

We will begin shortly.

While you wait:

Join in the discussion on Mentimeter.

Three ways to join:

- Go to www.menti.com and use the code **4537 5389**
- Go to <https://www.menti.com/al4ewkch71q4>
- Scan the QR code with your camera phone



Take the state facts quiz on Mentimeter.

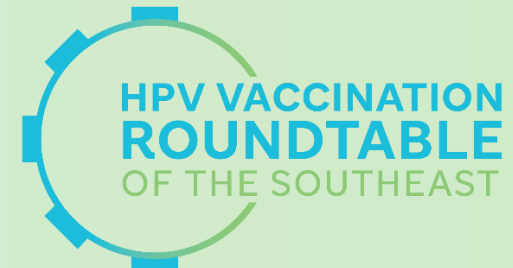
Three ways to join:

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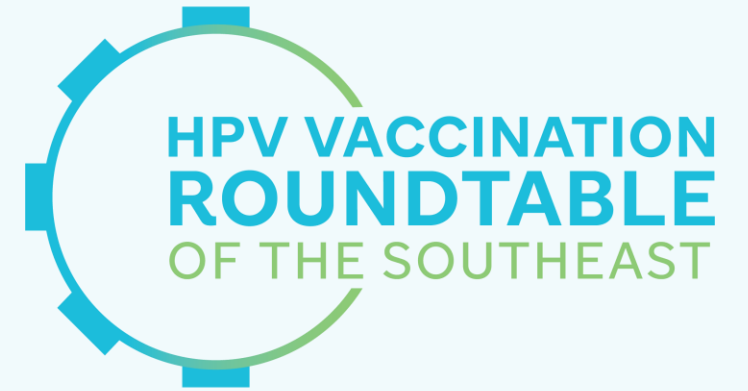
Visit our new webpage at stjude.org/southeast-roundtable

- Sign up for the Southeast Roundtable listserv on the new webpage.



Third Meeting of the HPV Vaccination Roundtable of the Southeast

May 25, 2023



Housekeeping

- If you are not a presenter, please keep your camera turned off and your microphone muted until we get to the discussion and action steps portion of today's meeting.
- Today's meeting will be recorded. In addition, the recording link will be posted publicly in the future.
- If you have any issues during today's seminar, please use the chat or email PreventHPV@stjude.org.
- We will use the chat for questions. You can post these at any time to engage with the presenters and organizers.

AGENDA

Welcome

Recap of March 30 and April 27 Meetings

Southeastern State Updates: Florida, Kentucky, Louisiana, North Carolina & Puerto Rico

Questions & Answers

Action Steps

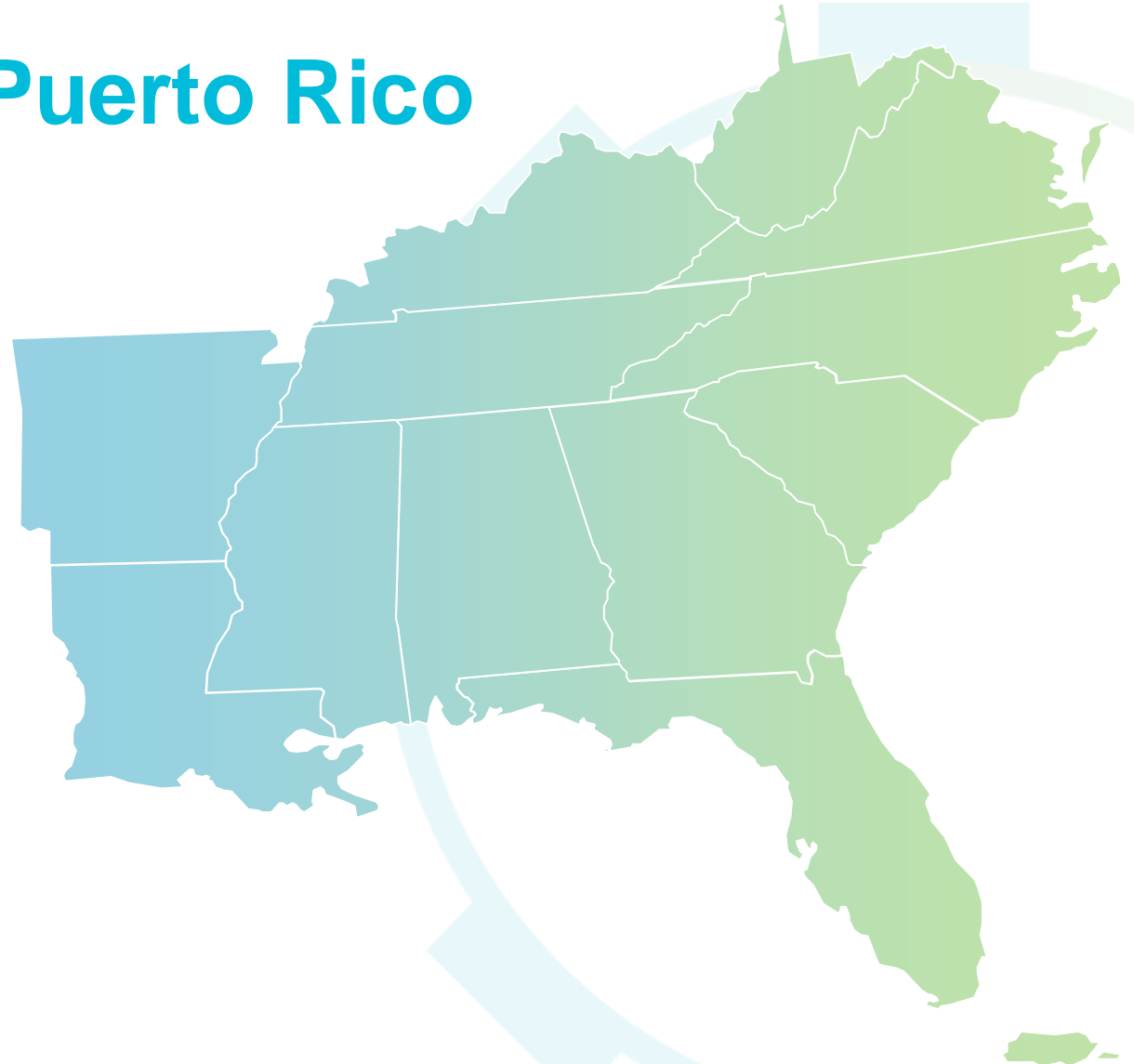
Closing Remarks and Evaluation



[Join Listserv](#)

Southeastern States + Puerto Rico

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



Planning Committee Members

- Lindsay Barr, *West Virginia Center for Rural Health Development (West Virginia)*
- Bob Bednarczyk, *Emory University (Georgia)*
- Heather Brandt, *St. Jude Children's Research Hospital*
- Katie Crawford, *American Cancer Society*
- Elaine Darling, *West Virginia Center for Rural Health Development (West Virginia)*
- Gabby Darville-Sanders, *National HPV Vaccination Roundtable*
- Amy Ellis, *American Cancer Society (Mississippi)*
- Marcie Fisher-Borne, *American Cancer Society*
- Kim Hale, *American Cancer Society (South Carolina)*
- Sherrick Hill, *Massey Cancer Center, Virginia Commonwealth University (Virginia)*
- Duha Magzoub, *St. Jude Children's Research Hospital*
- Jennifer Nkonga, *American Cancer Society*
- Jill Pait, *American Cancer Society (North Carolina)*
- Dee Sinard, *ImmunizeTN (Tennessee)*
- Francine Walton, *O'Neal Comprehensive Cancer Center at the University of Alabama Birmingham (Alabama)*
- Shimeka Chretien-Bass, *American Cancer Society*
- Vivian Colon Lopez, *Puerto Rico Comprehensive Cancer Center, University of Puerto Rico (Puerto Rico)*
- Nikki Hayes, *Centers for Disease Control and Prevention*
- Pam Hull, *Markey Cancer Center, University of Kentucky (Kentucky)*
- Heather Mercer, *Arkansas Immunization Action Coalition (Arkansas)*
- Beth Poore, *South Carolina Department of Health & Environmental Control (South Carolina)*
- Vanessa Sheppard, *Massey Cancer Center, Virginia Commonwealth University (Virginia)*
- Letitia Thompson, *American Cancer Society (Southeast)*
- Susan Vadaparampil, *Moffitt Cancer Center (Florida)*
- Donna Williams, *Louisiana State University, Louisiana Cancer Prevention and Control Programs (Louisiana)*
- Jennifer Young Pierce, *Mitchell Cancer Institute, University of South Alabama (Alabama)*

Why reconvene southeastern states?

By coming together, we can discuss:

- 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.

Join in the conversation:

- Go to www.menti.com and use the code **4537 5389**
- Go to <https://www.menti.com/al4ewkch71q4>
- Scan the QR code with your camera phone





March 30 and April 27 Recap

Francine Walton, MPH
O'Neal Comprehensive
Cancer Center at the
University of Alabama
at Birmingham



March 30 Meeting: Action Steps

1. Data deep dives to investigate how multiple data sources may be analyzed and used to inform geographic responses and gender disparities
2. Strategic activities result from strategic partnerships by engaging key groups
3. Explore innovative approaches to reach key populations, such as mobile units, roadshows, and communication campaigns
4. Address misinformation, disinformation, and malinformation through educational approaches to all key audiences and decision makers
5. Advance HPV vaccination through advocacy to close access gaps between communities and vaccination



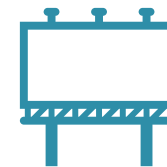
Data



Partners



Innovation



Communication



Advocacy

April 27 Meeting: Alabama, Arkansas, Georgia, & Virginia



Robert Bednarczyk, PhD
Emory University Rollins
School of Public Health



Heather M. Brandt, PhD
St. Jude Children's Research Hospital



Katie Crawford
American Cancer Society



Nikki Hayes, MPH
Centers for Disease
Control and Prevention



Heather Mercer
Immunize Arkansas



Jill Pait, MS, CHES
American
Cancer Society
(North Carolina)



Francine Walton, MPH
O'Neal Comprehensive Cancer
Center at the University of
Alabama at Birmingham



Nancy Wright, MPH
Alabama Department of
Public Health



Gabrielle Darville-Sanders, PhD
National HPV Vaccination
Roundtable



**Vanessa
Sheppard, PhD**
VCU Massey
Cancer Center



Victoria Zwicker, MPH
Virginia Department of
Health

April 27 Meeting: Alabama

Major Accomplishments

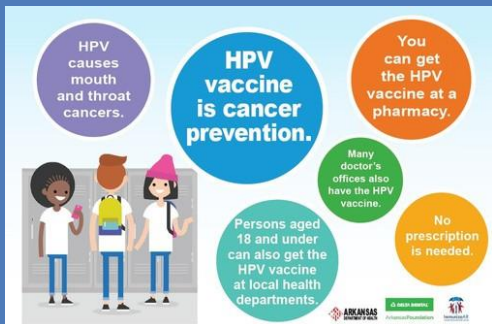
- Alabama Dept. of Health is training and deploying nurse practitioners to do colposcopies at the local health departments
- HPV vaccination rates for Alabama are slightly above the national average
- Alabama actively navigates women from BCCEDP to Medicaid program when cancer treatment is needed
- ADPH used state cancer registry data to develop a “Focus on Cervical Cancer” report – used by ACS CAN to advocate for more state funding
- Major payer promoting HPV vaccination among their members beginning summer 2022
- Oral Cancer Awareness Month – Mitchell Cancer Institute
- Go Teal and White – Mitchell Cancer Institute

April 27 Meeting: Arkansas

Major Accomplishments in the past 2-3 years

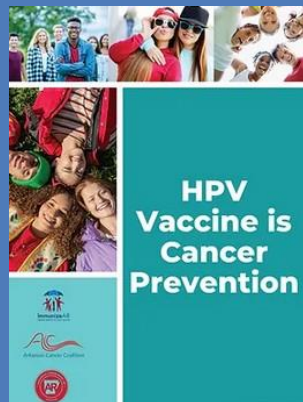
HPV Toolkit for Dental Practices

Immunize Arkansas partnered with the Delta Dental Foundation and the Arkansas Department of Health to develop a toolkit for dental practices to educate patients/parents about the HPV vaccine.



HPV Toolkit for Communities

Immunize Arkansas, with funding from the Arkansas Cancer Coalition, developed a toolkit for communities to host educational workshops about HPV/HPV vaccination in an effort to increase acceptance of the HPV vaccine.



Pharmacy Partnership

The American Cancer Society held a training with Express Rx pharmacy chain in Arkansas to expand HPV vaccination outreach in rural communities. Express Rx has 11 locations in Arkansas, primarily in rural areas.



HPV Summit

On May 5, 2023, Immunize Arkansas will host the 6th HPV Summit. In April 2020, we pivoted to a virtual event and had 120 attendees. The 2020 HPV Summit was one of the first virtual events in Arkansas during COVID. The 2023 HPV Summit will be fully in-person and will be the first in-person event since 2019.



April 27 Meeting: Georgia

Key Accomplishments 2014 – 2022

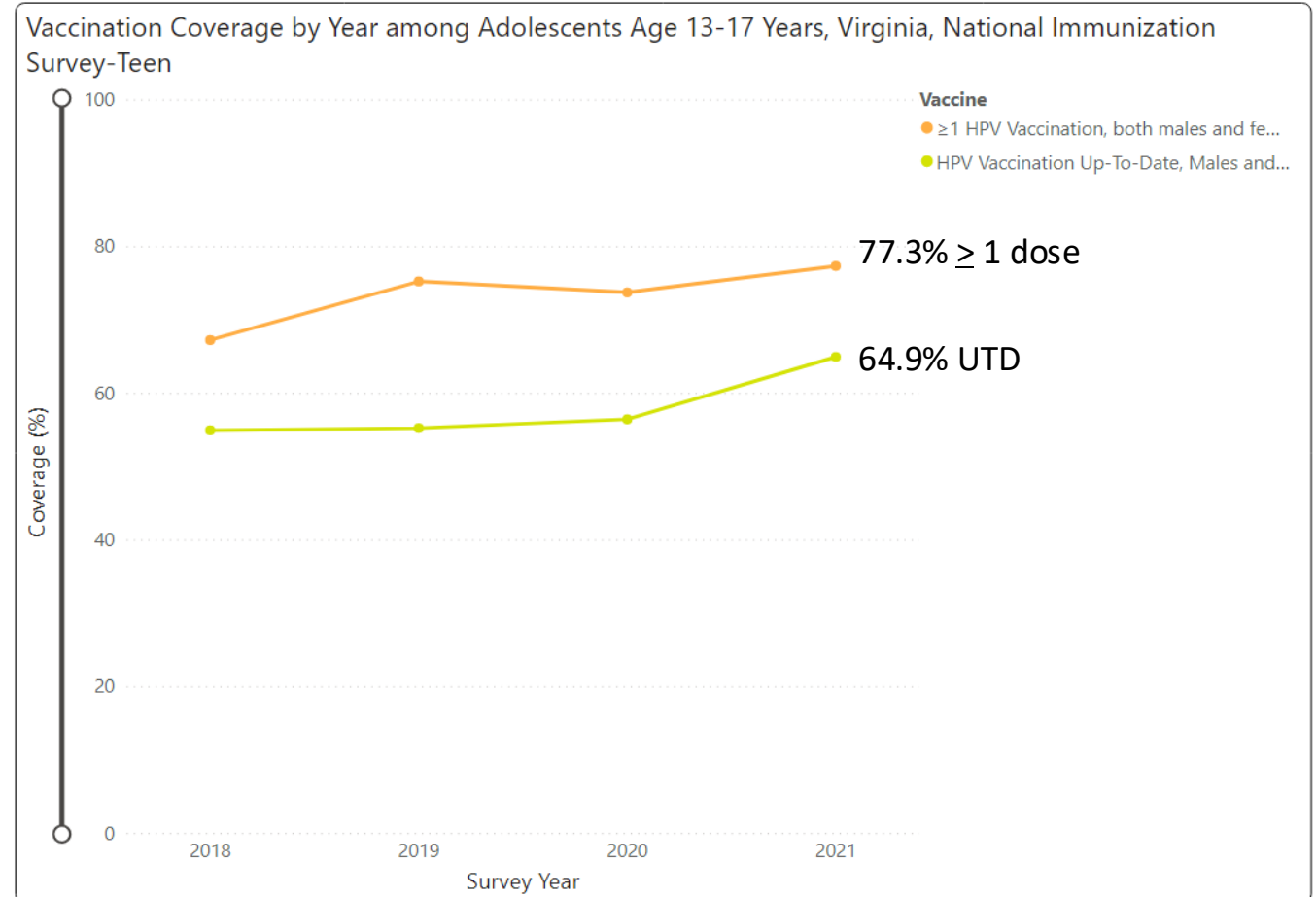
- Wrote competitive application making Georgia one of 11 states selected for CDC's two-day HPV workshop that led to development and execution of 12-month HPV work plan.
- Successful partnership for passage of Senate Bill 41 expanding access across Georgia to vaccines through pharmacists
- Increased social media presence over 200% through posts
- Recognized a total of 28 HPV champions
- Established new partnerships with elected state officials
- State License agreement for "*Someone You Love*" documentary screening
- Supported Mother/Daughter and Father/Son HPV Dinners and educational events (including Girl Scouts Collaboration).
- Supported "*Someone You Love*" and "*Lady Ganga*" presentations
- Leading development of HPV focused goals for new **Georgia Cancer Plan**.



Accomplishments in Virginia

HPV Vaccination Rates: rates are continuing to improve (though more slowly than we would like)

Policy Success: as of July 2021, HPV immunization is **required** for all boys and girls entering 7th grade



April 27 Meeting: Action Steps

1. Prioritize HPV focused work through Southeastern state comprehensive cancer programs to address disparities in HPV vaccination coverage rates in each state.
2. Provide more information and services in rural areas.
3. Change the focus from prevention to **elimination** of cancers.
4. Create HPV vaccination social media campaigns.
5. Identify top examples of HPV vaccination and HPV cancer data sources for replication in other states.



Partners



Rural



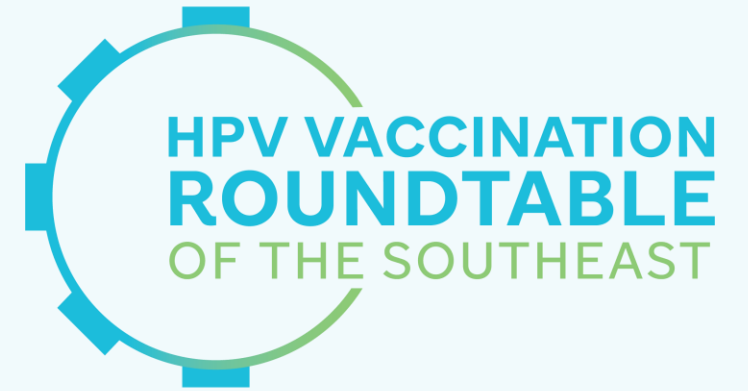
Elimination



Social media



Data



State Updates

Moderated by:
Nikki Hayes, MPH
Centers for Disease Control and Prevention





Florida

Taylor Witkowski, MPH, CHES®

Moffitt Cancer Center



HPV Roundtable Southeast Florida

Taylor Witkowski, MPH, CHES®

Community Health Educator

May 25, 2023

Moffitt Cancer Center

Office of Community Outreach, Engagement & Equity



Did you Know?

No matter where you are in Florida, you are never more than 60 miles from a beach!

Florida has more than 8,400 miles of tidal shoreline second only to Alaska!





<https://www.ccrab.org/cancer-plan>



Updated 2022

FLORIDA CANCER PLAN



Clement K. Gwede, PhD, MPH, RN, FAAN
Chair
Moffitt Cancer Center
Health Outcomes & Behavior

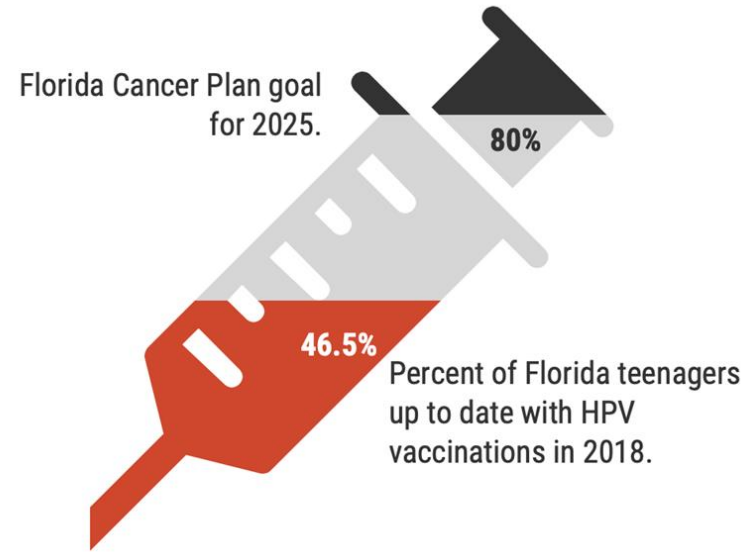


Bobbie Mckee, PhD
Moffitt Cancer Center
Research Advocacy
Public Policy Director



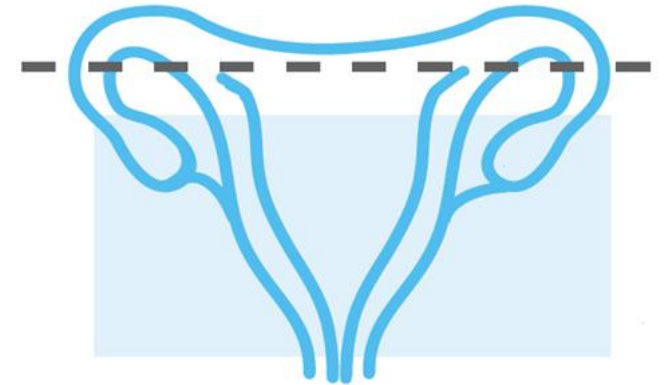
Erin Kobetz, PhD, MPH
Vice Chair
Sylvester Comprehensive Cancer Center

Eliminate cervical cancer as a public health problem in Florida by increasing vaccination against human papillomavirus (HPV) and increasing cervical cancer screening



Florida Cancer Plan goal for 2025 – 93%

Cervical Cancer Screening
ACTUAL
79%



Key Partners in HPV Prevention



Government

- Congresswoman Kathy Castor
- State Cancer Control Collaboratives
- FL SHOTS

Healthcare

- Nemours Children's Hospital
- Advent Health
- FQHCs
- Sunshine Health

Non-Profit

- Cervical Cancer Free Florida
- American Cancer Society
- HPV Cancers Alliance
- Project LINK
- Superman HPV

Education

- Hillsborough Community College
- University of Miami

Patients and Community Members

- Patient and Family Advisory Council
- Tampa Bay Community Cancer Network



Major Accomplishments: Pride Points



Data & Research

- FL Charts
- FL SHOTS
- Catchment area expansion
- HPV MISTICS (Multilevel Intervention Strategies Targeting Immunization in Community Settings)

Outreach

- HELPS (HPV Elimination-Leading Progress Statewide) Symposium
- HPV toolkit (Sunshine Health)
- Provider trainings (Advent Health)
- HPV vaccinations in back-to-school clinics (Project LINK)

Policy

- County proclamations
- Medicaid fee for service coverage
- PREVENT HPV Act
 - Congressional briefing

HELPS HPV Symposium



HPV Awareness Day: March 4th 2020-2022



141 participants (In-person, 2020)

~200 Participants (Virtual, 2021)
99 Participants (Virtual, 2022)

Participants:

Physicians, Nurse, RN, LPN, Professionals in research, other public health professionals, cancer care coordinators, patient navigators, pediatric specialists

Key Takeaways:

- Benefits of initiating vaccines at age 9
- Barriers for providers and parents and how to address
- Current HPV data
- Impact of Survivor story

Suggestions for next Summit:

- Continue survivor stories
- Create a joint action plan/deliverable to guide future work
- Updates on HPV research, policy, community efforts, vaccination rates
- Workgroups (e.g., policy/system change, provider education, parent education, data, etc.)
- In person events

- Provider education on immunizations, importance of receiving vaccines, barriers and vaccine hesitancy
- 2021- implemented a pilot program to 10 practices
 - 9 showed improvement
- 2022- expanded to 25 practices
 - 19 showed improvement
- Addition of Community events

- Provider AND Clinic Staff education based on Announcement method
- Communications focused on
 - Youth starting at age 9
 - Cancer prevention
 - Male head and neck cancer incidence
- Changing language from “Provider” to “Presenter”



- Operate 7 back-to-school clinics across Hillsborough County
 - Plant City, Ruskin, Dover, West Tampa, North Tampa, East Tampa, Central Tampa
- Partners with the Back-to-school coalition
- HPV education and HPV vaccines are offered as part of the recommended vaccinations
- In 2022, service outcomes from outreach efforts:
 - Required Immunizations – 532 Children;
 - Recommended Immunizations- 236 Children (*Haemophilus influenzae type b (Hib)*, *Pneumococcal conjugate (PCV13)*, *Hepatitis A (Hep A)*, *Human Papilloma Virus (HPV)*)
 - COVID 19 Vaccines – 19 Children
 - School Physicals – 885 Children
 - Shot Records Updates/Transfers Only- 475 Children



Challenges & Lessons Learned



Challenges

- Engaging community clinics in research requires mutually beneficial projects
- Static invitation for collaboration in research projects not met with overwhelming support or participation

Lessons Learned

- Intentional relationship building
- Incentivize centers
- Actively involving center associates in size and scope of projects

HPV MISTICS

Multilevel Intervention Strategies Targeting Immunization in Community Settings



Partner

Health Choice Network (HCN)

Reach

Eight Florida-based HCN FQHCs

Intervention Components

Provider level: Announcement Approach Training

Parent level: Pre-visit post cards

System level: HPV Vaccine Champion to review and share vaccine rates and implement reminder/recall using FL SHOTS

Aims

Aim 1: Test whether our MISTICS intervention increases HPV vaccine initiation and completion rates among 11–17-year-old adolescents in 8 HCN FQHCs in FL.

Aim 2: Explore other factors related to the intervention effect.

Aim 3: Explore implementation outcomes (reach, adoption, implementation, maintenance and sustainability) and identify implementation barriers and facilitators with a focus on equity.

*Funded in 2022 by the Florida Department of Health
with funds from the William G. Bankhead and David Coley Cancer Research Program*



Susan Vadaparampil, PhD, MPH
Associate Center Director, COEE
Senior Member, Health Outcomes
& Behavior

Moffitt
Leads



Shannon Christy, PhD
Assistant Member, Health
Outcomes & Behavior

HCN
Lead



Katherine Chung-Bridges, MD, MPH
Director of Research
Health Choice Network

Additional Challenges and Opportunities



Challenges

- Vaccination hesitancy- COVID implications
- Inconsistent use of evidence-based strategies for HPV vaccination recommendation, series initiation and completion among Florida physicians
- Increasing vaccination in 9–10-year-old group

Opportunities

- In progress research in HPV prevention
- Frame HPV vaccination as cancer prevention
- Leverage Cancer Control Collaboratives to implement evidence-based interventions
- Reach into diverse populations
- Nontraditional providers

Priority Action Steps



1

Implement priority evidence-based interventions in clinical and community settings

- Promote strong health care provider recommendations.
- Integrate consistent quality improvement approaches to build supportive clinical systems, use reminder and recall approaches, and reduce missed opportunities.

2

Improve HPV vaccination among priority populations by learning of and implementing evidence-based outreach strategies

- Build HPV vaccination confidence in the public, especially among parents and caregivers, to increase HPV vaccination.
- Strengthen partnerships, community education, and navigation programs to increase vaccination rates and follow-up in FQHCs and other community clinics.



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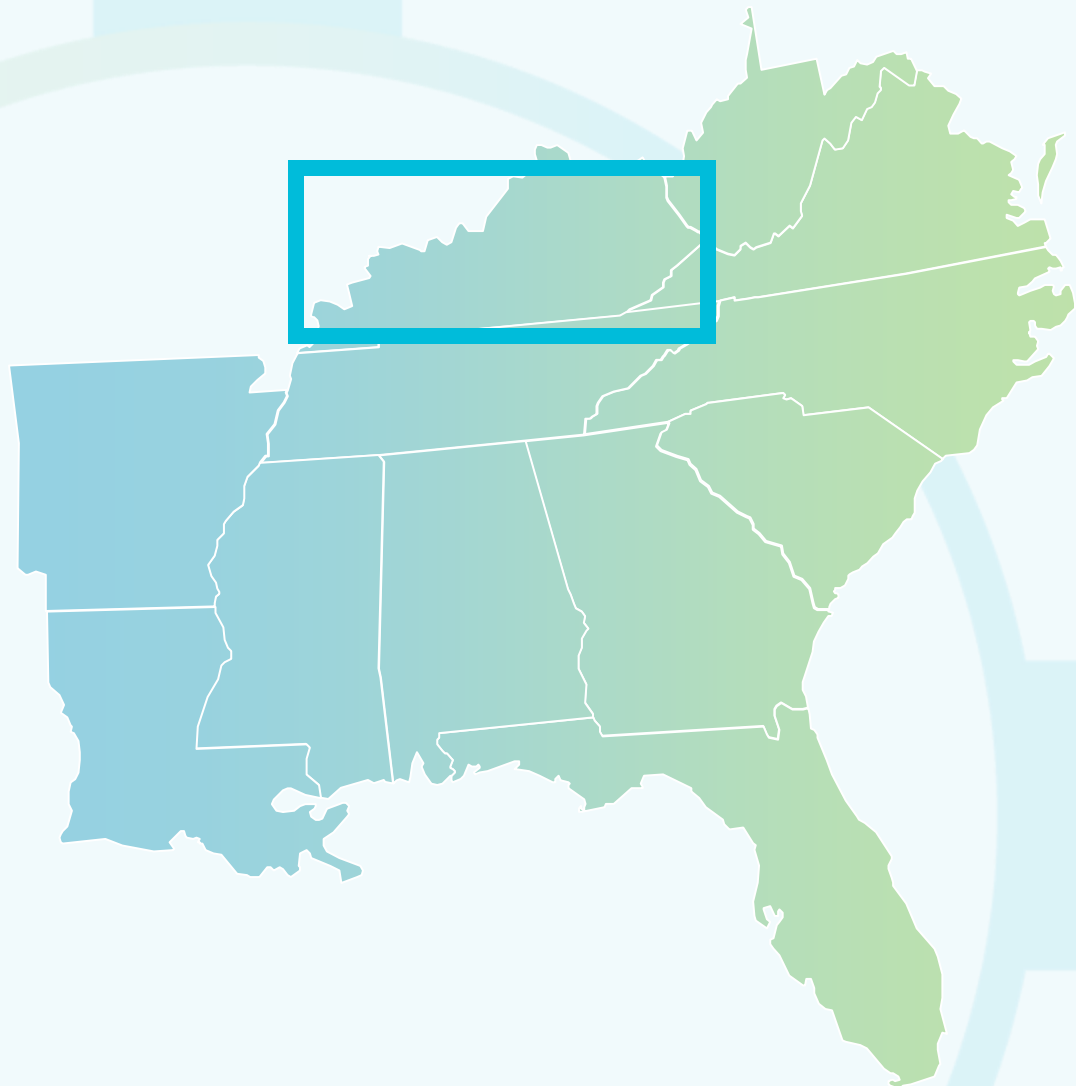
Susan Vadaparampil, PhD
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Community Outreach,
Engagement & Equity

An initiative of 





Kentucky

**Kari Blackburn, DNP,
Certified Pediatric
Nurse Practitioner
Nurse Consultant**

**Kentucky Department
for Public Health**



Kentucky HPV Program

Provided By: Immunizations Branch and Immunize Kentucky Coalition



Kentucky Public Health
Prevent. Promote. Protect.



TEAM 
KENTUCKY[®]
CABINET FOR HEALTH
AND FAMILY SERVICES

Fun Facts

- [Kentucky's state motto](#), adopted in 1942, is "*United We Stand, Divided We Fall.*"
- Nearly **half** of the state (roughly 48%) is made up of forestland.
- Kentucky's Mammoth Cave is the **largest** cave system in the world.
- Take note! The 3M plant in Cynthiana, Kentucky accounts for nearly all of the **world's production** of [Post-It Notes](#).
- About half of the United States Treasury's stored gold is kept at [Fort Knox](#). The book value of the gold currently stored there is **more than \$6.2 billion**.
- According to the [Kentucky Distillers' Association](#), there are **more bourbon barrels than people** in Kentucky. Bourbon is a \$8.6 billion industry in the state.
- The **largest fireworks display** in North America happens every year in Louisville. [Thunder Over Louisville](#) has served as the official kickoff to the Kentucky Derby season since 1988.



State Cancer Plan Goals

Prevention

- Goal 1:** Reduce the incidence and mortality rates of tobacco-related cancers in all populations.
- Goal 2:** Reduce the incidence of cancers related to nutrition, physical activity and obesity.
- Goal 3:** Reduce the incidence and mortality rates of cancers related to environmental carcinogens, with a focus on radon.
- Goal 4:** Reduce incidence of HPV-related cancers by increasing initiation and completion of the human papillomavirus (HPV) vaccine series.

- Prevention
- Screening and Early Detection
- Treatment and Care
- Quality of Life

Source: Kentucky Cancer Consortium, 2019:

<https://www.kycancerc.org/cancer-plans/kentucky-cancer-action-plan-cap/>

State Cancer Plan Goals

Goals

Reduce incidence of HPV-related cancers by increasing initiation and completion of the human papillomavirus (HPV) vaccine series among adolescents and young adults who meet the Advisory Committee on Immunization Practices (ACIP) eligibility recommendations:

- Females: 2vHPV (Cervarix), 4vHPV (Gardasil), and 9vHPV (Gardasil 9) **may be administered ages 9-26.** *Initiation recommended between ages 11 and 12.*
- Males: 4vHPV and 9vHPV **recommended ages 9-21.** *Initiation recommended between ages 11 and 12.* Males who identify as men who-have-sex-with-men (MSM) or who are immunocompromised who have not previously been vaccinated recommended through age 26.

Policy and System Changes

Assist with implementation of reminder and recall tools in healthcare providers' office systems.

Encourage community-clinical linkages that increase initiation and completion of the HPV vaccine series.

Health Equity

Focus HPV vaccine promotion in Appalachian Kentucky, where cervical cancer rates are higher than the rest of the state, with tailored messaging for that population.

State Cancer Plan Goals

Communication/Education

- Promote statewide public awareness campaigns that encourage the HPV vaccine series.
- Encourage collaboration with external partners to engage creative, multi-level interventions that increase initiation and completion of the HPV vaccine series.

Healthcare Professionals

- Promote evidence-based tools to providers on how to recommend the vaccine to parents of adolescent patients.
- Assist with implementation of reminder and recall tools in healthcare providers' office systems.

Insurers

- Facilitate enrollment and participation in the state's Vaccines for Children (VFC) Program for providers who serve an eligible adolescent population and would like to participate.

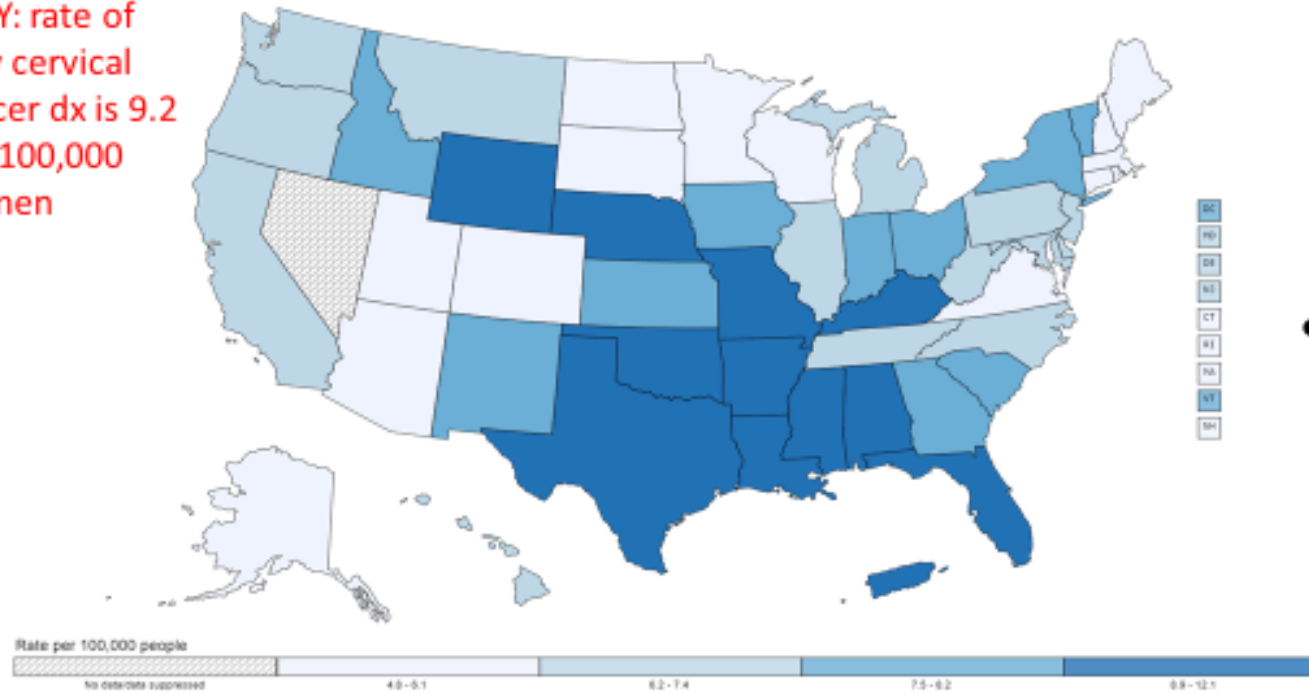
Data & Research

- Collect data on attitudes of healthcare providers and parents about the HPV vaccine and examine how those perceptions influence vaccination rates in our state.
- Look beyond the Kentucky Immunization Registry at alternative data sources for vaccination rates (e.g., CDC Clinical Assessment Software Application, Department for Medicaid Services).
- Determine if existing community guide recommendations for immunization are applicable to HPV vaccination.

HPV Vaccine

Rate of New Cancers in the United States, 2019
Cervix, All Ages, All Races and Ethnicities, Female

In KY: rate of new cervical cancer dx is 9.2 per 100,000 women

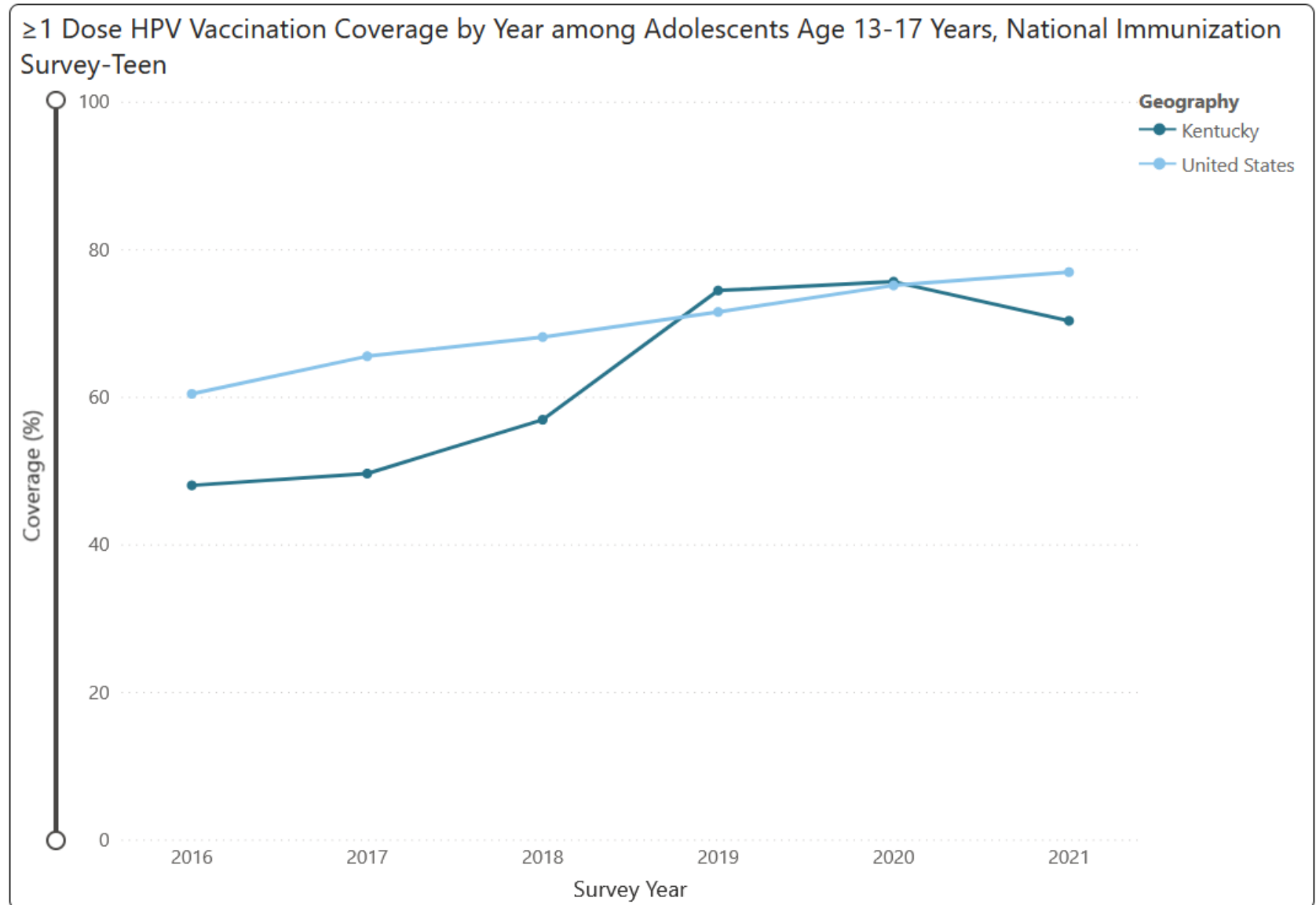


Sources - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2021 submission data (1999-2019): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in November 2022.

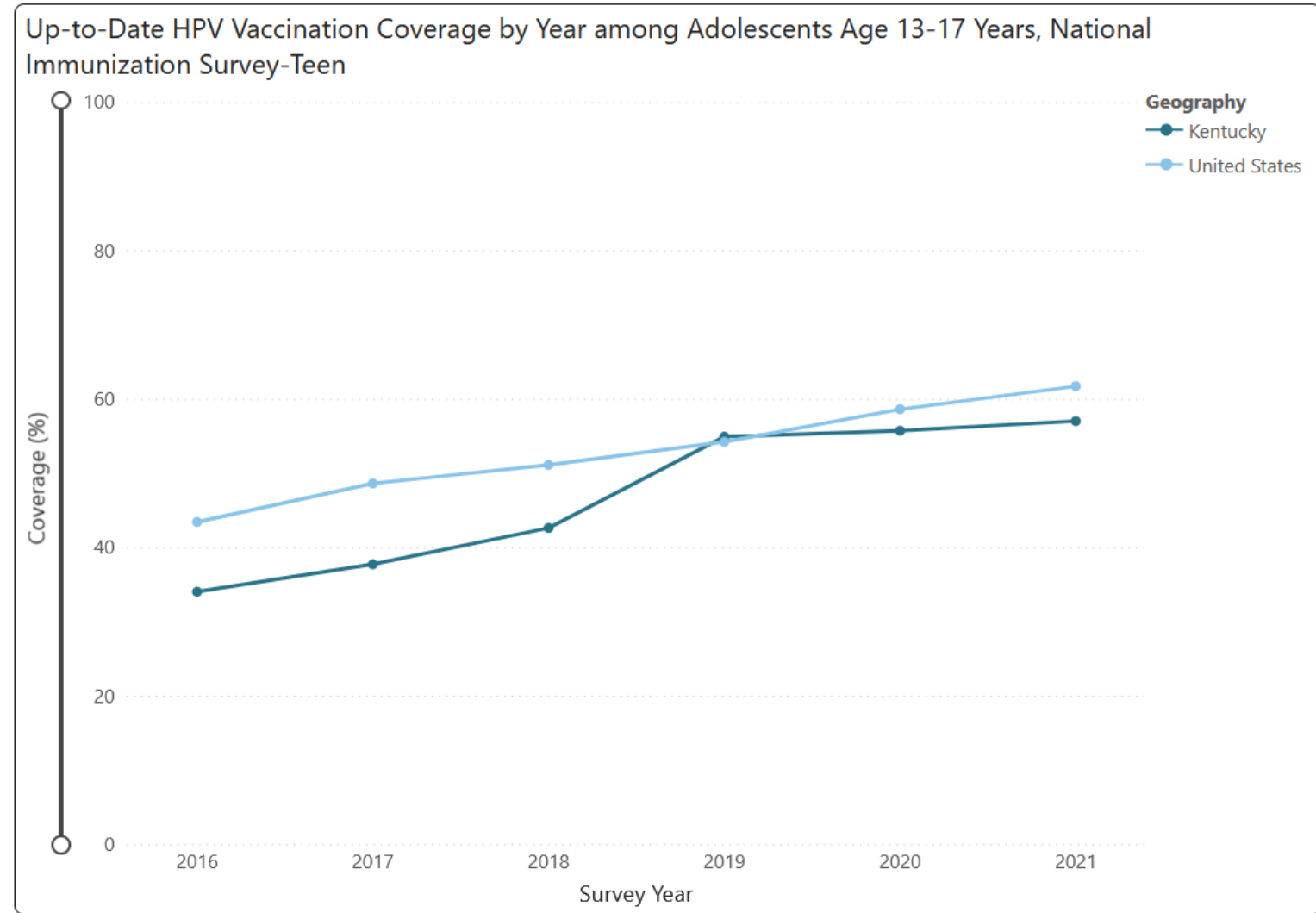
Teen Vax View – CDC - <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html>

- Only **57%** of KY teens 13-17y are up-to-date on their HPV vaccine (U.S. average 62%)
- Among KY females:
 - **48.9%** up-to-date (U.S. avg 64%)

CDC Data



CDC Data



Data Variables

- Pandemic
 - Lagging childhood vaccines
- Pandemic
 - Many more providers that are providing data via IIS
- No requirement for IIS reporting

HPV Taskforce

🛡️ 10 different Kentucky healthcare organizations and/or coalitions are currently represented in the HPV Taskforce.

🛡️ These represented organizations/coalitions include:

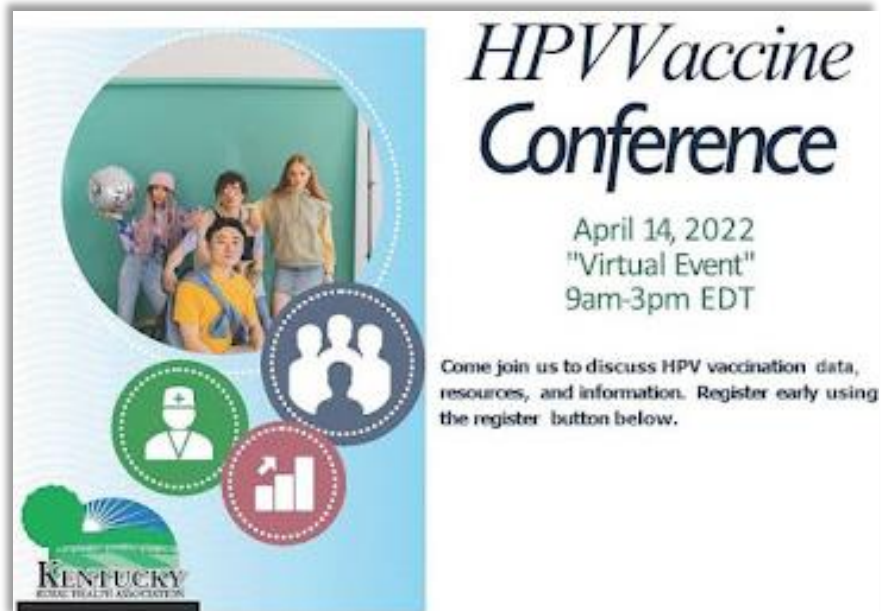
- Kentucky Chapter of the American Cancer Society
 - Kentucky Dentistry and Delta Dental
- Kentucky Chapter of the American Academy of Pediatrics
- Kentucky Voices for Health
- Foundation for a Healthy Kentucky
- Kentucky Rural Health Association
- Kentucky Cancer Consortium
- Kentucky Primary Care Association
- Immunize Kentucky Coalition
- Kentucky Department for Public Health specific branches:
 - Immunization Branch
 - School Health Branch
 - Adolescent Health Branch

🛡️ Additional members are added regularly as word of the HPV Taskforce spreads.

Major Accomplishments

The Kentucky HPV Vaccine Conference

- The KDPH Immunization Branch partnered with the Kentucky Rural Health Association to host a statewide HPV Vaccine Conference in April 2022.
- Originally scheduled as an in person conference but was moved to virtual due to different conflicting circumstances.



• Conference Details:

- 75 people were in attendance.
- Multiple HPV experts from around KY and beyond presented a variety of HPV topics such as:
 - Strategies to Improve HPV Immunization Rates
 - Quality Improvement and Rural Data
 - HPV Vaccine Resources
 - Interprofessional Collaborations
 - Methods to Assess HPV Vaccine Rates and Increase HPV Vaccine Confidence

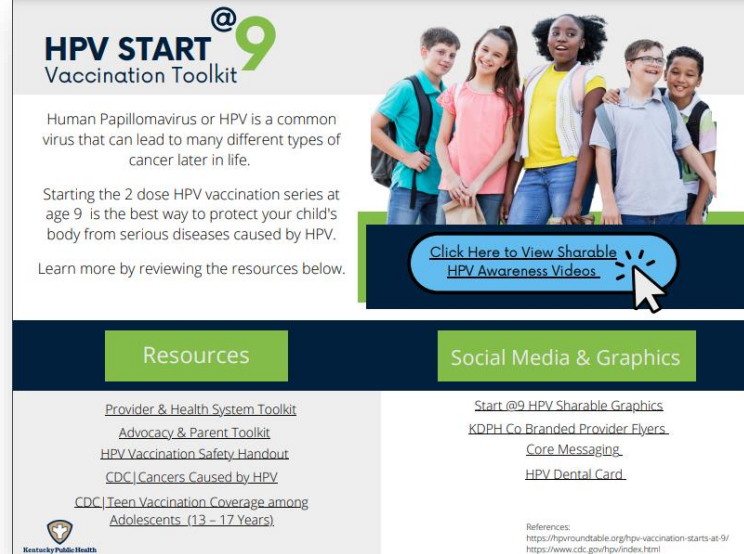
Major Accomplishments

HPV Start @ 9 Vaccination Toolkit

- In the Summer of 2022 the HPV Start @9 vaccination Toolkit was created by the Kentucky HPV Taskforce.
- This virtual toolkit gives KY healthcare providers, and fellow Kentuckians access to accurate, reliable, and sharable HPV resources. All resources available within this toolkit were either created by the Taskforce themselves or compiled and referenced from other reliable resources from around the state of KY or the Nation.
- Included in the toolkit is:
 - Downloadable Social Media samples
 - Infographics and Flyers for KY Providers and general population
 - Sharable HPV Cancer survivor stories from men and women who reside right here in KY



To download or view this toolkit and much more please visit:
<https://chfs.ky.gov/agencies/dph/dehp/pages/iom.aspx>



HPV START @9
Vaccination Toolkit

Human Papillomavirus or HPV is a common virus that can lead to many different types of cancer later in life.

Starting the 2 dose HPV vaccination series at age 9 is the best way to protect your child's body from serious diseases caused by HPV.

Learn more by reviewing the resources below.

[Click Here to View Sharable HPV Awareness Videos](#)

Resources	Social Media & Graphics
Provider & Health System Toolkit	Start @9 HPV Sharable Graphics
Advocacy & Parent Toolkit	KDPH Co Branded Provider Flyers
HPV Vaccination Safety Handout	Core Messaging
CDC Cancers Caused by HPV	HPV Dental Card
CDC Teen Vaccination Coverage among Adolescents (13 - 17 Years)	

References:
<https://hpvroundtable.org/hpv-vaccination-starts-at-9/>
<https://www.cdc.gov/hpv/index.html>

Kentucky Public Health



Major Challenges

- While not a major challenge, we have decentralized health departments and 120 counties
 - Unique leadership teams and partners for each community
- COVID-19
 - Learned that school is the driver of immunization adherence
- Presence of a medical home
 - Access to care
 - Trusted messenger
- Messaging
 - Change in messaging that can occur with youth in schools
 - Puberty
 - SB 150
- Turnover of entire clinical team and communication/education role in the immunization branch
 - Period of rebuilding
 - Fresh ideas
- Parent hesitancy

Challenges and Opportunities

- Consistent stakeholder messaging
- Promotion of HPV vaccine in young adult population
- Passionate HPV taskforce
 - Clear strategic plan
 - Strong, committed work group
- Returning to the medical home and school post COVID
 - Back to school vaccines
 - Early childhood vaccines
 - Competing priorities



Questions for Other States

South Carolina

- What was your largest challenge in getting school nurses to offer HPV vaccine on school grounds?
- How did you get buy in from healthcare staff to use your EV3 toolkit conversation guide? When was this implemented? Have you gathered data since implementing to show any success or received any feedback on the conversation guide resulting in increased dialogue and immunization rate?


Mississippi

- In your work with the University of Mississippi, how did you connect with the school of pharmacy to promote student access to HPV vaccine on campus?
- Since UM's HPV Free campus project started, how many students received the vaccine during the first year?
- What type of events do you host to promote this offering or how did you share information with students to promote this offering?
- How difficult was it to get the 5 slides on HPV incorporated into the all-freshman required EDHD class?
- What were your largest challenges to having dental providers able to provide HPV vaccination?
- How was this received by dental providers? Were they willing and receptive to your continuing education events supporting this?
- We'd love any shared resources on your action plans to build HPV vaccine confidence in parents and caregivers in rural areas.

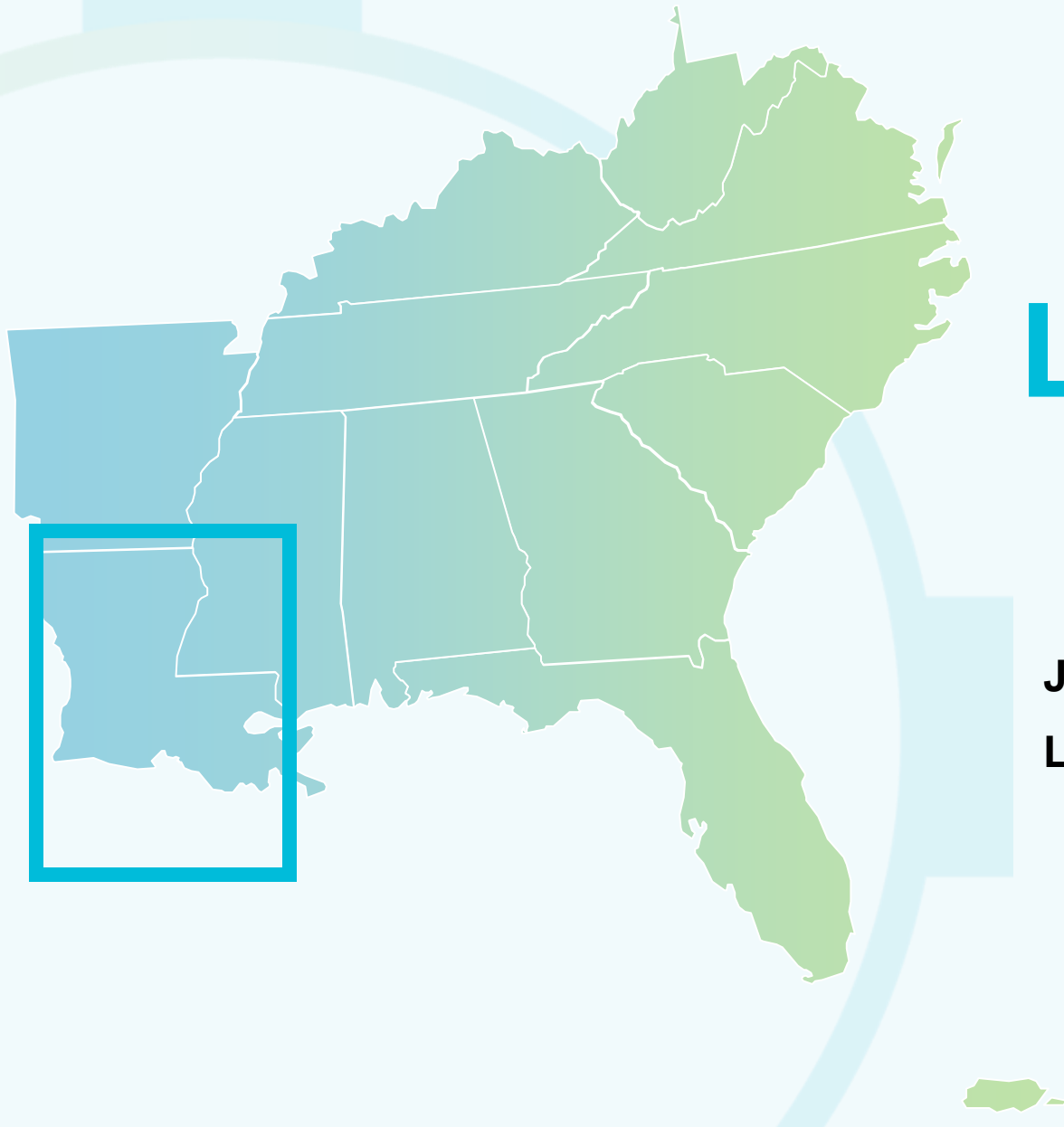
Tennessee

- Who is your target audience for your 2023 4 city Road Show? What does your agenda content entail for this?
- How can we view your "Tennessee Vaccinates" animated videos?

Contact Information

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- 859-979-1698



Louisiana

Jennifer Herricks, PhD
Louisiana Families for Vaccines



VACCINE ADVOCACY IN LOUISIANA

Jennifer Herricks, PhD
Founder, Louisiana Families for Vaccines

**HPV Vaccination Roundtable of the
Southeast**

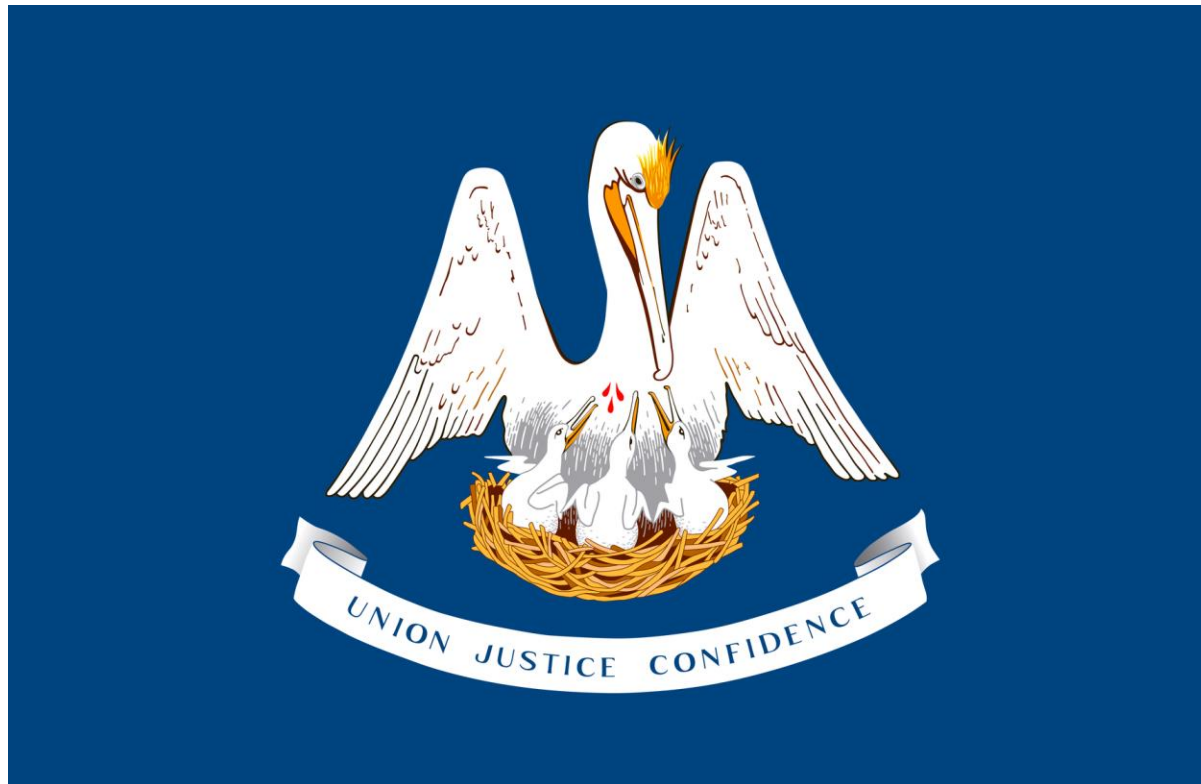
May 25, 2023



Fun Facts About Louisiana



The Pelican and Louisiana's State Flag



Fun Facts About Louisiana



Home to the Oldest Known Manmade Structures in the Americas



<https://louisianaradionetwork.com/2020/01/20/lsu-indian-mounds-may-be-much-older-than-once-thought/>

Fun Facts About Louisiana



Tallest State Capitol Building in the Nation



Fun Facts About Louisiana



Beware the Rougarou





Cervical Cancer & HPV Vaccination in Louisiana



Top 10 nationally for cervical cancer incidence rates

One of the highest cervical cancer death rates in the country

Vaccination rates higher than the national average



Sources:

<https://sjr-redesign.stjude.org/content/dam/research-redesign/centers-initiatives/hpv-cancer-prevention-program/hpv-roundtable-materials/state-profiles/pbf-louisiana-state-profile-09-2022.pdf>

<https://louisianacancer.org/cancers/cervical-cancer/>

<https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html>

Louisiana Families for Vaccines



We are a volunteer-led, grassroots network of Louisianans dedicated to advocating for public health and fact-based public policy and promoting immunizations for healthier kids and communities.

We organize diverse stakeholders and individual advocates from around the state to:

- educate about vaccines
- advocate for evidence-based immunization policy



Louisiana Chapter

INCORPORATED IN LOUISIANA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Together, let's **OUTBREAK** free FROM VACCINE PREVENTABLE DISEASES



Legislative Advocacy



Upcoming Legislative Priorities for Louisiana Families for Vaccines



Senate Health & Welfare Committee Wednesday, May

HB291: OPPOSE

by Rep. Charles Owen

Creates the "no patient left alone law," but leaves vulnerable patients at risk of contracting prevent diseases by prohibiting health care facilities from requiring proof of vaccination from visitors.

- The prohibition on requiring proof of immunization should be removed from the bill.
- One person's choice not to vaccinate should not be allowed to endanger the lives of every vulnerable patient in hospitals, nursing homes, or other healthcare settings.
- An estimated 245,000 kids in the US were "left alone" after being orphaned during the pandemic. HB291 could result in more deaths - deaths that could be prevented.

House Health & Welfare Committee Wednesday, May

HB372: OPPOSE

by Reps. Edmonston, Amedee, Hodges, Horton, McCormick, and Charles Owen

Prohibit state officials from utilizing the guidance of national and international public health experts like CDC and WHO when making public health policy decisions.

- State officials should be able to consider and utilize the guidance of experts in order to make fully informed decisions for the people of our state.
- This bill could reverse decades of public health policies currently in place that keep our kids and communities safe from preventable diseases.

House Floor Debate Thursday, May

HB182: OPPOSE

by Rep. Kathy Edmonston

Prohibits covid-19 vaccine requirements for school entry.

- This legislation is unnecessary because processes exist for vaccine exemptions, meaning a child's parent/guardian may request an exemption in writing for medical or religious/philosophical reasons
- It should be public health experts who make decisions about vaccine requirements.
- This law sets a dangerous precedent of outlawing safe and effective immunizations from being added to requirements for school entry and keeping kids healthy and in school.

HB399: OPPOSE

by Rep. Kathy Edmonston

Adds complex legal language about exemptions to every communication from schools about immunization.

- This law is unnecessary as schools are already required to inform parents about exemptions.
- This legislation targets parents with the intent of creating skepticism in childhood vaccines and can plant doubt about why children should be immunized, which would lead to reducing vaccine uptake, opening doors for diseases like measles and polio to come back by chipping away at one of the bedrocks of public health tools-immunization.



The Facts About Autism & Vaccines



What is Autism?

Autism is a lifelong, brain-based developmental disability that begins in the womb, and impacts the way the brain processes and uses information. There are many Autistic traits and each individual experiences them differently.

Why do more people seem to be diagnosed with Autism?

As of 2023, 1 in 36 children in the US are diagnosed with Autism. Improvements in identification and accessibility of healthcare, along with reduced stigma, have helped Autistic people get an accurate diagnosis sooner and receive the support and services they need to thrive. Disparities continue to exist in diagnostic rates in marginalized communities and adults.



Why are vaccines so important for Autistic people?

Autistic people are more likely to have co-occurring conditions that make them more vulnerable to infectious diseases. Also, Autistic people are part of every population and exist in every marginalized community, which also leaves them more at risk of negative health outcomes.



Are vaccines and Autism linked?

Vaccines do not cause Autism. A fraudulent study was published in 1998 claiming that the MMR vaccine caused autism in 8 children. Subsequent studies on hundreds of thousands of children have found no link between vaccines and Autism. Other studies have identified genetic factors, nervous system differences, and congenital rubella syndrome (prevented by the MMR vaccine), to be associated with increased likelihood of Autism.



Vaccine accessibility is important for people of all ages and ability levels.

Vaccines are a critical part of keeping our schools and communities safe and our economies functioning. It is important to support programs that make vaccines more accessible to all Louisianians.



VACCINES: JUST THE FACTS

Thanks to elected leaders like you, in solidarity with committed parents, physicians, and public health experts, Louisiana has the opportunity to set the standard for the rest of the nation for keeping our kids and communities safe from preventable illness.

We urge you to vote against the vaccine-limiting bills that threaten our lives and economy, and thank you for putting our health and safety first.



Vaccines save lives.

Safe.

In 1796, scientist Edward Jenner developed a vaccine for smallpox, which put an end to a deadly pandemic and saved countless lives. Since then, vaccines have prevented countless outbreaks of infectious diseases including measles, mumps, rubella, whooping cough, chicken pox, diphtheria, meningococcal meningitis, tetanus, and polio.

Vaccines stimulate the immune system to produce an immune response similar to natural infection, but they do not cause the disease or put the immunized person at risk for the potential complications caused by the disease.

The United States has a strong and transparent public health infrastructure. Vaccines are studied extensively before, during and following licensure, and extensive scientific evidence overwhelmingly demonstrates their safety and effectiveness.

Effective.

An outbreak of whooping cough in just one school can cost \$52,000, and a 2019 measles outbreak in Clark Co., WA, cost \$3.4 million including \$1 million in lost productivity. For every \$1 spent on childhood vaccinations, our country saves \$10.90. Between 1994 and 2018, the U.S. has saved an estimated \$406 billion in direct medical costs and \$1.88 trillion in total societal costs because children are vaccinated.

Vaccine-preventable diseases have a costly impact resulting in doctor's visits, lost productivity and time from work and childcare or school, hospitalizations, and premature deaths.

Life Saving.

Vaccines prevent more than 2.5 million deaths each year. Immune protection from vaccines benefits individuals, but it also protects our loved ones, especially young children, the elderly, people with health conditions, and disease survivors.

As a leader in our state, you have the opportunity this legislative session to stop deadly disease and save lives by voting down anti-vaccine bills. Thank you for your service and commitment to keeping our communities safe.

The Real Cost of Vaccine Preventable Diseases

We've run the numbers for you: vaccines save lives and taxpayer dollars.

Economic cost of 2019 measles outbreak in Clark County, WA



\$76,000 in direct medical costs



\$2.3 million for public health response



\$1 million in productivity losses

2019 measles outbreak in Clark County, WA



72 total cases



73% were <10 years old



86% were unvaccinated

Outbreaks of vaccine preventable diseases occur in areas where vaccination rates are low

- Measles infected 85 children and hospitalized >42% in Ohio 2022-2023
- Polio left 1 New York man paralyzed in 2022
- In 2019 >1,200 cases of measles occurred in 31 states
- >6,000 cases of mumps in were reported in the US for 2006, 2016 & 2017

High rates of immunization among kindergarteners* protect Louisiana children from outbreaks

*2020-2021 School Year Data

Immunization	Louisiana	U.S.
Diphtheria, Tetanus & Pertussis	96.9%	93.6%
Hepatitis B	98.5%	94.6%
Measles, Mumps & Rubella	96.2%	93.9%
Polio	98.6%	93.9%

THANK YOU!!

HOW TO CONNECT WITH US:



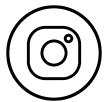
www.LAFamiliesForVaccines.org



info@LAFamiliesForVaccines.org
Jennifer@LAFamiliesForVaccines.org



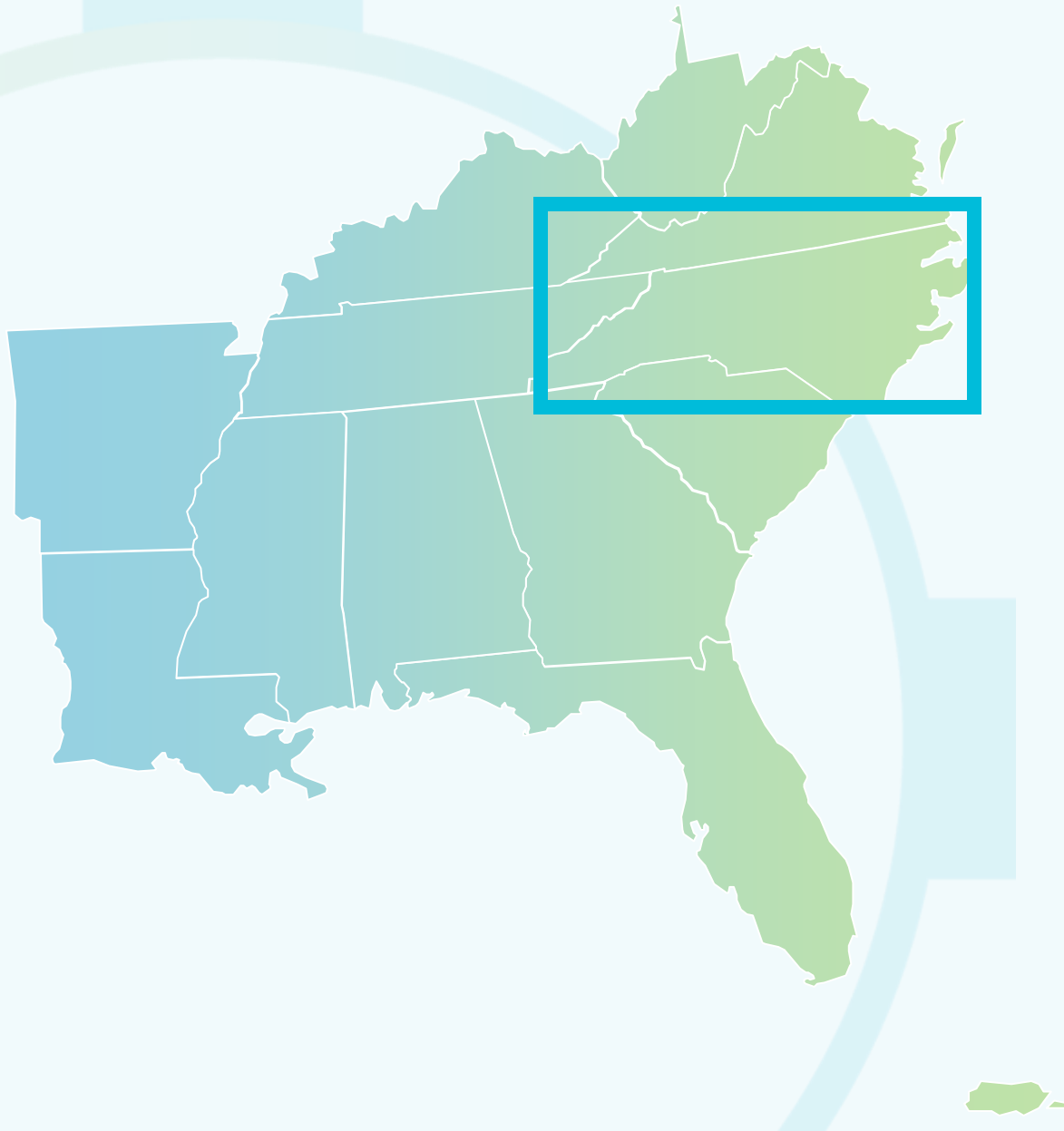
[@LAFamilies4Vax](https://www.facebook.com/LAFamilies4Vax)



[@LA_Families4Vax](https://twitter.com/LA_Families4Vax)



North Carolina



**Jill Pait, MS, CHES,
American Cancer Society**



**Erin Brown, MSPH
North Carolina Breast and
Cervical Cancer Control
Program (BCCCP)**



North Carolina

Erin Brown, MSPH

BCCCP Program Coordinator

NC Division of Public Health, Cancer Prevention and
Control Branch

NC Department of Health and Human Services

Jill Pait, MS, CHES

Associate Director, State Partnerships
American Cancer Society





NC Fun Facts



- State Mammal: Gray Squirrel



- Birthplace of Pepsi



- 60% Forests = One of largest producers of furniture



- Wright brothers completed 1st successful airplane ride

- Home to the Venus Flytrap



HPV Cancer Prevention: State Cancer Plan Goals



Cervical Cancer Objectives:

- Reduce cervical cancer incidence and mortality rates in North Carolina
- **Increase HPV complete series vaccination rate for males and females ages 9 to 26 in North Carolina**

Key Partners In HPV Prevention Efforts



And Many More!

Points of Pride

- HPV vaccination coverage of **≥1 dose** increased **by 27%** and **up-to-date** has increased **by 27% since 2016**
- HPV vaccination rates for 13-17yo of **≥1 dose** are above the national average, **85%** (NIS Teen, 2021)
- Creation of a **State HPV Task Force**, 2020:
 - Subcommittee under NC Immunization Coalition
 - Bring together partners, share resources, avoid redundant efforts & amplify statewide efforts
 - July 2020, new meningococcal school vaccination requirement provided an opportunity to make sure adolescents were up-to-date with **all** recommended vaccinations
 - Hosted 1st state-wide awareness webinar, May 2022
 - More than **150 registered participants**
 - Speakers from NCI cancer centers
 - CMEs provided, recording available on demand
 - **Post Survey: increase confidence talking to parents & interest in being a Provider Champion**



SPRING FORWARD WITH HPV VACCINATION

Working Towards Improving HPV Vaccination Rates and Reducing HPV-Related Cancers in North Carolina

Points of Pride

- Partnership with **Oral Health Professionals**
- **ACS HPV Vaccination Quality Improvement Projects**
 - 2019 ACS HPV Vaccination QI Learning Collaborative
 - 10 FQHCs, 12-month project
 - 1st dose increased **18.4%** & 2nd dose by **18.8%**
 - 2020 MOC QI project with providers in Charlotte area
 - 2022-2023 HPV Cancer Free Appalachia
 - 2023 ACS QI Learning Collaborative
- **Medical Neighborhoods** - FQHCs & hospitals/cancer centers working together to improve processes and outcomes
 - Pulled data for patients 9-12yo who had initiated but not completed or were due – sent reminder cards
 - Policy change to send reminder cards every 3 months
 - Drive through Halloween event
 - Ran collaborative social media campaign
 - Provider education
- **Many more!**



SAVE THE DATE!
**"MARCH FORTH"
WITH HPV
VACCINATION**

Presented by the HPV Task Force as part of the
North Carolina Immunization Coalition

Join us as we celebrate International HPV Awareness Day
and work towards improving HPV vaccination and reducing
HPV-related cancers in North Carolina.

Friday, March 4, 2022
12:00 - 1:00 PM
This event will be presented virtually.

This webinar event is
intended for public health
professionals and
healthcare providers
interested in preventing
HPV-related cancers.

Details coming soon!

NORTH CAROLINA
Advisory Committee
on Cancer Coordination and Control

NORTH CAROLINA
Immunization Coalition
A COMMUNITY VOICE FOR VACCINES



Lack of complete
Statewide Registry
HPV vaccination data



NC Immunization Registry
does not forecast HPV
vaccination beginning at
age 9



Funding to support
Task Force efforts

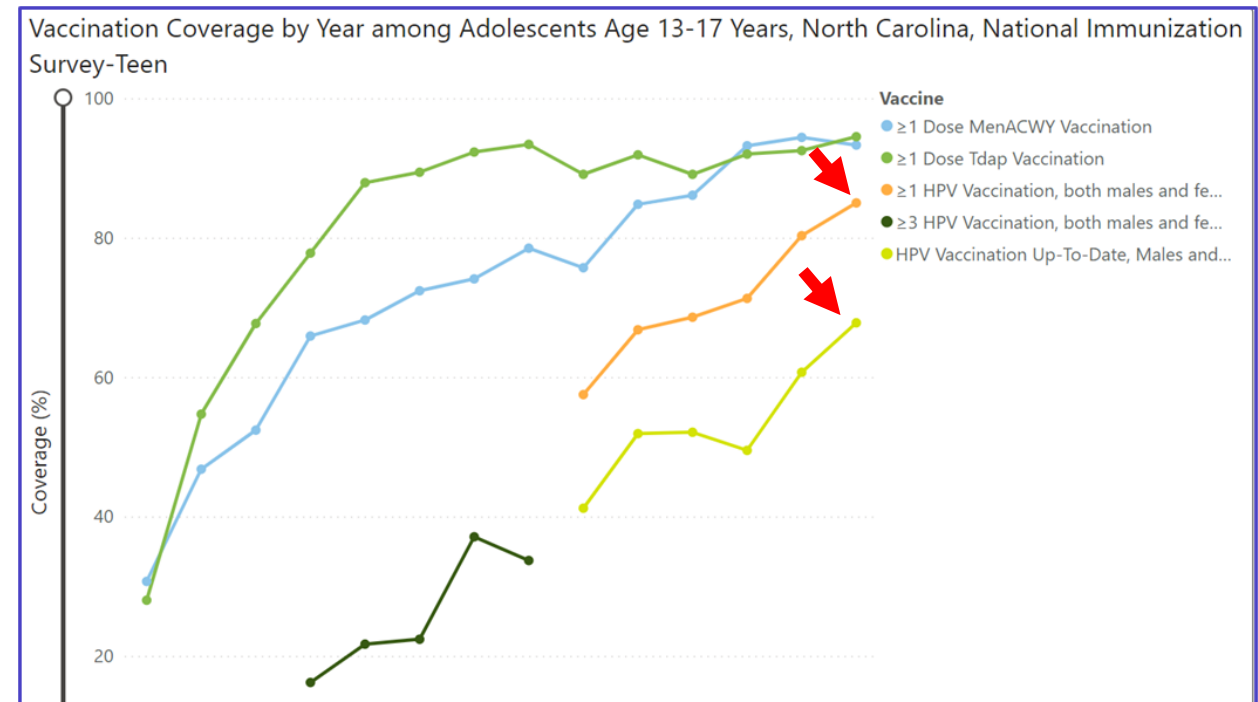


Covid Impact

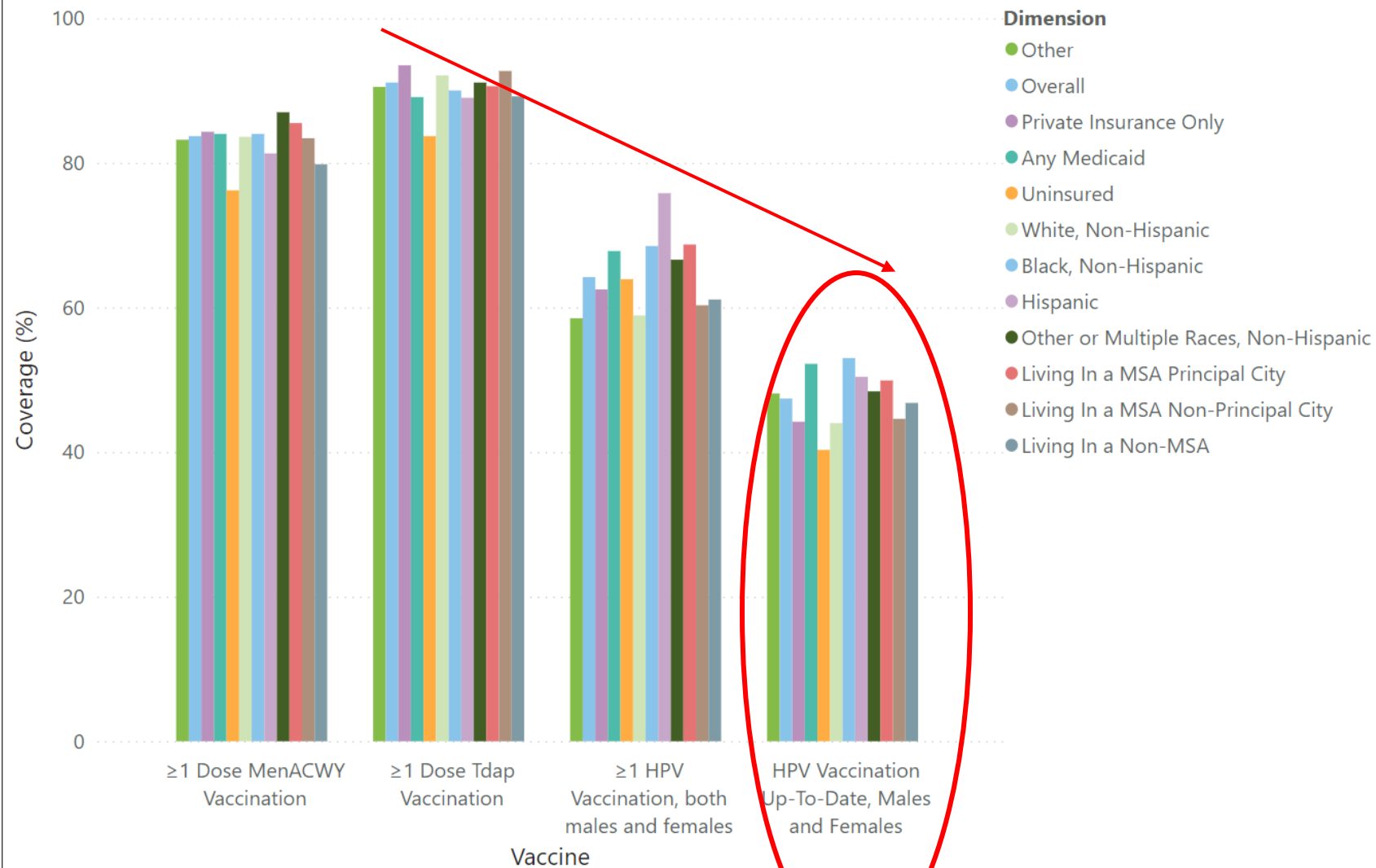
Challenges

Opportunities

- Compared to meningitis (93%) & whooping cough/Tdap (95%), HPV vaccination rates **among 13-17-year-olds lag**
- Among the top 8 states with largest adolescent populations
- Incidence rates for HPV-related cancers overall & oropharyngeal cancer are higher in NC compared to the U.S. average
- NC Advisory Committee on Cancer Coordination & Control - Evaluation and Data Ad Hoc Group
- HPV prevention goal included in State Cancer Plan



Vaccination Coverage among Adolescents Age 13-17 Years, Survey Years 2015-2019, North Carolina, National Immunization Survey-Teen



Priorities for Action:

Focus on completion rates (67.8%) among adolescents who have initiated the HPV vaccination series, particularly adolescents **uninsured** & living in **rural areas**

Co-administration of HPV vaccination with other recommended adolescent vaccinations

Ideas for Priority Action

- HPV Task Force to host **2023 webinar for providers**
 - *Increasing Vaccination Rates in your Practice, June 15th at noon*
- Engage additional HPV Task Force **partners/stakeholders & provider champions**
- Increase number of NC providers giving a **strong recommendation** & starting the series for boys & girls **at age 9**
- **Align with existing efforts** to promote vaccinations to **optimize impact**
- **Increase on-time HPV vaccination**
- Enhance **utilization of data**
- Monitor and mitigate the **effects of the COVID-19**
- Engage universities to reach young adults who were not vaccinated

Questions for Other States

For those states that have mandated reporting of all administered vaccines to the state registry:

- What led to that success?
- What partners were critical to those efforts?
- What could we do to prepare?
- Do you feel that you have more complete data as a result?



Thank you!





Puerto Rico

Vivian Colón-López, PhD, MPH

**University of Puerto Rico
Comprehensive Cancer Center**



PUERTO RICO: HPV UPDATE

Vivian Colón López, PhD, MPH

Investigator

Division of Cancer Control and Population Sciences

University of Puerto Rico Comprehensive Cancer Center

Ad-Honorem Professor

University of Puerto Rico, Medical Sciences Campus

Graduate School of Public Health

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PUERTO RICO FUN FACTS



El Yunque is the only tropical rainforest in the US Forest Service



Puerto Rico has the brightest bioluminescent bay in the world



The Piña Colada was invented in San Juan



The Puerto Rico trench is the deepest point in the Atlantic Ocean



Puerto Rican coffee is among the best in the World





Plan implementation

- Prevention
- Screening and early detection
- Treatment
- Survivorship and quality of life

VOCES key partners involved in HPV cancer prevention efforts

Community Organizations

American Cancer Society
Public Health Brigades
Women's Health Society
Puerto Rico League Against Cancer
PR Cancer Control Coalition
PR Coalition of Head & Neck Cancer
PR Diabetes Association
PR Society of Infectious Diseases
Alliance for Chronic Disease Control
Woman Leaders Table of PR
Ladies Civic Club
Union of Women of the Americas
Garden Club
Rotary Club
Lions Club
Engineer Spouses Club
Girl Scouts
Rhaiza Vélez Plumey Family

Biopharma Companies

Merck GSK Sannofi
Pfizer Roche Hologic

Foundations

Direct Relief
Clinton Foundation * (award)
Americares
MCS Foundation
CDC Foundation

Professional Associations

PR Society of Pediatrics
American Academy of Pediatrics
College Physician Surgeons of PR
College of Pharmacists of PR
College of Dentist Surgeons of PR
Family Physicians Academy
PR Pneumology Society
Primary Care Association of PR 330)
Pro Gyn - ACOG – PR Chapter
College of Nursing Professionals
Association of Community Pharmacies
PR Society of Diabetes & Endocrinology
PR Hospital Association
Association of Private Schools of PR

Doctors

Dr. Hiram Malaret
Dr. Diego Saen de la Peña
Dra. Josefina Romaguera
Dra. Elba Díaz
Dra. Concención Quiñones

Science/Health NGOs

Panamerican Health Organization PR
Healthy Americas
PIVAC
PR Science, Technology & Research Trust
PR Public Health Trust
INDUNIV
Immunization Action Coalition (member)

Insurers (education)

Triple S	First Medical
MCS	Constellation
MMM	Menonita
Humana	VITAL

Pharmacies /Labs

Walgreens	Allied Pharmacies
CVS	Patología Dr. Noy
Kmart	HRP Labs
Walmart	Southern Pathology
Costco	

Hospitals / FQHCs

San Jorge Children/Women's Hospital
Ashford Presbyterian Hospital
Metro-Pavía Health System
Salud Integral de la Montaña

Government

Department of Health
Immunization Program PRHOD
ASES
Senate Health Commission
Department of Housing
Department Of Work
Department of Education
PR Medical Reserve Corps
Institute of Statistics
Elderly Advocate Office
Patient Advocate Office

Researchers / Academia

Comprehensive Cancer Center of PR
UPR School of Public Health
UPR School of Medicine RCM
UPR School of Pharmacy -RCM
Ponce Health Sciences University
Central Caribbean University UCC
Nova Southeastern University

Wholesalers

Cardinal Health Care
Droguería Betances
Droguería Cesar Castillo

State cancer plan goals related to HPV prevention

Goal: For 2020, increase HPV vaccination uptake by 80% among male and female 11-18 years old.

Strategy 1: Education targeted to parents and youth regarding HPV, HPV related cancers and the vaccine.

Strategy 2: Education to the sectors that influence policy and decision making regarding the HPV vaccine in Puerto Rico.

Strategy 3: Provide physical and economic access to the vaccine to all male and female 11-18 years old in Puerto Rico.

Strategy 4: Establish the Puerto Rico Immunization Registry as a robust and reliable tool for measure HPV vaccination.

Strategy 5. Establish HPV vaccine as a school-entry requirement (three doses) for all male and female 11-18 years old in Puerto Rico.



HPV Task Force 2014

Strategy 1: Major accomplishments

Education targeted to parents and youth regarding HPV, HPV related cancers and the vaccine

- Population-based study 15-74 years in the Metropolitan area of San Juan¹ (*Knowledge of HPV: 49.5% women and 17.6%; Awareness of the HPV vaccine: 46.1% women and 13.5%*)



Strategy 1: Major accomplishments

Education targeted to parents and youth regarding HPV, HPV related cancers and the vaccine

¡Habla de VPH! An Educational Activity for College Students in Puerto Rico

Vivian Colón-López, PhD, MPH**; Aleli M. Ayala-Marín, MPH†; Camille Vélez-Alamo, MS†; Marievelisse Soto-Salgado, DrPH, MS*¶; Lizbeth Medina-Cortés, MS†§; Adrianna I. Acevedo-Fontanez, MS†; Ana P. Ortiz PhD, MPH**‡; Natalie Fernández-Espada, MS‡; Marta Sánchez-Aracil, MPHE**; Omayra Salgado-Cruz, PhD, MPH‡

Objective: To evaluate human papillomavirus (HPV) infection knowledge, willingness to get vaccinated, and vaccination uptake, following a brief educational activity entitled ¡Habla de VPH! (Let's talk about HPV!) in a sample of college students at the University of Puerto Rico, Bayamón.

Methods: Participants completed a self-administered questionnaire developed by the research team, which gathered information regarding sociodemographic characteristics, HPV vaccination status, and willingness to receive the vaccine. Once the participant completed the survey, the staff of the Outreach Program conducted an educational activity. Study participants completed a pre- and post-test, which included a scale with items related to knowledge about HPV infection, associated malignancies, and the vaccine. To compute the mean knowledge score for each test, the correct responses were summed; the total scores for each test ranged from 0 to 11. Follow-up interviews (3 and 6 months) explored knowledge changes and—in the previously unvaccinated students—vaccine uptake.

Results: A total of forty students answered the questionnaire. A significant difference between the average knowledge before (7.6 ± 2.1) and after the intervention (10.6 ± 0.6) ($P < .001$) was observed. Of the non-vaccinated group, 59.3% reported being interested in receiving the vaccine. By the 3- and 6-month follow-ups, only 2 students had started the vaccine series.

Conclusion: Knowledge about HPV and associated malignancies increased significantly. However, few students initiated the vaccine after either of the follow-ups. Future efforts should line up the vaccine promotion and outreach activities



Strategy 2: Major accomplishments

Education to the sectors that influence policy and public decision-making regarding the HPV vaccine in Puerto Rico

The Puerto Rico Community Cancer Control Outreach Program: Developing Capacity-Building Activities on Cancer Screening Guidelines and HPV Vaccination Recommendations for Health Care Professionals

Vivian Colón-López, PhD*†; Camille Vélez-Alamo, MS‡; Lizbeth Medina-Cortés, MS*§;
Marievelisse Soto-Salgado, DrPH*†; Aleli Ayala-Marín, MPH; Adrianna I. Acevedo-Fontanez, MS*;
Alejandra M. Rivera-Irizarry, MS*; Marta Sánchez-Aracil, MPHE†; Omayra Salgado-Cruz, PhD†;
Guillermo Tortolero-Luna, MD, PhD†

Objective: This study evaluated physicians' knowledge of cancer screening guidelines and human papillomavirus (HPV) recommendations.

Methods: The Puerto Rico Community Cancer Control Outreach Program in collaboration with the Comprehensive Cancer Control Program and the Breast and Cervical Cancer Early Detection Program developed an educational activity for physicians who attended a professional annual meeting. This activity consisted of 2 sessions: one about cancer screening guidelines and the other about HPV and HPV vaccination. A survey measuring the attendees' knowledge of the session topics was administered before and after each session. Changes in knowledge were assessed using McNemar's test with a significance level of 0.05.

Results: A total of 43 physicians responded to the survey about cancer screening, and 67 responded to the survey about HPV. A significant increase in the mean score of the pre-test (3.3 ± 1.42) and post-test (6.7 ± 1.38) of the cancer screening guidelines was observed as well as in that of the pre-test (7.82 ± 1.44) and post-test (9.66 ± 0.53) of HPV. The results showed that there were improvements regarding the most recent cervical cancer screening and colonoscopy guidelines as well as in the knowledge of HPV serotypes.

Conclusion: This mid-day educational activity significantly improved knowledge among primary care physicians. Given its feasibility, future efforts should discuss the most recent cancer guidelines and emerging socio-behavioral factors that impact vaccination. [*P R Health Sci J* 2022;41(4):217-221]

Key words: Capacity building, Community outreach, Cancer screening guidelines, HPV, Puerto Rico

Cancer is the leading cause of death in Puerto Rico (PR), exceeding heart disease for the first time since 2012 (1). According to the Department of Health of PR, 5,219 deaths from cancer were reported in 2013 (2). Early detection through screening has been linked to a decrease in mortality for different cancers, such as breast, cervical, and colorectal cancer (CRC) (3–6). One of the most consistent predictors of cancer screening is a physician's recommendation (7–10). In 2014, with the aim of targeting primary care providers, the PR Community

capacity-building activities about breast, cervical, CRC screening and HPV vaccine guidelines targeted to physicians. The purpose of this study was to evaluate the impact of this educational activity on physician knowledge of breast, cervical and colorectal cancer screening and HPV vaccine.

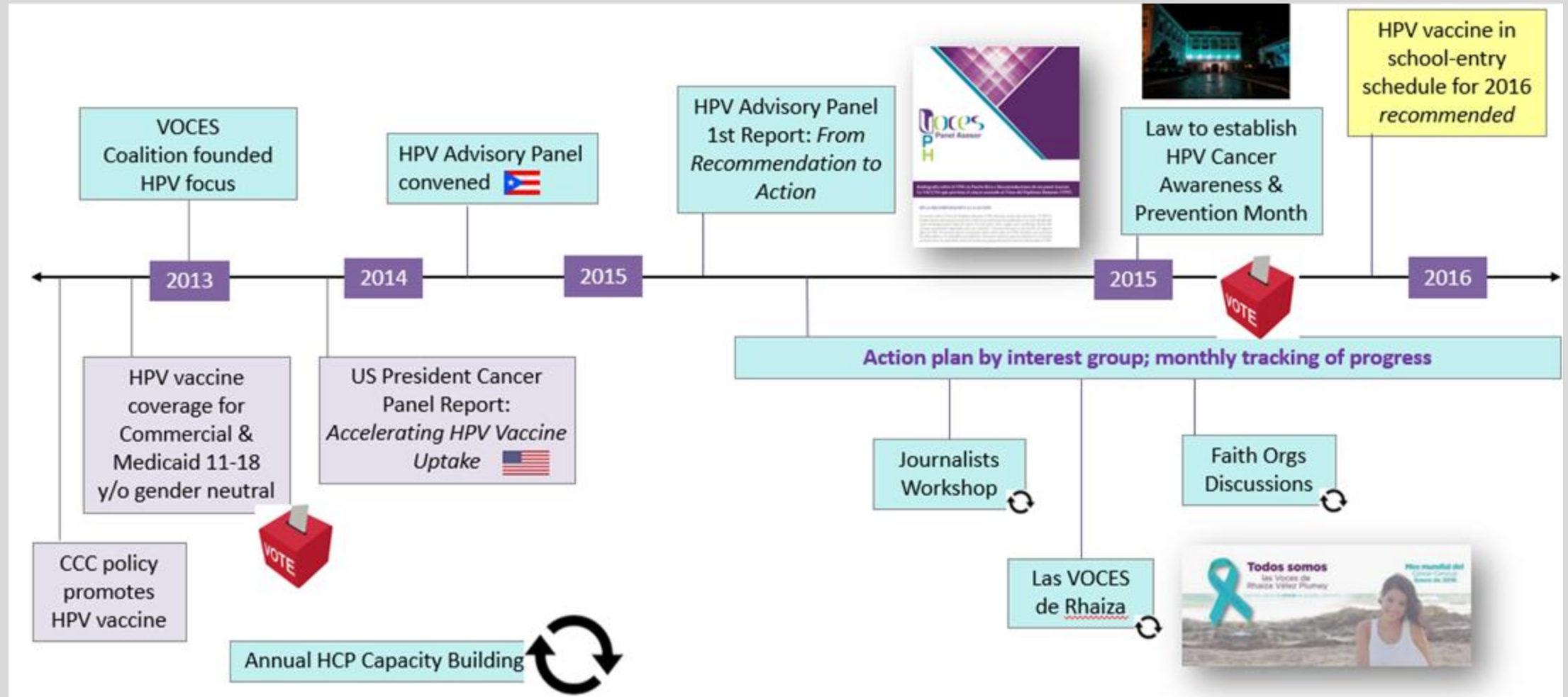
*UPR-MDACC Partnership for Excellence in Cancer Research, University of Puerto Rico Medical Sciences Campus; †Cancer Control and Population Sciences Program,

- Policymakers
- Faith organizations
- Journalist organizations
- Physicians and other health care providers

Strategy 3: Major accomplishments

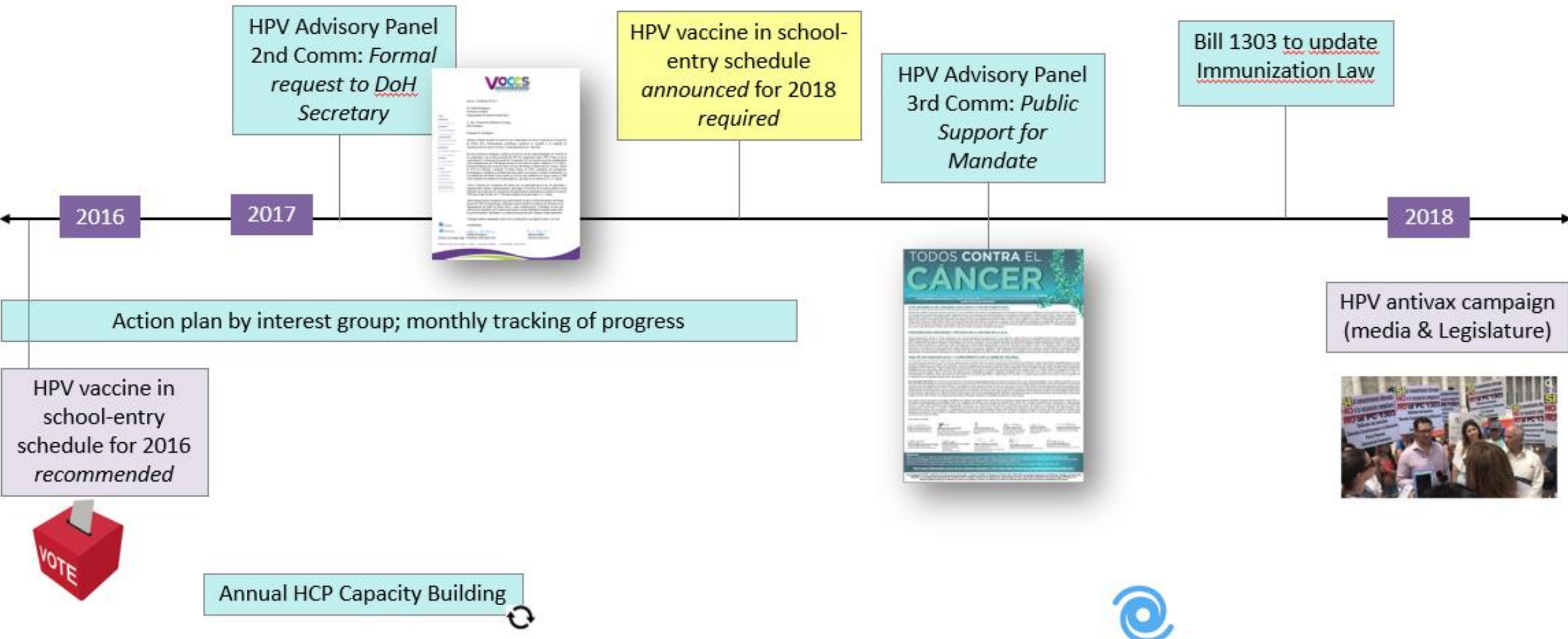


Provide physical and economic access to the vaccine to all male and female 11-18 years old in Puerto Rico.



Strategy 5: Major accomplishments

Establish HPV vaccine as a school-entry requirement (three doses) for all male and female 11-18 years old in Puerto Rico



HPV Vaccine School Entry Requirement in Puerto Rico: Historical Context, Challenges, and Opportunities

[Print](#)

ESSAY — Volume 18 — August 5, 2021

Vivian Colón-López, PhD^{1,2}; Coralia Vázquez-Otero, PhD, JD³; Vilnery Rivera-Figueroa, MS²; Glizette O. Arroyo-Morales, MS²; Diana T. Medina-Laabes, MS¹; Roxana Soto-Abreu, MS¹; Olga L. Díaz-Miranda, MS¹; Ángel Rivera, MD⁵; Iris Cardona, MD⁵; Ana P. Ortiz, PhD^{1,4}; VOCESPR⁶; Pamela C. Hull, PhD⁷ [\(VIEW AUTHOR AFFILIATIONS\)](#)

Suggested citation for this article: Colón-López V, Vázquez-Otero C, Rivera-Figueroa V, Arroyo-Morales GO, Medina-Laabes DT, Soto-Abreu R, et al. HPV Vaccine School Entry Requirement in Puerto Rico: Historical Context, Challenges, and Opportunities. *Prev Chronic Dis* 2021;18:210035. DOI: <http://dx.doi.org/10.5888/pcd18.210035>

PEER REVIEWED

Epidemiologic studies in Puerto Rico have documented the prevalence of human papillomavirus (HPV) infection on the island, reporting rates up to 79% (1). Regarding HPV-related cancers, Puerto Rico has the highest incidence rate of cervical cancer among all the states and territories of the United States (2). Despite the lower prevalence of anal cancer in Puerto Rico, men who have sex with men (MSM), people living with HIV, and women with HPV-related gynecological cancers are at higher risk of developing this malignancy (1,2). Moreover, the incidence of penile cancer is twice as high, and the mortality rate is 3 times as high among Puerto Rican men compared with men from other racial and ethnic groups in the US (3).

Paving the Way for the Policy: Grassroots Movements and Other Organizations

Parallel with these scientific efforts to estimate the impact of HPV in Puerto Rico, grassroots movements have promoted educational campaigns and outreach activities to increase HPV vaccine uptake and awareness at the community level, as well as developed training opportunities among health care professionals. These efforts from multiple sectors (eg, coalitions, government agencies, health providers, scientists) led Puerto Rico to have among the highest HPV initiation rates since 2014. These sectors have been pioneers in developing policies that support HPV vaccination access in Puerto Rico. Among the more meaningful is Law No. 9 (passed December 20, 2010), which provided HPV vaccine access to girls aged 11 to 18 years. The law was amended in 2012 to also include boys aged 11 to 18 years (4). Implementation of this public policy was essential because the Vaccine for Children Program, which is available for Puerto Rican families with no health insurance, provides limited access to the vaccine for children from families with private insurance. In 2015, after the implementation of this law, the Vaccination Coalition of Puerto Rico (VOCES, by its acronym in Spanish) led the first discussion about having an HPV vaccine requirement for school entrance, as part of the HPV Advisory Panel report (5).

In Puerto Rico, under Law No. 25 (passed September 25, 1983), the Puerto Rico Secretary of Health can decide which vaccines will be required for school entrance ([Figure](#)). The law states that no student or preschool child may be admitted or enrolled in a school or day care center if he or she is not properly immunized (4,5). In June 2017 via a press conference, the Puerto Rico Secretary of Health encouraged parents and legal guardians to vaccinate their children

On This Page

[Paving the Way for the Policy: Grassroots Movements and Other Organizations](#)

[First 2 Years of The New School-Entry Requirement](#)

[New Opportunities](#)

[Author Information](#)

[References](#)

[Top](#)

Source: https://www.cdc.gov/pcd/issues/2021/21_0035.htm

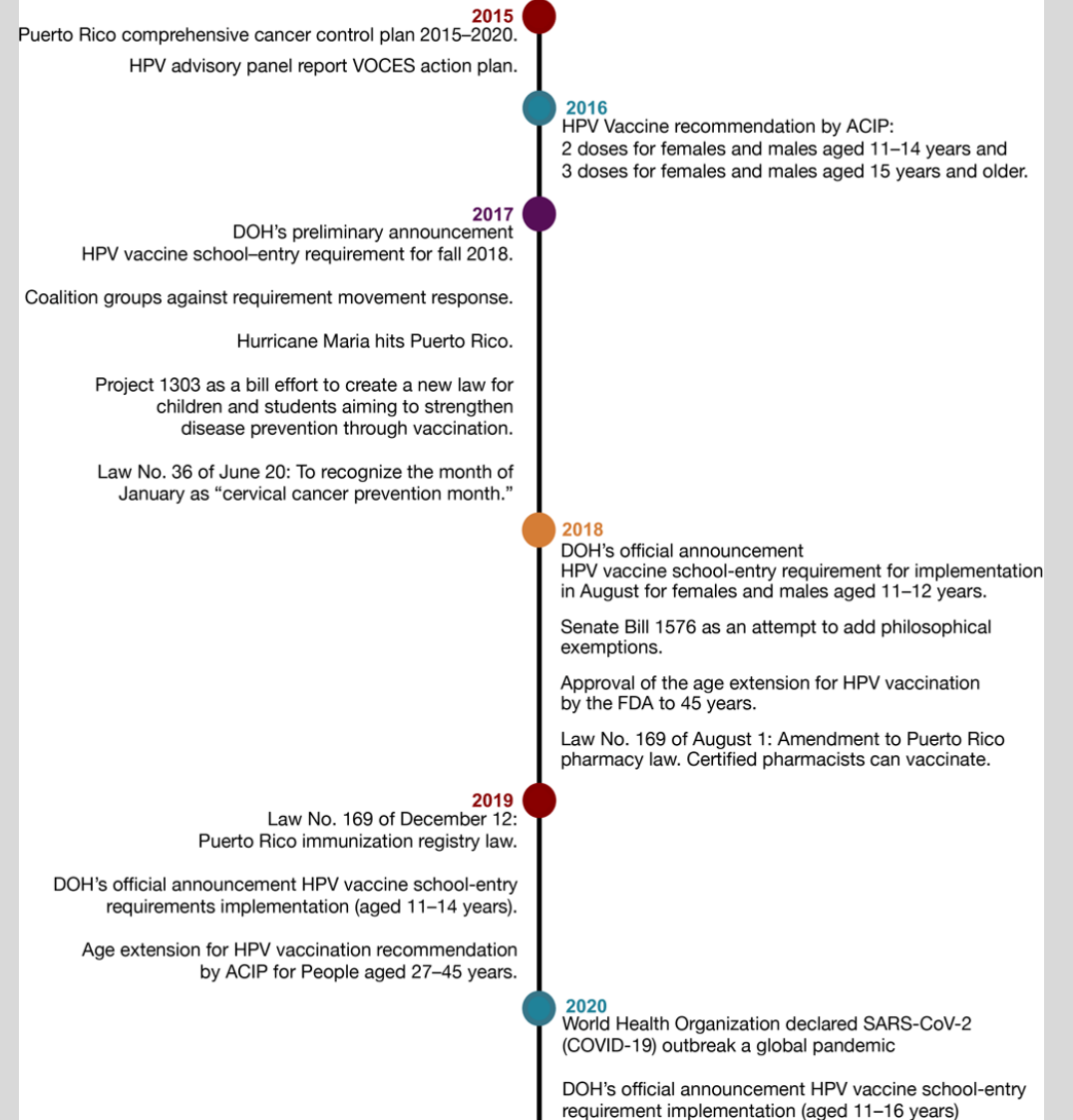
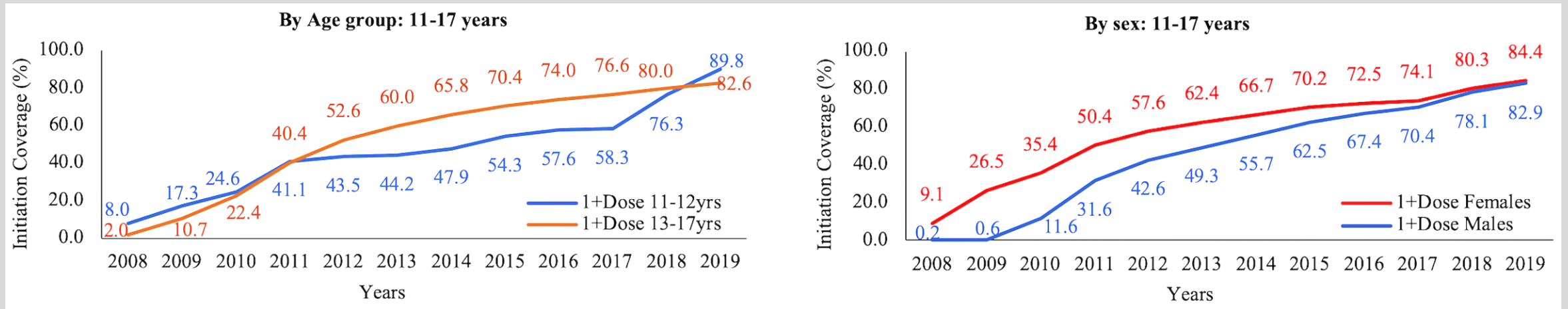
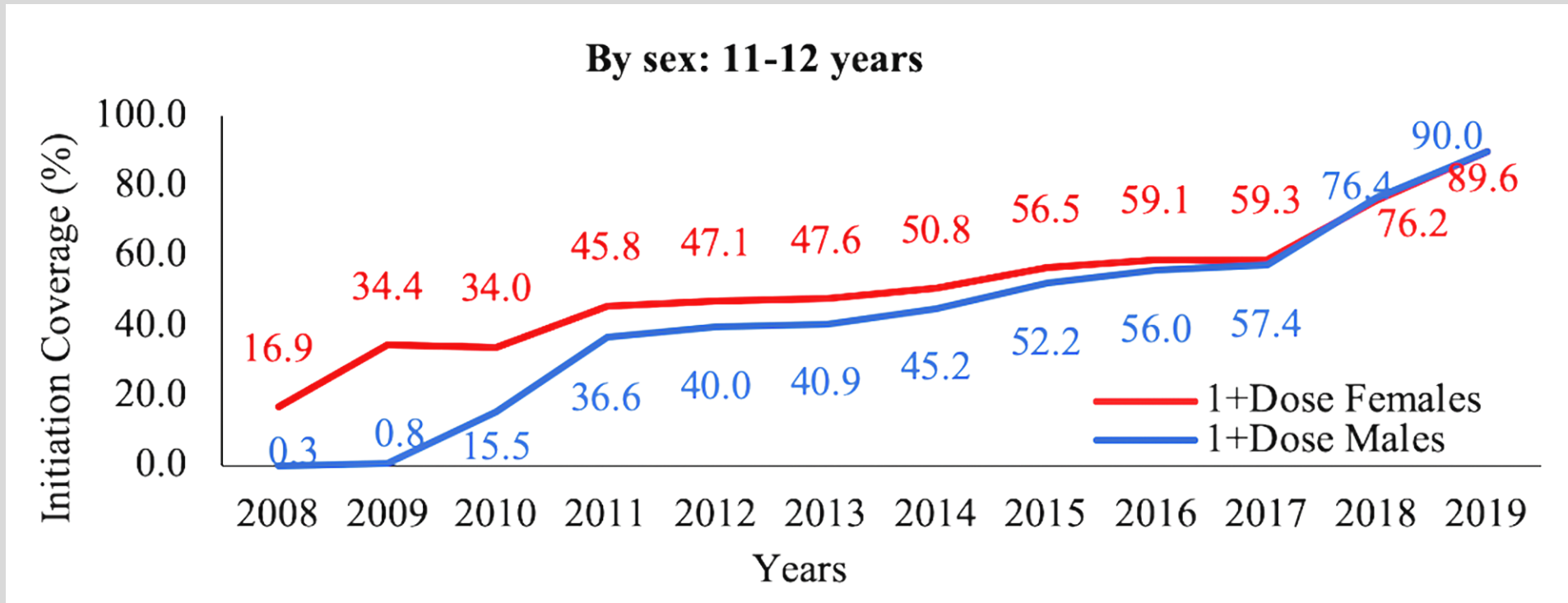


Figure. HPV vaccine initiation rates stratified by age group and sex from 2008 to 2019



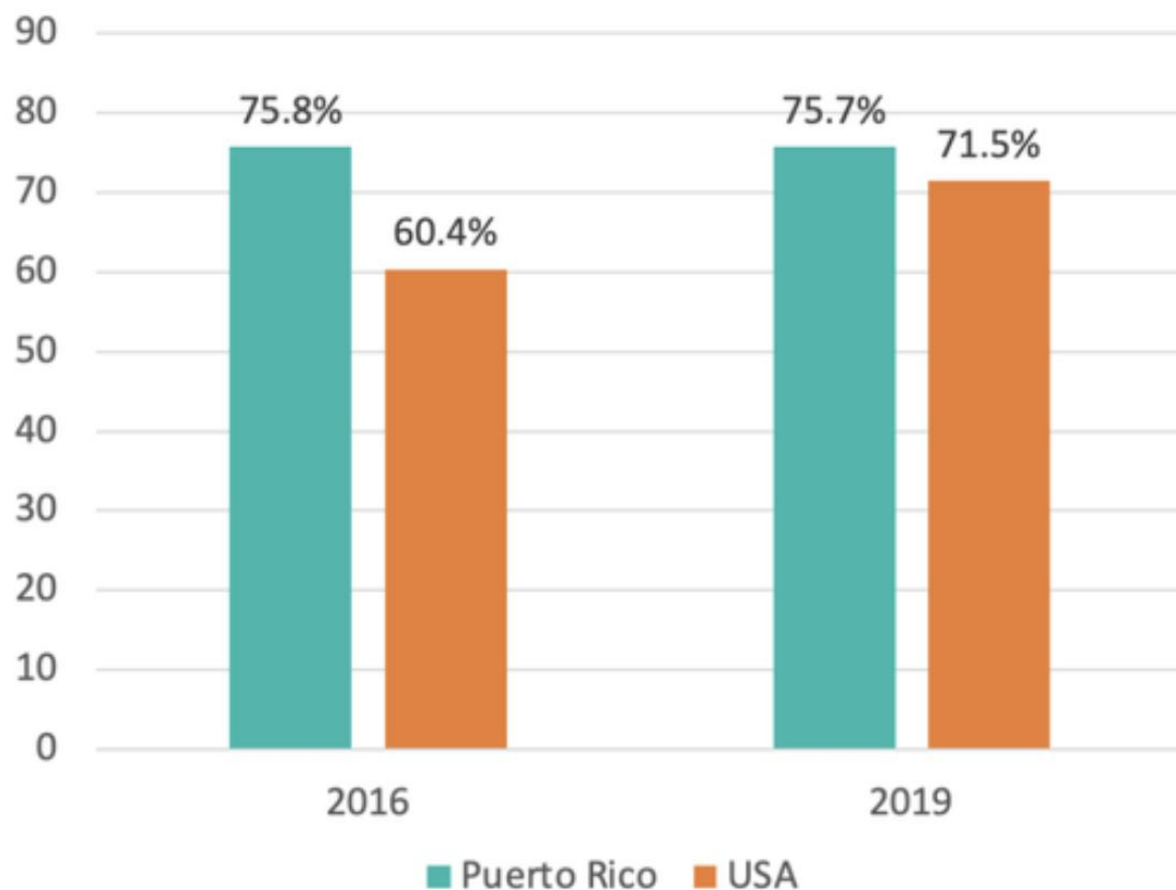
Reference: Colón-López V, Hull PC, Díaz-Miranda OL, Machin M, Vega-Jimenez I, Medina-Laabes DT, et al. (2022) Human papillomavirus vaccine initiation and up-to-date vaccine coverage for adolescents after the implementation of school-entry policy in Puerto Rico. PLOS Glob Public Health 2(11): e0000782.

Figure. HPV vaccine initiation rates among 11–12-year olds and stratified by sex from 2008 to 2019

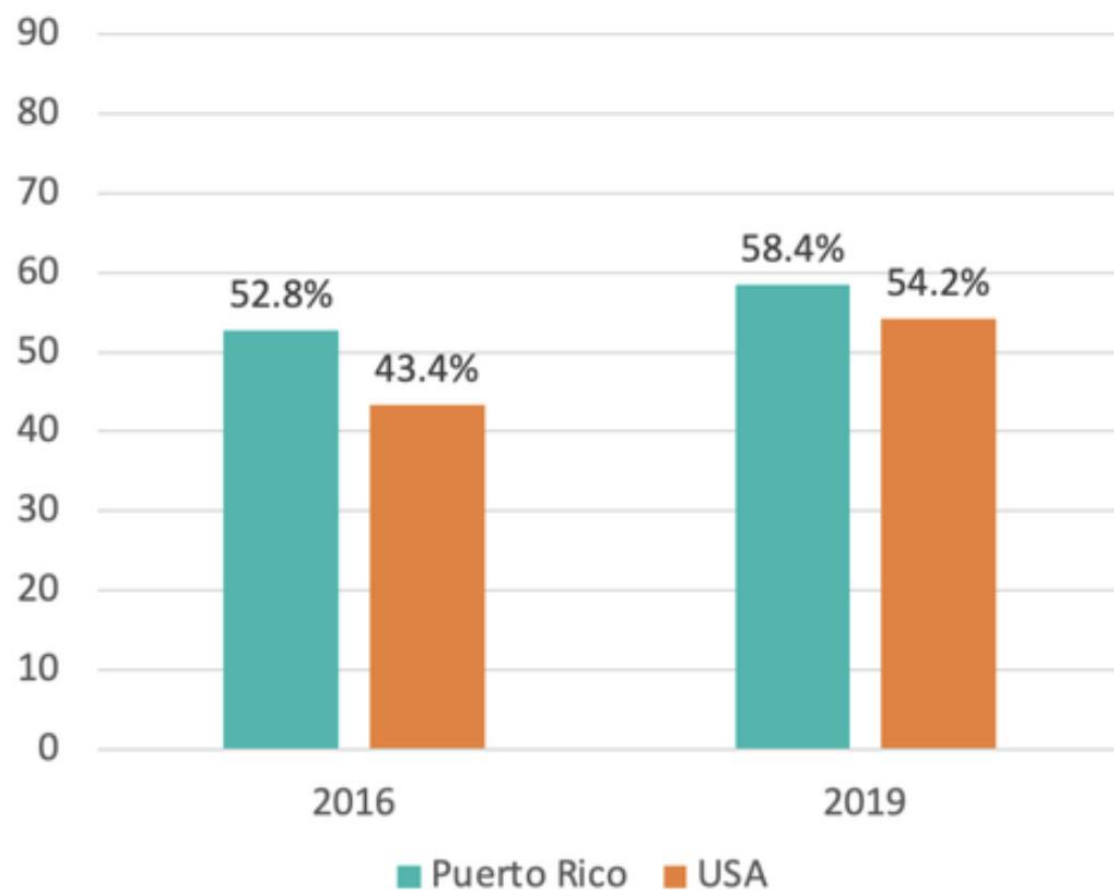


HPV vaccination among adolescents aged 13-17 years old in Puerto Rico and the USA, 2016 and 2019.

1+ Vaccine Dose



Completed Vaccination Series



Community Outreach and Engagement

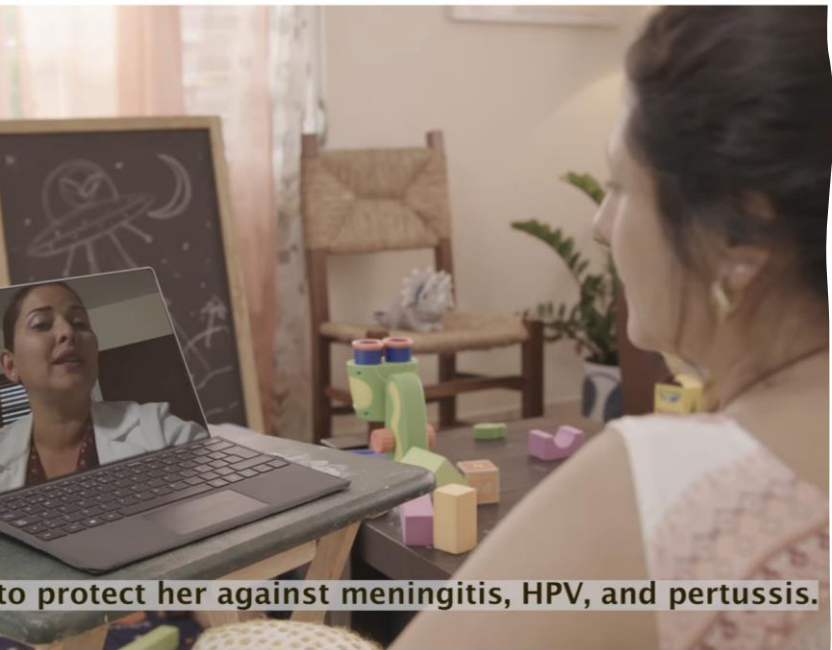
Nuestra meta es eliminar los Cánceres causados por el Virus del Papiloma Humano (VPH)

WWW.CANCEROUTREACHPR.ORG

Outreach HPV PIVOC Coalición para el Control de Cáncer de Puntos Rápidos Cáncer PREVENIBLES Voces CENTRO COMPRENSIVO DE CÁNCER

SPONSORED BY: NIH NCI Grant # U54 CA096297-CA096300 UPRMDACC Partnership for Excellence in Cancer Research





- Trailer_subs
am PR



SI TE FALTA TE TOCA



acunemos a nuestros niños contra el VPH
PR



Puerto Rico Outreach Program

<https://www.youtube.com/@outreachprogrampr7967>

Questions

- What is the impact of COVID-19 on HPV-vaccine (initiation, UTD)?
- Does exceptions rates have increased after the school entry policy?
- How does the COVID-19 vaccine have interfered (or helped) in HPV vaccine uptake?
- Measure impact of HPV vaccine in (genital warts, CIN2+, HPV-related cancers)
- HPV rates for 18 older?
- Can we adapt (or develop) evidence-based interventions for HPV health promotion
- Can a collaborative approach using vaccine bundling will be effective?

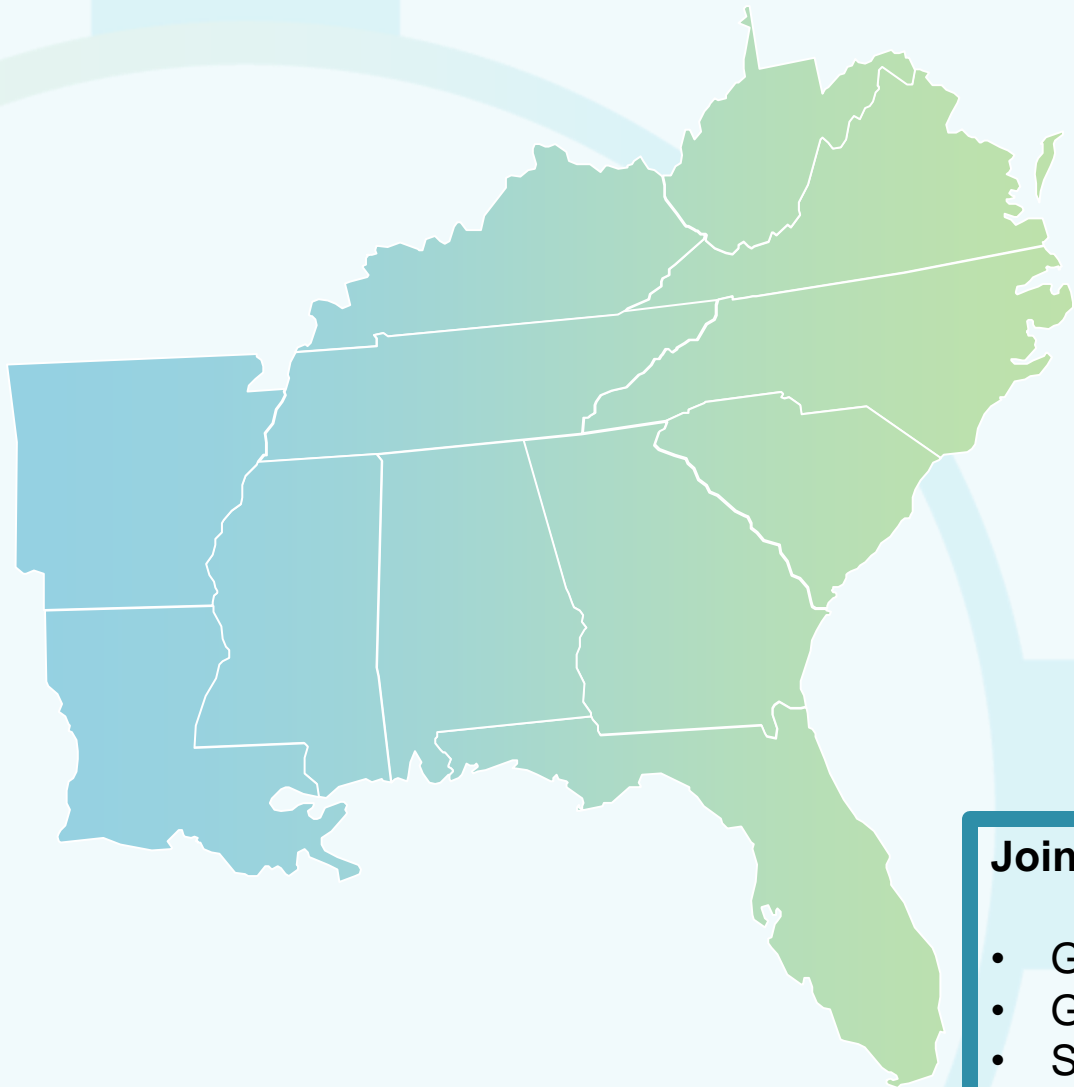
Elimination Plan 2030 (under discussion)



- HPV vaccination catch-up
- Education and training to school nurses
- Collaboration with the Department of Health for assessment and monitoring of the school entry policy
- Implementation of partnerships with multisectoral organizations

**¿Sabías que
existe una
vacuna que
puede prevenir
ciertos tipos de
cáncer?**





Questions & Answers

Please use the chat to ask questions – or raise hand function to come off mute and ask directly.

Join in the conversation:

- Go to www.menti.com and use the code **4537 5389**
- Go to <https://www.menti.com/al4ewkch71q4>
- Scan the QR code with your camera phone



Action Steps

Jane Grey, MPH

Chair, State Coalitions and
Roundtables Task Group,
National HPV Vaccination
Roundtable

Adolescent Immunization
Coordinator, California
Department of Public Health

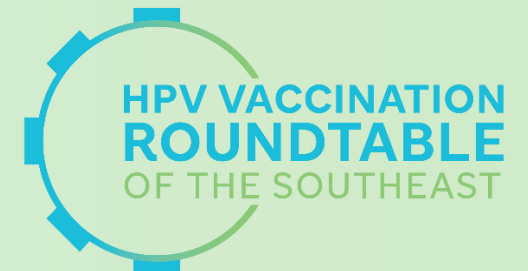


Action Steps

- Who are key partners in improving HPV rates?
- Who else should be involved in improving HPV vaccination rates?
- Based off the presentations you heard today, which strategies are you most likely to apply in your own state?

Join in the conversation:

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- Scan the QR code with your camera phone

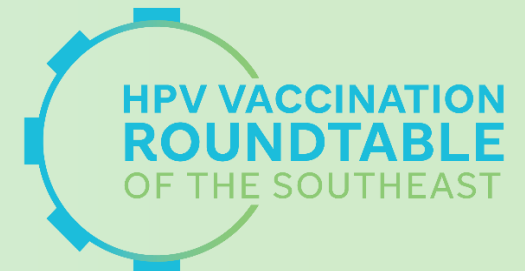


Action Steps

- What else can the HPV Vaccination Roundtable of the Southeast do to assist your efforts?
- What type of training and technical assistance is needed to support efforts to improve HPV vaccination in your state?
- We will be hosting an in-person meeting in December. What topics would you like for us to include in this meeting? Include suggested speakers.

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- Scan the QR code with your camera phone





Closing Remarks and Evaluation

Heather M. Brandt, PhD
St. Jude Children's
Research Hospital



Next steps:

- **September TBD:** Virtual training and technical assistance experience
- **November TBD:** Virtual training and technical assistance experience
- **December 4-5:** In-person meeting

Join in the conversation:

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- Go to <https://www.menti.com/al4ewkch71q4>
- Scan the QR code with your camera phone

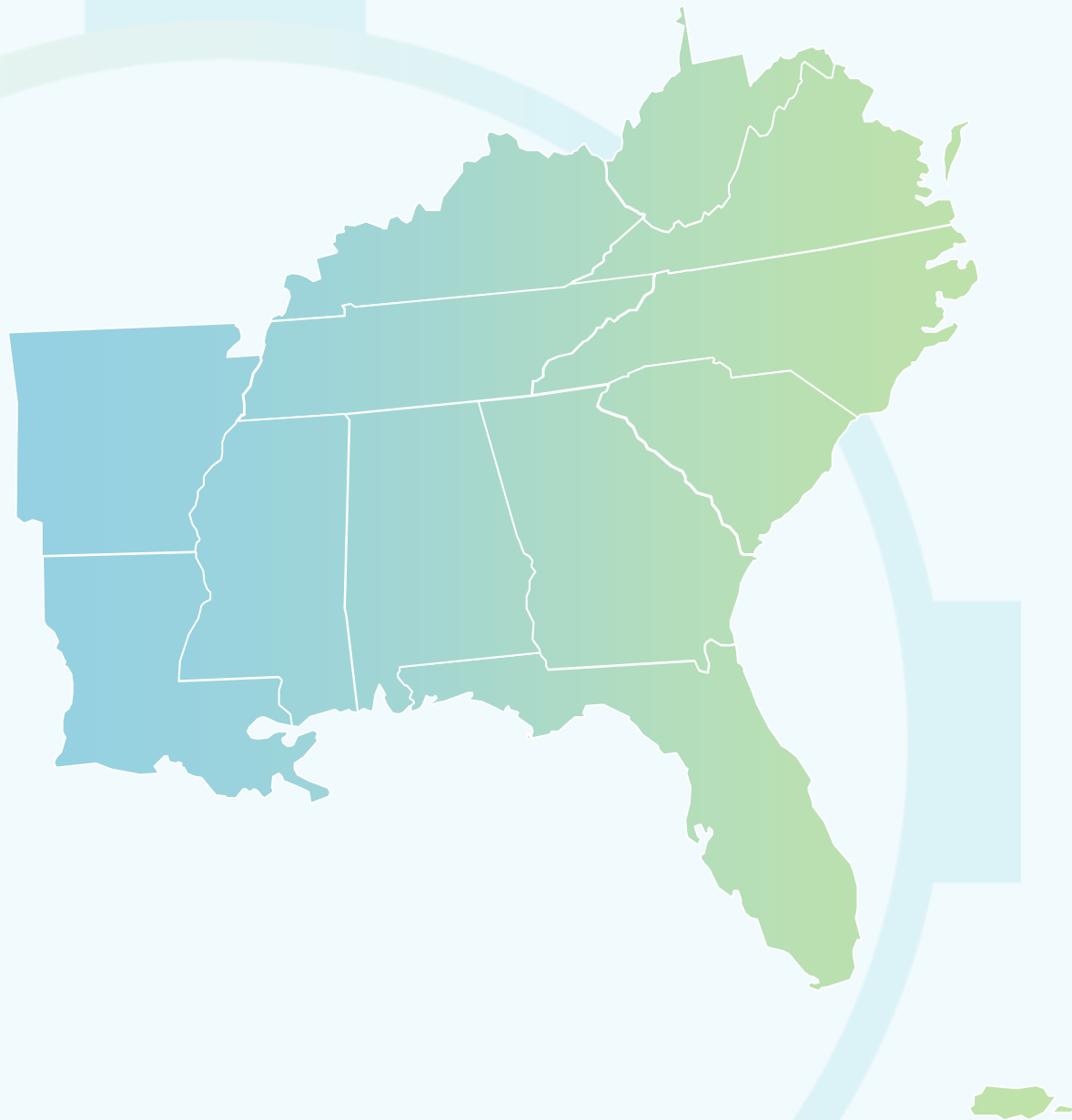


Thank you for joining us!

- Please take a few moments to complete the evaluation for today's event. The link is available in the chat. You also can scan the QR code to access the evaluation or use the vanity URL.
- LINK: https://stjudepreventhpv.qualtrics.com/jfe/form/SV_0uefoXWjZD37eSy



Scan to access the evaluation
for today's meeting



Thank you!