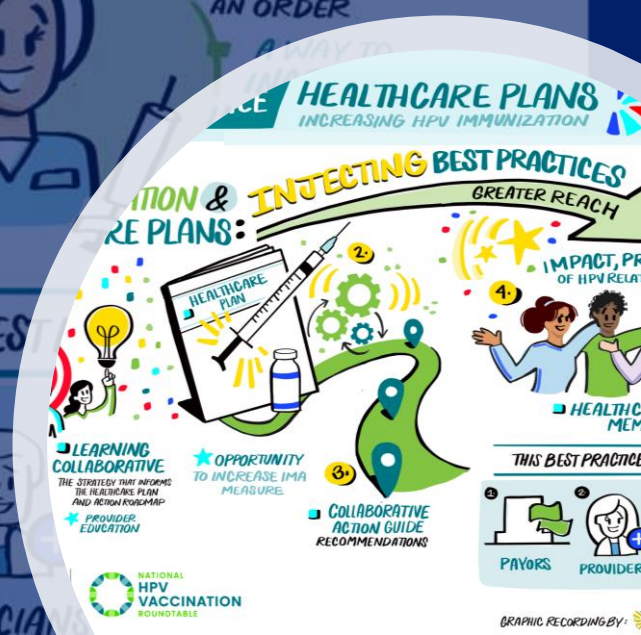


BEST PRACTICE STATE ROUNDTABLES & COALITIONS

TOGETHER WE CAN CHANGE THE STORY ABOUT HPV CANCER



Best & Promising Practices – Posters



ACS HPVRT Newsletter

A monthly newsletter comes from the HPVRT highlighting upcoming events, past event recordings, new evidence, and other timely topics.

Join the Listserve here: www.hpvroundtable.org
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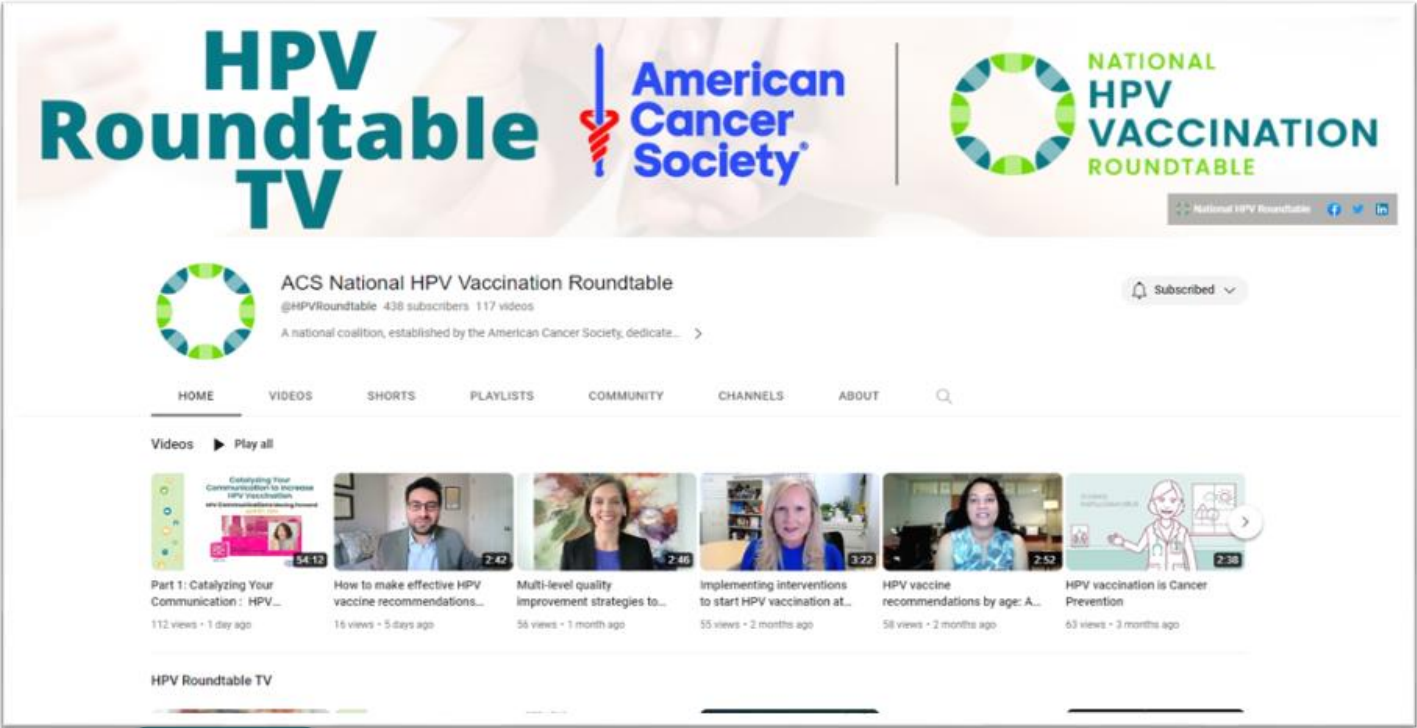


ACS HPVRT & ACS NRTCC 2023 Joint National Meeting Wrap-Up Webinar

Please join the American Cancer Society National HPV Vaccination Roundtable (ACS HPVRT) and the American Cancer Society National Roundtable on Cervical Cancer (ACS NRTCC) in **this panel discussion derived from questions submitted at the 2023 Joint National Meeting**. Panelists will include a director and chair from each of the Roundtables.

<https://hpvroundtable.org/communication-newsletters/>

ACS HPVRT Social Media Channels



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CALL TO ACTION

- Ensure that everyone starts their HPV vaccination at age 9 to prevent HPV related cancers and that all shots are completed by 11-13 years of age.
- HPV related head and neck cancers are the most common of HPV cancers now. Survival rates are 60-90% but often has many complications. This is why prevention (through HPV vaccination) is key!
- HPV vaccination is not an access issue, it's a decision to vaccinate issue. Provider recommendations leads to an increased level of trust with parents and patients to overcome HPV vax hesitation.
- Because HPV vaccination is cancer prevention, we can eliminate HPV related cancers, starting with cervical cancer in our lifetime.



What is Your Why?

Contact Us

hpv.vaccination.roundtable@cancer.org

