Adolescent Vaccines: How Pharmacists Can Make Strong Recommendations and Referrals

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Ian Brnam, MA

May 29, 2019
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• This webinar is being recorded and will be archived. The archive will be made available following the webinar.
Today’s Presenters

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Disclosures

Suzanne Higginbotham and Ian Branam declare no conflicts of interest or financial interests in any product or service mentioned in this activity, including grants, employment, gifts, stock holdings, and honoraria.
The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). This live activity, **Adolescent Vaccines: How Pharmacists Can Make Strong Recommendations and Referrals**, is approved for 1 hour of CPE credit (0.1 CEU). The ACPE Universal Activity Number for this activity is 0202-9999-19-170-L06-P.

To claim CPE credit for the live webinar, participants must be in attendance for the entire activity, enter the attendance code, and complete the evaluation by June 28, 2019.

Initial Release Date: May 29, 2019
Target Audience: Pharmacists
Activity Type: Application-based
Fee: There is no fee for this live activity.
Development

This webinar, *Adolescent Vaccines: How Pharmacists Can Make Strong Recommendations and Referrals*, is a live continuing education activity for pharmacists developed by the Centers for Disease Control and Prevention and the American Pharmacists Association.
Polls: Tell us a little about yourself!
Adolescent Vaccines: How Pharmacists Can Make Strong Recommendations and Referrals

Suzanne Higginbotham, PharmD, BCACP
Learning Objectives

1. Discuss the importance of adolescent vaccination for the individual and community
2. Describe the role that pharmacists play within the adolescent immunization neighborhood
3. Describe effective strategies when recommending adolescent vaccines and addressing caregivers’ vaccine concerns
4. Demonstrate strategies for pharmacists to use when making vaccine referrals
A 14-year-old girl presents to the pharmacy with her mother requesting a follow-up dose of the HPV vaccine. She is not taking any medications and is otherwise healthy. She received her first dose 2 months ago. Which of the following dosing schedules would be best to recommend for this patient?

A. Administer one dose now and one additional dose six months after the first dose
B. Administer one dose now and no additional doses are needed
C. Administer one dose four months from now
D. No additional doses are needed
An 11-year-old boy presents to your pharmacy with his mother, and you notice he hasn’t received the HPV vaccine. When you recommend the HPV vaccine for the child, the mother declines due to concerns about the vaccine. Which of the following represent the best strategy to address parent’s concerns?

A. Acknowledge the parental concern and ask permission to share information using affirmations and open-ended questions
B. Avoid discussing any information about the vaccine as the parent may not feel comfortable discussing
C. Tell her that the vaccine is not mandatory for school entry, so she can wait a few years if she doesn’t want to vaccinate her child now
D. Ask the parent why they are against vaccinating their child
A 13-year-old boy presents with his father to receive the HPV vaccine in your pharmacy. You are unable to vaccinate adolescents under the age of 18 in your state. Which of the following represents the best way to refer this patient in order for him to receive the HPV vaccine?

A. Explain to the father that you are unable to vaccinate
B. Provide information about HPV vaccine. Then refer the father to the boy’s primary care physician and send communication to the physician that a referral has been made
C. Utilize the statewide immunization information systems to query if the boy has received any doses
D. Refer the father to his insurance company to ensure that the HPV vaccine is covered
Background about HPV and the HPV Vaccine
HPV Infection

- Most females and males will be infected with at least one type of mucosal HPV at some point in their lives
  - Estimated 79 million Americans currently infected
  - 14 million new infections/year in the US
  - HPV infection is most common in people in their teens and early 20s
- Most people will never know that they have been infected

Satterwhite et al. Sex Transm Dis. 2013
Cancers Caused by HPV per Year, U.S., 2011–2015

<table>
<thead>
<tr>
<th>Cancer site</th>
<th>Percentage probably caused by any HPV type</th>
<th>Number probably caused by any HPV type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Cervix</td>
<td>91%</td>
<td>10,800</td>
</tr>
<tr>
<td>Vagina</td>
<td>75%</td>
<td>600</td>
</tr>
<tr>
<td>Vulva</td>
<td>69%</td>
<td>2,700</td>
</tr>
<tr>
<td>Penis</td>
<td>63%</td>
<td>0</td>
</tr>
<tr>
<td>Anus*</td>
<td>91%</td>
<td>4,000</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>70%</td>
<td>2,200</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td><strong>20,300</strong></td>
</tr>
</tbody>
</table>

*Includes anal and rectal squamous cell carcinomas
Vaccinating 11-12 Year Olds

- Girls and boys 11 or 12 years old should get the recommended series of HPV vaccine
- Those who receive the first dose of HPV vaccine before 15 years of age need only two doses
  - 0 and 6–12 months apart
  - If the interval between the two doses is less than 5 months, a third dose is recommended
- Those receiving first dose of HPV at 15 years of age or older need three doses
  - 0, 1–2 months after the first dose, and 6 months after the first dose

Screening vs. Vaccination

• Cervical cancer is the only HPV cancer with routine screening
• Other cancers may not be detected until they cause major health problems
• Cervical cancer screening is recommended for women 21-65 years of age
• Women who have received HPV vaccine should still be screened for cervical cancer beginning at age 21 years, in accordance with currently published cervical cancer screening guidelines

HPV Vaccine Safety

• The HPV vaccine is very safe
• With all vaccines, there are risks but the benefits far outweigh any potential risk
• The most common side effects include pain, redness, or swelling at the injection site
• As with any vaccine, syncope can occur
  • Recent data suggests that it is more common in adolescents

HPV Vaccine Effectiveness

- HPV vaccine is very effective
- The first HPV vaccine was introduced in the United States in 2006, and by 2014, HPV infections responsible for the majority of HPV cancers and genital warts decreased by 71% in teen girls and 61% among young women
- Research has also shown that fewer teens are getting genital warts with cervical dysplasias decreasing in teens and women in their early 20s since HPV vaccines have been in use

HPV Vaccine Duration

• Studies suggest that HPV vaccines offer long-lasting protection against HPV infection and disease caused by HPV infection

• The vaccine continues to be studied, but individuals have shown protection for 8-10 years with no evidence of this decreasing over time

Vaccinating 11-12 Year Olds

- Vaccinating adolescents at age 11-12 years old provides protection before potential exposure to the virus.
- The HPV vaccine is more effective if given sooner rather than later.
- Younger adolescents therefore need fewer doses of HPV vaccine than older teens to get the same protection.


The Role of the Pharmacist in HPV Vaccination
The Vaccinating Pharmacist

• Pharmacists are experts in pharmacotherapy and our role, across all practice settings, is to evaluate the safe and effective use of medications
  • HPV vaccine is safe
  • HPV vaccine is effective
  • HPV protection lasts
Pharmacists are Part of the Immunization Neighborhood

• “Immunization Neighborhood” was coined by the American Pharmacists Association
• A patient and community focused approach, whereby all immunization stakeholders
  • Collaborate
  • Coordinate
  • Communicate
• This approach helps meet the immunization needs of the patient and protect the community from vaccine-preventable diseases

Administering the HPV Vaccine

• Pharmacist authorization to administer HPV varies by state.
• If you are granted authorization to administer HPV vaccine in your state, have vaccines stocked and readily available for administration.
• After administering, immediately schedule follow up for second or third dose.
• Send reminders for appointments for subsequent dosing.
• Address any parent concerns with cost/access.
• In some cases, pharmacists may not administer the first dose:
  • Communicate with other providers to ensure follow up doses are scheduled.
  • This creates an opportunity for pharmacists to provide follow up vaccine dose in an accessible setting for patients.
Coordinated Care Effort

• Incorporate routine immunization needs assessments, including HPV, into your practice setting
• Administer recommended vaccines, when appropriate, under state authority
• Refer to other providers when vaccination is not an option
• Document vaccinations given
  • Utilize state wide immunization information systems
  • Send to patient’s primary provider
  • Give a copy of vaccine record to patient

Strong Recommendations and Communication with Parents
Immunization Needs Assessment

• Assessing the needed immunizations is the first step to ensuring patients get vaccinated
• Perform a needs assessment with every patient encounter
• Parents and children may not know which vaccines they are indicated to receive
• Research indicates that a healthcare professional recommendation is the strongest predictor of whether patients get vaccinated
Immunization Needs Assessment

• Utilize the CDC Immunization Schedules
• https://www.cdc.gov/vaccines/schedules/hcp/index.html
Recommending the HPV Vaccine

• Bundle in HPV recommendation with other vaccine needs
• Provide education, resources, and reassurance about the vaccine
• Address any concerns and/or barriers to receiving the vaccine
Effective Communication Strategies

- Address any concerns or hesitation regarding the vaccine
  - Facilitate an accurate assessment of barriers to vaccine delivery
- Utilize motivational interviewing techniques when indicated
  - Ask open ended questions
  - Use affirmations and avoid negative reinforcement
  - Form reflective statements
  - Provide summaries and support
- Ask permission to share information

Addressing Caregiver Concerns

- Why should I give it now?
- Does it cause infertility?
- What does it cover?
- Why does my SON need it?
- Is it needed?
- Does it work?
- Is it safe?
Team Effort

• Each member of the pharmacy staff is a contributor to vaccine delivery
• Train staff on the importance of immunizations
• Involve team members on care coordination
  • Immunization needs assessment
  • Documentation
  • Vaccinating in pharmacy workflow
  • Reminder calls and follow up
Making HPV Vaccine Referrals
Vaccine Referrals for Pharmacists

- Pharmacists in many states cannot vaccinate adolescents under the age of 18
- Emphasize recommendations for adolescents beginning at age 9 and continue through age 26
- When not permissive by state law, a referral to another vaccine provider is necessary
- Communicating and collaborating in a timely and effective way is essential
Bridging the Gap in Care

• Patients presenting with no current medical provider or barriers to access

• Provide resources to patients on WHERE to get vaccine
  • Private physician practices
  • Community health centers
  • Local or state health departments
  • Federally funded care centers
Strong Recommendations

• Be specific, timely, and collaborative
• Include actionable items.

“Hello Mrs. Smith. It looks like Johnny is due for his first dose of HPV vaccine. I just took my son Chris in to his pediatrician to get his second dose...I can't give HPV here today, but he does need to get scheduled for it right away...Can you call his doctor to make an appointment? I can let his doctor know that I spoke with you today. Since Johnny is 11, he will only need 2 doses. What questions can I answer for you?”

• Follow up by communicating with the child’s provider.
Case Studies
11-Year-Old Gia

You are working in your community pharmacy when Gia presents with her mother. As an immunizing pharmacist in your state, you are only authorized to vaccinate adults, 18 years of age and older. However, you have several campaigns in your pharmacy to promote vaccine awareness. Gia is up to date on all of her school-required vaccinations but has not received the HPV vaccine series. Her mother notices the posters hanging around the pharmacy and asks you about the HPV vaccine. The mother comments “Isn’t 11 a little too young to be vaccinating Gia against HPV?”
You are working in a community pharmacy and Tommy presents with his father to drop off a prescription. While they wait for the prescription to be filled, you ask the father permission to perform an immunization needs assessment for his child. He agrees and you are able to access the state registry for immunization inventory to find that Tommy is due for both HPV and Tdap. You are authorized, in your state, to vaccinate Tommy in your pharmacy. The father says “I’m concerned because I’ve heard that the HPV vaccine isn’t safe. I also don’t know why boys need the vaccine if it protects against cervical cancer.”
Become an Immunization Champion!

- Advocate on behalf of your patient
- Educate
- Vaccinate
- Make it a part of YOUR community
A 14-year-old girl presents to the pharmacy with her mother requesting a follow-up dose of the HPV vaccine. She is not taking any medications and is otherwise healthy. She received her first dose 2 months ago. Which of the following dosing schedules would be best to recommend for this patient?

A. Administer one dose now and one additional dose six months after the first dose
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Assessment Questions

An 11-year-old boy presents to your pharmacy with his mother, and you notice he hasn’t received the HPV vaccine. When you recommend the HPV vaccine for the child, the mother declines due to concerns about the vaccine. Which of the following represent the best strategy to address parent’s concerns?

A. Acknowledge the parental concern and ask permission to share information using affirmations and open-ended questions
B. Avoid discussing any information about the vaccine as the parent may not feel comfortable discussing
C. Tell her that the vaccine is not mandatory for school entry, so she can wait a few years if she doesn’t want to vaccinate her child now
D. Ask the parent why they are against vaccinating their child
A 13-year-old boy presents with his father to receive the HPV vaccine in your pharmacy. You are unable to vaccinate adolescents under the age of 18 in your state. Which of the following represents the best way to refer this patient in order for him to receive the HPV vaccine?

A. Explain to the father that you are unable to vaccinate
B. Provide information about HPV vaccine. Then refer the father to the boy’s primary care physician and send communication to the physician that a referral has been made
C. Utilize the statewide immunization information systems to query if the boy has received any doses
D. Refer the father to his insurance company to ensure that the HPV vaccine is covered
HPV Vaccine Communication Resources for Pharmacists

Ian Branam, MA
Objectives

• Describe effective HPV vaccine recommendations for patients age 11 or 12 years.

• Identify reassuring, confident, and concise responses to parental questions about HPV vaccination.

• Locate CDC HPV vaccine resources for healthcare professionals and parents.
Assessment Question

• What percentage of adolescent boys and girls are up to date on their HPV vaccine in the U.S.?

A. 25%
B. 49%
C. 60%
D. 85%
Assessment Question

• What is a top reason that parents cite for not getting the HPV vaccine for their child?

A. They believe that HPV-associated cancers are not serious
B. They think the vaccine is too expensive
C. They are concerned about HPV vaccine safety
D. They are worried about the pain of the shot
Assessment Question

Which of the following is NOT an effective strategy for recommending HPV vaccine?

A. Talk about cancer prevention.
B. Talk about how vaccination is important to prevent a sexually transmitted infection.
C. Bundle the recommendation with Tdap and meningococcal vaccines.
D. Give clear and concise answers to parents’ questions.
Adolescent Vaccination Coverage, United States 2006-2017

FIGURE. Estimated coverage with selected vaccines and doses* among adolescents aged 13–17 years, by survey year and ACIP recommendations† — National Immunization Survey-Teen, United States, 2006–2017§

Abbreviations: ACIP = Advisory Committee on Immunization Practices; HPV = human papillomavirus; MenACWY = quadrivalent meningococcal conjugate vaccine; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine; UTD = up to date.

* ≥1 dose Tdap at or after age 10 years; ≥1 dose MenACWY or meningococcal-unknown type vaccine; ≥2 doses MenACWY or meningococcal-unknown type vaccine, calculated only among adolescents aged 17 years at time of interview. Does not include adolescents who received their first and only dose of MenACWY at or after 16 years of age; HPV vaccine, nine-valent (9vHPV), quadrivalent (4vHPV), or bivalent (2vHPV). The routine ACIP recommendation for HPV vaccination was made for females in 2006 and for males in 2011. Because HPV vaccination was not recommended for males until 2011, coverage for all adolescents was not measured before that year; HPV UTD includes those with ≥3 doses and those with ≥2 doses when the first HPV vaccine dose was initiated before age 15 years and at least 5 months minus 4 days elapsed between the first and second dose.

† ACIP revised the recommended HPV vaccination schedule in late 2016. The recommendation changed from a 3-dose to 2-dose series with appropriate spacing between receipt of the first and second dose for immunocompetent adolescents initiating the series before the 15th birthday. These doses are still recommended for adolescents initiating the series between the ages of 15 and 26 years. Because of the change in recommendation, the graph includes estimates for ≥3 doses HPV from 2011 to 2015 and the HPV UTD estimate for 2016 and 2017. Because HPV vaccination was recommended for boys in 2011, coverage for all adolescents was not measured before that year.

§ NIS-Teen implemented a revised adequate provider data definition (APD) in 2014, and retrospectively applied the revised APD definition to 2013 data. Estimates using different APD definitions may not be directly comparable.
Parents’ Reasons for Not Vaccinating Adolescents (13-17 Years) with HPV Vaccine
NIS-Teen, United States, 2017

<table>
<thead>
<tr>
<th>Reason</th>
<th>Parents of Girls % (95% CI)</th>
<th>Parents of Boys % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety concerns/side effects</td>
<td>24.5 (21.6-27.8)</td>
<td>16.8 (14.5-19.4)</td>
</tr>
<tr>
<td>Not needed/necessary</td>
<td>14.5 (11.8-17.8)</td>
<td>15.2 (12.6-18.2)</td>
</tr>
<tr>
<td>Not recommended</td>
<td>7.6 (5.9-9.7)</td>
<td>14.2 (12.0-16.7)</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>7.5 (5.7-9.6)</td>
<td>9.2 (7.3-11.5)</td>
</tr>
<tr>
<td>Not sexually active</td>
<td>7.3 (5.7-9.4)</td>
<td>7.7 (5.7-10.2)</td>
</tr>
</tbody>
</table>

*Analysis limited to adolescents with zero HPV vaccine doses, whose parents reported that they were not likely (including not too likely, not likely at all, and not sure/don’t know) to seek HPV vaccination for their adolescent in the next 12 months. Those who refused to respond were not included in the denominator.
Framing the Conversation
Talking about HPV Vaccine
What is an EFFECTIVE HPV vaccination recommendation or referral?
Making Effective HPV Vaccine Recommendations

- Talk about cancer prevention.
- Bundle the recommendation with Tdap and meningococcal vaccines.
- Give clear and concise answers to parents’ questions.
Now that Sophia is 11, she is due for three vaccines.

These will help protect her from the infections that can cause meningitis, HPV cancers, and pertussis.

We’ll give those shots today. OR

Talk to Sophia’s doctor about getting these shots.
Some Parents Need Reassurance

• Many parents simply accept this bundled recommendation
• Some parents may be interested in vaccinating, yet still have questions. Interpret a question as: they need additional reassurance from YOU, the clinician they trust to be an advocate for their child’s health
• Ask parents about their main concern (be sure you are addressing their real concern)

Is my child really at risk for HPV?
HPV is a very common virus that infects both men and women.

We can help protect your child from the cancers caused by the virus by starting HPV vaccination today.
Why at 11 or 12 years old?
As with all vaccine-preventable diseases, we want to protect your child early.

Also, your child will only need 2 shots of HPV vaccine at this age. If you wait until they are older, they may need three shots.

We’ll give the first shot today and then you’ll bring your child back in 6 to 12 months for the second shot. OR Talk to your doctor about getting the first shot as soon as possible.
I’m concerned about the safety of the vaccine—I read things online that say HPV vaccine isn’t safe.

Do you really know if it’s safe?
It sounds like you want what’s best for your child and have concerns about the safety of HPV vaccine. Is that right?

We both want what’s best for your child. Can you tell more about your concerns?

I have researched HPV vaccine including safety. Can I share with you what I have learned?
CDC Resources for Healthcare Providers
Answering Parents’ Questions

Talking to Parents about HPV Vaccine

Recommended HPV vaccination in the same way and on the same day as all other vaccines. You can say “Now that your child is 11, the time for vaccinations begins. Helping protect kids from dangerous HPV diseases, and vaccination today. Do you have any questions?” Parents of the follow-up details that child will need to answer them to make appointments before they leave.

Why can’t my child need HPV vaccinated?

HPV vaccine is recommended because it prevents infections that can cause cancer. It’s why we need to have every child vaccinated. This is the top way to prevent HPV infection from the cancer-causing viruses.

How do you know the vaccine works?

Studies continue and it’s been shown to work extremely well. Weighing the normal infections and HPV associated with young people has been well described. HPV is very important in women and men that can cause cancer.HPV vaccine today will help protect your child from the diseases and infections caused by HPV.

Why do we need HPV vaccines at a young age?

All children, we need to get HPV vaccine earlier before the age. Getting the vaccine now prevents children from getting the virus later on and having to deal with the complications later.

Why do boys need the HPV vaccine?

HPV vaccine helps prevent HPV infections that can lead to the kind of cancer that is found in males, and it’s the same vaccine used in females. Yes, HPV infections can occur in males. Any male who has sex can be infected, and this includes boys, men, and transgender individuals.

Are all of these vaccines equally required?

I strongly recommend all of these vaccines. This is just as important as the CDC and major medical organizations. Some less common medications are developed for public health and society, but not always allow the current medical recommendations for your child.

Would you get HPV vaccine for your child?

Yes, I recommend HPV vaccine for all young children. Everyone on your child’s committee of health care providers will have had the HPV vaccine. Prevent HPV vaccine can start before the age of 11, depending on your child's health care provider's recommendation. Prevent HPV vaccine can be given starting at age 9, depending on the child's health care provider’s recommendation.

What diseases are caused by HPV?

HPV is a very common infection in women and men that can cause cancer. The vaccine today will help protect your child from these illnesses. You can say “Now that your child is 11, the time for vaccinations begins. Prevent HPV vaccine can start before the age of 11, depending on your child's health care provider’s recommendation. Prevent HPV vaccine can be given starting at age 9, depending on the child’s health care provider's recommendation.”

Is my child really at risk for HPV?

I’m worried my child will think that getting the vaccine makes it. HPV vaccine has been at risk for HPV.

I’m worried about the safety of HPV vaccine. Do you think it’s safe?

Yes, HPV vaccine has been at risk for HPV.

https://www.cdc.gov/hpv/hcp/answering-questions.html
Infographic: HPV Cancer Statistics

[Image of infographic with statistics and recommendations]

https://www.cdc.gov/hpv/hcp/hpv-important/more-than-screening-infographic.html
#HowIRecommend Videos

https://www.cdc.gov/hpv/hcp/how-i-recommend.html
Clinical Guidance

Top 10 Tips for HPV Vaccination Success

1. Appreciate the significance of achieving high HPV vaccination rates.
2. Acknowledge the importance of vaccinating HPV vaccine recipients.
3. Use an effective approach for communicating the risks and benefits of HPV vaccination.
4. Motivate your staff to vaccinate HPV vaccine recipients.
5. Support family and friends who are HPV vaccine recipients.
6. Answer your questions or concerns.
7. Share information with your clinic or hospital.
8. Monitor your clinic's HPV vaccination rates.
9. Learn how to answer your own questions from your clinic or hospital.
10. Use personal examples of how you choose to vaccinate children in your family.

https://www.cdc.gov/hpv/hcp/clinician-factsheet.html
CME: HPV Vaccination at 11-12 as a Standard of Care

Materials to Share with Parents

https://www.cdc.gov/hpv/hcp/educational-materials.html
HPV Vaccine Reminder Letter

[INSERT NAME] [INSERT TITLE]
[INSERT OFFICE ADDRESS]

[INSERT CURRENT DATE]

Dear Parent or Guardian:

As your child’s [INSERT TITLE - healthcare professional, doctor, nurse, etc.], I want to remind you of the importance of getting your son or daughter vaccinated to protect against serious diseases before they go to school next year. Vaccines are the best way you can protect your child from a number of serious diseases, including meningococcal disease, and cancers caused by HPV, and whooping cough.

[If you are using your link-to-school checklist for your practice] I encourage you to make sure your son and daughter get all the vaccines that the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the National Association of School Nurses all agree that your preteen needs the following vaccines:

- Meningoconjugate vaccine (Menactra) protects against some of the bacteria that cause meningococcal disease and meningitis. While not very common, these are very serious illnesses and death can occur as little as 1 hour. Your child will need [INSERT DOSE] dose(s) of Menactra before age 14 to continue providing protection into the late teen/early 20’s.

- HPV vaccine protects against the infection that can cause HPV cancer. HPV infection is very common and causes more than 35,000 cases of cancer each year in the United States, that’s one case of cancer diagnosed every 24 minutes. Both boys and girls should complete the HPV vaccine series before age 13. Preteens need two doses of HPV vaccine, given 6 to 12 months apart. If you wait, your child may need three doses over six months.

- One dose of Tetanus vaccine as a booster is for continued protection against tetanus, diphtheria, and pertussis (whooping cough). This vaccine keeps preteens healthy and prevents spread of pertussis to babies who are too young to be protected by vaccination.

- Preteens and teens should also get the flu vaccine every year, ideally by the end of October if possible.

[INSERT NAME OF STATE] requires [INSERT REQUIRED VACCINE] for school entry. To learn more about state immunization requirements, go to [STATE IMMUNIZATION WEBSITE].

You may contact our office at [PHONE NUMBER] with any questions about vaccines for your children. I can also provide you with additional resources about vaccination and other health issues for the preteen and teen years.

To learn more about adolescent vaccines, please visit CDC’s website for parents about vaccines for children at [WWW.CDC.GOV/VACCINES/parents], or you can visit [WWW.MIDDLESCHOOLPREP.COM] for the Middle School Health Teacher website.

Sincerely,

[INSERT NAME] [INSERT TITLE]
Measles Outbreak Toolkits

www.cdc.gov/measles/toolkit
National Immunization Awareness Month 2019

- National Immunization Awareness Month (NIAM) is coming up in August!

- NIAM is a key opportunity to promote vaccination across the lifespan

- **Changes to NIAM in 2019**
  - Moving away from audience-based week structure to focus on overarching messages throughout the month
  - Developing more streamlined digital toolkit to live on CDC website
  - Rebranding NIAM graphics to include graphics for various social media platforms

- *Stay tuned for more updates!*

www.cdc.gov/vaccines/events/niam.html
Assessment Question

- What percentage of adolescent boys and girls are up to date on their HPV vaccine in the U.S.?
  
A. 25%
B. 49%
C. 60%
D. 85%
What is a top reason that parents cite for not getting the HPV vaccine for their child?

A. They believe that HPV-associated cancers are not serious
B. They think the vaccine is too expensive
C. They are concerned about HPV vaccine safety
D. They are worried about the pain of the shot
Which of the following is NOT an effective strategy for recommending HPV vaccine?

A. Talk about cancer prevention.

B. Talk about how vaccination is important to prevent a sexually transmitted infection.

C. Bundle the recommendation with Tdap and meningococcal vaccines.

D. Give clear and concise answers to parents’ questions.
Ian Branam, MA: yfi1@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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Questions?

Dr. Suzanne Higginbotham

Ian Branam
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  • Click “Enroll Now”
  • Under “Activities,” click link to open window, enter attendance code, and click “Submit”
  • Complete evaluation
  • Claim credit
Thank You!

Webinar archive will be available at: www.phf.org/immunization

Questions or comments? immunization@phf.org