



YOU ARE THE KEY TO AN HPV FREE NV

Stakeholder Toolkit



HER DREAM IS TO BE A PILOT WHEN SHE GROWS UP

NOT A CANCER PATIENT.

The HPV vaccine is cancer prevention.

Ask your healthcare provider about getting your 11 or 12 year old sons & daughters vaccinated against HPV today.



immunizenevada.org

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WELCOME

Funded by a grant from the Centers for Disease Control and Prevention (CDC) Immunize Nevada, in partnership with The Nevada Cancer Coalition and the Nevada Division of Public & Behavioral Health, is calling you to action in the fight against human papillomavirus (HPV), a group of viruses linked to multiple types of cancer and other diseases. This call to action is driven by persistently low vaccination rates and the rapidly changing incidence of cancers caused by HPV.

Were you aware that HPV is so common that nearly all sexually active people will get HPV in their lifetime?

Although there are two safe and effective vaccines against HPV, uptake rates of the vaccines remain below average and a majority of our adolescents in Nevada are being left unprotected against HPV. In 2013, only 27% of adolescent females and 7% of adolescent males in Nevada had completed the three-dose series. These rates fall considerably short of the Healthy People 2020 objective of 80% of 13-15 year olds fully vaccinated. These low vaccination rates reveal countless missed opportunities to prevent HPV-associated cancers and diseases. The HPV vaccine is cancer prevention.

We are asking you to join us in the fight against HPV starting today. No man or woman should have to suffer or die from cancers or other diseases when the resources to protect them are available.

This toolkit is intended to provide important resources to community stakeholders from diverse settings across the state. We hope it will influence you to be an advocate for HPV vaccination. This toolkit includes materials to help you communicate with our local communities about the importance of receiving the HPV vaccine.

Over the next few months, a corresponding HPV Free NV multimedia campaign will launch throughout Nevada. We encourage you to get involved, support and share the campaign messages of HPV cancer prevention. For up-to-date information and resources, please visit www.immunizenevada.org/hpvfreenv

If you have questions, would like assistance or need additional materials, please e-mail info@immunizenevada.org or call 775-624-7117.

Thank you for all that you do to improve the health of Nevadans, and for joining this important fight for an HPV Free NV.



BACKGROUND

What is HPV?

The human papillomaviruses (HPV) are sexually transmitted viruses that cause genital warts as well as a variety of cancers including cervical, anal, and vaginal, vulvar, penile, and oropharyngeal cancers. There are over 150 known human papillomaviruses in existence and more than 40 of these viruses can be spread from person to person through direct sexual contact during vaginal, anal, and/or oral intercourse.

According to the Centers for Disease Control and Prevention (CDC), HPV is highly prevalent in the United States; currently 79 million Americans are infected with HPV, and there are 14 million new cases developing each year. HPV is so common in the U.S. that nearly all sexually active men and women will be infected with an HPV strain in their lifetime, making it the most common STD.

Why should we care?

HPV types 6 and 11, or low risk HPV, cause 90% of genital and anal warts. High risk HPV are those that have been identified in causing cancer. High risk HPV types 16 and 18 are responsible for a majority of HPV attributed cancers. Each year, about 33,000 new cases of cancer are found among areas of the body where HPV is commonly present and approximately 26,800 of these cancers are thought to be caused by HPV. Alarmingly, virtually all cervical cancers are caused by HPV infections. Additionally HPV is attributed to 91% of anal cancers, 75% of vaginal cancers, 69% of vulvar cancers, 63% of penile cancers, and 72% of oropharyngeal cancers.

How do we prevent HPV infections?

Currently there are two vaccines that have been developed and are on the market: a bivalent vaccine and a quadrivalent vaccine. The first HPV vaccine, Gardasil, was released by Merck & Co, Inc. in 2006, and the second HPV vaccine, Cervarix, was released by GlaxoSmithKline Biologicals in 2009. Gardasil is a quadrivalent vaccine, and protects against four subtypes of HPV: 6, 11, 16 and 18. Cervarix is a bivalent vaccine and protects against two subtypes HPV 16 and 18. These vaccines are highly effective in preventing infections with HPV. Both vaccines provide protection against cancer from HPV 16 and 18, which cause the majority of HPV-associated cancers. Gardasil also provides additional protection against HPV-associated genital warts caused by HPV 6 and 11. Gardasil is approved for use in males and females, but Cervarix is only approved for females. Each of these vaccines is given in a three dose series over a six-month period at 0, 2 and 6 months. The HPV vaccine greatly reduces the likelihood of getting HPV related cancers.

Who should get the HPV vaccine & When?

The Advisory Committee on Immunization Practices (ACIP) is a committee established by the CDC and is comprised of medical and public health experts that develop recommendations on how to use vaccines to control diseases in the United States. The ACIP recommends routine vaccination at 11 or 12 years of age with Gardasil or Cervarix for females and Gardasil for males. Vaccinating against HPV can begin as early as 9 years of age in males or females. Research shows that vaccinating at 11 or 12 years old is most effective because it produces the highest amount of protective antibodies and provides protection before exposure to HPV. Catch-up vaccination is recommended for females 13–26 years old and males 13–21 years old. Males 22–26 years old may also be vaccinated if they are immunocompromised or have sex with men and were not previously vaccinated.

In short, best practice is to have all 11-12 year old adolescents (both boys and girls) routinely immunized with the HPV vaccine.

Where do we want our HPV vaccination rates to be?

National vaccination coverage in 2013 for HPV series initiation was 57% among females and 34% among males. This was an improvement from 2012, where HPV series initiation was 53% among females and 20% among males. In 2013, just 38% of females and only 14% of males had completed the three-dose series. These astonishing low vaccination rates leave another generation susceptible to HPV infections and vulnerable to HPV-associated cancers.

While HPV vaccine uptake has slightly increased since 2012, the HPV vaccination rates fall considerably short of the Healthy People 2020 objective, which aims to increase the vaccination coverage level of three doses of the HPV vaccine for females and males aged 13 to 15 years to 80% by 2020.

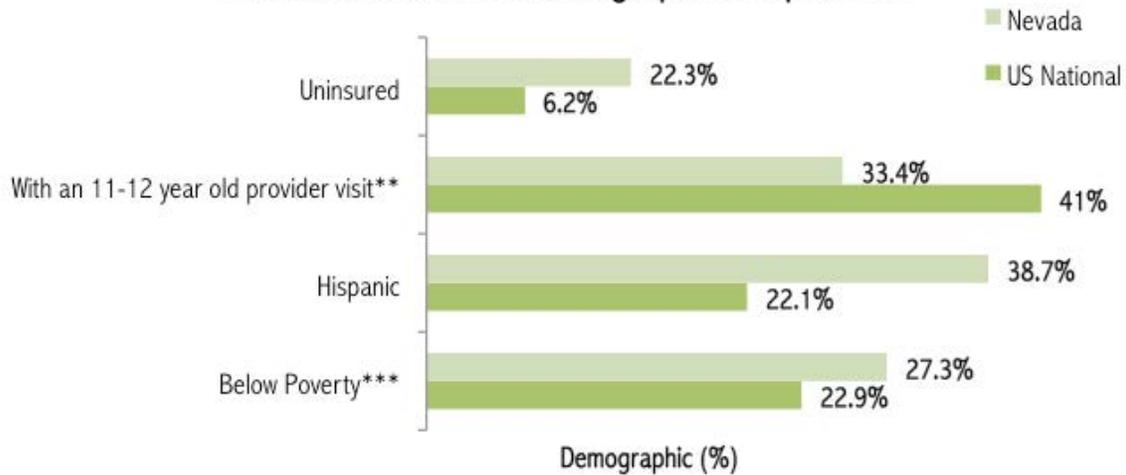
NEVADA HPV VACCINATION RATES & DATA

National Immunization Survey (NIS)-Teen

The CDC conducts the National Immunization Survey (NIS) by random-digit-dialing on an annual basis for teens 13-17 years old. The NIS provides a nationally representative sample and estimates of vaccination coverage throughout the United States that can be analyzed nationally, by region, state, or metro areas.

According to the 2012 NIS, Nevada has a higher amount of teens living below the poverty line and a higher teen Hispanic population. In relation to healthcare access when compared nationally, Nevada has more uninsured teens and even fewer teens who have visited their healthcare provider for their 11-12 year old well-check visit. Due to limited demographic data being available for the 2013 NIS, data from the 2012 NIS is being referenced.

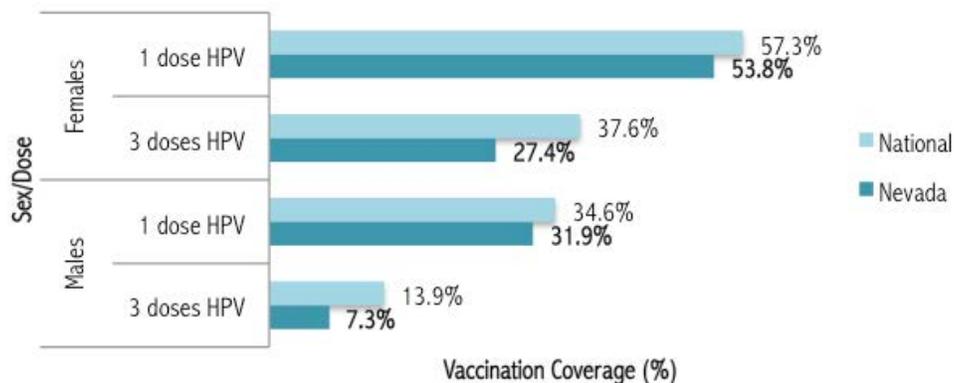
2012 NIS Data: Socio-Demographic Comparisons



**Percentage of adolescents with an 11-12 year old provider visit based on provider report.
 ***Poverty status was based on 2012 U.S. Census poverty thresholds

Nevada falls slightly behind the national average for both females and males among HPV vaccination coverage. The 2013 NIS teen data for Nevada shows that the rates of HPV vaccine series initiation were 54% among females and 32% among males. Regarding HPV vaccine series completion in Nevada, only 27% of females and 7% of males completed the entire series in 2013. The vaccination rate for Tdap among adolescents in Nevada is 88%, which exemplifies that high vaccination coverage is possible. However, HPV vaccination rates remain far too low demonstrating an HPV vaccination gap exists.

2013 NIS Data: HPV Vaccination Coverage



HPV vaccination uptake among female teens who are at or above the poverty level is lower than those who live below poverty level. As shown in the table to the right, the gap between these two groups increases with the number of doses. This is according to the 2012 NIS.

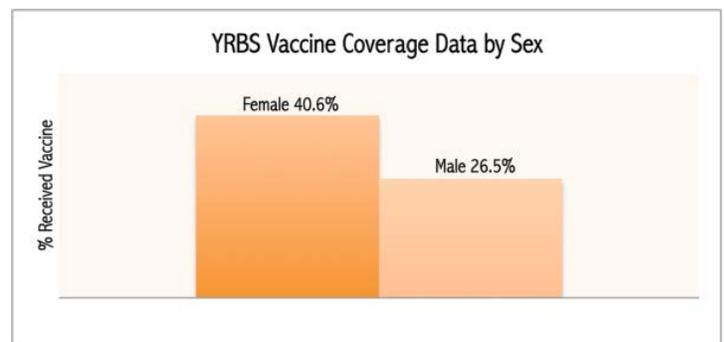
	≥ 1 HPV	≥ 2 doses HPV	≥ 3 doses HPV	HPV 3 dose series completion
At or Above the Poverty Level	60.3%	40.1%	31.9%	57.7%
Below the Poverty Level	68.1%	52.3%	46.8%	NA
Difference	-7.8%	-12.2%	-14.8%	NA

Limitations are present among the NIS data including: errors with self reporting, reliance on a single source for critical immunization data, issues with response rates and exclusion of rural immunization data.

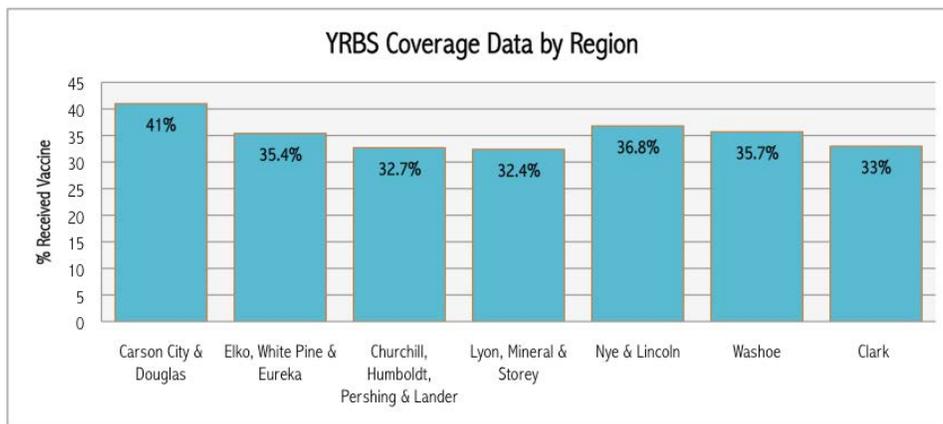
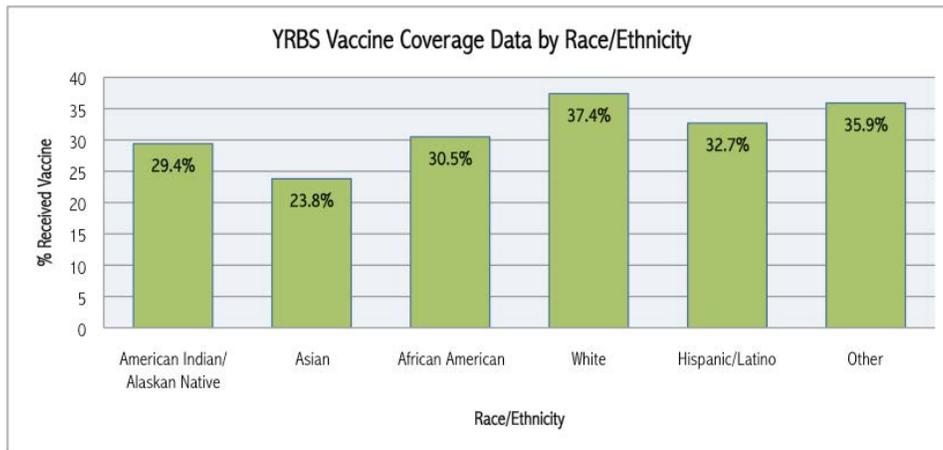
Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Survey (YRBS) is a surveillance system that provides data on health related behaviors among 9th–12th grade students in the United States. The YRBS is a national, self-reported, school-based survey established by the CDC, and is conducted by state, territorial, and local education and health agencies, and tribal governments. The YRBS data has been used by public health officials and educators to measure progress toward achieving national health objectives for Healthy People 2020, assess trends in priority health-risk behaviors among high school students, and to evaluate the impact of school and community programs on adolescent health.

In the 2013 Nevada YRBS, question number 97 states, “have you ever had the HPV vaccine, a vaccine to prevent human papillomavirus or HPV infection (also called the cervical cancer vaccine, HPV shot, or GARDASIL)?” Among the 3,928 students surveyed 95.6% responded to the question. Only 33.8% of student respondents reported that they had received the HPV vaccine.



When looking at the data by gender, the YRBS reported that 40% of females and 26% of males reported receiving the vaccine. When looking at racial and ethnic differences, Caucasian respondents reported the highest HPV vaccination rates and Asian respondents reported the lowest. When separated out by region, Carson City and Douglas County had the highest reported rates, while Lyon, Mineral, and Storey Counties had the lowest.

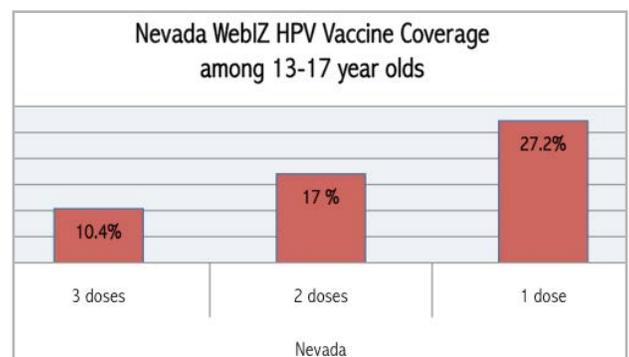


No data set is perfect and like NIS data, YRBS data also has limitations. YRBS data is self-reported data, which infers that some level of under or over reporting may be present, and unfortunately, the extent of how that affects the data is unknown. The YRBS data is only applicable to adolescents who attend public school and is not generalizable to the entire population of this age group because it does not include private schools or those who are homeschooled.

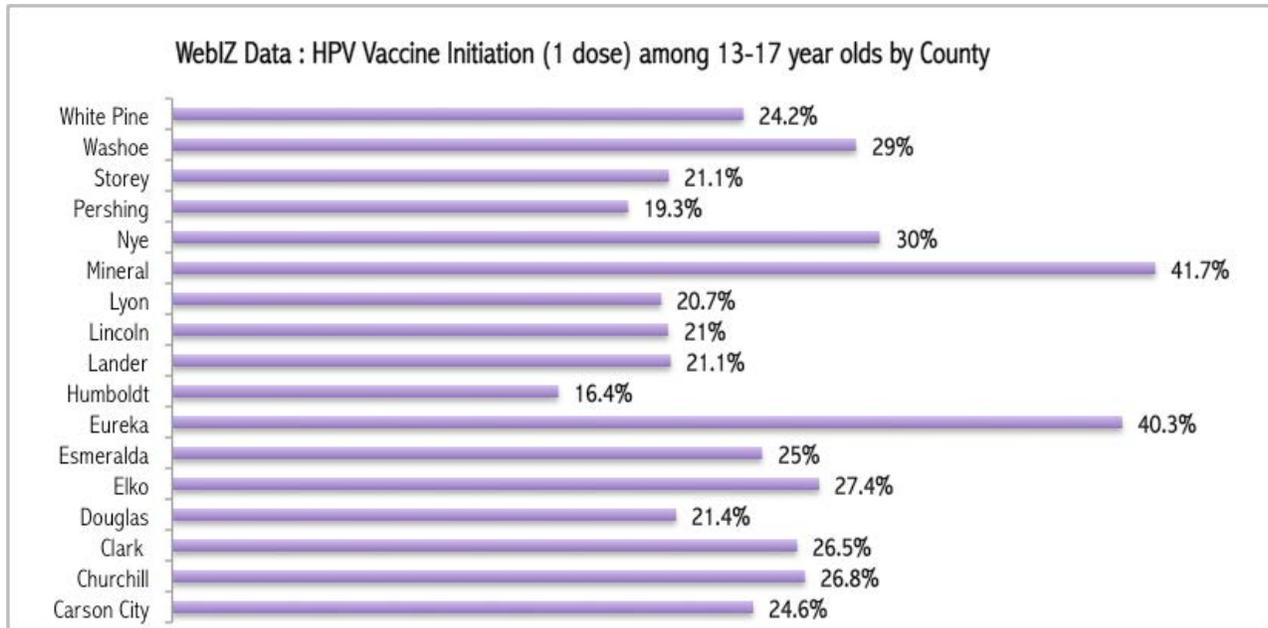
Nevada WebIZ

Nevada WebIZ is a statewide, web-based immunization information system (IIS) program that collects immunization data within Nevada. Nevada WebIZ allows private and public provider access to view, create and update immunization records for Nevada’s population. Nevada WebIZ is a secure database that permits single record storage. Additionally, Nevada WebIZ provides official immunization records to meet school and day care requirements, while supplying healthcare providers with centralized data to improve the efficacy and the efficiency of immunization administration.

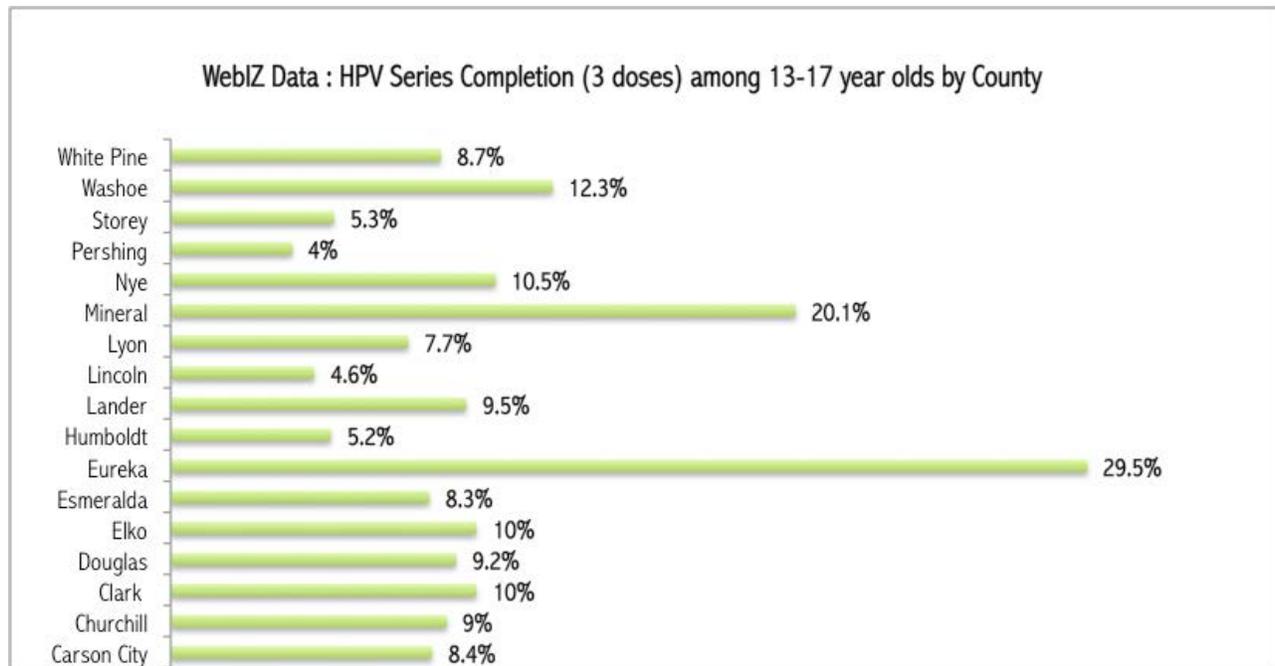
The figure to the right shows the percentage of adolescents aged 13-17 years old who are active in Nevada WebIZ and have been vaccinated with one, two, and three doses of the HPV vaccine in



the state of Nevada. The figure below shows the percentage of adolescents 13-17 years old who are active in Nevada WebIZ and have received 1 dose of the HPV vaccine broken out by county. Receiving 1 dose of the HPV vaccine is known as vaccine initiation. Mineral County and Eureka County report the highest percentages of HPV vaccine initiation (1 dose). The lowest HPV vaccine initiation was reported in Humboldt County.



The figure below shows the percentage of adolescents aged 13-17 years old who are active in Nevada WebIZ and have received 3 doses of the HPV vaccine by county. Receiving all 3 doses of the HPV vaccine is known as series completion. Mineral County and Eureka County remain to have the highest percentages of 3-dose compliance. The lowest 3-dose compliant counties were reported in Pershing and Lincoln.



Completion of the HPV vaccine series is a national priority and a pertinent issue in Nevada. Series initiation is about three times higher than series completion throughout the state. Only 1 in 3 adolescents that initiates the HPV vaccine series will actually complete it.

Nevada WebIZ relies on reporting from providers for statewide immunization data. Patient roster management is critical for an accurate assessment of vaccination coverage. Properly managing rosters in Nevada WebIZ includes inputting immunizations when they are administered, updating patient demographic information at each patient visit, and changing Moved or Gone Elsewhere (MOGE) statuses of patients. Provider offices do not always comply with patient roster management procedures consequently creating data limitations. In Nevada WebIZ, when administered immunizations are not inputted or MOGE statuses are not updated this results in a depiction of significantly lower vaccination coverage rates.

Provider Vaccine Ordering Data

CDC recommendations state that all 11-12 year olds should receive a single dose of the Tdap vaccine, as well as three doses of the appropriate HPV vaccine. Therefore for every one dose of Tdap given three doses of HPV should also be given (a 1:3 ratio). When providers are ordering vaccines, they should ideally order three times as many HPV vaccines as Tdap vaccines.

The calculated ordering ratios for VFC providers in Nevada are in Table 2. Only one out of the seventeen counties in Nevada has an ordering ratio of three. The highest ratio is found in Lincoln County with 3.4. The overall ratio for Nevada is 1.4, less than half of an ideal ordering ratio. Please note that Esmeralda County was omitted from this data set due to the small population size and limited number of health care providers.

The data set only includes VFC providers in Nevada including Juvenile Centers, Nevada Health Centers (NHC) and Community Health Nurses (CHN). Some non-traditional providers, such as those in the school districts, are excluded from this list because they are often unable to complete the HPV series for one individual.

Table 2: VFC Provider Ordering Data for 2013 (HPV/TDAP)			
County	HPV	TDAP	Ratio
Carson City	850	450	1.9
Churchill	400	215	1.9
Clark	31,750	23,950	1.3
Douglas	310	160	1.9
Elko	600	280	2.1
Eureka	10	10	1
Humboldt	110	140	0.8
Lander*	60	110	0.5
Lincoln	410	120	3.4
Lyon	450	410	1.1
Mineral	50	80	0.6
Nye	620	250	2.5
Pershing	60	70	0.9
Storey*	10	10	1
Washoe	5,970	3,970	1.5
White Pine	60	70	0.9
Total	41,720	30,295	1.4

*Includes 2012 & 2013 ordering data due to a limited number of providers & ordering data for the counties.

THE PROJECT PLAN

Rationale

HPV vaccination rates remain low across Nevada in regards to both series initiation and series completion. Low HPV vaccination rates leave our communities vulnerable to HPV and HPV-associated cancers. This issue is a public health priority that requires urgent action. The use of an integrated, multifaceted approach that includes local public health interventions is essential in the success of increasing HPV vaccination rates. This rationale and the acquisition of the 2014 CDC grant (CDC-RFA-IP13-1301PPHF14) led to the creation of a HPV Vaccination Project titled: Closing the Human Papillomavirus (HPV) Vaccination Gap.

Target Audience

- Health care providers for adolescent boys and girls.
- Parents & guardians of adolescent boys and girls, especially 11 and 12 year olds.
- Adolescents
- Community partners promoting immunizations

Mission

- To promote adolescent health through a comprehensive HPV vaccination statewide initiative

Objectives

- Increase HPV vaccination rates
- Increase provider knowledge of the HPV vaccine
- Increase provider skillset to recommend & administer the vaccine
- Increase parent, caregiver, & adolescent knowledge & awareness regarding the HPV vaccine

Strategies

- Collaborate with community partners & stakeholders continuously throughout project
 - Quarterly meetings
 - Stakeholder toolkit
 - HPV presentations throughout the community
- Develop a comprehensive statewide communication campaign targeted to parents, caregivers, & adolescents
 - Communication Campaign
 - Paid media
 - Social media
 - Grassroots efforts
 - Public relations

- Expand provider education efforts & opportunities
 - HPV Symposium / Webinar Series
 - CME/CE opportunities
 - Provider toolkit
- Conduct & increase adolescent AFIX provider office assessments throughout the state
 - Collaborate with state/county AFIX personnel on site visits
 - Conduct site visits
 - Awards dinner & provider recognition
- Strengthen current HPV vaccine reminder/recall efforts
 - Reminder/recall postcards

THE STAKEHOLDERS ROLE: YOU ARE THE KEY TO AN HPV FREE NV

How can you be the key?

- Spread the word using the messaging provided below
 - Talk with parents & adolescents to increase knowledge and awareness about HPV, its associated cancers, and the HPV vaccine.
 - Reach out to providers and tell them that their HPV vaccine recommendations matter.
 - Share this project and toolkit with other community stakeholders in your network.
 - Direct parents, adolescents, providers, and stakeholders to the project's website at immunizenevada.org/hpvfreenv to access this resources and information including electronic versions of this toolkit and a provider toolkit.
 - Reach out and spread the message through social media. Use the sample Tweets and Facebook posts below to let your networks know what we're doing for HPV vaccination and how they can get involved! Hashtag is #HPVFreeNV
 - Always be an advocate for the HPV vaccine
- Have an innovative idea? Do you want to join the HPV Immunization Task Force? Contact us!
 - Visit immunizenevada.org
 - E-mail us at info@immunizenevada.org or call 775-624-7117

HPV FREE NV MESSAGING

- If there were a vaccine to prevent cancer, would you get it for your children? Of course you would.
- The HPV vaccine IS cancer prevention.
- The HPV vaccine is very important because it PREVENTS cancer.
- No child dreams of being a cancer patient. The HPV vaccine is cancer prevention.
- The best way to prevent HPV-associated cancers is to have your sons & daughters completely vaccinated against HPV.
- The HPV vaccine is best between 11-12 years of age when the body will produce the best immune response and develop protection before coming in contact with the virus.
- Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.
- We vaccinate so that children have the best protection possible long before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines.
- A missed opportunity is a healthcare encounter where a person does not receive a vaccination for which he or she is eligible.
- In 2013, 81% of Nevada girls who were unvaccinated against HPV had a missed opportunity for HPV vaccination. That same year 91% of Nevada girls could have started the HPV vaccine series if missed opportunities were eliminated.
- Currently 79 million Americans are infected with HPV, increasing at a rate of approximately 14 million new cases that develop each year in the U.S.
- In the U.S., 33,000 HPV-associated cancers are diagnosed year, about 20,600 among females and 12,600 among males.
- Cervical cancer is the most common HPV-associated cancer among females and oropharyngeal cancers are the most common among males.
- Of the 33,000 new HPV-associated cancers that occur each year, it is estimated that about 26,000 could be prevented through HPV vaccination.
- If the vaccine is not covered under insurance, a child may be covered through the Vaccines for Children (VFC) program.
- Unfortunately, there is no cure for HPV. It can only be prevented.

SOCIAL MEDIA TOOLS

Sample Tweets

- Let's make Nevada HPV Free. Learn how at www.immunizenevada.org/hpvfreenv #HPVFreeNV
- Learn more about the HPV vaccine at www.immunizenevada.org/hpvfreenv #HPVFreeNV
- We can be #HPVFreeNV! Learn how you can protect your children from certain cancers here: <http://bit.ly/1tY26Cy>
- Girls & boys should get the HPV vaccine at 11 or 12 years old to protect them from cancer in the future. <http://bit.ly/1tY26Cy> #HPVFreeNV
- Ask your provider about the HPV vaccine! Boys and girls both need the HPV vaccine at age 11 or 12. <http://bit.ly/1tY26Cy> #HPVFreeNV
- Did you know boys are at just as much risk for HPV related cancers as girls? Learn more a <http://bit.ly/1tY26Cy> #HPVFreeNV
- The HPV vaccine is recommended for boys & young men too. Protect your sons from cancer. <http://bit.ly/1tY26Cy> #HPVFreeNV
- Girls & boys should get the HPV vaccine at 11 or 12 years old to protect them from cancer in the future. <http://bit.ly/1tY26Cy> #HPVFreeNV
- The HPV vaccine is a powerful public health tool that can protect generations of women & men from cancer. <http://bit.ly/1tY26Cy> #HPVFreeNV
- Teens & young adults ages 13-26 should get the HPV vaccination if not vaccinated earlier <http://bit.ly/1tY26Cy> #HPVFreeNV
- Girls & boys 9-18 w/o insurance coverage for the HPV vaccine may qualify for the VFC program Visit www.vfcnevada.org #HPVFreeNV
- HPV is so common that nearly all sexually-active men & women will get at least one type of HPV <http://bit.ly/1tY26Cy> #HPVFreeNV
- Lower your risk of getting HPV & prevent cancer in your future. Find out how. <http://bit.ly/1tY26Cy> #HPVFreeNV
- The HPV vaccine is safe & effective in preventing cancers caused by HPV <http://bit.ly/1tY26Cy> #HPVFreeNV
- Why give the HPV vax at 11 or 12? Better uptake & to provide protection long before exposure <http://bit.ly/1tY26Cy> #HPVFreeNV

Sample Facebook Posts

- We can be #HPVFreeNV! Learn how you can protect your children from certain cancers here: <http://immunizenevada.org/hpvfreenv>
- What does your child dream of being when they grow up? A famous rock star? A teacher? Maybe an astronaut? They don't dream of being cancer patients. Get your sons & daughters the HPV vaccine to prevent certain cancers. Learn more at <http://immunizenevada.org/hpvfreenv> #HPVFreeNV
- The HPV vaccine is cancer prevention. Vaccinating your 11 or 12 year old sons and daughters against HPV now could be a lifesaver when they grow up. Let's be #HPVFreeNV. Learn more at <http://immunizenevada.org/hpvfreenv>
- Ask your child's doctor about the HPV vaccine! Boys and girls both need the HPV vaccine at age 11 or 12 years old because that's when immune response to the vaccine is best. Learn more at <http://immunizenevada.org/hpvfreenv> #HPVFreeNV
- Did you know boys are at just as much risk for HPV caused cancers as girls? Learn more how HPV affects men at <http://immunizenevada.org/hpvfreenv> #HPVFreeNV
- If there were a vaccine to prevent cancer, would you get it for your child? The HPV vaccine is cancer prevention, learn more at <http://immunizenevada.org/hpvfreenv> #HPVFreeNV
- The HPV vaccine is cancer prevention for both boys and girls. Learn more about getting your children vaccinated so they don't have to worry about cancer later. It could be a lifesaver. Learn more at <http://immunizenevada.org/hpvfreenv> #HPVFreeNV
- Do you have preteen or teen kids in your home? The HPV vaccine is recommended for preteens 11 or 12 years old. Teens and young adults 13-26 years old should get the HPV vaccine if they weren't previously vaccinated. The HPV vaccine is cancer prevention. Learn more at <http://immunizenevada.org/hpvfreenv> #HPVFreeNV

Social Media Opposition Responses

- Studies have proven that the HPV vaccine doesn't alter sexual behavior.
 - Pediatrics journal (2012):
<http://pediatrics.aappublications.org/contentearly/2012/10/10/peds.2012-1516.abstract>
 - Canadian Medical Association Journal (2014):
<http://www.cmaj.ca/content/early/2014/12/08/cmaj.140900>
- The side effects that Gardasil lists are generally not that different from what is seen in the safety reviews of other vaccines.
 - For example, fainting is common after any needle injection, especially in pre-teens and teens.

- On reported deaths, from CDC: “The 32 death reports were reviewed and there was no common pattern to the deaths that would suggest they were caused by the vaccine. In cases where there was an autopsy, death certificate, or medical records, the cause of death could be explained by factors other than the vaccine. Some causes of death determined to date include diabetes, viral illness, illicit drug use, and heart failure.”
- On safety of vaccine, from CDC “The findings were generally not that different from what is seen in the safety reviews of other vaccines recommended for a similar age group, 9 to 26 years old (meningitis and Tdap). Based on the review of available information by FDA and CDC, the HPV vaccine continues to be safe and effective, and its benefits continue to outweigh its risks.”

ADDITIONAL RESOURCES

General HPV

- Centers for Disease Control and Prevention – www.cdc.gov/hpv
- Immunization Action Coalition – www.immunize.org/hpv
- Vaccine Education Center – vec.chop.edu/service/vaccine-education-center/prevent-hpv/index.html

HPV Associated Cancers

- American Cancer Society – www.cancer.org/cancer/cancercauses/othercarcinogens/infectiousagents/hpv/index
- Cervical Cancer Free Coalition – www.cervicalcancerfreeamerica.org
- Kristen Forbes EVE Foundation – www.kristeneve.org
- National Cancer Institute – www.cancer.gov/cancertopics/factsheet/Risk/HPV

Provider & Clinic Resources

- Vaccine Information Statements in Multiple Languages (Immunization Action Coalition) – www.immunize.org/vis
- Vaccines for Children (VFC) Program – www.vfcnevada.org
- You’re The Key Toolkit – www.cdc.gov/vaccines/youarethekey
- Nevada WebIZ – webiz.nv.gov

Continuing Education

- Immunize Nevada Continuing Education – www.immunizenevada.org/healthcare-professionals/continuing-education-opportunities

Research Articles

- 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. Bethesda, MD: National Cancer Institute; 2014; deainfo.nci.nih.gov/advisory/pcp/annualReports/HPV/PDF/PCP_Annual_Report_2012-2013.pdf
- Annual Report to the Nation on the Status of Cancer, featuring incidence trends for human papillomavirus (HPV)–associated cancers and HPV vaccination. 2013; www.jnci.oxfordjournals.org/content/105/3/175
- Beliefs, Behaviors and HPV Vaccine: Correcting the Myths and the Misinformation. Preventive Medicine. 2013; www.sciencedirect.com/science/article/pii/S009174351300176X
- HPV Vaccination and Sexual Behavior in a Community College. Journal of Community Health. 2013; www.professorkinseth.com/uploads/1/9/1/2/19124971/hpv_and_risky_sexual_behavior.pdf
- Safety of Quadrivalent Human Papillomavirus Vaccine Administered Routinely to Females. Archives of Pediatric and Adolescent Medicine. 2012; ncbi.nlm.nih.gov/m/pubmed/23027469/
- Sexual Activity–Related Outcomes After Human Papillomavirus Vaccination of 11- to 12-Year-Olds. Bednarczyk et al. Pediatrics 2012; pediatrics.aappublications.org/content/early/2012/10/10/peds.2012-1516.abstract
- Surveillance of Autoimmune Conditions Following Routine Use of Quadrivalent Human Papillomavirus Vaccine. Journal of Internal Medicine. 2012; ncbi.nlm.nih.gov/pubmed/21973261/
- Reduction of HPV infections through vaccination among at-risk urban adolescents. Cummings T, Zimet GD, Brown D, et al. Vaccine 2012; ncbi.nlm.nih.gov/pubmed/22750043
- Vaccine-Type Human Papillomavirus and Evidence of Herd Protection After Vaccine Introduction. Kahn JA, Brown DR, Ding L, et al. Pediatrics 2012; pediatrics.aappublications.org/content/early/2012/07/03/peds.2011-3587.abstract



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