HPV Vaccination Age Forecasting in State Immunization Information Systems (IIS)

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

August 14, 2025

Samantha Wells, MPH
Program Coordinator, St. Jude
HPV Cancer Prevention Program

Welcome

- 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.

- We will use the Q&A feature for questions. Please use the chat to share resources and engage with others.

Starting at Age 9 and Other Best Practices Priority Action Area

Why the Southeast?

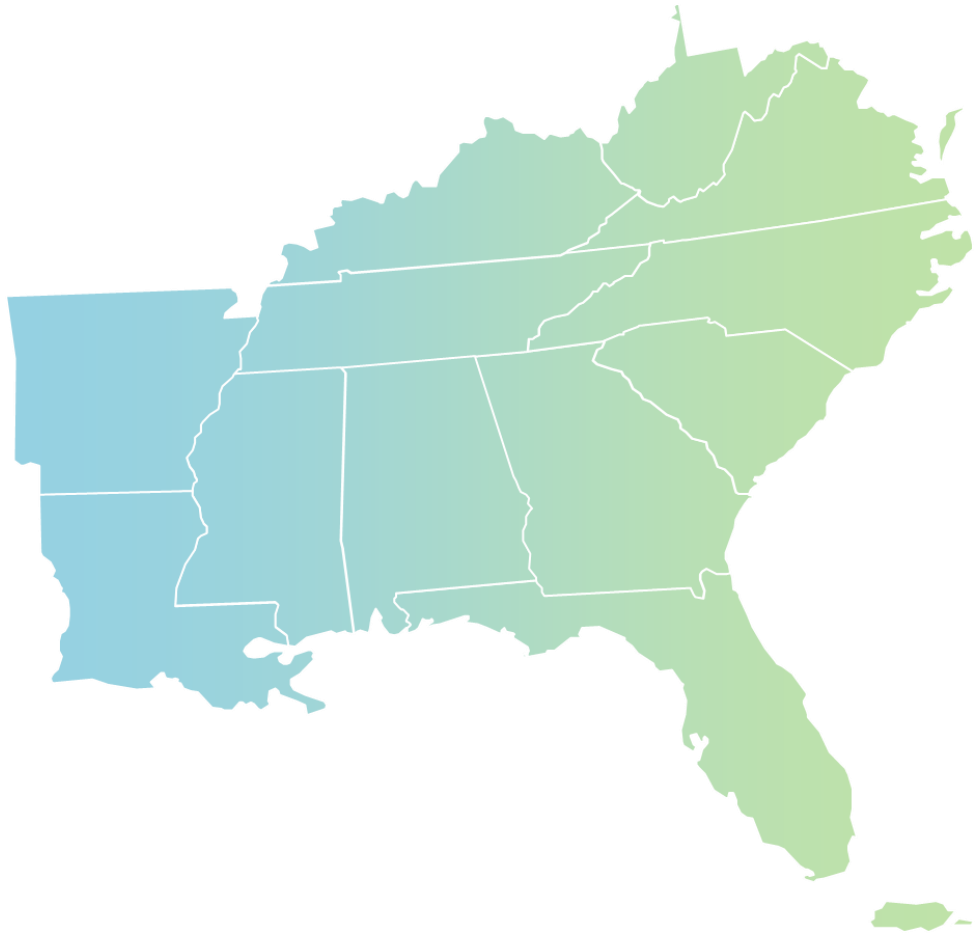
HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

By coming together as the southeastern region, we can discuss and act on:

- Conditions surrounding HPV vaccination and HPV cancer prevention;
- HPV vaccination success stories – and how these may be leveraged and replicated in other areas of the southeast;
- Challenges facing HPV vaccination – and how we may support each other to overcome such barriers; and
- Opportunities to improve HPV vaccination coverage in each state and across the region.

Southeast Roundtable

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST



1. Alabama
2. Arkansas
3. District of Columbia
4. Florida
5. Georgia
6. Kentucky
7. Louisiana
8. Mississippi
9. North Carolina
10. Puerto Rico
11. South Carolina
12. Tennessee
13. Virginia
14. West Virginia

Southeast Roundtable Action Priorities, 2024-2025

Communication

Develop and implement a **communication campaign and messages** for the Southeastern region

1. Create a campaign that will focus on HPV vaccination as cancer prevention for everyone (gender-neutral)
2. Focus on working with rural communities through health department partnerships
3. Provide bite sized, digestible, accessible information for health care providers

Elimination

Develop and disseminate a **plan for HPV cancer elimination in the Southeast**, beginning with cervical cancer as a public health problem

1. Develop a regional plan for eliminating HPV cancers, starting with cervical cancer as a public health problem
2. Identify and unify partners in a collective voice around a plan to eliminate HPV cancers, starting with cervical cancer
3. Build a toolkit for Southeast Roundtable states and jurisdictions to develop own elimination plans

Start at Age 9 and Other Best Practices

Accelerate efforts to **start HPV vaccination at age 9**

1. Support the entire health care team (e.g. primary care providers, family practice physicians, caregivers) to deliver consistent HPV vaccination messaging through training (e.g. AAT, 3Cs), and building trust with patients, as well as sharing the benefits, best practices, and case studies for starting at age 9
2. Prepare medical residents to communicate HPV vaccination starting at age 9 through development of a training curriculum
3. Engage regional partners and disseminate resources to initiate activation of HPV vaccination starting at age 9

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Lead: Samantha Wells

Start at Age 9 and Other Best Practices Implementation Team

- Rachael Baartmans, North Carolina Department of Health
- Crystal Back, Kentucky Department of Health
- Amanda Baig, American Cancer Society
- Kelly Bockelmann, Humana Healthy Horizons SC
- Michelle Bowden, The University of Tennessee Health Sciences Center
- Julia Brown, St. Jude HPV Cancer Prevention Program
- Eugenia Daniels, Mississippi Department of Health
- Jennifer Erves, Vanderbilt Ingram Cancer Center
- Debra Friedman, Vanderbilt Ingram Cancer Center
- Kim Hale, American Cancer Society
- Christine Hartford, Baptist University College of Osteopathic Medicine
- Jennifer Isher-Witt, American Cancer Society
- Angela Kalous, American Cancer Society
- Alyssa Lee, University of South Alabama Mitchell Cancer Institute
- Morgan Loundsbury, West Virginia University Cancer Institute
- Maddy McNee, St. Jude HPV Cancer Prevention Program
- Hannah Nein, American Cancer Society
- Jill Pait, American Cancer Society
- Nyree Riley, Georgia Cancer Center
- Barbara Schuler, Vax 2 Stop Cancer
- Dee Sinard, Immunize Tennessee
- Chamari Walker, Amplify Youth Health Collective
- Lauren Wright, West Virginia University
- Samantha Wells, St. Jude HPV Cancer Prevention Program

Start at Age 9 and Other Best Practices Implementation Team

Training Opportunities

- Announcement Approach Training
- 3Cs: Confident, Concise, and Consistent Health Care Provider Recommendations

Medical Trainee Curriculum

- Pilot project at two medical institutions in Tennessee

Case Studies

- Quarterly case study meetings
- Information and resources guide

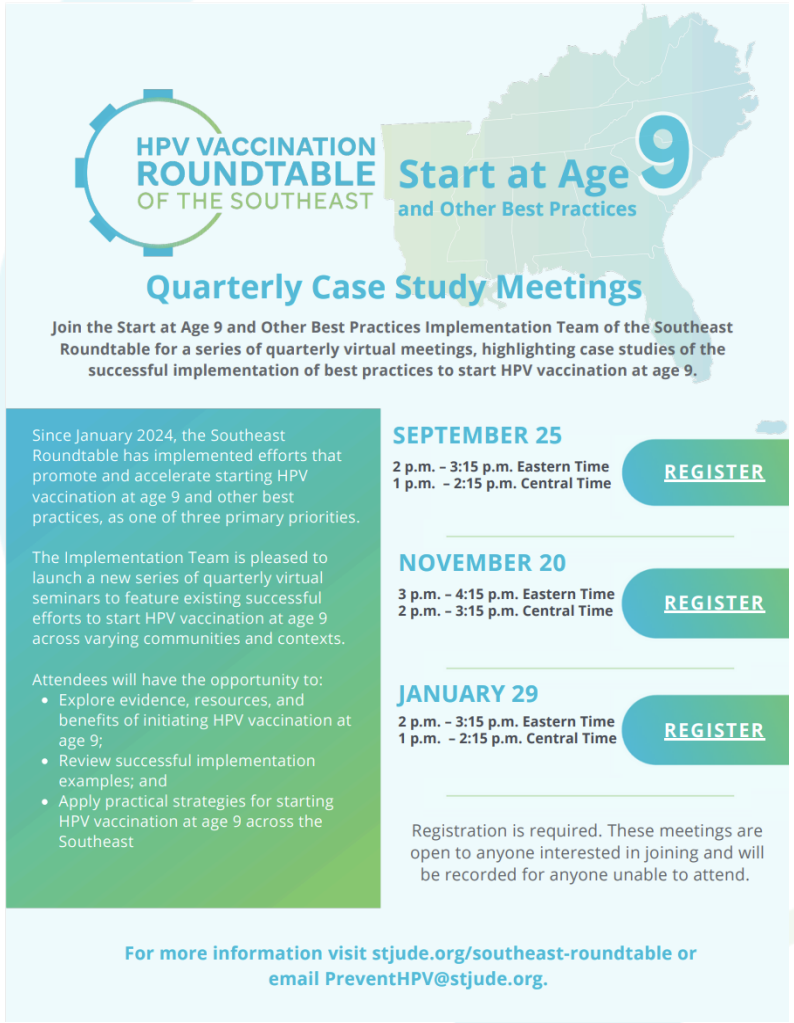
Start at Age 9 Quarterly Case Study Meeting

September 25, 1 – 2:15 p.m. CT / 2 – 3:15 p.m. ET

- The first quarterly case study meeting, presented by the Southeast Roundtable's Start at Age 9 & Other Best Practices implementation team, will focus on an overview of age 9 case studies and recommendations. Future sessions will be held quarterly, highlighting unique case studies to share learnings from age 9 implementation efforts from across the Southeast region. Anyone is welcome to join.

- If you have recommendations for case study presenters, or would like to share your work please email us at PreventHPV@stjude.org

Register here:



Southeast Roundtable Membership Form

Anyone is welcome to join the roundtable who shares our commitment to improve HPV vaccination across the Southeast

Membership will help to monitor metrics related to participation and engagement

Membership Form

http://stjude.org/SERTmem

Moderator

Donoria Evans, PhD
Director, Data and Evaluation,
National Roundtables and Coalitions,
American Cancer Society

Speakers

Kristy Westfall
IIS Policy Associate Director, Association of Immunization Managers

Nadja Vielot, PhD
Assistant Professor, Family Medicine, UNC Chapel Hill

Immunization information systems (IIS) and age-based HPV vaccination recommendations in the United States: new data and visualizations

Nadja A. Vielot, PhD
Assistant Professor, Family Medicine
University of North Carolina at Chapel Hill

Donoria Evans, PhD
Director, Data and Evaluation
American Cancer Society

Kristy Westfall
Immunization Information System Policy Associate Director
Association of Immunization Managers

August 14, 2025

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Disclosures

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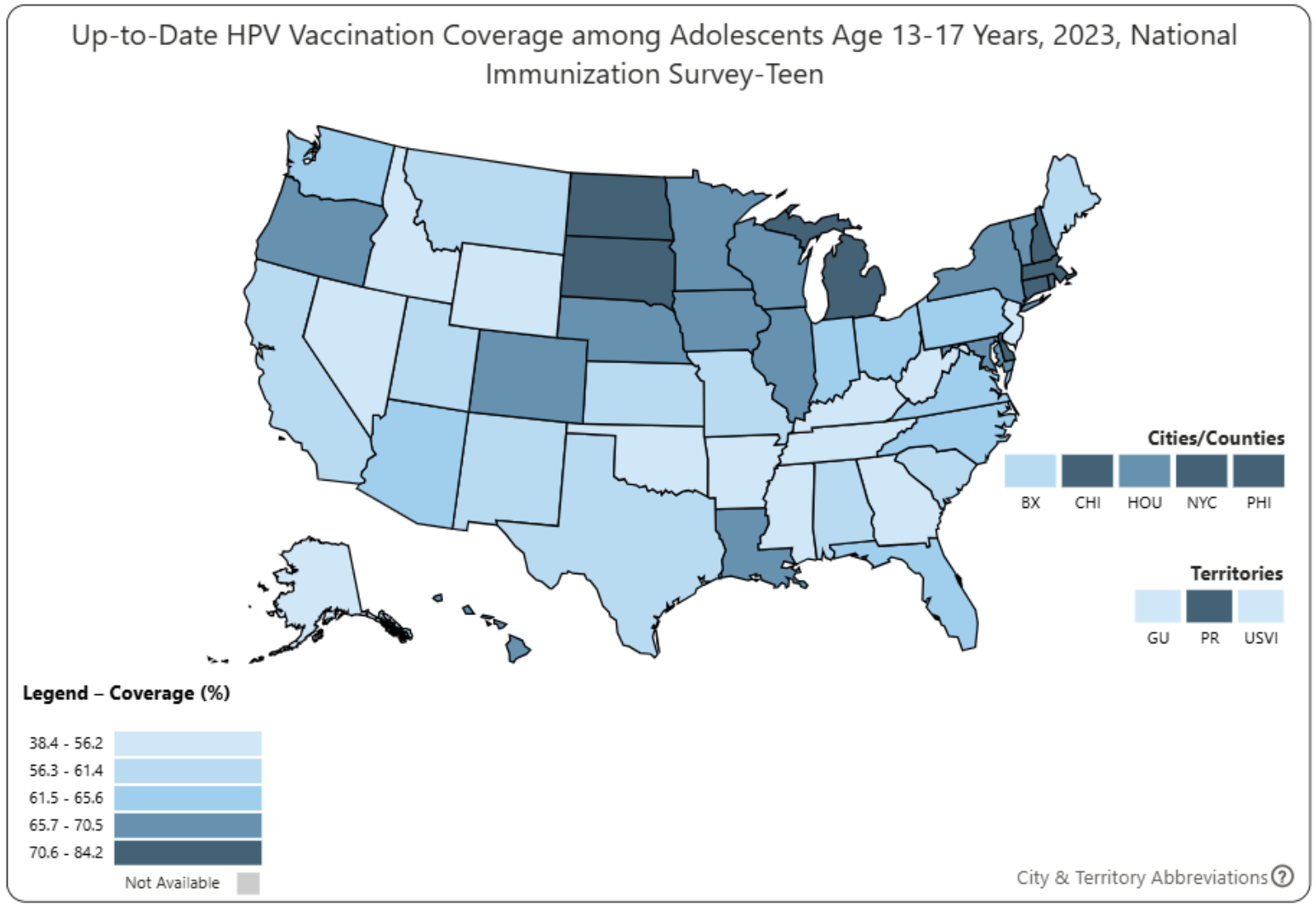
- This project was funded by a National Cancer Institute Supplement to “Improving Provider Announcement Communication Training (IMPACT)” P01CA250989-03S1 (PI: Brewer)

- NAV has received grants for HPV vaccination research from Merck, the National Cancer Institute, and the Agency for Healthcare Research and Quality, and consultancy fees from Merck.

Background: HPV vaccination disparities (2023)



Jurisdiction	Coverage estimate (%)
Rhode Island	84.2
Massachusetts	82.3
North Dakota	78.3
Philadelphia, PA	78.1
Puerto Rico	76.0
Kentucky	47.9
Oklahoma	44.2
US Virgin Islands	44.2
Georgia	40.5
Mississippi	38.4

https://www.cdc.gov/teenvaxview/interactive/index.html

Background: HPV vaccination recommendations

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CDC Centers for Disease Control and Prevention ACIP

Routine vaccination	Age **11-12 years**; can be started at age 9 years
Catch-up vaccination	Age **13-26 years**, if not adequately vaccinated
Shared clinical decision-making	Some adults ages **27-45 years**, if not adequately vaccinated

AAP News™

Why AAP recommends initiating HPV vaccination as early as age 9

Don't Wait to Vaccinate

American Cancer Society

Mission: HPV CANCER FREE

cancer.org/hpv

DID YOU KNOW...

The American Cancer Society recommends that boys and girls get vaccinated against HPV between the ages of **9 and 12** to help prevent six types of cancer later in life.

Background: Immunization information systems (IIS)

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- 66 US jurisdictions receive federal funds to manage immunization programs, and these funds can be applied to IIS.
- IIS can support clinicians to recommend vaccines to their patients at CDC-recommended ages and intervals.
- Jurisdictional IIS are highly variable, and the CDC's HPV vaccination recommendation allows some flexibility in timing

Kristy Westfall
IIS Policy Associate Director, Association of Immunization Managers

About AIM

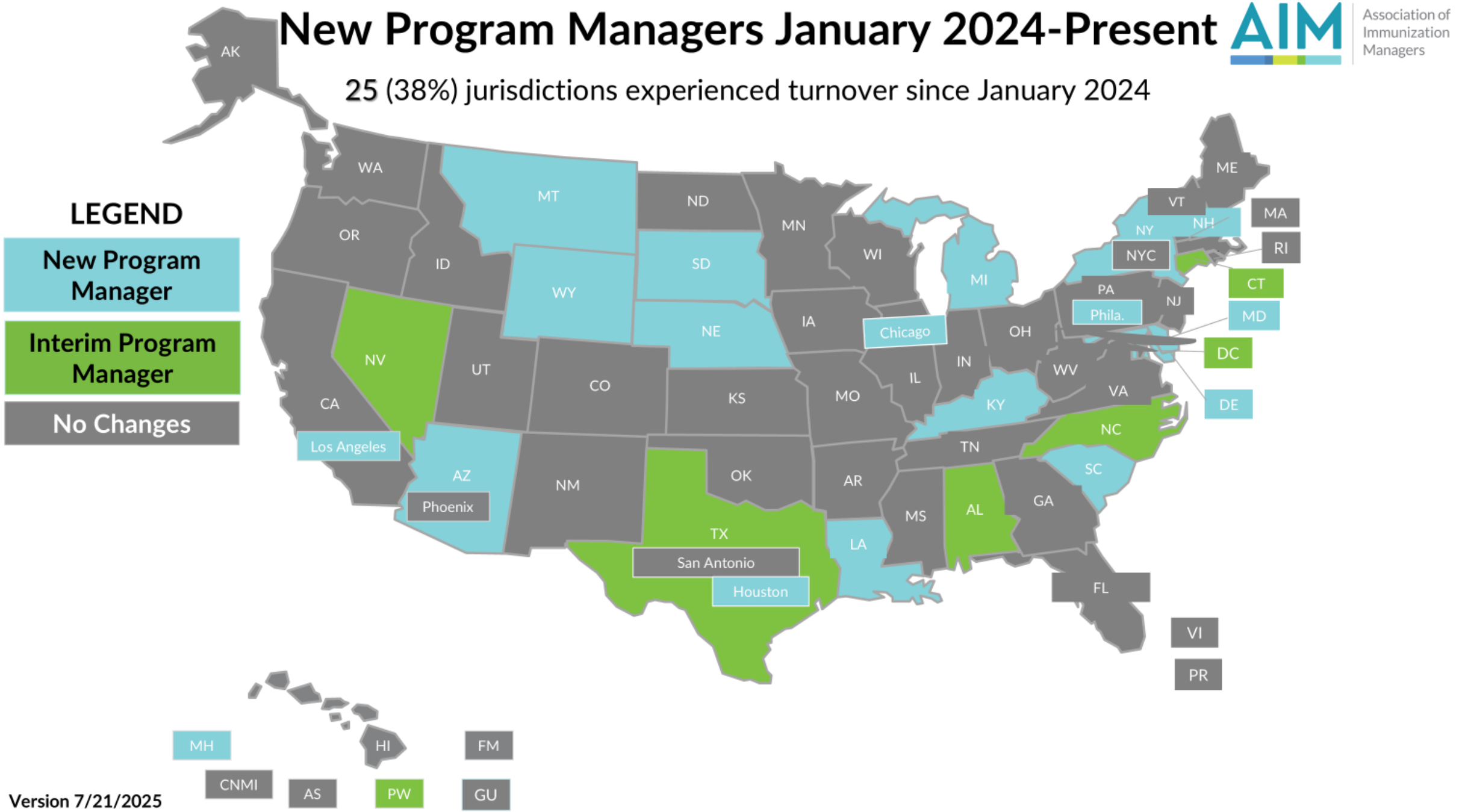
- The Association of Immunization Managers (AIM) is a non-profit, tax-exempt, non-partisan membership association that supports the 66 federally funded immunization programs in the 50 states, 8 U.S. territories and freely-associated states, and 8 major cities.
    - *Phoenix, AZ, and Los Angeles, CA, are new AIM members that were funded by the CDC as of July 1, 2025*
- AIM is dedicated to working with its partners nationwide to reduce, eliminate, or eradicate vaccine-preventable diseases. AIM also works to ensure the success of its members by providing support in their programming interests.
- Since 1999, AIM has enabled collaboration among immunization managers to effectively control vaccine-preventable diseases and improve immunization coverage in the United States.

Visit www.immunizationmanagers.org to learn more!

New Program Managers January 2024-Present

Association of Immunization Managers

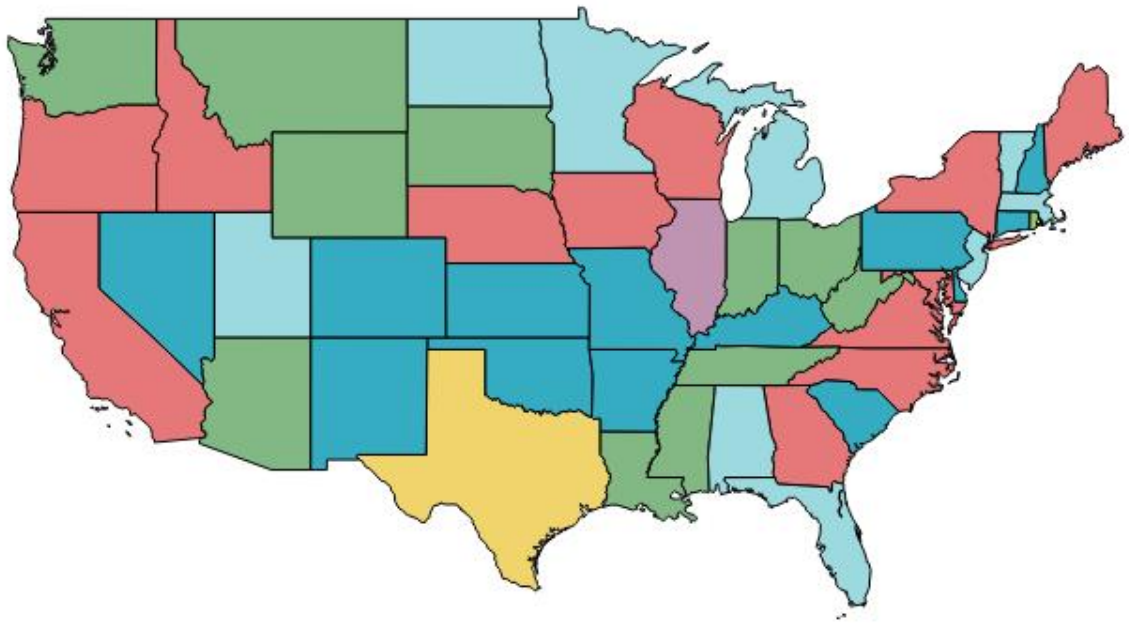
25 (38%) jurisdictions experienced turnover since January 2024



Version 7/21/2025

Awardee IIS and Vendors

Association of Immunization Managers



- Envision System & Vendor
- Homegrown System & HLN Vendor
- Homegrown System & No Vendor
- Homegrown System & Other Small Vendor
- Optimoz
- STC System & Vendor
- WIR System & Deloitte Vendor
- WIR System & Gainwell Vendor

Alaska	
American Samoa	
Chicago	
Guam	
Hawaii	
Houston	
Marshall Islands	
Micronesia (FSM)	
New York City	
Northern Mariana Islands	
Palau	
Philadelphia	
Puerto Rico	
San Antonio	
Virgin Islands	

AIM policy maps are updated on a rolling basis with voluntary information that is self-reported by immunization programs. These policies have not been verified outside of self-reported procedures. If this map needs to be updated, please reach out to info@immunizationmanagers.org. This map was last updated: April 2025.

IIS: Immunization Information System
WIR: Wisconsin Immunization Registry

Nadja Vielot, PhD
Assistant Professor,
Family Medicine, UNC
Chapel Hill

Research questions

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1. What are the characteristics of jurisdictional IIS with respect to state HPV vaccination recommendations?

2. How do jurisdictional health departments determine forecasts for HPV vaccination, and what characteristics of IIS platforms influence the forecast?

Study activities

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Activity A. Gather data from the published literature, immunization program webpages, and immunization program personnel for the (then) 64 US states and jurisdictions federally funded for IIS

Activity B. Conduct in-depth stakeholder interviews on IIS implementation and decision-making in multiple jurisdictions

Activity C. Disseminate an interactive data dashboard and case summaries to guide IIS priority-setting and implementation across jurisdictions

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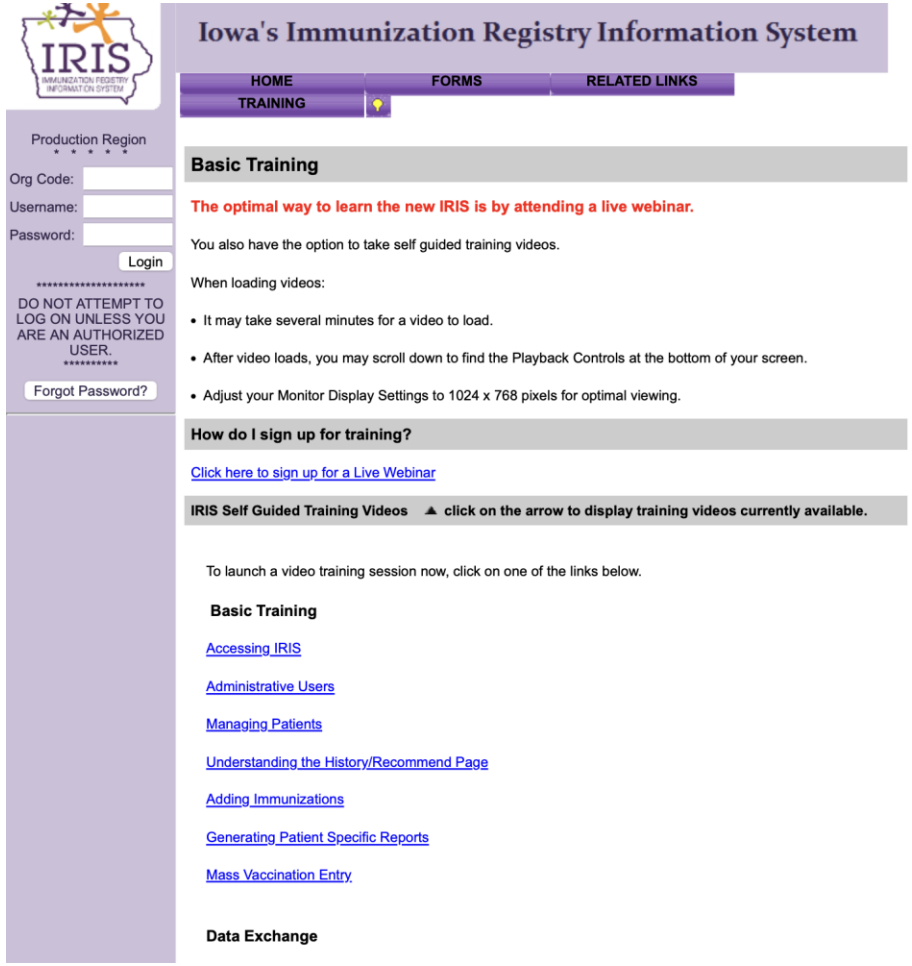
Activity A

Methods: searching jurisdictional IIS public webpages

- Training videos
- Training manuals
- Information brochures
- State websites



Methods: North Carolina HPV forecast example

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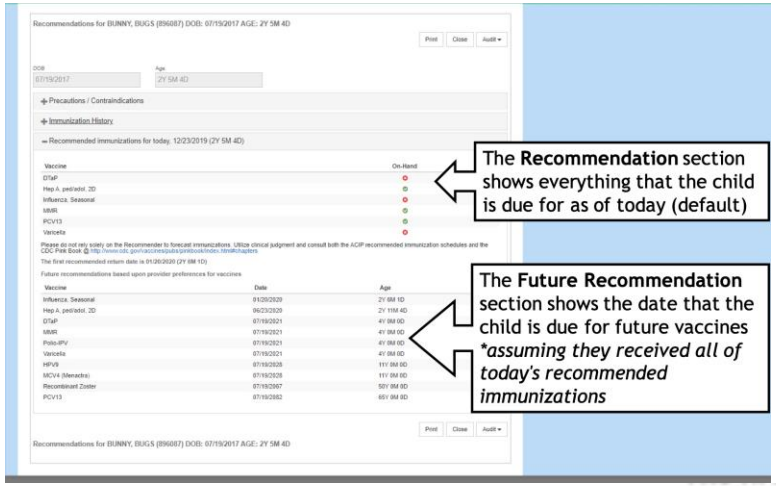
Vaccines Recommended by Selected Tracking Schedule — Add Selected

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
☑	COVID-19	01/14/2020	01/14/2020	**01/14/2020**	
☑	HepA	01/14/2016	01/14/2016	**01/14/2017**	
☐	HepB	**01/14/2024**	01/14/2026	01/14/2028	01/13/2042
☐	HPV	**01/14/2024**	01/14/2026	01/13/2030	01/13/2030

For a child with DOB: 1/14/2015:

- Earliest date: 9th birthday
- Recommended date: 11th birthday
- Overdue date: 15th birthday – 1 day
- Latest date: 15th birthday – 1 day

Methods: Forecasting layout by vendor



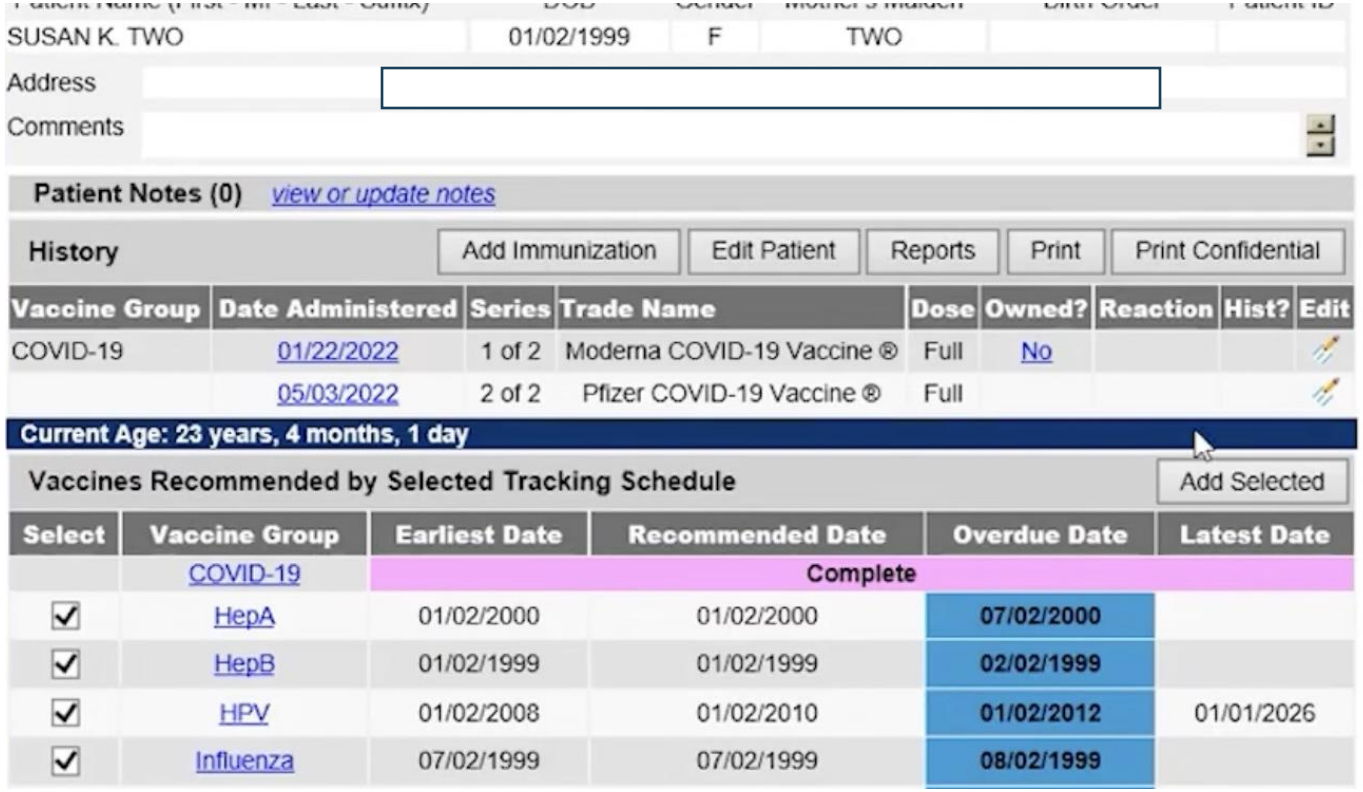
Envision: provides only one age option for each vaccine

Future recommendations based upon provider preferences for vaccines

Vaccine	Date	Age
Influenza, Seasonal	01/20/2020	2Y 6M 1D
Hep A, ped/adol, 2D	06/23/2020	2Y 11M 4D
DTaP	07/19/2021	4Y 0M 0D
MMR	07/19/2021	4Y 0M 0D
Polio-IPV	07/19/2021	4Y 0M 0D
Varicella	07/19/2021	4Y 0M 0D
HPV9	07/19/2028	11Y 0M 0D

Methods: Forecasting layout by vendor

WIR: allows a variety of dates based on CDC-recommended ranges.



Patient Name	DOB	Gender	Mother's Maiden	Birth Order	Patient ID
SUSAN K. TWO	01/02/1999	F	TWO		

Address

Comments

Patient Notes (0) *view or update notes*

History | Add Immunization | Edit Patient | Reports | Print | Print Confidential

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
COVID-19	01/22/2022	1 of 2	Moderna COVID-19 Vaccine ®	Full	No			
	05/03/2022	2 of 2	Pfizer COVID-19 Vaccine ®	Full				

Current Age: 23 years, 4 months, 1 day

Vaccines Recommended by Selected Tracking Schedule | Add Selected

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
	COVID-19	Complete			
☑	HepA	01/02/2000	01/02/2000	07/02/2000	
☑	HepB	01/02/1999	01/02/1999	02/02/1999	
☑	HPV	01/02/2008	01/02/2010	01/02/2012	01/01/2026
☑	Influenza	07/02/1999	07/02/1999	08/02/1999	

Methods: Forecasting layout by vendor

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Homegrown system: whatever the jurisdiction wants!

Name: SMITH,JOHN State IMM Id: 7001916767 Sex: Male
DOB: 09/12/2008 (9 yrs 0 mos 16 dys) (3303 days) SSN: Status: Over Due
CIP: TAMPA FAMILY HEALTH CENTERS Site: TAMPA FAM NEBRASKA

Immunization Status

Series	Status	Current Schedule	Dose Due	Minimum Due Date	Recommended Due Date	Complete Reason	Reminder Recall
DTAP	Complete	ACIP TD 3rd DOSE <7YR	<>	<>	<>	Last Dose Given	
HEP A	Not Started	ACIP	1	09/12/2009	09/12/2009		
MEASLES	Over Due	ACIP	1	07/26/2017	07/26/2017		
MUMPS	Over Due	ACIP	1	07/26/2017	07/26/2017		
RUBELLA	Over Due	ACIP	1	07/26/2017	07/26/2017		
ROTAVIRUS	Complete	ACIP	<>	<>	<>	Age Max Reached	
HPV	Not Started	ACIP	1	09/12/2017	09/12/2019		
MEN	Not Started	ACIP	1	06/12/2009	09/12/2019		
HEP B	Complete	ACIP	<>	<>	<>	Last Dose Given	
HIBMENCY	Complete	ACIP	<>	<>	<>	Age Max Reached	
MENB	Not Started	ACIP	1	09/12/2018	09/12/2024		
HIB	Complete	ACIP	<>	<>	<>	Age Max Reached	
POLIO	Complete	ACIP	<>	<>	<>	Last Dose Given	

Results

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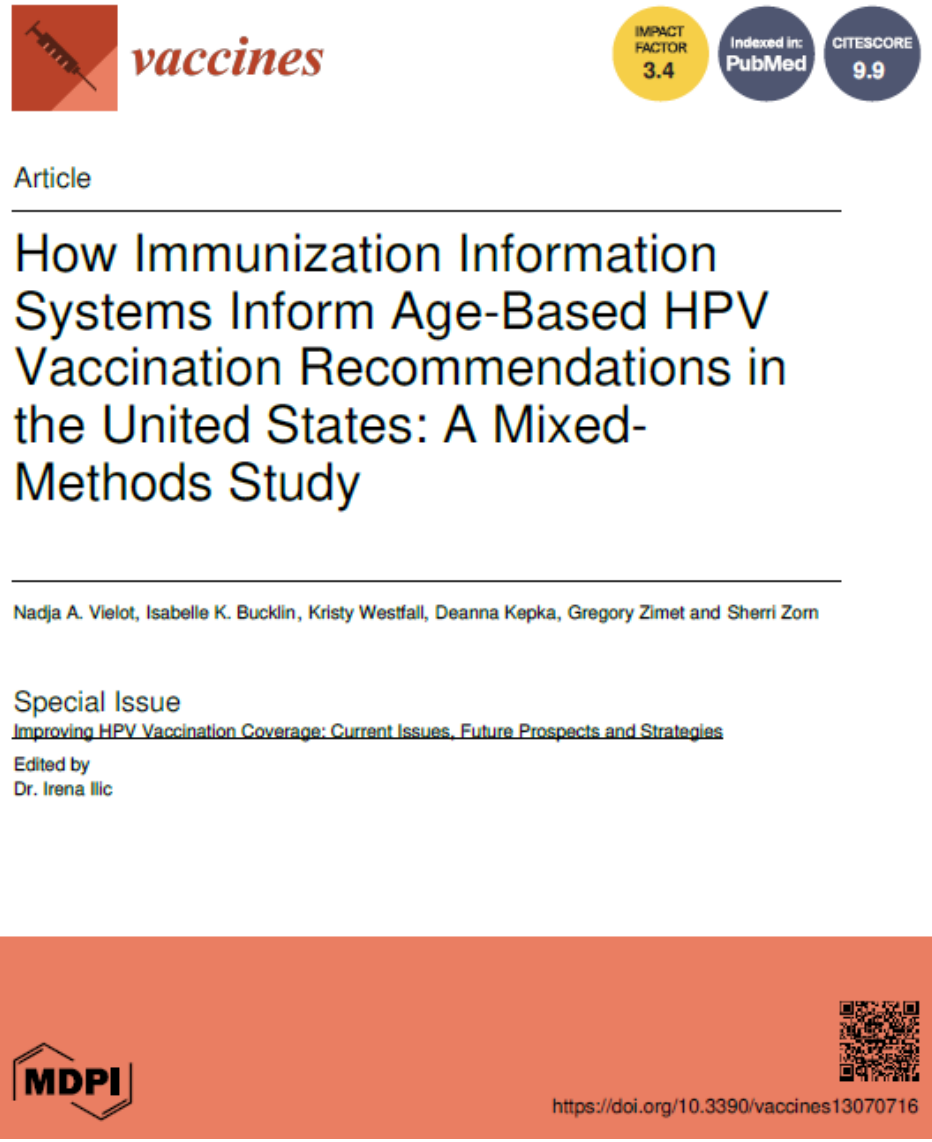

vaccines

IMPACT FACTOR 3.4 | Indexed in: PubMed | CITESCORE 9.9

Article

How Immunization Information Systems Inform Age-Based HPV Vaccination Recommendations in the United States: A Mixed-Methods Study

Nadja A. Vielot, Isabelle K. Bucklin, Kristy Westfall, Deanna Kepka, Gregory Zimet and Sherri Zorn

Special Issue
Improving HPV Vaccination Coverage: Current Issues, Future Prospects and Strategies
Edited by
Dr. Irena Ilic

MDPI

https://doi.org/10.3390/vaccines13070716

Results: Jurisdictional forecast recommendations

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Table 1. Description of HPV vaccine forecast characteristics by jurisdiction (N = 49).

Characteristics	n (%)
Offers one age or date option for HPV vaccination	6 (12)
Offers a range of age or date options for HPV vaccination	43 (88)
Recommended age is 9 years	14 (29)
Recommended age is 11 years	33 (67)
Recommended age is 12 years	1 (2)
Recommended age is 15 years	1 (2)
Offers a minimum age or date (n = 42)	
Minimum age is 9 years	40 (95)
Minimum age is 12 years	1 (2)
Minimum age is 15 years	1 (2)
Offers an overdue age or date (n = 34)	
Overdue age is 12 years	1 (3)
Overdue age is 13 years	30 (88)
Overdue age is 14 years	1 (3)
Overdue age is 15 years	2 (6)

https://www.mdpi.com/2076-393X/13/7/716

Results: Jurisdictions recommending HPV at age 9

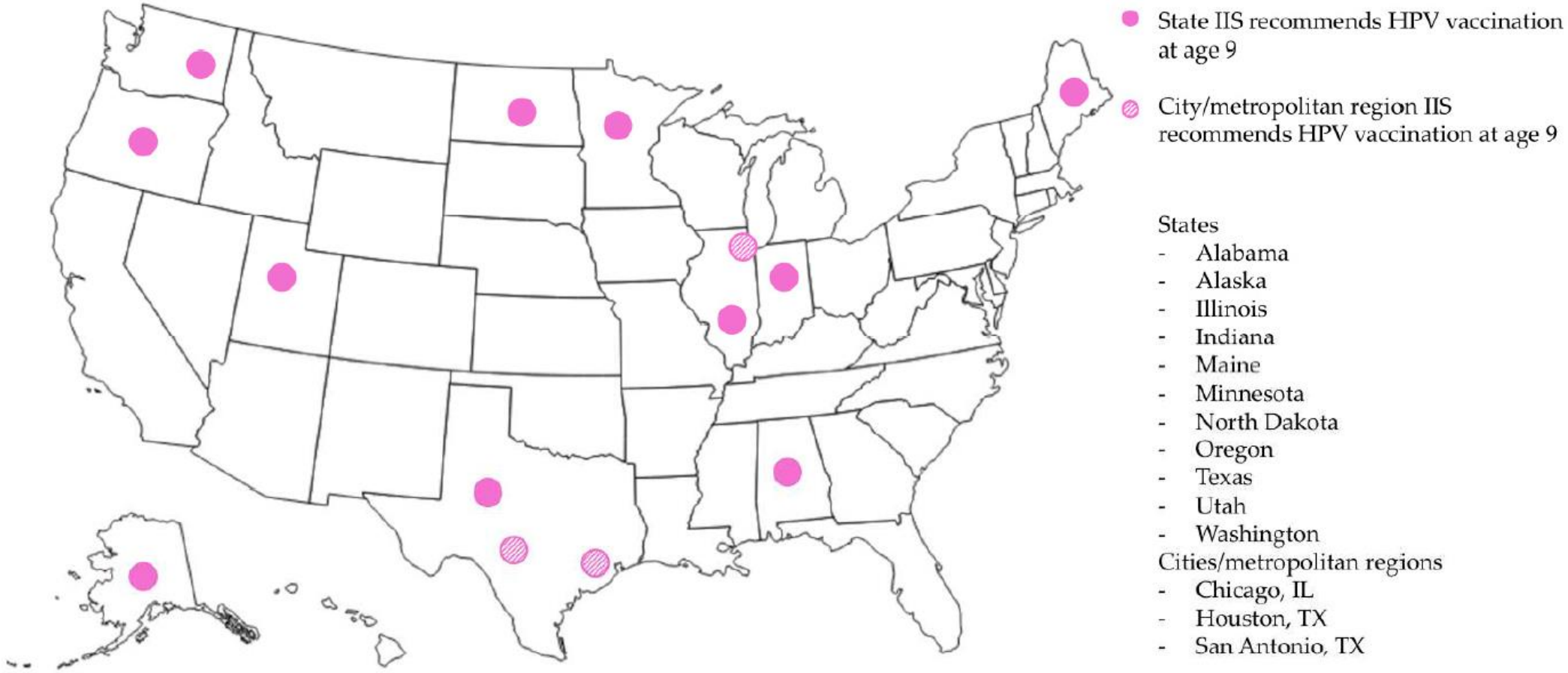

Figure 1. U.S. jurisdictions recommending HPV vaccination at age 9 in IISs as of June 2025.

https://www.mdpi.com/2076-393X/13/7/716

Results: Forecasted maximum age variations

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HPV vaccine forecast characteristics	
Characteristics	49 (100%)
Offers a ”Maximum Age”	10 (20%)
Maximum age is 13 years	1 (10%)
Maximum age is 15 years	4 (40%)
Maximum age is 26 years	1 (10%)
Maximum age is 27 years	2 (20%)
Maximum age is 46 years	2 (20%)

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Activity B

Results: Focus groups with IIS stakeholders in 7 jurisdictions

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Table 2. Self-reported job titles of the focus group participants (n = 33).

Job Title	n *
IIS manager	6
Public health nurse consultant	4
Immunization branch director/deputy director/supervisor	5
Immunization coordinator	4
Public health educator/manager/director	2
CDC field designee/public health advisor	2
Epidemiologist	2
Data quality/quality improvement coordinator	2
Business analyst	2
Clinical application/services coordinator *	2
Pediatrician *	2
Cancer control program coordinator	1
Vaccine systems and support manager	1
Health promotion specialist	1

* Some participants reported multiple job descriptions.

https://www.mdpi.com/2076-393X/13/7/716

Results: Key themes

1. Benefits and limitations of IIS
2. Customizability of IIS
3. Decision-making around HPV forecast

Results: Benefits and Limitations of IIS Platforms

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- Generates vaccination reports
- Offers access to community users
- Offers CDSi (forecasting) for providers and clinics
- Automates updates to the System
- Allows collaboration with other states

- Responses to tech support requests may be delayed
- Some IIS features are “clunky” or not streamlined

Results: Customizability

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- *"So basically Wisconsin owns the base code and the license overall, but…we can make the changes that we need that make sense for our jurisdiction, but we need to be willing to share those with others."*

- *"…One of the other issues with the current system is it's old technology, and it's not built on a modular base. It is lines and lines and lines of unique code because we've modified it basically for the last 20 years. And so updating it is very cumbersome, and you have to be particular, because it is lines of code, that you don't mess up something by making changes.*

- *So we have really good coders, and they can basically take the [vendor's] code and make it whatever they want…. but if we do any customizations, [the vendor] updates something on their code, it may break our code. So we're hesitant to do a lot of customizations, but there is always the possibility to do things.*

Results: A spectrum in changing the HPV forecast

"We can request things, but if it doesn't follow the ACIP recommendations or CDSi test cases, then it's **unlikely to be changed.**"

"… Since we do use a forecast vendor, if we want to make any changes to the actual forecasting itself, then we have to reach out to them, and that **takes longer**."

"Changing the earliest recommendation age for a vaccine schedule like that is **super simple.** I went in and moved it from 11 down to 9."

Results: Recent HPV forecast changes

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In recent years, **Alaska, Maine, Minnesota, New York City, New York State, Utah, and Washington** have updated their forecast to indicate 9 years as the recommended age for HPV vaccination.

Summary

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1. There are 3 proprietary IIS systems most commonly used by jurisdictions
2. There have been recent HPV vaccination forecast changes from age 11 to age 9 per ACS and AAP recommendations
3. There are some barriers to changing the forecast

Next Steps

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- Collect any missing data (please find or email me!)
- Summarize UTD vaccination rates by minimum and recommended age
- Estimate changes in levels and trends in vaccination rates before and after changes to the forecast

The Experience in Washington State

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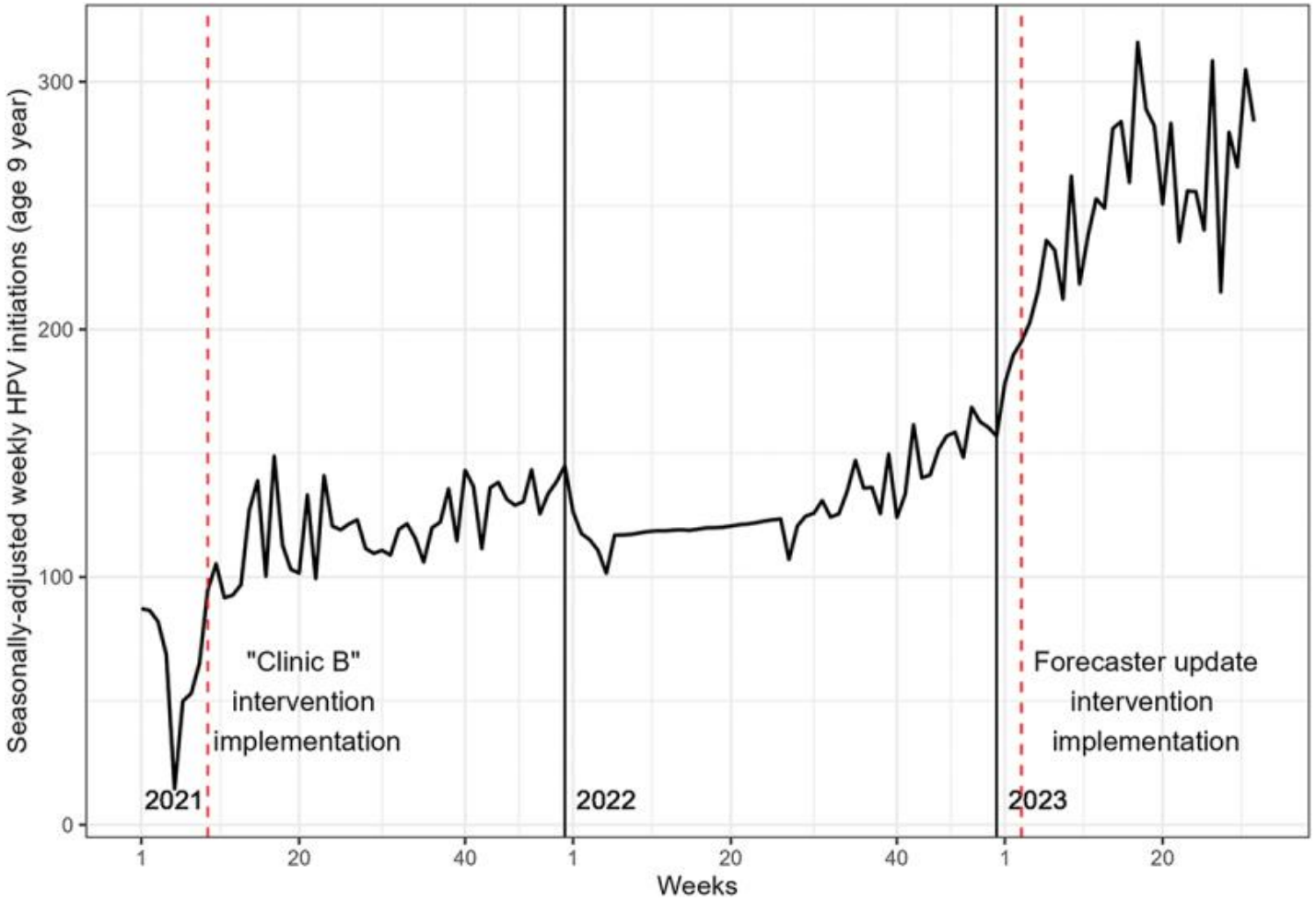
Seasonally adjusted weekly counts of HPV initiation among 9-year-olds in Washington state, 2021 to mid-2023.



Christensen T, Zorn S, Bay K, Treend K, Averette C, Rhodes N. Effect of immunization registry-based provider reminder to initiate HPV vaccination at age 9, Washington state. *Hum Vaccin Immunother*. 2023;19(3):2274723.

Future Studies

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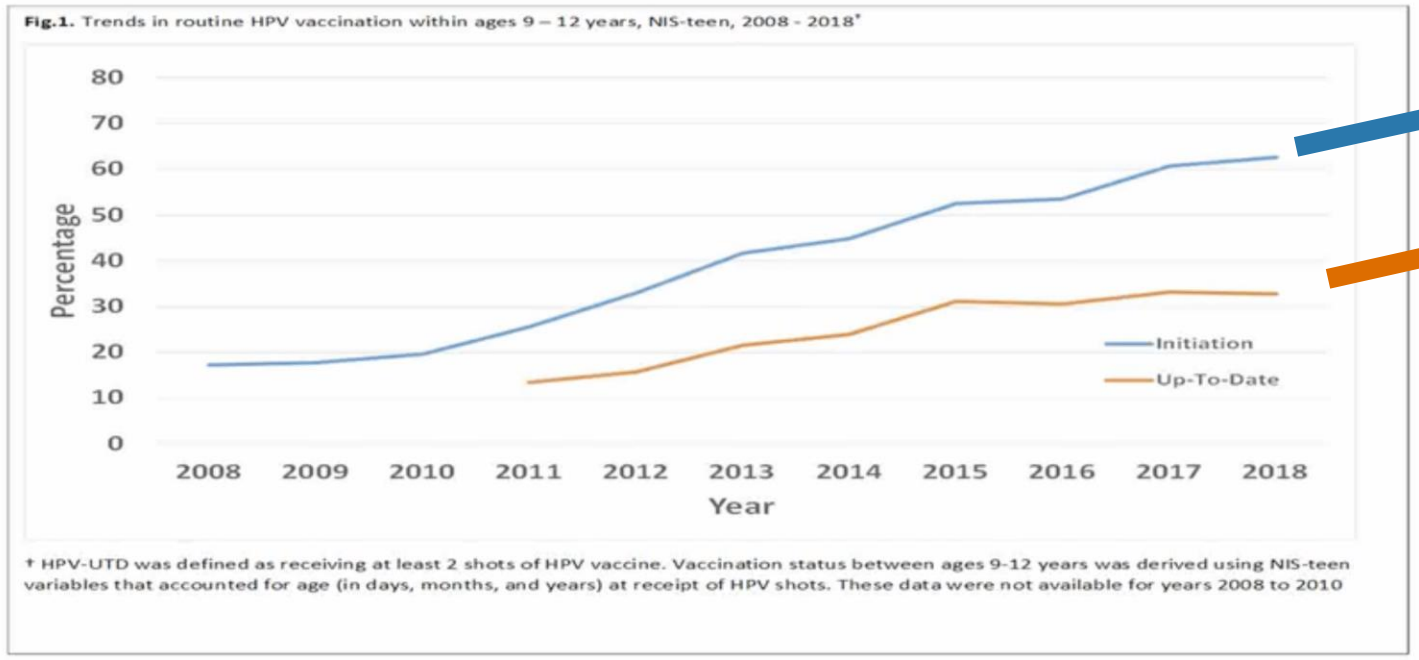
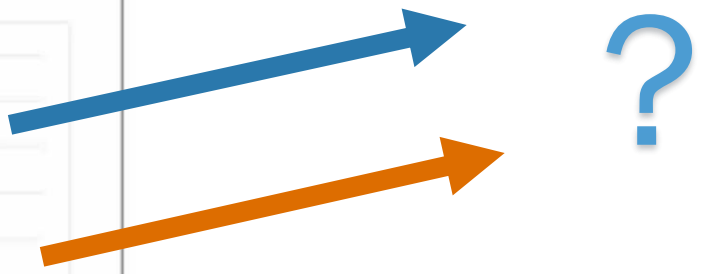
How do jurisdictional IIS forecasts for HPV vaccination influence:

- Provider recommendations for HPV vaccination?
- Consistency in recommendations across jurisdictions?
- HPV up-to-date vaccination rates?





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Activity C

Interactive data dashboard

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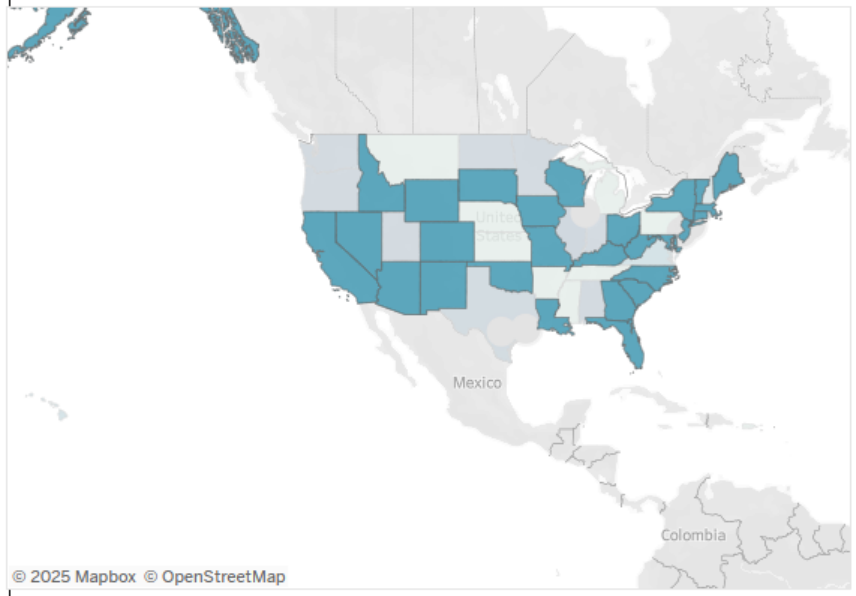
Immunization information systems (IIS) and HPV vaccination forecasting

This interactive map illustrates the age recommendations for HPV vaccination across US jurisdictions according to their IIS. While the CDC recommends starting HPV vaccination at age 11, some states have adopted earlier recommendations. This approach aligns with guidance from the American Cancer Society and the American Academy of Pediatrics, aiming to increase vaccination rates and ensure timely completion of two doses by age 13.



Forecast color...
- Null
- 9
- 11
- 12
- 15

Filter by forecast age
- ☑ (All)
- ☑ Null
- ☑ 9
- ☑ 11
- ☑ 12
- ☑ 15

Non-Continental US

Jurisdiction
Alaska
Guam
Hawaii
Puerto Rico
U.S. Virgin Isla..

Data collection
Data for this study were collected from publicly available internet sources, including jurisdictional health department webpages, Immunize.org, and the CDC's Teen Vax View.

More IIS resources
-Download the manuscript describing our methods and findings.

-Washington state's experience with age 9 HPV vaccination.

-California uses IIS data to to study HPV cancers and vaccination.

Acknowledgements: Data collection and dissemination were supported by a supplement to "Improving Provider Announcement Communication Training (IMPACT)" P01CA250989-03S1 from the National Cancer Institute (PI: Brewer). This data visualization was designed by Sally Bobbitt and Donoria Evans, PhD.

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Interactive data dashboard

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Features

- Aggregates jurisdictional data with vaccination rates and school requirements legislation
- Case studies for age 9 forecasting
- Downloadable dataset

Interactive data dashboard

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- Who is the audience?
  - Immunization branches
  - IIS stakeholders
  - Researchers
  - Policy-makers

- What is the intended use?
  - Analyze data
  - Learn from other jurisdictions' experiences
  - Make enhancements to jurisdictional IIS

Interactive data dashboard

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- https://public.tableau.com/app/profile/nadja.vielot/viz/IISMap/Dashboard1

- Feedback welcome!

- IF YOUR DATA IS MISSING OR INCORRECT, PLEASE LET ME KNOW!!

Funding and Collaborators

- National Cancer Institute
  - Supplement to “Improving Provider Announcement Communication Training (IMPACT)” P01CA250989-03S1 (PI: Brewer)
- Deanna Kepka, PhD; Gregory Zimet, PhD; Sherri Zorn, MD (Expert panel)
- Isabelle Keim (Research Assistant)
- Sally Bobbitt (dashboard designer)
- Kristy Westfall; Katelyn Wells, PhD (Association of Immunization Managers)
- Gabrielle Darville-Sanders, PhD; Donoria Evans, PhD (American Cancer Society, National HPV Vaccination Roundtable)
- Heather Brandt, PhD (St. Jude Children’s Research Hospital)

Thank you!

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Moderated Discussion

Kristy Westfall
IIS Policy Associate Director, Association of Immunization Managers

Nadja Vielot, PhD
Assistant Professor, Family Medicine, UNC Chapel Hill

Closing Remarks

Thank you for joining us!

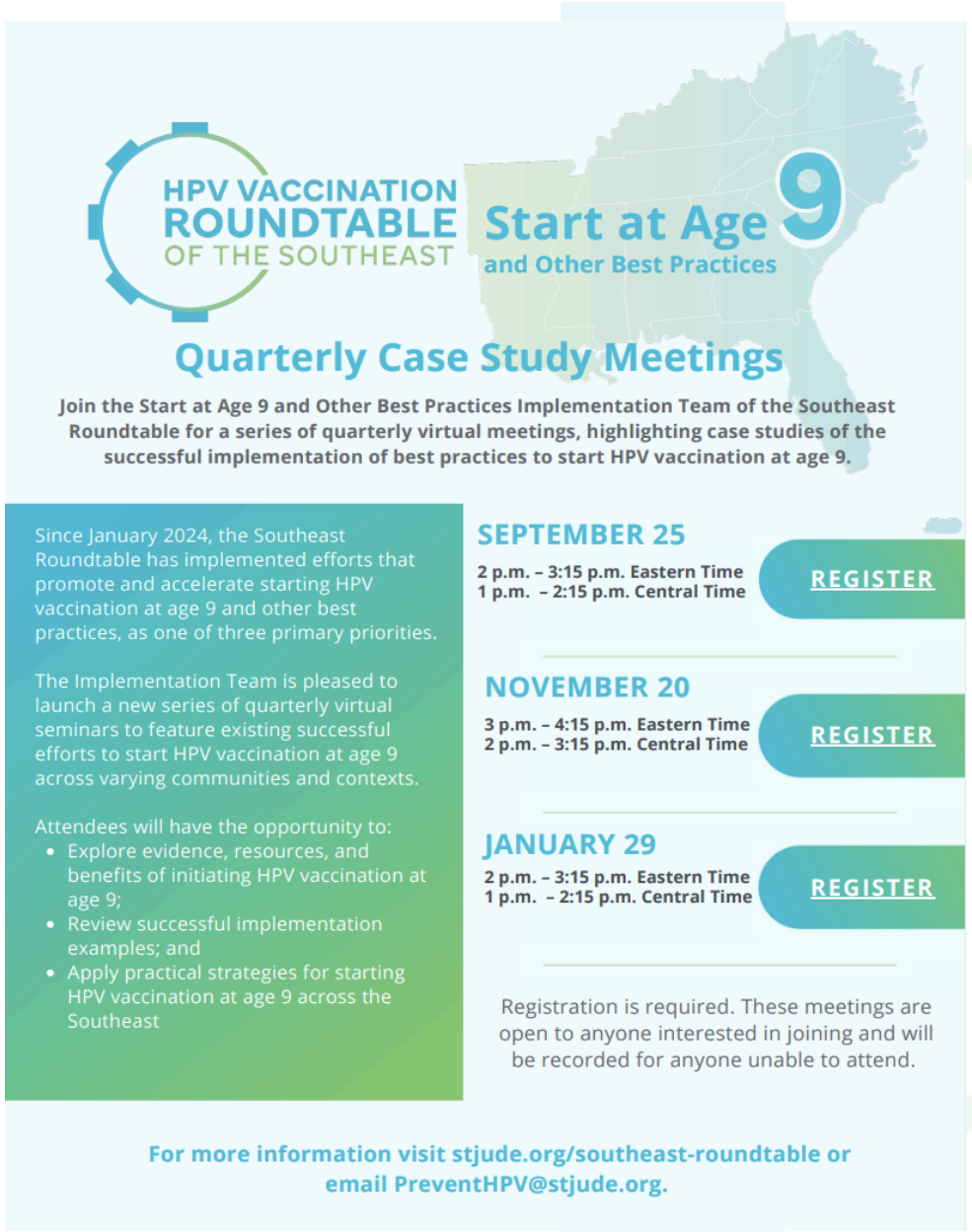
Please take a moment to complete the evaluation for today's session. Your feedback is essential for helping us to improve future programming!

Quarterly Case Study Meetings

September 25, 1 – 2:15 p.m. CT / 2 – 3:15 p.m. ET

This event, presented by the Southeast Roundtable's Start at Age 9 & Other Best Practices implementation team, will focus on an overview of age 9 case studies and recommendations. Future sessions will be held quarterly, highlighting unique case studies to share learnings from age 9 implementation efforts from across the Southeast region. Anyone is welcome to join. If you have recommendations for case study presenters, or would like to share your work please email us at PreventHPV@stjude.org

Register here:



Thank you for joining us today!

Email PreventHPV@stjude.org with any questions