



**HPV Cancer  
Prevention  
Program**

**2025 HPV AWARENESS DAY SEMINAR SERIES**

# **Promoting HPV Vaccination Policy to Prevent HPV Cancers**

**March 4, 2025**

[stjude.org/hpv](https://stjude.org/hpv) • [#EndHPVCancers](https://twitter.com/EndHPVCancers)



# Organizer



**Portia Knowlton, MHRM  
Program Coordinator,  
St. Jude HPV Cancer Prevention Program**

# Welcome to the HPV Awareness Day Seminar Series

- Today's meeting will be recorded. The link to view the recording and PDF of materials will be shared with all who have registered. In addition, the recording link will be posted publicly in the future.
- If you have any issues during today's meeting, please use the chat or email [PreventHPV@stjude.org](mailto:PreventHPV@stjude.org).
- We will use the Q&A feature for questions. You can post questions at any time to engage with the presenters and organizers.

# Learning Objectives

By the end of the seminar, participants will be able to:

- Discuss the benefits VFC reimbursement program of how all eligible children can receive recommended childhood vaccinations at no cost
- Discuss the importance of HPV vaccination and being administered before 13<sup>th</sup> birthday
- Discuss the benefits of VFC reimbursement program for providers
- Discuss potential policy changes for HPV vaccination federal and state level

# Rob Clark, MS

**MODERATOR**

VP-Chief Government Affairs  
Officer

St. Jude Children's Research  
Hospital

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# Presenters



**Brigid Grabert, PhD, JD**  
*Assistant Professor  
Department of Implementation  
Science, Wake Forest  
University School of Medicine,  
Atrium Health Wake Forest  
Baptist Comprehensive Cancer  
Center*



**Citseko Staples Miller**  
*Managing Director  
Public Affairs, Health & Life  
Sciences, FTI Consulting*



**Heather M. Brandt, PhD**  
*Director, HPV Cancer Prevention Program,  
Co-Associate Director, Community  
Outreach and Engagement Member,  
Epidemiology and Cancer Control  
St. Jude Children's Research Hospital*

# Brigid Grabert, PhD, JD

**SPEAKER**

Assistant Professor  
Department of Implementation Science,  
Wake Forest University School of  
Medicine, Atrium Health Wake Forest  
Baptist Comprehensive Cancer Center

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# Policy Approaches for Increasing Adolescent HPV Vaccination Coverage

**Contact:** [bgrabert@wakehealth.edu](mailto:bgrabert@wakehealth.edu)

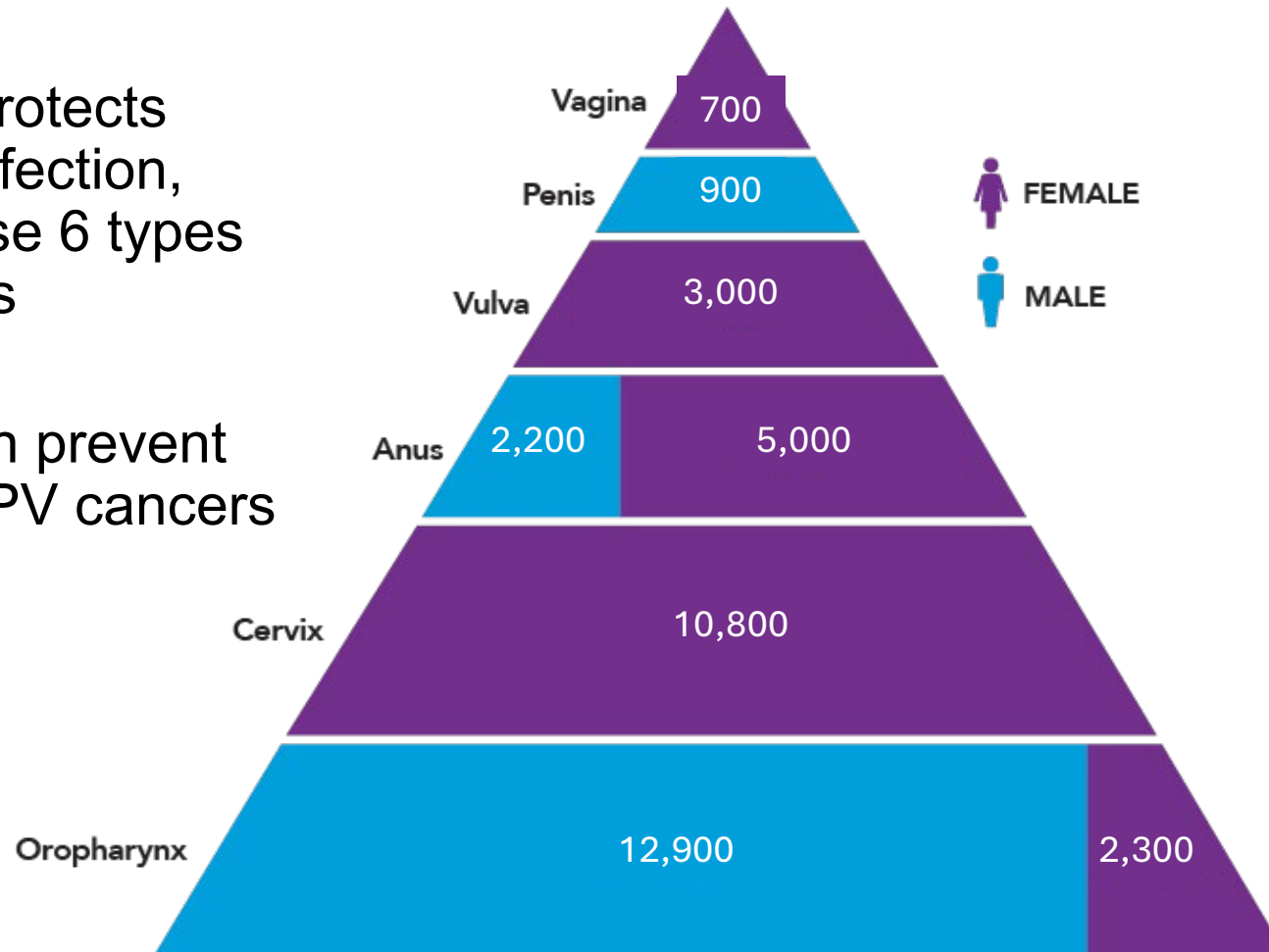


**Wake Forest University**  
School of Medicine

# HPV vaccine is cancer prevention

HPV vaccine protects against HPV infection, which can cause 6 types of HPV cancers

Vaccination can prevent over 90% of HPV cancers



About 37,800 HPV cancers diagnosed in the US each year (about 34,000 vaccine-preventable)

Cervical cancer kills over 4,000 women each year, with a disproportionate burden on non-white, rural, and high-poverty populations

# Vaccine recommendations



CDC recommends routine administration for adolescents ages 11-12

- Girls since 2006 and boys since 2011
- Two doses before age 13 (ages 15-26: 3 doses)

Only 49% of 13-year-old adolescents in the US were up to date on the HPV vaccine series

Governmental policies may help increase coverage

REVIEW ARTICLES | APRIL 16 2024

# Policy Approaches for Increasing Adolescent HPV Vaccination Coverage: A Systematic Review 🛒

Mary Catharine McKeithen, MPH; Melissa B. Gilkey, PhD, MPH; Wei Yi Kong, PhD, MA; N. Loren Oh, PhD; Jennifer Heisler-MacKinnon, MPH; Rebecca Carlson, MLS, AHIP; Greeshma James, MPH; Brigid K. Grabert, PhD, JD, MPH ✉

**PEDIATRICS**  
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

[www.pediatrics.org](http://www.pediatrics.org)



<https://doi.org/10.1542/peds.2023-064692>

# Policy Types

## School Entry Requirements (SERs)

- 5 states or territories

## Other vaccine SERs

- All US states or territories

## Educational requirements

- 13 states or territories

## Federally-funded policies

- All US states or territories

# Review Objective

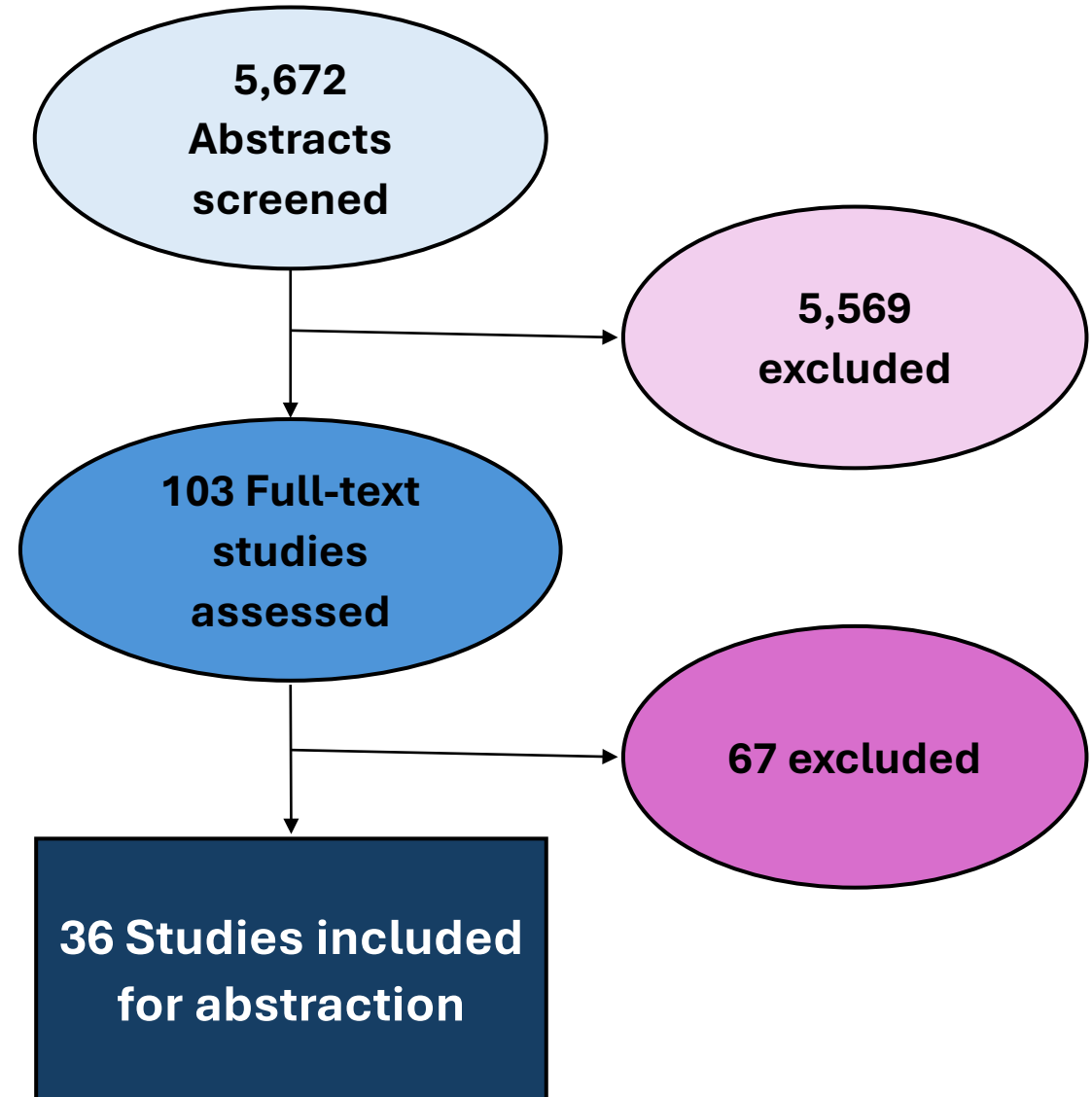
To systematically review studies that assess the impact of policy on adolescent HPV vaccination coverage in the US



# Methods

Search: PubMed, Embase, and Scopus databases

Policies: Legislation, rules, or requirements passed by a governmental policymaking body





# Results

HPV vaccine  
SERs



**Association with coverage**

-  Positive
-  None

# Results

HPV vaccine  
SERs



Rhode  
Island only



Washington,  
DC only



Virginia only



Pooled



**Association with coverage**



# Results

HPV vaccine  
SERs



Other vaccine  
SERs



**Association with coverage**

-  Positive
-  None

# Results

HPV vaccine  
SERs



Other vaccine  
SERs



Federally-  
funded policies



**Association with coverage**

 Positive

 None

# Results

HPV vaccine  
SERs



Other vaccine  
SERs



Federally-  
funded policies



Educational  
requirements



**Association with coverage**

 Positive

 None

# Other notable findings

HPV vaccine SER characteristics matter

- Exemption types and structures, and provisional attendance periods
- Effectiveness may vary by jurisdiction

Jurisdictions with multiple policies had consistently high vaccination outcomes





# Conclusions

Some policies show promise for improving HPV vaccination

- School entry requirements
- Federally-funded policies

Educational requirements had little effect



# Thank you!

**Contact:** [bgrabert@wakehealth.edu](mailto:bgrabert@wakehealth.edu)

**Funding for systematic review:** T32CA057726, 1R21CA241518, 1P01CA250989

# Citseko Staples Miller

**SPEAKER**

Managing Director  
Public Affairs, Health & Life  
Sciences

FTI Consulting

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# Heather M. Brandt, PhD

## SPEAKER

Director, HPV Cancer Prevention Program

Co-Associate Director, Community Outreach and Engagement

Member, Epidemiology and Cancer Control

St. Jude Children's Research Hospital

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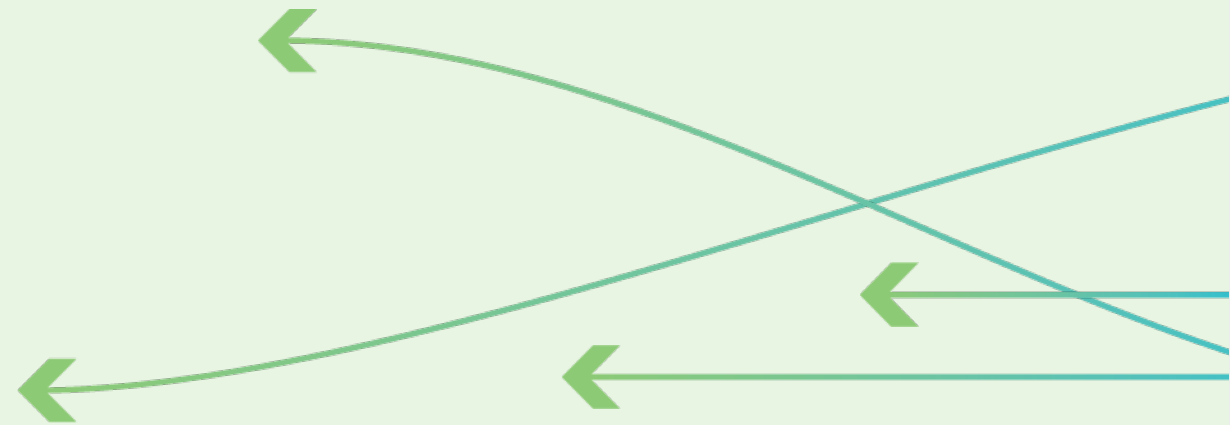
# The State of Affairs on HPV Vaccination Policy : From BIG "P" to little "p"

Citseko Staples Miller &  
Heather Brandt



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# A Few Thoughts Before We Begin

# Our Current Reality

## STAT+

At confirmation hearing, RFK Jr. refuses to say that vaccines don't cause autism



## REUTERS

US vaccine advisory meeting postponed after Kennedy takes top health job

## HUFFPOST

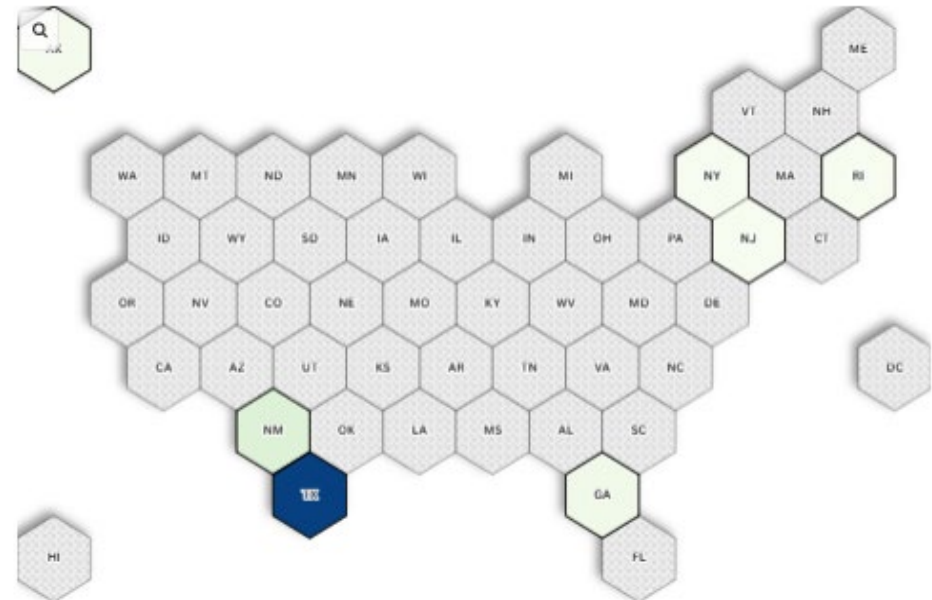
RFK Jr.'s Past Claims About The HPV Vaccine Are Trending — And Experts Have Thoughts

### Which states have seen cases of measles in 2025?

Texas continues to report the most cases at 58

The majority of illnesses have occurred in people who are unvaccinated or have unknown vaccination status

1 58



Sources: [CDC](#), [USA TODAY](#) • Last updated on 2/20/2025 at 4 p.m.

Map created by [Julia Gomez, USA TODAY](#)  
[Mary Walrath-Holdridge, USA TODAY](#)

\* A Flourish map

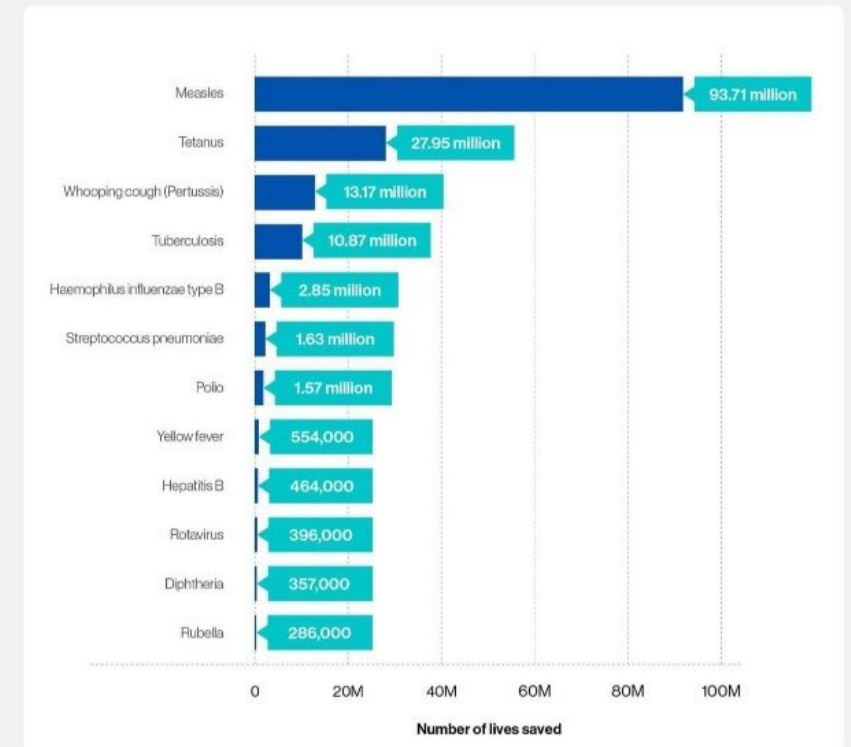
# Resources on the Value of Vaccinations

- [Shattock et al., 2024](#): Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization
- [Ritchie, 2024](#): Vaccines have saved 150 million children over the last 50 years
- [Haele, 2024](#): The Staggering Success of Vaccines
- [Nature](#): Vaccines Save Lives
- [Children's Hospital of Philadelphia](#): History of Vaccines

Figure adapted from: Shattock AJ et al. Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. Lancet. 2024 May 25;403(10441):2307-2316.

## Number of lives saved by vaccination from 1974 to 2004

Data source: Shattock et al. (2024). Contribution of vaccination to improved child survival: modelling 50 years of the Expanded Programme on Immunization.



No vaccine has been more effective at reducing disease burden and child mortality than measles vaccines.

# Vaccines Work.

## Vaccines Work!

CDC statistics demonstrate dramatic declines in vaccine-preventable diseases when compared with the pre-vaccine era

DISEASE	PRE-VACCINE ERA ESTIMATED ANNUAL MORBIDITY <sup>1</sup>	MOST RECENT REPORTS OR ESTIMATES OF U.S. CASES	PERCENT DECREASE
Diphtheria	21,053	2 <sup>2</sup>	>99%
<i>H. influenzae</i> serotype B (invasive, <5 years of age)	20,000	18 <sup>2</sup>	>99%
Hepatitis A	117,333	(est) 37,700 <sup>3</sup>	68%
Hepatitis B (acute)	66,232	(est) 20,700 <sup>3</sup>	69%
Measles	530,217	1,275 <sup>2</sup>	>99%
Meningococcal disease (all serotypes)	2,886 <sup>4</sup>	371 <sup>2</sup>	87%
Mumps	162,344	3,780 <sup>2</sup>	98%
Pertussis	200,752	18,617 <sup>2</sup>	91%
Pneumococcal disease (invasive, <5 years of age)	16,069	1,700 <sup>5</sup>	89%
Polio (paralytic)	16,316	0 <sup>2</sup>	100%
Rotavirus (hospitalizations, <3 years of age)	62,500 <sup>6</sup>	30,625 <sup>7</sup>	51%
Rubella	47,745	6 <sup>2</sup>	>99%
Congenital Rubella Syndrome	152	1 <sup>2</sup>	>99%
Smallpox	29,005	0 <sup>2</sup>	100%
Tetanus	580	26 <sup>2</sup>	96%
Varicella	4,085,120	8,297 <sup>8</sup>	>99%

<https://www.immunize.org/wp-content/uploads/catg.d/p4037.pdf>

# Why should we focus on policy?



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# Health-related Policies on Multiple Levels Drive Change

- Policies are the **basis for decisions**.
- Attempting to change policies can **start conversations** about the issues in question.
- Changing policy is **easier in the long run** than fighting the same battles repeatedly.
- Changed policies can change people's minds, attitudes, and practices – **can change social norms**.
- Changed policies have effects on the **next generation**.
- Policy change is one **path to permanent change**.

CDC Ten Great Public Health Achievements – United States, 1900-1999: <https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>; Brandt HM, Pierce JY, Crary A. Increasing HPV vaccination through policy for public health benefit. Hum Vaccin Immunother. 2016 Jun 2;12(6):1623-5. doi: 10.1080/21645515.2015.1122145. Epub 2015 Dec 15. PMID: 26669416; PMCID: PMC4964717.

# Levels of Policy: Examples of BIG, Middle, and little

## BIG "P" Policy

- National
- State/Local
- Legislative/Regulatory

## Middle "P" Policy

- Guidelines
- Administrative

## Little "p" Policy

- Community
- Organization
- Systems/Practice-level

Appropriations and funding are essential components of any type of policy change; funding to support implementation, including education/outreach, resource development and dissemination, technical assistance and training and program evaluation are key programmatic areas that should be considered.

# What do we know about HPV vaccination policy?



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# What We Know Today about HPV Vaccination\*

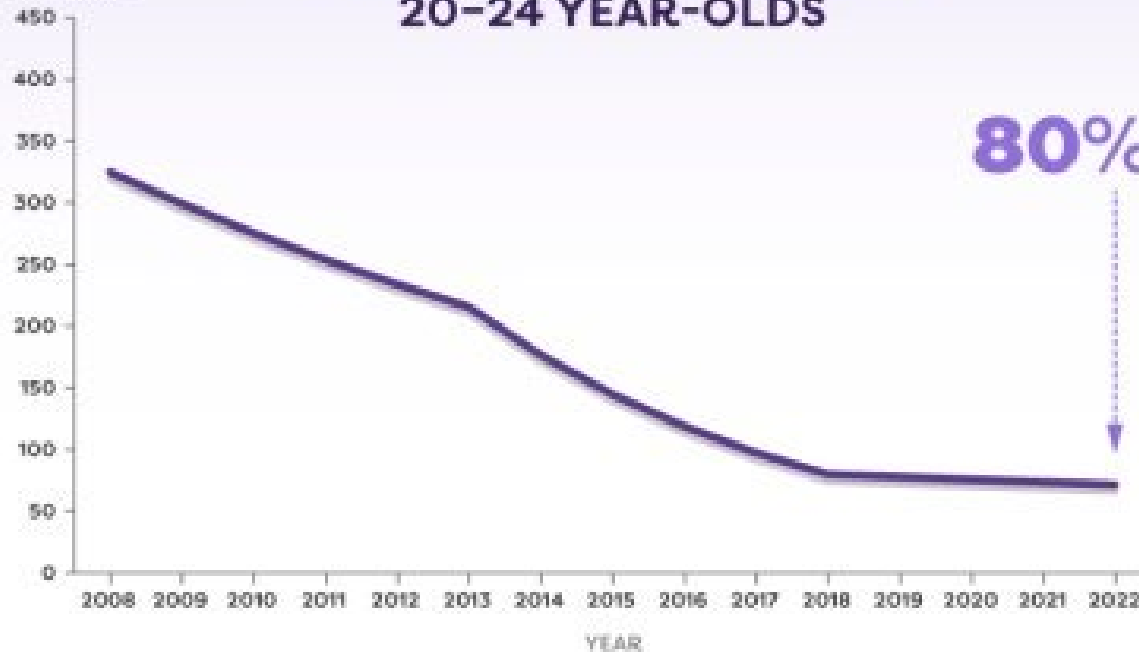
- Safe and highly effective FDA-licensed vaccine (since 2006)
- Recommended for children, adolescents, and adults (ACIP/CDC)
- HPV vaccine covered by all public and most private health insurance programs in the U.S.
  - ACA-compliant Marketplace and private/commercial plans, Medicaid, Vaccines for Children & Section 317 programs
- Coverage requirements are disparate in the U.S. and vary by state (from school entry requirements to personal/philosophical exemptions)
- HPV Vaccination rates in the U.S. (2023) 61% series completion; 77% one-dose
- ACIP HPV Vaccination Work Group
  - (Re)Convened in 2024 and considering possible modifications to ACIP's HPV vaccination recommendations, including:
    - Number of doses currently recommended
    - Capitalizing on opportunities to start HPV vaccination at age 9 (routine recommendation language)
    - Subgroup guidance on shared clinical decision-making for 27-to-45-year-olds
- **It works to prevent pre-cancers, cancers, genital warts... (see next slide)**

\*Literally what we know at this very moment in time, could change in minutes

# Cervical precancers decreased after HPV vaccine was introduced in the United States in 2006

CIN3+ PER 100,000 SCREENED

## CIN3+\* HAS DECREASED IN 20-24 YEAR-OLDS



80%

**Health care providers should recommend HPV vaccination for girls and boys ages 11-12. Vaccination can be started at age 9, and catch-up is recommended through age 26.**

CDC.GOV

[tinyurl.com/mm7406a4](https://tinyurl.com/mm7406a4)

FEBRUARY 27, 2025

\*CIN3+ cervical precancers are most likely to progress to invasive cancer

MMWR

Gargano JW et al. Trends in Cervical Precancers Identified Through Population-Based Surveillance — Human Papillomavirus Vaccine Impact Monitoring Project, Five Sites, United States, 2008–2022. MMWR Morb Mortal Wkly Rep 2025;74:96–101.

# Public Policy Decisions and Factors Driving HPV Vaccination Coverage

- **Recommendation 1:** Leverage meningococcal conjugate vaccination as a model for HPV vaccination education and recommendations
- **Recommendation 2:** Expand health care provider and practice staff education and training related to HPV vaccination and strengthen HPV vaccination recommendations for parents and caregivers
- **Recommendation 3:** Improve efforts to recruit and enroll various types of health care providers in the federal Vaccines for Children (VFC) program
- **Recommendation 4:** Expand the resources available to improve HPV vaccination data collection and reporting through state immunization information systems (IISs)
- **Recommendation 5:** Engage in efforts to preserve and expand eligibility for Medicaid



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## Updated Analysis of Public Policy Decisions and Factors Driving HPV Vaccination Coverage in the United States, 2023

The HPV Cancer Prevention Program at St. Jude Children's Research Hospital partnered with FTI Consulting to examine public policy decisions and other factors that drive human papillomavirus (HPV) vaccination coverage across the United States. The analysis examined the relation between HPV vaccination initiation and series completion with regard to nine factors. Using CDC data and peer-reviewed literature, FTI Consulting performed a cost savings analysis that projected that the increased HPV vaccination series initiation and reduced HPV cancer incidence that would result from addressing four of these factors could reduce national direct health care spending by nearly \$19 million. In addition, the increased HPV vaccination series completion and reduced HPV cancer incidence could reduce the two-year national direct health care spending by more than \$24 million (Figure 1).

**FIGURE 1.** Total National Cost Savings from HPV Vaccine Initiation and HPV Vaccine Series Completion

Factor	Cost Savings (Initiation)	Cost Savings (Completion)
1% increase in meningococcal conjugate vaccine uptake	\$12,777,258	\$15,091,745
Medicaid expansion in the 12 non-expansion states	\$5,909,184	\$8,292,278
Access to one additional VFC provider (per 100,000 children)	\$142,569	\$205,615
Access to one additional pediatrician (per 100,000 children)	\$146,390	\$218,272
<b>Total</b>	<b>\$18,975,401</b>	<b>\$24,444,910</b>

\*At the time of the cost-savings analysis, 12 states had not yet expanded Medicaid.

### POLICY RECOMMENDATIONS

Using the results of the quantitative analysis along with insights from interviews and focus groups, FTI Consulting developed five policy recommendations to improve HPV vaccination coverage.

#### Recommendation 1: Leverage meningococcal conjugate vaccination as a model for HPV vaccination education and recommendations

Coverage for meningococcal conjugate vaccination had the strongest positive relationship with HPV vaccine initiation and series completion. Research shows that adolescents who receive at least one other childhood vaccine are most likely to initiate HPV vaccination. Policies should educate and empower health care providers to recommend HPV vaccination as strongly as they recommend the meningococcal conjugate vaccine. In contrast, health systems and payors should consider incentivizing providers to close the gap between HPV vaccination and meningococcal conjugate vaccination coverage.



## Insights on HPV Vaccination Coverage in the Southeast United States



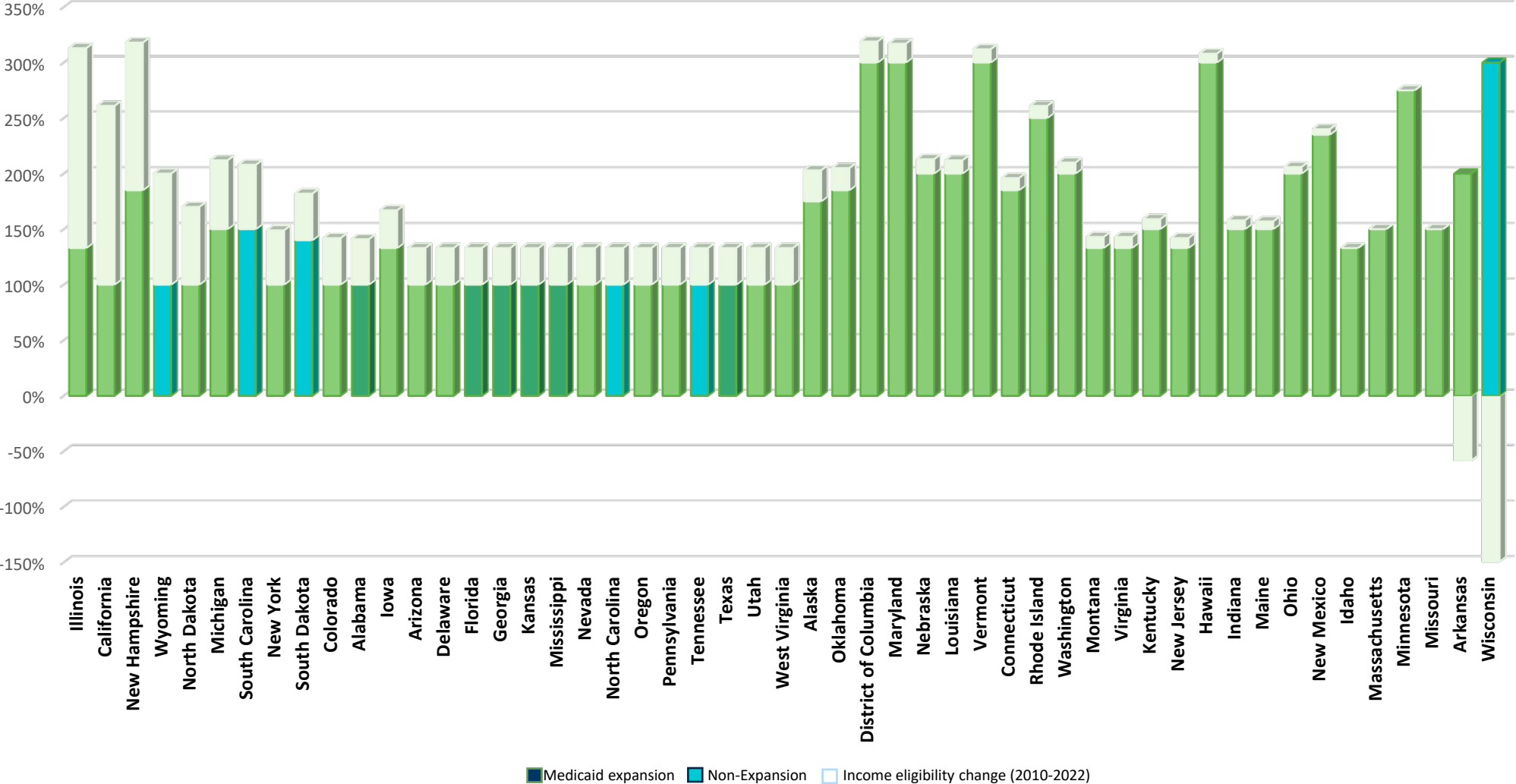
- Increase **Medicaid eligibility** – expand Medicaid and increase to 200% FPL
- **Increase access** to HPV vaccination – availability and accessibility
- Increase systematic efforts to **increase awareness and knowledge** through educational efforts

*January 2024 report addresses policy opportunities to improve HPV vaccination coverage in the Southeastern U.S. due to low HPV vaccination coverage and high rates of HPV cancers.*

*Learn more at: [www.stjude.org/southeast-roundtable](http://www.stjude.org/southeast-roundtable)*

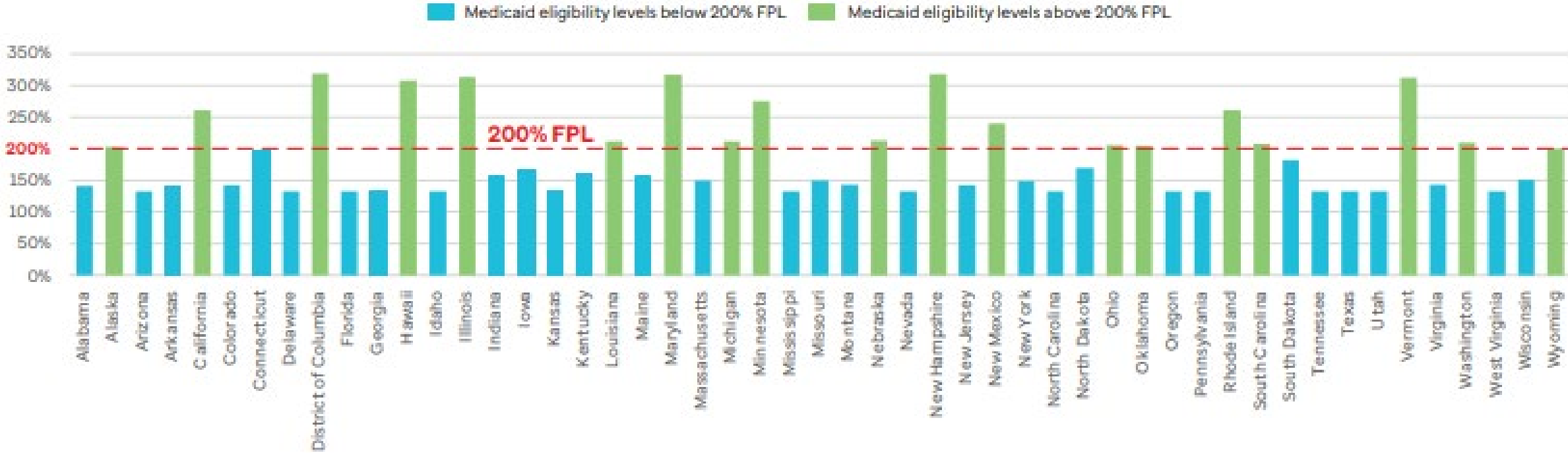


# Change In Medicaid Eligibility by Federal Poverty Level (FPL) for Children Ages 6-18, from 2010 to 2022



# Change In Medicaid Eligibility by Federal Poverty Level (FPL) for Children Ages 6-18, from 2010 to 2022

MEDICAID ELIGIBILITY LEVELS FOR CHILDREN 6 - 18 YEARS OLD, 2022



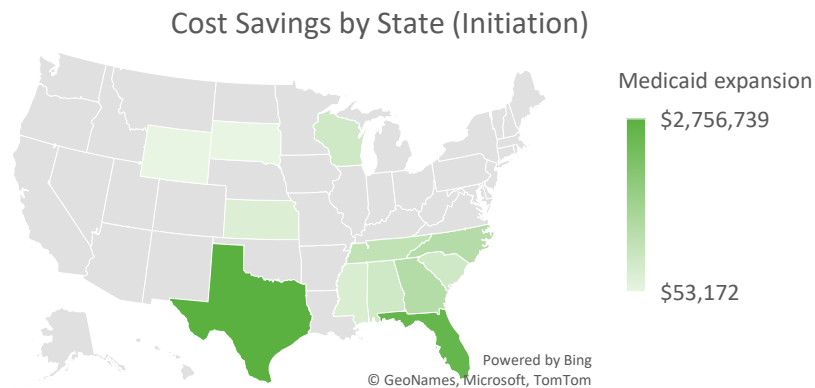
# HPV Vaccine-Related Cost Savings From Increasing Medicaid Income Eligibility for Children, ages 6-18, up to 200% FPL: HPV Vaccination Initiation

- For the population that initiated the HPV vaccine series (HPV vaccine initiation model), increasing Medicaid income eligibility up to 200% FPL in 32 states with lower eligibility limits is associated with close to **\$6 million in savings from reduced HPV cancer incidence through increased HPV vaccination.**

## National Cost\* Savings by HPV Cancer: Medicaid Expansion

Cancers caused by HPV	Cost Savings (Initiation)
Anus, Anal Canal and Anorectum	\$ 3,227,228
Cervix Uteri	\$ 4,479,413
Oropharynx	\$ 1,422,603
Penis	\$ 273,814
Vagina	\$ 457,284
Vulva	\$ 709,604
<b>Total</b>	<b>\$ 10,569,947</b>

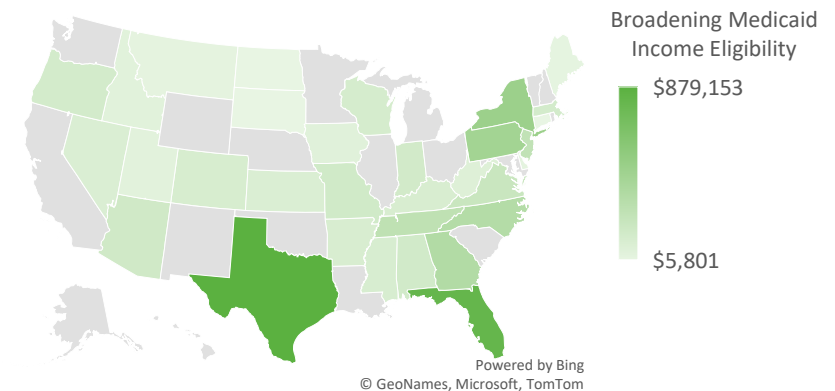
Note: The CDC does not report incidence for certain states and certain cancer types, due to no data or suppressed data i.e., less than 16 cases for a rare cancer type.



## National Cost\* Savings by HPV Cancer: 200% FPL

Cancers caused by HPV	Cost Savings (Initiation)
Anus, Anal Canal and Anorectum	\$ 1,846,337
Cervix Uteri	\$ 2,461,834
Oropharynx	\$ 767,864
Penis	\$ 145,637
Vagina	\$ 246,156
Vulva	\$ 441,356
<b>Total</b>	<b>\$ 5,909,184</b>

HPV Vaccine-Related Cost Savings by Increasing Medicaid Eligibility in States Lower than 200% FPL (Initiation)



\*Costs represent the direct medical care costs during the first 2 years after diagnosis. Direct medical costs include medical care services such as physician services, diagnostic tests, and hospitalization expenses.

The 32 states with Medicaid income eligibility below 200% FPL are varying shades of green.

# HPV Vaccine-Related Cost Savings From Increasing Medicaid Income Eligibility for Children, ages 6-18, up to 200% FPL: HPV Vaccination Completion

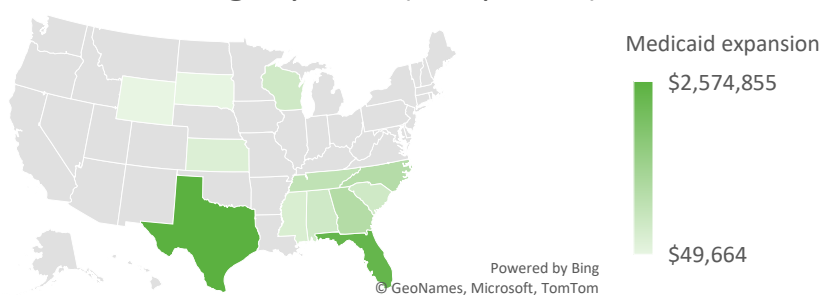
- For the population that completed the HPV vaccine series (HPV vaccine completion model), increasing Medicaid eligibility up to 200% FPL in states with lower income eligibility levels is associated with nearly **\$9 million in savings from reduced HPV cancer incidence through increased HPV vaccination.**

## National Cost\* Savings by HPV Cancer: Medicaid Expansion

Cancers caused by HPV	Cost Savings (Completion)
Anus, Anal Canal and Anorectum	\$ 3,014,301
Cervix Uteri	\$ 4,183,869
Oropharynx	\$ 1,328,743
Penis	\$ 255,749
Vagina	\$ 427,113
Vulva	\$ 662,785
<b>Total</b>	<b>\$ 9,872,560</b>

Note: The CDC does not report incidence for certain states and certain cancer types, due to no data or suppressed data i.e., less than 16 cases for a rare cancer type.

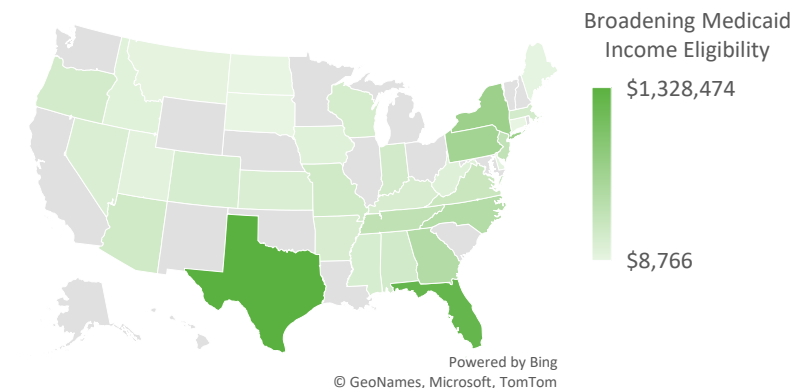
### Cost Savings by State (Completion)



## National Cost\* Savings by HPV Cancer: 200% FPL

Cancers caused by HPV	Cost Savings (Completion)
Anus, Anal Canal and Anorectum	\$ 2,789,972
Cervix Uteri	\$ 3,720,040
Oropharynx	\$ 1,160,307
Penis	\$ 220,070
Vagina	\$ 371,963
Vulva	\$ 666,926
<b>Total</b>	<b>\$ 8,929,278</b>

### HPV Vaccine-Related Cost Savings by Increasing Medicaid Eligibility in States Lower than 200% FPL (Completion)



The 32 states with Medicaid income eligibility below 200% FPL are in green.

\*Costs represent the direct medical care costs during the first 2 years after diagnosis. Direct medical costs include medical care services such as physician services, diagnostic tests, and hospitalization expenses.

# What research opportunities exist for HPV vaccination policy?



# Policy Considerations to Increase HPV Vaccination

- **Preserve the policies on the books that support HPV vaccination**
- Pursue school-entry requirements for meningitis vaccination to drive HPV vaccination - *Big P*
- Require training for health care provider practices falling below state average or in bottom quartile (e.g., Indiana) - *small p*
- Forecast for HPV vaccination at age 9 in state immunization information systems – *Middle p*
- Increase reimbursement rates for non-pediatricians, especially family physicians – *Big P*
- Expand administration authority: pharmacists, oral health providers, mobile units, school-based HPV vaccination education and administration – *Big P/Middle p*
- Expand adult coverage of HPV vaccination – *Big P*
- Implement one-dose or single-dose HPV vaccination, if approved and recommended in the U.S. - *Big P*
- Emphasize elimination of HPV cancers beginning with cervical cancer as a public health problem in advocacy efforts -- **\*this\*** is what is possible – *small p*

Vanderpool RC, Stradtman LR, Brandt HM. Policy opportunities to increase HPV vaccination in rural communities. Hum Vaccin Immunother. 2019;15(7-8):1527-1532.

# What should we be paying attention to now?



**HPV Cancer  
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# HPV Policy Landscape in 2025 and Beyond

Healthcare, public health, cancer prevention and vaccine policy decisions being considered at the federal, state and local levels that could dramatically impact HPV cancer prevention efforts in the United States

## Issues to Watch

- Health Insurance Coverage
- Access to Benefits, Services and Providers
- Financing and Reimbursement
- Educational Materials and Resources
- Data Collection and Reporting
- Vaccine Policy and Programmatic Investment Changes

Federal Actions Trickle Down to States

# Coverage Scenarios

Efforts are underway to **reform health insurance** coverage jeopardizing access to comprehensive health insurance coverage, including care across the HPV cancer continuum.

Congress is aggressively working to **cut Medicaid spending by \$880 billion**, which will dramatically change the health insurance program for millions of infants, children, adolescents, adults, seniors and those with disabilities.



**Health Insurance Coverage**  
(ACA/Marketplace, Medicaid, CHIP)



**Benefits & Services**  
(USPSTF & ACIP-recommended vaccines)



**Financing & Reimbursement**  
(Medicaid reform & spending cuts, subsidies, taxes)



**Data Collection & Reporting**  
(coverage, enrollment, utilization,

# Public Health & Vaccine Scenarios

Given the widespread authority held by the Secretary of Health and Human Services, there are several disruptive vaccine policy decisions that may play out under the leadership of RFK Jr., including:



**Federal Agency  
Changes**



**Reorganizing  
Vaccine  
Policymaking Bodies**



**Vaccine Policy  
Changes**



**Specific Focus on  
Select Vaccines  
(HPV, polio, measles)**

# Key Areas of Impact



## Reduced Funding for Vaccination Programs

- Limiting resources for public health programs and initiatives focused on increasing education, awareness and promotion of vaccination.



## Increased Focus on Vaccine Safety Oversight

- Expansion of monitoring programs like VAERS, while promoting misinformation and public hesitancy.
- Increased regulatory barriers for vaccine approvals and updates to recommendations.



## Restructuring of Vaccine Policy Frameworks

- Reorganization of ACIP (Advisory Committee on Immunization Practices), altering its priorities and composition could change the perception of the agency as a reliable source of vaccine-related information, including immunization schedules.

# Potential State-Level Vaccine Policy Actions

While the federal government has broad authority regarding vaccine policy and provides state and local jurisdictions with billions of dollars in funding for public health and vaccine programs, **it's largely up to states to establish and maintain policies that directly govern vaccination requirements.** Where federal authorities end, the Trump administration could provide states guidance on how to take legislative, regulatory or administrative action to erode confidence in vaccines, increase hesitancy and reduce vaccine access, coverage and affordability.

## Broadening Use of Vaccine Exemptions

States could expand non-medical exemptions, allowing parents or individuals to opt out of vaccination requirements for religious, philosophical, or personal reasons.

## Prohibiting Vaccine Mandates - Employment or School Attendance

States could pass laws that prohibit employers, schools, or public institutions from requiring vaccines as a condition of employment or enrollment.

## Restrict Public Health Agencies Powers & Authorities

States could limit the authority of public health officials to mandate vaccines during emergencies, requiring legislative approval for such measures.

## Prohibit Vaccine Data Collection and Sharing

States could ban the collection, storage, or sharing of vaccine status data by public or private entities without explicit consent.

## Limit Vaccine Info Distributed by Schools or Public Agencies

States could restrict the type of information public schools or health departments provide about vaccines, ensuring that messaging is "balanced" or includes risks.

## Prohibit Federal Influence on State Vaccine Policies

States could pass laws rejecting federal conditions tied to vaccine policies, such as cooperative agreements or funding requirements.

## Require Independent Review of Vaccine Safety Data

States could mandate that all vaccine safety data, including adverse events, be independently reviewed by a state-appointed committee before any vaccine is recommended or required.

## Mandate Black Box Warnings on Vaccine Labels

States could require all vaccines administered to include prominent black box warnings detailing potential side effects, risks, and reported adverse events.

# What can we do?

[stjude.org/hpv](http://stjude.org/hpv) · [stjude.org/hpv-policy-summary](http://stjude.org/hpv-policy-summary) · [#EndHPVcancers](https://twitter.com/EndHPVcancers)



**HPV Cancer  
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# Know What is Happening in Your State

**Tennesseans TRUST**  
**our State Health**  
**Department!**



Ask your legislators to  
**VOTE NO**  
on HB1157-SB1031  
The Restore Trust in Public  
Health Messaging Act



Ask the House Health  
Committee to vote

**NO**  
on HJR0028



HJR0028 proposes a constitutional  
amendment that would prohibit all  
current and future school  
vaccination requirements



Personalized neoantigen-based vaccines are  
a promising immunotherapy approach for  
some cancer patients.



Ask your lawmakers to vote **YES** on the  
Individualized Investigational Treatment Act  
HB0192/SB0282



Selected examples  
of current action  
alerts in Tennessee.

Selected organizations with vaccination policy and advocacy resources:

healthywomen



# Educate Elected Officials as a Citizen

- **Vaccinations work to prevent diseases and save lives. Vaccinations keep families, schools, and communities safe.**
- Reach out by calling, sending emails, writing letters, and/or scheduling a visit
- Identify yourself as a voting citizen/constituent represented by the elected official being contacted
- Share your commitment to vaccinations as critical to preserving public health
  - Do your research about the issue and elected official's position
  - Choose a focus, such as specific legislation you would like to be supported or opposed
  - Tell your story about why this matters to you
- Provide your contact information for follow-up communication
- Say “thank you”



# A Few Final Thoughts

# Our Opportunity to Prevent HPV Cancers

- **Work with what we have in our current context and conditions**
  - Address misinformation
  - Build confidence to combat hesitancy by normalizing HPV vaccination as cancer prevention!
  - Capitalize on opportunities to protect against HPV cancers
  - Deepen investment in HPV cancer prevention across the continuum (from vaccination to screening & diagnostic care to treatment and survivorship care)
- **Amplify the evidence!!!**
  - Share the news... we have evidence showing pre-cancers and cancers prevented as a result of HPV vaccination
- **Put what we know works into practice**
  - Pursue policy changes to solidify access to HPV vaccination
  - Use evidence-based interventions and also consider what evidence is needed
- **Stay the course**

# Acknowledgments

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**HPV Cancer  
Prevention  
Program**

PATH →  
to prevention

# The State of Affairs on HPV Vaccination Policy : From BIG "P" to little "p"

Citseko Staples Miller and  
Heather Brandt



**HPV Cancer  
Prevention  
Program**



# Moderated Discussion



**Brigid Grabert, PhD, JD**  
*Assistant Professor  
Department of Implementation  
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University School of Medicine,  
Atrium Health Wake Forest  
Baptist Comprehensive Cancer  
Center*



**Citseko Staples Miller**  
*Managing Director  
Public Affairs, Health & Life  
Sciences, FTI Consulting*



**Heather M. Brandt, PhD**  
*Director, HPV Cancer Prevention Program,  
Co-Associate Director, Community  
Outreach and Engagement Member,  
Epidemiology and Cancer Control  
St. Jude Children's Research Hospital*

# Closing Remarks

[stjude.org/hpv](http://stjude.org/hpv) • #EndHPVCancers



# Evaluation

Please take a brief moment to complete an evaluation of today's seminar. Your feedback is important to us and will be used to plan future offerings.



# Upcoming HPV Awareness Day Seminars

Register at  
[stjude.org/HAD2025](https://stjude.org/HAD2025)



## 2025 SEMINAR SERIES

### HPV Awareness Day

March 3 - 7, 2025

All seminars will be held from  
Noon - 1:15 p.m. Central Time  
Virtual | Webex

The St. Jude HPV Cancer Prevention Program is hosting a series of five virtual seminars in recognition of HPV Awareness Day on March 4.

HPV Awareness Day is a global movement dedicated to raising awareness about HPV cancers. This webinar series offers an opportunity to learn more about increasing HPV vaccination rates for all children through education, promotion of best practice models, and strategic partner engagement.



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HPV Cancer  
Prevention  
Program

Monday  
March 3 **Vaccines in the U.S.:  
A Journey Through History**

Tuesday  
March 4 **Promoting HPV Vaccination  
Policy to Prevent HPV Cancers**

Wednesday  
March 5 **Realizing a Regional Plan  
to Eliminate HPV Cancers,  
Starting with Cervical Cancer,  
as a Public Health Concern in  
the Southeast**

Thursday  
March 6 **Closing the HPV Vaccination  
Gap and Preventing HPV  
Cancers from Boys to Men**

Friday  
March 7 **Harvesting Best Practices  
to Prevent Rural HPV Cancers**

REGISTER NOW

Register for one seminar or the entire series. Seminars will be recorded for those who are unable to join live.

If you have questions, please email [PreventHPV@stjude.org](mailto:PreventHPV@stjude.org),  
[stjude.org/HAD2025](https://stjude.org/HAD2025)

## 2025 HPV AWARENESS DAY SEMINAR SERIES

Realizing a Regional  
Plan to Eliminate  
HPV Cancers,  
Starting with  
Cervical Cancer,  
as a Public Health  
Concern in  
the Southeast

March 5, 2025  
12:00 - 1:15 PM CST  
Virtual | Webex

*This virtual seminar will describe the progress and potential of implementing a regional plan to eliminate HPV cancers, starting with cervical cancer as a public health concern, in the Southeastern U.S. as part of the HPV Vaccination Roundtable of the Southeast.*



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Program

## Seminar Moderator



**Jennifer Smith, PhD**  
Professor  
University of North Carolina, Gillings School of Global Public Health, Department of Epidemiology

## Seminar Speakers



**Trisha Amboree, PhD**  
Assistant Professor  
Department of Public Health Sciences, Medical University of South Carolina, Charleston, Cancer Prevention and Control Program, Hollings Cancer Center



**William (Sam) Greenfield, MD**  
Professor  
Obstetrics & Gynecology, University of Arkansas for Medical Sciences



**Eve McDavid**  
CEO & Co-Founder  
Mission-Driven Tech



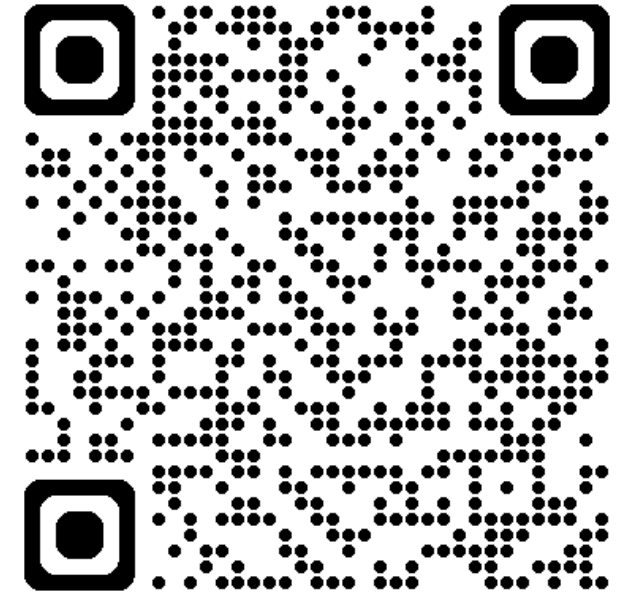
**Ran Zhao, PhD**  
Researcher  
University of Minnesota School of Public Health

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[stjude.org/HAD2025](https://stjude.org/HAD2025)

# One Less Worry Campaign 2025 is Live!



**Thank you for  
joining us today!**

Email us at [PreventHPV@stjude.org](mailto:PreventHPV@stjude.org) with any questions.

[stjude.org/hpv](http://stjude.org/hpv) • [#EndHPVCancers](https://twitter.com/EndHPVCancers)

