

# We will begin shortly.



While you wait:

Visit our webpage at [stjude.org/southeast-roundtable](https://stjude.org/southeast-roundtable)

Join the Southeast Roundtable at [stjude.org/SERTmem](https://stjude.org/SERTmem)

Go to [www.menti.com](https://www.menti.com) and use the code 6949 7611

Go to <https://www.menti.com/alsmhu69vyhe>

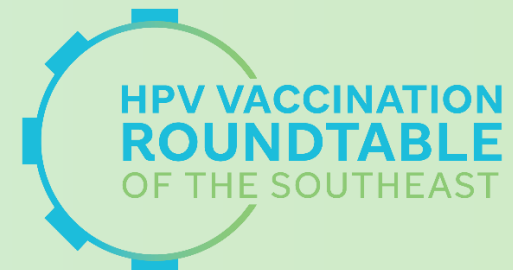
Scan the **QR code** with your phone camera



Membership Form



<https://www.menti.com/alsmhu69vyhe>

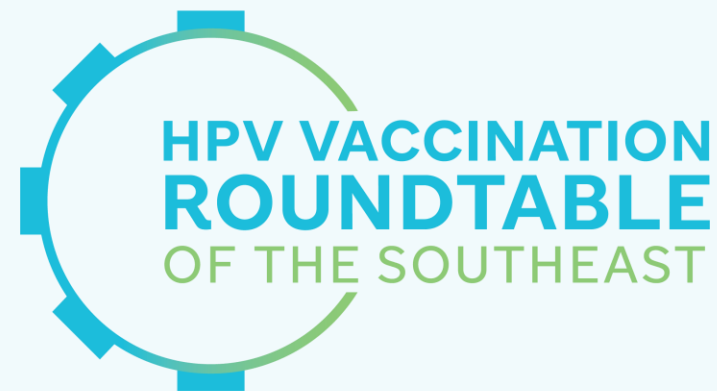


# 2025 HPV Vaccination Roundtable of the Southeast Virtual Annual Meeting

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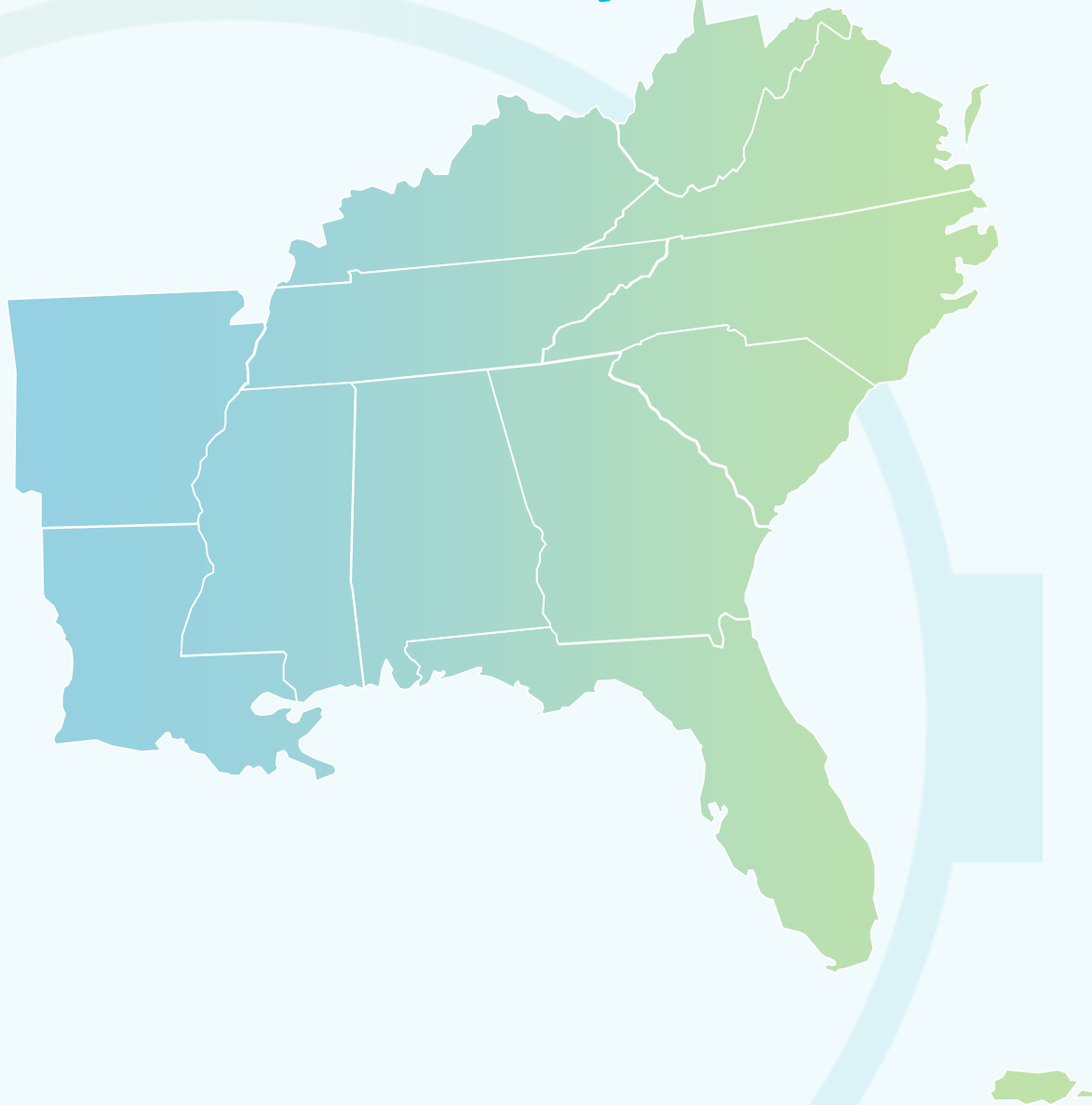
Day 3: **START AT AGE 9**

**January 23, 2025**



# Welcome to Day 3 of the 2025 Virtual Annual Meeting

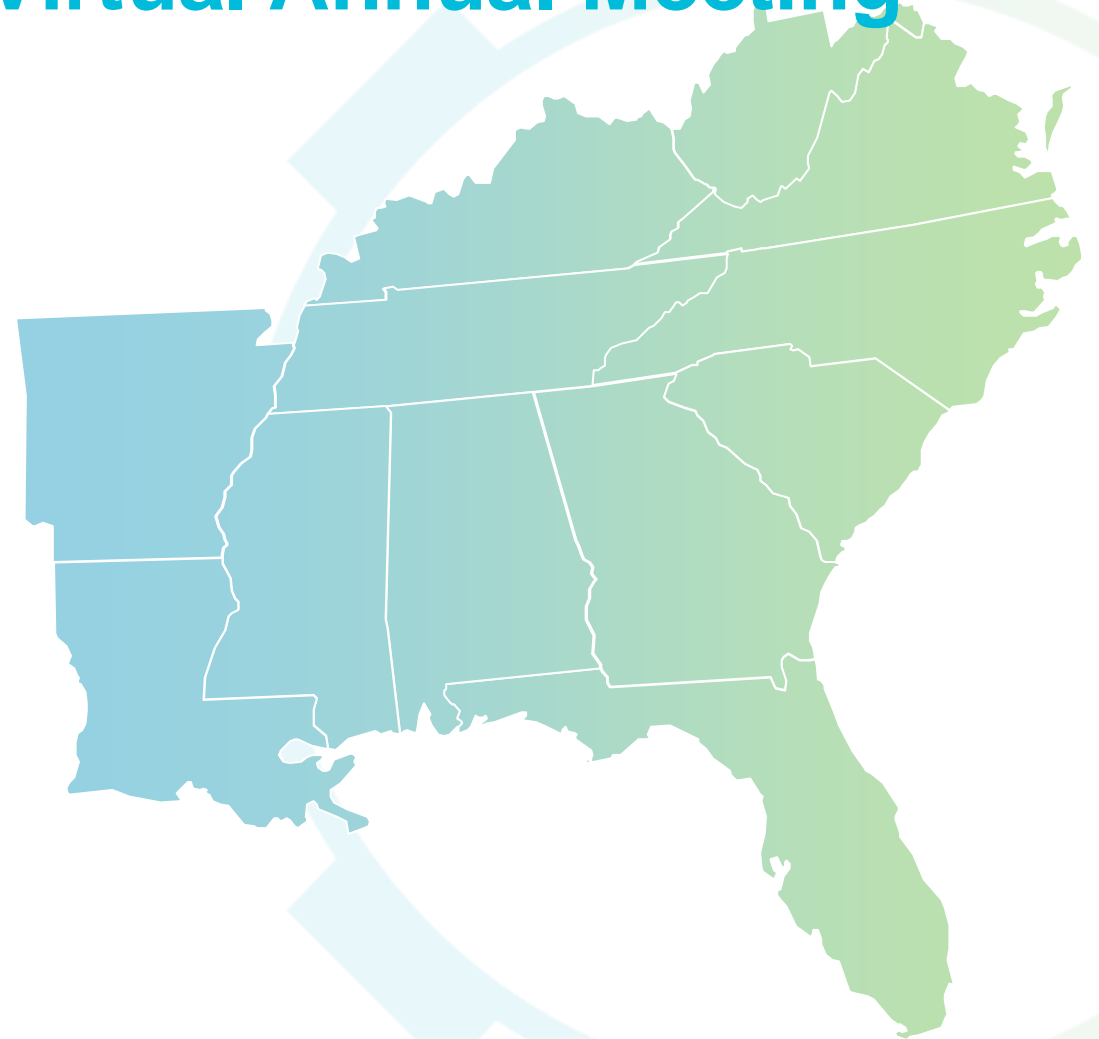
## Moderator



**Maddy McNee, MPH**  
St. Jude Children's Research  
Hospital

# Welcome to Day 3 of the 2025 Virtual Annual Meeting

- Today's meeting will be recorded. The link to view the recording and PDF of materials will be shared with all who have registered. In addition, the recording link will be posted publicly in the future.
- If you have any issues during today's meeting, please use the chat or email [PreventHPV@stjude.org](mailto:PreventHPV@stjude.org).
- We will use the chat for questions. You can post these at any time to engage with the presenters and organizers. Use "Q" before your question to help us find it quickly among other chatter.
- We will be sending an evaluation for the entire virtual annual meeting following the last day on January 23. Please take a few minutes to complete when this lands in your email inbox.





# **Southeast Roundtable Bylaws & Membership Updates**

[stjude.org/southeast-roundtable](https://stjude.org/southeast-roundtable)

# Southeast Roundtable Bylaws

- Bylaws were drafted and introduced on September 30, 2024 to the Planning Committee with the following recommendations:
  - Going forward the Planning Committee will be renamed as Steering Committee
  - Establish representation for all states and jurisdictions for standing representatives on Steering Committee
  - A two-year (renewable) term will be added for the Steering Committee
  - Formalize an Executive Committee in addition to the Steering Committee.
  - In the event a member plans to vacate their role, they will be asked to provide notice and assist in transitioning to a new representative
  - Bylaws specify membership can be terminated immediately if an individual does not align with the Southeast Roundtable's core commitments
- Members of the Planning Committee were asked to review and approve the Bylaws between October and December 2024
- Bylaws were voted into effect as of December 19, 2024 (a copy will be shared with the annual report)

# Southeast Roundtable Executive Committee

- Bylaws include the establishment of the Executive Committee
  - Chair, Vice Chair, Steering Committee Chair, and at least two General Representatives of the Southeast Roundtable membership
  - Continued support from the St. Jude HPV Cancer Prevention Program
- Members of the Executive Committee will be determined based on nomination (self or by other). An election of the membership will occur following nominations.
- Terms of service will be determined by the Executive Committee but shall not exceed two years
- Executive Committee will meet monthly, quarterly, or as called by the Chair

**Executive Committee  
Nomination Form**

**Apply by February 28, 2025**



# Southeast Roundtable Membership Form

Membership process and form was approved by Panning Committee as of December 19, 2024

**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>



# Welcome to Day 3 of the 2025 Virtual Annual Meeting

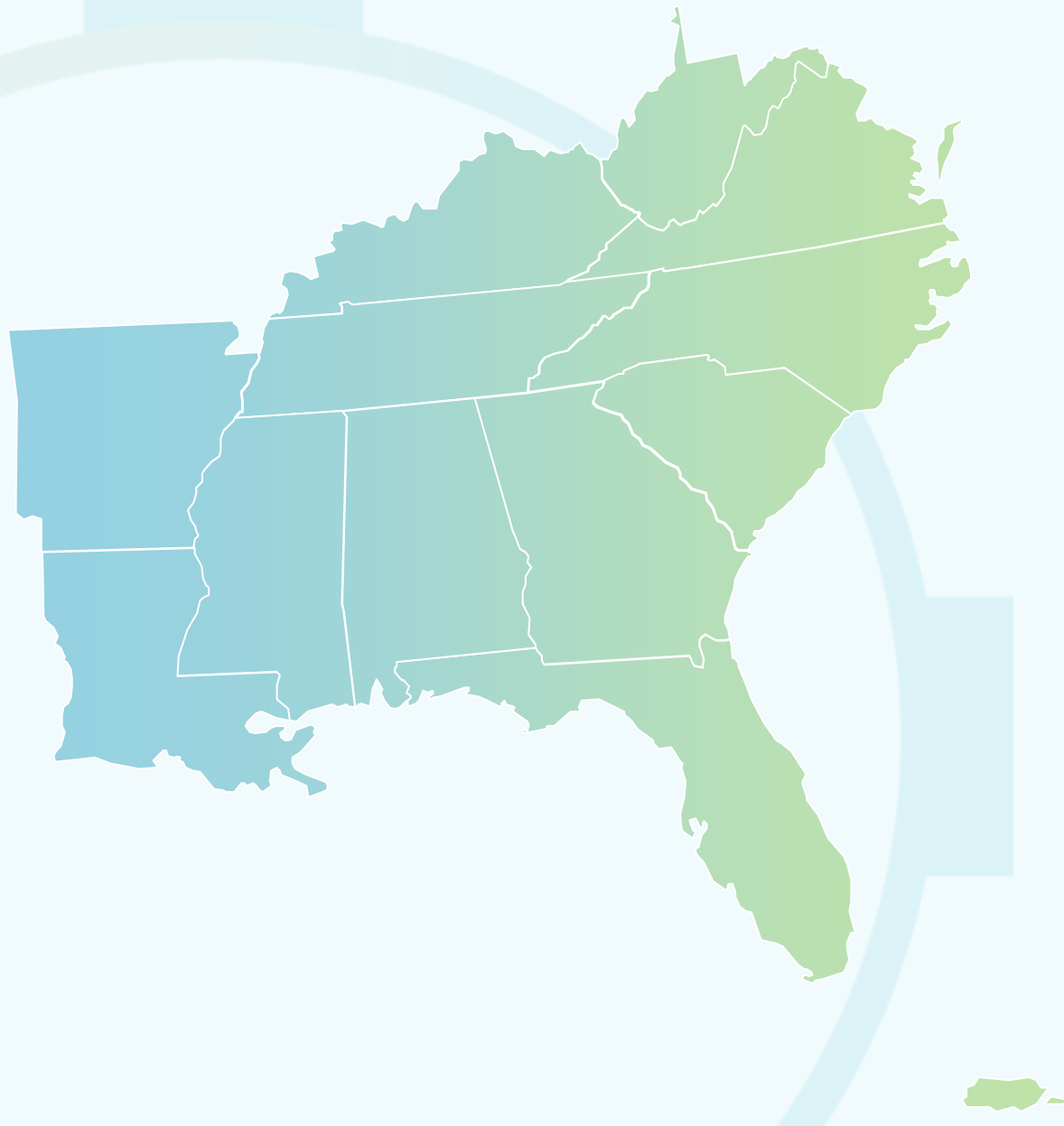
Access Mentimeter:

Go to [www.menti.com](http://www.menti.com) and use the code 6949 7611

Go to <https://www.menti.com/alsmhu69vyhe>

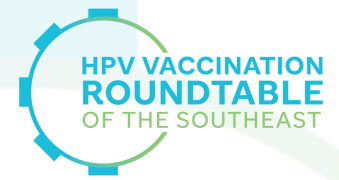
Scan the QR code with your phone camera





# **Southeast Roundtable Priority Action Recap: Start at Age 9**

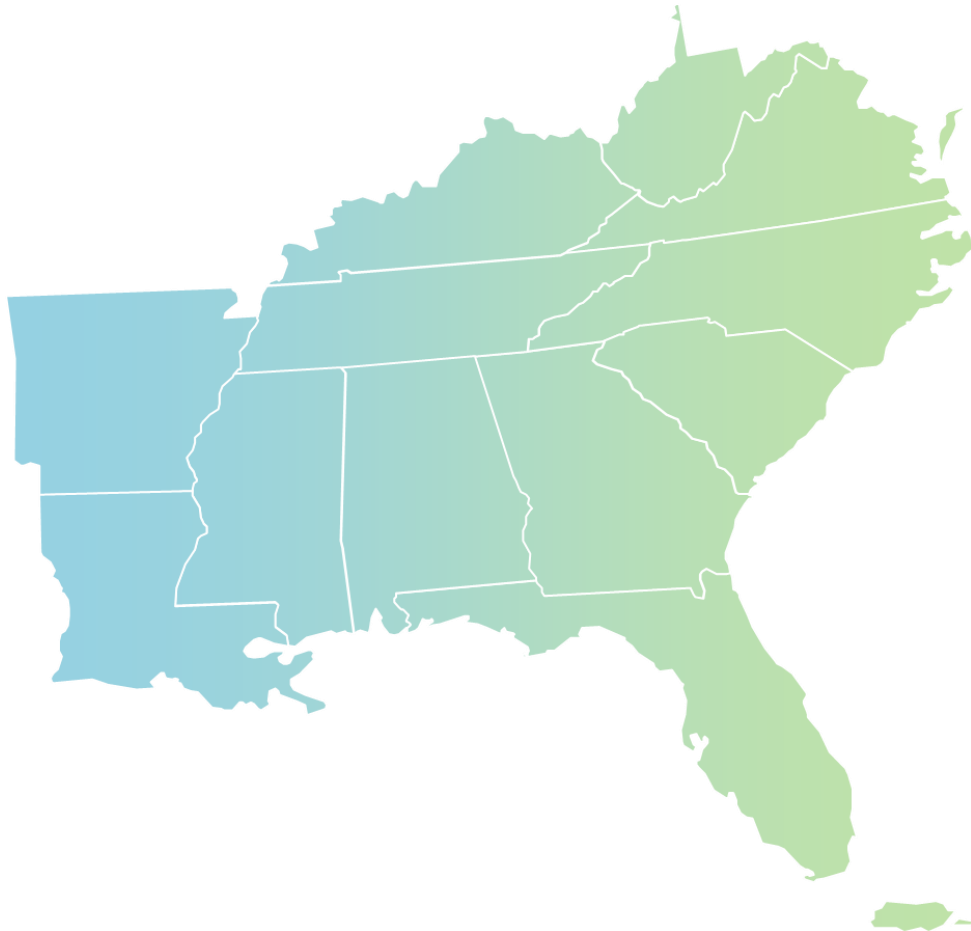
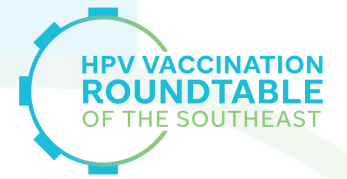
# Why the Southeast?



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

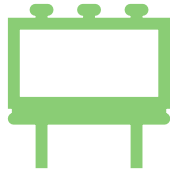
- Conditions surrounding HPV vaccination and HPV cancer prevention;
- HPV vaccination success stories – and how these may be leveraged and replicated in other areas of the southeast;
- Challenges facing HPV vaccination – and how we may support each other to overcome such barriers; and
- Opportunities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

# Southeast Roundtable



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

# 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

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

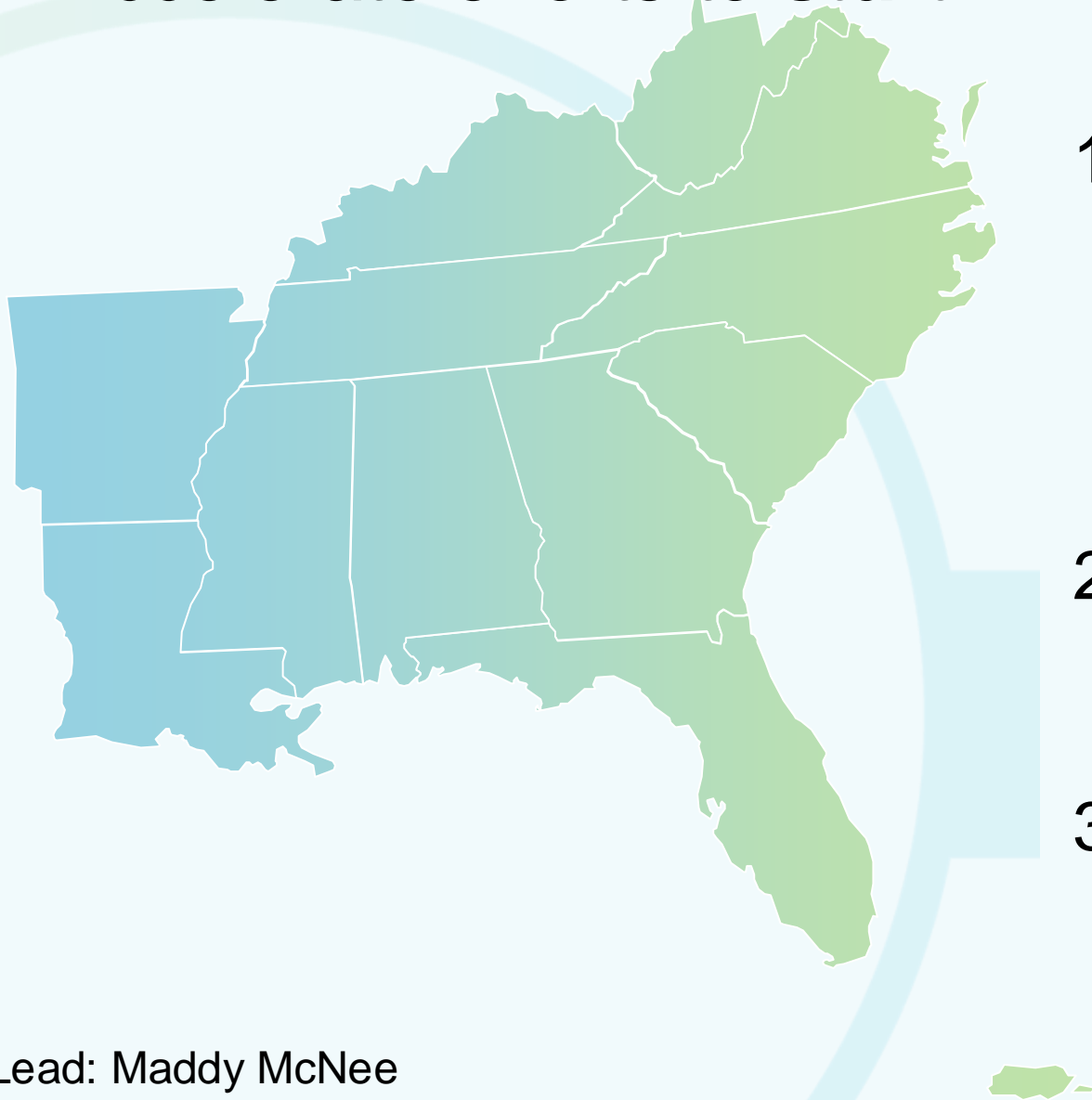
1. Develop and disseminate targeted messaging to our key partners to drive better knowledge about starting HPV vaccination at age 9 and drive demand for vaccination
2. Provide tailored information to health care provider teams about HPV vaccination beginning at age 9
3. Engage regional partners to initiate activation of HPV vaccination beginning at age 9

# Southeast Roundtable

## Start at Age 9 Implementation Team

- Julia Brown, St. Jude HPV Cancer Prevention Program
- Michelle Bowden, The University of Tennessee Health Science Center
- Jennifer Erves, Vanderbilt Ingram Cancer Center
- Debra Friedman, Vanderbilt Ingram Cancer Center
- Christine Hartford, Baptist University College of Osteopathic Medicine
- Maddy McNee, St. Jude HPV Cancer Prevention Program
- Hannah Nein, American Cancer Society
- Jill Pait, American Cancer Society
- Barbara Schuler, Vax 2 Stop Cancer
- Dee Sinard, Immunize Tennessee
- Nora Tillmanns, Furman University Biology Department
- Lauren Wright, West Virginia University

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



1. Develop and disseminate targeted messaging to our key partners to drive better knowledge about starting HPV vaccination at age 9 and drive demand for vaccination
2. Provide tailored information to health care provider teams about HPV vaccination beginning at age 9
3. Engage regional partners to initiate activation of HPV vaccination beginning at age 9

Lead: Maddy McNee

# The Announcement Approach: Announce, Connect and Counsel, Try Again

The Announcement Approach gives primary care professionals tools that allow them to communicate HPV vaccine recommendations to parents. The Announcement Approach pairs presumptive announcements with techniques that meet the needs of hesitant parents.



**The Announcement Approach:**  
Making Effective HPV Vaccine Recommendations

<https://www.hpviq.org/>

# The Announcement Approach

## The Announcement Approach for Increasing HPV Vaccination

Take these steps to more effectively recommend HPV vaccination. They will save you time and improve patient satisfaction.

**1 ANNOUNCE**  
Start with a presumptive announcement that assumes parents are ready to vaccinate. This is an effective way to recommend adolescent vaccines, including HPV vaccine.<sup>1</sup>

KEY ELEMENTS OF AN ANNOUNCEMENT:

- Note child's age to cue that this is part of routine care
- Say you will vaccinate today
- Announce children this age get a vaccine that prevents six HPV cancers.

ANNOUNCEMENT EXAMPLE  
"Marcus is now 9, so today he'll get a vaccine that prevents six HPV cancers."

**2 CONNECT & COUNSEL**  
Connect with parents by asking for their main concern about HPV vaccine. Counsel parents by using a research-tested message to address their concern.<sup>2</sup> Then clearly recommend getting HPV vaccine today.

**3 TRY AGAIN**  
Say you'll bring up HPV vaccine at the next visit. Then make a note in the child's chart. Almost 70% of parents who initially decline later agree to HPV vaccine or plan to soon.

1. Brewer, et al., 2017, Pediatrics. 2. Shah, et al., 2019, Pediatrics. 3. Kornides, et al., 2018, Academic Pediatrics. hpvIQ.org

## Research-Tested Messages to Address HPV Vaccine Concerns

1,200 parents told us these were the best messages to use when addressing their concerns.<sup>2</sup>

**AGE**  
"Kids have a stronger immune response to HPV vaccine when they're younger. That may give them better protection against HPV cancers later on."

**REQUIREMENTS**  
"School requirements don't always keep up with medical science. The HPV vaccine is an important vaccine that can prevent many cancers."

**SEX**  
"This really isn't about sex. The HPV vaccine is about preventing cancer."

**BOYS**  
"HPV infections don't care if you're a boy or girl. The virus can cause cancer and many other diseases."

**SAFETY**  
"Researchers have conducted over 100 studies on the safety of HPV vaccine. They've consistently found that it's really safe, just like the other vaccines given at this age."

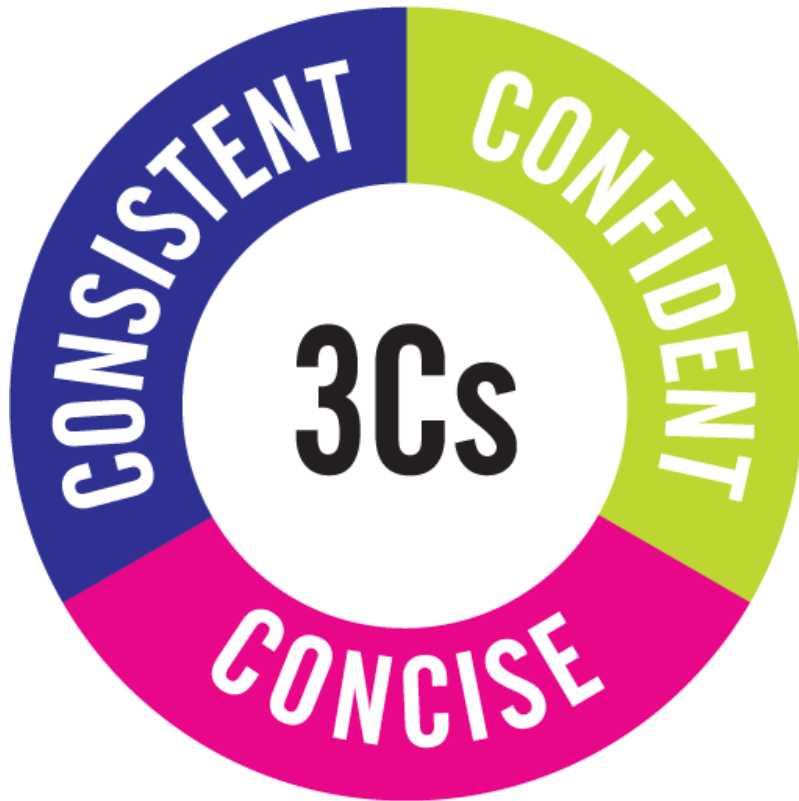
**GUIDELINES**  
"The American Academy of Pediatrics recommends that kids get the HPV vaccine starting at age 9 to prevent six cancers."

**EFFECTIVE**  
"Over 36,000 Americans get cancer from HPV every year. Most could be prevented with the HPV vaccine."

2. Shah, et al., 2019, Pediatrics. Messages adapted to reflect current clinical practice. hpvIQ.org

Developed with funding from the CDC (U01IP001073-03-04) and NCI (P01CA250989).

# Navigating Vaccine Hesitancy: Providing Confident, Concise and Consistent Vaccine Recommendations for Adolescents

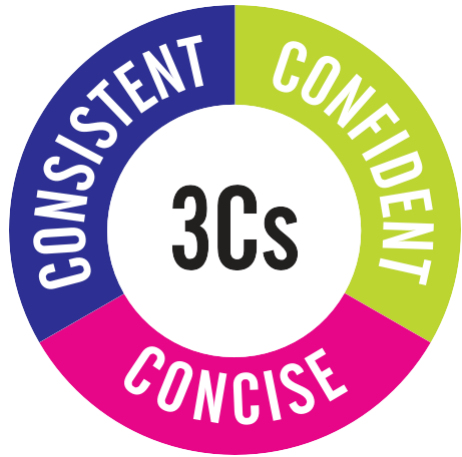


Comprehensive communication training initiative designed to help healthcare providers address common concerns and objections to recommended adolescent vaccines.

Enroll for free using the link in the chat.

To request group registration for a healthcare practice or other group, please contact Unity at [unity@unity4teenvax.org](mailto:unity@unity4teenvax.org)

# 3Cs: Confident, Concise, Consistent Provider Recommendations Training Overview



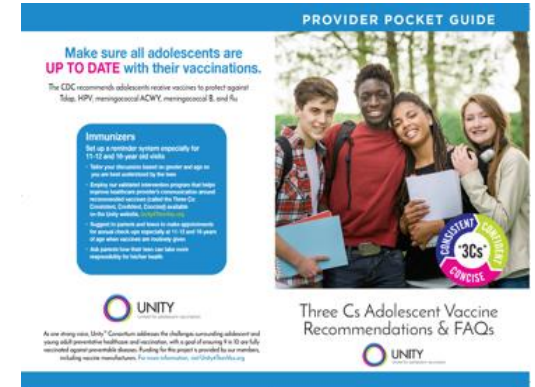
VACCINE RECOMMENDATIONS FOR ADOLESCENTS

## Objectives

- ✓ Support HCPs by demonstrating their critical role in vaccine discussions
- ✓ Address key vaccine barriers
- ✓ Demonstrate effective clinician communication of vaccine recommendations

## Key Components

- ✓ Video vignettes - a collection on the Unity website
- ✓ Q&A-style reference guide for HCPs addressing parent and adolescent questions



# Additional Learning: 3Cs Online Self-Paced Course



**+** The World Health Organization (WHO) has called vaccine hesitancy one of the ten leading threats to global health.<sup>1</sup>

Increasing concerns around vaccine safety and effectiveness are a result of many factors like misinformation and disinformation, increased reliance on unvetted health information from social media, and less trust in health institutions. The good news is that healthcare providers continue to be the most influential and trusted source of information in a parent's decision to vaccinate their adolescent children.

## The 3Cs Program

Research has shown that certain approaches and tools are effective interventions to secure same-day vaccination and avoid missed opportunities to protect adolescents and young adults.<sup>2</sup>

The 3Cs program is a self-paced, comprehensive communication training initiative designed to help healthcare providers address common concerns and objections to recommended adolescent vaccines. This guidance will show healthcare providers how to use a **presumptive recommendation** style and **motivational interviewing** to make **Confident, Concise, and Consistent** recommendations to help parents overcome vaccine hesitancy and encourage same-day vaccination.

The free digital learning experience features simple techniques you can apply yourself and with your clinical teammates. Through a broad range of video scenarios, presumptive recommendations, motivational interviewing and, as appropriate, shared clinical decision-making are put "into action." Also included is a Q&A-style resource guide to help address specific questions about adolescent vaccines that will be familiar to most healthcare providers.

[ENROLL IN THE 3CS COURSE](#)



## Navigating Vaccine Hesitancy: Providing Confident, Concise and Consistent Vaccine Recommendations for Adolescents

Free \$0.00

Need help placing your order? [Contact us](#)

### Sign up to enroll

Sign in with    

or

### Account info

Email \*

First name \*

Last name \*

[Sign up](#)

<https://www.unity4teenvax.org/3cs/>

# Start HPV Vaccination at Age 9

**40 participants attended the Pursuit of the 3Cs training on October 31**

Evaluation:

- Pre-survey
- Post-survey
- Follow-up survey (coming soon)

# Next Steps

Continue to review and compile resources related to starting HPV vaccination at age 9.

Coordinate Announcement Approach and 3Cs training opportunities across the Southeast.

Explore opportunities to develop HPV vaccination curriculum for medical trainees.

# Presentations by Subject Matter Experts



**Lyn Nuse, MD**  
Atrium Health



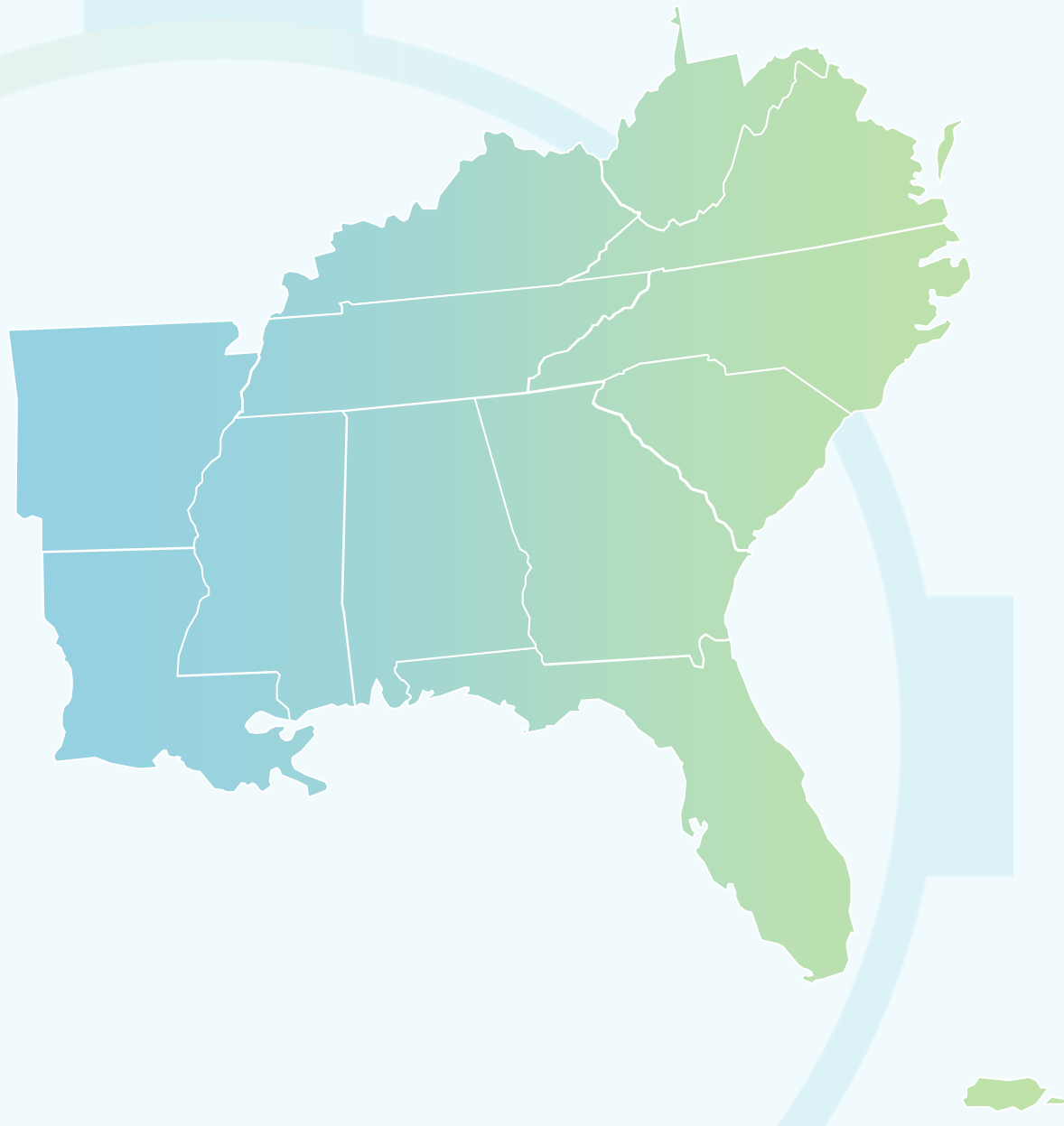
**Sherri Zorn, MD**  
Washington Chapter of the  
American Academy of Pediatrics



**Nadja Vielot, PhD**  
Family Medicine, UNC Chapel  
Hill



**Robert Bednarczyk, PhD**  
Hubert Department of Global  
Health, Rollins School of Public  
Health, Emory University



**Lyn Nuse, MD**  
Atrium Health



**Atrium Health**  
Levine Children's

# HPV Roundtable of the Southeast

January 2025

# Basics

- Atrium Health Levine Children's = all things “pediatrics” across the Atrium Health footprint in NC, SC, GA, AL
- Greater Charlotte Market AHLC Primary Care
  - 34 Clinics
  - Approximately 220 physicians and APPs
  - In-person and virtual services
- Annual Primary Care Quality Goals
  - Chosen by committee of clinicians
  - “What’s best for our patients?”

# Our HPV Vaccine QI Journey

- Started our focus on HPV Vaccination in 2015
  - Only females
  - Complete by 13yo
  - Rate of completion by 13yo = 12%
- Over the past 9 years:
  - Added males
  - Various pop health platforms and EMR change = changing metric definitions and goals
  - Currently Adolescent combo 2 (Tdap and MCV >92%): Top decile
- 2020: Partnered with ACS in MOC QI project
  - Increased HPV vaccination rates by 10 percentage points but rate of increase has plateaued
- Recommended starting at 9yo for 2024—variable adoption



## Age 9: A Tale of 3 Clinics

# Clinic #1

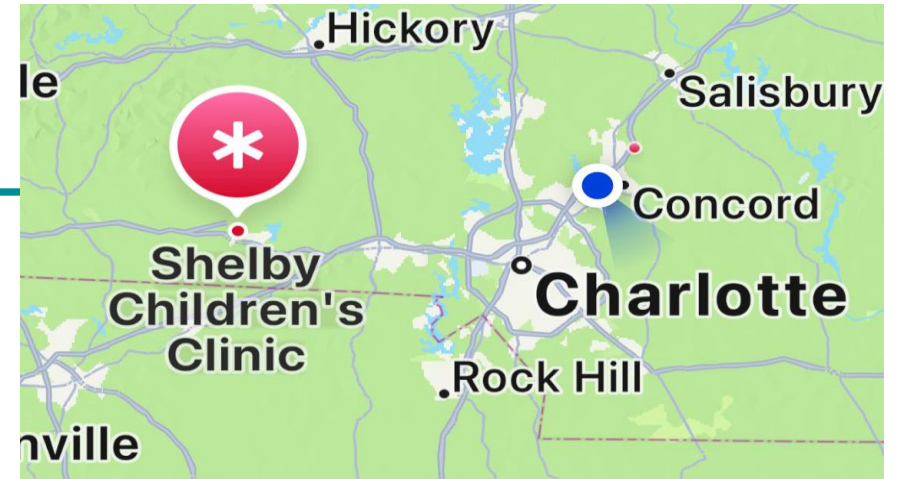
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- **Shelby Children's Clinic**

- 63% MCD

- Introduction of standard HPV Vaccination at 9yo this past year

- Increased Adolescent Combo 2 from 41.2% to 49.4% in 7 months



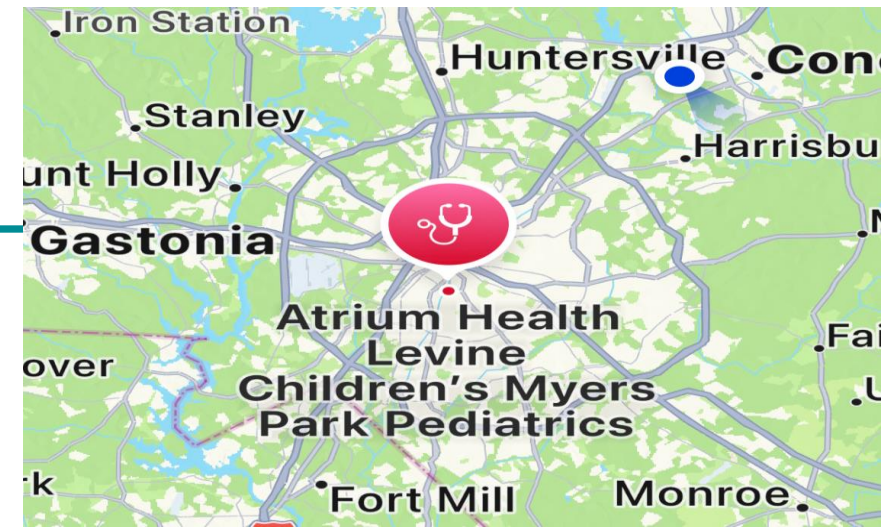
# Clinic #2

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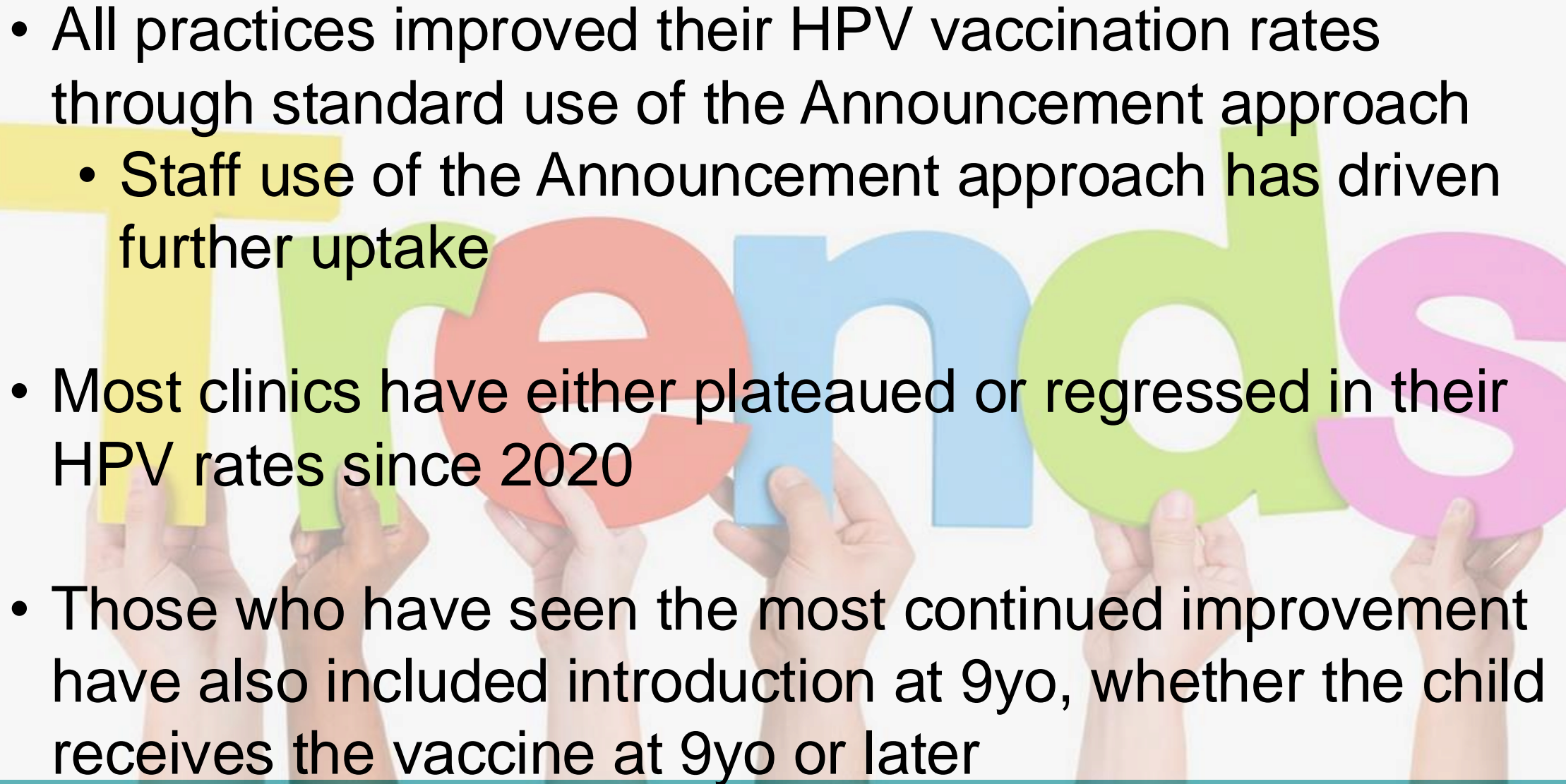


- **Davidson Pediatrics**
  - 27% MCD
  - Started offering HPV Vaccination at 9yo this year
    - Now the 3<sup>rd</sup> highest performance in division
    - Adolescent combo 2: 61.3%

# Clinic #3



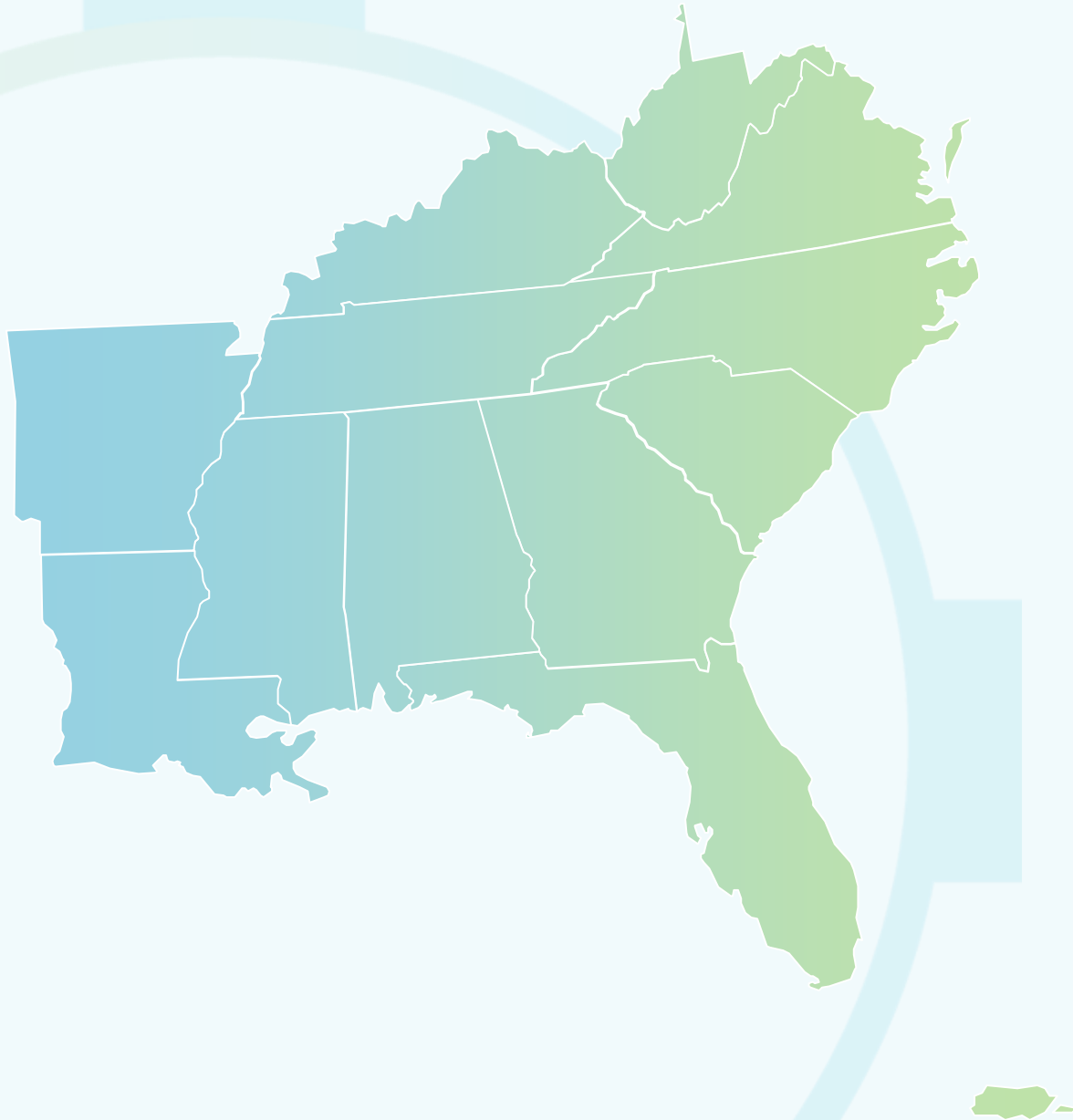
- **Myers Park Pediatrics**
  - Faculty + Teaching Clinics
  - 98% MCD and Self-Pay
  - 67% Non-English speaking
  - Introduction of standard HPV Vaccination at 9yo several years ago
    - Highest performance in division
    - Adolescent combo 2: 84% (faculty), 79.9% (teaching)

- 
- All practices improved their HPV vaccination rates through standard use of the Announcement approach
    - Staff use of the Announcement approach has driven further uptake
  - Most clinics have either plateaued or regressed in their HPV rates since 2020
  - Those who have seen the most continued improvement have also included introduction at 9yo, whether the child receives the vaccine at 9yo or later

# Takeaways

---

- Evidence-based strategies work, regardless of patient/practice demographics.
  - In our experience, combining strategies is the most powerful approach.
- Physicians and APPs must utilize proven strategies consistently.
  - Our quality infrastructure and reporting are important motivators.
    - Transparent performance at division, clinic, clinician levels. (Peer pressure can be a good thing.)
  - Messaging from physician and APP leadership is absolutely a key driver of clinician adoption.
- Introducing HPV Vaccination at age 9yo has been the main strategy to build upon our prior success.



**Sherri Zorn, MD**  
Washington Chapter of the  
American Academy of Pediatrics



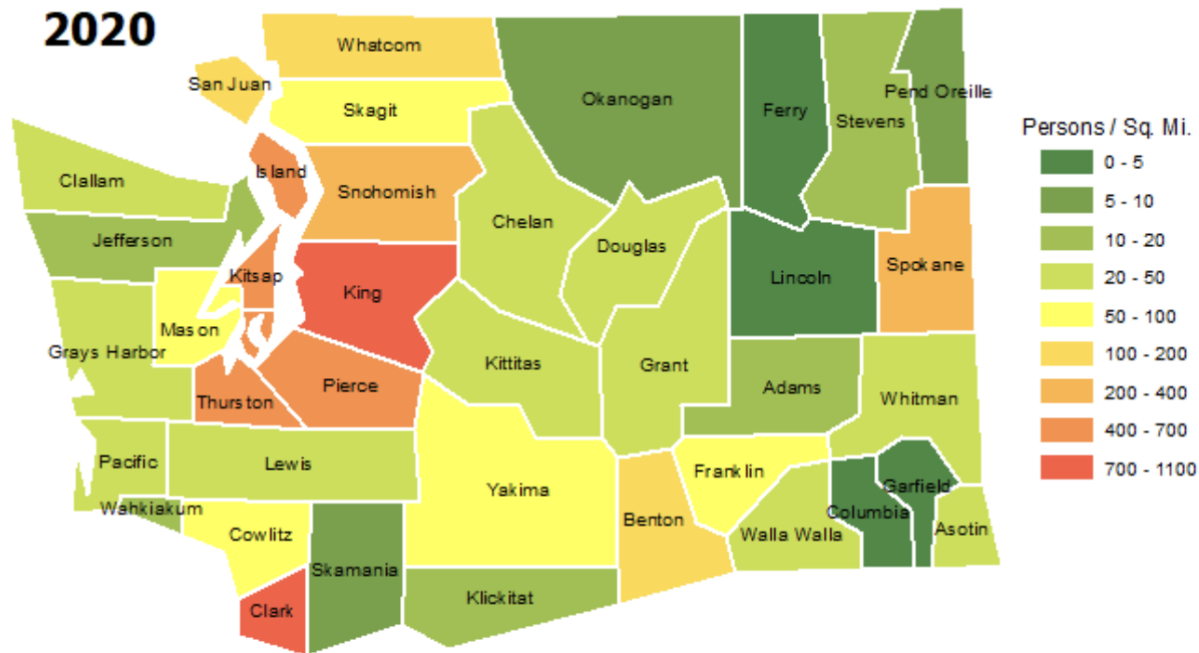
# Washington State is Making a splash



Sherri Zorn, MD, FAAP  
January 23, 2025



## Population density by county



**7.7 million people**

White (64%), Hispanic (14%), Asian (9%),  
Black (4%), AI/AN (1.6%)

**29 federally recognized tribes**

**21% rural**

**15.5% foreign born**

Mexico, India, China, Philippines, Vietnam

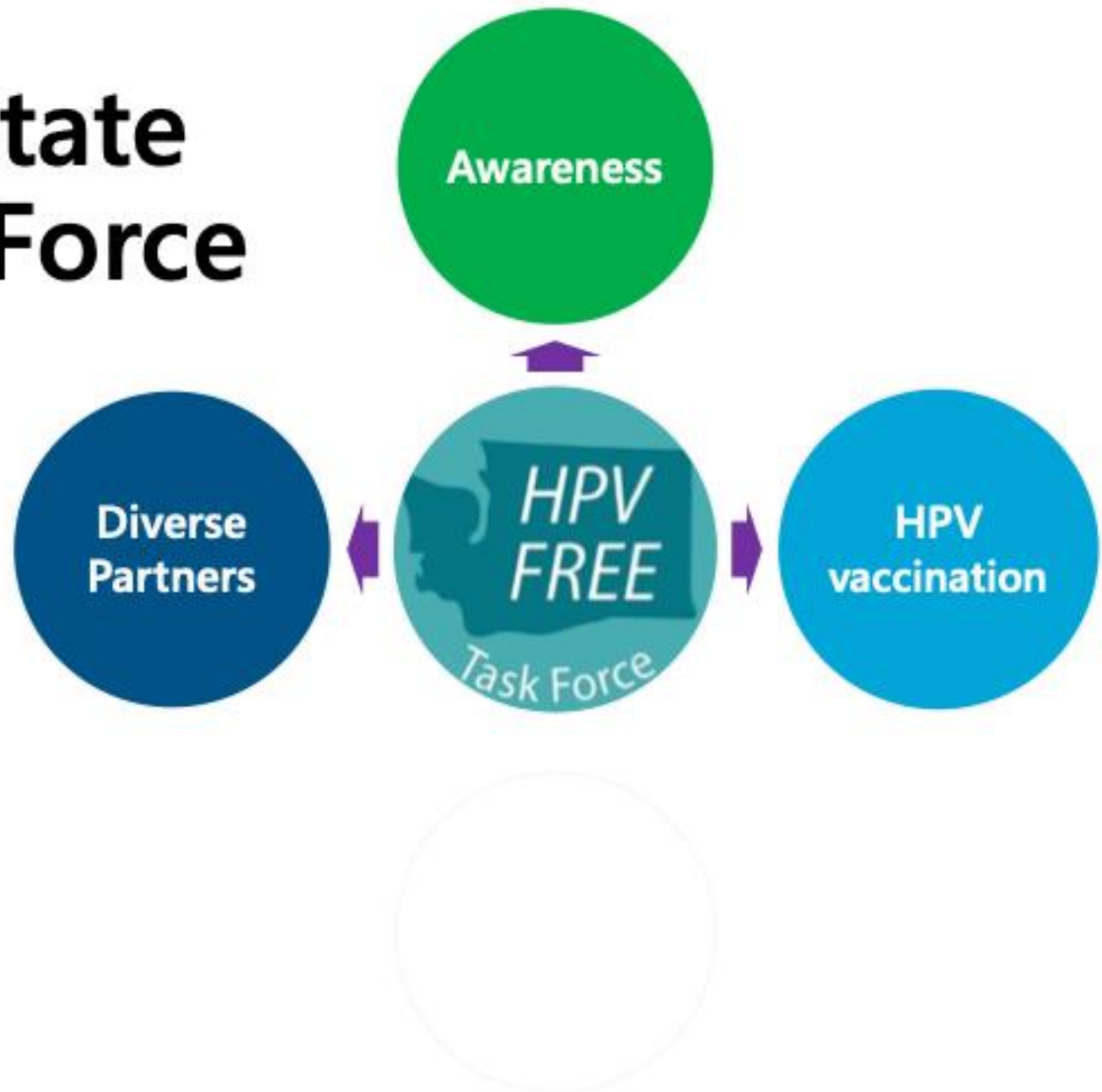
**21.5% language other than English**

Spanish (9%), Asian/PI (7%)

A word cloud centered around the theme of Washington Innovation. The words are arranged in a layered, overlapping fashion. The largest word is 'Innovation' in blue. Other prominent words include 'agriculture' in green, 'Washington' in green, and 'recreation' in light blue. Smaller words include 'Amazon', 'Microsoft', 'biotech', 'Starbucks', 'cherry', 'apples', 'wine', 'lumber', 'Costco', and 'fisheries'. The colors used are primarily green, blue, and orange.

agriculture Amazon  
Microsoft  
environment  
**Innovation**  
apples recreation biotech  
Washington Starbucks cherry  
wine  
lumber Costco fisheries

# Washington State HPV Free Task Force



# Innovation: Start HPV at age 9



**HPV-at-9 Pilot**  
→ Impressive Results

Increased Rates

Easier

Sustainable

Start at 9:

- ✓ messaging
- ✓ IIS forecast
- ✓ track rates

**Wouldn't it be great if . . . ?**



# The Case for Starting at 9



HPV vaccination rates  
too low



Youth unprotected from  
future cancers

On-time  
9-12 years



Start at age 9

Best  
Practice

Increased  
Rates

Easier

# HPV at 9 in Washington State

In 2022, Washington State Vaccine Advisory Committee passed a motion to start HPV vaccination at age nine



Starting the HPV vaccination series at age nine is recommended by

American Academy of Pediatrics

American Cancer Society

Washington State Department of Health (DOH)

American Indian Health Commission (AIHC-WA)\*

Consistent with CDC recommendations



\*Tribal Urban Indian Health Immunizations Coalition

In January 2023, the Washington State Immunization Information System (WAIIS) updated the forecast for HPV to start at nine

# HPV-at-nine Webpage

Washington State Department of HEALTH

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Home | You & Your Family | Immunization | Diseases And Vaccines | Human Papillomavirus (HPV) | Human Papillomavirus (HPV) Vaccine At Age Nine

## Human Papillomavirus (HPV) Vaccine at Age Nine

**In this section**

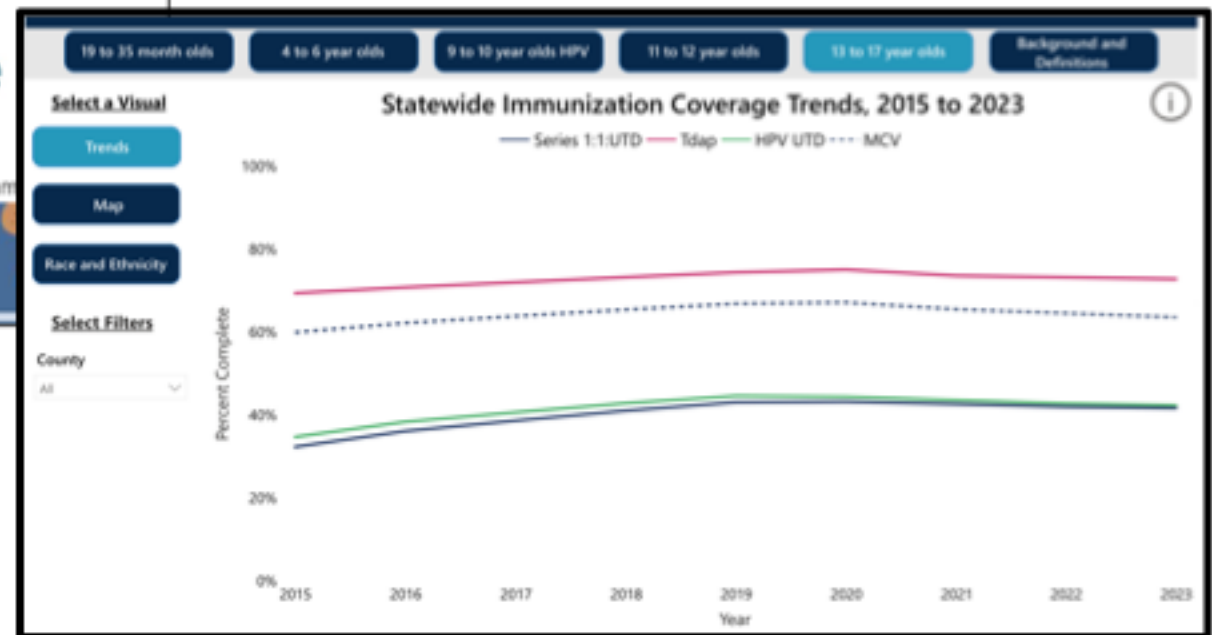
- Human Papillomavirus (HPV)
- Human Papillomavirus (HPV) Vaccine at Age Nine

### HPV Vaccine is Most Effective Between Ages 9 and 12 Years

- The HPV vaccine provides long-lasting protection against the most common cancers caused by HPV.
- Doctors and nurses recommend the HPV vaccine for children starting at age nine.

**“Go-to Resource”**  
HPV at 9 training tools, posters, education fliers, research, data

[www.doh.wa.gov/hpv-at-nine](http://www.doh.wa.gov/hpv-at-nine)



# Pilot Results

	Clinic A	Clinic B
Clinic sites	1	8
Pediatric Providers	10	85
9-10-year-olds	1,128	11,436
Follow-up	4 years 2018-2022	3 years 2021-2024

## Multi-level interventions:

- ✓ HPV at 9-10-year-old well child visits
- ✓ Provider training
- ✓ Immunization schedule poster
- ✓ EMR supports

## Leaders:

"Great rates, less effort"

"After about 6 months, it becomes self-sustaining"

"Ask any of our providers, we'd never go back to 11"

Increased Rates

Easier

Sustainable

# Age 9-10 First Dose HPV Coverage Rates

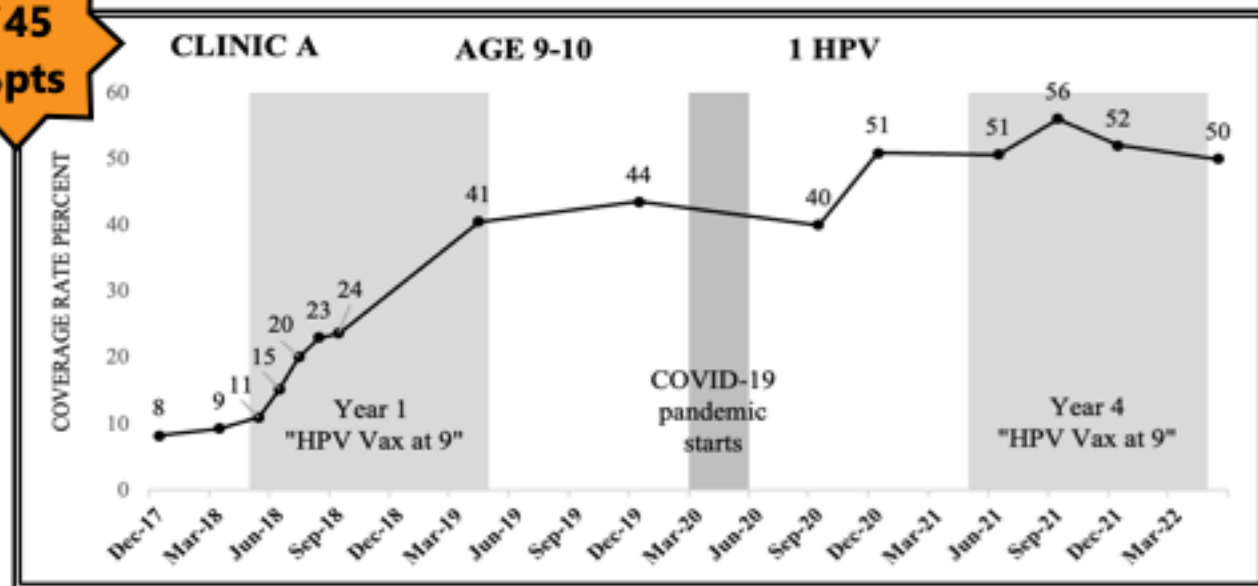
Increased Rates

Year 1:

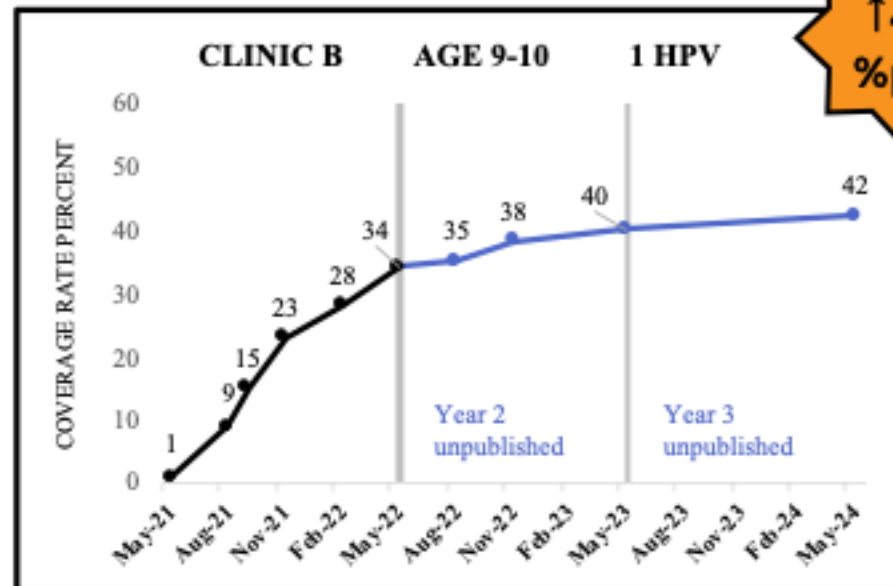
↑ 30 % points

max: ↑ 41-45 % pts

↑45 %pts

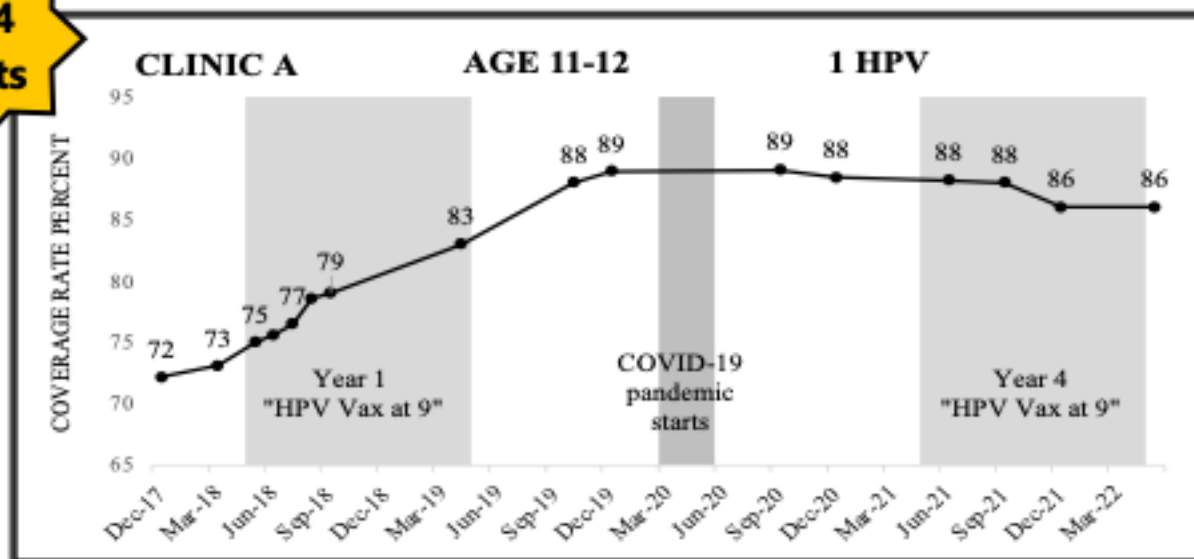


↑41 %pts

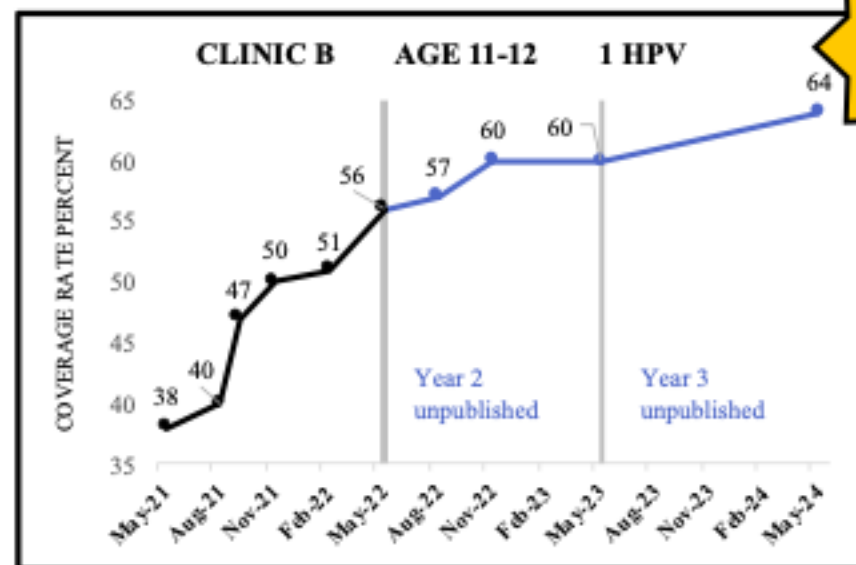


# HPV Coverage Rates at 11-12 & Beyond

↑14  
%pts



↑26  
%pts



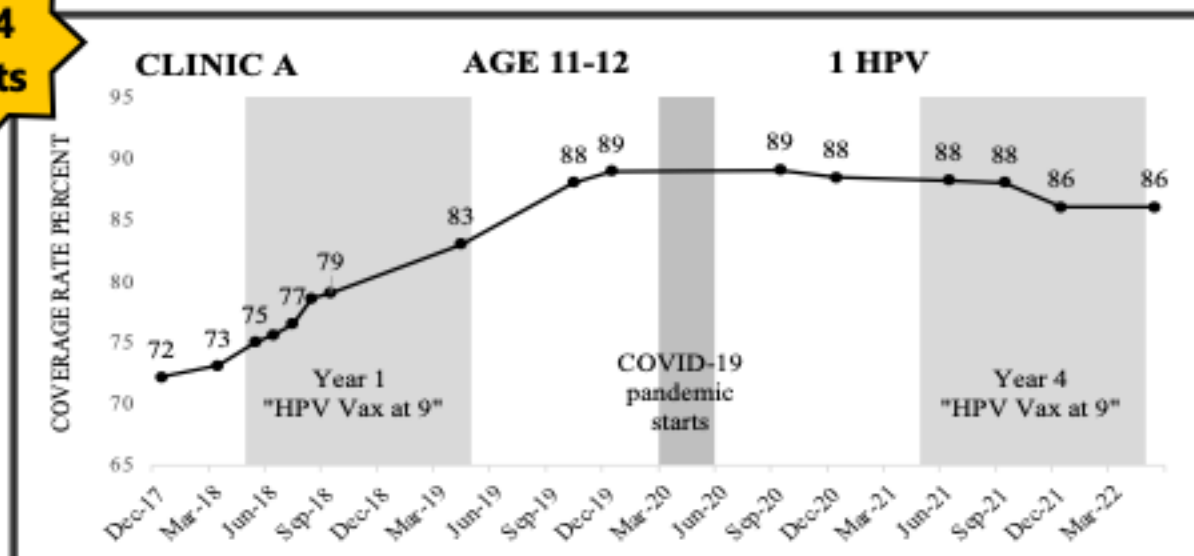
age 11-12 first dose: ↑ 14-26 % points



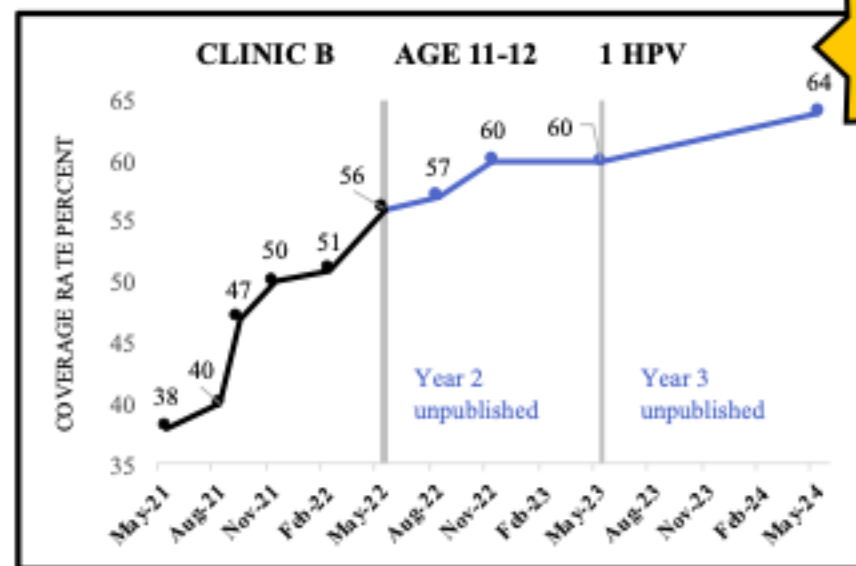
age 11-12 UTD: ↑ 36-40 % points

# HPV Coverage Rates at 11-12 & Beyond

↑14  
%pts



↑26  
%pts



**Clinic A:**

rates ≥ 80% since 2019

Healthy People 2030



age 11-12 first dose: ↑ 14-26 % points



age 11-12 UTD: ↑ 36-40 % points



age 13 first dose: ↑ 9 % points (A)

age 13 UTD: ↑ 21 % points (A)

**Clinic B: Stay tuned**

# Partners: Training & Awareness



WASHINGTON CHAPTER  
AMERICAN ACADEMY OF PEDIATRICS  
*Incorporated in Washington*

## HPV-at-9 QI

Modeled after Pilot

- ✓ HPV at age 9-12
- ✓ Announcement Approach
- ✓ Immunization Schedule Poster
- ✓ EMR Prompt (~50%)

> 30 Clinics



Washington State  
Immunization Quality  
Improvement for Providers

## IQIP

HPV-at-9  
Custom Strategy

> 100 Clinics



## Awareness

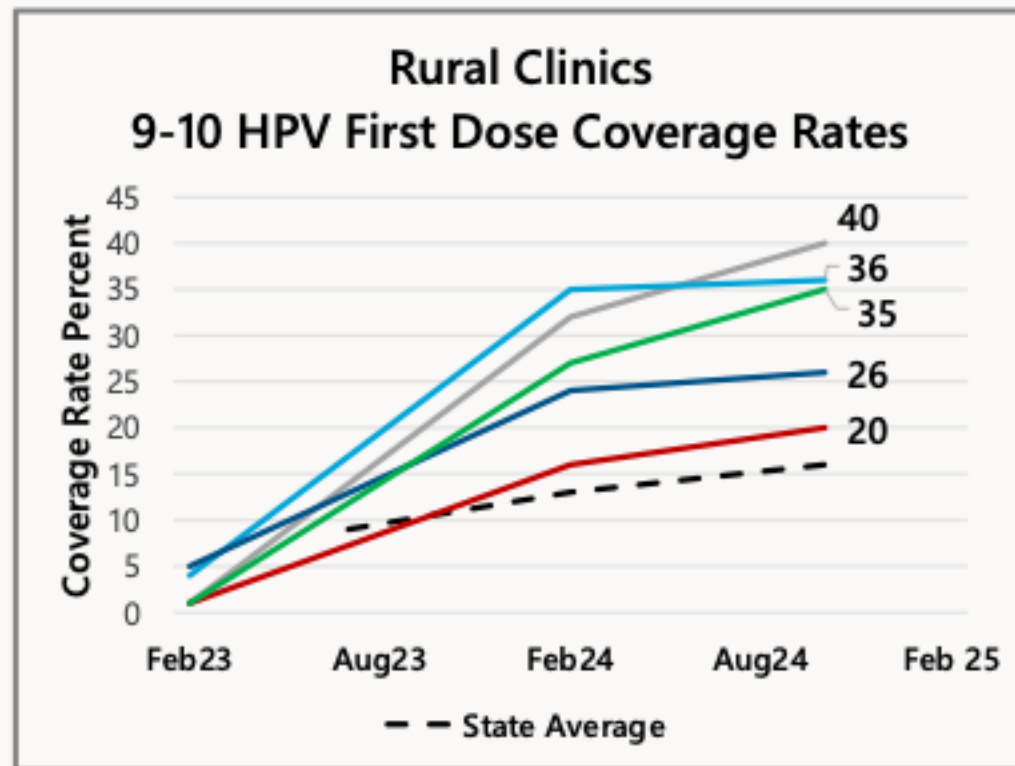
Immunize WA  
Award

# Coverage Rates at 5 Rural WA Clinics

Five clinics

Peds & FM

Rural or  
partially-rural



Increased  
Rates

Easier

It works in rural  
clinics too!

Follow-up:  
20 months

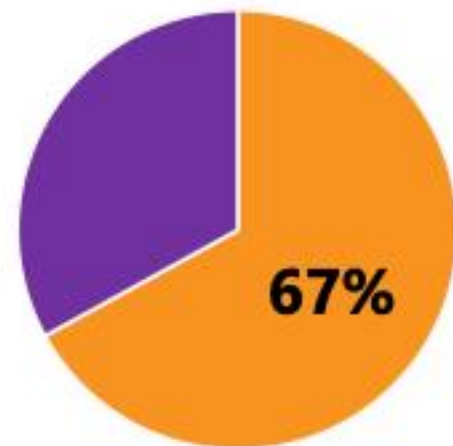
age 9-10 first dose: ↑ median 34 % points (range 19-39)

age 11-12 first dose: ↑ median 10 % points (range 3-16)

age 11-12 UTD: ↑ median 6 % points (range 1-21)

# HPV Cancer Prevention Starts at 9 in Washington

The ripple effect – it's spreading!



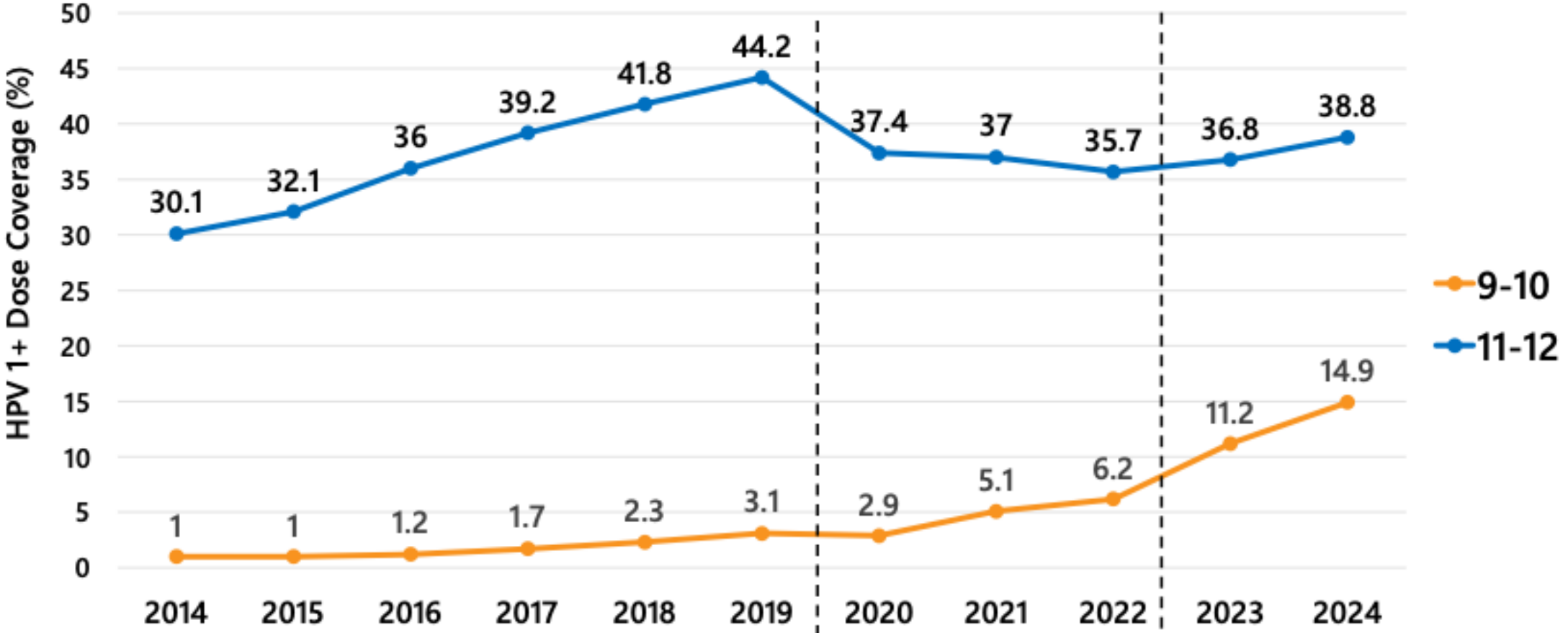
67% of Washington clinics  
Start at 9  
Coverage rates 5-73%



Increased Rates

# Washington State: HPV 1+ dose coverage by age group, 2014-2024

Source: WAIS, courtesy WA State DOH



Christensen, HVI (2023)  
DOH Report 348-1032-HPV Vaccination at 9 WA State

2020: COVID-19 Pandemic;  
Tdap SER shift, 6<sup>th</sup> to 7<sup>th</sup> grade

Jan 2023:  
WAIS forecast, HPV due age 9



# Making a Splash for HPV Cancer Prevention

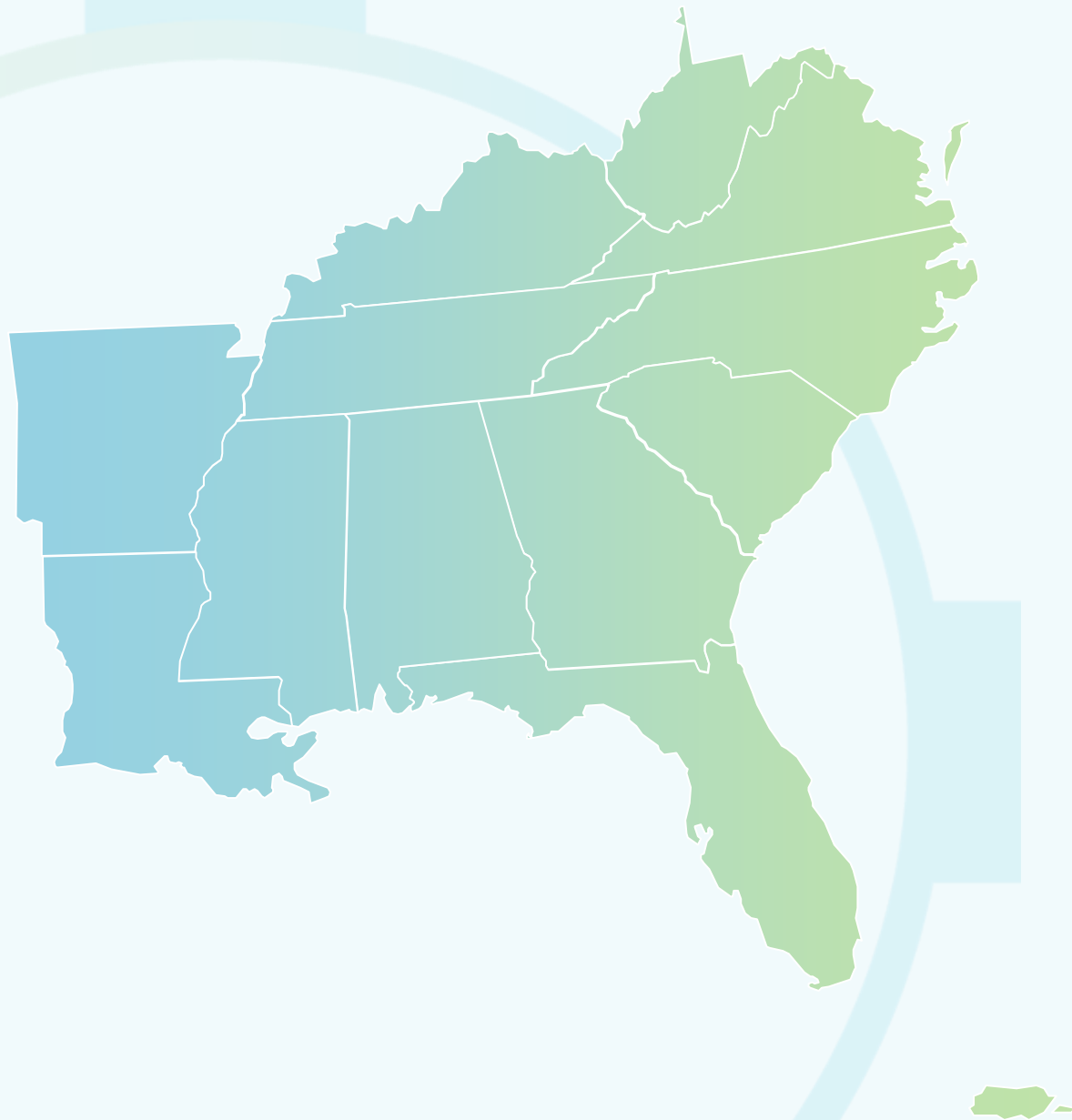


**Wide adoption across Washington State  
HPV vaccination rates are rising for preteens**

# Call to Action



- ✓ Think big:  
Wouldn't it be great if . . . ?
- ✓ Forge strong partnerships
- ✓ IQIP custom 5<sup>th</sup> strategy



## **Nadja Vielot, PhD**

**Assistant Professor, Family Medicine  
UNC Chapel Hill**

# Ongoing research efforts to promote HPV vaccination recommendation at age 9

Nadja Alexandra Vielot, PhD, MSPH

University of North Carolina at Chapel Hill

HPV Vaccination Roundtable of the Southeast Annual Meeting

January 23, 2025

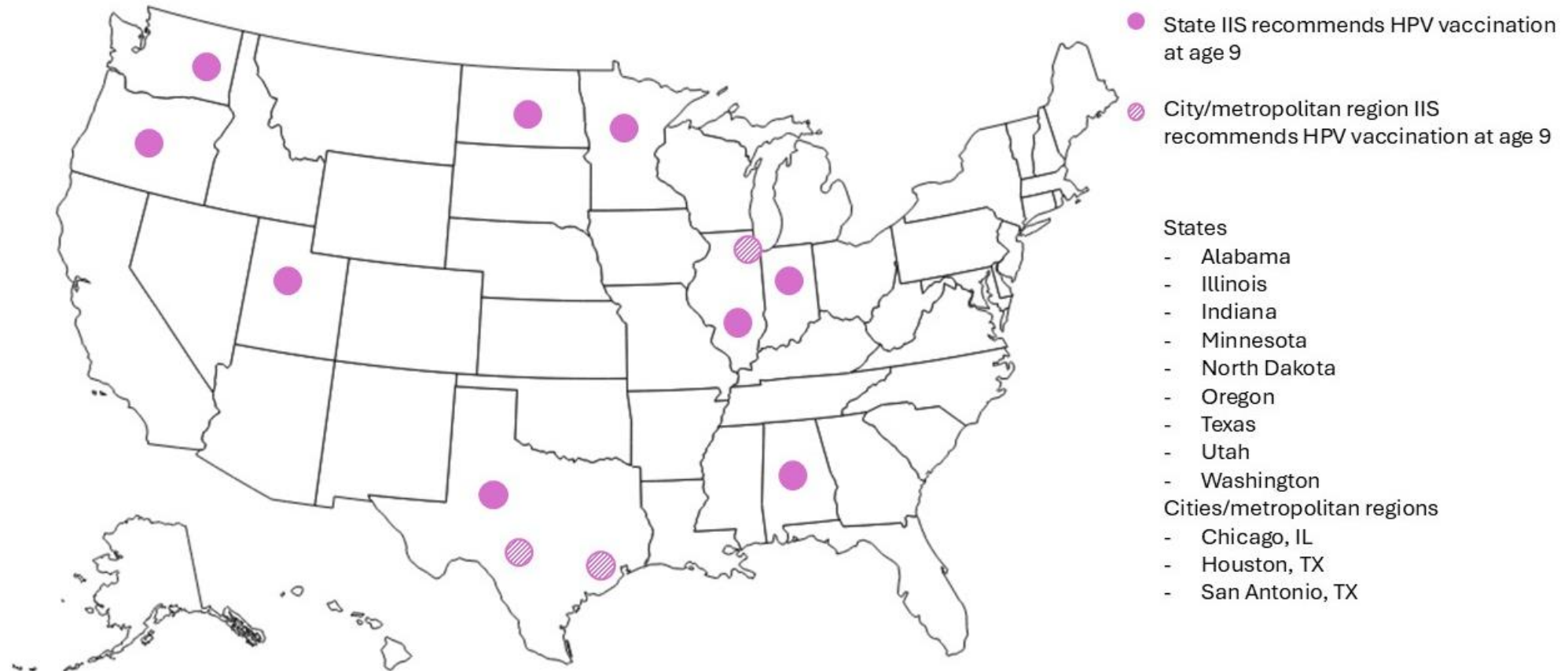
# Why recommend HPV vaccination at age 9?

- More opportunities to complete the series
  - They don't need to **start** at age 9, but they need **finish** by age 13!
- Vaccination schedule conveniently aligned with existing well-child visits
- Can space out adolescent vaccines for fewer shots per visit
- Fewer concerns about sexual activity with younger kids
- Provider recommendation at age 9 is associated with higher initiation and completion rates by age 13
  - <https://pubmed.ncbi.nlm.nih.gov/36631995/>; <https://pubmed.ncbi.nlm.nih.gov/36843509/>

# How to implement in clinic settings?

- External tools: Clinical decision support with Immunization Information Systems (IIS)
- Internal tools: Clinic workflow interventions
  - Electronic health record (EHR) alerts, standing orders, provider scripts

# Vaccination forecasting with IIS



# Perspective on age-9 forecasting in IIS

*“I think it's something we theoretically could do. It would take money to have that change, and I think in the grand like prioritization of what we need to spend money on with the WIR, it would be very low on the list, just because it's not like something that has to happen.”*

*“...There can be some provider anxiety because it feels very different to them, but I think that our provider communication plan really acknowledges that difference in how to explain this to providers in a way that doesn't feel like this is a massive switch but an expansion upon the work that they are already implementing.”*

*“We changed all our media and followed what the American Cancer Society was doing and changed our recommendation to 9. So that started the wheels turning. And we felt like, because we were recommending at 9 we should probably make that change [to the forecast].”*

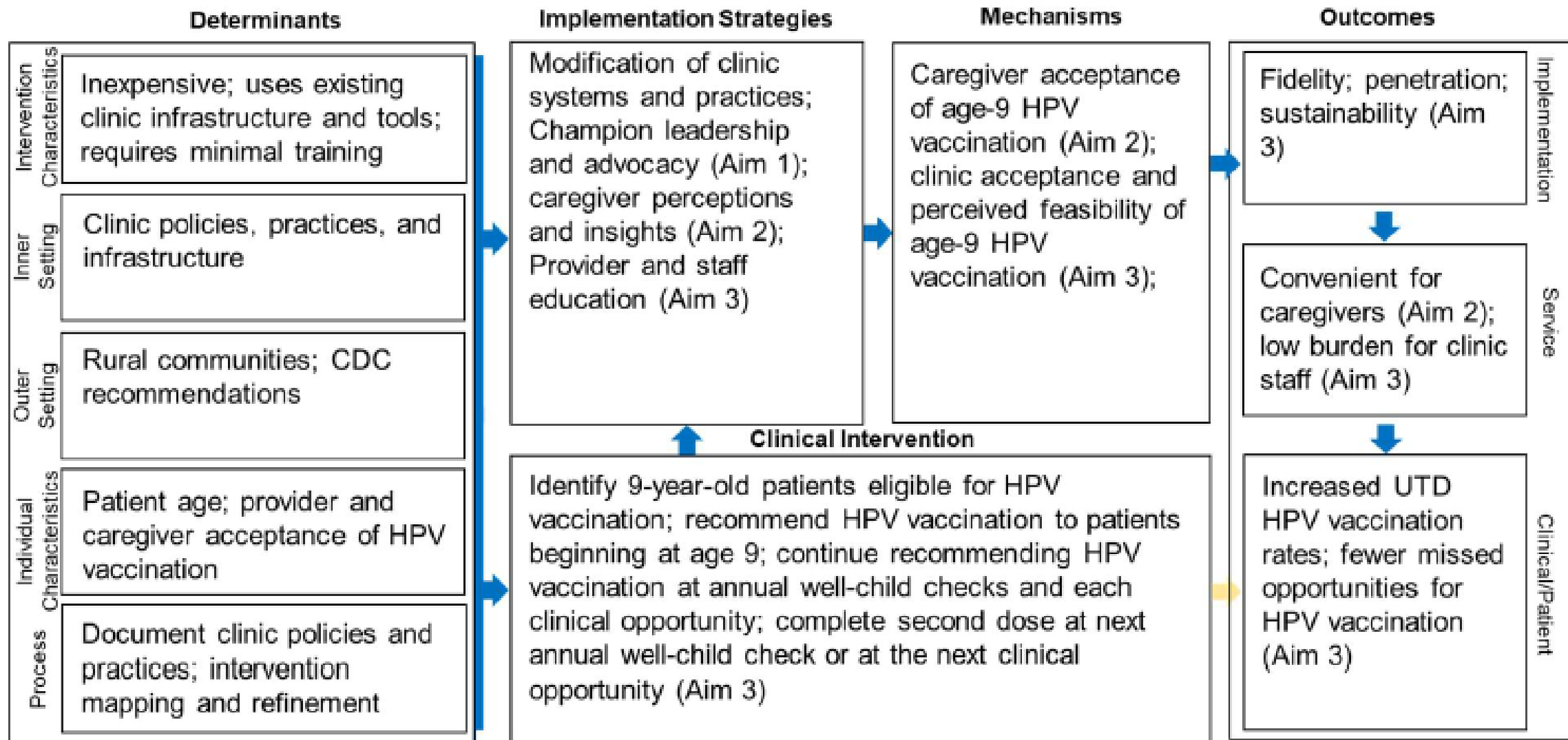
# Next steps for IIS research

- National HPV Vaccination Roundtable “IIS Forecasting at Age 9”  
working group
- Compile and disseminate forecasting data
- Monitor forecasting changes over time
- Assess impacts of forecasting on up-to-date vaccination rates

# Promoting age-9 vaccination in rural NC clinics

- Define optimal systems for recommending HPV vaccination at age 9 years in rural NC clinics.
- Assess acceptability and appropriateness of age-9 HPV vaccination among rural NC caregivers.
- Evaluation the implementation and effectiveness of age-9 HPV vaccination in rural NC clinics.

# Logic model for recommending HPV vaccination at age 9



Vielot et al. *Pilot and Feasibility Studies* (2023) 9:153  
<https://doi.org/10.1186/s40814-023-01379-y>


Pilot and Feasibility Studies

RESEARCH

Open Access

## Acceptability and readiness to promote human papillomavirus vaccination at ages 9–10 years: a feasibility study among North Carolina clinics



Nadja A. Vielot<sup>1\*</sup> , Robyn M. Lane<sup>1†</sup>, Kaitlyn Loefstedt<sup>2</sup>, Jennifer L. Cunningham<sup>3</sup>, Jason Everson<sup>3</sup>, Eli Tiller<sup>3</sup>, Sarah E. Johnson Patel<sup>3</sup> and Jennifer S. Smith<sup>4,5</sup>

# Preliminary data

"I just think the parents aren't ready to think that their kids are growing up." (Primary clinic B)

"Looking at my grandchildren, after five, they're not really getting any shots. So, if they're still coming for the well-child check, go ahead and plant that seed [regarding HPV vaccination]." (Primary clinic A)

"I think age-9 is better... you just can't predict when like kid will have that first experience with someone. Some 12-year-olds are really far away from that, and other 12-year-olds are not, and so I think that if you wait, it's just risky." (Key informant B)

"I think if you have a year of hesitancy, having that year age-9 is going to make it more likely to stay on time." (Key informant A)

"... It sort of fit neatly into a new schedule to do the Tdap and the HPV at 10, and then the HPV and the [MenACWY] at 11." (Key informant A)

"I can see where that would be really exciting to be part of [an age-9 vaccination pilot trial]... then we'd have those results, and we can say this is better." (Primary clinic B)

# Next steps for rural clinic research

- Document clinic workflow for HPV vaccination and identify intervention opportunities
- Provider training on novel/modified workflow components
- Estimating up-to-date vaccination coverage:
  - Pre-post intervention
  - Intervention vs. control clinics

# Take action!

- Primary care: make strong recommendations for primary HPV vaccination using the announcement approach
  - Starting at age 9!!
- Specialty care: Review vaccination status recommend catch-up vaccination
- In the community: Break the silence and stigma around HPV cancer.
  - Cervivor.org

## What is an Announcement?

Announcements are brief statements that assume parents are ready to vaccinate and suggests that HPV vaccine is part of routine care. Announcements have been proven to be more impactful than conversations that merely engage parents in open-ended discussions.



cervivor™ *informed. empowered. alive.*

No more fear. No more shame. No more confusion. No more whispering. No more suffering. No more women dying. **CERVIVOR IS HERE!** We understand. We've been through it. We are going through it. We are your support. We are a sisterhood. We are your educators and your **advocates**. We are voices that roar instead of whisper. We are a movement to **end cervical cancer**. We are here for you.



# Questions?

[nadjavielot@unc.edu](mailto:nadjavielot@unc.edu)



**SCHOOL OF  
MEDICINE**

# The power of provider recommendations



Contents lists available at [ScienceDirect](#)

Preventive Medicine

journal homepage: [www.elsevier.com/locate/ypmed](http://www.elsevier.com/locate/ypmed)



Provider communication and HPV vaccine uptake: A meta-analysis and systematic review

N. Loren Oh<sup>a,b</sup>, Caitlin B. Biddell<sup>b</sup>, Blythe E. Rhodes<sup>c</sup>, Noel T. Brewer<sup>c,d,\*</sup>

**Table 2**

Provider communication and HPV vaccination uptake.

	<i>N</i>	<i>k</i>	Pooled OR (95% CI)	<i>I</i> <sup>2</sup>
Provider recommendation				
Initiation	226,224	59 !!!	10.1 (7.6, 13.4)	99.4
Completion	33,282	8	5.2 (1.9, 13.8)	98.6
Follow through	9406	12	1.8 (1.3, 2.5)	71.1
Provider discussion				
Initiation	5913	10	12.4 (6.3, 24.3)	93.9

# Providers should recommend HPV vaccination; but when?

CDC	<p>Routine vaccination: Ages 11-12 (can be started at 9)          Catch-up vaccination: Ages 13-26</p>
American Cancer Society	<p><b>On Time</b> Ages 9-12 2 Doses 6-12 months apart</p> <p><b>Late</b> Ages 13-14 2 Doses 6-12 months apart</p> <p><b>Late - Extra Dose</b> Ages 15-26 3 Doses 1st dose at visit one 2nd dose 1-2 months later 3rd dose 6 months after 1st dose</p>
American Academy of Pediatrics	<p>“The AAP recommends beginning the HPV vaccination series between 9 and 12 years of age....”</p>
Merck Vaccines®	<p>“GARDASIL 9 is approved to start at age 9. The CDC notes that HPV vaccination may begin at age 9, and recommends it routinely for the 11- to 12-year-old age group.”</p>

CDC. <https://www.cdc.gov/hpv/hcp/vaccination-considerations/>

American Cancer Society: <https://www.cancer.org/content/dam/cancer-org/online-documents/en/pdf/flyers/hpv-dont-wait-to-vaccinate.pdf>

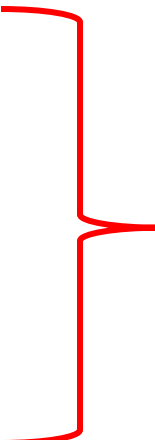
O’leary, Nyquist: <https://publications-aap.org.libproxy.lib.unc.edu/aapnews/news/14942>. Published October 4, 2019.

Kamidani S, LK P. Human papillomavirus vaccine protects males and females against HPV-attributable cancers. AAP News. April 1, 2020.

Merck & Co. <https://www.gardasil9.com/adolescent/questions/>

# Barriers to adolescent HPV vaccination

- Parents aren't convinced it's necessary
- Parents are concerned about safety
- Kids don't like shots (HPV hurts!)
- Too many shots at once (with Tdap/Men4)
- Coming back for the 2<sup>nd</sup>/3<sup>rd</sup> shot is a burden
- Parents don't want to think/talk about sex



**Can age 9  
vaccination  
alleviate these  
issues?**

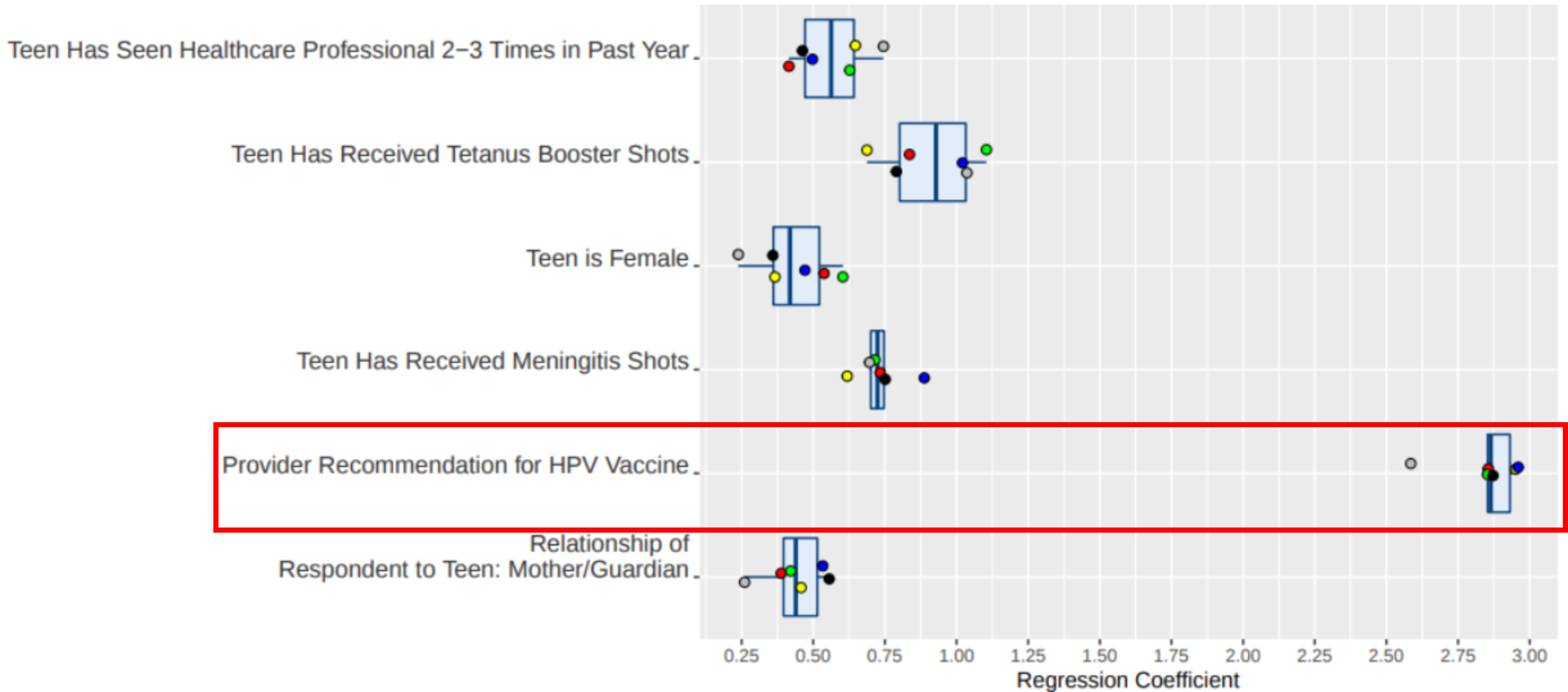
# First of all: what works?

Original research

Systematic identification and replication of factors associated with human papillomavirus vaccine initiation among adolescents in the United States using an environment-wide association study approach

Tahmina Nasserie ,<sup>1</sup> Eran Bendavid<sup>2</sup>

# The power of provider recommendations





**Robert Bednarczyk, PhD**  
Associate Professor, Hubert Department  
of Global Health  
Rollins School of Public Health, Emory  
University

# Policy Implications for HPV Vaccination Starting at Age 9

Robert A. Bednarczyk, PhD

Associate Professor of Global Health and Epidemiology, Rollins School of Public Health, Emory University

Faculty Member, Cancer Prevention and Control Program, Winship Cancer Institute

Associate Director for Vaccine Policy, Emory Vaccine Center

# HPV Vaccination Recommendations

- ACIP: “ACIP recommends routine HPV vaccination at age 11 or 12 years. Vaccination can be given starting at age 9 years.”
- AAP: “The AAP recommends routine HPV vaccination for all adolescents starting between age 9 and 12 years, at an age that the provider deems optimal for acceptance and completion of the vaccination series.”
- ACS: “The American Cancer Society recommends that boys and girls get the HPV vaccine between the ages of 9 and 12. ”

<https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm>

<https://www.aap.org/en/patient-care/immunizations/human-papillomavirus-vaccines/>

<https://www.cancer.org/cancer/risk-prevention/hpv/hpv-vaccine.html>

# Implications of these recommendation differences

- Parent and vaccinator confusion on
  - Recommendation/recommended age
  - Insurance coverage
- Inconsistent IIS/EMR forecasting for 9-10-year-olds
  - Some geographies have issued calls to action for their vaccinating providers that specifically reference updating EMR forecasting to include 9-10-year-olds
    - [DC](#)
    - [MD](#)
    - [PA](#)
  - WA has [updated the state IIS](#) to determine HPV vaccine eligibility starting at 9 years

# Why start at age 9?

- Better series completion
  - Series completion 22X higher for children starting at 9-10 years compared to those starting at 11-12 years  
(<https://www.sciencedirect.com/science/article/pii/S0091743516300184>)
- Providers report higher parental acceptance/less concerns about sex and positive perceptions about fewer shots/visit
  - [https://www.jpeds.com/article/S0022-3476\(19\)31354-X/fulltext](https://www.jpeds.com/article/S0022-3476(19)31354-X/fulltext)
- More opportunities for discussion and recommendation even if initially turned down at age 9

# Why start HPV vaccination at age 9?

- Detailed information and research about this recommendation published in Human Vaccines and Immunotherapeutics

The screenshot shows the Taylor & Francis Online interface. At the top, there is a navigation bar with 'Taylor & Francis Online' logo, 'Browse', 'Search', and 'Publish' options. On the right, there are 'Login' and 'Register' links. Below this is a dark blue header with the journal title 'Human Vaccines & Immunotherapeutics' and a search bar containing the text 'Enter keywords, authors, DOI, etc'. The breadcrumb trail reads 'Home > All Journals > Human Vaccines & Immunotherapeutics > Collections > HPV Vaccination Starting at Age 9'. Below the header, there are four main navigation buttons: 'Submit an article', 'About this journal', 'Browse all articles & issues', and 'Alerts & RSS feed'. The main content area features a sidebar on the left titled 'Browse this journal' with links to 'Current issue', 'List of issues', 'Special issues', 'Collections', 'Most read articles', 'Most cited articles', and 'Human Vaccines & Immunotherapeutics sections'. The main article title is 'HPV Vaccination Starting at Age 9', with a sub-header 'Created 17 Feb 2023 | Updated 19 Dec 2023 | 22 articles'. The abstract text states: 'HPV vaccination has the potential to dramatically reduce rates of cervical, oropharyngeal, vaginal, vulvar, anal, and penile cancers. However, HPV vaccination rates in the US lag behind other countries, and HPV vaccine has lower coverage than other adolescent vaccines. Initiation of the vaccine series at ages 9-10 has been suggested as a way to improve vaccination utilization and increase the number of adolescents who complete their series on time. This Collection presents original research on the impact of initiating HPV vaccination at ages 9-10, including population studies and quality improvement projects, as well as commentaries from medical organizations and leading experts in the field.' Below the abstract, there is an 'Edited by' section listing three editors: Rebecca Perkins (Boston University Chobanian and Avedisian School of Medicine/ Boston Medical Center), Kristin Oliver (Departments of Environmental Medicine & Public Health, Pediatrics Icahn School of Medicine at Mount Sinai), and Sharon Humiston (Department of Pediatrics, Division of Urgent Care, Children's Mercy Kansas City; Professor of Pediatrics, UMKC).

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**HPV Vaccination Starting at Age 9**

Created 17 Feb 2023 | Updated 19 Dec 2023 | [22 articles](#)

HPV vaccination has the potential to dramatically reduce rates of cervical, oropharyngeal, vaginal, vulvar, anal, and penile cancers. However, HPV vaccination rates in the US lag behind other countries, and HPV vaccine has lower coverage than other adolescent vaccines. Initiation of the vaccine series at ages 9-10 has been suggested as a way to improve vaccination utilization and increase the number of adolescents who complete their series on time. This Collection presents original research on the impact of initiating HPV vaccination at ages 9-10, including population studies and quality improvement projects, as well as commentaries from medical organizations and leading experts in the field.

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Sharon Humiston (*Department of Pediatrics, Division of Urgent Care, Children's Mercy Kansas City; Professor of Pediatrics, UMKC*)

<https://www.tandfonline.com/journals/khvi20/collections/HPV-vaccination-starting-age-9>

# Ongoing opportunities – policy and perception

- Differences in recommendation language
  - The ACIP HPV Vaccines Work Group is currently discussing the wording of the age for routine vaccination: <https://www.cdc.gov/acip/our-work/index.html#heading-z-mj8ab3gt>
- IIS/EMR forecasting
  - No national-level IIS, immunization programs can establish their own forecasting guidance
  - Different healthcare systems may use different EMR systems – need good data exchange linkages between IIS and EMR to facilitate use of updated forecasting algorithms
- Communication and outreach for parents, healthcare providers, and clinic staff
  - Importance of starting HPV vaccine at age 9
  - Age 9 initiation complies with ACIP recommendations, which triggers insurance coverage
  - Long-lasting immunity from HPV vaccination, including strong immune memory responses, mitigating concerns about vaccinating “too early”
  - Fewer shots at one visit to address needle phobia

# Action Items / Next Steps

- Assessment of all US IIS to understand forecasting ages, with provision of appropriate guidance/best practices to start at age 9
- Development and dissemination of a communications toolkit to help parents understand HPV vaccination at age 9 and to support clinicians and clinic staff communications with parents
- Continued awareness of work of ACIP and ACIP HPV Vaccines Work Group regarding wording around ages for HPV vaccination



# Moderated Q&A

Please add your questions to the chat

# Discussion with Subject Matter Experts



**Lyn Nuse, MD**  
Atrium Health



**Sherri Zorn, MD**  
Washington Chapter of the  
American Academy of Pediatrics



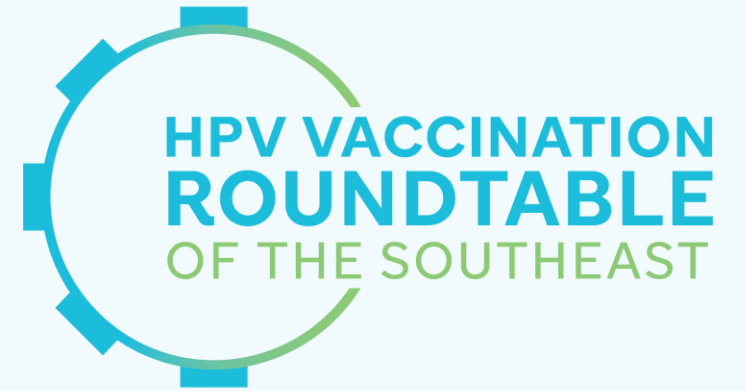
**Nadja Vielot, PhD**  
Family Medicine, UNC Chapel  
Hill



**Robert Bednarczyk, PhD**  
Hubert Department of Global  
Health, Rollins School of Public  
Health, Emory University

# Breakout Group Discussion

---



# Breakout Group Discussions

- We will now continue our discussion regarding starting HPV at age 9
- You will automatically be added to a breakout group with an assigned facilitator and notetaker
  - **GROUP 1**: Hannah Nein, American Cancer Society (discussion facilitator); Pragya Gautam Poudel, DrPH, St. Jude Children's Research Hospital (notetaker)
  - **GROUP 2**: Barbara Schuler, Vax 2 Stop Cancer (discussion facilitator); Andrea Stubbs, MPA, St. Jude Children's Research Hospital (notetaker)
  - **GROUP 3**: Jill Pait, American Cancer Society (discussion facilitator); Akeria Taylor, MPH, St. Jude Children's Research Hospital (notetaker)
  - **GROUP 4**: Dee Sinard, Tennessee Families for Vaccines (discussion facilitator); Portia Knowlton, MHRM, St. Jude Children's Research Hospital (notetaker)
  - **GROUP 5**: Lauren Wright, WV Cancer Control Collaborative Partnership and Mountains of Hope Cancer Coalition (discussion facilitator); Karlisa Cryer, MPA, St. Jude Children's Research Hospital (notetaker)
  - **GROUP 6**: Robert Bednarczyk, PhD, Emory (discussion facilitator); Julia Brown, MPH, St. Jude Children's Research Hospital (notetaker)

# Discussion Questions

You will automatically be added to a breakout group with an assigned facilitator and notetaker

- Q1: How might we modify and/or continue to address starting at age 9 needs across the region? What do you see as the opportunities for additional efforts focused on starting HPV vaccination at age 9?
- Q2: Now, I want you to move out of thinking only about starting at age 9 as a priority action for a moment. What do you see as the greatest opportunities for collective action to increase HPV vaccination coverage in our region?
- Q3: What else would you like to share about possible actions to increase HPV vaccination coverage in our region?
- Q4: What are your recommendations for training programs that could be offered by the Southeast Roundtable?

# Reporting Out From Breakout Group Discussions

- **GROUP 1:** Hannah Nein, American Cancer Society (discussion facilitator); Pragma Gautam Poudel, DrPH, St. Jude Children's Research Hospital (notetaker)
- **GROUP 2:** Barbara Schuler, Vax 2 Stop Cancer (discussion facilitator); Andrea Stubbs, MPA, St. Jude Children's Research Hospital (notetaker)
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**What are up to three main points of discussion – with an emphasis on actions to improve HPV vaccination coverage – you want to share with the group?**

\*\*\*In 2 minutes or less



# Closing Remarks

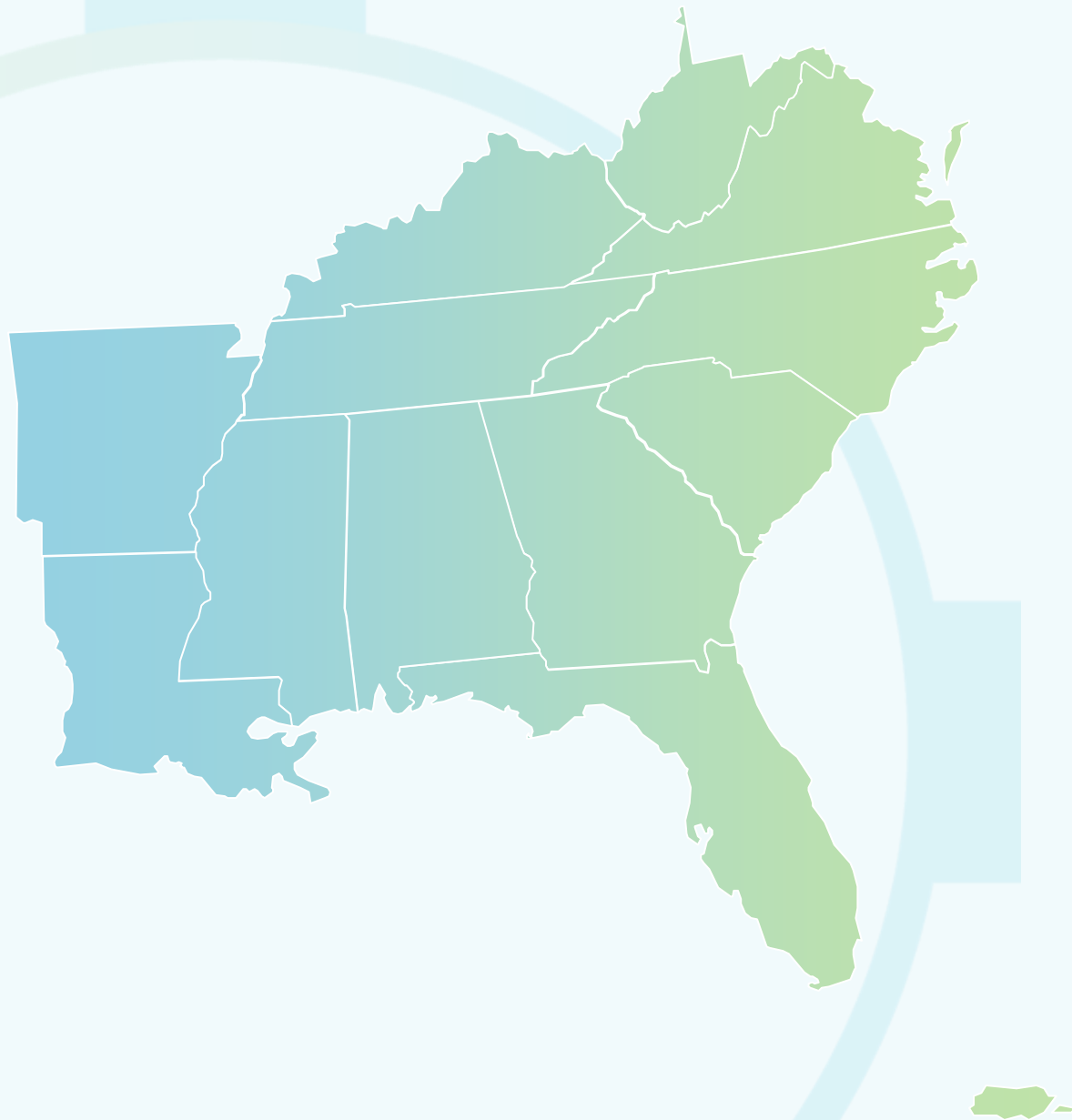
# Thank you for joining us!

We will be sending an evaluation for the entire virtual annual meeting following the last day on January 23. Please take a few minutes to complete when this lands in your email inbox.

Join the HPV Vaccination Roundtable of the Southeast:



MEMBERSHIP FORM



# Thank you for joining us today!

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