

HPV Vaccine and Provider-Parent Communication

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HPV vaccination is the best way to **PREVENT** many types of **CANCER**.

HPV vaccination is **RECOMMENDED** at ages 11 or 12.

HPV vaccination is **REDUCING** HPV **DISEASE**.

3 THINGS PARENTS SHOULD KNOW ABOUT PREVENTING CANCER

www.cdc.gov/vaccines/teens

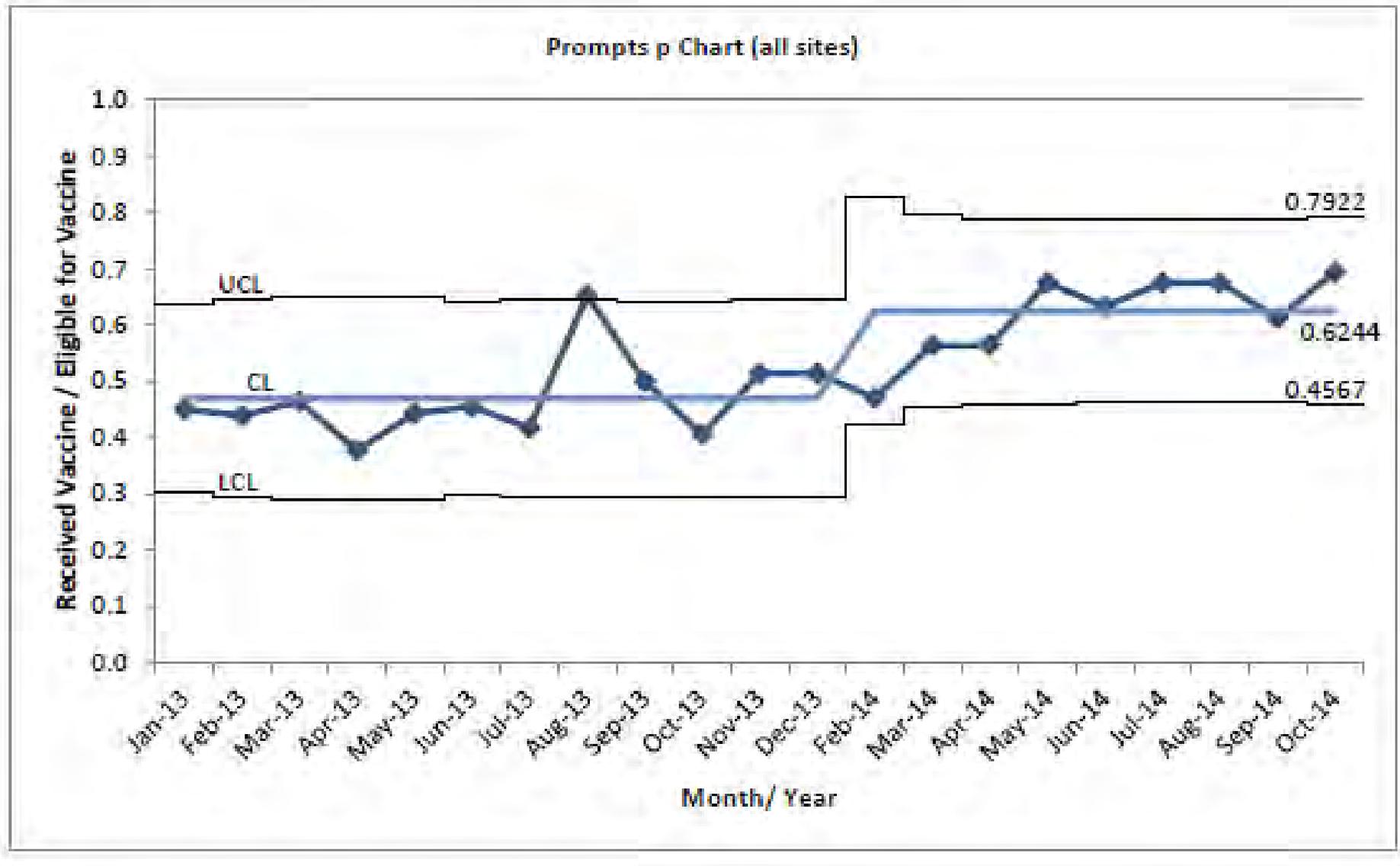
**This work was funded by a grant from the CDC
to Hager Sharp Inc.**

What gets measured gets done!



"I'm David and I'm a bean-counter."

Provider Prompts: QI



Learning Objectives

1. List the **recommendations** for HPV vaccination for girls and for boys.
2. Identify and implement the “**same way, same day**” approach to HPV vaccination for all 11- & 12-year-olds in the pediatric health care setting.
3. Model **evidence-based communication approaches** when talking with 11- and 12-year-olds and their parents about the importance of HPV vaccine.
4. Introduce ≥ 2 new **practice tools** into to help support HPV vaccination in the pediatric health care setting.

Objective #1

CDC'S RECOMMENDATIONS: LEARNING FROM SUCCESS

Which areas had large, significant increases in HPV immz rates (females) from 2013-2014?

At least 1 dose

- ➡ Chicago, IL
- ➡ DC
- ➡ Illinois
- ➡ Montana
- ➡ North Carolina
- ➡ Utah

Which areas had large, significant increases in HPV immz rates (females) from 2013-2014?

At least 1 dose

- ➔ Chicago, IL
- ➔ DC
- ➔ Illinois
- ➔ Montana
- ➔ North Carolina
- ➔ Utah

At least 3 doses

- ➔ Chicago, IL
- ➔ DC
- ➔ Illinois
- ➔ Montana
- ➔ North Carolina
- ➔ Georgia

Range of 1 Year Percentage Point Increase

At least 1 dose

- Chicago, IL – 13.2
- DC – 22.8
- Illinois
- Montana
- North Carolina
- Utah

At least 3 doses

- Chicago, IL
- DC – 28.6
- Illinois
- Montana
- North Carolina
- Georgia – 14.5

Immunization Program Strategies

1. Link with cancer prevention

- Incorporate HPV immz in **cancer control plans**
- Do **joint initiatives** with cancer prevention & immunization stakeholders

2. Communicate with parents

- **Public communication campaigns**
- **IIS-based reminder/recall**

3. Communicate with clinicians

- **AFIX activities** including clinician-to-clinician exchanges emphasizing strong provider vaccination recommendation
- **Educate office staff** and provide input on how to improve routine HPV vaccination within the practice

4. Use all opportunities to educate clinicians & parents about the importance of on-time HPV vaccination

Could I start this on Monday?

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about the importance of on-time HPV vaccination

Objective #2

“SAME DAY, SAME WAY”

The Opener

- ▶ **Announce the child needs 3 vaccines (4 if flu vaccine is available)**
- ▶ **Encourage convenient same-day vaccination**
“Today, Pat should have 3 vaccines. They’re designed to protect him from the cancers caused by HPV and from meningitis, tetanus, diphtheria, & pertussis. Do you have any questions for me?”
- ▶ **If a parents hesitates, the MA/nurse should say**
“Our team is so dedicated to cancer prevention. I’m sure the doctor will want to respond to your concerns.”

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Be sure everyone in the office understands the mission



Home Story Gallery Share A Story Use A Story About Us Resources

Story Gallery

Cervical Cancer and HPV (human papillomavirus)



Carron's Story



Laura and Audra's Story



Tricia's Story



Susie's Story



Quita's Story



Maggie's Story



Joslyn's Story



Lisa's Story



HPV Stories



Belinda's Story



Dawn's Story



Heather's Story

Browse Stories by:

Disease

All Diseases
Cervical Cancer and HPV
Chickenpox
Hepatitis B
Hib
Influenza
Japanese Encephalitis
Measles
Meningitis
Pertussis
Pneumococcal Disease
Polio
Rotavirus
Rubella
Shingles
Story Collections and PSAs

Age

Infant and Toddler
Early Childhood
Preteen and Teen
Young Adult
Adult

Spanish/Latino
Spanish/Latino

Written
Written

PSAs
PSAs

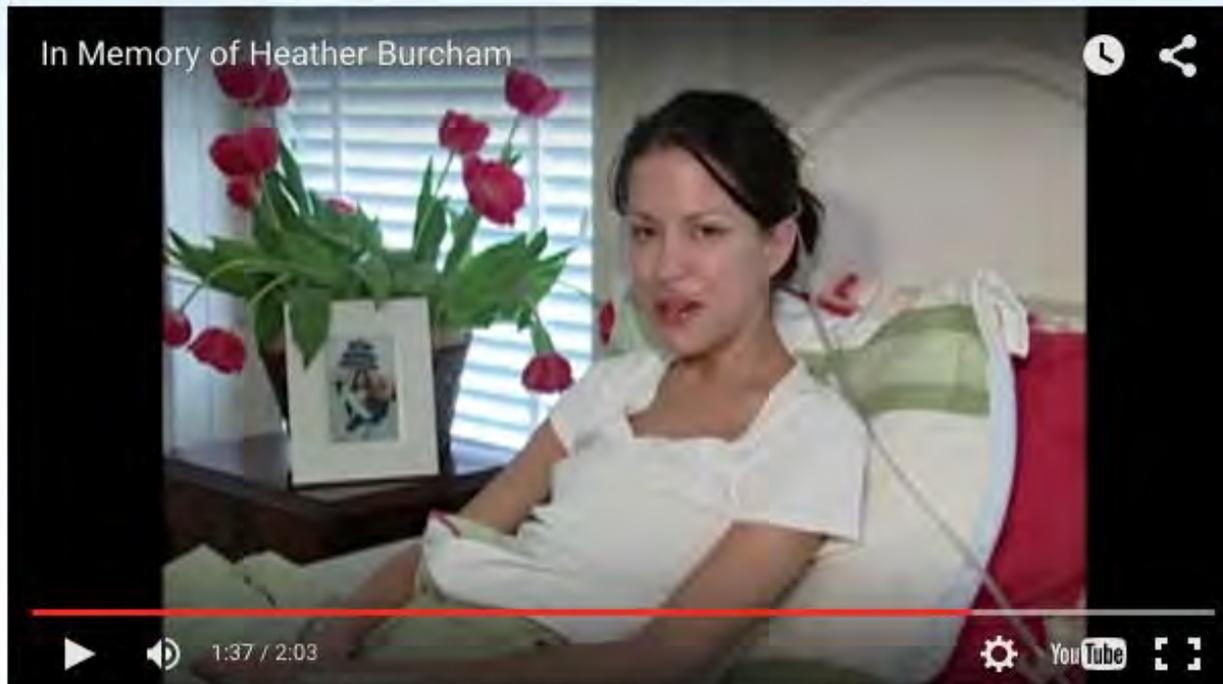
Human stories often influence people more than statistics

To understand the human stories behind HPV, listen to survivors

- Shot By Shot
- Unprotected People on www.immunize.org



Heather's Story



Two months before her death from cervical cancer, Heather urges young women to get the HPV vaccine.
(Courtesy of the Immunization Action Coalition)



<http://www.hpvepidemic.com/>

THE HPV EPIDEMIC
NARRATED BY VANESSA WILLIAMS

IMDb 9.3/10

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- Dr. Paul Offit
Chief of the Division of Infectious Diseases - Children's Hospital of Philadelphia

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OLIVIA L. - LANBERTVILLE, NJ
★★★★★

www.EPIDEMIC.com

Objective #3

EVIDENCE BASED APPROACHES TO COMMUNICATION

If a parent were hesitant...

Ask	Clarify & restate their concerns to make sure you understand.
Acknowledge	<ul style="list-style-type: none">•Emphasize it is the parents' decision.•Acknowledge risks & conflicting info sources.•Applaud them for wanting what is best for their child.•Be clear that you are concerned for the health of their child, not just public health safety.
Advise	<ul style="list-style-type: none">•Clarify their concerns: make sure you understand & are answering the question they actually care about.•Allow time to discuss the pros & cons of vaccines.•Be willing to discuss parents' ideas.•Offer written resources for parents.•Tailor your advice using this sheet or CDC's <i>Tips & Time Savers</i>.

Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say "Your child needs these shots today," and name all of the vaccines recommended for the child's age.



Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents' questions helps you save time and give an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.

CDC RESEARCH SHOWS: The "HPV vaccine is cancer prevention" message resonates strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

TRY SAYING: HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That's why I'm recommending that your daughter/son receive the first dose of HPV vaccine today.

CDC RESEARCH SHOWS: Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.

TRY SAYING: HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 26,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.

CDC RESEARCH SHOWS: Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.

TRY SAYING: We're vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.

CDC RESEARCH SHOWS: Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.

TRY SAYING: 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.

CDC RESEARCH SHOWS: Parents might believe their child won't be exposed to HPV because they aren't sexually active or may not be for a long time.

TRY SAYING: HPV is so common that almost everyone will be infected at some point. It is estimated that 79 million Americans are currently infected with 14 million new HPV infections each year. Most people infected will never know. So even if your son/daughter waits until marriage to have sex, or only has one partner in the future, he/she could still be exposed if their partner has been exposed.

CDC RESEARCH SHOWS: Emphasizing your personal belief in the importance of HPV vaccine helps parents feel secure in their decision.

TRY SAYING: I strongly believe in the importance of this cancer-preventing vaccine, and I have given HPV vaccine to my son/daughter/grandchild/niece/nephew/friend's children. Experts (like the American Academy of Pediatrics, cancer doctors, and the CDC) also agree that this vaccine is very important for your child.

CDC RESEARCH SHOWS: Understanding that the side effects are minor and emphasizing the extensive safety data helps parents feel more comfortable.

TRY SAYING: HPV vaccine has been carefully studied by medical and scientific experts. The vaccine is safe. Like other shots, most side effects are mild, primarily pain or redness at the injection site. Since 2006, about 57 million doses of HPV vaccine have been administered in the U.S., and in the years of HPV vaccine safety studies and monitoring, no serious safety concerns have been identified.

CDC RESEARCH SHOWS: Parents want to know that HPV vaccine is effective.

TRY SAYING: In clinical trials of boys and girls, the vaccine was shown to be extremely effective. In addition, studies in the U.S. and other countries have shown a significant reduction in infections caused by the HPV types targeted by the vaccine. This information will help them to complete the series.

<http://www.cdc.gov/vaccines/who/teen/s-for-hcp-tipsheet-hpv.html>

If a parent declines...

- Declination is not final.
The conversation can be revisited.
- End the conversation with at least 1 action you both agree on.
- Because waiting to vaccinate is the risky choice, many pediatricians ask the parent to sign a *Declination Form*

Refusal to Vaccinate

Child's Name _____ Child's ID# _____

Parent's/Guardian's Name _____

My child's doctor/nurse, _____ has advised me that my child (named above) should receive the following vaccines:

Recommended	Declined
<input type="checkbox"/> Hepatitis B vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria tetanus (DT or Td) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Haemophilus influenzae type b (Hib) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Pneumococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Inactivated poliovirus (IPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Measles-mumps-rubella (MMR) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Varicella (chickenpox) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Influenza (flu) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Meningococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis A vaccine	<input type="checkbox"/>
<input type="checkbox"/> Rotavirus vaccine	<input type="checkbox"/>
<input type="checkbox"/> Human papillomavirus (HPV) vaccine	<input type="checkbox"/>

- That some vaccine-preventable diseases are common in other countries and that my unvaccinated child could easily get one of these diseases while traveling or from a traveler.
 - If my child does not receive the vaccine(s) according to the medically accepted schedule, the consequences may include:
 - Contracting the illness the vaccine is designed to prevent (the outcomes of these illnesses may include one or more of the following: certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness; other severe and permanent effects from these vaccine-preventable diseases are possible as well).
 - Transmitting the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school and requiring someone to miss work to stay home with my child during disease outbreaks.
 - My child's doctor and the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly recommend that the vaccine(s) be given according to recommendations.
- Nevertheless, I have decided at this time to decline or defer the vaccine(s) recommended for my child, as indicated above, by check-

<https://www2.aap.org/immunization/pediatricians/pdf/refusaltovaccinate.pdf>

ended vaccine(s). A list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is available at www.cdc.gov/vaccines/pubs/viv/default.htm. I understand the following:

- The purpose of and the need for the recommended vaccine(s);
- The risks and benefits of the recommended vaccine(s).

nurse at any time and that I may change my mind and accept vaccination for my child any time in the future. I acknowledge that I have read this document in its entirety and fully understand it.

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

I have had the opportunity to redocus my decision not to vaccinate my child and still decline the recommended immunizations.

Parent's Initials: _____ Date: _____ Parent's Initials: _____ Date: _____

Another Model: CASE

- ➔ **C**orroborate/ Acknowledge
- ➔ **A**bout me
(what I've done to study this)
- ➔ **S**cience
- ➔ **E**xplain/ Advise

Model #3: Motivational Interviewing

- Being studied by **Amanda Dempsey, MD, PhD**
- A way of “being” with the client, not just a set of counseling techniques (Miller & Rollnick, 1991)
- Provider becomes a “helper” in the change process
- Works to strengthen a person’s *intrinsic* motivation for a behavior
- More about the words you use than the underlying goal

In response to a parent supportive of vaccination but with HPV safety concerns:

- ➡ **Instead of:** *“Actually, studies show that there are no serious side effects from the vaccine so I think you should let your daughter get it. It’s really important.”*
- ➡ **Coming to ‘Yes’:** *“It sounds like you are generally in support of vaccines, but you have concerns about the safety of HPV. Is that right?”*
“So if you had information that convinced you the HPV vaccine was safe you might consider letting your daughter have it?”
“Would it be OK if I shared what I know about the safety of the vaccine?”

Balancing Communication Styles

- ➔ Start with a presumptive bundled recommendation
- ➔ If not met with acceptance, use other tools
 - ➔ MI type conversations
 - ➔ Fact sheets
 - ➔ Decision Aids
- ➔ And most importantly **DON'T GIVE UP!**

“Profiling” does not work.

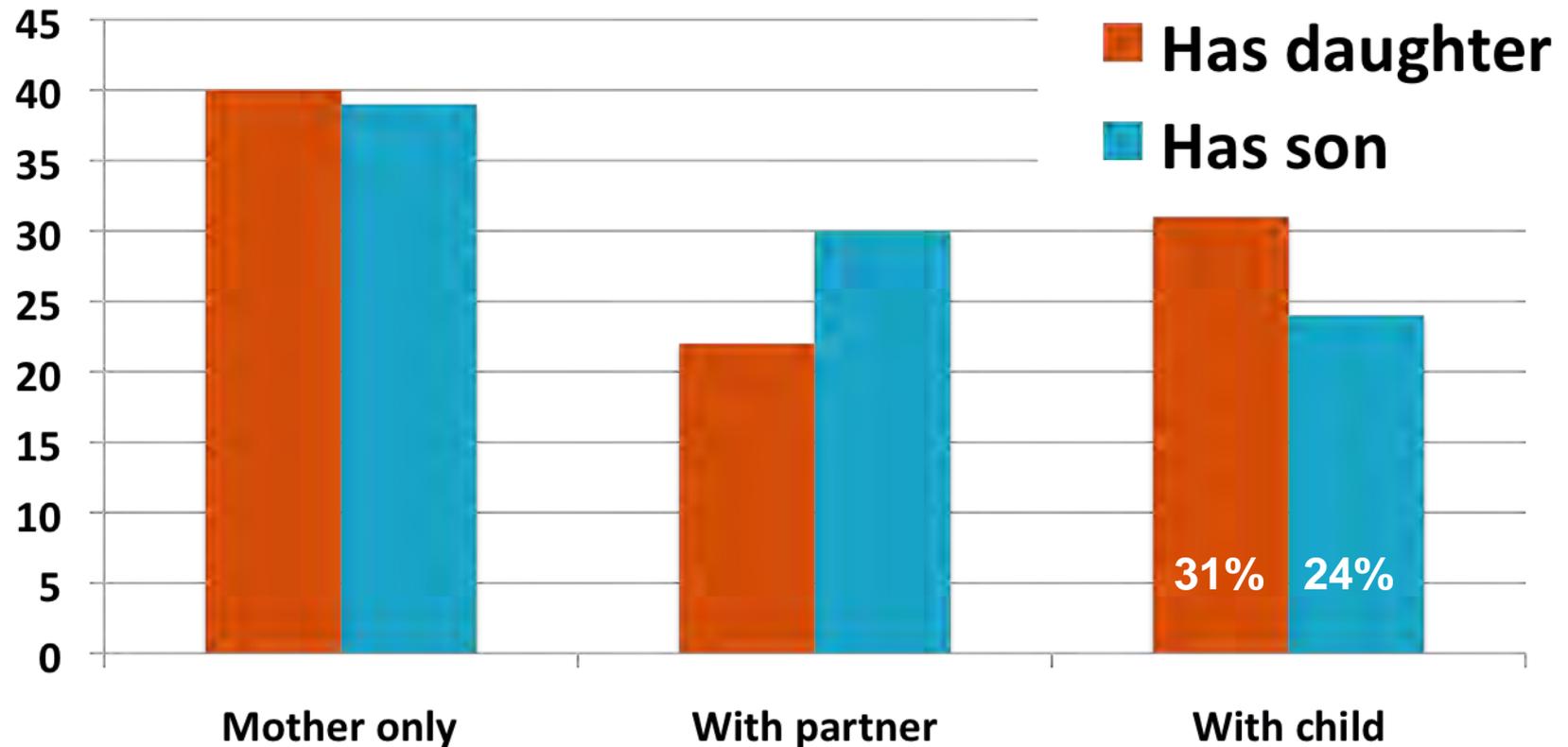
**Do I really want to bet someone’s
life on *guessing* right?**



Minnesota DOH Videos

Who Makes the HPV Decision?

Cross-sectional sample of women in SE Texas
With ≥ 1 child age 9-17 yrs in 2011-2013



Effect of the Decision-making Process in the Family on HPV Vaccination Rates among Adolescents 9-17 years of age. *Human Vaccine Immunotherapy*



Objective 4

PRACTICE TOOLS

HPV vaccination is the best way to **PREVENT** many types of **CANCER**.

HPV vaccination is **RECOMMENDED** at ages 11 or 12.

HPV vaccination is **REDUCING** HPV **DISEASE**.

3 THINGS PARENTS SHOULD KNOW **ABOUT** **PREVENTING CANCER**

www.cdc.gov/vaccines/teens



**For more information,
including free resources for yourself
and your patients/clients, visit:
cdc.gov/vaccines/YouAreTheKey**

**Email questions or comments to
CDC Vaccines for Preteens and Teens:
PreteenVaccines@cdc.gov**

<http://www.cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html>

CDC Home
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

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A-Z Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) #

Preteen and Teen Vaccines

Vaccines Home
Vaccines & Immunizations

[Vaccines Home](#) > [Specific Groups](#) > [Preteen and Teen Home](#) > [For HCPs](#)

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HPV Vaccine Resources for Healthcare Professionals



YOU ARE THE KEY TO CANCER PREVENTION

Contact Us:

- Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
- 800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
[Contact CDC-INFO](#)

HPV Vaccine is Cancer Prevention

Overview | [Tools for Your Practice](#) | [Handouts to Give to Patients & Parents](#)

You Are the Key to HPV Cancer Prevention



Resource Spotlight



[Understanding the Burden of HPV-Related Cancers](#) | [Tips for Talking to Parents about HPV Vaccine](#) [1 page]

[Click to request by](#)

Tools for Your Practice

HPV Vaccine is Cancer Prevention

Overview

Tools for Your Practice

Handouts to Give to Patients & Parents

HPV-Specific Resources for Healthcare Providers



You Are the Key to HPV Cancer Prevention web-on-demand video



Use of 9-Valent Human Papillomavirus (HPV) Vaccine [24 pages]



HPV Vaccine Clinician Fact Sheet



HPV Portal

Medscape Materials



Communicating Safety and Efficacy of HPV Vaccine to Parents and Preadolescents
NEW NOV 2014



Framing the Conversation with Parents about the HPV Vaccine



HPV in Our Midst: Understanding the Problem and Having the Conversation



Recommending HPV Vaccine Successfully

Resources for the Full Adolescent Immunization Platform



Immunization Schedules



Adolescent ACIP Recommendations [1 page]



Adolescent Vaccination Fact Sheet [4 pages]



Teen Vaccination Coverage

Handouts to Give Patients & Parents

HPV Vaccine is Cancer Prevention

Overview

Tools for Your Practice

Handouts to Give to Patients & Parents

Vaccine Fact Sheets and Schedules for Parents and Patients



Basic HPV Fact Sheet

[1 page]



HPV Vaccine Information Fact Sheet

[2 pages]



Adolescent Vaccines Fact Sheet

[1 page]



7 through 18 Years Immunization Schedule

[2 pages]

HPV Specific Vaccine Information Sheets



HPV Gardasil® VIS



HPV Cervarix® VIS

Spanish Resources for Parents and Patients



Basic HPV Fact Sheet

[1 page]



In-Depth HPV Fact Sheet

[2 pages]



Adolescent Vaccines Fact Sheet

[1 page]



7 through 18 Years Immunization Schedule

[2 pages]

For More Information

- **Shot by Shot**

<http://shotbyshot.org/story-gallery>

- **AAP**

Info for parents (healthychildren.org)

Info for clinicians (<http://www2.aap.org/immunization/illnesses/hpv/hpv.html>)

- **Immunization Action Coalition**

<http://www.immunize.org/>

- **CHOP Vaccine Education Center**

<http://vec.chop.edu/>

- **EZ IZ**

<http://eziz.org/>





ONLINE COURSES MATCHING SEARCH CRITERIA

Program Type: All

Keywords: Immunization

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Program Courses

Click on the course name to view more detail

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Course Name ↓ ↑	Course Type ↓ ↑	CME Credits ↓ ↑	Start Date ↓ ↑	End Date ↓ ↑	
Rotavirus Vaccine	PediaLink	0.50	10/25/2012	10/25/2015	Sign Up
Adolescent Immunizations: Office Strategies	PediaLink	1.00	08/13/2014	08/13/2017	Sign Up
Adolescent Immunizations: Strongly Recommending the HPV Vaccine	PediaLink	1.00	10/08/2014	10/08/2017	Sign Up



EQIPP: Immunizations - Improve Your Practice Rates

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Immunizations: Improve Your Practice Rates



Increasing immunization rates for any practice can be challenging. This EQIPP course is designed to identify immunization rates in your practice, barriers to immunization delivery systems and techniques to overcome those barriers through the use of clear aims that reflect expert principles and proven quality improvement methods and tools.

In this course, you will use baseline practice measurements to identify opportunities to increase immunization rates through Plan, Do, Study, Act (PDSA) cycles. The goal is to help practitioners create a plan for improvement to address gaps YOU identify in the following key clinical activities:

[Continue Where I Left Off >](#)

About this Program

[Course Goals](#)[Faculty & Support](#)[Tips for Getting Started](#)[CME Information](#)[Frequently Asked Questions](#)

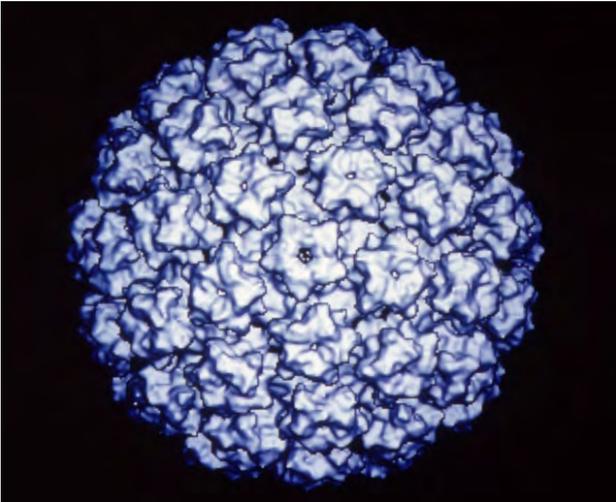
Track 1

Key Clinical Activities ?

[Develop Effective Office Practices to Increase Your Immunization Rates](#)[Address Vaccine Hesitancy](#)[Implement Reminder / Recall System](#)



The 4 Pillars™ Immunization Toolkit



The End

Thank you for watching!