

National Vaccine Advisory Committee

Overview: HPV Report Recommendations

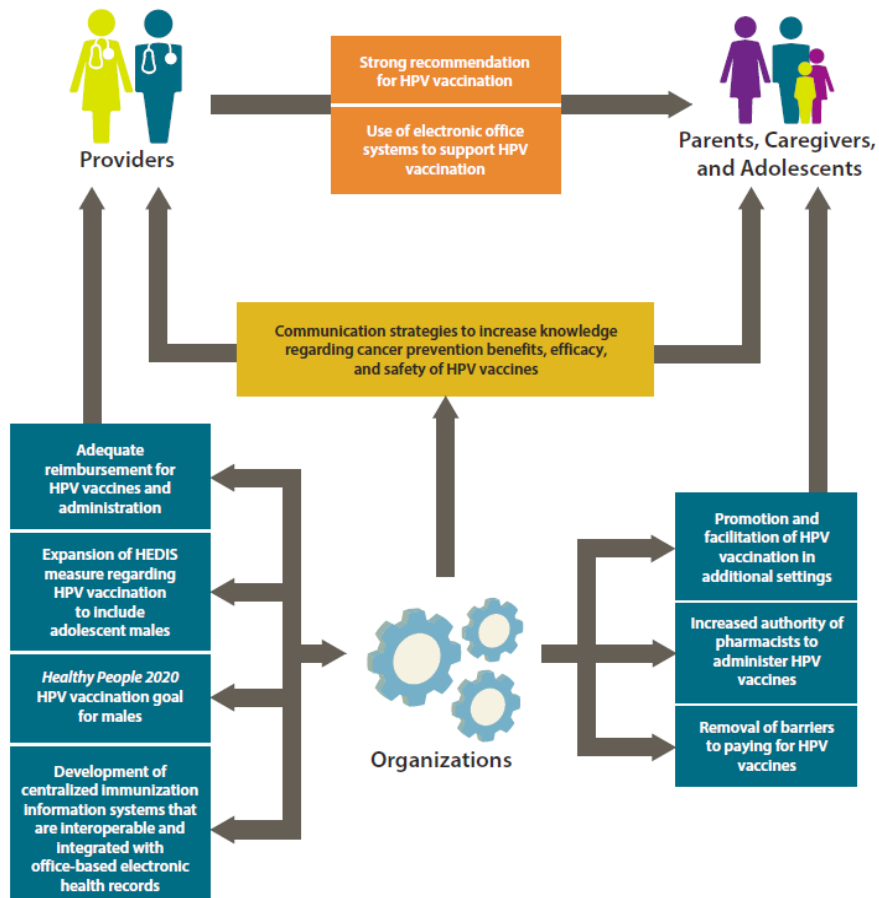
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Reports

- ***Overcoming Barriers to Low HPV Vaccine Uptake in the United States: Recommendations from the National Vaccine Advisory Committee.*** National Vaccine Advisory Committee (NVAC); 2015
- ***Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer. A Report to the President of the United States from the President's Cancer Panel (PCP).*** National Cancer Institute; 2014.

NVAC Recommendations 1 & 2 (2015)

1. The ASH should endorse the PCP report, *Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer*, and adopt the recommendations outlined therein.
2. As the PCP recommended, NVAC should monitor “the status of uptake and implementation of the recommendations.” This should be done by hearing an annual progress report from HPV vaccination stakeholders identified in the PCP report.



Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer. A Report to the President of the United States from the President's Cancer Panel. *National Cancer Institute*; 2014.

PCP Goals and Objectives (2014)

Goal 1: Reduce missed clinical opportunities to recommend and administer HPV vaccines

- **Objective 1.1:** CDC should develop, test, disseminate, and evaluate the impact of integrated, comprehensive communication strategies for physicians and other relevant health professionals.
- **Objective 1.2:** Providers should strongly encourage HPV vaccination of age-eligible males and females whenever other vaccines are administered.

PCP Goals and Objectives (2014)

- **Objective 1.3:** Health care organizations and practices should use electronic office systems, including electronic health records and immunization information systems, to avoid missed opportunities for HPV vaccination.
- **Objective 1.4:** Health care payers should reimburse providers adequately for HPV vaccines and for vaccine administration and services.
- **Objective 1.5:** The current Health Care Effectiveness Data and Information Set quality measure for HPV vaccination of adolescent females should be expanded to include males.
- **Objective 1.6:** Create a *Healthy People 2020* HPV vaccination goal for males.

PCP Goals and Objectives (2014)

Goal 2: Increase parents', caregivers', and adolescents' acceptance of HPV vaccines

- **Objective 2.1:** CDC should develop, test, and collaborate with partner organizations to deploy integrated, comprehensive communication strategies directed at parents and other caregivers, and also at adolescents.

PCP Goals and Objectives (2014)

Goal 3: Maximize access to HPV vaccination services

- **Objective 3.1:** Promote and facilitate HPV vaccination in venues outside the medical home.
- **Objective 3.2:** States should enact laws and implement policies that allow pharmacists to administer vaccines to adolescents, including younger adolescents.
- **Objective 3.3:** Overcome remaining barriers to paying for HPV vaccines, including payment for vaccines provided outside the medical home and by out-of-network or non-physician providers.

PCP Goals and Objectives (2014)

Goal 4: Promote global HPV vaccine uptake

- **Objective 4.1:** The United States should continue its collaboration with and support of GAVI to facilitate HPV vaccine introduction and uptake in low-income countries.
- **Objective 4.2:** The United States should continue to support global efforts to develop comprehensive cancer control plans and cancer registries in low- and middle-income countries.

Additional NVAC Recommendations (2015)

Recommendation 3. The ASH should work with relevant agencies and stakeholders to develop evidence-based, effective, coordinated communication strategies to increase the strength and consistency of clinician recommendations for HPV vaccination to adolescents (both males and females) in the recommended age groups and to improve acceptance among parents/guardians, adolescents, and young adults.

Additional NVAC Recommendations (2015)

Recommendation 3.1. Develop practical tools to increase clinicians' skills and confidence in promoting HPV vaccination as a routine adolescent vaccine and part of routine adolescent care. These communication tools should equip clinicians to emphasize HPV vaccine as a cancer prevention strategy, to increase clinicians' ability to respond to questions from parents/guardians and adolescents about HPV as a sexually transmitted infection, and to enable clinicians to effectively address parental hesitancy.

Additional NVAC Recommendations (2015)

Recommendation 3.2. Develop evidence-based, culturally competent communication strategies for parents/guardians, adolescents, and young adults that address key beliefs driving decisions to vaccinate and address barriers to vaccination.

Additional NVAC Recommendations (2015)

Recommendation 3.3. Promote collaboration among all stakeholders to coordinate communications and messaging that increase message consistency across professional organizations and their constituencies.

Additional NVAC Recommendations (2015)

Recommendation 3.4. Utilize multiple methods for communication, including one-on-one counseling, public health messaging, social media, and decision support systems.

Additional NVAC Recommendations (2015)

Recommendation 3.5. Promote science-based media coverage about HPV vaccination and appropriate response to media coverage that does not adequately reflect the science of HPV vaccines and HPV vaccination recommendations.

Additional NVAC Recommendations (2015)

Recommendation 4. NVAC recommends the ASH should work with the relevant agencies and stakeholders to strengthen the immunization system in order to maximize access to and support of adolescent vaccinations, including HPV vaccines.

Additional NVAC Recommendations (2015)

Recommendation 4.1. Addressing barriers to vaccination in venues outside the traditional primary care provider office, including pharmacies, schools, and public health departments. This may include immunization status assessment and administration of the appropriate doses toward completion of the HPV vaccination series.

Additional NVAC Recommendations (2015)

- **Recommendation 4.1.1.** Develop strategies to overcome barriers regarding reimbursement for vaccination administration and compensation of vaccine administrators and their staff.
- **Recommendation 4.1.2.** Strengthen immunization information systems (IISs) to allow pharmacies, school-located programs, and public health clinics to view and query patient immunization records and submit records of immunizations administered to their state IIS, which ensures proper communication and record of immunization histories are available to the patient's primary care provider, vaccination administrator, and the state public health system.
- **Recommendation 4.1.3.** Encourage collaboration and sharing of best practices for successful vaccination programs at pharmacies, schools, and public health clinics.

Additional NVAC Recommendations (2015)

Recommendation 4.2. Working with relevant agencies and stakeholders to increase the widespread use of quality improvement strategies, such as Assessment, Feedback, Incentives, and eXchange (AFIX) visits, to support and evaluate HPV immunization practices within all vaccination venues.

Additional NVAC Recommendations (2015)

Recommendation 4.3. Encouraging widespread adoption of state-centralized reminder recall for adolescent vaccines and reporting of vaccinations into existing immunization information systems and electronic health records.

Additional NVAC Recommendations (2015)

Recommendation 5. The ASH should encourage the review or development of available data that could lead to a simplified HPV vaccination schedule. In addition to a review that could impact existing vaccines, manufacturers of HPV vaccines in development should also consider opportunities to support the simplest HPV immunization schedule while maintaining vaccine effectiveness, safety, and long-term protection.

Today's Session: Update on Implementation of HPV Recommendations

Overview: HPV Report Recommendations

Surveillance Update

NCI Cancer Control Research

NCI's Research Efforts on Reduced-dose HPV Vaccination

HPV Case Study: Denver Health

HPV Vaccination Initiatives at the American Cancer Society

Partner Updates and Implementation Activities

(AAP, AAFP, ACOG, APA, CCCNP, AHEC, SAHM, ADA, AAPHD)

HPV Implementation Working Group

The ASH has charged the NVAC to establish a working group that will produce a brief report by June 2018 on recommendations to “strengthen the effectiveness of national, state and local efforts to improve HPV vaccination coverage rates.”

Additional Considerations

- A. Many national organizations are currently supporting HPV efforts. Are there additional national organizations that might contribute to increasing HPV vaccination coverage?

- B. At the state level, many states have formed coalitions to support HPV vaccination efforts. Is there general guidance for states that do not yet have coalitions?

Additional Considerations

- C. Integrated healthcare delivery networks can successfully integrate comprehensive quality improvement approaches to increase vaccination coverage rates. How can state immunization programs and coalitions engage with health systems to work together on improving HPV vaccination coverage?

- D. Please specify recommendations on how to meet the needs of providers in rural areas?

Communication strategies to increase knowledge regarding cancer prevention benefits, efficacy, and safety of HPV vaccines. Providers should make a strong recommendation for HPV vaccination to parents, caregivers, and adolescents, and use of electronic office systems to support HPV vaccination.

Providers should receive from organizations:

- Adequate reimbursement for HPV vaccines and administration
- Expansion of HEDIS measure regarding HPV vaccination to include adolescent males
- *Healthy People 2070* HPV vaccination goal for males
- Development of centralized immunization information systems that are interoperable and integrated with office-based electronic health records.

Parents, caregivers, and adolescents should receive from organizations:

- Promotion and facilitation of HPV vaccination in additional settings
- Increased authority of pharmacists to administer HPV vaccines
- Removal of barriers to paying for HPV vaccines