St. Jude Children's Research Hospital | HPV Cancer Prevention Program

PATH to prevention

HPV Vaccination: A Look at State Policy and A Path Forward

April 27, 2021

PreventHPV@stjude.org | stjude.org/hpv

Today's Virtual Seminar

HPV Vaccination:
A Look at State Policy and a Path Forward

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HPV Cancer Prevention Program

PATH to prevention

Opportunity for Impact through HPV Vaccination

HPV Vaccination: A Look at State Policy and A Path Forward

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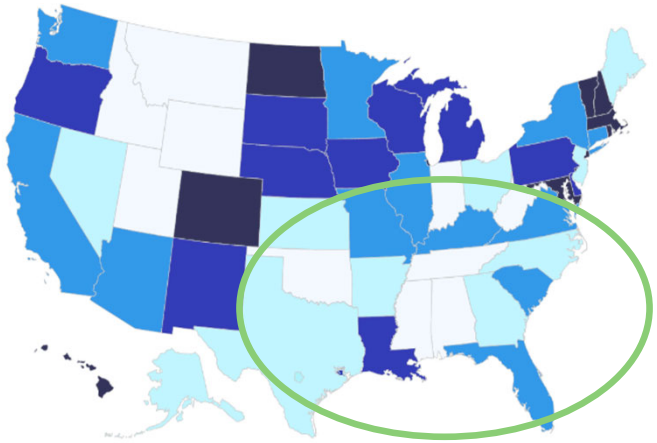
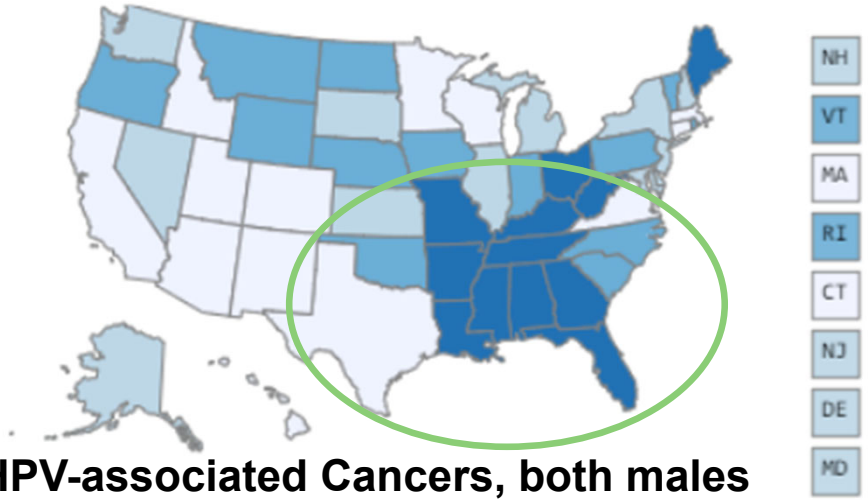
Opportunity for Impact



Up-to-date (UTD) HPV Vaccination, both males and females, 13-17 years (2019)

U.S. = 54.2% UTD (≥1 71.5%)
Arkansas = 50.5% UTD (≥1 67.9%)
Mississippi = 30.5% UTD (≥1 49.5%)
Missouri = 54.3% UTD (≥1 69.0%)
Tennessee = 43.0% UTD (≥1 61.9%)

HPV UTD: 2019 NIS-TEEN data; lightest colors = 30.5-47.4%; darkest colors = 62.7-78.9%



HPV-associated Cancers, both males and females (2017)

U.S. = 12.3 cases per 100,000
Arkansas = 14.2 cases per 100,000
Mississippi = 15.5 cases per 100,000
Missouri = 13.9 cases per 100,000
Tennessee = 14.3 cases per 100,000

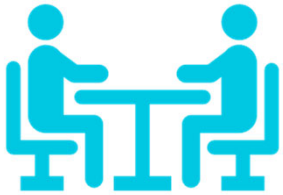
HPV Cancer: 2017 U.S. Cancer Statistics data; darkest colors = 13.7-17.1 cases per 100,000; lightest colors = 8.9-11.4 cases per 100,000

Program Priorities

Community interventions

Public policy and advocacy

Clinical interventions with health care providers and systems



Partnerships

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Policy-level Change

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

Brandt HM, Pierce JY, Crary A. Increasing HPV vaccination through policy for public health benefit. Hum Vaccin Immunother. 2016 Jun 2;12(6):1623-5. doi: 10.1080/21645515.2015.1122145. Epub 2015 Dec 15. PMID: 26669416; PMCID: PMC4964717.

Policy-level Change

Table 1. Summary of policy opportunities to increase HPV vaccination in rural areas.

Policy Opportunity	Description	Level	Big "P"/Little "p"
Healthcare provider recommendation	HPV vaccination recommendation to patients at each visit, particularly when other vaccines are being administered; decreases missed opportunities.	Provider	Little "p"
Reminder and recall systems	Reminders within the electronic medical record, prompting providers to initiate HPV vaccination recommendation; patient reminders to initiate and/or complete the HPV vaccine series.	Clinic	Little "p"
State immunization registries	Statewide registries in which all immunization records are entered and maintained.	State	Big "P"
Standing orders	Official clinic protocols that give clinical staff authorization to complete immunizations for patients meeting recommended guidelines.	Clinic	Little "p"
Provider assessment and feedback evaluations	Routine feedback to providers on patients' HPV vaccination series initiation and completion rates.	Clinic	Little "p"
Participation in VFC Program	Clinic approval and implementation of processes that allow for participation in the VFC Program.	Clinic	Little "p"
Vaccination in alternative settings	Providing HPV vaccination programs in schools, pharmacies, mobile clinics, dental practices, and other community-based, non-medical settings.	Clinic, Community	Little "p"
Pharmacy-related laws	State-enacted laws allowing pharmacists to provide the HPV vaccine series to youth and young adults.	State	Big "P"
School-entry requirements	State-enacted laws that require students to initiate and complete the HPV vaccine series to maintain eligibility to attend school.	State	Big "P"
Communication campaigns	Leveraging rural community partnerships and voices of local residents to deliver positive HPV vaccination messaging.	Community	Little "p"
Rural HPV vaccination research	Increased funding for interventional rural HPV vaccination research (e.g., randomized controlled trials, quasi-experimental studies, and pragmatic trials).	National	Big "P"

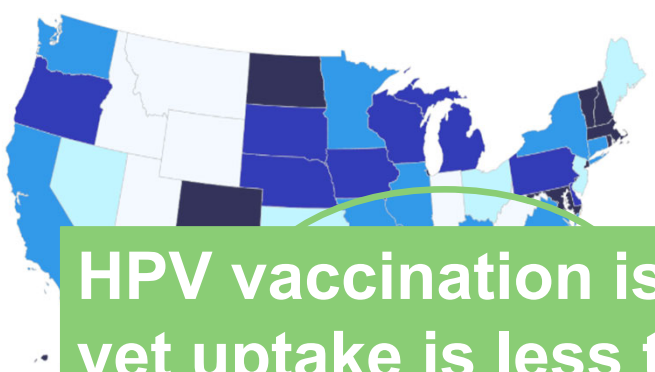
Vanderpool RC, Stradtman LR, Brandt HM. Policy opportunities to increase HPV vaccination in rural communities. Hum Vaccin Immunother. 2019;15(7-8):1527-1532. doi: 10.1080/21645515.2018.1553475. Epub 2019 Jan 4. PMID: 30608894; PMCID: PMC6746481.

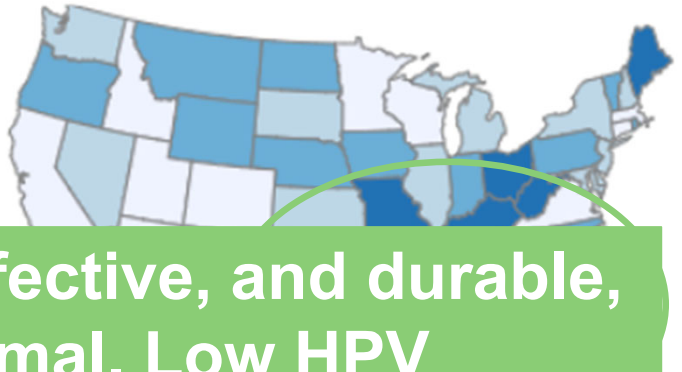
State HPV Vaccination Policies for School Entry

State or Jurisdiction	Population	Implementation Date
Hawaii	Males and females, grade 7 or higher	July 2020
Rhode Island	Males and females: August 2015, grade 7 (1 dose); August 2016, grade 8 (2 doses); August 2017, grade 9 (3 doses)	August 2015, August 2016, August 2017
Virginia	Females, grade 6	October 2008
District of Columbia	Females, grade 6; amended in 2014, males and females, grades 6 to 12	January 2009, 2014
Puerto Rico	Males and females, age 11-12 years	Fall 2018

Table 2; HPV Vaccination: A Look at State Policy and a Path Forward, HPV Cancer Prevention Program, St. Jude Children's Research Hospital

Opportunity for Impact





NH
VT
MA
RI
CT
NJ
DE
MD

HPV vaccination is safe, effective, and durable, yet uptake is less than optimal. Low HPV vaccination uptake exists in areas where HPV-associated disease burden is greatest. There is tremendous opportunity for impact.

Up-to-da **es**
males an

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Overview of the Policy Analysis Report

HPV Vaccination: A Look at State Policy and A Path Forward

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Disclaimer

The information presented in this analysis reflects the study team's research activities and relevant information obtained from verifiable sources. The opinions included are those of the study team alone, and they do not represent the opinions of St. Jude Children's Research Hospital or its staff.

Overview of the Policy Analysis Report
HPV Vaccination:
A Look at State Policy and A Path Forward

- What was our task?
- What action have states taken?
- Is there any federal support?
- What can we do to change the conversation?
- Closing and Next Steps

What was our task?

What was our task?

- Analyze state-level policy and regulations enacted about HPV vaccinations in adolescents in four states:
  - Arkansas
  - Mississippi
  - Missouri
  - Tennessee
- Time Horizon: 2010-2020 legislative sessions
- Focus on potential opportunities or challenges to future legislation or actions in the included states

Why?

- In spite of high HPV prevalence, the significant burden of HPV-associated disease, and the availability of a safe, effective, and durable vaccine, **uptake of HPV vaccination has been low in the U.S. with great regional and population variability.**

- A lack of a unified vaccination approach is captured and emboldened by the lack of uniformity in law and policy perspectives regarding the vaccination.

Is there any federal support?

Federal Actions

- The **Vaccines for Children** (VFC) program administers vaccines for 16 preventable diseases, as determined by the ACIP. The CDC serves as the administrator for the program and distributes the program's vaccines to providers across the country.

- VFC immunizations are provided free-of-charge, but state program administrators have been authorized to charge "administrative fees," similar to a traditional insurance co-pay. These fees can vary by provider, but some states have instituted fee caps to limit the amount which vaccine recipients may be charged.

Federal Actions

Impact of **Medicaid expansion**:

- As of January 2021, 37 states (including the District of Columbia) have adopted and implemented Medicaid expansion, while two states have adopted it but not implemented it (including Missouri) and 12 have yet to adopt the expansion.
- The majority of the states that have not expanded Medicaid are found in the southeast and include two of the target study states of Tennessee and Mississippi.
- Arkansas has adopted and implemented expansion.
- Missouri has only adopted expansion but has yet to implement the expansion.

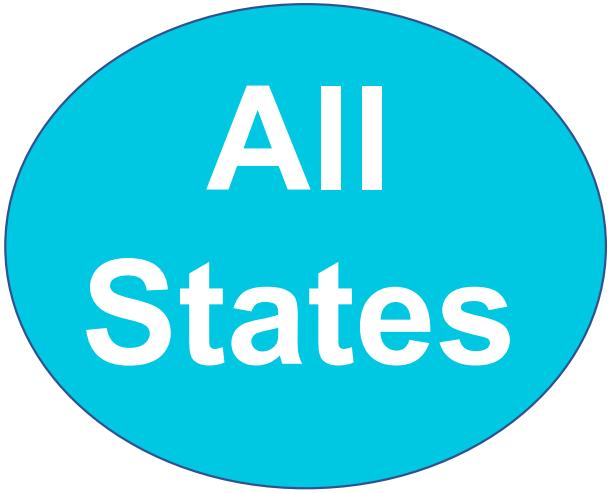
What actions have states taken?

What action have states taken?

- States are the primary driver of the implementation of vaccination policy, turning the attention from Capitol Hill and onto capitals across the country.

- The most often cited approach for legislative solutions for HPV vaccination is through school entry requirements:
  - As of Jan 2021, 5 U.S. jurisdictions have enacted HPV vaccination mandates as a requirement for school entry: Hawaii, Rhode Island, and Virginia, along with the District of Columbia and Puerto Rico.

What action have states taken?



Medical Exemptions

Religious Exemptions

Personal Belief or Philosophical Exemptions

What action have states taken?

- A less direct but still crucial topic in an analysis of legislative action regarding HPV vaccination is the allowance of **pharmacists** to provide HPV vaccination in addition to traditional healthcare providers.

- As of 2020, 48 states, the District of Columbia, and Puerto Rico have enacted legislation allowing for vaccine administration by pharmacists.

Target States

Target State Deep Dive: Arkansas

- ✓ No legislative activity on the requirement of adolescent vaccinations for HPV
- ✓ Regulatory language recommending HPV vaccination
- ✓ No legislative activity on the requirement of adolescent vaccinations for HPV
- ✓ Require foster parents to assist in ensuring children are vaccinated for recommended vaccinations, including HPV
- ✓ Leadership of Arkansas public health officials in vaccination efforts at the national level

Target State Deep Dive: Mississippi

- ✓ Recognized as a leader in children's immunization before kindergarten, with the highest rates of vaccination among kindergartners in the U.S
- ✓ Same leadership has not been continued for adolescent vaccinations like HPV
- ✓ State law does require that HPV vaccination be covered by insurance, Medicaid, and other public health programs but has taken no additional legislative or regulatory actions during the past decade
- ✓ The study team found the largest number of bills filed in all target states focused on the general topic of vaccination, but none pertain specifically to HPV vaccination

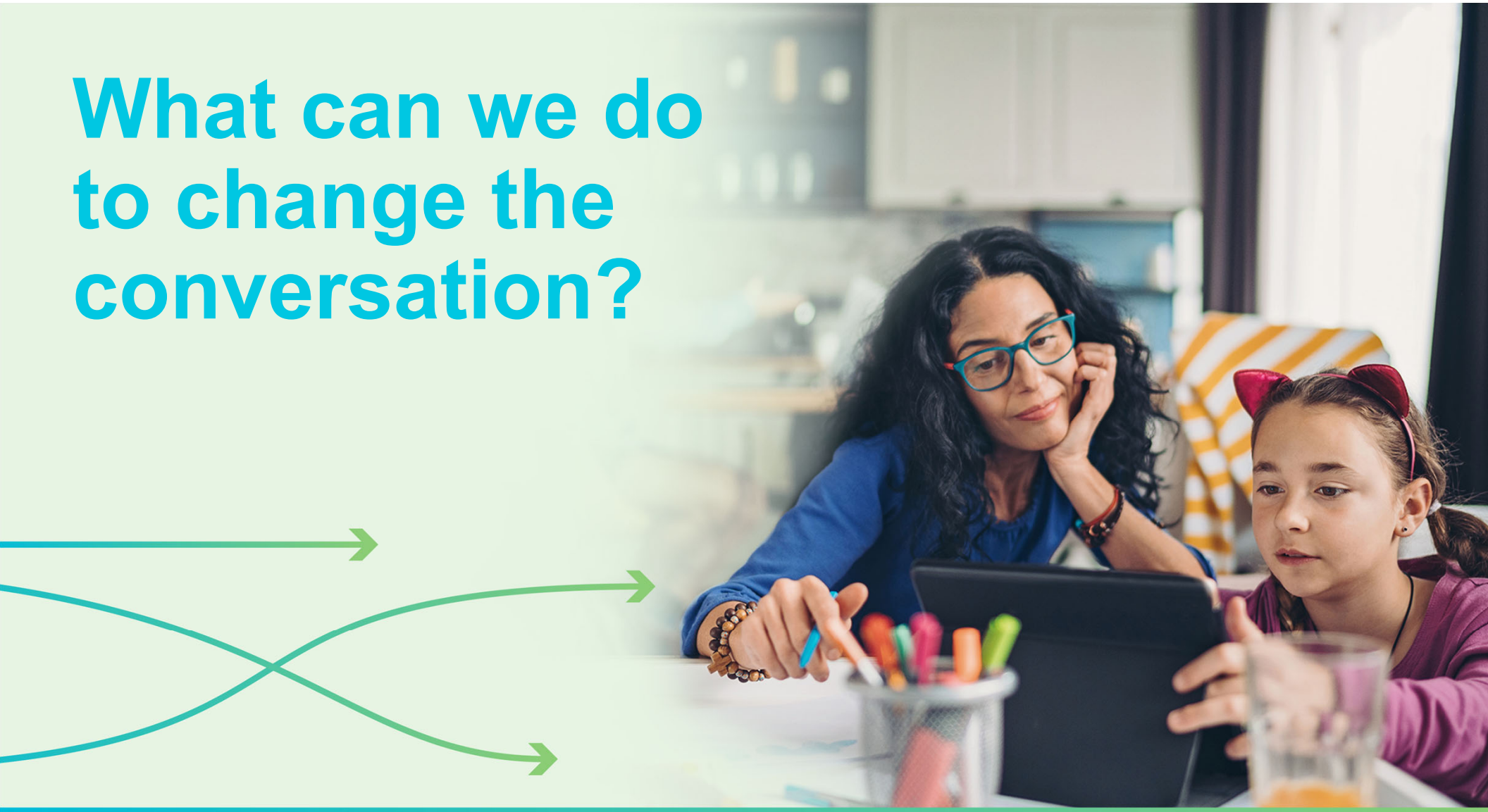
Target State Deep Dive: Missouri

- ✓ Of the four states included in the analysis by the study team, Missouri was the only state that had introduced and passed legislation about HPV vaccination during the past decade.
- ✓ House Bill 1375 enacted in August 2010, directs development of an informational brochure relating to the connection between human papillomavirus and cervical cancer, and that an immunization against the human papillomavirus infection is available
- ✓ Since this legislation, though, no further action has been taken in the state to add requirements related to vaccination.

Target State Deep Dive: Tennessee

- ✓ Tennessee has yet to take any meaningful legislative action on HPV vaccination.
- ✓ Legislators have filed resolutions supporting HPV vaccinations but none carry binding legal authority, or do their votes indicate support for the topics broadly in either chamber.
- ✓ These resolutions have also been filed by different legislators over multiple sessions, limiting any ability for comparison
- ✓ Potential for Tennessee focused to increase the ability of persons to be exempted from vaccinations.

What can we do to change the conversation?



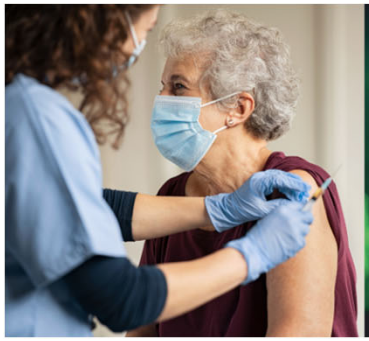
What can we do to change the conversation?

- Research informed the understanding of the opportunities surrounding increases in vaccination rates across the country.
- The study team's recommendations are not exhaustive and likely beget future opportunities which are not articulated in the following list.

Recommendation #1: Introduce legislation modeled on the Missouri education statute in other target states.
Recommendation #2: Conduct targeted legislative efforts in opposition to vaccination exemptions on non-medical grounds.
Recommendation #3: Engage directly with state regulatory authorities to enact administrative procedures and/or rules to effectuate change to the information disseminated regarding HPV vaccination as cancer prevention.
Recommendation #4: Coordinate legislative educational efforts.
Recommendation #5: Promote coordinated public service messaging in target states, facilitated by requisite health authorities.

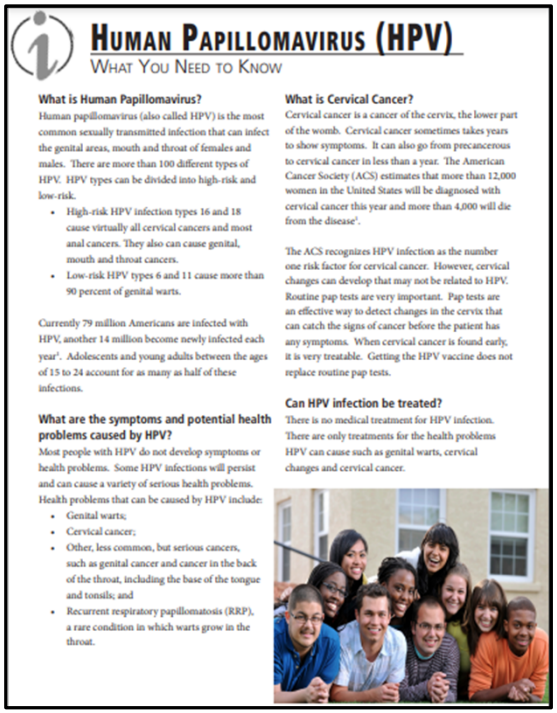
Elephant in the Room

IMPACT OF COVID-19 VACCINATION



- ✓ **The study team's work was conducted over a period from October to December.**
- ✓ **At that time, COVID-19 vaccinations were extremely limited and state policy focused on them was almost non-existent.**
- ✓ **The legislation being proposed in multiple states will have an impact on future vaccination programs but that is still not fully understood and not captured in this analysis.**

Recommendation #1



Human Papillomavirus (HPV)
What You Need to Know

What is Human Papillomavirus?
Human papillomavirus (also called HPV) is the most common sexually transmitted infection that can infect the genital areas, mouth and throat of females and males. There are more than 100 different types of HPV. HPV types can be divided into high-risk and low-risk.

- High-risk HPV infection types 16 and 18 cause virtually all cervical cancers and most anal cancers. They also can cause genital, mouth and throat cancers.
- Low-risk HPV types 6 and 11 cause more than 90 percent of genital warts.

Currently 79 million Americans are infected with HPV, another 14 million become newly infected each year[1]. Adolescents and young adults between the ages of 15 to 24 account for as many as half of these infections.

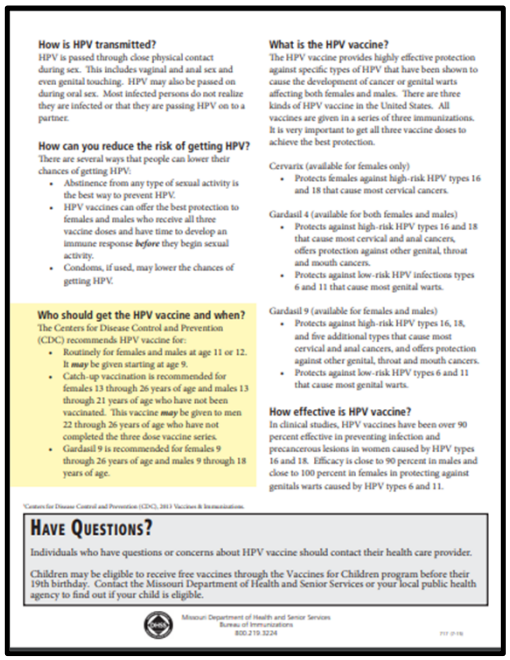
What are the symptoms and potential health problems caused by HPV?
Most people with HPV do not develop symptoms or health problems. Some HPV infections will persist and can cause a variety of serious health problems. Health problems that can be caused by HPV include:

- Genital warts;
- Cervical cancer;
- Other, less common, but serious cancers, such as genital cancer and cancer in the back of the throat, including the base of the tongue and tonsils; and
- Recurrent respiratory papillomatosis (RRP), a rare condition in which warts grow in the throat.

What is Cervical Cancer?
Cervical cancer is a cancer of the cervix, the lower part of the womb. Cervical cancer sometimes takes years to show symptoms. It can also go from precancerous to cervical cancer in less than a year. The American Cancer Society (ACS) estimates that more than 12,000 women in the United States will be diagnosed with cervical cancer this year and more than 4,000 will die from the disease[1].

The ACS recognizes HPV infection as the number one risk factor for cervical cancer. However, cervical changes can develop that may not be related to HPV. Routine pap tests are very important. Pap tests are an effective way to detect changes in the cervix that can catch the signs of cancer before the patient has any symptoms. When cervical cancer is found early, it is very treatable. Getting the HPV vaccine does not replace routine pap tests.

Can HPV infection be treated?
There is no medical treatment for HPV infection. There are only treatments for the health problems HPV can cause such as genital warts, cervical changes and cervical cancer.



How is HPV transmitted?
HPV is passed through close physical contact during sex. This includes vaginal and anal sex and even genital touching. HPV may also be passed on during oral sex. Most infected persons do not realize they are infected or that they are passing HPV on to a partner.

How can you reduce the risk of getting HPV?
There are several ways that people can lower their chances of getting HPV:

- Abstinence from any type of sexual activity is the best way to prevent HPV.
- HPV vaccines can offer the best protection to females and males who receive all three vaccine doses and have time to develop an immune response ***before*** they begin sexual activity.
- Condoms, if used, may lower the chances of getting HPV.

Who should get the HPV vaccine and when?
The Centers for Disease Control and Prevention (CDC) recommends HPV vaccine for:

- Routinely for females and males at age 11 or 12. It ***may*** be given starting at age 9.
- Catch-up vaccination is recommended for females 13 through 26 years of age and males 13 through 21 years of age who have not been vaccinated. This vaccine ***may*** be given to men 22 through 26 years of age who have not completed the three dose vaccine series.
- Gardasil 9 is recommended for females 9 through 26 years of age and males 9 through 18 years of age.

What is the HPV vaccine?
The HPV vaccine provides highly effective protection against specific types of HPV that have been shown to cause the development of cancer or genital warts affecting both females and males. There are three kinds of HPV vaccine in the United States. All vaccines are given in a series of three immunizations. It is very important to get all three vaccine doses to achieve the best protection.

Cervarix (available for females only)

- Protects females against high-risk HPV types 16 and 18 that cause most cervical cancers.

Gardasil 4 (available for both females and males)

- Protects against high-risk HPV types 16 and 18 that cause most cervical and anal cancers, offers protection against other genital, throat and mouth cancers.
- Protects against low-risk HPV infections types 6 and 11 that cause most genital warts.

Gardasil 9 (available for females and males)

- Protects against high-risk HPV types 16, 18, and five additional types that cause most cervical and anal cancers, and offers protection against other genital, throat and mouth cancers.
- Protects against low-risk HPV types 6 and 11 that cause most genital warts.

How effective is HPV vaccine?
In clinical studies, HPV vaccines have been over 90 percent effective in preventing infection and precancerous lesions in women caused by HPV types 16 and 18. Efficacy is close to 90 percent in males and close to 100 percent in females in protecting against genitals warts caused by HPV types 6 and 11.

Have Questions?
Individuals who have questions or concerns about HPV vaccine should contact their health care provider.

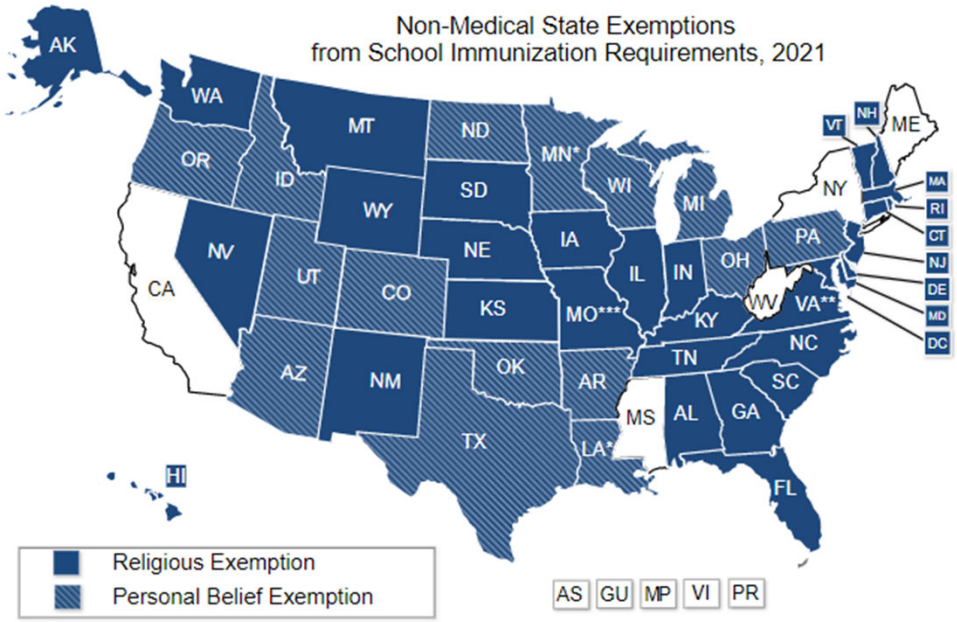
Children may be eligible to receive free vaccines through the Vaccines for Children program before their 19th birthday. Contact the Missouri Department of Health and Senior Services or your local public health agency to find out if your child is eligible.

Missouri Department of Health and Senior Services
Bureau of Immunizations
800.219.3224

Introduce legislation modeled on the Missouri education statute in other target states.

- ✓ In 2010, Missouri enacted legislation requiring the creation of an informational brochure for distribution to school-aged children across the state.
- ✓ The educational messaging enacted in Missouri in 2010 had an appreciable effect on the HPV vaccination rate, especially in boys.
- ✓ Legislators can grant varying degrees of permission to state health officials to develop and distribute these educational materials using those entities' regulatory powers, presenting an additional ability to influence the materials' content.

Recommendation #2



Source: Adapted from the LexisNexis StateNet Database and the Immunization Action Coalition, May 2019.

Conduct targeted legislative efforts in opposition to vaccination exemptions on non-medical grounds.

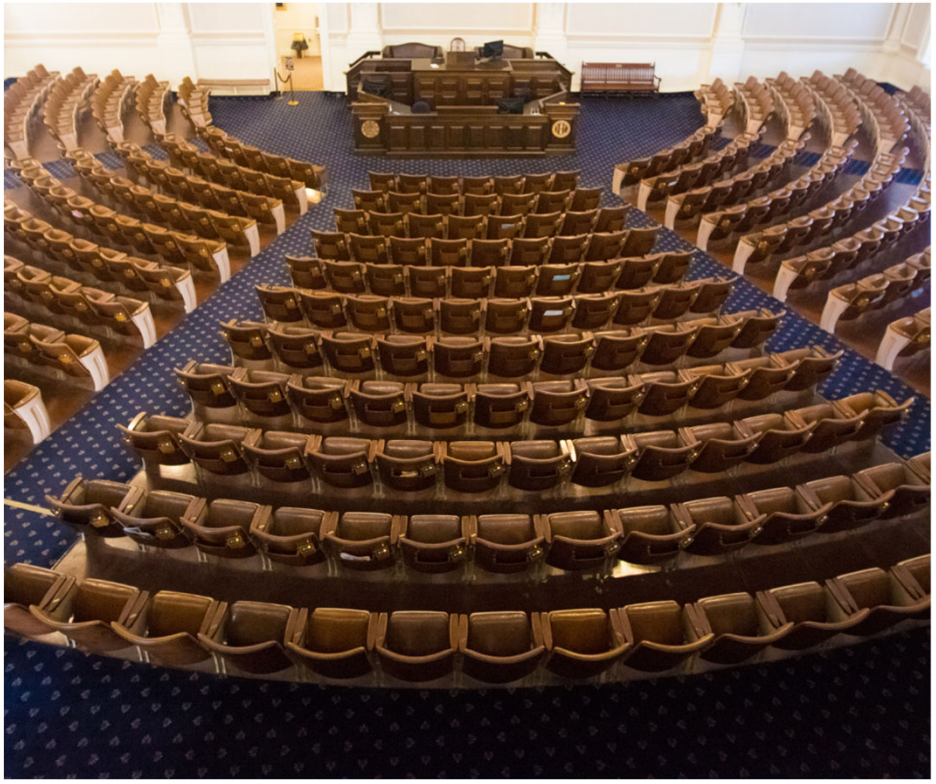
- ✓ The most significant has been found to be exemptions for non-medical reasons.
- ✓ Each of the target states possesses at least a minimum of a medical exemption.
- ✓ Exemption efforts could be further encouraged or enhanced due to the concerns about the new COVID-19 vaccine and the impact of future compulsory vaccination mandates on individual liberty.

Recommendation #3

Engage directly with state regulatory authorities to enact administrative procedures and/or rules to effectuate change to the information disseminated regarding HPV vaccination as cancer prevention.

- ✓ State health authorities' regulatory action can have an impact on the information distributed to target populations.
- ✓ These regulators are granted oversight powers by the legislature that do not require further approval giving them the ability to move forward at a more expedient pace without the hurdles of legislative activity.
- ✓ Many of these state agencies tasked also have close ties to the education community due to other collaborative initiatives.

Recommendation #4



Coordinate legislative educational efforts.

- ✓ Outreach effort for legislators presenting the issues of importance for legislative action on HPV vaccination.
- ✓ Targeted communications focused on legislative solutions in other states and their effectiveness in increasing the rate of vaccination.
- ✓ General guidance as opposed to specifically-focused proposals unless there is a specific impetus or proposal presented by a member of the legislative body.
- ✓ Additional guidance will likely be required to craft the components of the potential outreach to targeted legislators.

Recommendation #5

Promote coordinated public service messaging in target states, facilitated by requisite health authorities

- ✓ Public service messaging on topics does impact legislative sentiment.
- ✓ The impact of this messaging is especially true when there is a lack of clear understanding of a specific topic.
- ✓ These efforts can be conducted in the open, inviting confusion from the uninformed public and can negatively affect the overarching goals of the engagement if not managed correctly.

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Closing and Next Steps

Conclusion

- The importance of HPV vaccination in adolescents for the prevention of adult-onset HPV cancers, particularly among childhood cancer survivors at increased risk for second cancers, cannot be overstated.

- These challenges are only further exacerbated by policies focused on allowing vaccination exemptions, a lack of financial resources available to support individuals who cannot afford vaccination, and overall confusion surrounding the messaging of vaccination and its perceived impact on relevant health education efforts.

Conclusion

- With responsibility for the full execution of HPV vaccination of adolescents being delegated to states for implementation, challenges will remain due to each jurisdiction's unique perspectives and policy-making structure.

- In short, it is vitally important that collaborative efforts among clinicians, public health professionals, educators, and policymakers be encouraged to support the underlying goal of increasing HPV vaccination rates in order to decrease the incidence rate of HPV cancers.

HPV Cancer Prevention Program

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Moderated Discussion

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Moderated Discussion

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What is your initial reaction to the results of the policy analysis?

What do you see as the greatest opportunities for policy changes to improve uptake of HPV vaccination?

What are the greatest barriers to policy change to improve HPV vaccination?

How may policy changes in support of HPV vaccination reduce inequities in uptake? What examples from the past show us there is the potential for reducing inequities?

While this policy analysis focused on state level policies, we know local policies, including in healthcare settings and within organizations, influence HPV vaccination uptake. What do you see as possible ways in which local policy may serve as a catalyst for HPV vaccination uptake?

What are your thoughts about possible policy-related lessons from the current COVID-19 pandemic on which we may build for improving uptake of HPV vaccination?

Moderated Discussion: Final Thoughts

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HPV vaccination provides safe, effective, and long-lasting protection.

St. Jude HPV Cancer Prevention Program

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PATH to prevention

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