OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Coordinated Efforts to Strengthen HPV Vaccination

Judy Mendel, MPH
Public Health Advisor
National Vaccine Program Office

September 2018

BACKGROUND

- High rates of HPV-related cancers; low HPV vaccine uptake
- Racial/ethnic, SES, and geographic differences (cancers and vaccine uptake)
- HPV vaccine recommended by ACIP for girls and boys
  - adjusted from 3-dose to 2-dose series for girls and boys under age 15 (2016)
- Variety of system-wide challenges and gaps related to HPV vaccination:
  - coalition-building, measurement and accountability, data sharing, communications, serving rural areas
- Lots of good work going on– but we can do better!

THIS SESSION

Coordinated Efforts to Strengthen HPV Vaccination

Judy Mendel, NVPO

New Coverage Data

Jim Singleton, CDC

The Rationale Behind the Next President's Cancer Panel Report

Dr. Abby Sandler, NCI

Promising Ploys to Prevent HPV Cancers

- Marla Dalton, National Foundation for Infectious Diseases
- Jill Wasserman, HHS Office on Women's Health
- Dr. Noel Brewer, National HPV Vaccination Roundtable

RECOMMENDATION FOCUS AREAS

1. Identifying additional national partners;
2. Guiding coalition-building for states;
3. Engaging integrated health care delivery networks; and
4. Addressing provider needs in rural areas.

Reports and Recommendations

Public Health Reports

Strengthening the Effectiveness of National, State, and Local Efforts to Improve HPV Vaccination Coverage in the United States: Recommendations From the National Vaccine Advisory Committee

SAGE

Approved by the National Vaccine Advisory Committee on June 25, 2018

Abstract

In February 2018, recognizing the suboptimal rates of human papillomavirus (HPV) vaccination in the United States, the assistant secretary for health of the US Department of Health and Human Services charged the National Vaccine Advisory Committee (NVAC) with providing recommendations on how to strengthen the effectiveness of national, state, and local efforts to improve HPV vaccination coverage rates. In the same month, the NVAC established the HPV Vaccination Implementation Working Group and assigned it to develop these recommendations. The working group sought advice from federal and nonfederal partners. This NVAC report recommends ways to improve HPV vaccination coverage rates by focusing on 4 areas of activity: (1) identifying additional national partners, (2) guiding coalition building for states, (3) engaging integrated health care delivery networks, and (4) addressing provider needs in rural areas.

Keywords

National Vaccine Advisory Committee, human papillomavirus, immunization, coalition, health systems, rural health

Introduction

In June 2015, the National Vaccine Advisory Committee (NVAC) issued the report, "Overcoming Barriers to Low HPV Vaccine Uptake in the United States: Recommendations From the National Vaccine Advisory Committee."[1] The report provided recommendations to the assistant secretary for health (ASH) on strategies to increase human papillomavirus (HPV) vaccine uptake among adolescents by reviewing the current state of HPV immunization, exploring the root causes for low vaccine uptake in both initiation and series completion, and identifying some of the best practices currently in use to attain high immunization coverage. The NVAC endorsed, among other recommendations, the recommendations of a report issued by the President's Cancer Panel, a federal advisory committee of the National Institutes of Health's National Cancer Institute, *Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer*.[2]

Since the 2015 report, a range of policy and program changes and advances in research have resulted in progress on HPV vaccination.[3] In 2016, the Advisory Committee on Immunization Practices updated its HPV vaccination guidance to routinely recommend a 2-dose schedule for males and females aged 9-14, while maintaining a 3-dose schedule for those aged ≥ 15.[4] Shortly thereafter, 2 existing Healthcare Effectiveness Data and Information Set measures that assessed the receipt of adolescent vaccines were modified and combined. Specifically, in 2017, the Human Papillomavirus for Female Adolescents measure and the Immunizations for Adolescents measure were combined to report receipt of all recommended vaccines (meningococcal, tetanus-diphtheria-acellular pertussis, and HPV) for both male and female adolescents.[2,4,5] The 2-dose schedule and updated Healthcare Effectiveness Data and Information Set measure may increase vaccine uptake among adolescents.

Primary care providers deliver most vaccinations in practice-based settings in the United States, but there is a

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OASH HPV WG

- Convened by ASH, with NVPO as lead, to assess and implement NVAC 2018 HPV recommendations

- Currently comprised of:
  - National Vaccine Program Office
  - Office of Adolescent Health
  - Office of Minority Health
  - Office of Population Affairs
  - Office on Women's Health
  - *Regional Offices*

- Many stakeholders served and partners reached through variety of platforms and channels which lend themselves to supporting certain recommendations

HOW OASH AFFECTS CHANGE

Data and Information

- Unique data and information resources that serve HHS, the federal government, states and localities, and the public in general

Awareness

- Convenes federal agencies, state and local partners, professional societies, non-profits, academia, patient advocates
- Gains situational awareness, identifies gaps, builds teams, sets a common agenda, plans novel programs, collects data, or enables infrastructure
- Provides advice to the immediate office of the Secretary

Innovation and Resources

- Innovates, scales, and disseminates through partnerships
- Funds initiatives that test a new paradigm, partnership, or approach that can be transitioned to OPDIVS if successful, or fill a gap until more robust programs can be developed
- Uses the Commissioned Corps as an agent of change and innovation

RECOMMENDATION EXAMPLES

- **1.1** To promote inclusion of new health care partners, the ASH should encourage further development, dissemination, and implementation of evidence-based practitioner resources and support collaborative relationships.

- **4.1** The ASH should request further research be conducted to better understand the needs of rural providers in supporting the administration of or referral to vaccination services in rural environments and to identify and determine barriers to accessing vaccination services for patients in rural settings.

- **4.3** The ASH should support a stronger HHS-wide social media presence to improve the reach of communication strategies and directly engage parents and adolescents to build trust and recognition about the importance of HPV vaccination and how to best engage patients in rural communities.

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WWW.HHS.GOV/ASH
WWW.HHS.GOV/NVPO

@HHSvaccines

Vaccination Coverage among U.S. Adolescents: Results from the 2017 National Immunization Survey-Teen (NIS-Teen)

Presented at NVAC September 13, 2018 by Jim Singleton

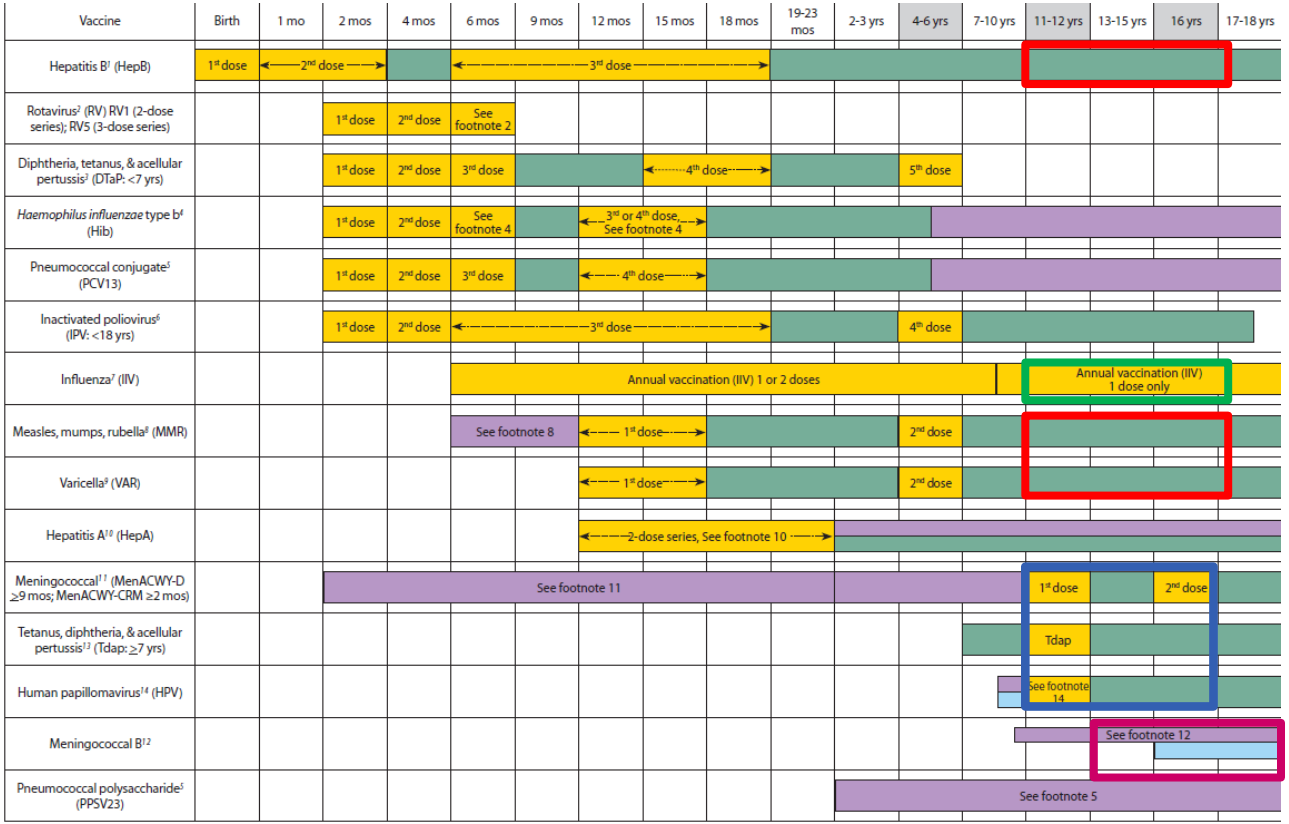
Slides Prepared by Tanja Y. Walker, MPH
Epidemiologist
Assessment Branch, Immunization Services Division

September 7, 2018

Outline

- Review of recommended immunizations for adolescents
- NIS-Teen overview
- 2017 NIS-Teen results
  - Published August 24, 2018
- Conclusions

Recommended Immunizations for Adolescents



https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

NIS-Teen Objectives

- Assess national, state, selected local area, and territorial vaccination coverage among adolescents
- Monitor vaccination coverage trends and progress towards *Healthy People 2020* targets
- Identify disparities in vaccination coverage by selected sociodemographic characteristics
- Evaluate ongoing strategies to improve vaccination coverage
- Monitor adherence to ACIP vaccine recommendations for adolescents

NIS-Teen Methodology

- Conducted annually since 2006
- Conducted among parents and guardians of eligible adolescents identified using a random-digit–dialed sample of landline and cellular telephone numbers
- Two phases:
  - Household interview
  - Mailed survey to vaccination providers to collect vaccination history
- All vaccination coverage estimates based on provider-reported vaccination histories

NIS-Teen Methodology

- Data weighted to adjust for non-response and phoneless households
- T-tests were used to assess differences in vaccination coverage between 2017 and 2016 and between demographic subgroups
- Weighted linear regression to estimate annual percentage point increases by
  - survey year
  - year of birth
- Differences reported are statistically significant at $p<0.05$

Serogroup B Meningococcal Vaccine (MenB)

- Advisory Committee on Immunization Practices (ACIP) recommendation in 2015
  - May administer series to adolescents and young adults aged 16–23 years, with a preferred age of 16–18 years

Sociodemographic Characteristics

- Race/Ethnicity
  - White, non-Hispanic
  - Black, non-Hispanic
  - Hispanic
- Poverty Level
  - Below poverty level
  - At or above poverty level
- Metropolitan Statistical Area (MSA)
  - MSA principal city
  - MSA non-principal city
  - Non-MSA
- Health Insurance Status
  - Private Insurance Only
  - Any Medicaid
  - Other Insurance
  - Uninsured

2017 NIS-Teen Results

- National sample: 20,949 adolescents from 50 states and DC
  - Landline phone: 3,572 (17%)
  - Cell phone: 17,377 (83%)
  - Guam, Puerto Rico, and U.S. Virgin Islands sampled separately, but are not included in the national estimate
- Overall household CASRO* response rate: 25.7%
  - Landline phone: 51.5%
  - Cell phone: 23.5%
- Proportion of adolescents with adequate provider data: 48.1%
  - Landline phone: 53.6%
  - Cell phone: 47.1%

* Council of American Survey Research Organizations Response Rate = product of resolution rate, screening rate and cooperation rate

Estimated Vaccination Coverage among Adolescents Aged 13-17 Years, NIS-Teen, United States, 2016 vs. 2017

	2016	2017	Difference
	(n=20,475)	(n=20,949)	
	% (95% CI)	% (95% CI)	
≥1 Tdap	88.0 (87.1 – 88.9)	88.7 (87.8 – 89.6)	+0.7
MenACWY			
≥1 dose	82.2 (81.2 – 83.2)	85.1 (84.2 – 86.1)*	**+2.9**
≥2 doses†	39.1 (36.1 – 42.1)	44.3 (41.4 – 47.2)*	**+5.2**
≥1 MenB†	NA	14.5 (12.3–17.1)	NA
HPV vaccine§			
≥1 dose	60.4 (59.2 – 61.6)	65.5 (64.3 – 66.7)*	**+5.1**
HPV UTD	43.4 (42.1 – 44.7)	48.6 (47.3 – 49.9)*	**+5.2**

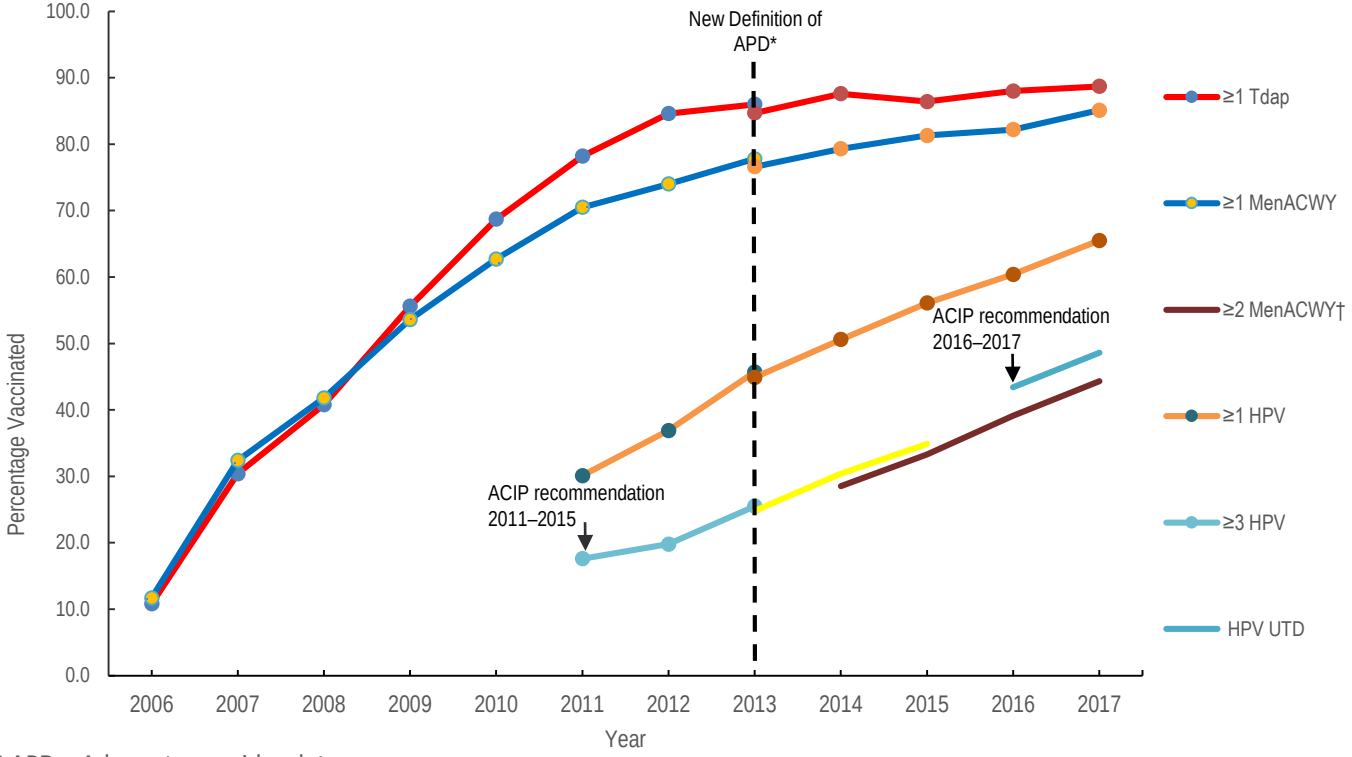
* Statistically different from 2016 estimates ($p<0.05$) † Calculated among adolescents aged 17 years at interview (n=3,807).
§ Percentages reported include females (n=9,845) and males (n=11,104).

Estimated Vaccination Coverage among Adolescents Aged 13-17 Years, NIS-Teen, United States, 2016 vs. 2017

	2016	2017	Difference
	(n=20,475)	(n=20,949)	
	% (95% CI)	% (95% CI)	
HPV vaccine			
Females (n=9,845)			
≥1 dose	65.1(63.3 – 66.8)	68.6 (66.9 – 70.2)*	**+3.5**
HPV UTD	49.5(47.6 – 51.4)	53.1 (51.2 – 55.0)*	**+3.6**
Males (n=11,104)			
≥1 dose	56.0(54.3 – 57.7)	62.6 (60.9 – 64.2)*	**+6.6**
HPV UTD	37.5(35.8 – 39.2)	44.3 (42.6 – 46.0)*	**+6.8**

* Statistically different from 2016 estimates ($p<0.05$)

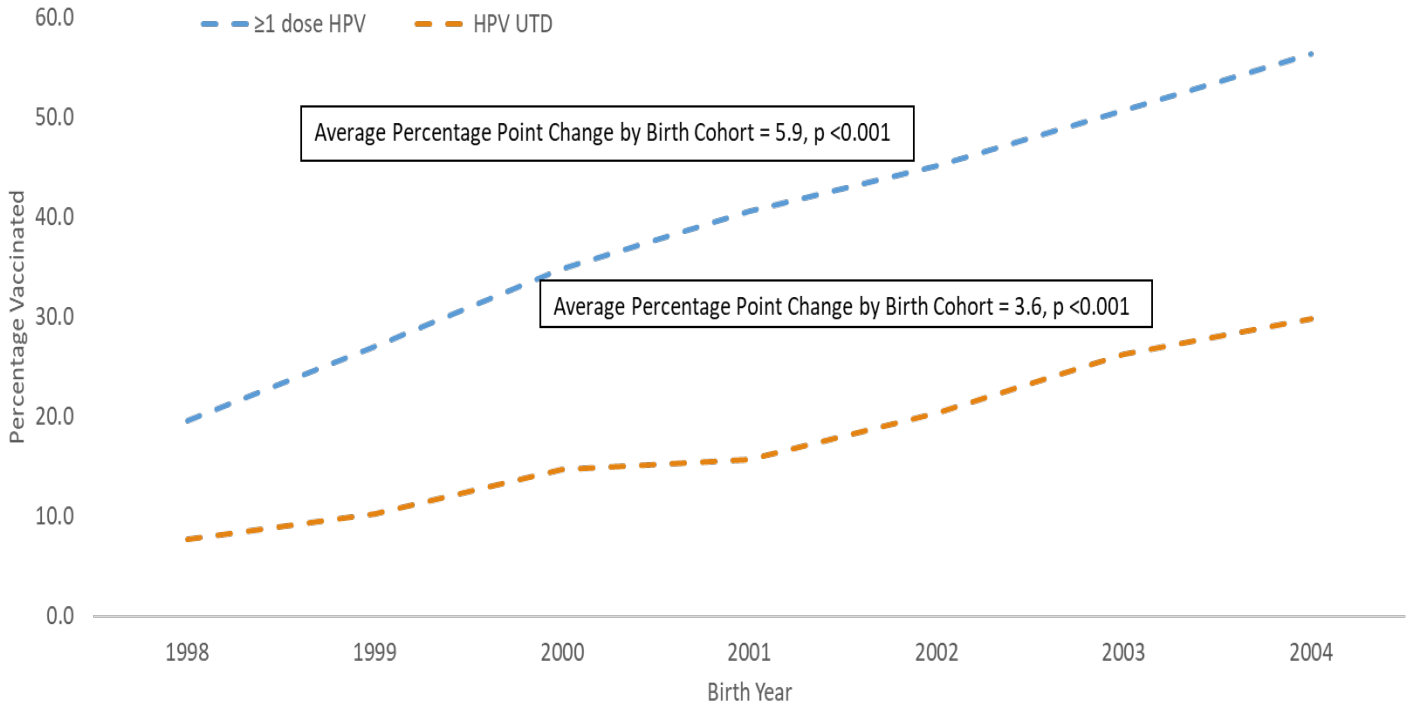
Estimated Vaccination Coverage among Adolescents Aged 13-17 Years, NIS-Teen, United States, 2006-2017



* APD = Adequate provider data

†≥2 doses MenACWY among adolescents aged 17 years

HPV Vaccination Initiation (≥1 dose) and HPV up-to-date (UTD) status estimates among adolescents by age 13 Years, by birth cohort — NIS-Teen, United States, 2016–2017

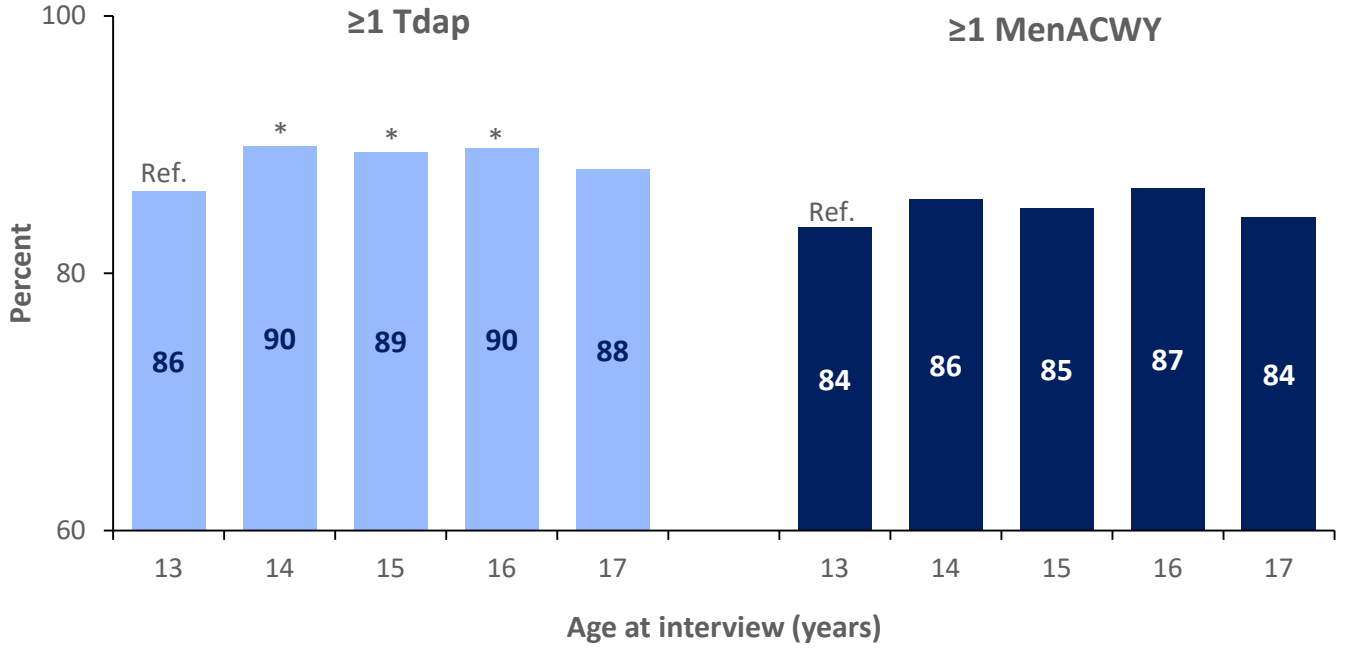


Estimated HPV Vaccination Coverage among Adolescents Aged 13-17 Years, NIS-Teen, United States, 2017

	Overall	Difference from ≥1 HPV dose coverage
	% (95% CI)	Percentage Point
HPV vaccine		
≥1 dose	65.5 (64.3 – 66.7)	
≥1 Tdap	88.7 (87.8 – 89.6)	**+23.2**
≥1 MenACWY	85.1 (84.2 – 86.1)	**+19.6**

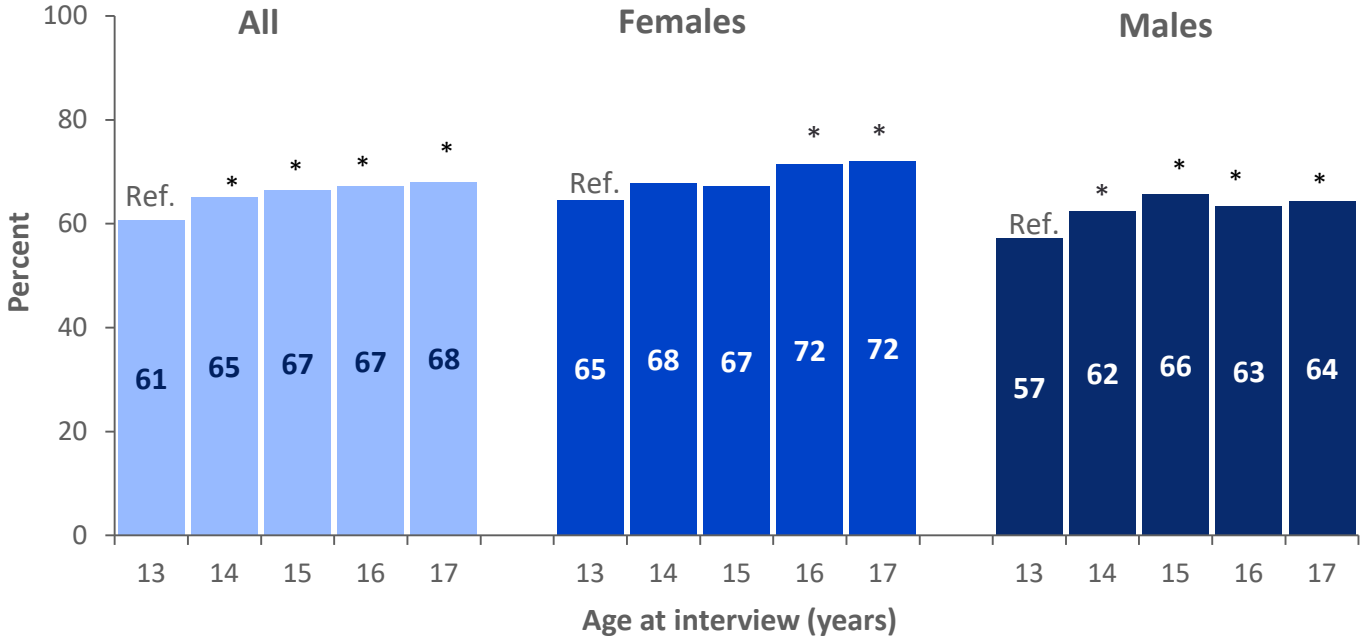
N = 20,949 adolescents

Coverage with ≥1 Tdap and ≥1 MenACWY among Adolescents Aged 13-17 Years, by Age at Interview, NIS-Teen, United States, 2017



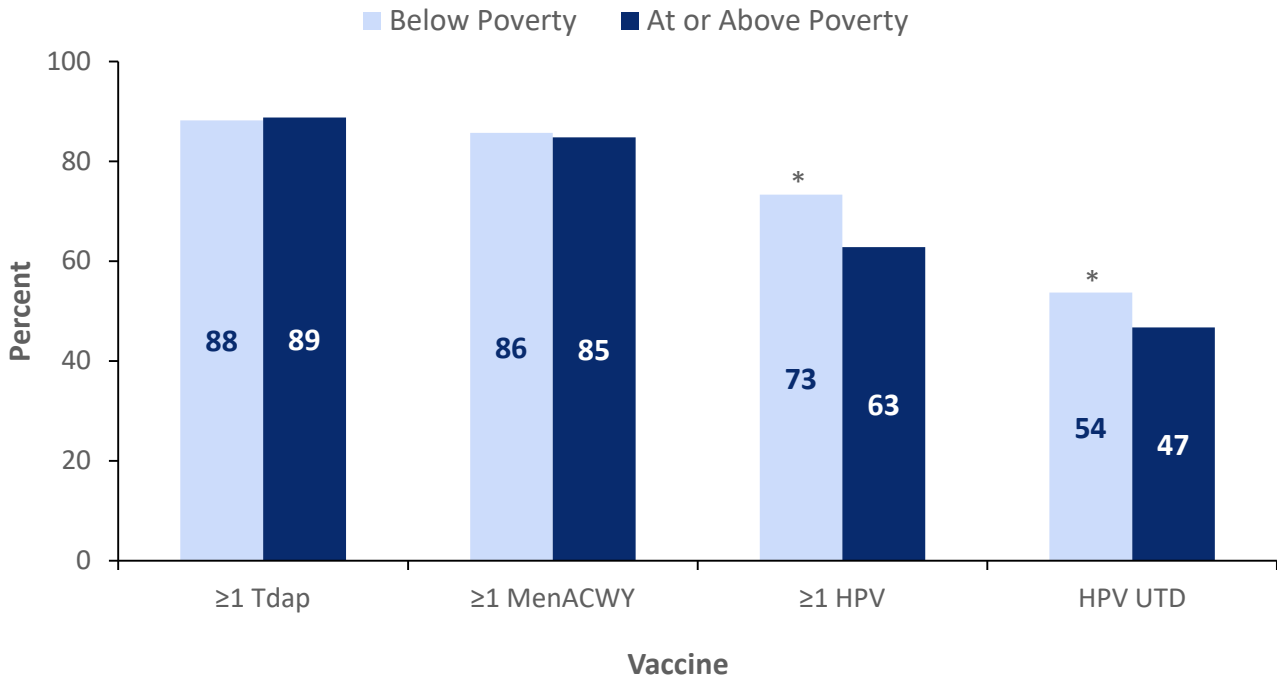
* Statistically different from adolescents aged 13 years at interview (p<0.05)

Coverage with ≥1 HPV Vaccine Dose among Adolescents Aged 13-17 Years, by Age at Interview, NIS-Teen, United States, 2017



* Statistically different from adolescents aged 13 years at interview (p<0.05)

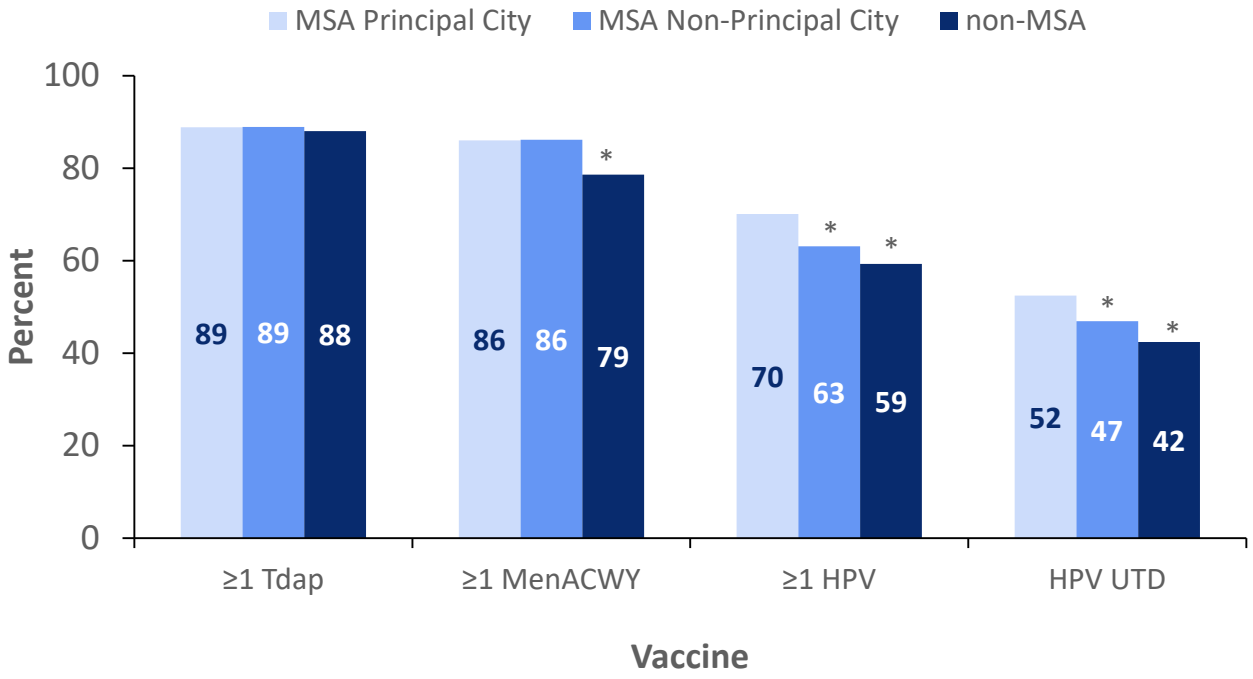
Vaccination Coverage Estimates among Adolescents Aged 13-17 Years by Poverty Status, NIS-Teen, United States, 2017



* Statistically different from adolescents at or above the poverty level (p<0.05).

Adolescents with unknown poverty status (n=779) were excluded from analysis.

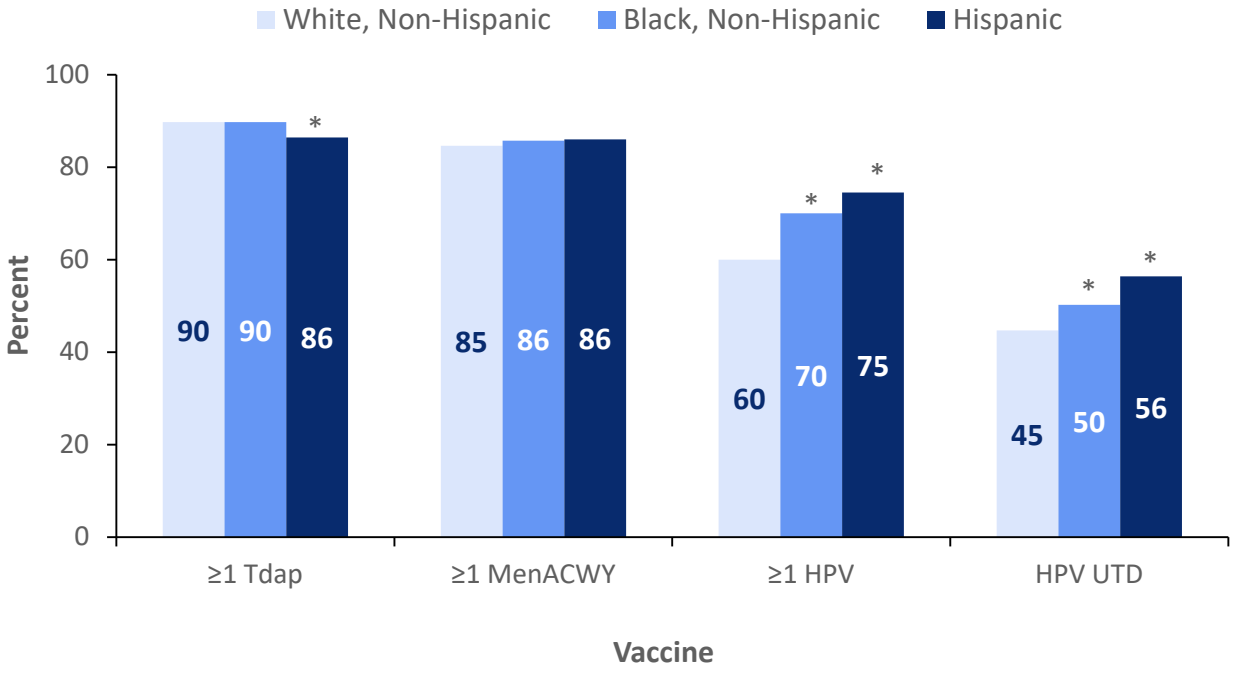
Vaccination Coverage Estimates among Adolescents Aged 13-17 Years by MSA status, NIS-Teen, United States, 2017



MSA = Metropolitan statistical area

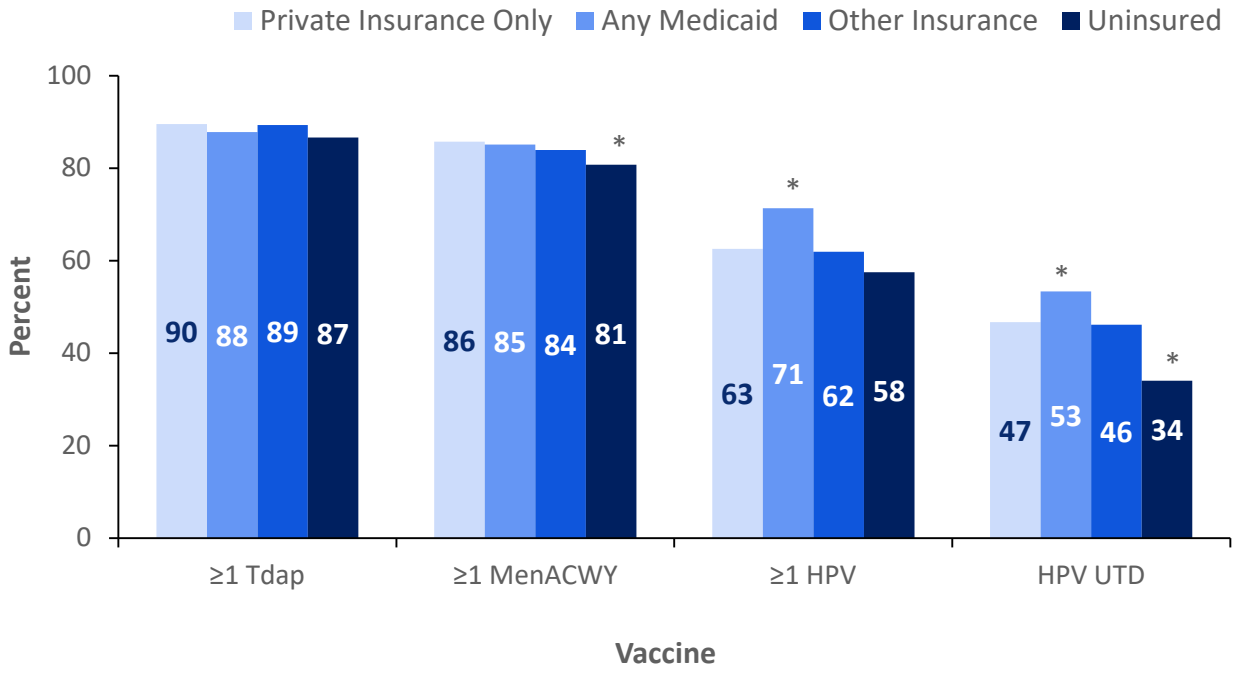
* Statistically different from adolescents living in MSA principal cities ($p<0.05$).

Vaccination Coverage Estimates among Adolescents Aged 13-17 Years by Race/Ethnicity, NIS-Teen, United States, 2017



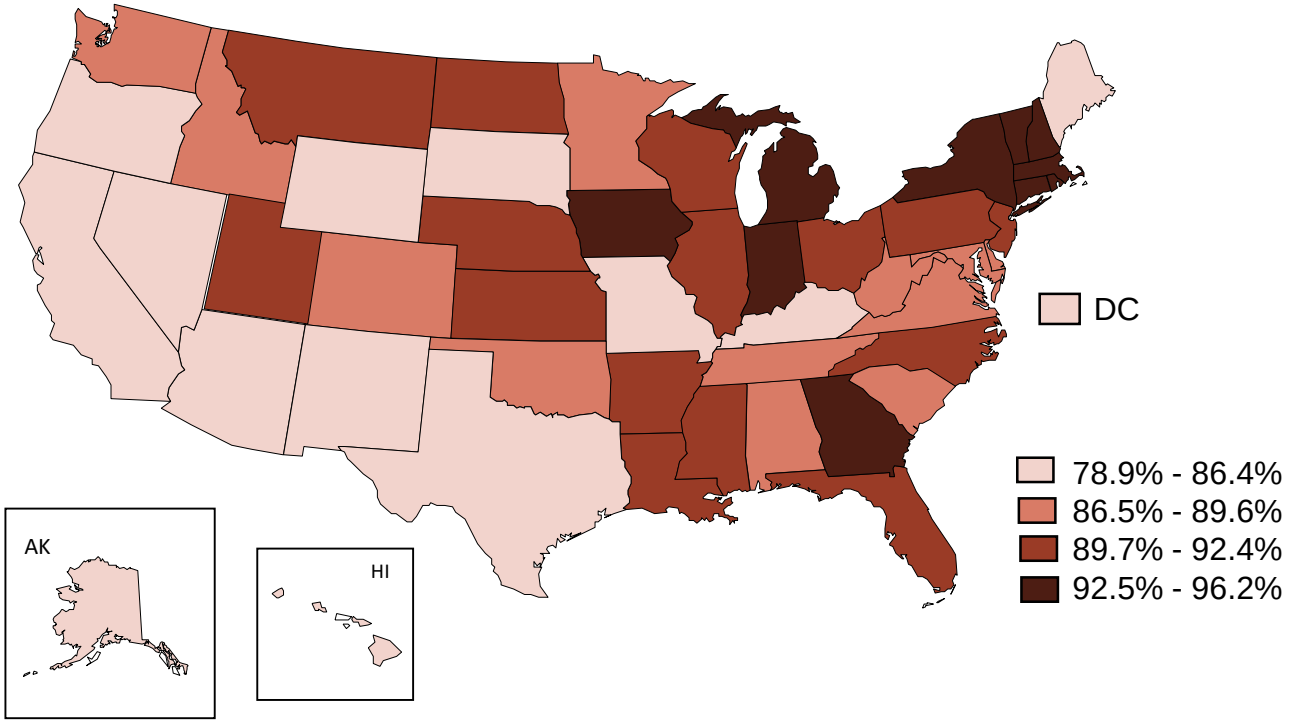
* Statistically different from White, Non-Hispanic adolescents ($p<0.05$).

Vaccination Coverage Estimates among Adolescents Aged 13-17 Years by Health Insurance Status, NIS-Teen, United States, 2017



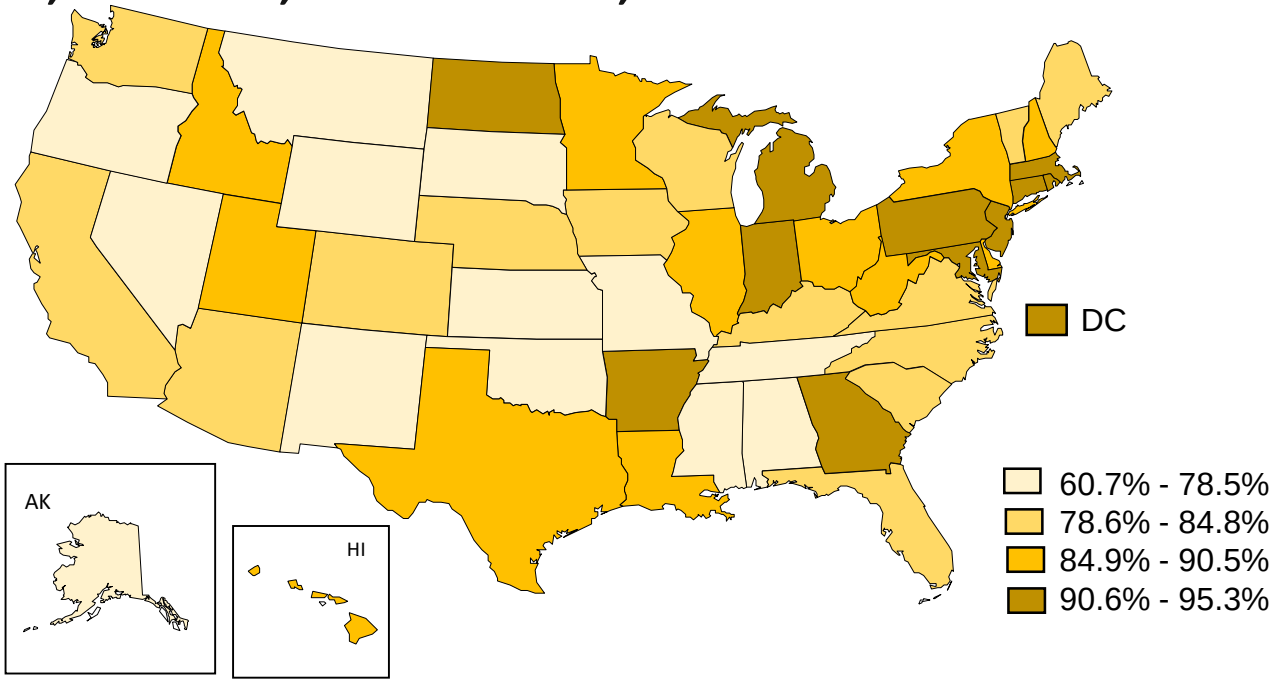
* Statistically different from adolescents with private insurance only ($p<0.05$).

Estimated Vaccination Coverage with ≥1 Tdap, Adolescents Aged 13-17 Years, NIS-Teen, United States, 2017



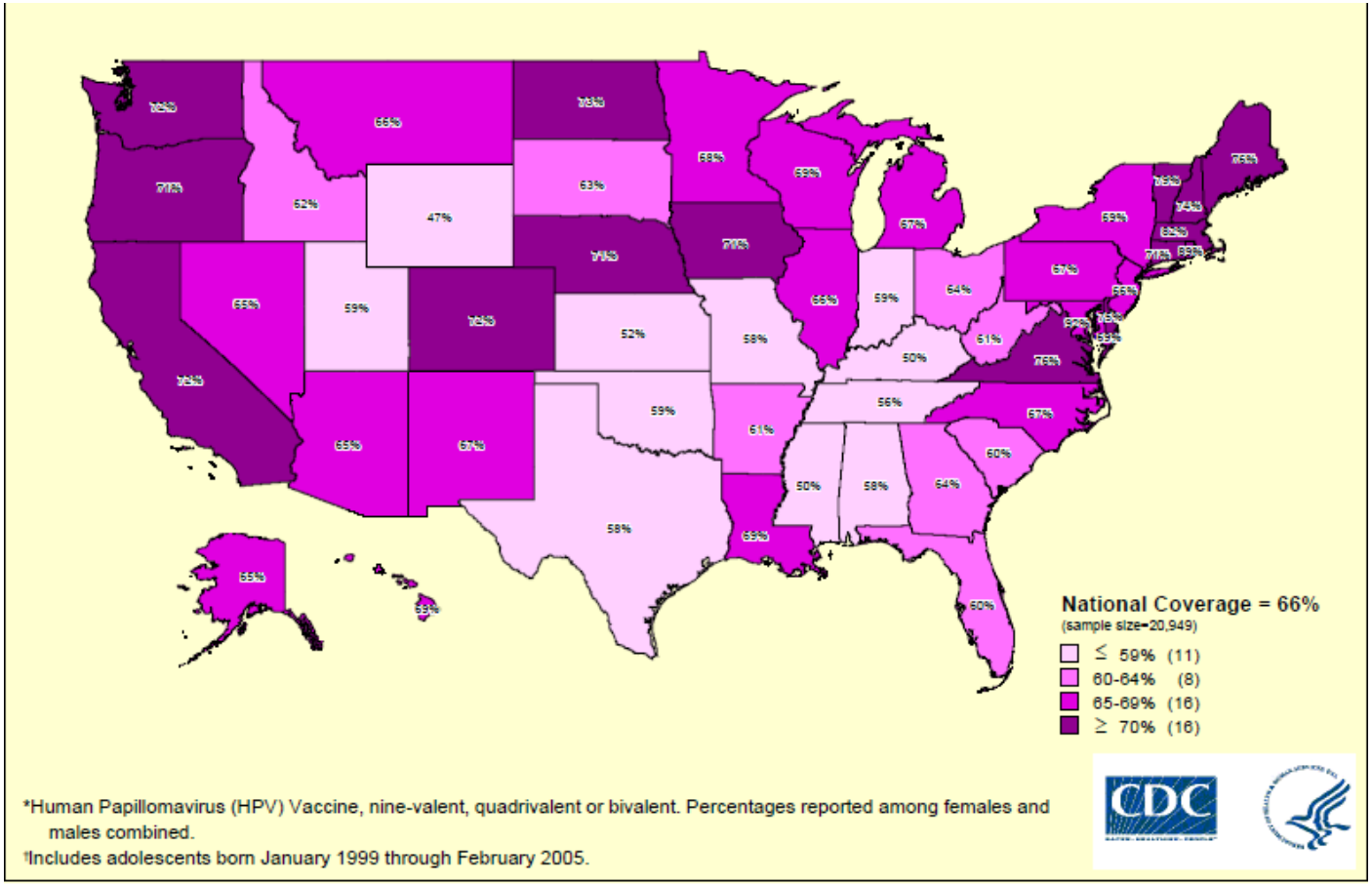
Coverage ranged from 78.9% (Alaska) to 96.2% (Massachusetts)

Estimated Vaccination Coverage with ≥1 MenACWY, Adolescents Aged 13-17 Years, NIS-Teen, United States, 2017

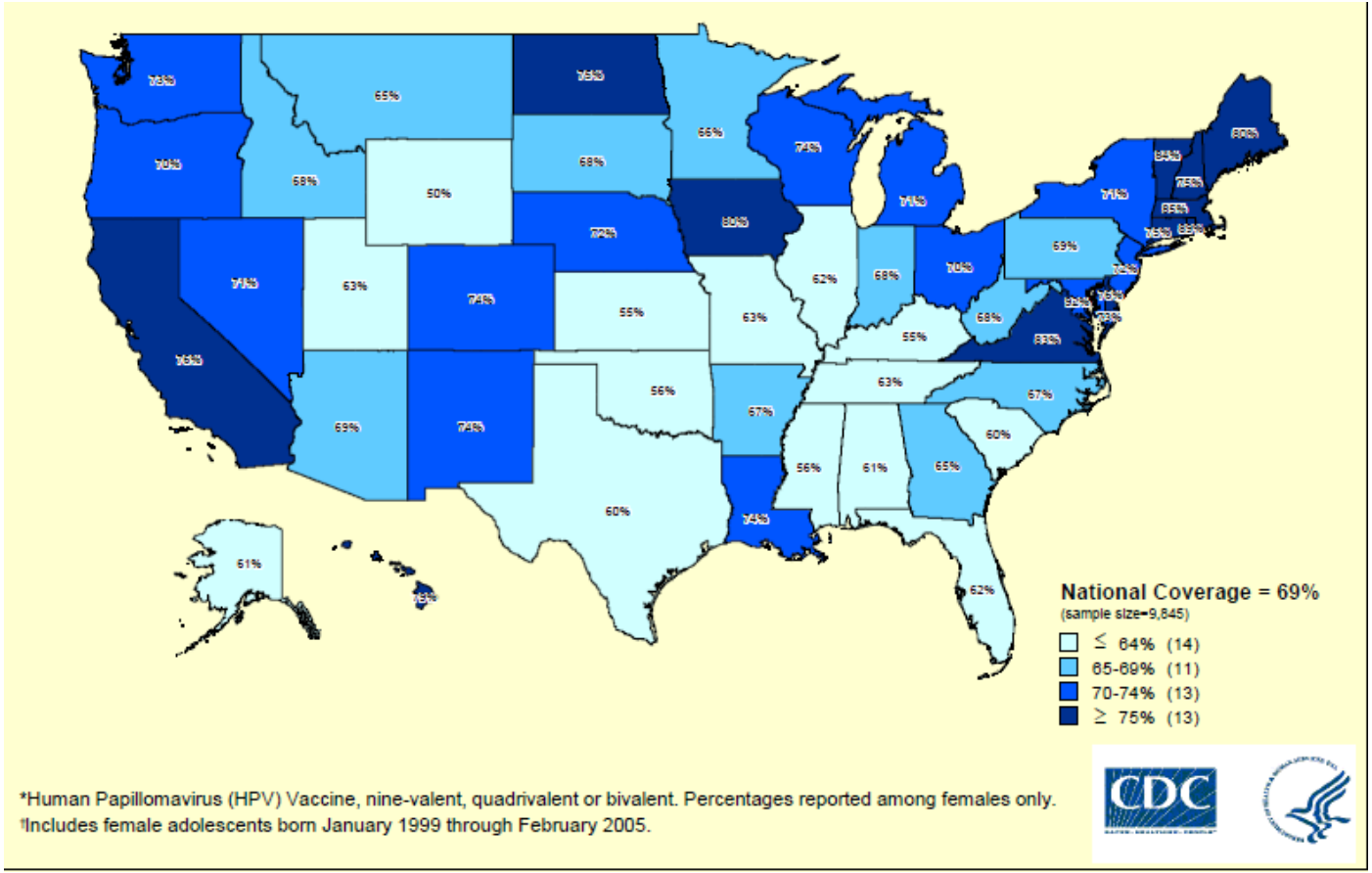


Coverage ranged from 60.7% (Wyoming) to 95.3% (Georgia)

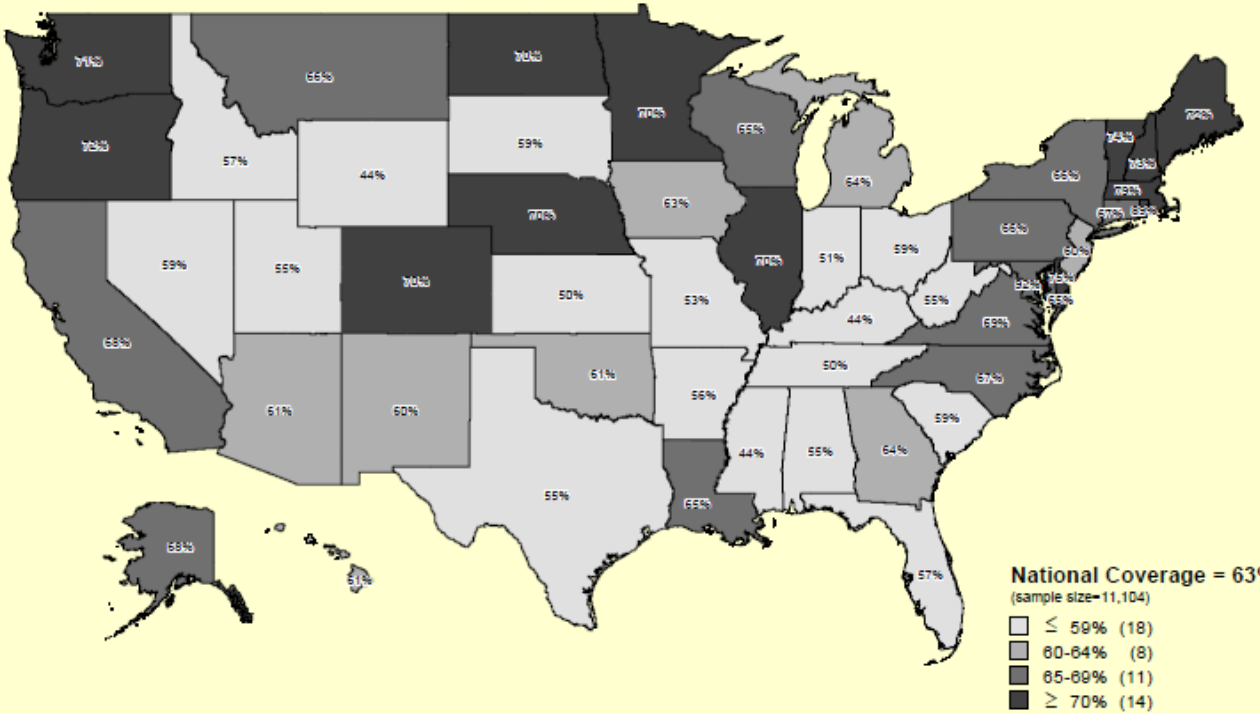
Estimated Vaccination Coverage with ≥1 HPV among Adolescents Aged 13-17 Years, NIS-Teen, United States, 2017



Estimated Vaccination Coverage with ≥1 HPV among Females Aged 13-17 Years, NIS-Teen, United States, 2017

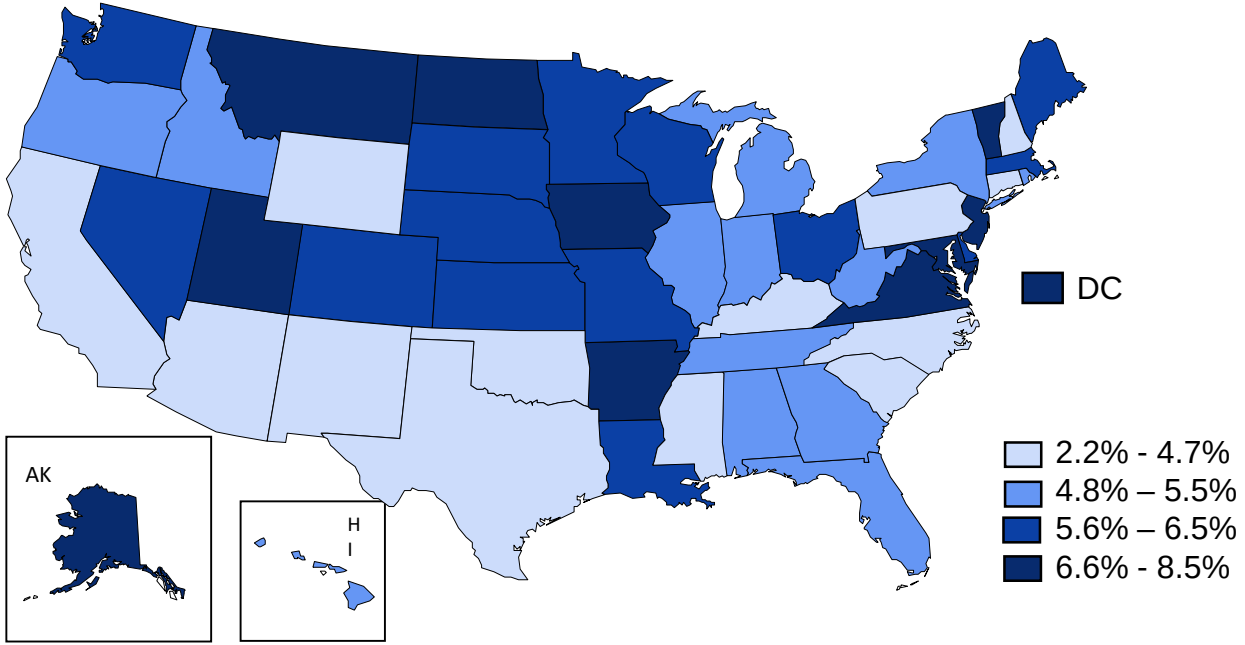


Estimated Vaccination Coverage with ≥1 HPV among Males Aged 13-17 Years, NIS-Teen, United States, 2017



*Human Papillomavirus (HPV) Vaccine, nine-valent, quadrivalent or bivalent. Percentages reported among males only.
†Includes male adolescents born January 1999 through February 2005.

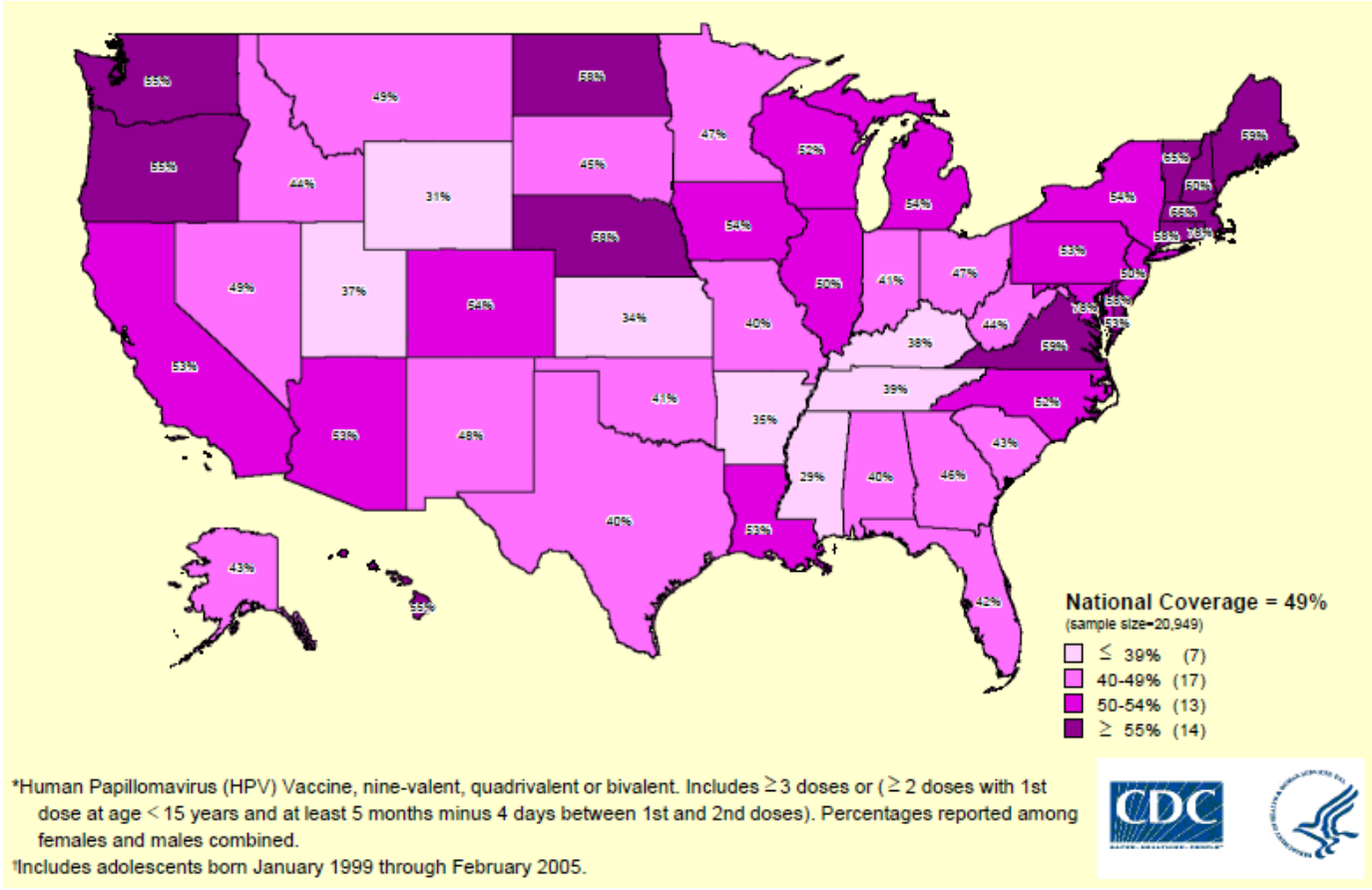
Average Annual Increase in Coverage with ≥1 HPV, Adolescents Aged 13-17 Years, NIS-Teen, United States, 2013-2017



National Average Annual Increase = 5.1 percentage points

The greatest statistically significant average annual increases were in Virginia (8.5), DC (7.5), Montana (7.4), Arkansas (7.3), Iowa (7.3), Utah (7.3), and El Paso, Texas (7.3).

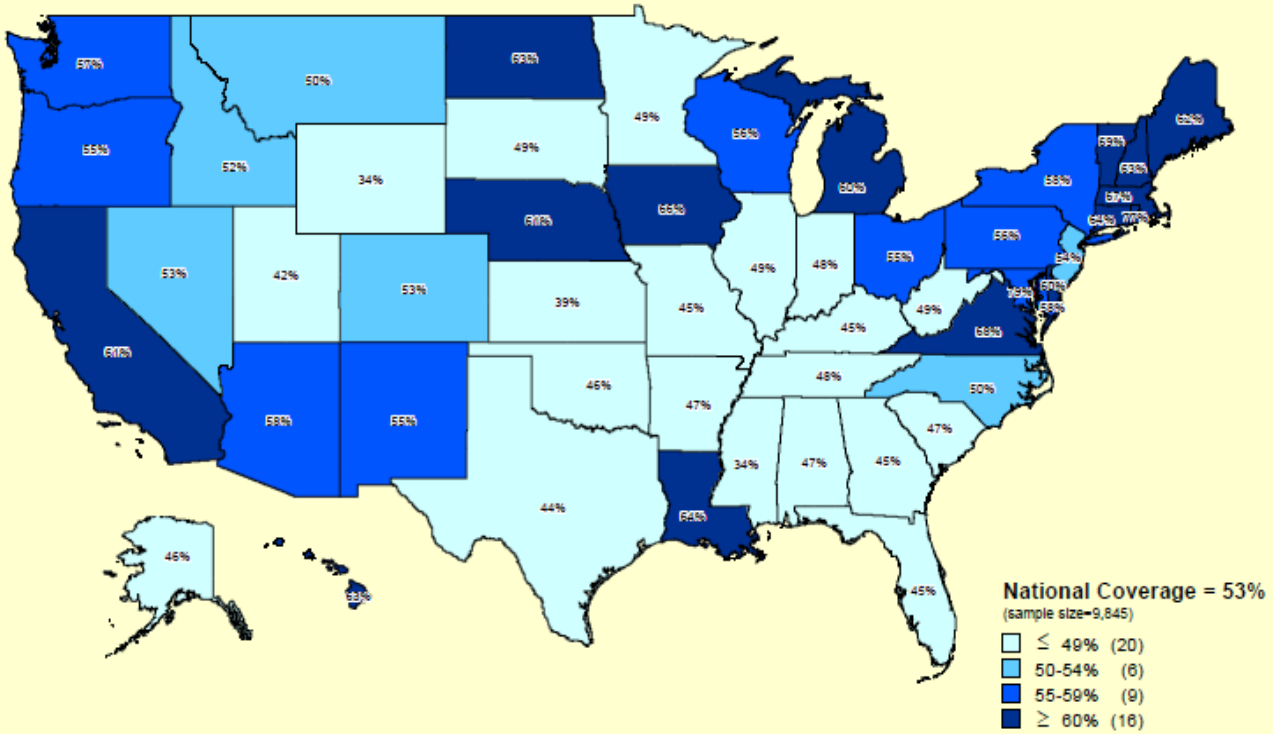
HPV UTD Estimates among Adolescents Aged 13-17 Years, NIS-Teen, United States, 2017



*Human Papillomavirus (HPV) Vaccine, nine-valent, quadrivalent or bivalent. Includes ≥3 doses or (≥2 doses with 1st dose at age < 15 years and at least 5 months minus 4 days between 1st and 2nd doses). Percentages reported among females and males combined.

†Includes adolescents born January 1999 through February 2005.

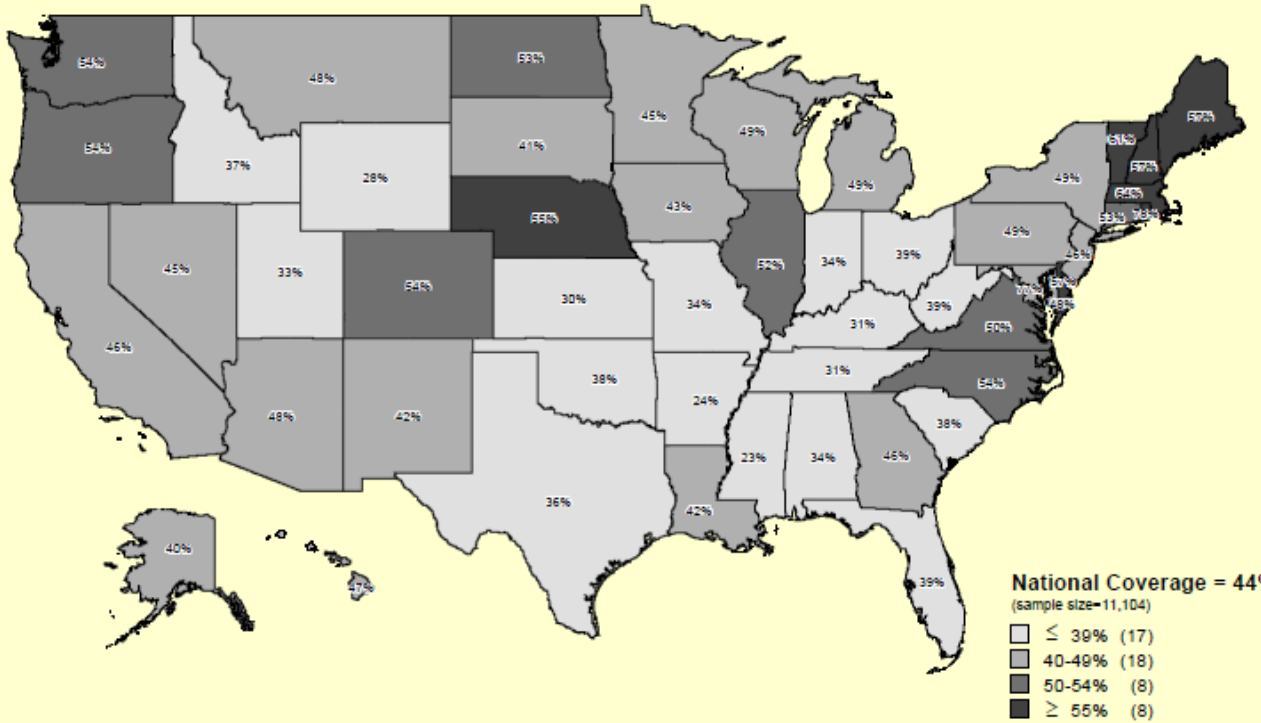
HPV UTD Estimates among Females Aged 13-17 Years, NIS-Teen, United States, 2017



*Human Papillomavirus (HPV) Vaccine, nine-valent, quadrivalent or bivalent. Includes ≥3 doses or (≥2 doses with 1st dose at age < 15 years and at least 5 months minus 4 days between 1st and 2nd doses). Percentages reported among females only.

†Includes female adolescents born January 1999 through February 2005.

HPV UTD Estimates among Males Aged 13-17 Years, NIS-Teen, United States, 2017



*Human Papillomavirus (HPV) Vaccine, nine-valent, quadrivalent or bivalent. Includes ≥3 doses or (≥2 doses with 1st dose at age <15 years and at least 5 months minus 4 days between 1st and 2nd doses). Percentages reported among males only.

†Includes male adolescents born January 1999 through February 2005.

Reasons for Not Vaccinating Adolescents with HPV Vaccine, Unvaccinated Adolescents Aged 13-17 Years, NIS-Teen, United States, 2017

Parents of Girls		Parents of Boys	
	% (95% CI)		% (95% CI)
Safety concerns/ side effects	24.5 (21.6-27.8)	Safety concerns/ side effects	16.8 (14.5-19.4)
Not needed/necessary	14.5 (11.8-17.8)	Not recommended	15.2 (12.6-18.2)
Not recommended	7.6 (5.9-9.7)	Not needed/necessary	14.2 (12.0-16.7)
Lack of knowledge	7.5 (5.7-9.6)	Lack of knowledge	9.2 (7.3-11.5)
Not sexually active	7.3 (5.7-9.4)	Not sexually active	7.7 (5.7-10.2)

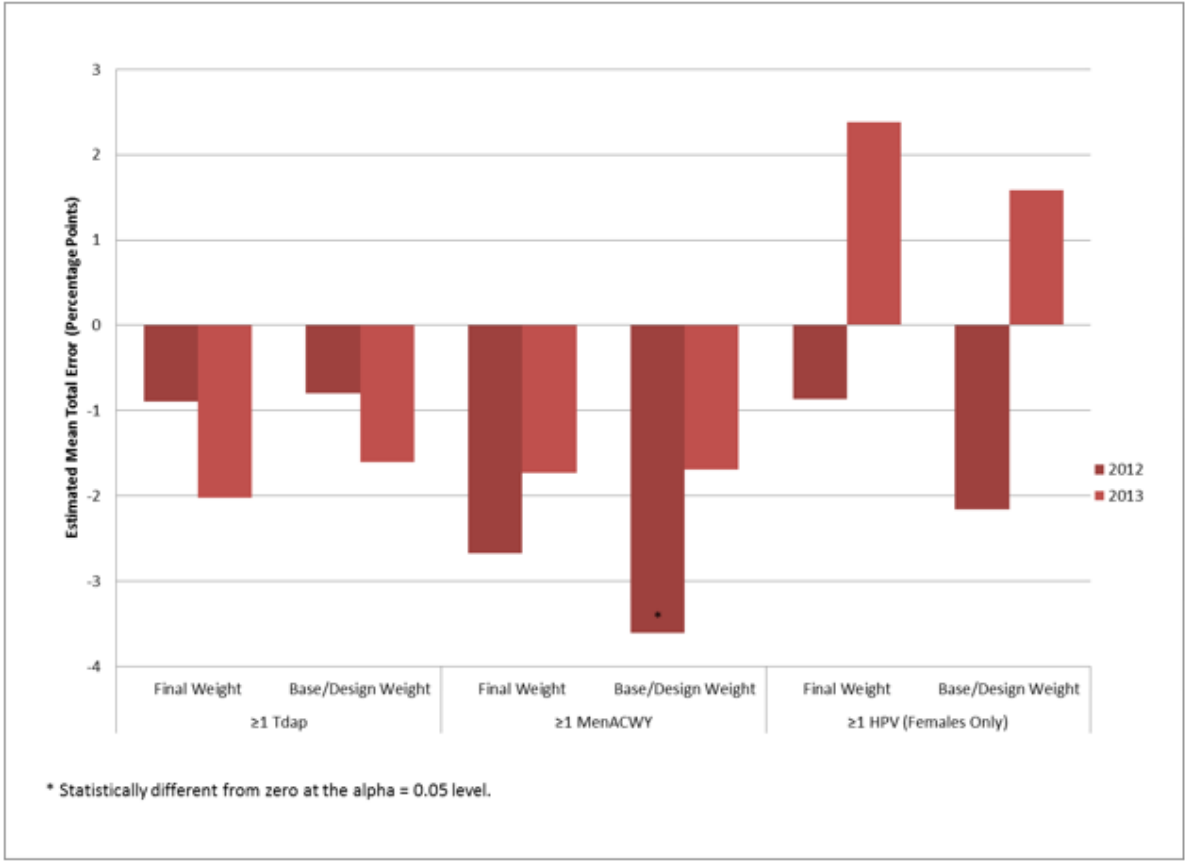
Limitations

- Survey response rates are low
- Bias might remain after adjustment for household and provider nonresponse and phoneless households
- Nonresponse bias might change over time affecting comparability of estimates between survey years

NIS Total Survey Error (TSE) Model

- Estimated bias in vaccine coverage estimates from systematic errors
  - Incomplete sample frame (excludes phoneless households)
  - Vaccination rates may differ in responders vs. non-responders
  - Not all vaccinations are reported by providers or not all vaccinating providers are contacted or report
- Model input
  - National Health Interview Survey, IIS-NIS match results
- Method
  - Monte Carlo replication to generate plausible range for difference in estimated vaccination coverage rate and “true” rate (bias)

Comparison of Estimated Mean Total Error for ≥1 Tdap, ≥ 1 MenACWY, and ≥ 1 HPV Vaccine Dose among Females by Survey Year, 2012-2013 NIS-Teen



Conclusions

- HPV vaccination initiation and completion continue to increase
  - HPV vaccination initiation has increased an average of 5.1 percentage points annually since 2013.
  - On-time vaccination (receipt of ≥2 or ≥3 doses of HPV vaccine by age 13 years)
- Continue to see high national level Tdap and MenACWY vaccines coverage
- Coverage with ≥1-dose HPV vaccine and ≥ 1 MenACWY varied by MSA status and was lowest among adolescents living in non-MSAs (mostly rural areas) and highest among those living in MSA principal cities (mostly urban areas)

Acknowledgements

- Laurie Elam-Evans
- David Yankey
- Laurie Markowitz
- Charnetta Williams
- Sarah Mbaeyi
- Benjamin Fredua
- Shannon Stokley

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

The Rationale Behind the Next President's Cancer Panel Report

Abby Sandler, PhD
Executive Secretary
President's Cancer Panel

National Vaccine Advisory Committee
September 13, 2018

Outline

- **President's Cancer Panel: Brief Overview**
- **2012-2013 Report to the President**
  Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer
- **Key HPV Vaccination Policy & Program Initiatives, 2014-2018**
- **Reporting on Progress & Opportunities for HPV Vaccination**

President's Cancer Panel: Brief Overview

Mission

The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President.

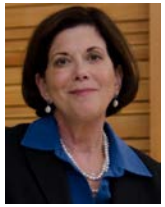
Any delays or blockages in the rapid execution of the Program shall immediately be brought to the attention of the President.

Authority: 42 U.S.C. 285a-4; Sec. 415 of the Public Health Service Act, as amended

Members

Barbara K. Rimer, DrPH (Chair)

University of North Carolina at Chapel Hill



Hill Harper, JD*

Cancer Survivor, Actor, and Best-Selling Author

Owen N. Witte, MD**

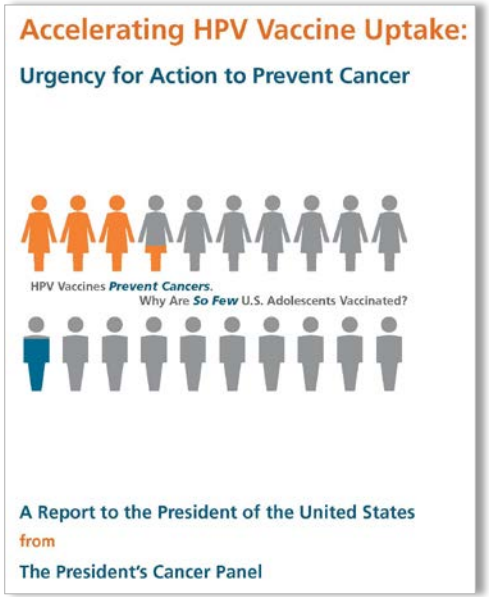
University of California, Los Angeles

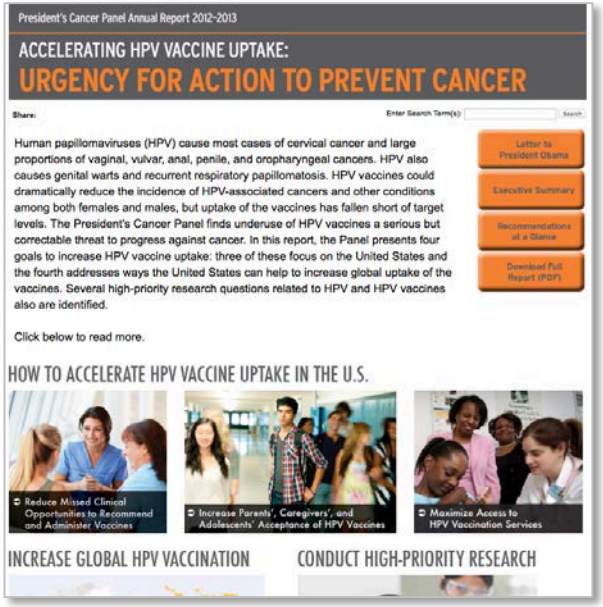
**Service ended March 2018*
***Service ended August 2017*

2012-2013 Report to the President

Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer

Accelerating HPV Vaccine Uptake: 2012-2013 Report to the President





Accelerating HPV Vaccine Uptake: 2012-2013 Report to the President

GOAL 1 — Reduce missed clinical opportunities to recommend and administer HPV vaccines

GOAL 2 — Increase parents', caregivers', and adolescents' acceptance of HPV vaccines

GOAL 3 — Maximize access to HPV vaccination services

GOAL 4 — Promote global HPV vaccine uptake

Accelerating HPV Vaccine Uptake: 2012-2013 Report to the President

HIGH-PRIORITY RESEARCH TO ADVANCE PREVENTION OF HPV-ASSOCIATED CANCERS

- Investigate More Convenient Dosing Schedules for Current Vaccines
- Develop More Effective Ways to Communicate About HPV-Associated Diseases and HPV Vaccines
- Determine How Best to Integrate HPV Vaccination with Cervical Cancer Screening
- Explain the Natural History of Oropharyngeal HPV Infections
- Develop Next-Generation Vaccines That Provide Broader Protection and/or Are Easier to Store and Administer

Key HPV Vaccination Policy & Program Initiatives, 2014-2018

Statements of Support

- Leading medical organizations* united to release a “Dear Colleague Letter” to urge providers to give a strong recommendation for HPV vaccination (February 2014).
- NCI-Designated Cancer Centers released a consensus statement urging greater uptake of HPV vaccination (January 2016). An updated statement was released to endorse 2-dose Gardasil 9 recommendation (January 2017).
- American Society of Clinical Oncology released a statement urging aggressive efforts to increase HPV vaccination (May 2016).

*American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, Centers for Disease Control and Prevention, and the Immunization Action Coalition.

“Much of [provider groups’] current activity dates to 2013 when the **President’s Cancer Panel**, alarmed by how the HPV vaccination rate was leveling out, called for a drastic acceleration.”


The Washington Post

Health & Science

Cancer doctors leading campaign to boost use of HPV vaccine

By Laurie McGinley June 19

National Vaccine Advisory Committee (NVAC) Endorsement

In June 2015, NVAC voted to approve the 5 recommendations of its HPV Working Group:

1. **Endorse the President's Cancer Panel report and adopt the recommendations therein.**
2. **Endorse monitoring "the status of uptake and implementation of Panel recommendations" through an annual progress report from HPV immunization stakeholders.**
3. ASH* should work with relevant agencies and stakeholders to develop evidence-based, effective, coordinated communications strategies to increase clinician recommendations for HPV vaccination to adolescents.
4. ASH should work with stakeholders to strengthen the immunization system in order to maximize access to adolescent vaccinations, including HPV vaccines.
5. ASH should encourage the review or development of available data that could lead to a simplified HPV vaccination schedule.

*HHS's Assistant Secretary for Health.

Federal Funding Highlights

- **NCI awarded two rounds of grant supplements** in July 2014 and September 2017 to promote collaborations between NCI-Designated Cancer Centers and state/local cancer coalitions and HPV immunization programs.
- **CDC has awarded program grants** for immunization and cancer prevention/control efforts, formed partnerships with provider organizations, and supported state and local public health activities to boost HPV vaccination. It has also funded communication campaign development, implementation, and evaluation efforts to reach providers and parents of vaccine-age adolescents.

"These administrative supplements are being offered in response to the **President's Cancer Panel's** report."

NIH NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

Healthcare Delivery Research Program

HPV Vaccine Uptake in Cancer Centers

HPV YOU ARE THE KEY TO CANCER PREVENTION

HPV VACCINE
IS CANCER PREVENTION

NCI-Designated Cancer Center HPV Summits

- Moffit Cancer Center (January 2015)
- University of Texas MD Anderson Cancer Center (November 2015)
- The Ohio State University Comprehensive Cancer Center (June 2016)
- Hollings Cancer Center at the Medical University of South Carolina (May 2017)
- Huntsman Cancer Institute at the University of Utah (June 2018)

National HPV Vaccination Roundtable

The National HPV Vaccination Roundtable is a coalition of public, private, and voluntary organizations with expertise relevant to increasing HPV vaccination rates in the United States as a way to reduce illness and death from HPV cancers, through coordinated leadership and strategic planning.

Cancer Moonshot

The Blue Ribbon Panel and the White House Cancer Moonshot Taskforce identified HPV vaccination as an urgent public health priority and a key element of cancer prevention and control strategies.

"In recent years, the **President's Cancer Panel** energized efforts in HPV prevention by recommending a multipronged strategy for accelerating vaccine uptake in the United States and globally."

Updated HEDIS Measure for HPV Vaccination

HEDIS* 2017 incorporates an updated measure for HPV vaccination:

HPV vaccination for both males and females is now part of a single measure that reports receipt of **all** three recommended adolescent vaccines (HPV, meningococcal, and Tdap).

NCQA Updates Quality Measures For HEDIS® 2017

WASHINGTON, D.C.—Today, the National Committee for Quality Assurance (NCQA) released new technical specifications for the 2017 edition of health care's most widely used performance improvement tool, the Healthcare Effectiveness Data and Information Set (HEDIS1).

The new HEDIS technical specifications include four new measures, changes to seven existing measures and retirement of one measure.

*The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care and service.

Progress on High-Priority Research Items

- Gardasil 9, approved December 2014, protects against HPV 6, 11, 16, and 18 plus five additional cancer-causing HPV types (HPV 31, 33, 45, 52, and 58), which cause vast majority of HPV-associated disease[1].
- Advisory Committee on Immunization Practices now recommends a 2-dose schedule with Gardasil 9 (December 2016)[2].
- Ongoing NCI RCT is evaluating protection against cervical cancer with 1 dose (versus 2 doses) of HPV vaccine[3].

1. Zhai L, Tumban E. Gardasil-9: A global survey of projected efficacy. Antiviral Res. 2016;130:101-9. Available from: https://www.ncbi.nlm.nih.gov/pubmed/27040313
2. Meites E, Kempe A, Markowitz LE. Use of a 2-dose schedule for human papillomavirus vaccination — updated recommendations of the Advisory Committee on Immunization Practices.
MMWR. 16 Dec 2016. Available from: https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm
3. National Cancer Institute. Scientific evaluation of one or two doses of the bivalent or nonavalent prophylactic HPV vaccines—The ESCUDDO Study [Internet]. Bethesda (MD): NCI; [cited 2018 Jul 11]. Available from: https://dceg.cancer.gov/research/cancer-types/cervix/escuddo

Reporting on Progress & Opportunities for HPV Vaccination

Progress on HPV Vaccination Uptake in United States

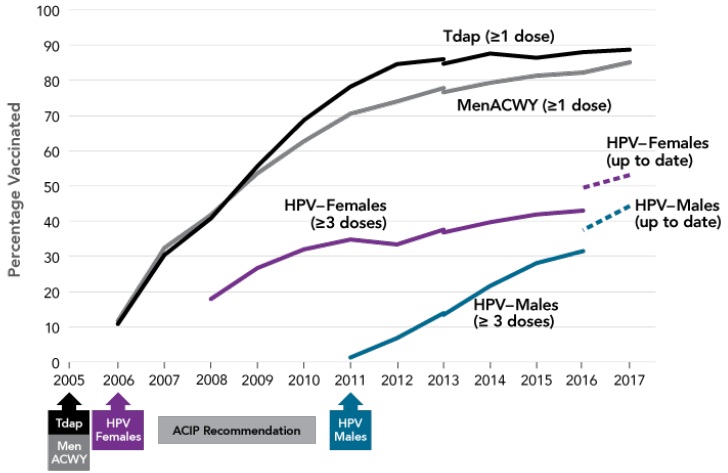
Percentage-Point Change in HPV Vaccination Rates 2012-2017

Females
≥1 dose +14.8
≥3 doses/up to date +19.7

Males
≥1 dose +41.8
≥3 doses/up to date +37.5

Sources: Centers for Disease Control and Prevention. National and state vaccination coverage among adolescents aged 13-17 years—United States, 2012. MMWR. 2013 Aug 30;62(34):685-93 and Centers for Disease Control and Prevention. National, regional, state, and selected local area vaccination coverage among adolescents aged 13-17 years—United States, 2017. MMWR. 2018;67(33):909-17.

Uptake of Vaccines Among U.S. Adolescents Aged 13-17 Years, 2006-2017



Source: Centers for Disease Control and Prevention. National, regional, state, and selected local area vaccination coverage among adolescents aged 13-17 years—United States, 2017. MMWR. 2018;67(33):909-17.

Pressing Forward on HPV Vaccination

A report from the Chair of the President's Cancer Panel will examine progress and highlight opportunities for improvement in HPV vaccination.

Contact Us

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@PresCancerPanel on Twitter

The Talk:
HPV Awareness Campaign

7/16/18-9/17/18

National
Foundation for
Infectious
Diseases®

About NFID

Non-profit 501(c)(3) organization dedicated to educating the public and healthcare professionals about causes, prevention, and treatment of infectious diseases across the lifespan

- Reaches consumers, healthcare professionals, and media through:
  - Coalition-building activities
  - Public outreach initiatives
  - Professional educational programs (ACCME accreditation with commendation)
  - Scientific meetings, research, and training
- Longstanding partnerships to facilitate rapid program initiation and increase programming impact
- Flexible and nimble organization

45 YEARS 1973–2018 ANNIVERSARY

National Foundation for Infectious Diseases®

About DoSomething.org

- Largest organization for young people & social change
- 5M+ members 13-25 years old across the US in half of all high schools and colleges
- Successful grassroots campaigns on health-related issues (anti-smoking, nutrition, pregnancy, etc.)
- Reach 18M young people where they are and directly communicate with 5M members via SMS messaging and email

www.dosomething.org

National Foundation for Infectious Diseases

Program Goals

- Create impactful co-branded campaign to reach millions of young people with essential information on HPV vaccination
- Raise awareness about HPV and help teens/young adults initiate ‘The Talk’ with a parent/guardian about HPV and vaccination
- Empower young people to activate on unique call-to-action that will encourage them and their friends/classmates to get vaccinated
- Participants prompted to make a card telling parent/guardian they want to stay HPV-free

www.dosomething.org/us/campaigns/the-talk

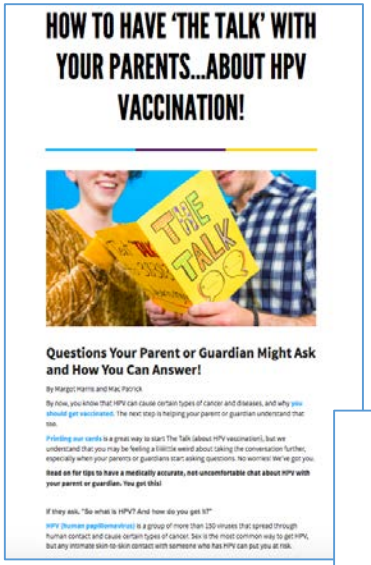
National Foundation for Infectious Diseases

Campaign

- Problem: HPV (human papillomavirus) is a group of over 150 viruses transmitted through intimate skin-to-skin contact that infects about 14MM people in the US every year
- Solution: Talking to a parent/guardian about getting vaccinated against HPV can be suuuper awkward. But no worries—we've got you!
- Impact: Once you have participated, upload a photo of you and your card. You may inspire others to have The Talk, and will automatically be entered to win a $3,000 scholarship

National Foundation for Infectious Diseases®

Resources



HOW TO HAVE 'THE TALK' WITH YOUR PARENTS...ABOUT HPV VACCINATION!

Questions Your Parent or Guardian Might Ask and How You Can Answer!

By Margot Harris and Mac Patrick

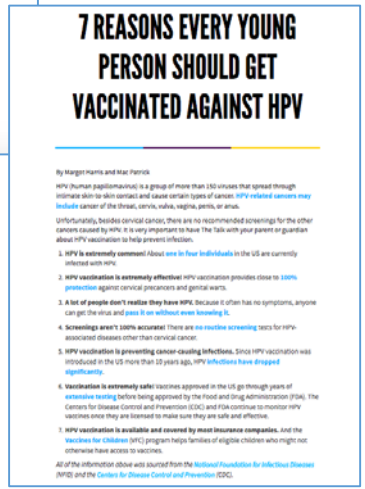
By now, you know that HPV can cause certain types of cancer and diseases, and why you should get vaccinated. The next step is helping your parent or guardian understand that too.

Printing our cards is a great way to start The Talk (about HPV vaccination!), but we understand that you may be feeling a little weird about taking the conversation further, especially when your parents or guardians start asking questions. No worries! We've got you.

Read on for tips to have a medically accurate, not uncomfortable chat about HPV with your parent or guardian. You got this!

If they ask, "So what is HPV? And how do you get it?"

HPV (human papillomavirus) is a group of more than 150 viruses that spread through human contact and cause certain types of cancer. Sex is the most common way to get HPV, but any intimate skin-to-skin contact with someone who has HPV can put you at risk.



7 REASONS EVERY YOUNG PERSON SHOULD GET VACCINATED AGAINST HPV

By Margot Harris and Mac Patrick

HPV (human papillomavirus) is a group of more than 150 viruses that spread through intimate skin-to-skin contact and cause certain types of cancer. HPV-related cancers may include cancer of the throat, cervix, vulva, vagina, penis, or anus.

Unfortunately, besides cervical cancer, there are no recommended screenings for the other cancers caused by HPV. It is very important to have The Talk with your parent or guardian about HPV vaccination to help prevent infection.

1. **HPV is extremely common!** About one in four individuals in the US are currently infected with HPV.
2. **HPV vaccination is extremely effective!** HPV vaccination provides close to 100% protection against cervical precancers and genital warts.
3. **A lot of people don't realize they have HPV.** Because it often has no symptoms, anyone can get the virus and pass it on without even knowing it.
4. **Screenings aren't 100% accurate!** There are no routine screening tests for HPV-associated diseases other than cervical cancer.
5. **HPV vaccination is preventing cancer-causing infections.** Since HPV vaccination was introduced in the US more than 10 years ago, HPV infections have dropped significantly.
6. **Vaccination is extremely safe!** Vaccines approved in the US go through years of extensive testing before being approved by the Food and Drug Administration (FDA). The Centers for Disease Control and Prevention (CDC) and FDA continue to monitor HPV vaccines once they are licensed to make sure they are safe and effective.
7. **HPV vaccination is available and covered by most insurance companies.** And the Vaccines for Children (VFC) program helps families of eligible children who might not otherwise have access to vaccines.

All of the information above was sourced from the National Foundation for Infectious Diseases (NFID) and the Centers for Disease Control and Prevention (CDC).

Accessible & digestible editorial content on HPV, and how to have the conversation with a parent/guardian about HPV vaccination—including answers to anticipated questions or concerns

National Foundation for Infectious Diseases®

45 YEARS 1973–2018 ANNIVERSARY

Impressions

Social Impressions To Date: 39+ million*

Campaign Goal: 40 million

Messaging Channels:

- Weekly Email Messaging
- Newsletter
- Text Messaging
- Social Media Channels (NFID and DoSomething.org)








*as of 9/10/18; excludes web impressions

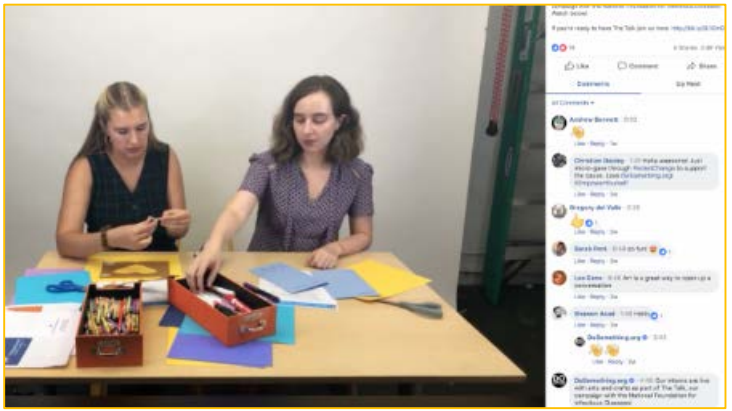
National Foundation for Infectious Diseases®

Impact

Total Sign-Ups To Date: 18,097*
Sign-Up Goal: 20,000

Campaign Highlights:

- 938 social media shares
- More than 30% of sign-ups are new DoSomething members (~5,400 members)
- 2,500+ views on Facebook Live



*as of 9/10/18

National Foundation for Infectious Diseases

Megan (13)

“I think it is very important for parents to learn the facts about vaccinations so they can make an educated decision on whether or not to get their children vaccinated.”

National Foundation for Infectious Diseases®

Xander (14)

“This campaign is important to me because of my family history of cancer. My mom and my grandma have had cancer and two of my grandparents died of cancer. This vaccine helps me and my parents take one cancer worry away. Also, I don't want to be someone who can spread this virus.”

National Foundation for Infectious Diseases

Samantha (17)

“This mattered to me because cancer is a serious thing. Although I may not be sexually active at the moment, in the future, it will help protect me from harmful infections and possible diseases and harm in the future.”

National Foundation for Infectious Diseases

Tyler (17)

“In a growing era of ignorance concerning the science of vaccinations, more people need to be speaking out in support of reliable research. This issue hits close to home as well considering I had a friend who died of cancer. Any movement that helps prevent needless loss and raises awareness has my support.”

National Foundation for Infectious Diseases

Allison (17)

“No one should feel too shy to protect themselves. "The Talk" campaign not only normalizes heavy topics such as the transmission of STIs, but celebrates communication among families. A sex-positive campaign like this teaches my generation to be comfortable asking for what we need. I believe that the society that is open to discussing what we need, is the society that progresses.”

National Foundation for Infectious Diseases

Tyler (17)

"Cervical cancer is prevalent in my family, so I got my HPV vaccine. I think it's important that everyone protect themselves as much as possible especially since things like this are available now."

National Foundation for Infectious Diseases

Nashlynn (18)

"I know that my mom wants the best for me and I can trust her if a situation appears. We now plan for me to get vaccinated against HPV."

National Foundation for Infectious Diseases

William (19)

“I just got my first dose of the HPV vaccine!”

National Foundation for Infectious Diseases

www.nfid.org

National Foundation for Infectious Diseases®

HPV Vaccination Campaign Targeting Young Adults

Jill Wasserman, MPH
Health Communications Specialist
Office on Women's Health

HHS Office on Women's Health: About Us

History

- Established in 1991 (42 U.S.C. 202 et seq).
- Continuous focus on women's health as a specialized issue for government attention and action.
- Public Law 111-148 section 3509 of the 111th Congress provides for legislative authority.

Vision

- All women and girls achieve the best possible health.

Mission

- The Office on Women's Health provides national leadership and coordination to improve the health of women and girls through policy, education, and innovative programs.

HPV Vaccination Campaign for Young Adults: Why?

- Many adolescents and young adults are not initiating or completing the recommended series.
- Existing initiatives to increase HPV vaccination rates focus on educating health care providers and parents of adolescents.
- HPV vaccination rates vary across the nation, with an increased HPV-related cancer burden in women of color and the southern part of the United States.

HPV Vaccination Campaign for Young Adults

The overarching objectives of this health communications campaign are to:

- Increase awareness of HPV vaccination effectiveness among women and men, ages 18-26 in Mississippi, South Carolina and Texas.
- Increase awareness of HPV-associated cervical cancer rates among women and men, ages 18-26 in Mississippi, South Carolina and Texas.
- Increase HPV vaccination series completion among women and men, ages 18-26 in Mississippi, South Carolina and Texas.

HPV Vaccination Campaign for Young Adults

- Solicitation: August 1
- Base year with 2 option years
- Development and formative research activities
- Pre-launch activities
- Launch and implementation activities
- Evaluation and tracking activities
- Phase out/sustainability plan

Jill Wasserman, MPH
Health Communications Specialist
HHS Office on Women's Health

WWW.HHS.GOV/ASH
WWW.WOMENSHEALTH.GOV

@womenshealth
Jill.Wasserman1@hhs.gov

CDC funding
NH23IP922551-01
CFDA 93.733

National HPV Vaccination Roundtable

A national coalition prevent HPV cancers through HPV vaccination

Roundtable Approach

- **Convene** stakeholder organizations
- Increase **exchange** of info
- Identify **gaps** & opportunities
- **Catalyze** efforts

Convene

National meetings

Task groups

Webinars

Increase information exchange

- **215 HPV vaccination resources**
  hpvroundtable.org

- 25,000+ unique page views
  in 7 months

Increase information exchange

Social media

- Singular positive voice for the benefits of HPV vaccination as cancer prevention
- **Twitter**
  ~1,100 followers
  Sustained growth
  1.1 million potential impressions

- **Facebook**
  HPV Cancer Free Family
  Strong community of HPV cancer survivors

Find gaps

Social Media

Use social media to increase vaccine confidence **#1**

Address rumors in social media #4

Address parent concerns #8

Provider

Get providers to attend in-clinic QI efforts #2

Intervene with entire medical team #6

Increase vaccination at acute visits #10

Health System

Best practices for health insurers #3

Impact of connecting IIS/EHR #5

Effective changes in large health systems #11

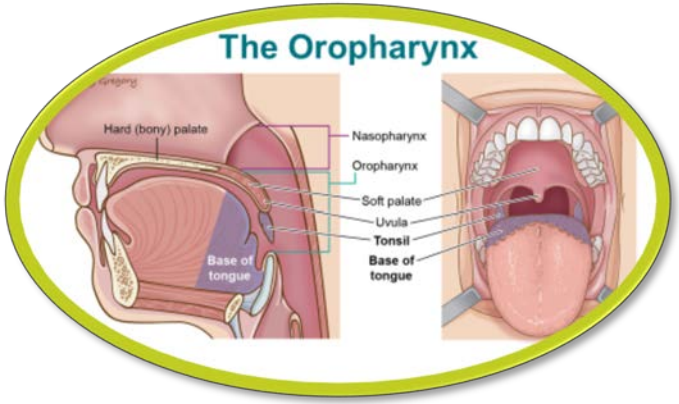
Impact of quality standards #12

From National HPV Vaccination Roundtable Best and Promising Practices Meeting, Atlanta, 2016.
Reiter, et al., 2018. *Academic Pediatrics*. Slide courtesy of Shannon Stokley

Catalyze efforts

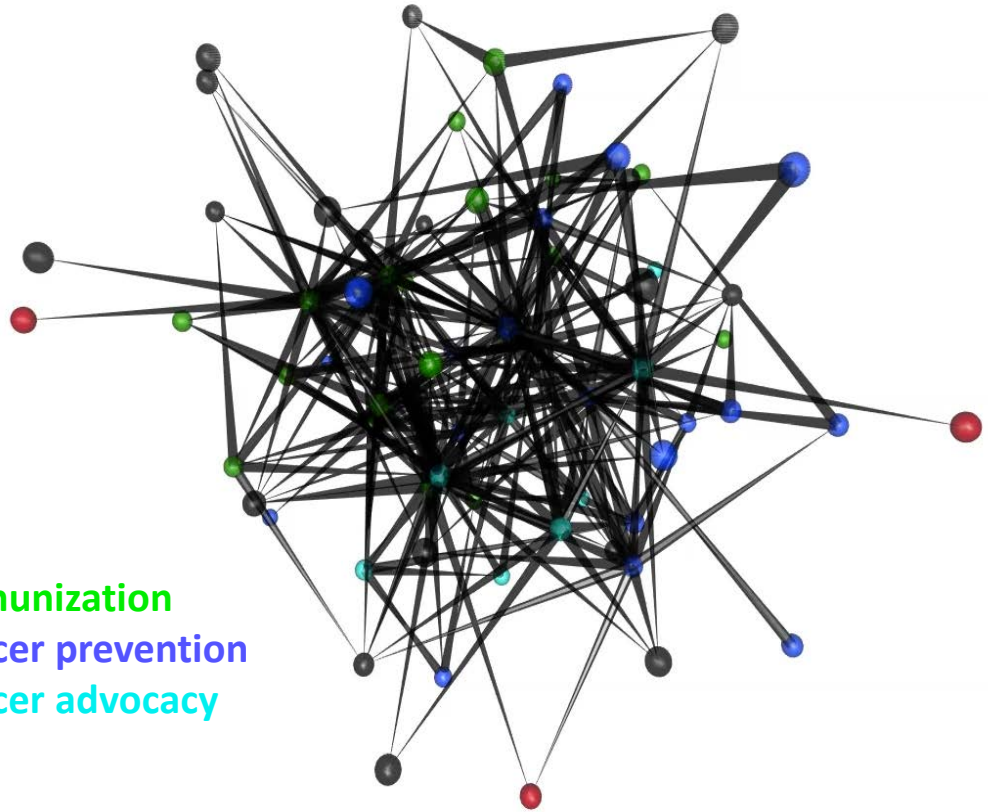
Videos

- Survivors
- Oropharyngeal ca
- HPV vax champion yoga



Catalyze efforts

300+ new collaborations formed from connections made through the Roundtable



Catalyze efforts

Action Guides

- Clinicians
- Large health systems

2,400 unique views in 5 months

Catalyze efforts

Campaigns

- We’re In
- Power to Prevent HPV Cancers

Catalyze efforts

Power to Prevent HPV Cancers

July 8-August 28, 2018
Week 1 Be Part of the Super 6! Launch Week
Week 2 Nurses & Medical Assistant
Week 3 Physicians, Pas, NPs
Week 4 Office Staff
Week 5 Small Practices
Week 6 Dental Health Care Providers
Week 7 NIAM: Preteen Vaccine Week
Week 8 Keep the Power All Year Long

Campaign webpage ~3,100 views
Action guides downloads

- RN,MA – 188
- MDs, PAs, NPs – 135
- Dental – 120

Top media Tweet earned 3,714 impressions

The power to #preventcancer is in your hands! Be part of the #HPVSuper6Hero Team to work to eliminate human papillomavirus (#HPV) cancers. Learn more >> hpvroundtable.org/power/ #hpvvax pic.twitter.com/jsuYjR26bo

22 20

6,000 emails sent
30-40% opened
20% is industry benchmark