

Strategies to Improve HPV Vaccination Rates

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Disclosures

- I have no personal financial disclosures
- Maryland Chapter of the American Academy of Pediatrics (MDAAP) has received an educational grant from Maryland Department of Health and Mental Hygiene (DHMH) for CME activities (2014-2015)
- MDAAP has received funding from National AAP for district –wide Chapter QI Quality Improvement Project (2017)
- MDAAP will receive funding (for provider stipends) from University of North Carolina Project (funded from CDC) (4/2018)

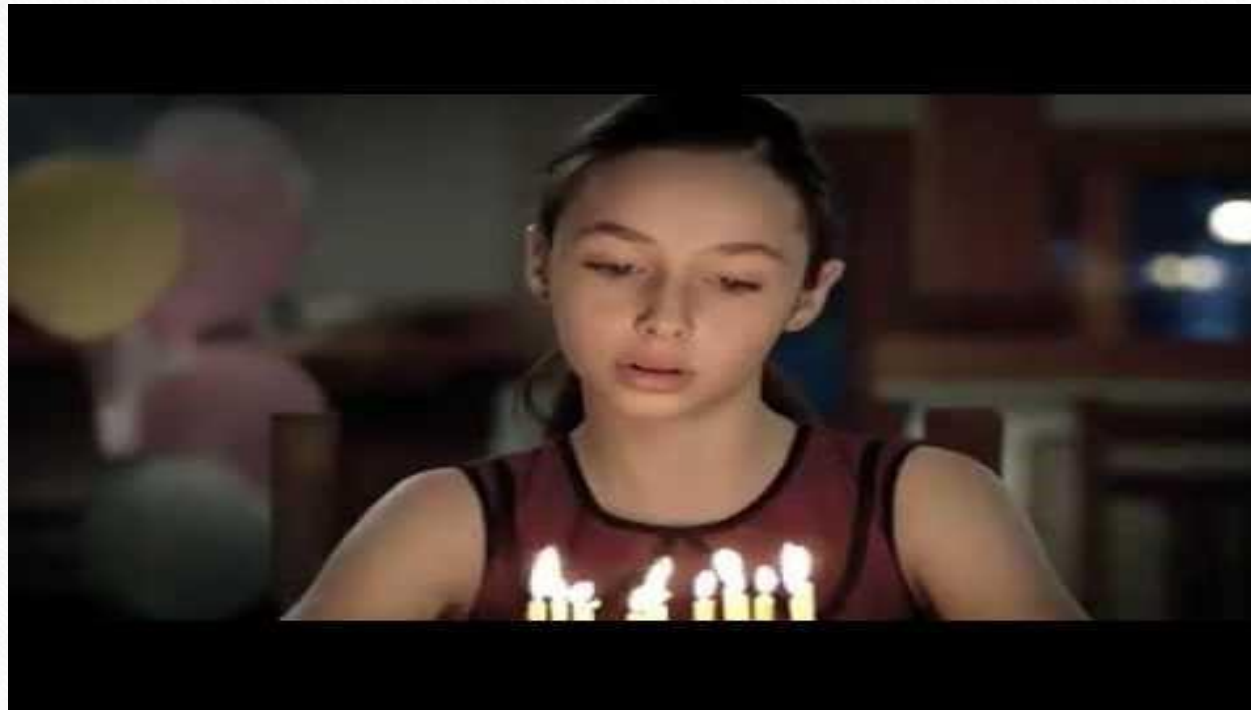
Learning Objectives

- Discuss the messaging regarding HPV vaccination
- Review national and Maryland-specific data regarding background on HPV (and other adolescent) vaccination rates
- Discuss educational opportunities that MDAAP has to educate members regarding HPV disease and prevention
- Review HPV programs that have been created and supported through AAP and other partners

HPV Messaging is everywhere...



HPV Media Advertisement



The Anti-Vax Message

How many vaccines will your child get?



Too many.
Your child may receive up to **61** vaccines by six years of age.

Make an informed choice.

The following table lists the number of vaccine doses that are recommended for children ages 0-6 years. The number of vaccine doses that are recommended for children ages 7-12 years is listed in the table below. The number of vaccine doses that are recommended for children ages 13-17 years is listed in the table below. The number of vaccine doses that are recommended for children ages 18-64 years is listed in the table below. The number of vaccine doses that are recommended for children ages 65 years and older is listed in the table below.

Age Group	Number of Vaccine Doses
0-6 years	61
7-12 years	11
13-17 years	11
18-64 years	11
65 years and older	11



"This new mandatory STD vaccine shouldn't hurt a bit."

Opportunity to Engage Patients and Families...



If there were a vaccine against cancer, wouldn't you get it for your kids?

Talk to the doctor about vaccinating your 11-12 year old sons and daughters against HPV.

www.cdc.gov/vaccines/teens

HPV vaccine is cancer prevention.

YOU GET THE BENEFIT OF CANCER PREVENTION

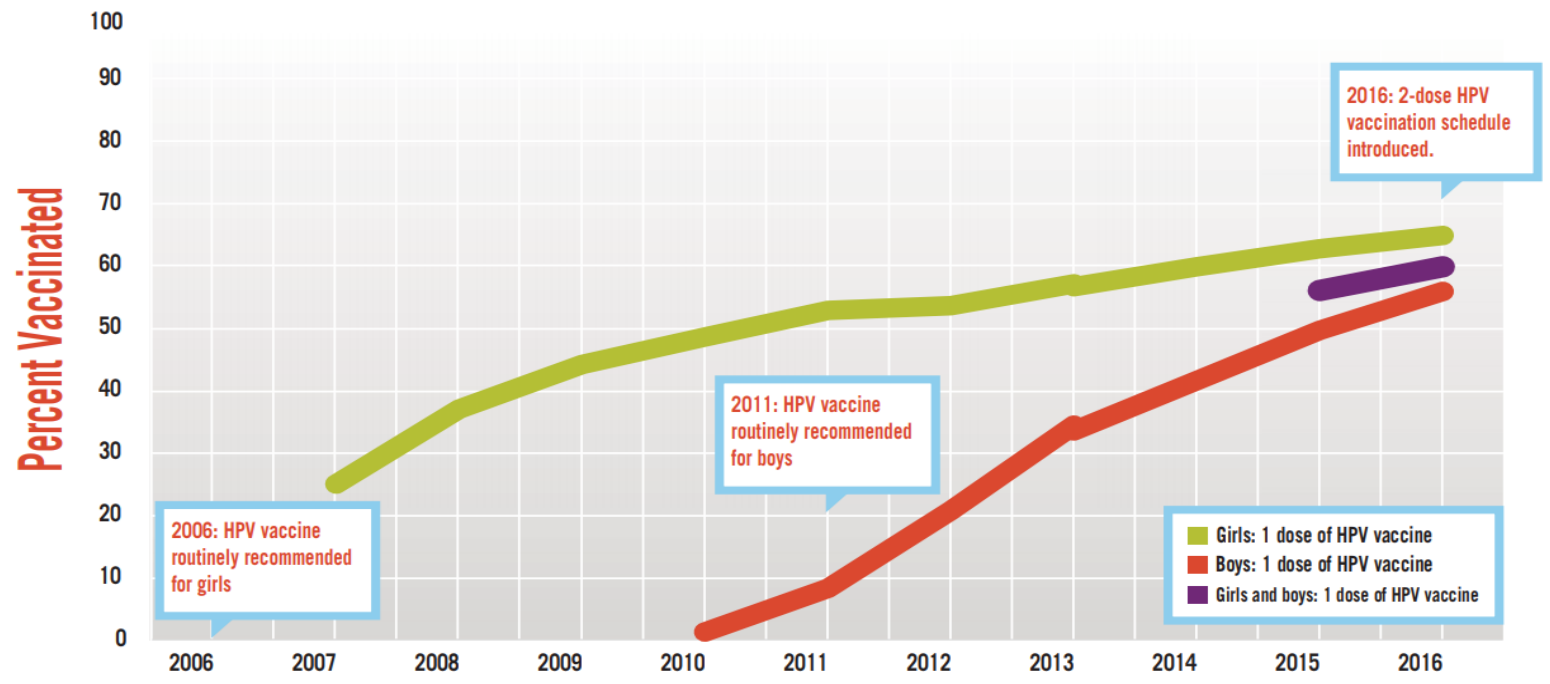
MARYLAND
Department of Health and Mental Hygiene

Every year in the U.S., 27,000 people get cancer caused by HPV.



That's 1 person every 20 minutes of every day, all year long.

HPV vaccination is the best way to protect your children from cancers caused by HPV



INFECTIONS WITH HPV TYPES THAT CAUSE MOST HPV CANCERS AND GENITAL WARTS HAVE **DROPPED 71 PERCENT** AMONG TEEN GIRLS

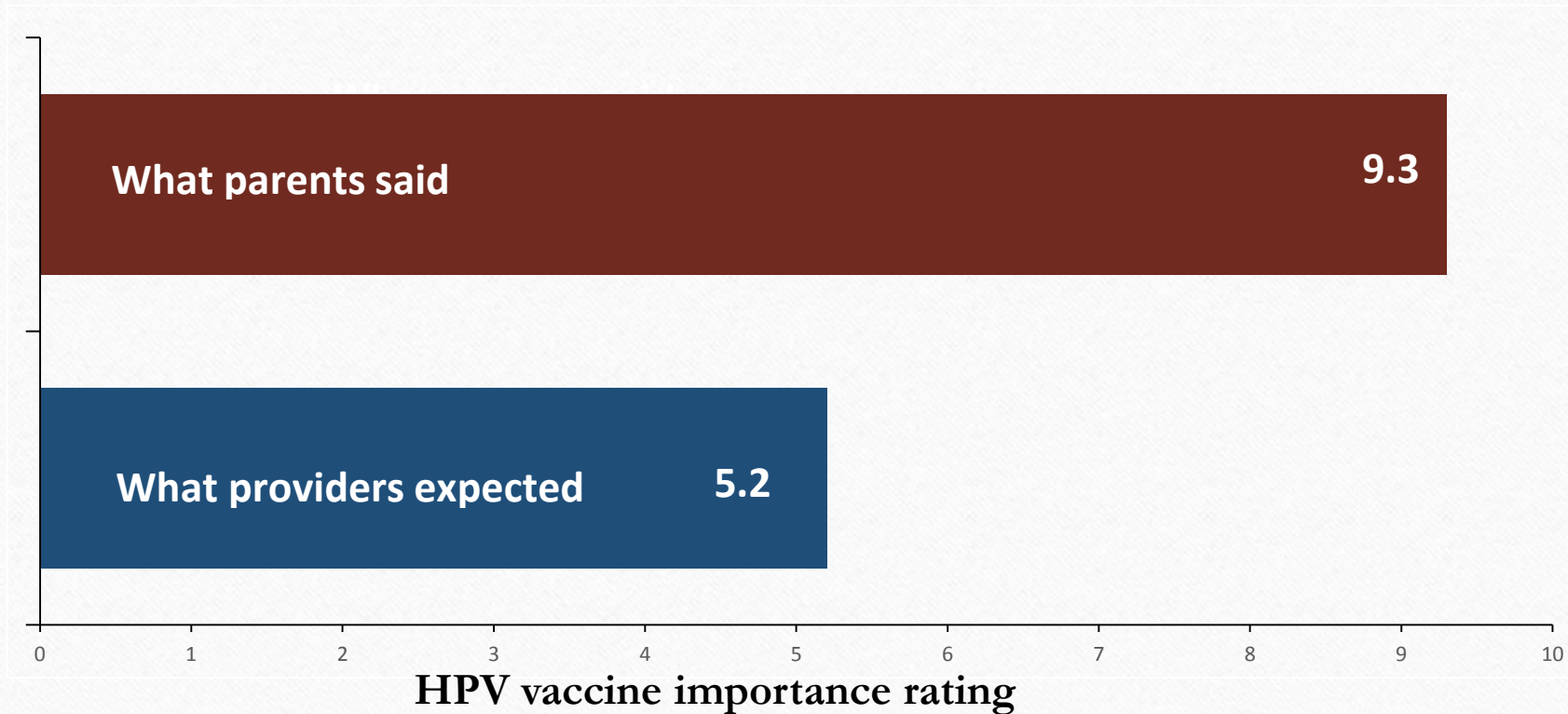
6 OUT OF 10 parents are choosing to get the human papillomavirus vaccine for their children

CDC RECOMMENDS THE HPV VACCINE AT AGES 11-12
Talk to your child's doctor about HPV cancer prevention www.cdc.gov/hpv

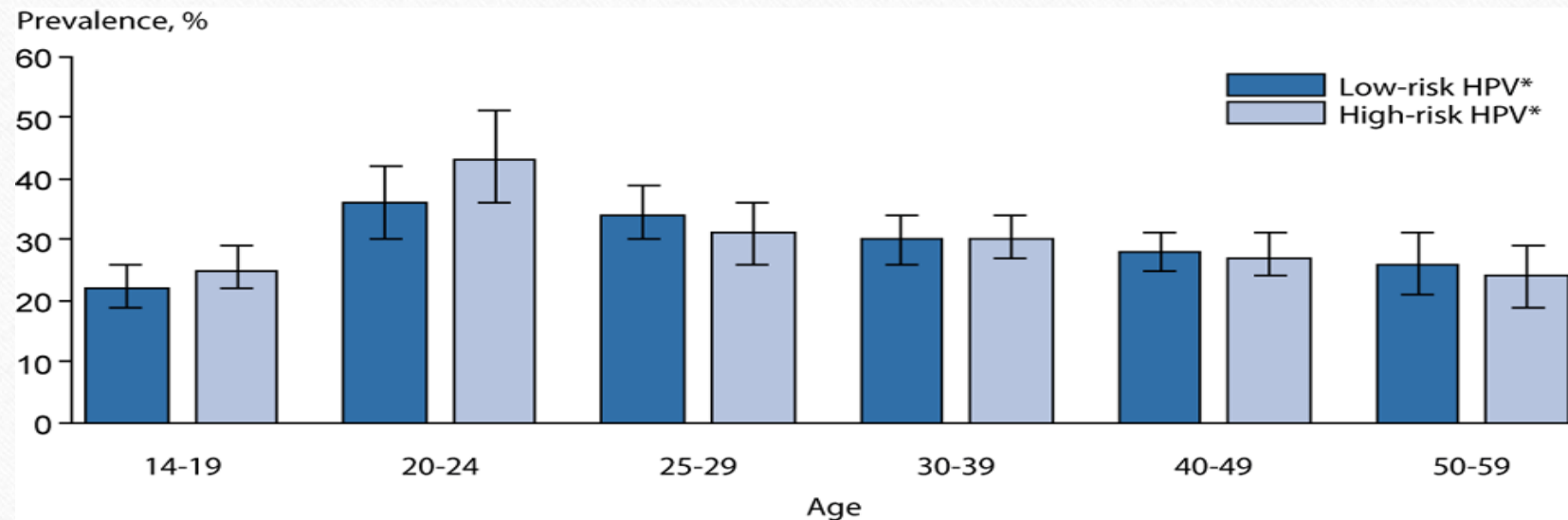


Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13-17 years, by survey year - National Immunization Survey-Teen, United States, 2006 - 2016 Source: MMWR August 25, 2017

Parents' perceived importance of HPV vaccine

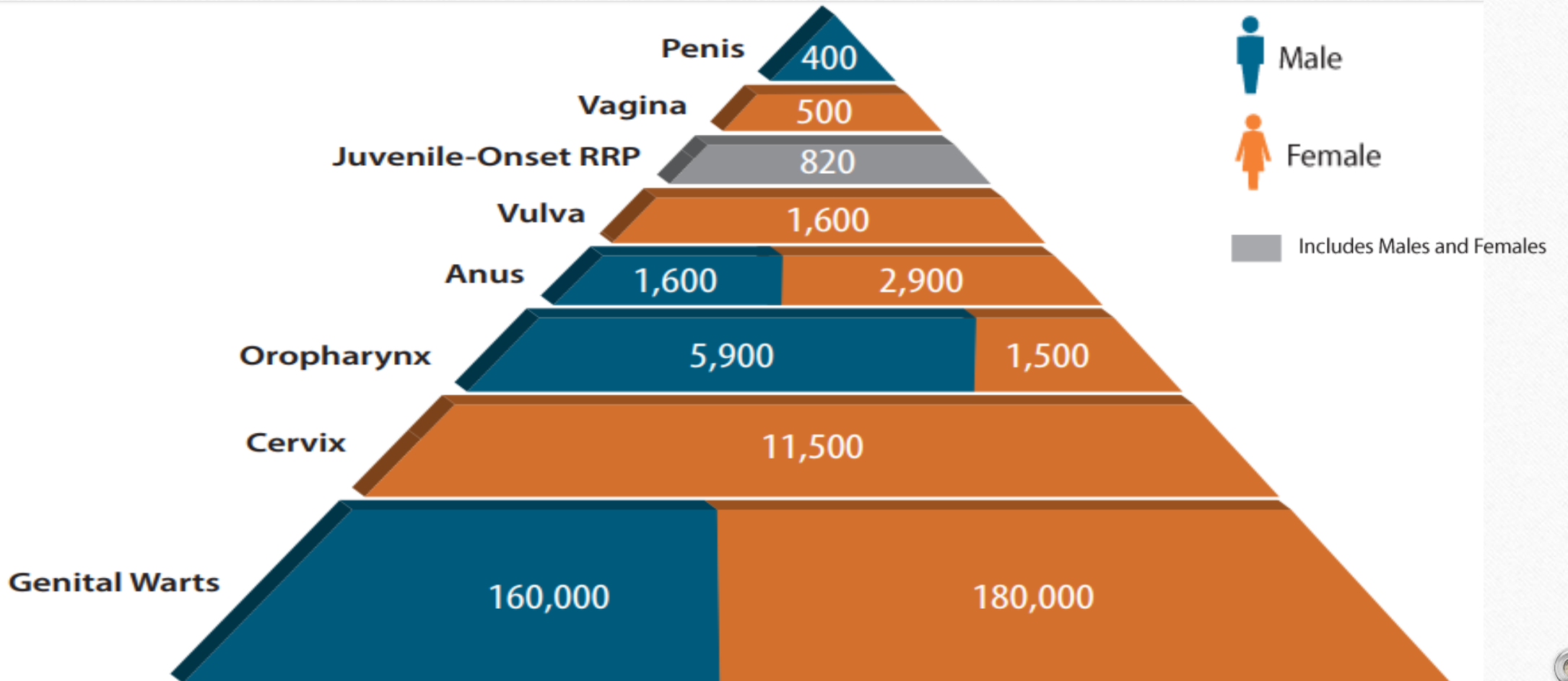


Young people are at high risk of HPV infection



Prevalence of High-risk and Low-risk Types Among Females Aged 14 – 59 Years, National Health and Nutrition Examination Survey, 2003 – 2006

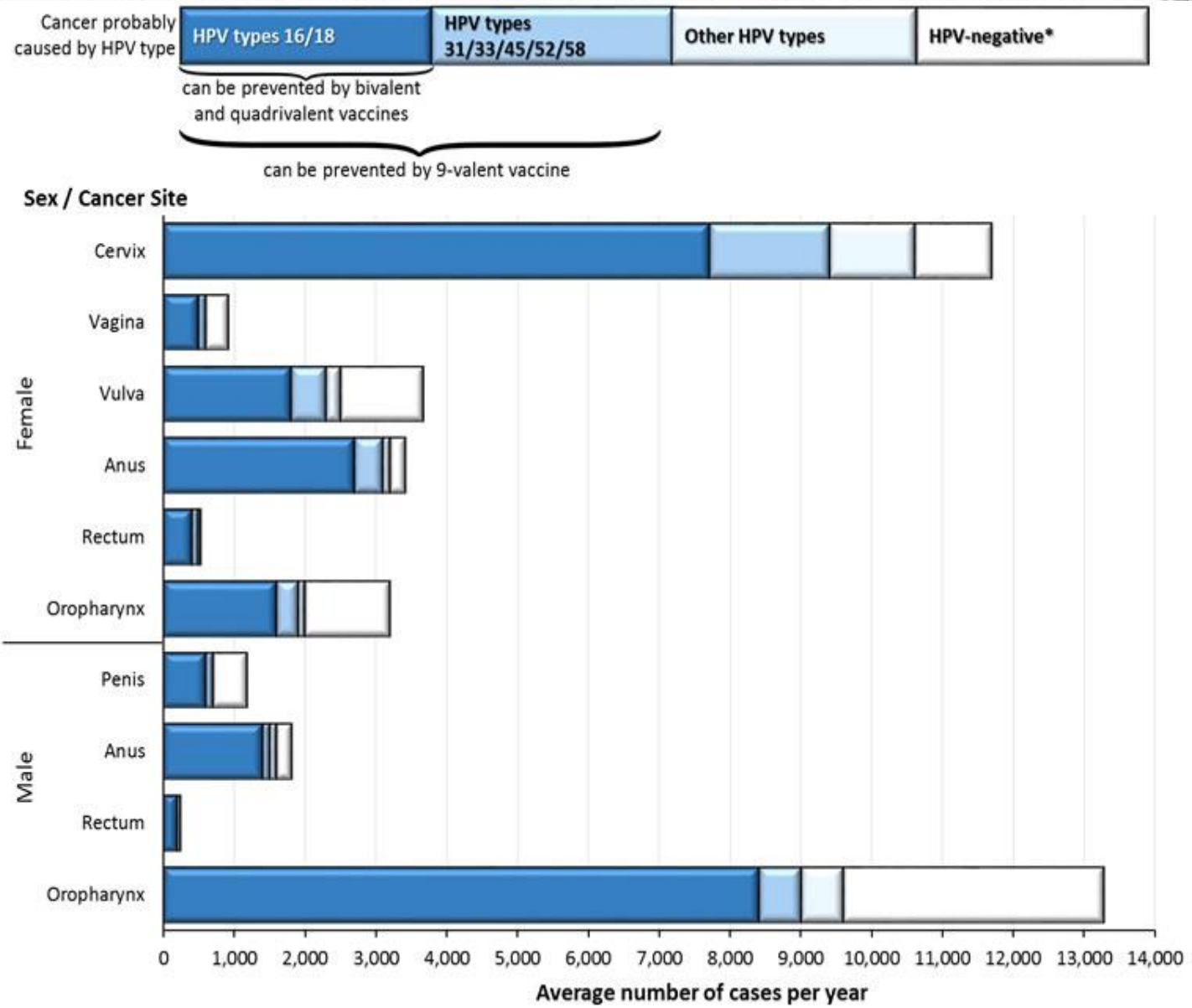
HPV disease incidence



HPV cancers

6 cancers

Rectal cancers are probably misclassified anal cancers



Adolescent Vaccine Recommendations

Many changes over the years

- 2005: Tdap, meningitis vaccines
- 2006: HPV4

FDA licensure

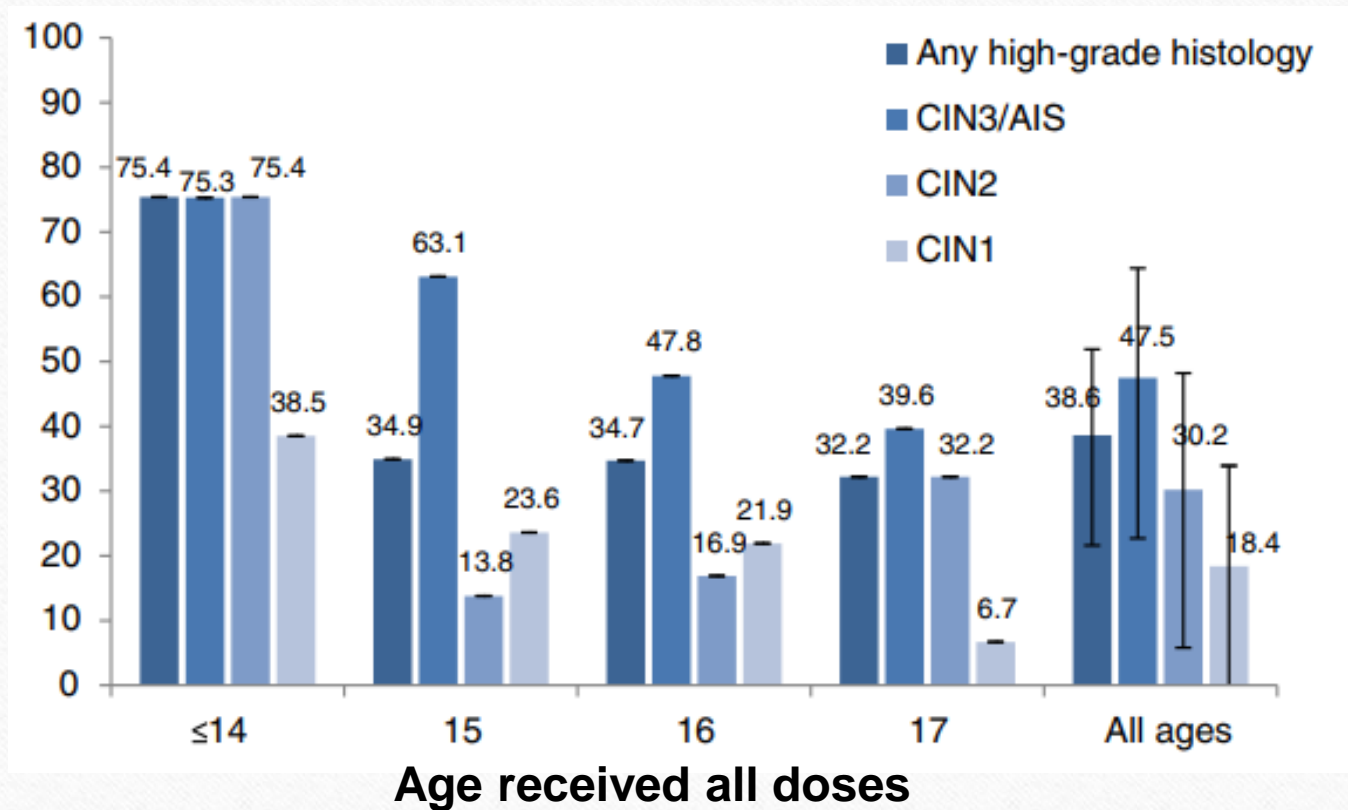
- Females: HPV4 in 2006, HPV2 in 2009
- Males: HPV4 in 2009 and 2011
- Females and Males: HPV 9
- Ages 9-26

ACIP - CDC approval

- Routine ages 11-12
- Catch-up to age 26 for females, MSM, trans, people with compromised immune systems
- Catch-up to age 21 for other males
- 2 doses: ages 9-14, 6m apart
- 3 doses: age 15+, 0m, 2m, 6m
- Not for people with yeast or other relevant allergies, pregnant women, seriously ill (e.g., 101+ fever)

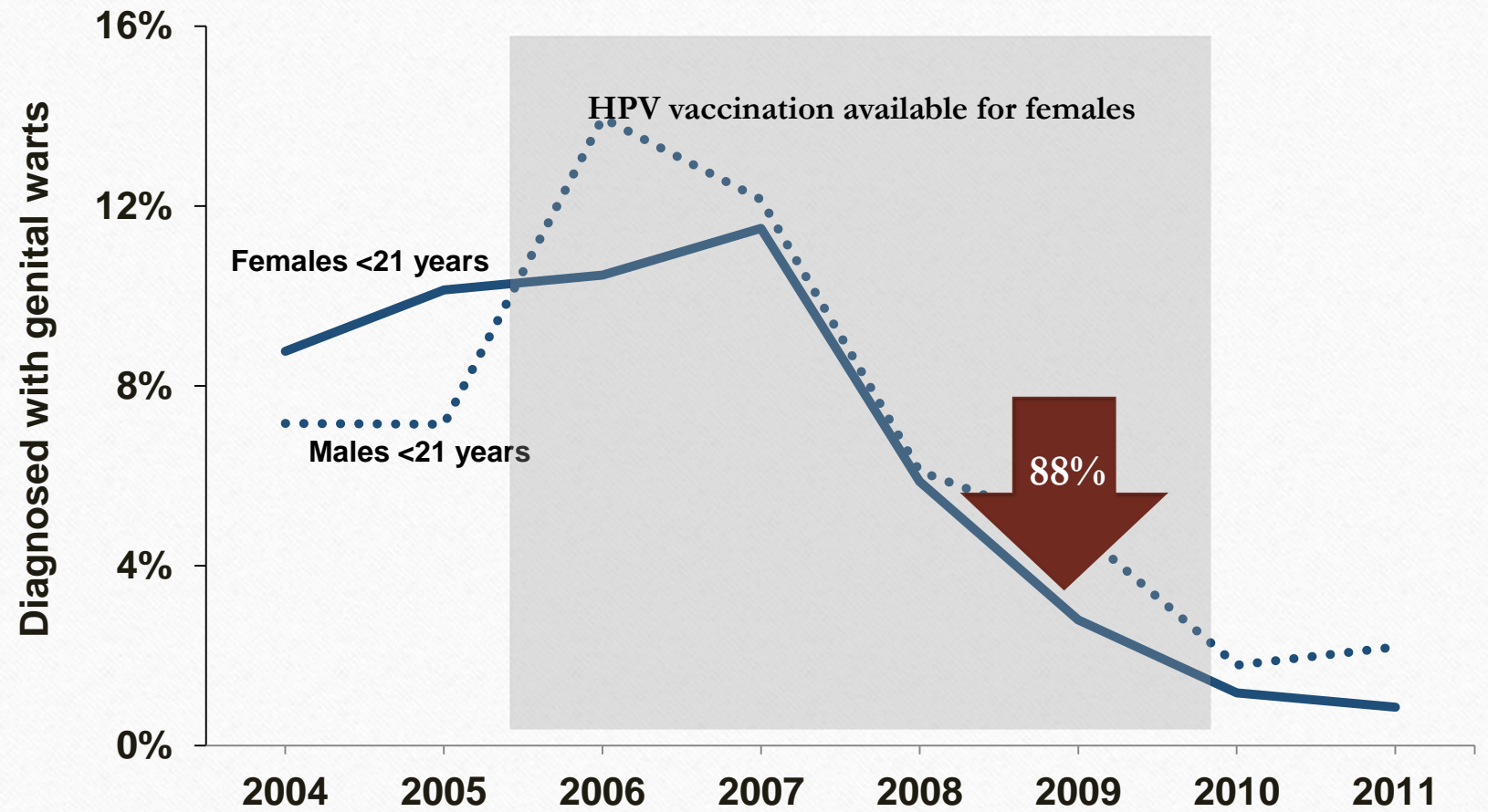
Twice as effective before age 15

HPV vaccine effectiveness



HPV vaccination impact

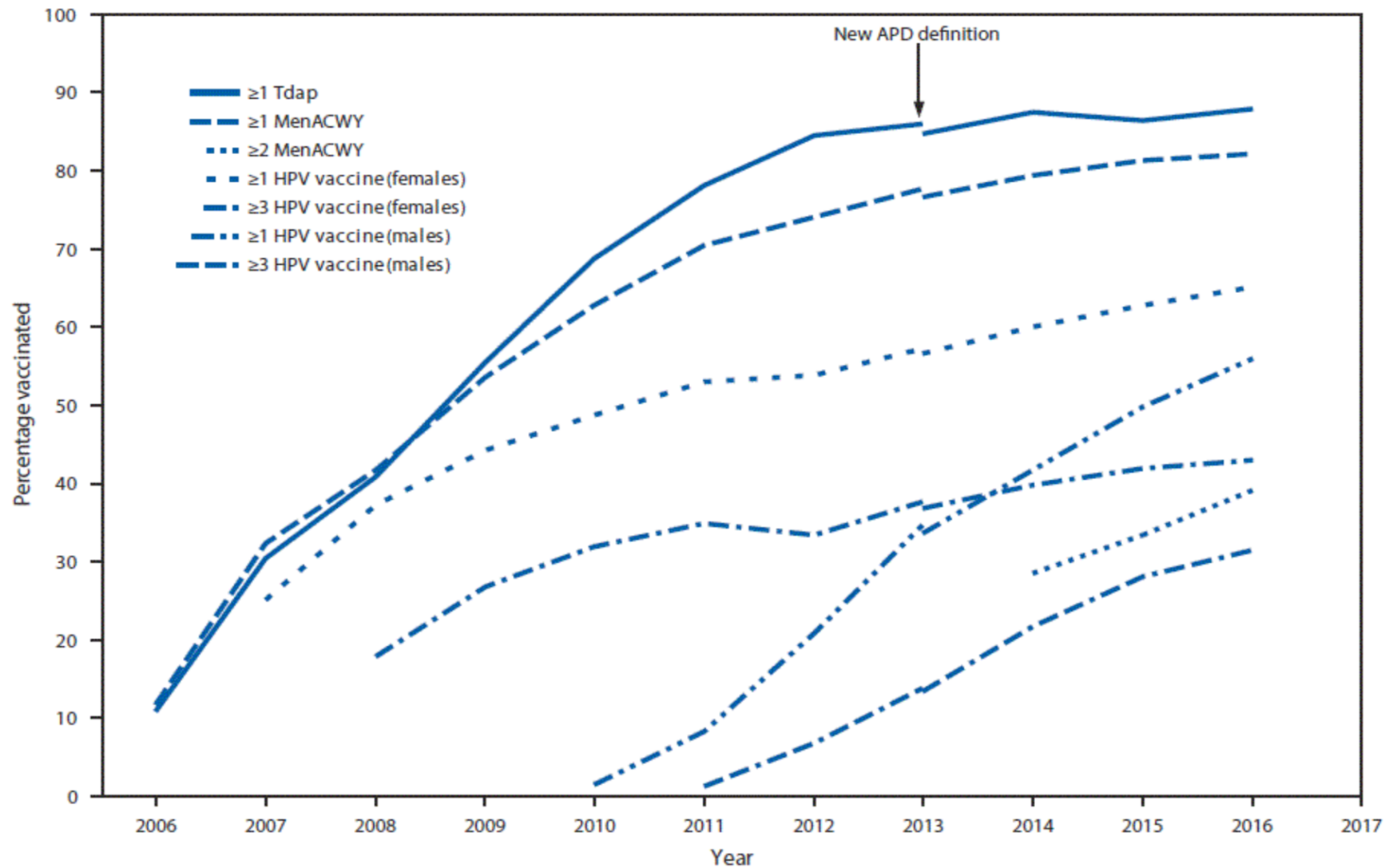
Near-eradication of genital warts in Australia



National Immunization Survey (NIS) Teen

- Graphically displayed national data
- Maryland – specific data vs. national data (see HANDOUT)

FIGURE 1. Estimated vaccination coverage with selected vaccines and doses* among adolescents aged 13–17 years, by survey year – National Immunization Survey–Teen (NIS-Teen), United States, 2006–2016†



Vaccination Coverage Among Adolescents Aged 13–17 Years, United States, 2016

TABLE 1. Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13–17* years, by age at interview — National Immunization Survey–Teen, United States, 2016

HPV ^{§§} vaccine	2016	2017
All adolescents	(N = 20,475)	(N = 21,875)
≥1 dose	60.4 (59.2–61.6) ^{¶¶}	56.1 (54.9–57.4)
≥2 doses	49.2 (47.9–50.4) ^{¶¶}	45.4 (44.2–46.7)
≥3 doses	37.1 (35.9–38.4) ^{¶¶}	34.9 (33.7–36.1)
HPV UTD ^{***}	43.4 (42.1–44.7)	NA

§§ HPV vaccine, nine-valent (9vHPV), quadrivalent (4vHPV), or bivalent (2vHPV). For ≥1, ≥2, and ≥3 dose measures, percentages are reported among females and males combined (N = 20,475) and for females only (n = 9,661) and males only (n = 10,814). *** HPV UTD includes those who received ≥3 doses, and those who received 2 doses when the first HPV vaccine dose was initiated before age 15 years and the time between the first and second dose was at least 5 months minus 4 days. ¶¶ Statistically significant difference (p<0.05) in estimated vaccination coverage by age: reference group was adolescents aged 13 years.

Vaccination Coverage Among Adolescents Aged 13–17 Years, United States 2016

TABLE 2. Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13–17 years,* by poverty level† and metropolitan statistical area (MSA)§ — National Immunization Survey–Teen, United States, 2016.

	Below poverty level	At or above poverty level
All adolescents	(n = 3,461)	(n = 16,290)
≥1 dose	70.2 (67.4 to 72.8)	57.3 (55.9 to 58.7)
≥2 doses	55.9 (52.9 to 58.9)	47.1 (45.7 to 48.6)
≥3 doses	41.9 (38.9 to 44.9)	36.2 (34.8 to 37.6)
HPV UTD†††	50.1 (47.0 to 53.1)	41.7 (40.3 to 43.1)

††† HPV UTD includes those with ≥3 doses, and those with 2 doses when the first HPV vaccine dose was initiated before age 15 years and time between the first and second dose was at least 5 months minus 4 days.

Source: CDC MMWR; Tanja Y. Walker, MPH, et. al. National, Regional, State, and Selected, Local Area Vaccination Coverage, Among Adolescents Aged 13–17 Years — United States, 2016

MDAAP HPV Initiatives (2014)

- Providing value to MDAAP Members (~1200 pediatricians, NP's, dentists)
- EDUCATION and CME Opportunities (grant from DHMH)
- MDAAP Weekly Digest (posted on website and emailed to members)
 - 11 articles written by Dr. Theo Wilson (JHH Resident) and reviewed by Drs. Oscar Taube and Anne Bailowitz
- Feedback was very positive. Articles were relevant and informative. Information was in “one spot” for clinicians to use.

American Academy of Pediatrics

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Maryland Chapter

**The HPV Series: Introduction to the Human Papillomavirus (HPV)
Issue 1: March 21, 2014**

**The HPV Series: Human Papillomavirus (HPV) and Other Cancers
Issue 4: April 14th, 2014**

**The HPV Series: Research Into the Cost Effectiveness of Vaccinating Against HPV
Issue 8: June 9, 2014**

**The HPV Series: Quick Facts About HPV and the HPV vaccine
Issue 9: June 23, 2014**

MDAAP HPV Initiatives (2014-2015)

- EDUCATION/CME Opportunities (supported by National AAP educ grant)
- HPV: The Virus, Associated Diseases, and Strategies for Vaccination – Panel discussion with 3 physicians
 - Dr. Anne Bailowitz (Infectious Disease)
 - Dr. Betty Chou (Gynecology)
 - Dr. Diana Fertsch (General Pediatrics)
- Sinai Grand Rounds
 - Dr. Sharon Humiston

MDAAP HPV Initiatives (2016-2017)

- SHIFT from education/CME to QUALITY IMPROVEMENT (QI)
- SHIFT from KNOWING to DOING
- Applied for district-wide QI Project (District 3 – NJ, MD, PA, DE, WDC, WVa)
- Awarded funding for MDAAP to enroll Maryland practices into a QI Project to Improve HPV Vaccination Rates

“Hub and Spoke” QI: Improving HPV Vaccination Rates in AAP District 3

- Idea launched at District 3 meeting in Annapolis (June 2016)
- Monthly District 3 calls to discuss organization of QI (Sept – Dec 2016)
- Chapter experience with QI methodology varied
- NJ had the past experience, capacity, and infrastructure to serve as the “Hub” and the individual Chapters would be the “Spokes”
 - Aldina Holve (Director of Special Projects, NJAAP) enrolled as Hub
 - Coaching from National AAP regarding data Collection through EQIPP Module



Immunizations
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Communicating with
Families

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Practice Management,
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Communication

HPV

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Immunizations

Hub and Spoke Initiative

What is Hub-and-Spoke?

The AAP used the Hub-and-Spoke Model of Improvement to teach, pediatricians across specialties, within AAP districts, quality improvement (QI) methodology. Pediatricians then applied it to projects in their own practices and institutions to build state/regional capacity for improvement. The goal was to build a critical mass of pediatricians trained in QI with the goal of improving children's health across a region on any given topic area.

The purpose of the AAP 5-year cooperative agreement is to raise immunization rates by creating and executing coordinated and connected action-based programs that aim to measurably increase the proportion of pediatricians who implement best immunization practices (per CDC and *TheCommunity Guide*). The AAP effort will be devoted to building sustainable peer-to-peer and quality improvement (QI) networks for immunization education and increasing vaccination coverage by disseminating professional education and tools designed to aid pediatricians and their office staff to: (1) consistently make strong HPV vaccine recommendations, (2) effectively address parental questions, and (3) implement HPV vaccination-related quality improvement efforts (eg, decrease missed opportunities, use reminder-recall). To enhance the AAP's national reach to pediatricians, the project team will work to form sustainable external partnerships and increase internal prioritization to improve HPV vaccination rates.

RESOURCES

The Immunization Schedule

New for 2018! Click here for the current schedule recommended by the CDC, AAP, AAFP, and ACOG.

Information for Parents

Visit HealthyChildren.org, the AAP parenting website, for information for families about immunizations.

Tools for Vaccine Conversations

The CDC offers Provider Resources for Vaccine Conversations with Parents, to help you navigate communication with parents.

THE LATEST ON IMMUNIZATIONS

Immunization Initiatives Newsletter

Check out our newsletter for the latest on immunizations.

Logistics of QI Project

- Create Timeline
 - Didactic Sessions
 - Networking Sessions
 - PDSA cycles for QI
- Recruitment Materials
 - Talking points
 - Requirements for practice participation
 - Benefits of project participation
- Enrollment

IMPROVING HPV IMMUNIZATION RATES
PREVENTING HPV CANCERS

2017 Webinar Schedule

- January** **31 @ Noon**
Kick-off Webinar
Practice commitment & responsibilities; AAP commitment & responsibilities; MOC requirements; project goals; practice readiness assessment; schedules & timetables; Q&A; EQIPP
- February** **22 @ Noon**
Changes in ACIP Recommendations (Meg Fischer, MD) & Networking Session: Coaching, peer-to-peer sharing successes/challenges
- March** **22 @ 12:30 PM**
Networking Session: Coaching, peer-to-peer sharing successes/challenges
- April** **26 @ 12:30 PM**
Topic TBD & Networking Session: Coaching, peer-to-peer sharing successes/challenges
- May** **24 @ 12:30 PM**
Mid-Point Networking Session/review of aggregate data, coaching, peer-to-peer sharing successes/challenges
- June** **28 @ 12:30 PM**
Topic TBD & Networking Session: Coaching, peer-to-peer sharing successes/challenges

MDAAP QI Project Design

- Recruit 4 – 5 practices across the state from diverse communities (geography and SES)
- Support from MDAPP Executive Director/staff (practice visits, education regarding use of EQIPP module, logistics for webinars, data collection, receipt of MOC/CME credit, etc)
- Host 1 – 2 HPV CME events in more remote regions of state to spread the work of the QI beyond the practice participants

EQIPP Module

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of Pediatrics



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Early Career

Pediatric Trainees

Medical Students

International

HealthyChildren.org

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Immunizations

Quality Improvement

Learn Quality Improvement (QI) basics and AAP QI programs.



EQUPP Module - Immunizations

View a video to learn more about the Education in Quality Improvement for Pediatric Practice (EQIPP) module, which offers MOC credit.

RESOURCES

The Immunization Schedule

New for 2018! Click here for the current schedule recommended by the CDC, AAP, AAFP, and ACOG.

Information for Parents

Visit HealthyChildren.org, the AAP parenting website, for information for families about immunizations.



Now a Member Benefit!

Earn MOC Part 4 Credit

What Participants Say

EQIPP for Residents

EQIPP courses are included with AAP membership!

[Click here for more info about the many exciting benefits of AAP membership. >>](#)



Log In

[Don't know your login?](#)

[Forgot your password?](#)

Submit

Available Courses - *Click a title to view details and register*

Course Name ▲	Tracks ?	CME Credits ?	Expiration Date ?
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No data available in table

Coming Soon

Select course(s) and click [Notify Me](#) to receive an email when a course is available

- EQIPP: Bronchiolitis
- EQIPP: GERD
- EQIPP: Growth Surveillance

Notify Me



Helping You Improve Care for Children

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EQIPP: Immunizations

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▼ Getting Started with the Clinical Guide

- ▶ Develop Effective Office Practices to Increase Your Immunization Rates
- ▶ Address Vaccine Hesitancy
- ▶ Implement Reminder Recall System
- ▶ Manage Catch Up Schedule
- ▶ Adolescent Platform
- ▶ Know Your Costs to Immunize
- ▶ Influenza

 [List of Assessments](#)

Key Clinical Activities

Case Studies

[Clinical Guide](#)
[Key Clinical Activities](#)

[Add to My Learning Plan](#)

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Getting Started with the Clinical Guide

The Clinical Guide helps acquaint you with the key clinical activities – what they are, why they are important, and how to provide optimal care delivery. Here you will find relevant background information that includes evidence-based guidelines, scientific recommendations, best practices, related tools and resources, and more.

Assessments are available at the end of each Key Clinical Activity. They are designed to measure achievement of stated course objectives and to demonstrate understanding of the recommended guidelines for the clinical topic.

Successful completion of assessments (a passing score of 70%) earns CME Enduring Materials Credit. You may complete an assessment for one or all key clinical activities. For maximum credit, complete all assessments for all key clinical activities. Enduring Material CME credit can only be claimed once for this activity.

The List of Assessments button, within the Key Clinical Activities tab, can be clicked to view your completion status of each assessment within the course.

EQIPP: Immunizations

[Course Introduction](#)[19-23 Month](#)[Adolescent](#) ✓

My Improvement Project | Adolescent

Baseline Data *

Cycle 1 *

Cycle 2 *

Completed

Completed

Completed (for credit)

* Completion Required to claim credit

[CONTINUE: Create Aim Statements | Follow-up Cycle #2](#)

Clinical Guide: Key Clinical Activities

[Develop Effective Office Practices to Increase Your Immunization Rates](#)

Completed

[Address Vaccine Hesitancy](#)

Completed

[Implement Reminder Recall System](#)

In Progress

[Manage Catchup Schedule](#)

[Adolescent Platform](#)

[Know Your Costs to Immunize](#)

[CONTINUE:](#)

- ▶ Getting Started with the Clinical Guide
- ▶ Develop Effective Office Practices to Increase Your Immunization Rates

- ▶ Address Vaccine Hesitancy

- ▶ Implement Reminder Recall System

 - Introduction

 - **Role of Reminder Recall Systems**

 - Reminders for Parents and Patients

 - User Recall Logs

 - Computerized and Non Computerized

 - Effectiveness of Reminder Recall Systems

 - Integrating a Reminder/Recall System With Other Effective Practices

 - Protocol for Catch Up on Multiple Immunizations

 - Quality Improvement

 - Summary

 - Assessment

- ▶ Manage Catch Up Schedule

- ▶ Adolescent Platform

- ▶ Know Your Costs to Immunize

Key Clinical Activities

Case Studies

Key Clinical Activities Implement Reminder Recall System

[Add to My Learning Plan](#)[Add to My Bookmarks](#)

Role of Reminder Recall Systems

Reminder/recall systems are most beneficial in increasing immunization rates when used in the following circumstances:

- [Upcoming vaccine appointment](#)
- [Flu vaccination](#)
- [Vaccine missed because of temporary contraindications](#)
- [Vaccine catch-up schedule \(for new vaccine recommendations\)](#)
- [Vaccine shortages and delays](#)

Besides techniques that target parents, staff reminders are another means to improve immunization rates through simple, time-efficient techniques.

Does your office use an immunization information system (IIS) (formerly called a vaccine registry or an immunization registry) to enter data on all patients?



Consider This

An IIS can be time-consuming for a practice, unless you have an automatic download from an EMR. Nevertheless, it (or the EMR itself) can offer opportunities to analyze practice data and identify patients who have not completed the recommended series of vaccines. An IIS also can help practices identify patients who may have received a vaccine elsewhere, preventing unnecessary reimmunization.

EQIPP Team and Data Collection

- MDAAP “Spoke”
 - 5 practices recruited (1 dropped out)
 - Total of 19 providers enrolled
- Audit total of 20 charts per provider (10 for 13 yr olds and 10 for 16-17 yr olds)
 - Identify and enroll a team member to audit charts
- Ages of 13-17 yr old were selected to align with NIS data
 - Change from 3 dose HPV series to 2 dose series occurred just before the QI
 - EQIPP module was not updated until the middle of the QI
 - Data was only collected on the 4-valent Meningococcal vaccine and not the Men B vaccine

EQIPP: Immunizations - (Track: Adolescent Platform)

Patient name: _____

Directions: Use this tool for the next 20 charts of patients seen in your office.

Ten charts for 13 year olds

Ten charts for 16-17 year olds

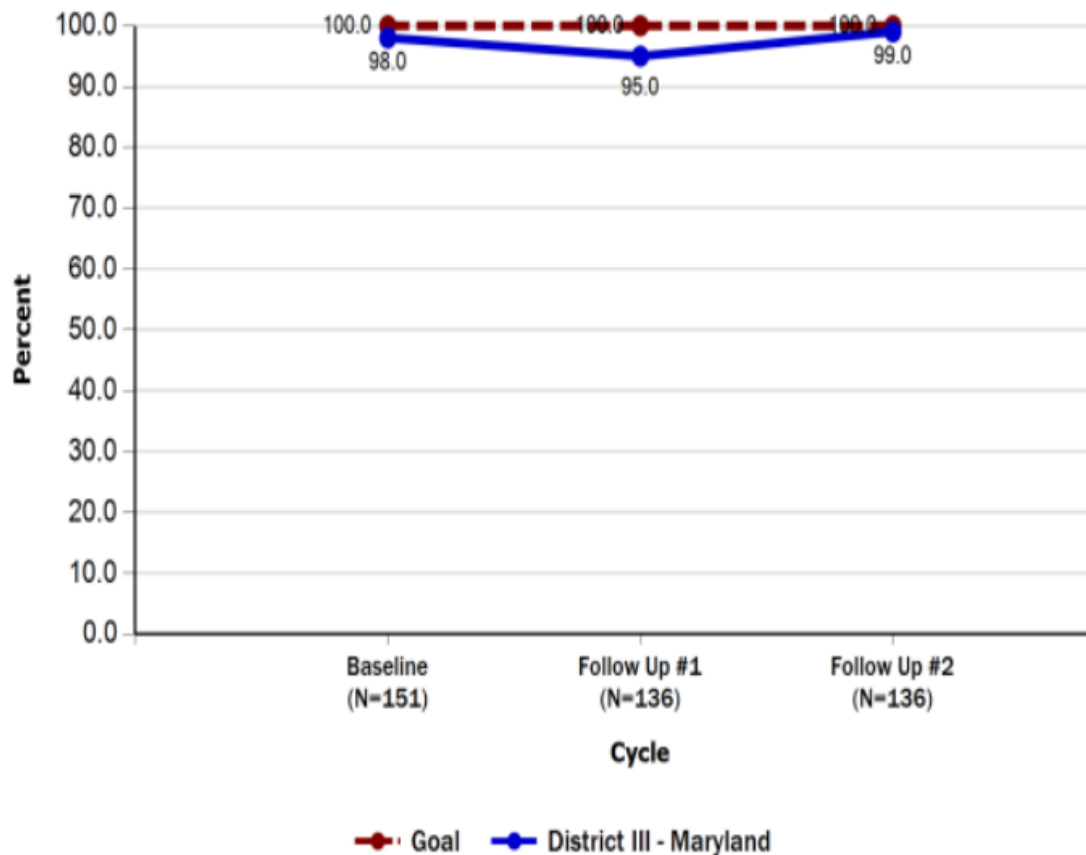
The ages of 13 – 17 year olds were chosen to align with National Immunization Survey (NIS) data for benchmarking. This is to help identify areas in practice that could be improved and lead to fewer missed opportunities.

NOTE: EQIPP does not record any patient identifying information. You may enter it here for your own record-keeping purposes. No one sees these results but you. This chart review is not punitive. What you, the user, choose to do with the results is up to you. Critically examine your office's immunization practices and make changes to improve your immunization rates.

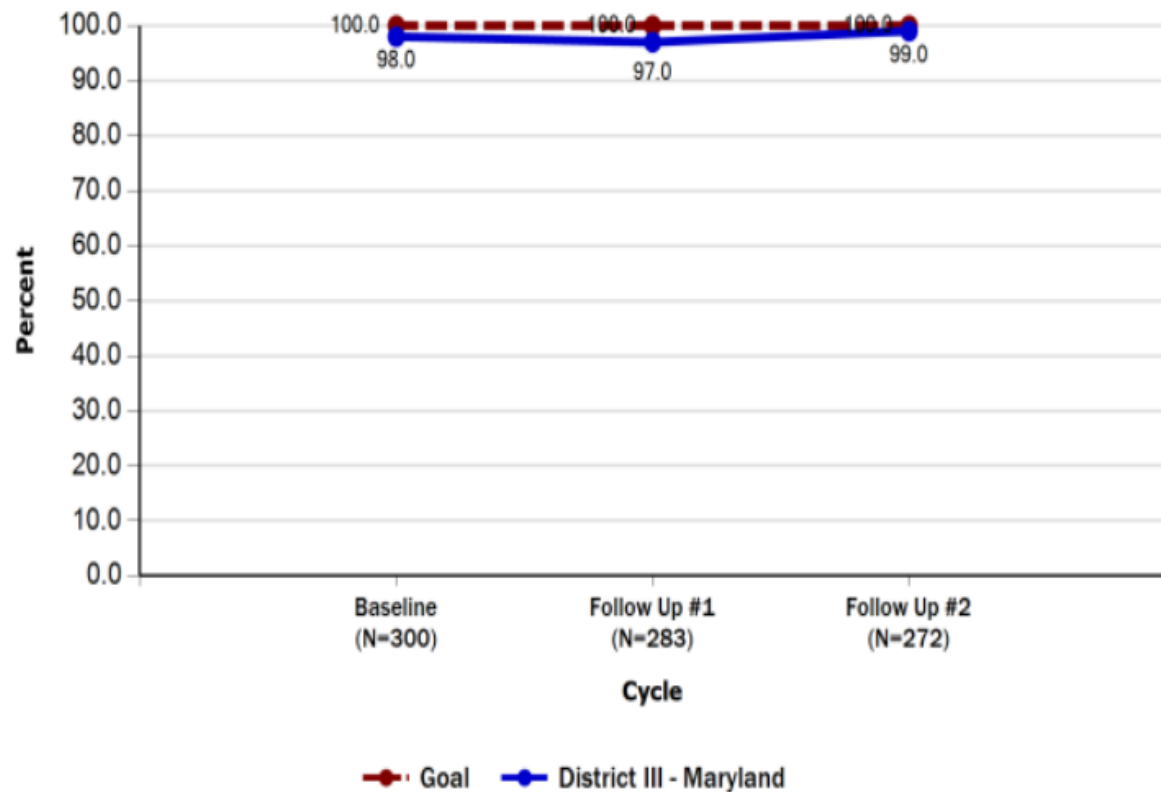
Patient Demographics		Circle the appropriate age and gender for this chart	
1.	Age	13 years	16-17 years
2.	Gender	Male	Female

		Yes	No	Unable, due to parent refusal	Unable, due to vaccine shortage or acceptable medical contraindications	Unable, dose not due
3.	Does an easily accessible immunization record exist in the patient's medical record?					
4.	For 13 year olds: Has the patient received the Tdap vaccine (1 dose)?					
5.	Has the patient received the following Meningococcal doses:					
	5a. 1 dose Meningococcal					
	For 16-17 year olds: 5b. 2nd dose Meningococcal					
6.	Has the patient received the following HPV vaccine series?					
	6a. 1 dose HPV					
	If yes to 6a: 6b. 2nd dose HPV					
	If yes to 6b: 6c. 3rd dose HPV					
7.	If yes to 6c: If HPV series completed, was this done by 13 years of age?					
8.	Has the patient received the Influenza Vaccine in the past 12 months?					

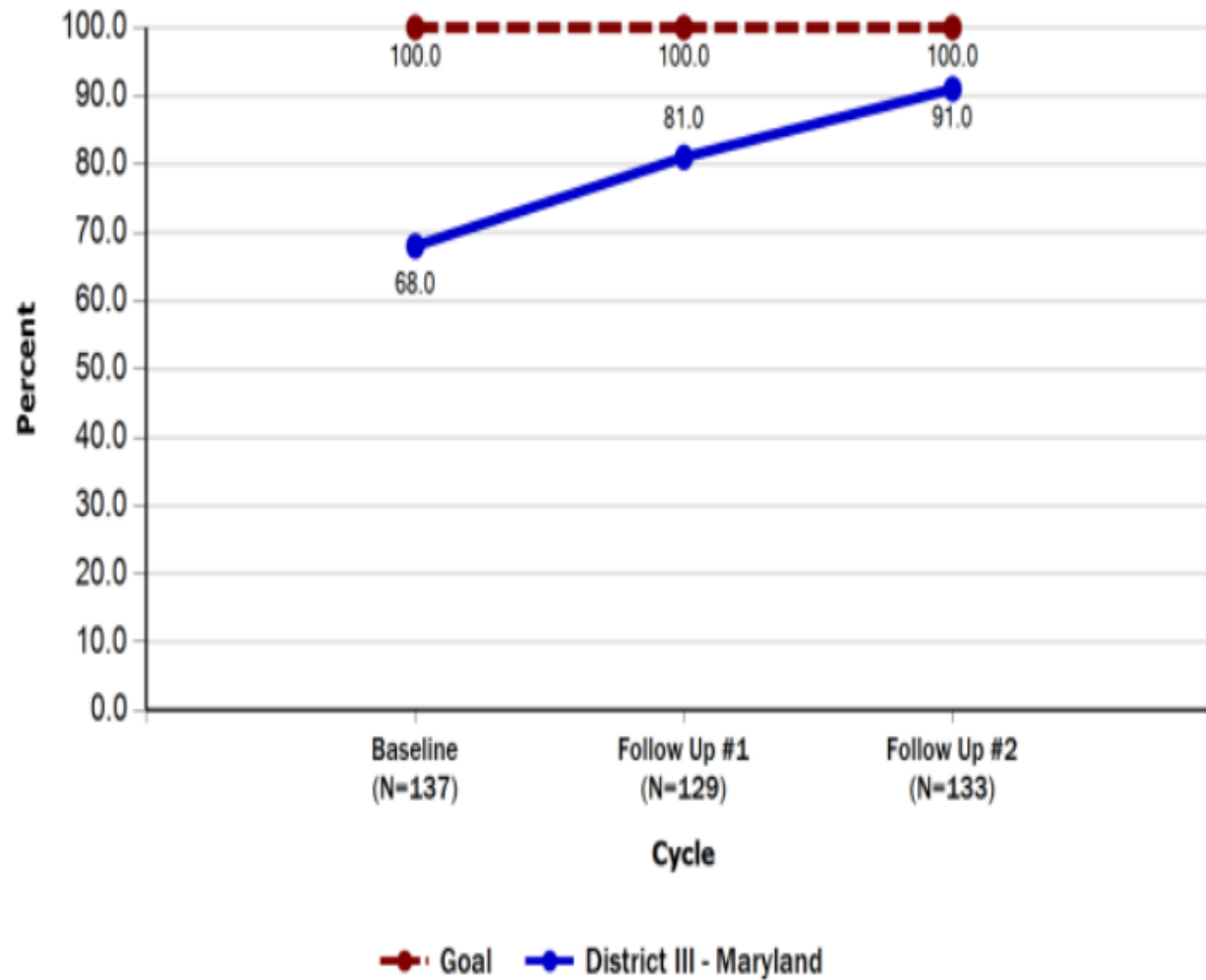
% of 13-year-old patients having completed Tdap vaccine (1 dose)



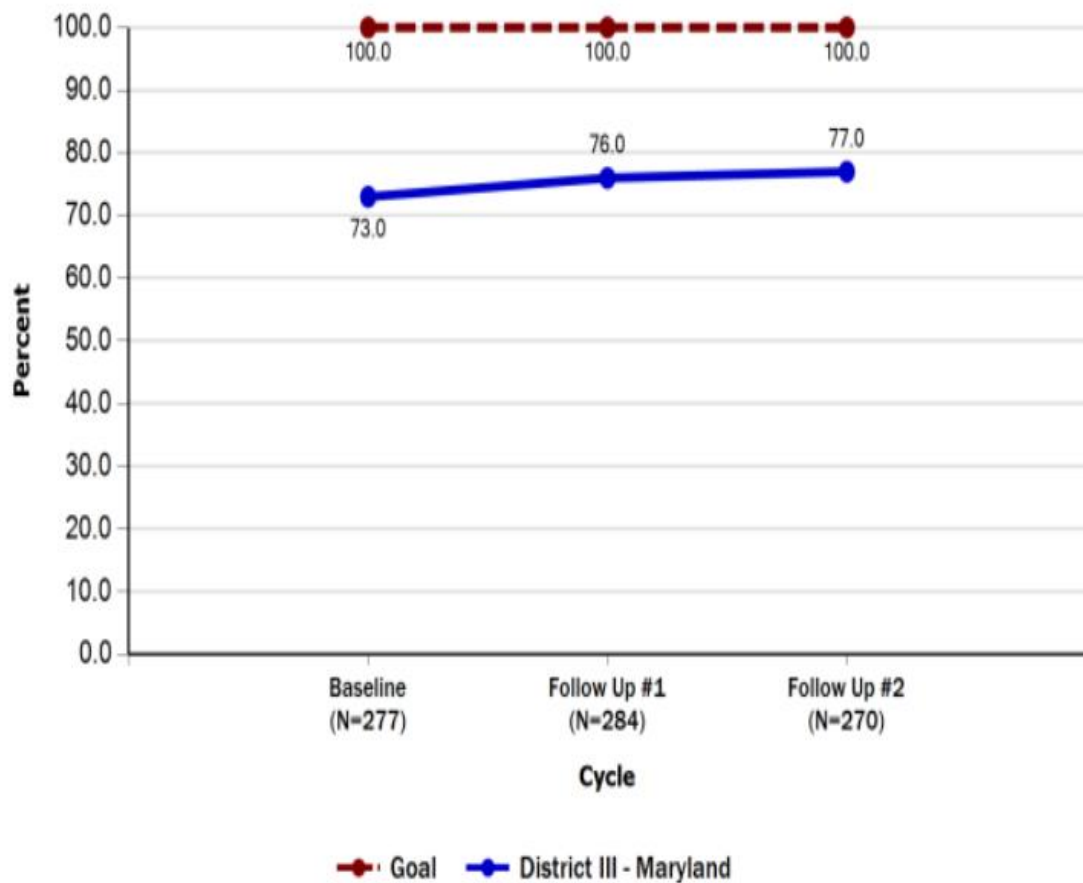
% of patients having initiated the Meningococcal vaccine series (1st dose)



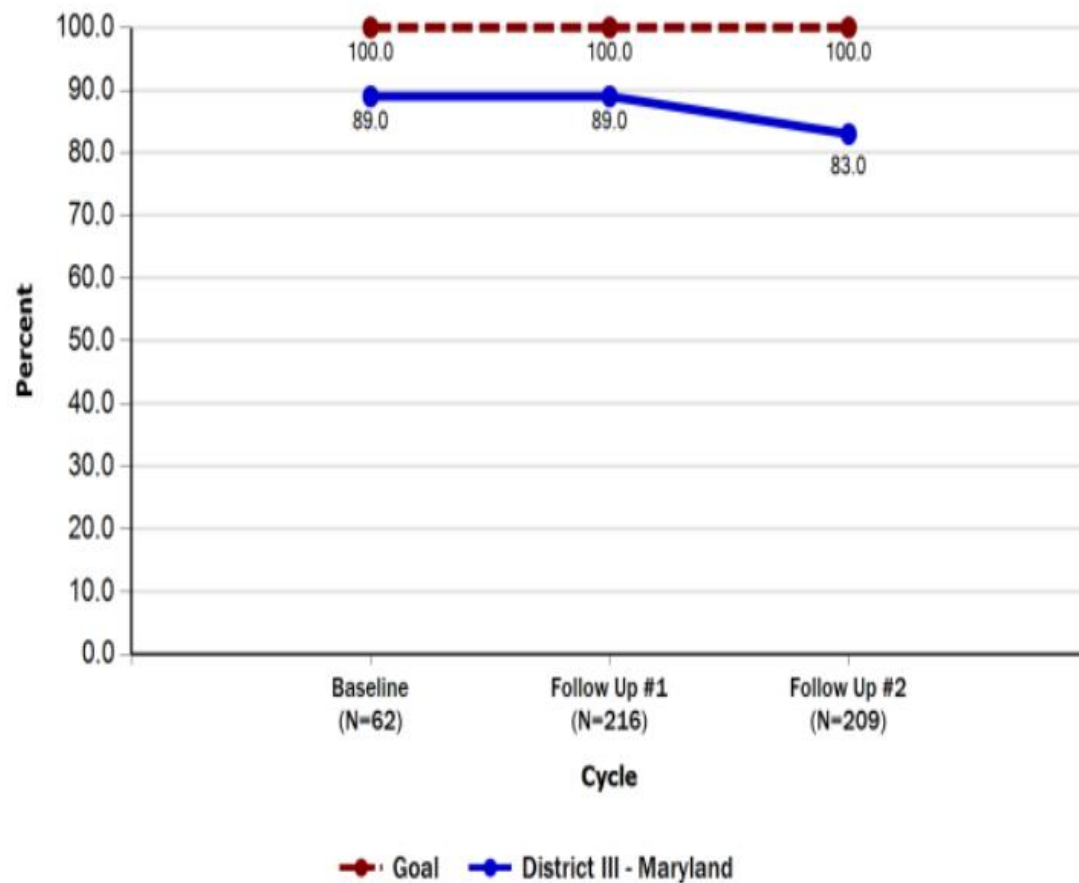
% of 17-year-old patients having completed the Meningococcal 2 dose series



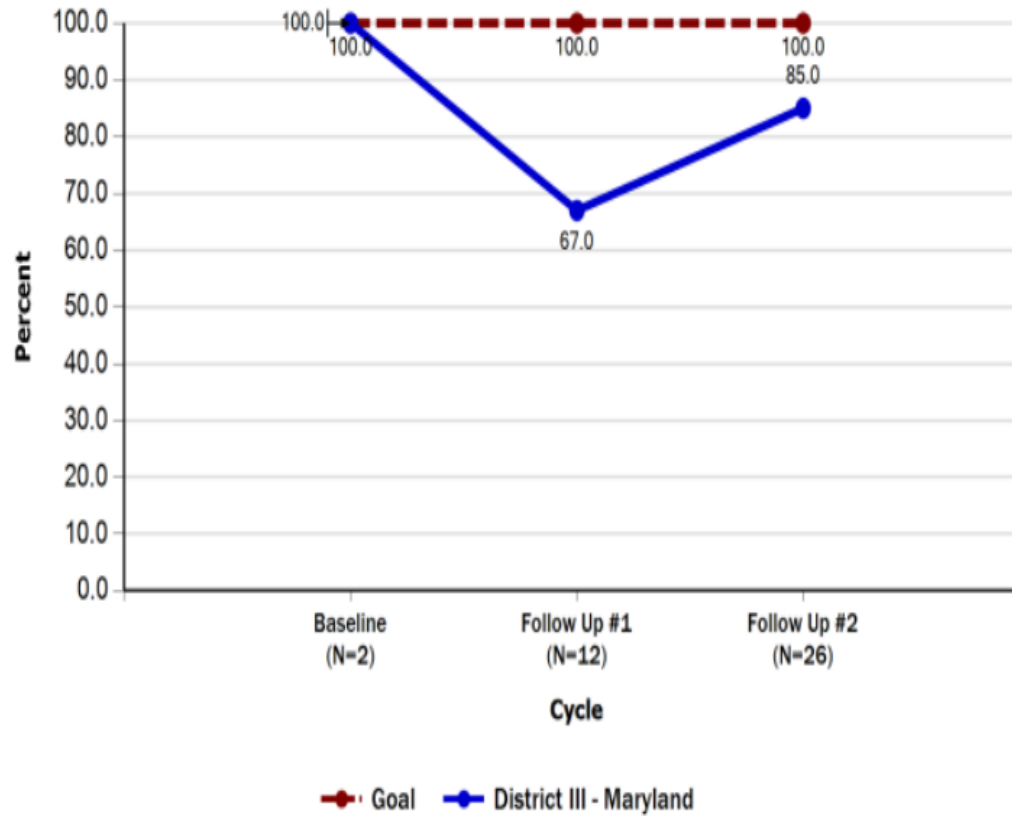
% of patients having initiated HPV vaccination series (1st dose HPV)



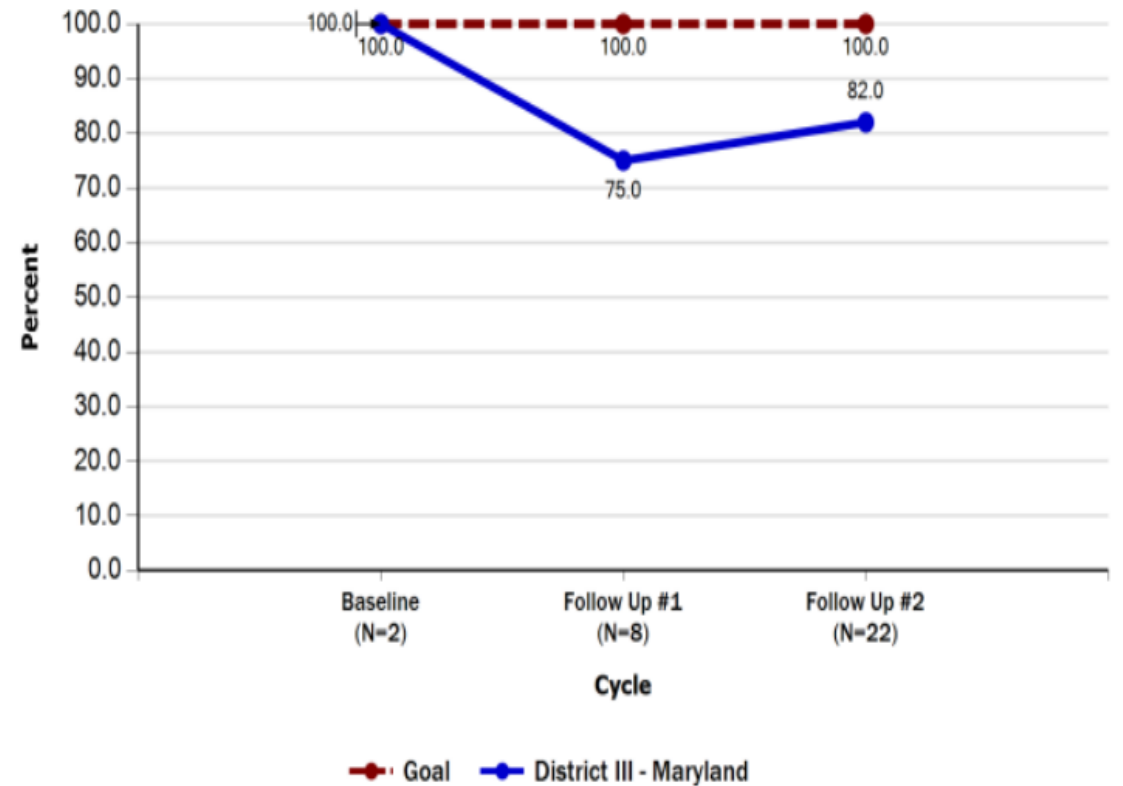
% of patients having initiated HPV vaccination series before age 15



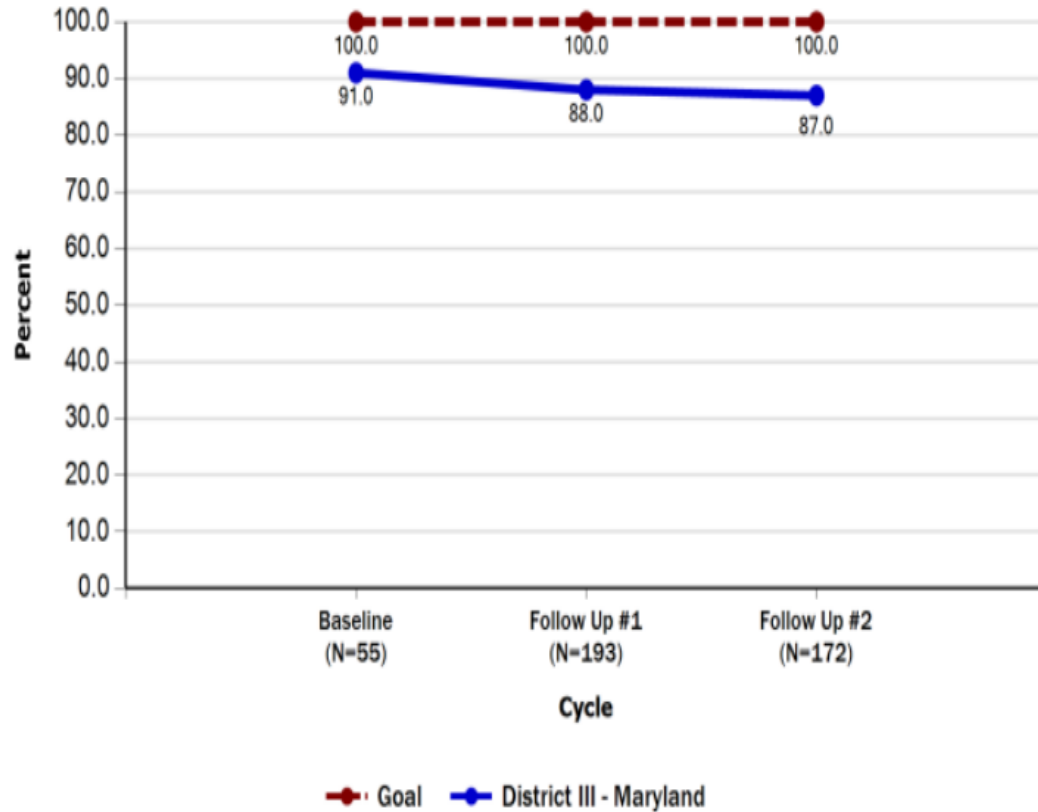
% of patients who initiated HPV vaccination series at age 15 years or older, that completed 3 dose series



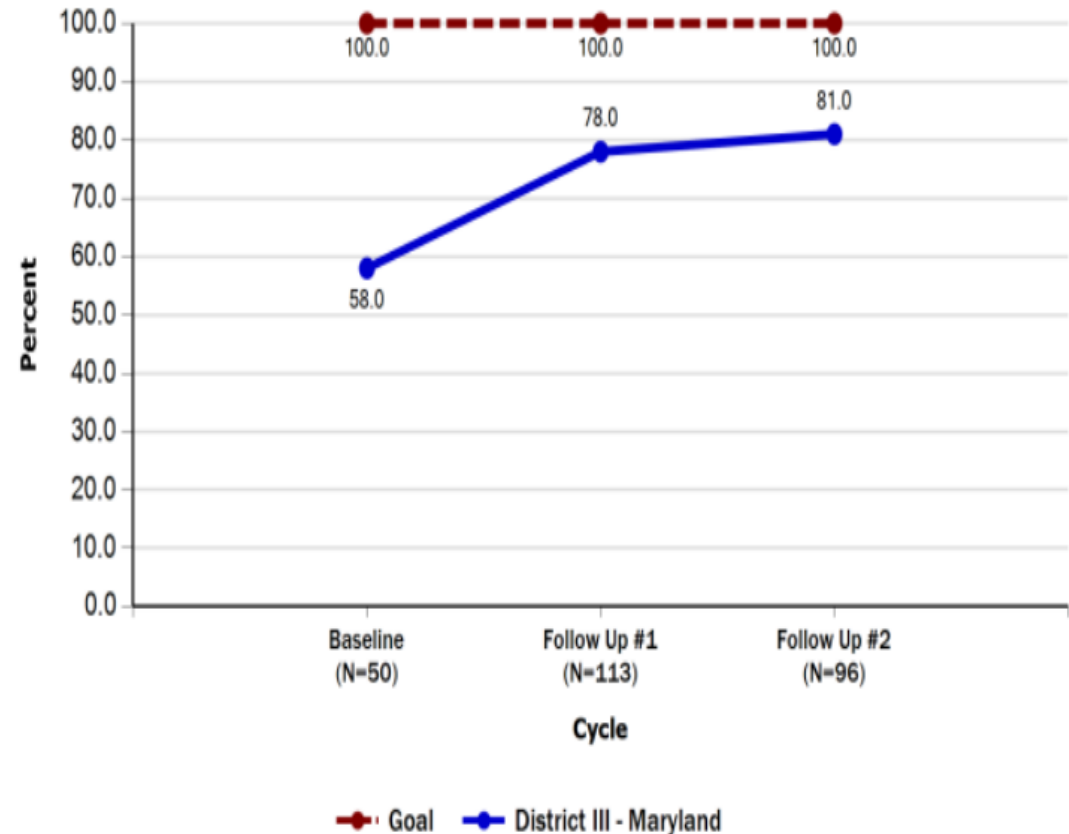
% of patients who initiated HPV vaccination series at age 15 years or older, that completed 3 dose series within recommended timeframe



% of patients who initiated HPV vaccination series before age 15, that completed 2 dose series



% of patients who initiated HPV vaccination series before age 15, that completed 2 dose series within recommended timeframe



Lessons Learned: Successes

- Chapters that implemented a district wide or multi-state project, reported feeling supported and found the collaboration to be beneficial, especially for those implementing a QI project for the first time.
- Chapters considered EQIPP as a great opportunity to start their QI journey and provide MOC credit to participants. It was seen as a valuable benefit to the chapters' members.
- Participants found EQIPP to be user friendly.
- Among all EQIPP participants, the percentage of patients who initiated the HPV vaccination series at age 15 years or older who completed the three-dose series saw an increase, and the percentage of patients who initiated HPV vaccination series before age 15, who completed the two-dose series within the recommended timeframe saw an increase.
- It was noted that numerous participants across all QI projects utilized CDC HPV posters in the waiting and/or exam room to get the conversation started with parents and adolescents

Lessons Learned: Challenges

Provider engagement:

- Chapters reported that providers have QI and/or HPV fatigue and had issues recruiting for the project.
- Chapters reported that once providers and/or clinics were recruited there was an issue with keeping the providers engaged in the project.

National AAP Initiatives

- HPV Champion Toolkit
- Project ECHO



[HPV](#)

[HPV Champion Toolkit](#)

[Hub and Spoke Initiative](#)

[Change Template on HPV Vaccine](#)

[HPV Vaccine Resources](#)

HPV VACCINE IS CANCER PREVENTION

HPV Champion Toolkit

This toolkit has the best resources available to help you:

- Educate other healthcare professionals
- Discuss HPV vaccination with parents
- Make necessary changes in your practice to improve HPV vaccination rates.

By focusing on ways you can make changes that will lead to improved HPV vaccination rates, YOU are an HPV champion.

BCU Webinar for CME/MOC Credit

This webinar discusses the diseases and cancers caused by HPV, the safety and effectiveness of currently available HPV vaccinations, rationale for the two dose schedule and effectiveness of early vaccination, as well as evidence-based recommendations for improving HPV vaccination rates.

[View now](#)



Project ECHO[®]

- Hub and Spoke model
 - Hub: regional center where multidisciplinary team of subject matter experts is located
 - Spoke: community partner site at which individual or team of learners is located
- Designed to create knowledge networks and build capacity; bi-directional learning community
- Does not create a provider-patient relationship
- Each clinic session is comprised of:
 - Didactic lecture presentation
 - De-identified case presentations

AAP HPV ECHO

- Aim is to improve HPV vaccination series initiation and/or completion and reduce missed opportunities rates in practices utilizing the ECHO model.
- Participation:
 - Selected via a ‘Call for Proposals’, three AAP Chapters (AZ, NJ, OR) were awarded to participate and given the task to recruit between 2 and 4 practices each.
 - QI team members (physicians, nurses, medical assistants, support staff etc.)

Practice Resources

CDC A-Z INDEX ▾

For Parents: Vaccines for Your Children

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Protect Your Child at Every Age

HPV Vaccine for Preteens and Teens



Format: Language:

Making the Vaccine Decision

Your Child's Vaccine Visit +

Fact Sheet for Parents

Diseases that Vaccines Prevent -

[Printer friendly version](#) [2 pages]

For Parents of Infants and Young Children +

Español: [La vacuna contra el VPH para preadolescentes y adolescentes](#)

For Parents of Preteens and Teens -

Why does my child need HPV vaccine?

Flu (Influenza)

This vaccine is for protection from most of the cancers caused by [human papillomavirus \(HPV\)](#) infection. HPV is a very common virus that spreads between people when they have sexual contact with another person. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause [cervical, vaginal, and vulvar cancers](#) in women and [penile cancer](#) in men. HPV can also cause [anal cancer](#), [throat cancer](#), and [genital warts](#) in both men and women.

HPV (Human Papillomavirus)

Meningococcal

Tdap

When should my child be vaccinated?

Records and Requirements

The HPV vaccine is recommended for preteen boys and girls at age 11 or 12 so they are protected before ever being exposed to the virus. HPV vaccine also produces a higher immune response in preteens than in older adolescents. If your teen hasn't gotten the vaccine yet, talk to their doctor about getting it for them as soon as possible.

Immunization Coverage in the US

HPV and Cancer



HPV Cancer Prevention

Preteens need HPV vaccine now to prevent many of the cancers caused by HPV later.

TeenVaxView Home

TeenVaxView Interactive! +

Publications and Resources

Data Sources

Objectives, Targets, and Indicators

For Specific Groups +




TeenVaxView

Vaccination is an essential part of keeping preteens and teens healthy and protected from serious diseases. Vaccines are recommended for preteens and teens to protect against diseases like whooping cough, meningococcal disease, and cancers caused by human papillomavirus (HPV). Preteens and teens should also get any vaccines they missed in childhood.

Local, state, and federal health departments use surveys and other data sources such as [immunization information systems \(IISs\)](#) to estimate vaccination coverage (the proportion of teens receiving vaccinations) and identify where additional efforts are needed to increase vaccination coverage. TeenVaxView is designed to help you access survey data collected by CDC and translate data into action.

Related Links

[ChildVaxView](#)
[SchoolVaxView](#)
[AdultVaxView](#)
[FluVaxView](#)
[Association of Immunization Managers \(AIM\) !\[\]\(9db214d549b9aeebe72aa11d3a5c4b1a_img.jpg\)](#)

TEENVAXVIEW INTERACTIVE!

Find national, regional, state, and selected local area data using interactive maps, trend lines, bar charts, tables, and more.

DATA SOURCES

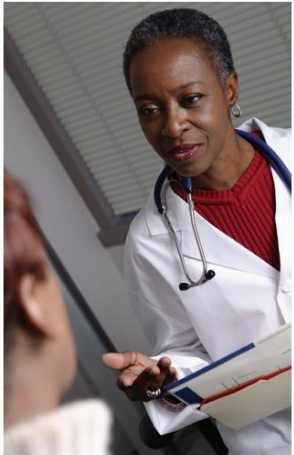
Learn how CDC estimates adolescent vaccination coverage, including where we get our data.

PUBLICATIONS AND RESOURCES

Read *MMWR* articles, reports, and presentations related to teen vaccination coverage.

OBJECTIVES, TARGETS, AND INDICATORS

Learn about the Healthy People 2020 adolescent vaccination objectives and adolescent Healthcare Effectiveness Data and Information Set (HEDIS) measures.



Steps for Increasing HPV Vaccination in Practice

An Action Guide to Implement Evidence-based Strategies for Clinicians*

*Includes pediatricians, family physicians, general internists, obstetrician-gynecologists, nurse practitioners, physician assistants, nurses, medical assistants, and their office managers



Mission:
HPV **CANCER**
FREE

Tools for Your Practice

Visit the WhatWorks webpage to access a list of general tools that focus on multiple topics that may be helpful in increasing HPV vaccination rates in your practice.

<http://bit.ly/VACsSteps>

*This guide was adapted from the **Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers**, an impactful tool created by the National Colorectal Cancer Roundtable and the American Cancer Society.*

NEW Opportunity for Maryland Practices

- UNC Gillings School of Global Public Health looking for primary care clinics that wish to participate in our study to help physicians and other providers effectively communicate recommendations for HPV vaccine
- Looking for 2 practices in Maryland who want to improve HPV rates through effective communication strategies
- Honorarium (\$100 per provider order vaccine) and CME
- Staff and office team invited
- Training will be provided at a location convenient to you (your office or local venue)
- Contact Diana Fertsch at diana.fertsch@gmail.com or Loretta Hoepfner at Loretta@mdaap.org

THANKS

