

California HPV Vaccine Summit

Conference Proceedings

Emeryville, California June 20, 2006

Goal of the Summit: *To convene interested professionals to learn more about and prepare for the release of the HPV vaccine.*

Objectives: *Learn more about HPV and the HPV vaccine, understand California's state effort to inform health professionals and the public about the vaccine, identify related issues and plan ways to collaborate in promoting cervical cancer prevention, and optimizing use of the HPV vaccine.*

Welcome:

- Howard Backer, MD, MPH, Chief, Immunization Branch, California Department of Health Services (CDHS)

Attendees were welcomed to the first HPV Vaccine Summit, organized by the California HPV Vaccine Workgroup. The HPV Workgroup, composed of different Branches at CDHS and the Department of Education, formed to facilitate information sharing between programs and develop consistent messaging from the state to local programs and key stakeholders. This group is an unusual and beneficial interdepartmental collaboration that has been the mechanism for increased communication and collaboration on HPV and activities related to the introduction of the new HPV vaccine. In his closing remarks, Dr. Backer emphasized the importance for stakeholders in the audience to be key partners with the CDHS and continue discussions and collaboration in the coming months and years.

I. Informational Presentations (PowerPoint slides are available at www.immunizeca.org)

- Janet Bates, MD, MPH, Director, Research Program, Research and Surveillance Program, California Cancer Registry, Public Health Institute: **Cervical Cancer in California**
- Heidi M. Bauer, MD, MPH, Chief, Office of Medical and Scientific Affairs, STD Control Branch, CDHS: **HPV Overview**
- Sandra Jo Hammer, RN, MSN, MPH, Nurse Consultant, Immunization Branch, CDHS: **HPV Vaccine Mechanics – Development, Practice and Support**
- Eileen Yamada, MD, MPH, Public Health Medical Officer, Immunization Branch, CDHS: **HPV Vaccine Update**
- Tammy Pilisuk, MPH, Unit Chief, Provider Education, Immunization Branch, CDHS: **State of California: Collaborative Efforts to Prepare for the HPV Vaccine**

II. Panel Discussion and Dialogue

- Poki Namkung, MD, MPH, Health Officer, Santa Cruz County Health System: **National Association of County and City Health Officials (NACCHO)**

NACCHO was asked by Merck to convene partners to ensure a successful roll-out and uptake of the HPV vaccine. An extensive partnership effort resulted in an unprecedented sharing of research and marketing with two major pharmaceutical companies. Marketing messages focus on prevention of cancer and do not shy away from STD transmission. High priorities are to educate providers and establish parental acceptance. There is a great need to develop collaborative efforts to strengthen the infrastructure for serving adolescents—an underserved population whose care is typically not planned or episodic. NACCHO has a white paper on the HPV Vaccine addressing cost barriers and takes a communication lead on this topic.

- Carol A. Lee, Esq., President and CEO: **California Medical Association Foundation**

The Board of CMAF had approved a provider education initiative focused on the link between cervical cancer and HPV. The focus of the discussion was on collaboration. The burden will fall on pediatricians and family practitioners who are attempting to respond to parent's questions. Another matter yet to be determined is whether vaccines should be mandated in the future. The primary contact person for CMA policy issues is Robin Flagg.

- Debbie Saslow, PhD, Director, Breast and Gynecologic Cancer, Cancer Control Science: **American Cancer Society**

ACS promotes recommendations for vaccine prevention of cervical cancer and precancers with an emphasis on the need to continue routine Pap screening. Over time, ACS will explore new screening guidelines for vaccinated women once data are available to support a change. ACS plans to work collaboratively to ensure access and high HPV vaccine coverage for all racial, ethnic, and socioeconomic groups and particularly for those populations with the highest cervical cancer incidence and mortality and the lowest screening rates (i.e., women from communities of color, low-income women, immigrant women, rural women, uninsured women and those who have poor access to health care services). A primary concern is that the vaccine won't reach those populations who are least likely to be screened and that doctors will become complacent about recommending and referring for Pap screening.

Key messages include:

- *The vaccine has the potential to prevent up to 70% of cervical cancers, but screening is still needed because 30% of cervical cancer will not be prevented.*
 - *The biggest impact will be seen if the vaccine is accessible in developing countries, where cervical cancer is a leading cause of cancer deaths.*
 - *Ensuring access to the vaccine for all girls in the US, including the medically underserved, has the potential to significantly reduce disparities in cervical cancer rates.*
 - *While the vaccine cost is high relative to other vaccines, it is comparatively low in the context of cancer screening costs.*
- Rebecca Gudeman, JD, MPA, Senior Attorney: **National Center for Youth Law**

NCYL is committed to improving the lives of youth. To help facilitate vaccine uptake, we will need to consider issues related to where and how adolescents seek care, and establishing a "medical home." Equally important, the new vaccine will provide an opportunity to focus on the complex issues of consent. Currently, children 12 and over can receive treatment for STDs without parental consent, but not vaccination for STDs. Those under 12 need parental consent for treatment. Most teens will need parental consent for the HPV vaccine. Possible parent concerns are the safety of the vaccine, the fact that this is related to a sexually transmitted infection, the age of delivery, the 70% effectiveness against cervical cancer, and the fact that it is gender-specific. We may be able to learn from the experience of the Hepatitis B vaccine and how other states handled consent issues.

III. Summary Recommendations:

Summit attendees participated in breakout groups designed to brainstorm ideas related to future collaborative activities. Four groups presented ideas for activities and strategies for promoting the HPV vaccine, informing a broad spectrum of consumer and professional audiences, maximizing access and coverage, and monitoring vaccine uptake and disease trends over time. The following table includes the eight key consensus recommendations proposed by stakeholder groups and proposed action steps. These ideas will serve as a springboard to identify priorities, next steps, and interested partners. The CDHS HPV Vaccine Workgroup will be refining and coordinating activities with community partners over the coming year.

Key Recommendations	Proposed Action Steps	Potential Partners
1) Support and promote adherence to ACIP guidelines for the HPV vaccine.	a) Prepare and disseminate a multi-organizational letter endorsing ACIP guidelines for HPV vaccine	CDHS to coordinate with California medical associations and other key organizations (e.g., CDC, AAP, ACOG)
	b) Develop provider education and practice tools for HPV vaccination	CDHS with immunization and STD partners; San Diego Immunization program, CMA Foundation, ACS
	c) Collaborate with professional societies and health service organizations to create policy resolutions	CMA, medical professional organizations
2) Promote a preteen well-care visit for 11-12 year olds.	a) Promote current guidelines for a comprehensive preteen well-care visit that include vaccinations, screenings, and physical check-up	CDHS, Medi-Cal Managed Care, CHDP, Medi-Cal Policy, CMA, AAP, Academy of Family Physicians, Society for Adolescent Medicine, other adolescent health partners
	b) Develop provider education and resources to promote pre-teen visits	CDHS with immunization and STD partners
	c) Promote Preteen Vaccine Week (January 21-27, 2007)	CDHS, local health departments, immunization coalitions, Medi-Cal providers, health care organizations, and community partners
	d) Collaborate with professional and health services organizations to explore avenues for adequate reimbursement for well care visits	CDHS, CMA foundation, CHDP, AAP, California Academy of Family Physicians

Key Recommendations	Proposed Action Steps	Potential Partners
3) Develop consumer and patient education materials.	a) Conduct formative research to test messages aimed to reach target age group and their parents	CDHS, UCLA, and others
	b) Develop multilingual materials to address high risk and underserved groups	CDHS with community partners (e.g., American Cancer Society), local immunization coalitions, health educators
	c) Support revision of school health curricula to include information on HPV and other preteen vaccines	CDHS, CA Department of Education
	d) Collaborate with private industry on marketing and consumer outreach	CDHS, CDC, Merck, GSK, pharmacists
	e) Explore innovative media markets to reach preteen and adolescent market, (e.g., MySpace postings, podcasts)	CDHS, immunization coalitions, others
4) Inform the media and policy makers about the importance of the HPV vaccine with accurate messages to counter possible misconceptions.	a) Convene an advocacy taskforce and determine key messages (e.g., school requirement, promiscuity concerns, etc)	CDHS HPV Vaccine Workgroup, advocacy groups
	b) Prepare a press kit and informational resources for policy makers	CDHS, immunization coalitions, ACS, youth health advocates, others
5) Expand access to HPV vaccination venues for target audience.	a) Explore opportunities for immunization by non-traditional vaccination venues (e.g., schools, pharmacies, etc) and nontraditional vaccine providers (Ob/Gyns, etc.) *	CDHS, CA Pharmacy Association, school nurses, school-based clinics, ACOG, local health departments, adolescent medicine, others
	b) Distribute "Immunization Techniques" video and materials to new vaccinators to enhance their skills training	CA Pharmacy Association, CDHS, ACOG, others
	c) Facilitate communication strategies for immunization record updates between new immunization venues (e.g., pharmacies) and the medical home	CDHS Immunization Branch, medical associations, CA Pharmacy Association, Statewide Immunization Information System (SIIS), regional immunization registries
	d) Explore opportunities to address minor consent issues	CDHS, Local STD controllers, immunization coalitions, youth advocacy groups

*Although other issues, such as school mandates, were discussed, there were no clear recommendations made.

Key Recommendations	Proposed Action Steps	Potential Partners
6) Ensure that HPV vaccine is covered by public safety net programs and private sector health plans.	a) Advocate for vaccine coverage by safety net programs and health plans for adults 19 to 26	Immunization coalitions, women's health organizations, community-based groups, college health centers, others
	b) Assess Merck corporate patient assistance program to provide free vaccine to low-income persons	CDHS
7) Update existing reporting methods to help providers track patient HPV immunizations.	a) Modify California immunization record ("yellow card") to include HPV vaccine	CDHS Immunization Branch
	b) Modify immunization registry algorithm to be gender-based to accommodate HPV vaccine	CDHS Statewide Immunization Information System (SIIS)
	c) Modify standardized medical record forms to include HPV vaccine (e.g., AAP forms, school physical forms)	AAP, CA Department of Education, CA School Nurses Association, schools
8) Track vaccine usage, disease rates, and behavioral outcomes over time to evaluate impact of HPV immunization efforts.	a) Use state and national surveys to monitor behavior change (e.g., CHIS, BRFSS, CWHS, NIS)	CDHS, CDC, NIH
	b) Add a question to the California Cancer Detection program's "Every Woman Counts" online provider data survey	CDHS Cancer Control Branch
	c) Develop a surveillance system to monitor HPV outcomes over time (e.g., positive HPV tests, abnormal Pap smears, cancer diagnoses, etc.)	CDHS, Medi-Cal, FFACT, Title X clinics, managed care organizations and other health plans
	d) Monitor vaccination practices and vaccine use including quality assurance activities	CDHS, Medi-Cal, FFACT, Title X clinics, managed care organizations and other health plans

Acronyms:

AAP: American Academy of Pediatrics
ACOG: American College of Obstetricians and Gynecologists
ACIP: Advisory Committee on Immunization Practices
ACS: American Cancer Society
BRFSS: Behavioral Risk Factor Surveillance System
CDC: Centers for Disease Control and Prevention
CDHS: California Department of Health Services (HPV Vaccine Workgroup)
CHDP: Child Health and Disability Prevention Program
CHIS: California Health Interview Survey
CMA: California Medical Association
CWHS: California Women's Health Survey
FFACT: Family Planning, Access, Care & Treatment Program
GSK: GlaxoSmithKline
NIH: National Institutes of Health
NIS: National Immunization Survey