

2024 Make SD HPV Cancer Free Virtual Summit

Monday, March 4th, 2024

SAN DIEGO **PATH**
PROTECTING AGAINST HPV



UC San Diego
MOORES CANCER CENTER

Summit Reminders



01

AUDIO

Please make sure your line is muted throughout the duration of the summit.

02

ZOOM CHAT

Use the chat to introduce yourself & ask questions throughout the summit!

03

SUMMIT RECORDING

Slides, summit recording and resources will be shared with all attendees.

Today's Agenda



UCSD MOORES CANCER CENTER
community
OUTREACH & ENGAGEMENT

MAKE SD HPV CANCER FREE 2024 VIRTUAL SUMMIT

MONDAY | MARCH 4TH | 10:00 - 11:30 AM PST

You're invited to our 4th Annual ***Make SD HPV Cancer Free Summit!***

TOPIC SESSIONS INCLUDE ↪

- ✓ 2024 Update on HPV Cancer Burden
- ✓ Status Report on HPV Vaccination in San Diego County
- ✓ Who Do You Trust? Addressing Vaccine Beliefs and Behaviors
- ✓ Case Studies for Success: Local HPV Vaccination Success Stories and Best Practices *and more!*

- Welcome Remarks
- 2024 Update on HPV Cancer Burden
- Status Report on HPV Vaccination in San Diego County
- Who Do You Trust? Addressing Vaccine Beliefs and Behaviors
- Case Studies for Success: Local HPV Vaccination Success Stories and Best Practices
- Closing Remarks



Joslyn Paguio

Cervivor Ambassador

Welcome Remarks

FROM PATIENT TO ADVOCATE

WELCOMING PERSPECTIVES

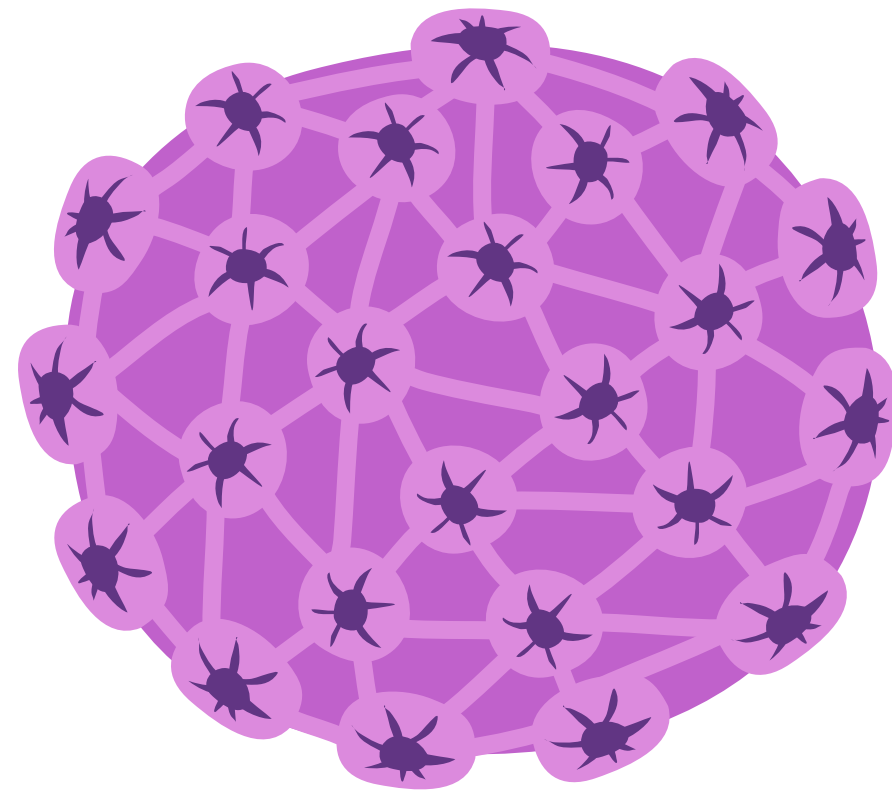
JOSLYN CHAIPRASERT-PAGUIO
CERVICAL CANCER SURVIVOR
CERVIVOR PODCAST HOST & AMBASSADOR



“I HAD ABSOLUTELY NO SYMPTOMS, NO CAUSE FOR A PAPSMEAR OR SCREENING, I WAS 18.”



HPV IN 2002



According to WHO, “HPV was estimated to cause almost half a million cases and 250,000 deaths from cervical cancer in 2002, of which about 80% occurred in developing countries.” (1)



2001-2002, Dr. Laura Koutsky provides proof of principle and then efficacy for the monovalent (HPV16) vax. This trial proved evidence of protection, and paved the way for the development of HPV vaccines — cancer-preventing and life-saving tools (2)

(1) <https://www.who.int/teams/health-product-policy-and-standards/standards-and-specifications/vaccine-standardization/human-papillomavirus>

(2) <https://sjr-redesign.stjude.org/content/dam/research-redesign/centers-initiatives/hpv-cancer-prevention-program/hpv-advocacy-campaign/history-hpv-vaccination.pdf>

TIMELINE

2006

Gardasil (HPV4) licensed and approved for GIRLS, aging 9-12 in the US by the US FDA, offering protection against 4 types of HPV.

2009

- Gardasil (HPV4) now approved for boys ages 9-26 by the USFDA
- Cervarix (HPV16 & HPV18) approved for girls by US FDA approved for the prevention of cervical pre-cancers and cervical cancer associated with HPV types 16 and 18 in girls and young women. The vaccine was later pulled from the US market in 2016 following the success of Gardasil 9, but continues to be used abroad for HPV cancer prevention

2014

Gardasil 9 (HPV9) approved by US FDA which now covers 9 HPV types including the 2 high-risk strains. The trials that led to its approval found it to be nearly 100% effective in preventing the 6 HPV cancers caused by all 7 cancer-causing HPV types.

2016

In US, CDC revises dosage guidelines to recommend children ages 11 and 12 receive 2 doses at least 6 months apart and individuals older than 15 receive 3 doses

2018

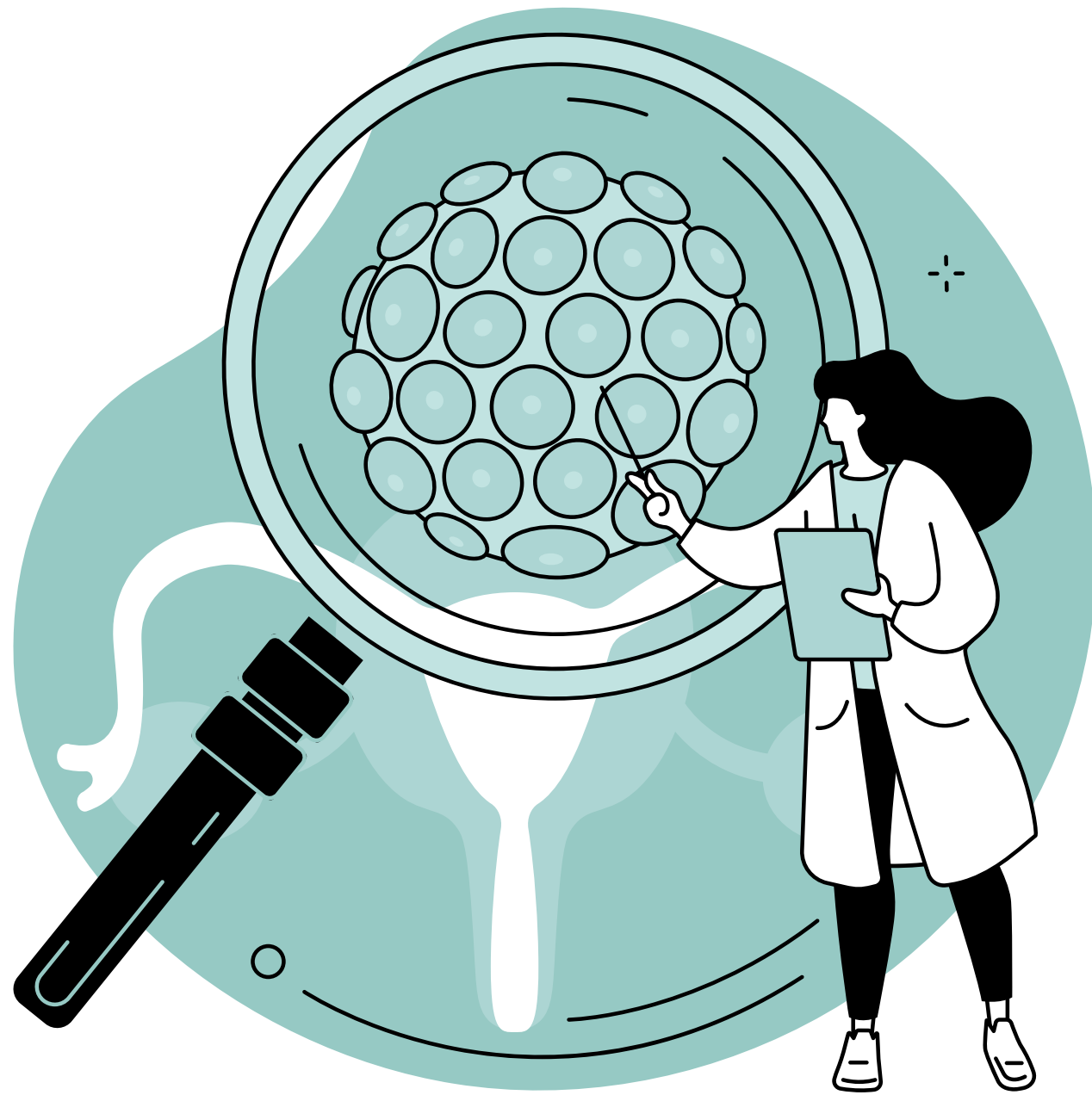
US FDA expands vaccine approval to include both females and males ages 27-45

2019

100 countries worldwide now incorporate HPV vaccine into their regular vaccine schedule

2019

US FDA approves the expansion of Gardasil 9 from prevention of cervical cancer to include vaginal, vulvar, anal, oropharyngeal, and other head and neck cancers



TODAY

According to WHO:

- HPV infection causes about 5% of all cancers worldwide, with an estimated 625,600 women and 69,400 men getting an HPV-related cancer each year.
- Cervical cancers account for 93% of HPV-related cancers in women.

WE CAN DO BETTER
WE MUST DO BETTER
WE WILL DO BETTER, TOGETHER





Margaux Stack-Babich, MPH

UC San Diego Moores Cancer
Center, Community Outreach &
Engagement

*2024 Update on HPV Cancer
Burden*



UC San Diego
Moore's Cancer Center



HPV CANCER IN 2024

Data Update & Resources

MARCH 4, 2024


AGENDA

- Update on HPV Cancer Data
 - New & emerging trend data
- HPV Cancer Disparities
- Resources You Can Use!




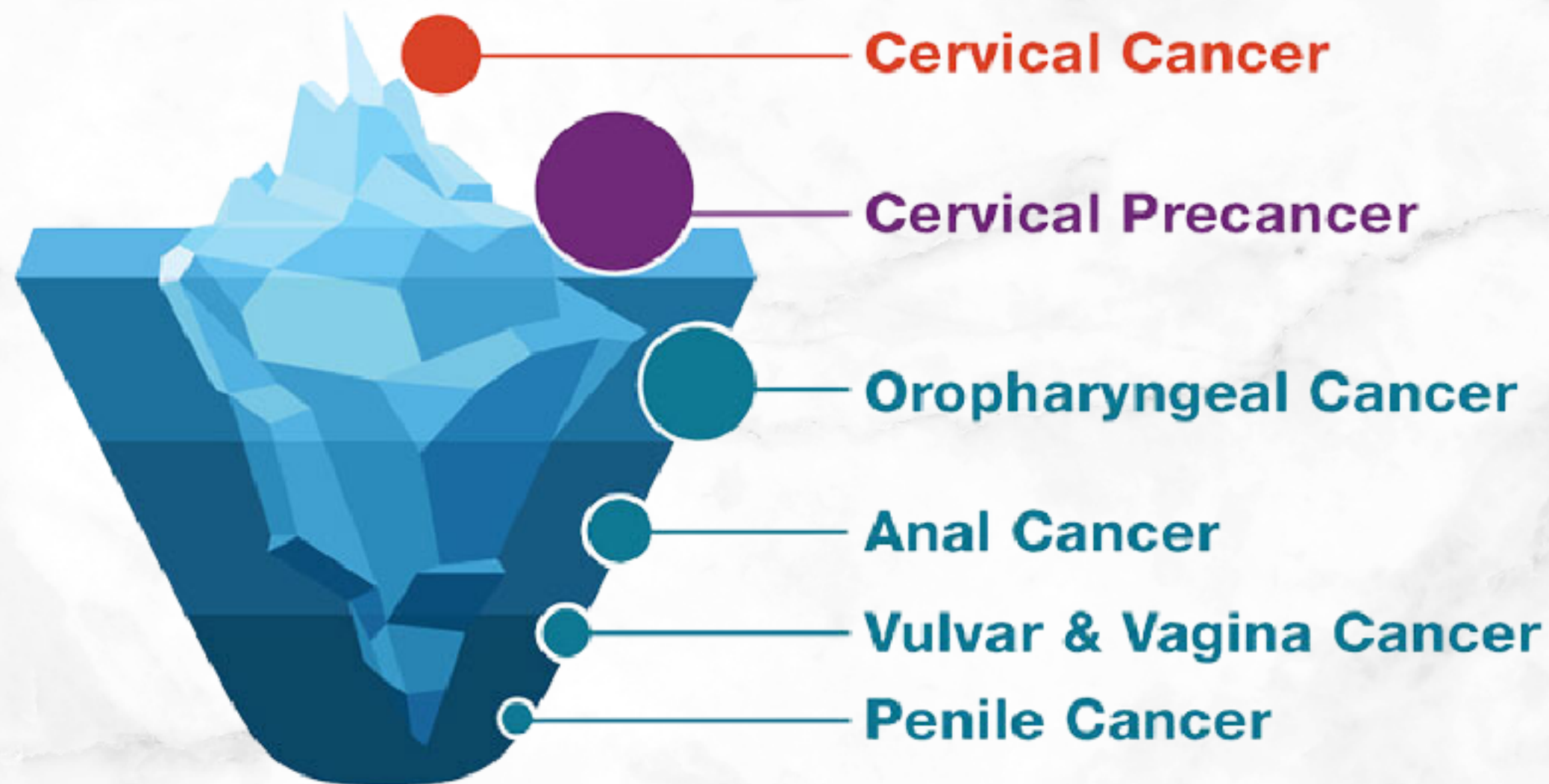


5%
OF ALL CANCER
GLOBALLY
IS CAUSED BY HPV



'HPV and Cancer' was originally published by the National Cancer Institute





37,000
CASES OF HPV
CANCER PER YEAR
IN THE US

690,000
CASES OF HPV
CANCER PER YEAR
 Globally

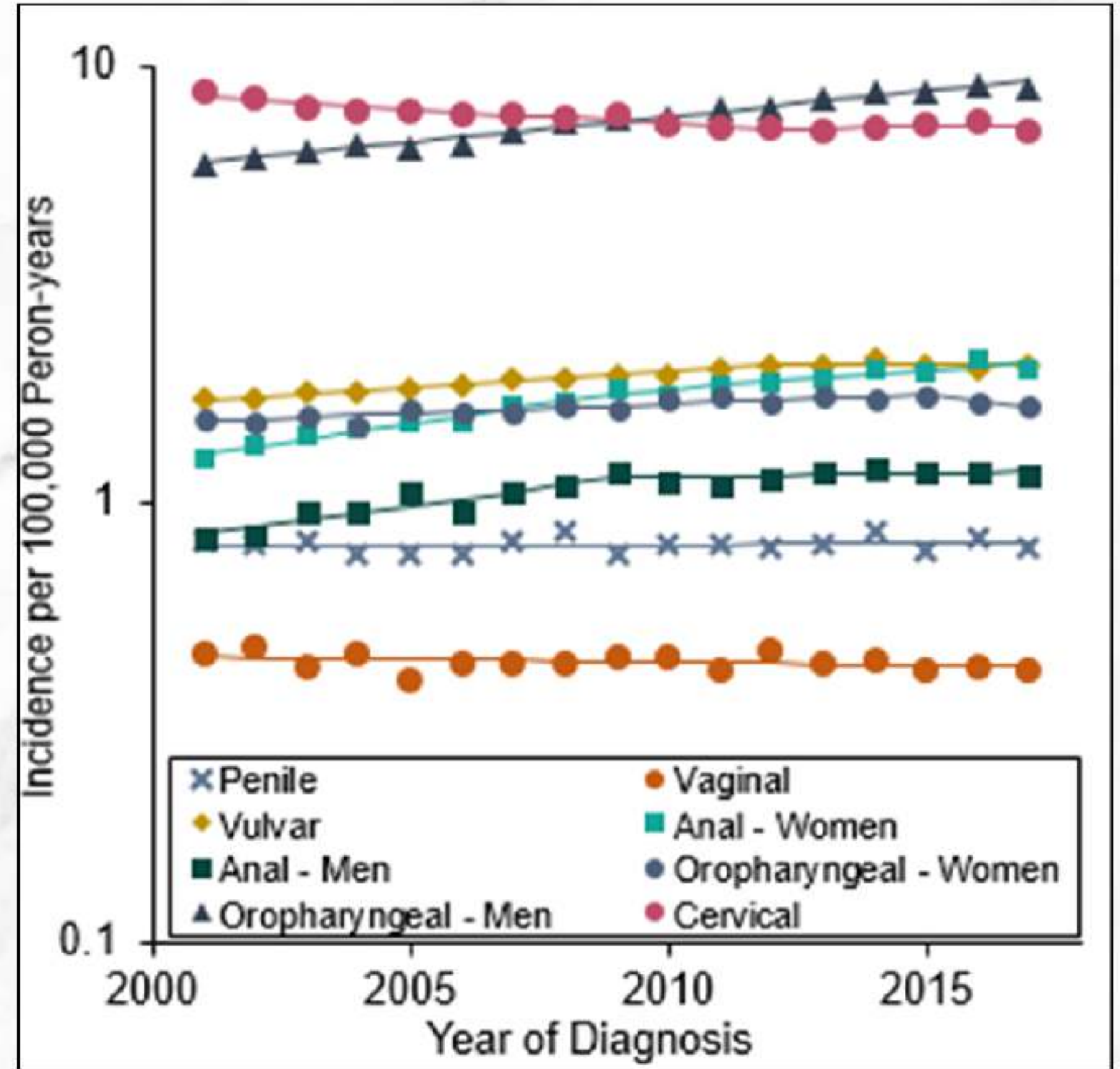
2022

de Martel et al, Lancet Global Health 2019,
<https://pubmed.ncbi.nlm.nih.gov/31862245/>;
National Program of Cancer Registries SEER Stat Database;
U.S. Cancer Statistics Incidence Analytic file 1998–2020.
United States Department of Health and Human Services,
Centers for Disease Control and Prevention. Released June
2023, based on the 2022 submission.

RECENT HPV CANCER TRENDS

- Cervical Cancer (recently stabilized)
- Vaginal Cancer (rise)
- Vulvar Cancer (rise)
- Oropharyngeal Cancer (rise)
- Anal Cancer (rise)
- Penile Cancer (rise)

Deshmukh et al JNCI 2021; Deshmukh et al JNCI 2020



LET'S LOOK CLOSER...



Cervical

- CC incidence and death rates in the US have stagnated, and in some regions increased, in recent years
 - In a study published in the International Journal of Gynecological Cancer, almost **30,000** individuals were diagnosed with late-stage cervical cancer between 2001 to 2018,
 - In a first time reversal, a 3% per year increase in cervical cancer incidence in women in their early 30s began in 2012.

Francoeur, A. A., Liao, C. I., Caesar, M. A., Chan, A., Kapp, D. S., Cohen, J. G., Salani, R., & Chan, J. K. (2022). The increasing incidence of stage IV cervical cancer in the USA: what factors are related?. *International journal of gynecological cancer* - official journal of the International Gynecological Cancer Society. *ijgc-2022-003728*. Advance online publication. <https://doi.org/10.1136/ijgc-2022-003728>

Shahmoradi Z, Damgacioglu H, Clarke MA, et al. Cervical Cancer Incidence Among US Women, 2001-2019. *JAMA*. 2022;328(22):2267-2269. doi:10.1001/jama.2022.17806



Anal

- AC incidence increased more than 1.5-fold among persons age ≥ 50 years between 2014 and 2018 as compared with 2001-2005 rates.
 - Risk factors associated for women in this study were smoking behaviors, and HIV/AIDS status for men.
- Anal cancer in women aged 50 and over had become almost as common as cervical cancer in some states in the midwest and south-east of the United States by 2014-2018.

Damgacioglu H et al. State variation in squamous cell carcinoma of the anus incidence and mortality, and association with HIV/AIDS and smoking in the United States. *Journal of Clinical Oncology*, published online 28 November 2023. DOI: 10.1200/JCO.22.01390
Shared via AidsMap in [March 2023 article](#)

LET'S LOOK CLOSER, CONTD...



Oropharyngeal

- HPV-positive oropharyngeal cancers increased by **225%** from 1988 to 2004
- Men are 4-5x more likely to be diagnosed with oropharyngeal cancers than women & have oral HPV
- Incidence among men continues to rise rapidly in nearly all 50 states & among women living in the Midwest and Southeast regions; the number of people diagnosed with large tumors as well as the death rate has increased in the last 10yrs
- Nearly 1M oropharyngeal cancers could be prevented by the 2070s, and eliminated, if 80% HPV vaccination rates reached by 2025

Chaturvedi AK, Engels EA, Pfeiffer RM, Hernandez BY, Xiao W, Kim C, Jiang B, Goodman MT, Sibug-Seber M, Cozen W, Liu L, Lynch CT, Wentzensen N, Jordan RC, Atekrose S, Anderson WF, Rosenberg PS, Gillson ML. Human papillomavirus and rising oropharyngeal cancer incidence in the United States. *J Clin Oncol*. 2011 Nov 10;29(32):4291-301. doi: 10.1200/JCO.2010.38.4965. Epub 2011 Oct 3. Corrected and republished in: *J Clin Oncol*. 2013 Jun 10;31(17):2021-3036. PMID: 21958120; PMCID: PMC321128.

Damaganti IJ, Schreiner K, Cimberis L, Laison DR, O'Ford GM, Gulliano AR, Deshpande AA. Long-term impact of HPV vaccination and CCV D-19 pandemic on oropharyngeal cancer incidence and burden among men in the USA: A modeling study. *Lancet Reg Health Am*. 2022 Apr;3(1):100143. doi: 10.1016/j.lana.2021.100143. Epub 2021 Dec 15. PMID: 34927120. PMCID: PMC8675628.



Vaginal

- 700 cases of vaginal cancers caused by HPV in 2023
- About 75% of vaginal cancer is caused by HPV

Vulvar

- 6,900 vulvar cancers diagnosed in 2024
- 1,670 deaths from this cancer
- About 69% of vulvar cancer is caused by HPV

Penile

- 2,100 cases of penile cancer diagnosed in 2024
- 470 deaths from penile cancer in 2023
- A 2022 study found the incidence-based mortality rate of penile cancer significantly increased from 2000 to 2018, and 5-year relative survival rate did not improve.

Deng X, Liu Y, Zhan X, et al. Trends in Incidence, Mortality, and Survival of Penile Cancer in the United States: A Population-Based Study. *Front Oncol*. 2022;12:891623. Published 2022 Jun 17. doi:10.3389/fonc.2022.891623

SPOTLIGHT ON HPV CANCER DISPARITIES

Cervical

- Communities of color experience disparities in cervical cancer incidence and mortality.
 - The rate for new cervical cancer cases is highest for Hispanic women, but the death rate is highest for non-Hispanic Black women
 - Native American women are 2x more likely to be diagnosed
 - The LGBTQIA+ community faces increased barriers to healthcare access

Deshmukh AA, Damgacioglu H, Georges D, Sonawane K, Clifford GM. Human Papillomavirus-Associated Anal Cancer Incidence and Burden Among US Men According to Sexual Orientation, Human Immunodeficiency Virus Status, and Age. *Clin Infect Dis*. 2023 Aug 14;77(8):1419-1424. doi: 10.1093/cid/ciac205. PMID: 37017079; PMCID: PMC10681657.

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

National Indian Council on Aging. [American Indians Twice As Likely To Develop Cervical Cancer](https://www.nicor.org/american-indians-twice-as-likely-to-develop-cervical-cancer/). 2020.

National LGBT Cancer Network. [Deniers to Healthcare](https://www.nlgcn.org/healthcare/). Accessed 2024.

Oropharyngeal

- Although Black individuals have lower rates of oropharyngeal cancer, Black patients have increased risk of presenting with advanced disease and potentially incurable disease

UCHECHUKWU C, MUGWALLI Y, ELI MA. Racial Disparities in Oropharyngeal Cancer Stage at Diagnosis. *Anticancer Research*. Feb 2017; 37(2): 835-839.

Anal

- HIV+ MSM are 80 times more likely to develop anal cancer than HIV- men, but
 - A 2023 study found 19.1% of all male anal cancer occurred in HIV- MSM
- White women 50+ have the highest incidence of anal cancer
- Black and Hispanic patients are more likely to have longer delays in starting definitive chemoradiation; men also have longer delays than women.

Silverberg MJ et al. Risk of anal cancer in HIV-infected and HIV-uninfected individuals in North America. *Clin Infect Dis*, online edition. DOI: 10.1093/cid/ciac1017.

Deshmukh AA, Damgacioglu H, Georges D, Sonawane K, Clifford GM. Human Papillomavirus-Associated Anal Cancer Incidence and Burden Among US Men According to Sexual Orientation, Human Immunodeficiency Virus Status, and Age. *Clin Infect Dis*. 2023 Aug 14;77(8):1419-1424. doi: 10.1093/cid/ciac205. PMID: 37017079; PMCID: PMC10681657.

'Anal Cancer Incidence and Deaths Are Rising in the United States' was originally published by the National Cancer Institute in 2020.

Ethnic and Racial Disparities in Delay of Definitive Chemoradiation for Anal Cancer: A National Analysis Ramey SJ, et al. *International Journal of Radiation Oncology, Biology, Physics*, Volume 99, Issue 2, E412.



RESOURCES YOU CAN USE!

Data Sources

- American Cancer Society
 - Facts and Figures Annual Report
- CDC - HPV Cancer Data
- National Cancer Institute
- World Health Organization
- National HPV Vaccination Roundtable
- California HPV Vaccination Roundtable
- NIS-Teen Survey
- Peer-reviewed scientific articles

Patient/Caregiver/Thriver Support and Advocacy

- Cervivor
- HPV Cancer Alliance
- Team Maureen
- Anal Cancer Foundation
 - [NOMAN Race](#)
- Head and Neck Cancer Alliance
- Oral Cancer Foundation
- HPV and Me
- National LGBT Cancer Network
- Check out your medical home for support!



THANK YOU!



mstackba@health.ucsd.edu



<https://moorecancercenter.ucsd.edu/>

Status Report on HPV Vaccination in San Diego County



**Alana McGrath,
MPH, HHSA**



**Mark Sawyer, MD,
SDIP/Rady Children's
Hospital/UCSD**

HPV vaccine: It shouldn't be this hard

MARK H. SAWYER, MD

MARCH 4, 2024



Three reasons you should care about HPV vaccine

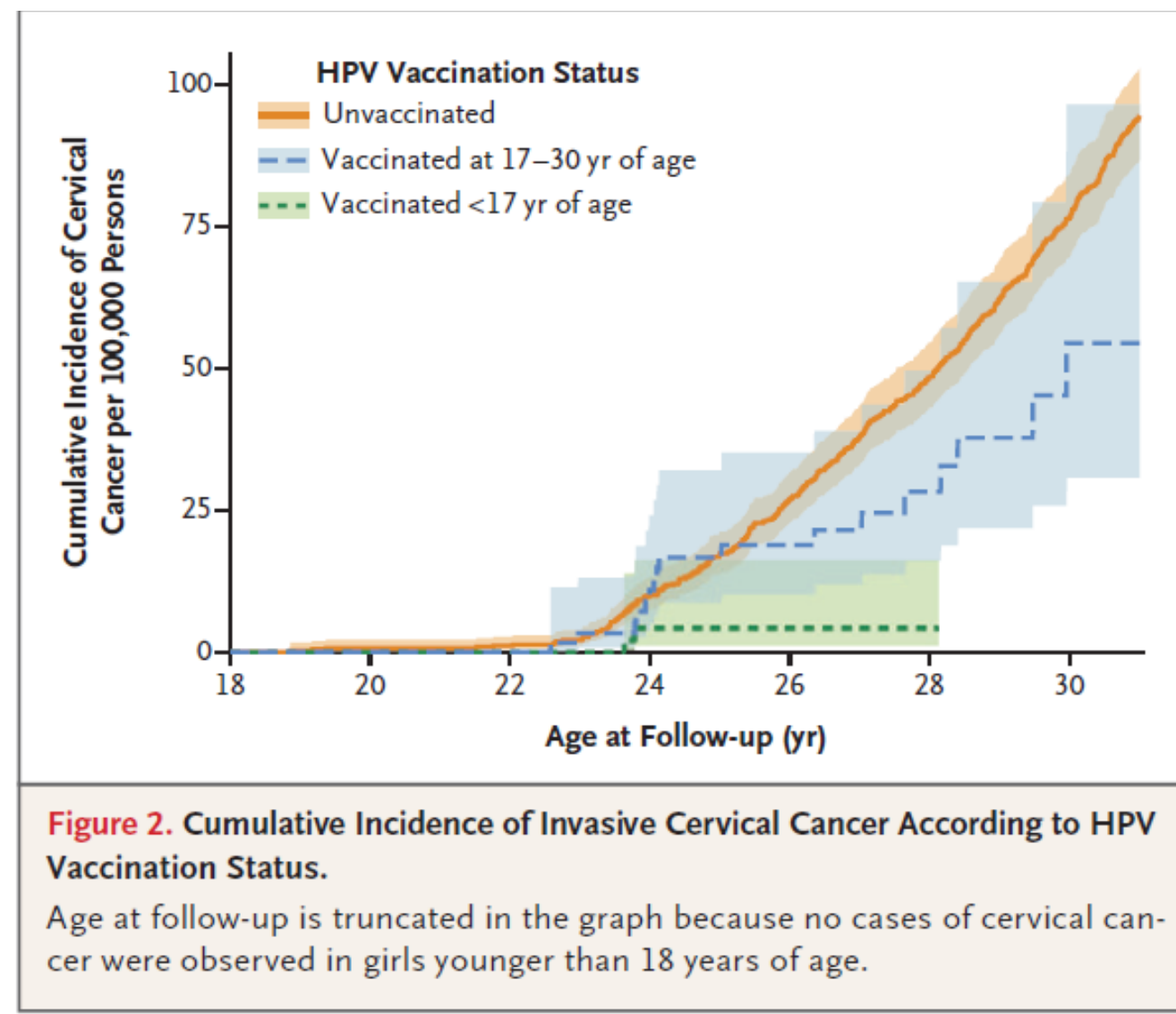
HPV causes lots of cancer

HPV vaccine prevents cancer



We are doing a terrible job of immunizing our population with HPV vaccine to prevent cancer

HPV vaccine prevents cancer



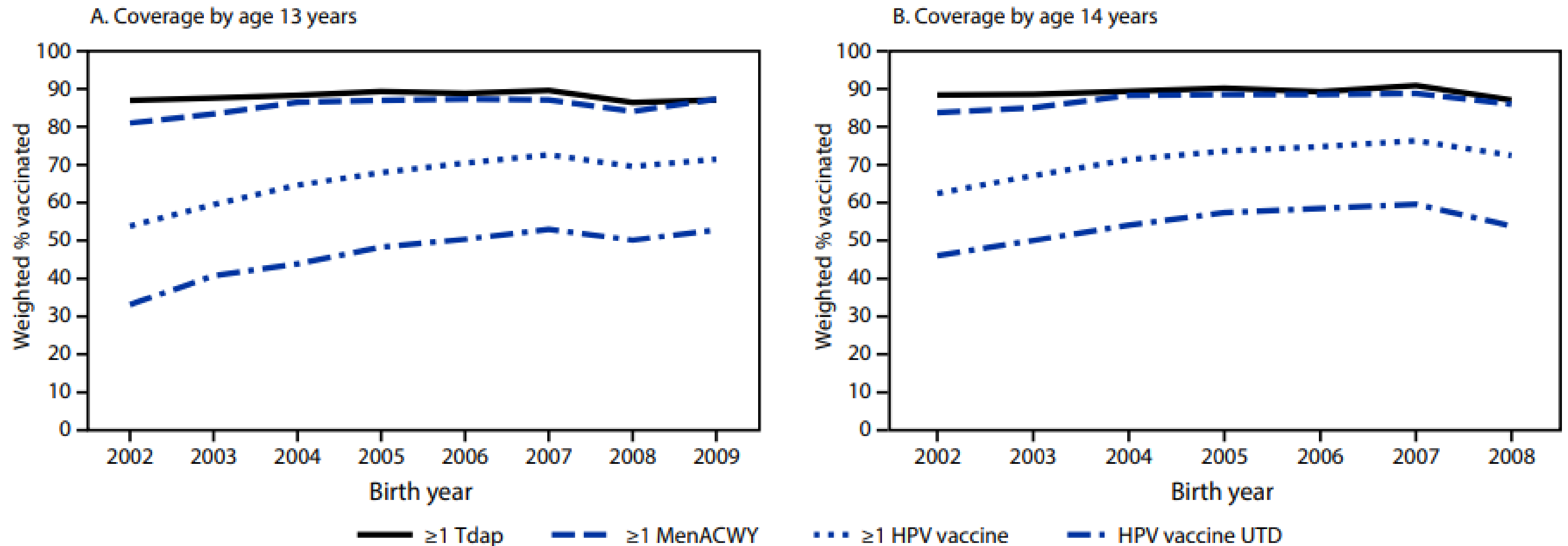
Risk of cervical cancer was 88% lower in girls vaccinated before age 17 years compared to unvaccinated

Risk of cervical cancer was 53% lower in women vaccinated between 17-30 years of age

84% of cervical cancers caused by HPV16 and HPV18

NIS Teen 2022

FIGURE. Estimated coverage with ≥ 1 dose of tetanus, diphtheria, and acellular pertussis vaccine, ≥ 1 dose of quadrivalent meningococcal conjugate vaccine, and ≥ 1 dose of human papillomavirus vaccine, and percentage of adolescents up to date with human papillomavirus vaccination, among adolescents born during 2002–2009* by age 13 years[†] (A) and 14 years[§] (B) — National Immunization Survey-Teen, United States, 2015–2022



Do you.....

Know your personal/office/group HPV vaccination coverage rate?

Use a reminder system to inform patients they are due for vaccines?

Use a recall system to bring in patients who are behind on immunizations?

Give HPV vaccine during acute care visits?

Give a “presumptive” HPV vaccine recommendation along with the other adolescent vaccines?

Do you give HPV vaccine at 9 years of age? If not, is duration of protection important in deciding when you give HPV vaccine?

What do we hear from patients and parents?

My child won't get exposed to that virus=my child will never have sex

Two studies show that getting vaccinated doesn't make you have sex earlier

I want to wait on that one

It's too late after you are already infected

The vaccine is too new

It's been used since 2006 with over 100 million doses given

The vaccine has dangerous side effects

One of the safest vaccine we have

HPV vaccine starting at age 9 years!

RECOMMENDATIONS

The AAP recommends 2 doses of the HPV vaccine series between 9 and 12 years of age

The American Cancer Society recommends 2 doses of the HPV vaccine series between 9 and 12 years of age

The CDC/ACIP recommends the series at age 11 or 12 years but indicates that it can be administered starting at age 9 years

ADVANTAGES OF STARTING EARLIER

Minimizes discussion about sexual transmission

Enhances completion of the series by age 13 years

Reduces the number of injections at the 11-12yo visits

Makes it more likely that you will complete the series before onset of sexual activity

AAP-<https://redbook.solutions.aap.org>;

CDC-<https://www.cdc.gov/mmwr/volumes/68/wr/mm6832a3.html>

ACS-<https://www.cancer.org/cancer/cancer-causes/infectious-agents/hpv/hpv-vaccines.html>

CDC endorses HPV at age 9 years and older

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Human papillomavirus (HPV)																		

HPV at
age 9!



Data on HPV at age 9

Published in final edited form as:
Prev Med. 2016 August ; 89: 327–333. doi:10.1016/j.ypmed.2016.02.039.

Younger age at initiation of the Human Papillomavirus (HPV) vaccination series is associated with higher rates of on-time completion

Jennifer L. St Sauver, PhD, MPH^{1,2}, Lila J. Finney Rutten, PhD, MPH^{1,2}, Jon O. Ebbert, MD^{2,4}, Debra J. Jacobson, MS⁵, Michaela E. McGree, BS⁵, and Robert M. Jacobson, MD²

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³Division of Community Pediatric and Adolescent Medicine, Department of Pediatric and Adolescent Medicine, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905

⁴Division of Primary Care Internal Medicine, Department of Medicine, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905

⁵Division of Biomedical Statistics and Informatics, Department of Health Sciences Research, Mayo Clinic, 200 First Street, Rochester, MN, USA 55905

Abstract

Comparison of characteristics between those initiating the HPV vaccine series at 9–10 years

Characteristic	9–10 years	11–12 years	P ^a
Completed 3 doses of the vaccine^b	N=725	N=1,613	
Duration between first and third dose (months), median (IQR)	9.6 (6.7, 17.0)	8.3 (6.5, 14.7)	0.006
Completed 3 doses of the vaccine by age 13.5	707 (97.5)	1,258 (78.0)	<0.001
Completed 3 doses of the vaccine by age 15	722 (99.6)	1,517 (94.0)	<0.001

HPV Vaccine at age 9 years

Give it a try!!!

Evidence-based strategies to improve vaccination coverage

Reminder/recall system

- Provider level (e.g., EMR prompts)
- Parent/patient level (e.g., postcards, telephone calls, text messaging)

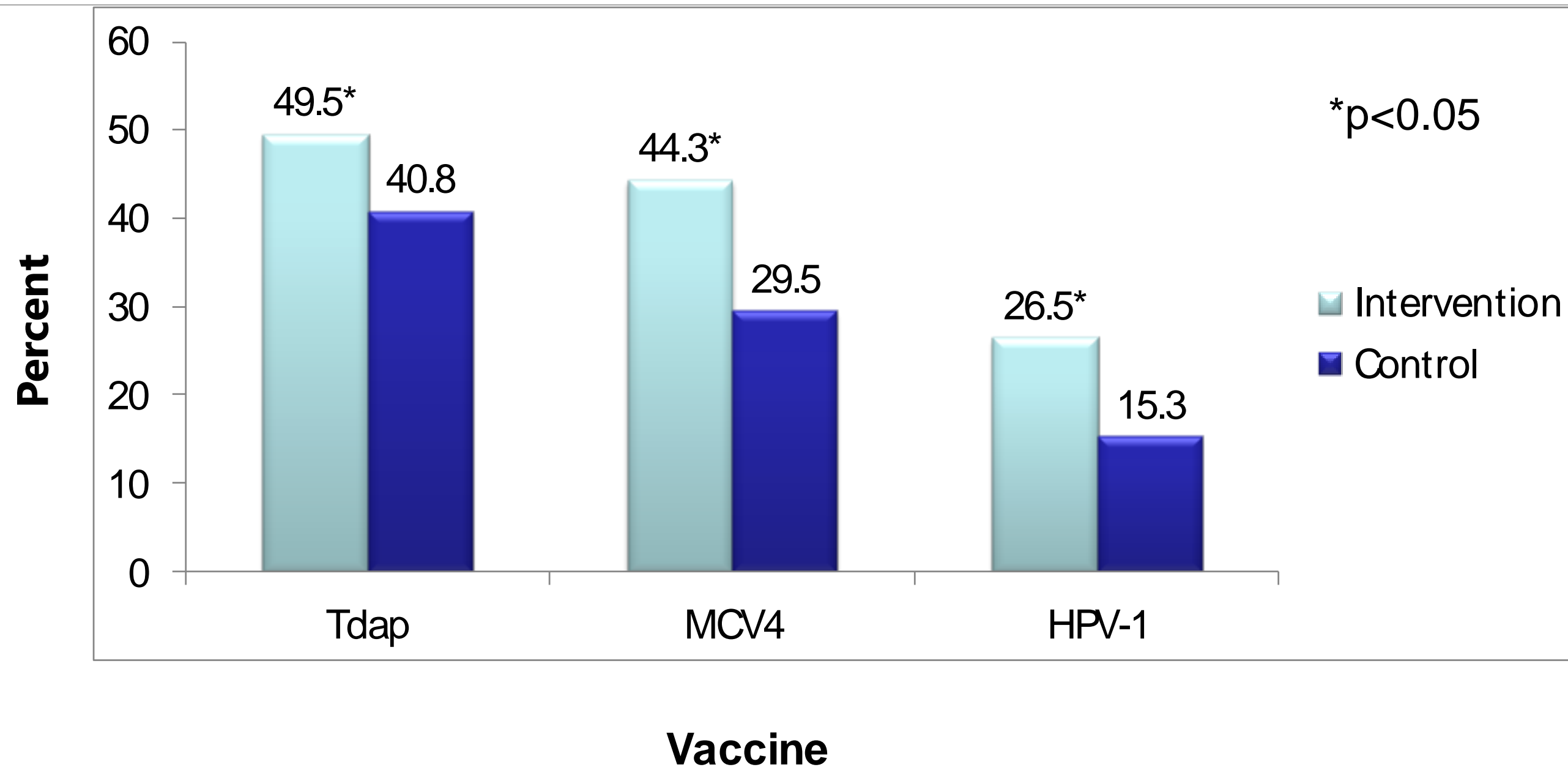
Standing orders

Provider assessment and feedback

- Assessment of vaccination coverage levels within the practice and discussion of strategies to improve vaccine delivery

Utilizing immunization information systems

Impact of Reminder/Recall on Vaccination Rates among Adolescents



What can health care providers do?

Don't miss opportunities to give HPV vaccine

Make it a routine recommendation for all your patients, just like any other vaccine

Give a strong recommendation

Don't anticipate a long discussion about the need for HPV vaccine

Measure your own rates-they are probably not as good as you think they are

Be an HPV champion in your own group/clinic/hospital

Get your office/clinic staff on board

What can health systems do?

- Promote HPV vaccine as routine along with all other vaccines
- Provide reminder/recall systems
- Measure missed opportunities to immunize
- Get providers connected to the California Immunization Registry (CAIR)
- Provide incentives for high coverage rates

References

Chido-Amajuoyi, O et al. Trends in HPV vaccination initiation and completion within ages 9-12 years: 2008-2018. *Pediatrics* 2021;147(6): e2020012765

Biancarelli DL. Provider experience recommending HPV vaccination before age 11 years. *J Pediatrics* 2020;217:92-7

St Sauver JL et al. Younger age at initiation of the HPV vaccination series is associated with higher rates of on-time completion. *Prev Med* 2016;89:327-333

Who Do You Trust? Addressing Vaccine Beliefs and Behaviors



**Kalyani Sonawane,
PhD, MUSC Hollings
Cancer Center**

HPV Vaccination in the US: Emerging Data and Public Health Implications

Kelly Sonawane, Ph.D.

Associate Professor of Public Health Sciences

Member, MUSC Hollings Cancer Center

Medical University of South Carolina

Outline

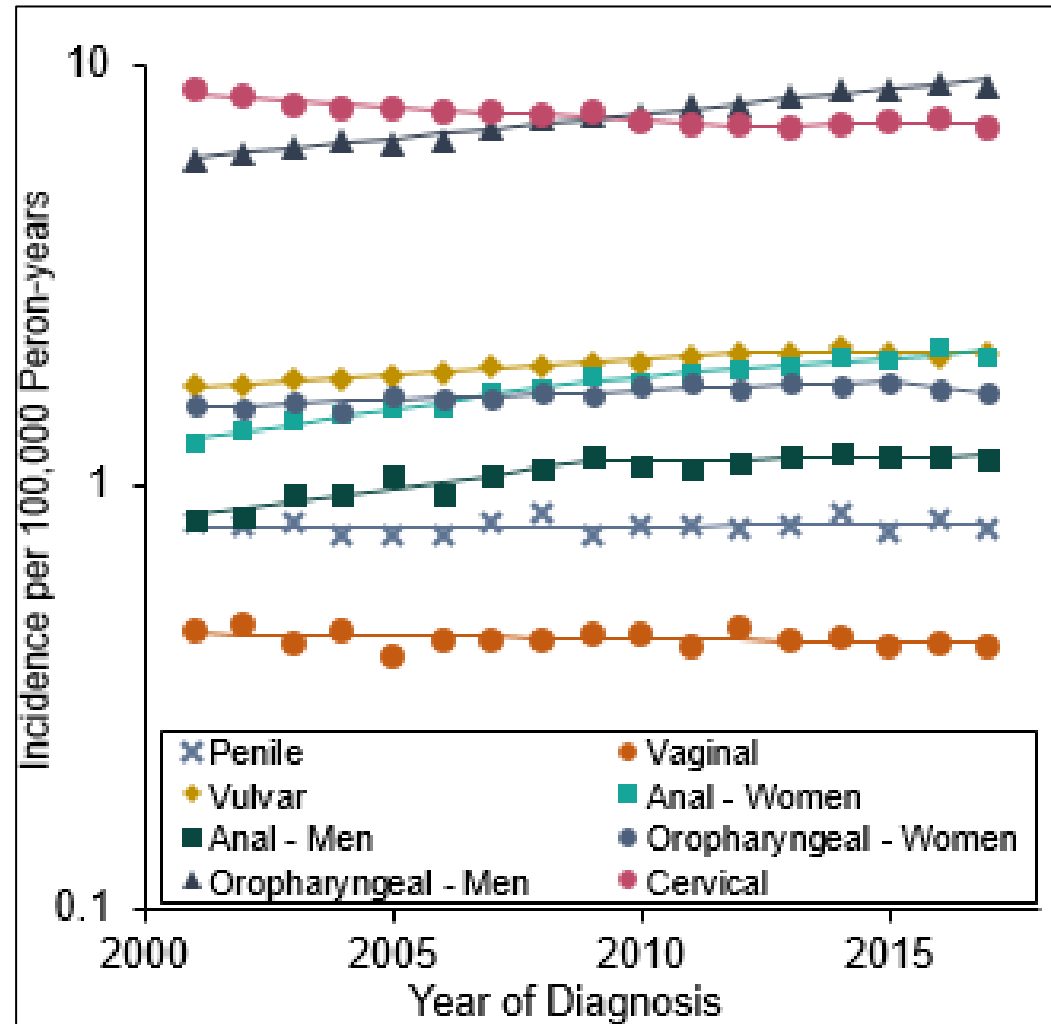
- Data insights
- Implications for policy, practice, and community outreach

Recent trends: HPV-associated cancers

HPV-associated cancer trends

- Cervical Cancer (recently stabilized)
- Vaginal Cancer (rise)
- Vulvar Cancer (rise)
- Oropharyngeal Cancer (rise)
- Anal Cancer (rise)
- Penile Cancer (rise)

Deshmukh et al JNCI 2021; Deshmukh et al JNCI 2020



HPV vaccination rates

Where we should be

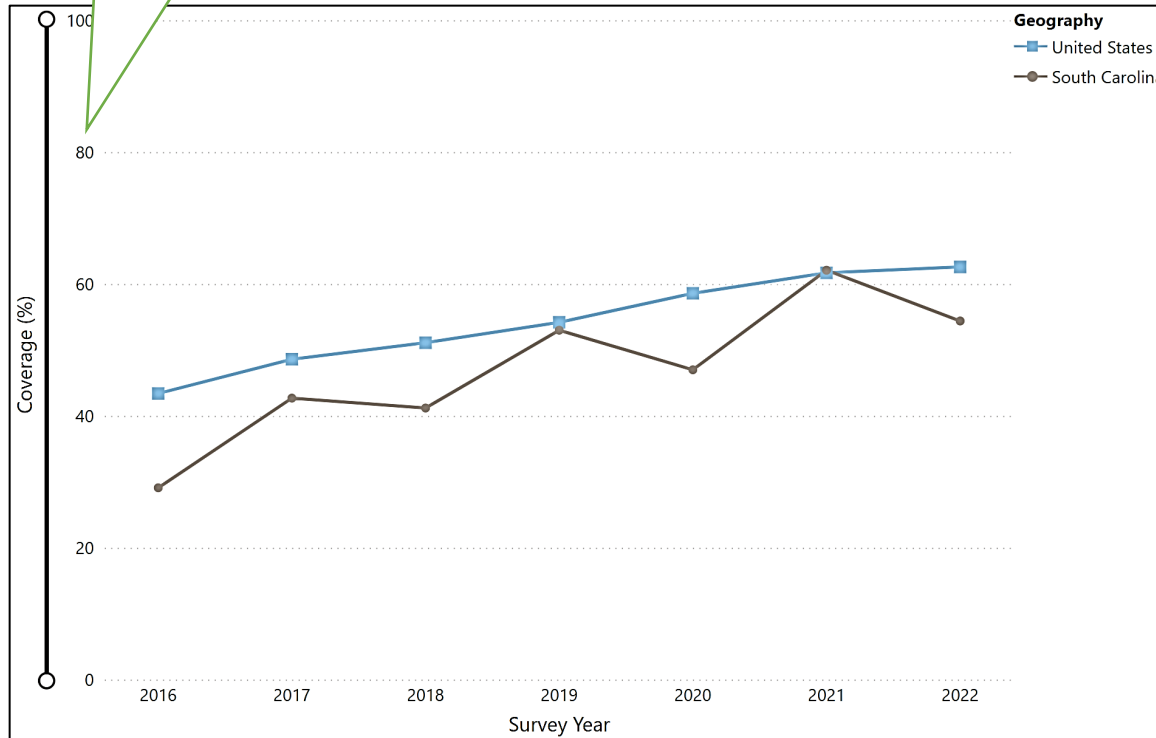
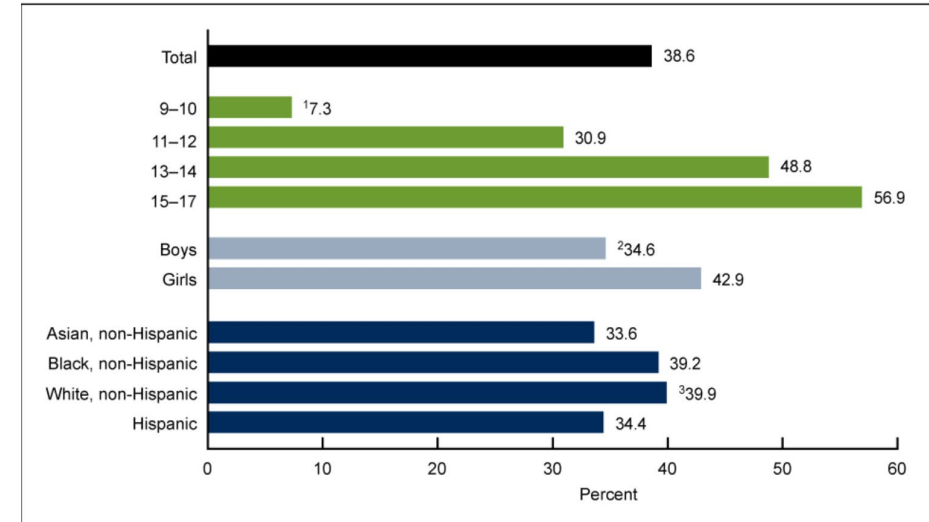


Figure 1. Percentage of children ages 9–17 years who have received one or more human papillomavirus vaccine doses, by age group, sex, and race and Hispanic origin: United States, 2022



¹Significant quadratic trend by age ($p < 0.05$).
²Significantly different from girls ($p < 0.05$).
³Significantly different from Hispanic children ($p < 0.05$).
 NOTES: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Estimates for children by other detailed race and Hispanic-origin categories did not meet National Center for Health Statistics reliability standards and are not shown. Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db495-tables.pdf#1>.
 SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

13-17-year-old (2023 report)

Up-to-Date: 62.6%



1:10 PM · Aug 24, 2023 · 106.6K Views

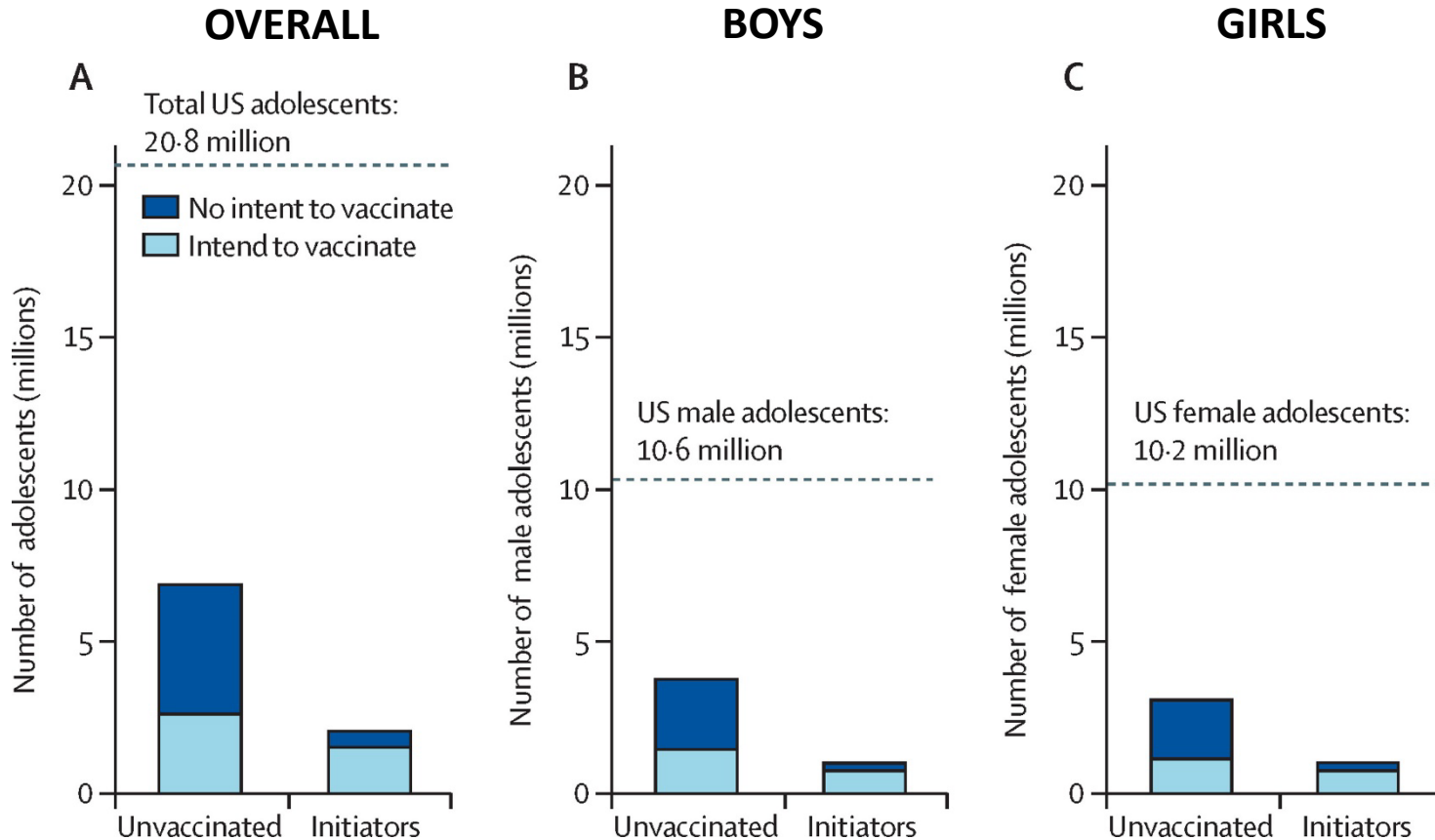
For the first time in 10 years, HPV vaccinations did not increase among teens. Make sure your teen is protected from serious diseases like cancers caused by HPV and up to date on their vaccinations, especially the HPV vaccine: bit.ly/mm7234a3

9-17-year-old
(2024 NHIS report)

≥1 dose: 38.6%

INDIVIDUAL

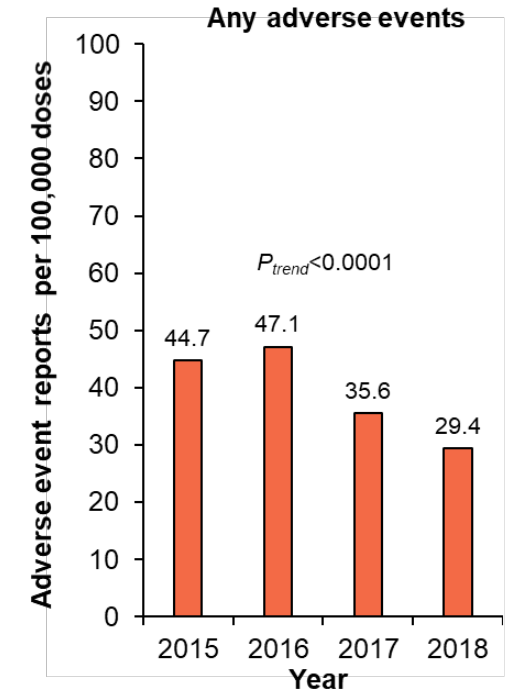
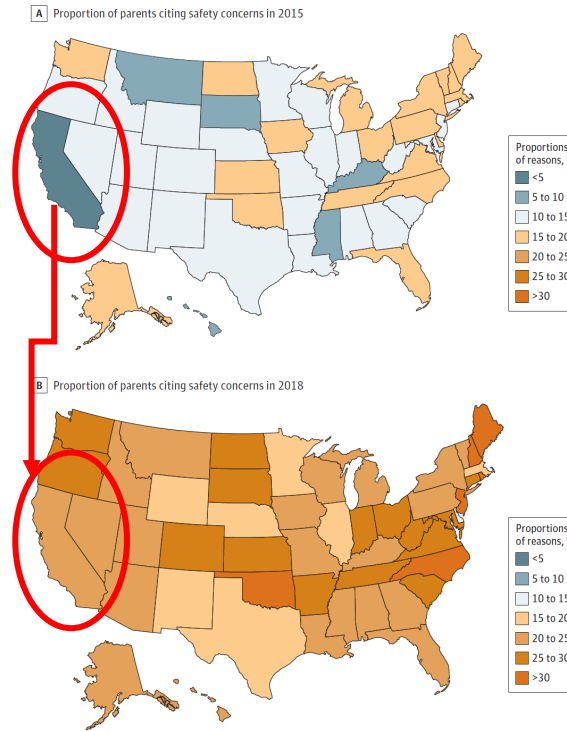
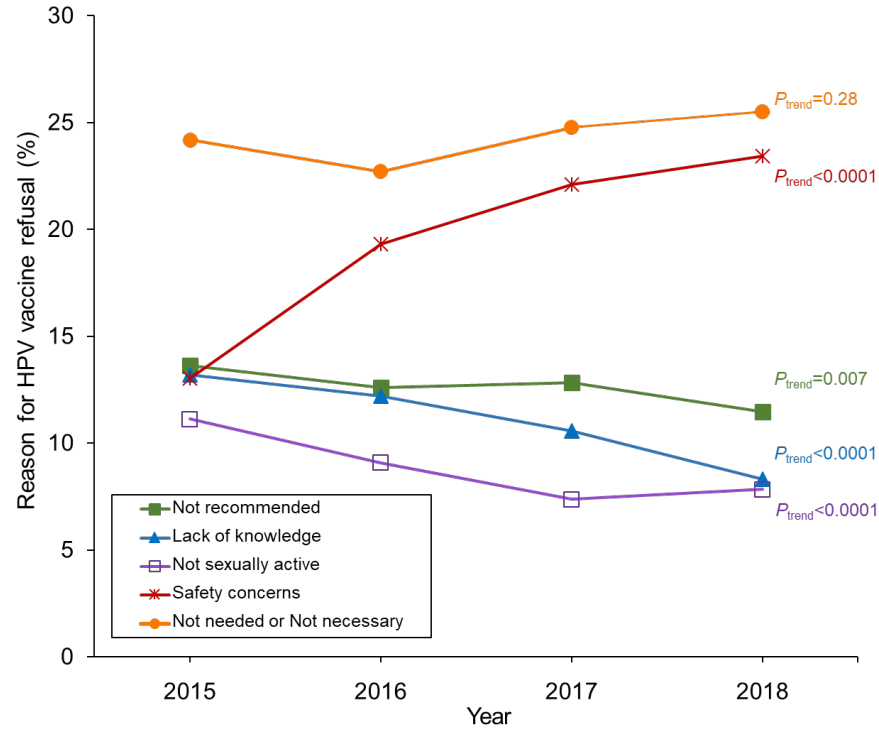
Attitudes/Intention



Key Findings

- **58% parents had no intent to initiate the vaccine** for their unvaccinated adolescents [4.3 million]
- Parents of 23.5% adolescents who received the first dose will not complete the vaccine series [0.5 million adolescents]
- Consistent for boys and girls

COMMUNITY Misperceptions

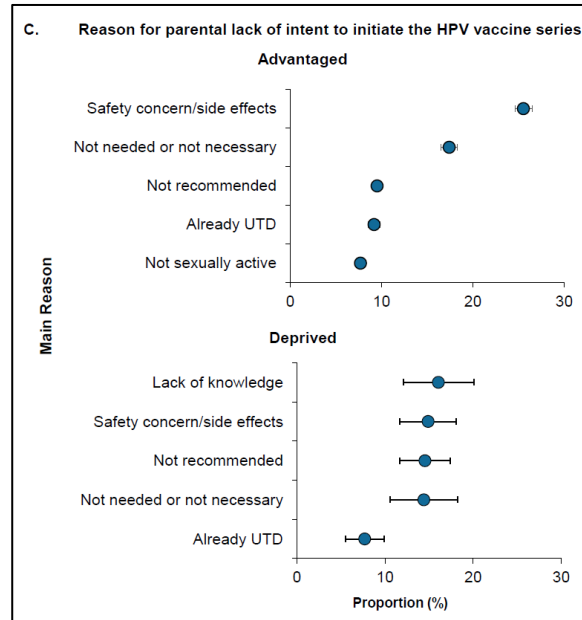
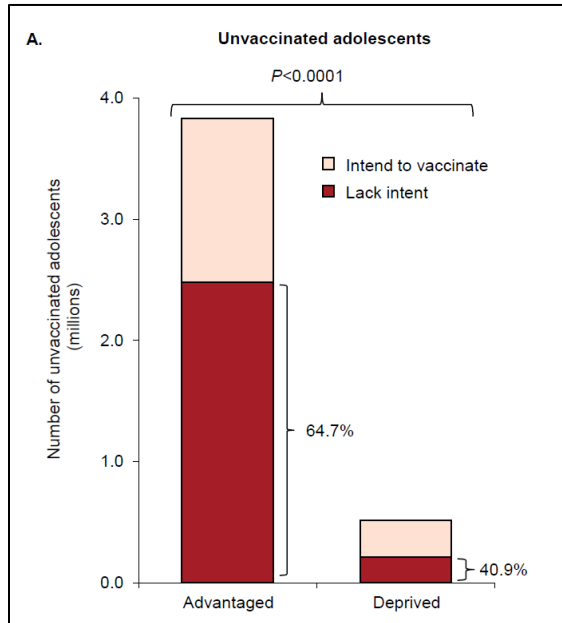


Key Findings

- Parents citing **'safety concerns'** as a major reason for HPV vaccine hesitancy : 13.0% in 2015 to 23.4% in 2018
- Largest increases (**more than 200%**) were observed in **California**, Hawaii, South Dakota, and Mississippi.

COMMUNITY

Group Norms



Characteristics	Parental lack of intent (Unvaccinated)				<i>P* and S</i>
	Deprived		Advantaged		
	n/estimated population size	% (95% CI)	n/estimated population size	% (95% CI)	
NH White	533/62,168	60.8 (55.6-66.0)	20,047/1,709,061	66.7 (65.8-67.6)	0.0271 5.2055
NH Black	134/21,062	41.9 (33.9-49.9)	1,868/243,239	62.2 (59.4-65.0)	<0.000 1 16.6096
Hispanic	804/110,700	33.6 (29.8-37.4)	2,688/310,219	59.8 (56.9-62.7)	<0.000 1 16.6096
Other	147/16,513	50.8 (40.7-60.8)	2,637/217,187	59.7 (56.9-62.5)	0.0986 3.3422

Key Findings

- HPV vaccine **hesitancy increased with increasing socioeconomic status**
- Important differences in reasons for not vaccinating by socioeconomic status
- Hesitancy **most acute among NH Whites** (>60% regardless of socioeconomic status)

PANDEMIC

Overall Annual Changes in Vaccines for Children (VFC) Program
 Provider Orders of Select Vaccines Compared to Fiscal Year (FY) 20

Vaccine	FY2020	FY2021	Year-to-date FY2022 (as of 3/27/22)
Total Non-Flu	-15% (-8.5M doses)	-7% (-4M doses)	-6% (-1.6M doses)
HPV	-25% (-1M doses)	-9% (-391K doses)	-10% (-156K doses)
Tdap	-27% (-676K doses)	-1% (-16K doses)	+7% (+68K doses)
MenACWY	-24% (-873K doses)	+1% (+32K doses)	+3% (+46K doses)

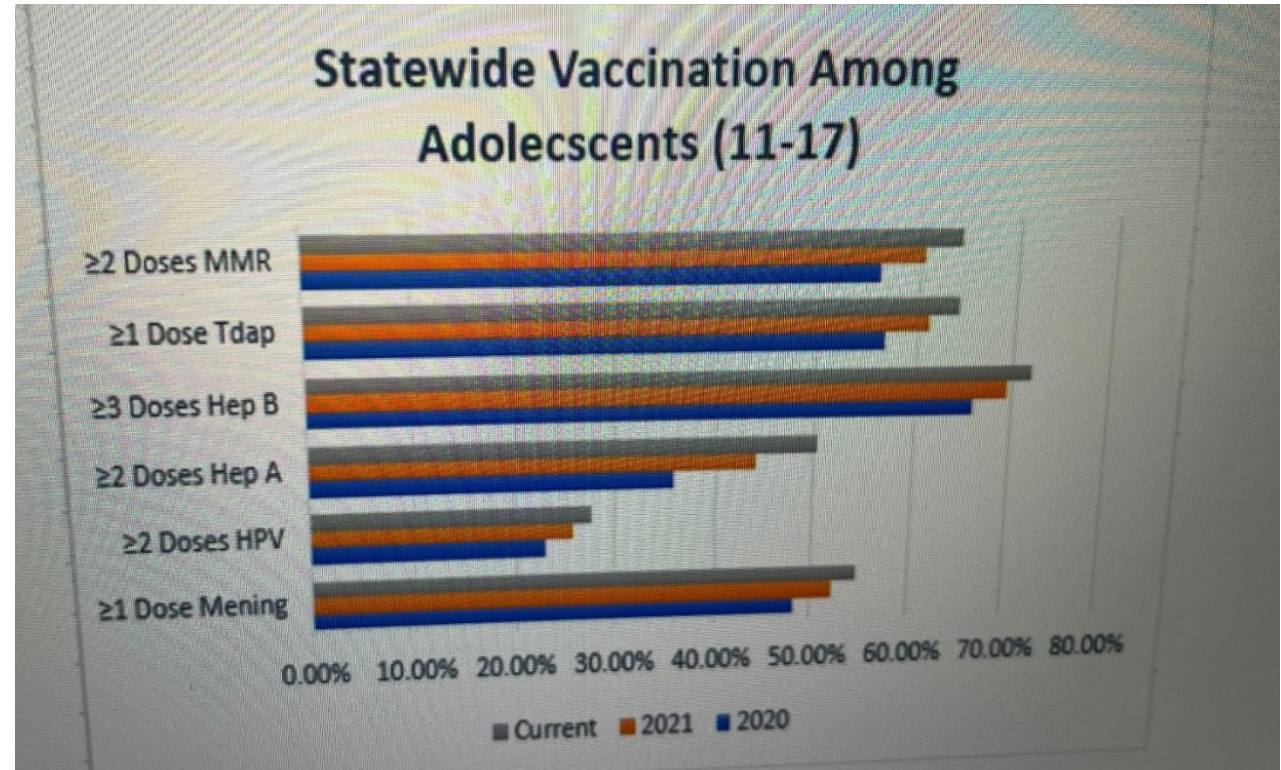
Overall non-Flu cumulative change for the period FY2020 through FY2022 is -10% (-14.2M doses)

1.

Gara Long ... d as October 1 through September 30.

The SC Immunization Coalition is a statewide nonprofit that serves to ...

In 2021, with a small grant from Vaccinate Your Family, the South Carolina ...



RECENT SETBACKS

Adolescents

Characteristics	Vaccinated by 14 years	
	2007 Born	2008 Born
Non-Hispanic White	56.6 (54.0–59.2)	50.2 (46.9–53.6) ^{§§§}
At or above poverty level	58.9 (56.5–61.4)	53.0 (50.0–56.1) ^{§§§}
Privately insured	60.4 (57.3–63.5)	54.6 (50.8–58.5) ^{§§§}

§§§ Decline was statistically significant

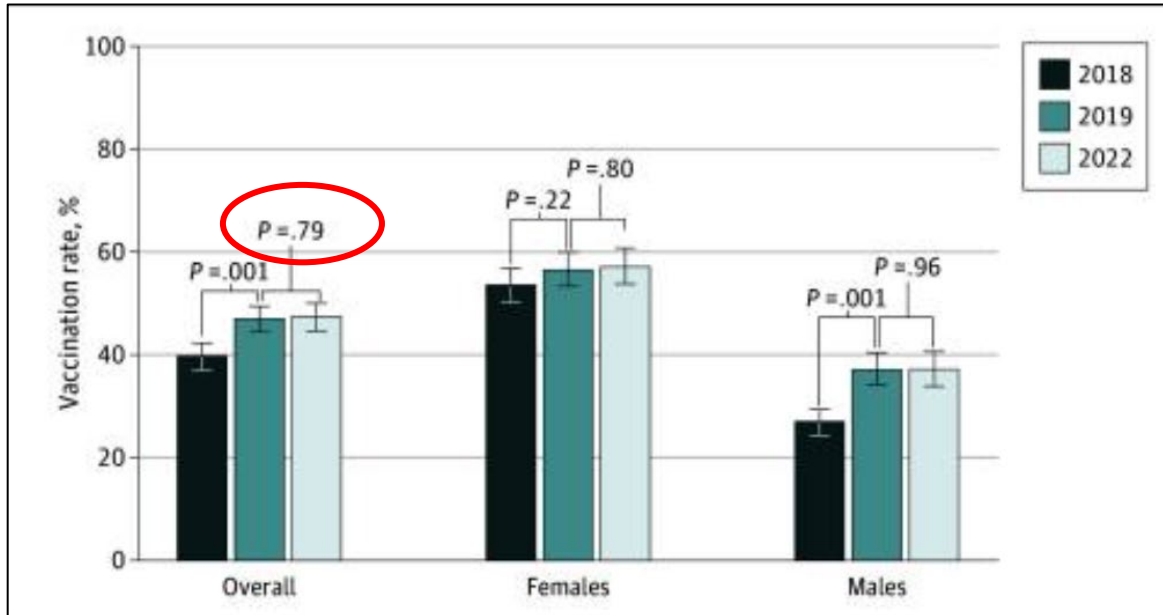


1:10 PM · Aug 24, 2023 · 106.6K Views

For the first time in 10 years, HPV vaccinations did not increase among teens. Make sure your teen is protected from serious diseases like cancers caused by HPV and up to date on their vaccinations, especially the HPV vaccine: bit.ly/mm7234a3

RECENT SETBACKS

Young Adult



Key Findings

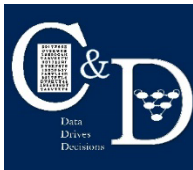
- **No improvement** in HPV vaccine coverage (≥ 1 dose) from 2019 to 2022
- Coverage is higher among LGBTQ+ young adults

Table. HPV Vaccination Coverage in 2022 Among Adults Aged 18 to 26 Years by Sociodemographic Characteristics^a

Characteristic ^b	Female HPV vaccination coverage		Male HPV vaccination coverage	
	% (95% CI)	Prevalence ratio (95% CI)	% (95% CI)	Prevalence ratio (95% CI)
Sexual orientation ^c				
Heterosexual	53.6 (49.7-57.6)	1 [Reference]	36.2 (32.6-39.9)	1 [Reference]
LGB+	70.6 (64.0-77.1)	1.33 (1.17-1.42)	52.7 (39.9-65.5)	1.44 (1.01-1.77)

MOVING FORWARD

- Addressing individual-level barriers: knowledge and misperceptions
- Reinforcements with additional interventions (system, community, or policy-level)
- Tracking misinformation and vaccine confidence/sentiment



Clinical Analytics & Decision Science (CADS) Lab

Co-investigators: Ashish A Deshmukh, PhD, Haluk Damgacioglu, PhD

Mentors and Collaborators : Katie Sterba, PhD

Marvella Ford, PhD

Jihad Obeid, PhD

Naomi Brownstein, PhD

James R Roberts, MD, MPH

Trainees and Staff: Ashvita Garg, PhD, MPH; Poria Doral, PhD;
Victoria Roy, MPH; Quadray Hughes; Ketki Borse, MPH; Alexis Nuzzo, MPH

Supported by

- Hollings Cancer Center
- National Institute on Minority Health and Health Disparities [K01MD016440]
- National Cancer Institute [R01CA232888, R01CA256660]
- American Cancer Society



Call for papers: Human papillomavirus

We are pleased to launch this new article collection which will welcome papers that have an impact on our understanding of human papillomavirus (HPV).

!! CALL FOR [HPV PAPERS](#)!!

Submission Deadline: 28

February 2025

BMC Medicine IF(5 yr): 10.4

Thank you!

Case Studies for Success: Local HPV Vaccination Success Stories and Best Practices



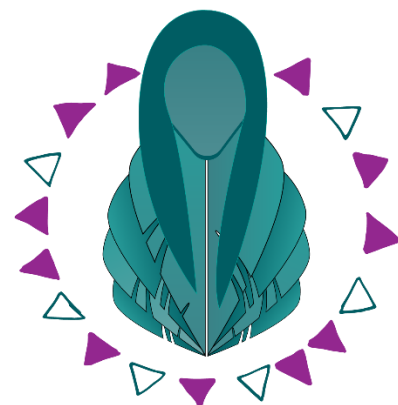
**Cy England, MPH
and Melissa Villa,
MPH, Indian
Health Council**



**Erik Hogen, MD,
Scripps Health**



**INDIAN HEALTH
COUNCIL, INC.**
EMPOWERING NATIVE WELLNESS



CHERISH
Cervical HPV Education Resources
for Indigenous Sacred Health

Fighting Dis/Misinformation in the Community

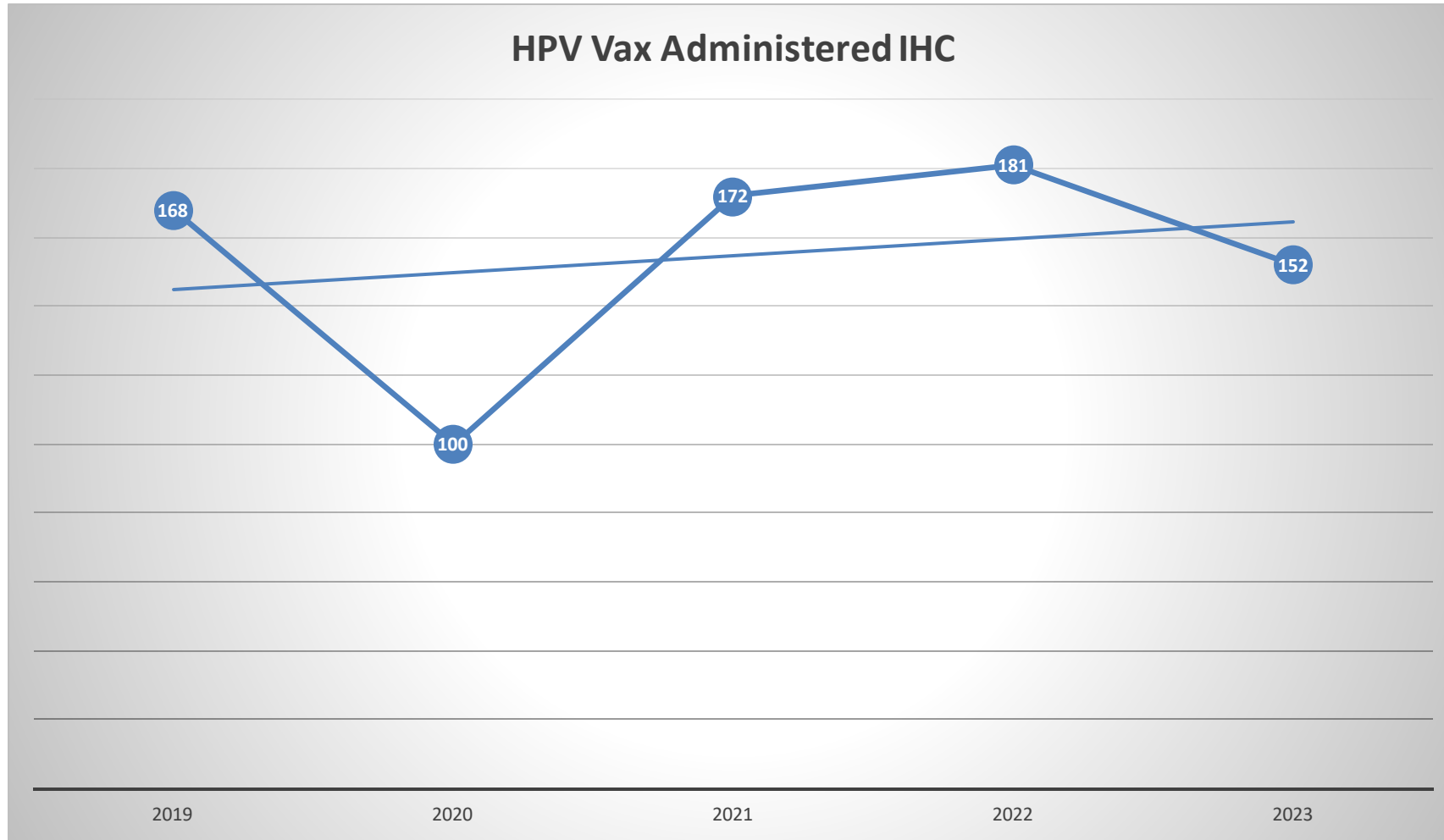
Cy England, MPH

Quality infection control officer

Melissa Villa, MPH

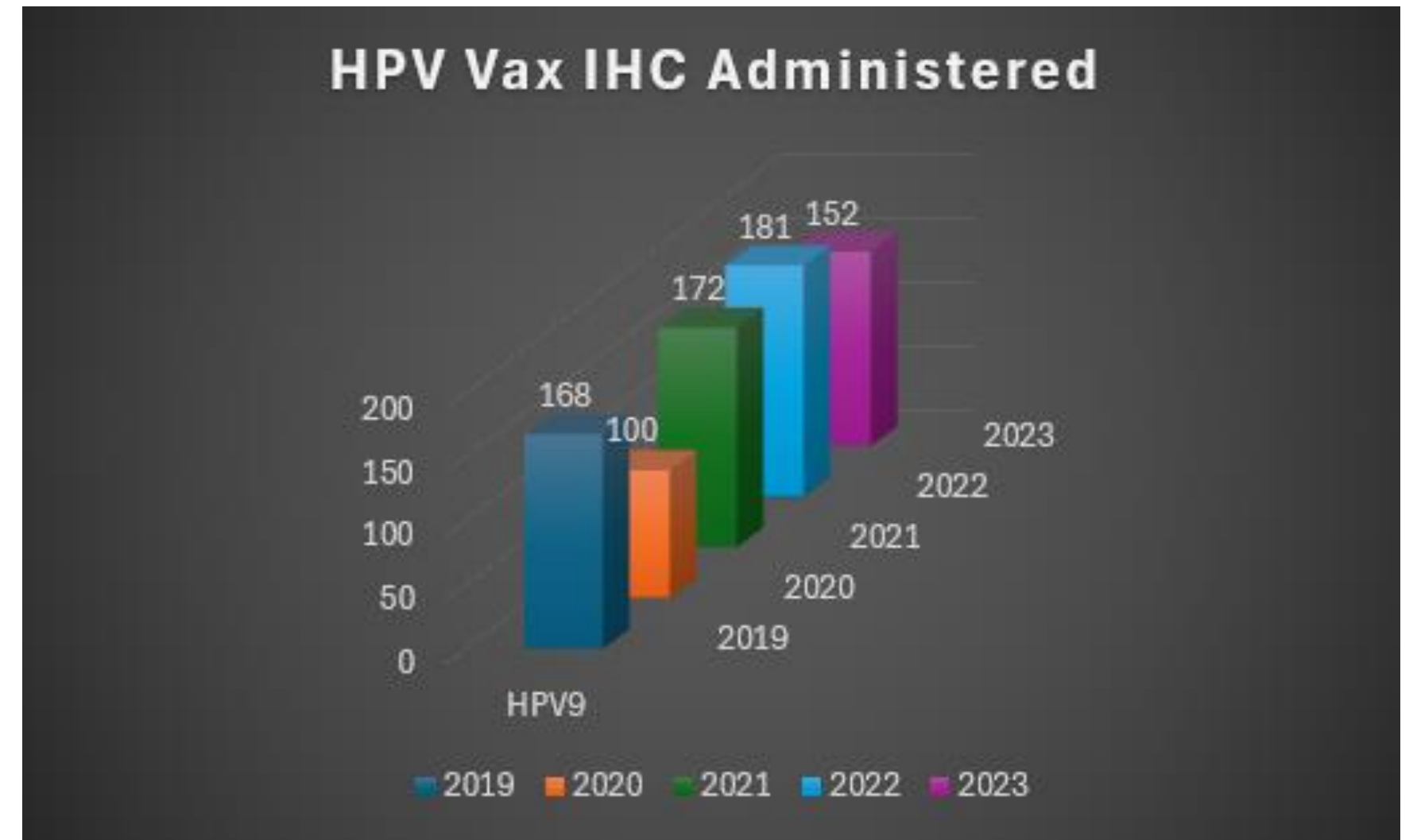
Project Coordinator

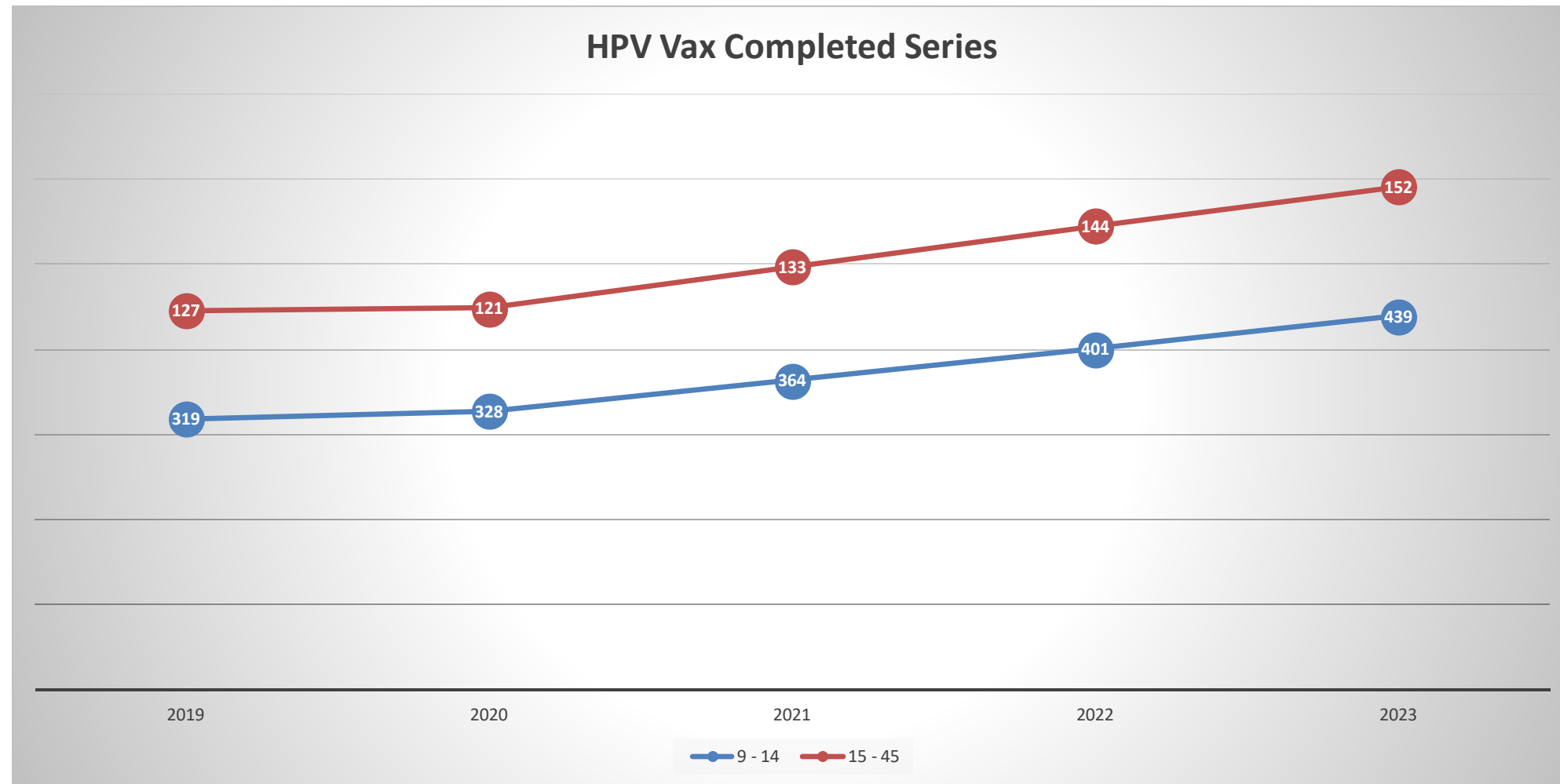
HPV Vax Administered IHC



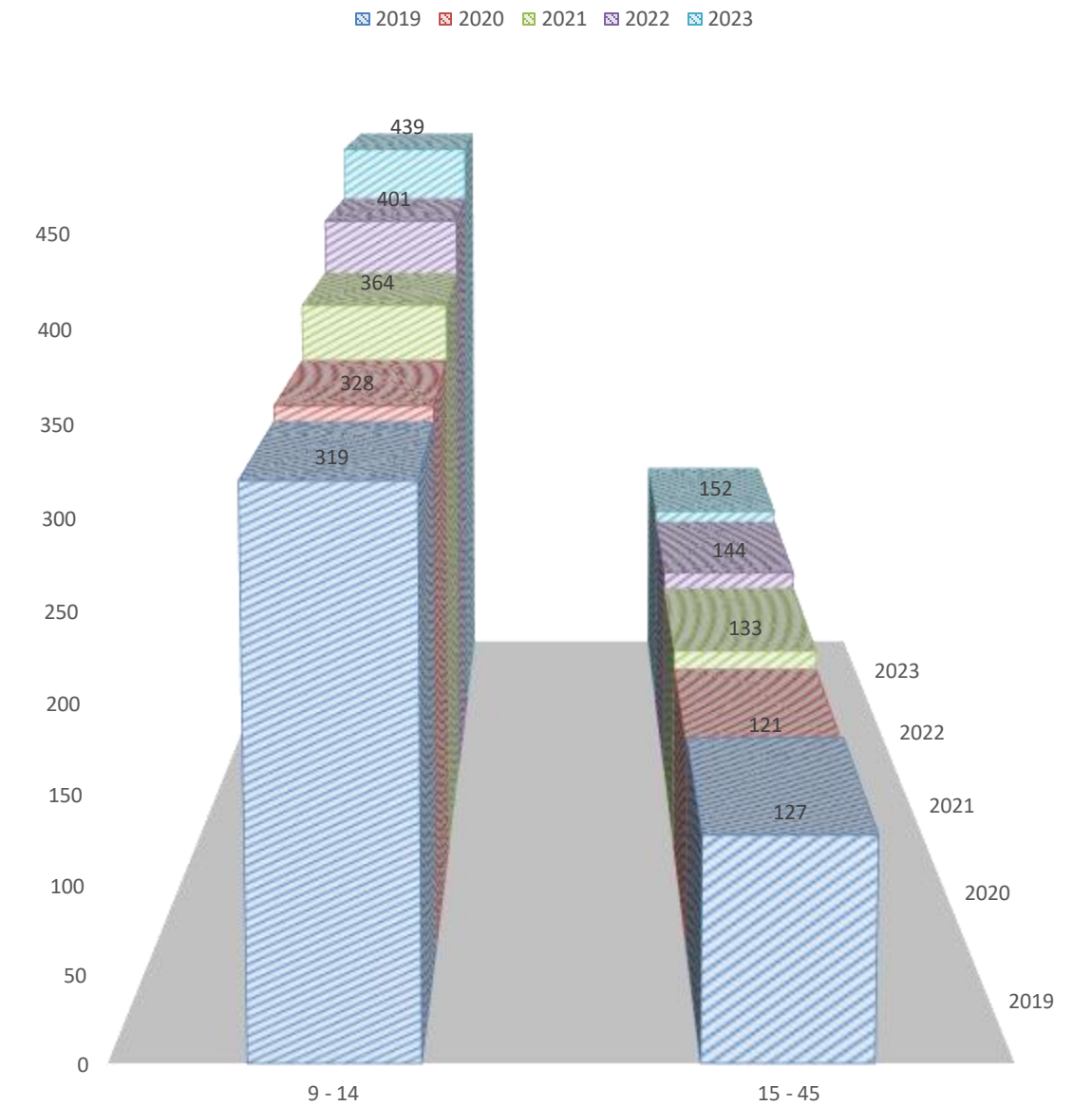
Vaccine	2019	2020	2021	2022	2023
HPV9	168	100	172 ↑72%	181	152

HPV Vax IHC Administered





HPV VAX COMPLETED SERIES



Year	9 - 14	15 - 45	Completions	
2019	319	127	446	32% ↑
2020	328	121	449	31% ↑
2021	364	133	497	19% ↑
2022	401	144	545	8% ↑
2023	439	152	591	



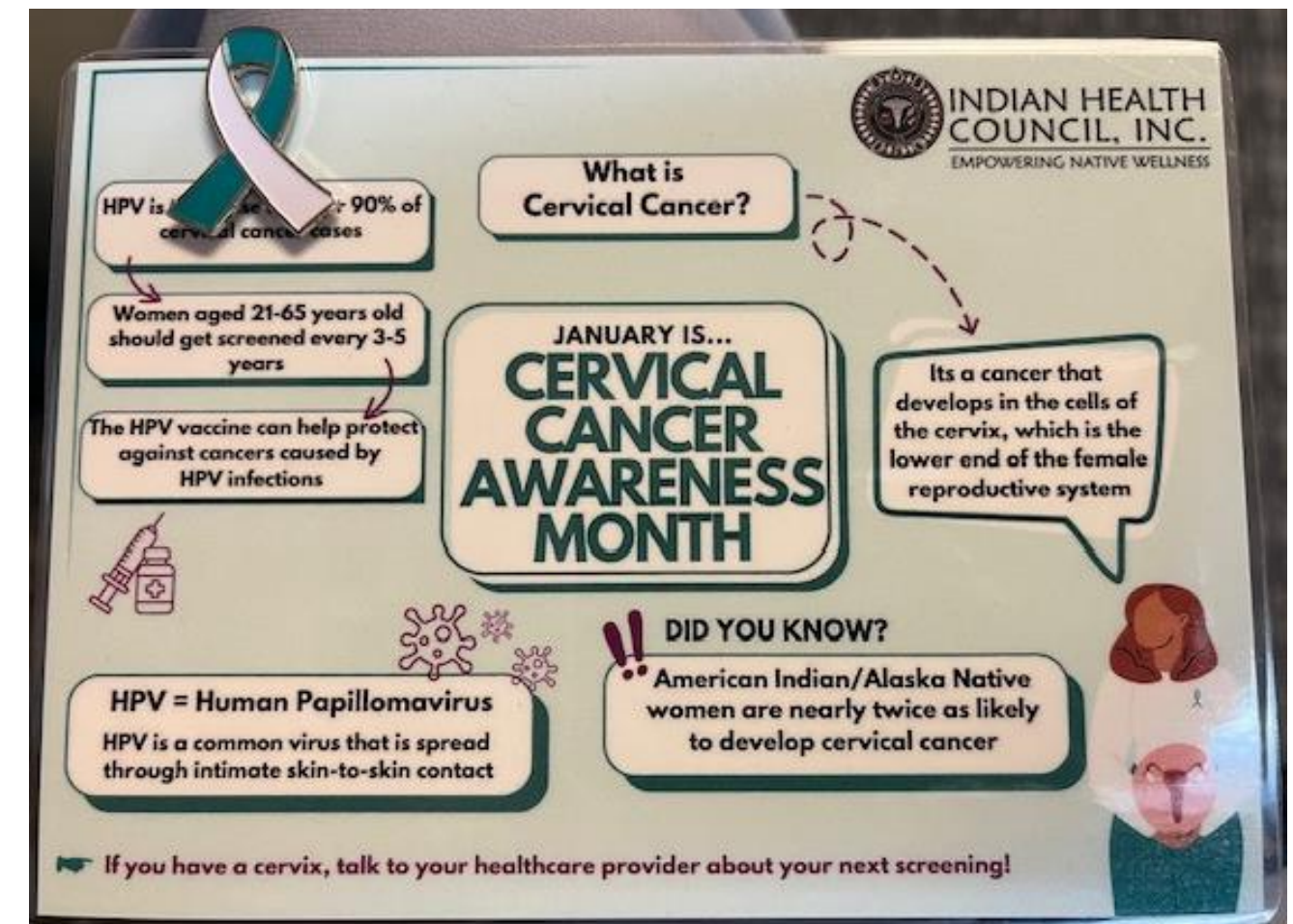
PRINTED MEDIA



SOCIAL MEDIA

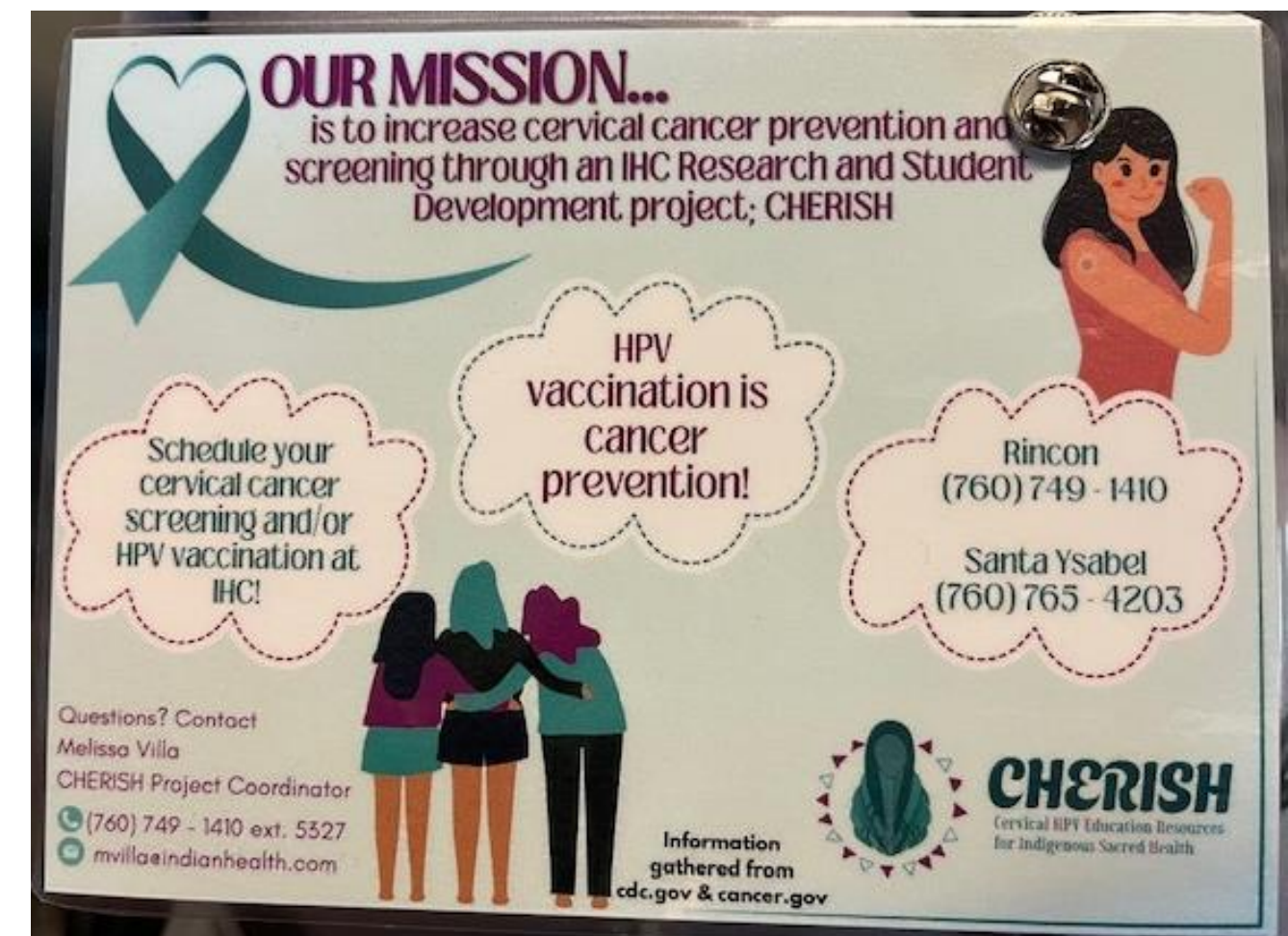


COMMUNITY OUTREACH



Printed Media


- Bulletin Board
- Awareness Cards with Pins
- Informational Pamphlets




Printed Media

OUR MISSION

CHERISH is an IHC Research and Student Development project. Our goal is to increase cervical cancer prevention and screening.

-  Promote regular cervical cancer screenings for all women aged 21 - 65 through education and community engagement
-  Raise awareness of human papillomavirus (HPV)
-  Educate the community on the HPV vaccine and promote vaccination for 9 - 14 year old boys and girls



Esther Calac, N.P.
A strong advocate for women's health, Esther's legacy continues to fuel IHC preventative health programs.

FOR MORE INFORMATION:

- American Cancer Society
www.cancer.org/hpv
- American Indian Cancer Foundation
www.https://americanindiancancer.org/acf-resource/cervical-cancer-infographic/
- Centers for Disease and Control (CDC)
www.cdc.gov/hpv
www.cdc.gov/cancer/cervical
- National Cancer Institute
www.cancer.gov/hpv


UC San Diego
Moore Cancer Center

NIH/NIGMS Grant #S06GM146121

Schedule your cervical cancer screening and/or HPV vaccination at IHC!




Indian Health Council, Inc.
Rincon (760) 749-1410
Santa Ysabel (760) 765-4203


Questions? Contact
Melissa Villa
CHERISH Project Coordinator
(760) 749 - 1410 ext. 5327
mvilla@indianhealth.com

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CERVICAL CANCER & HPV

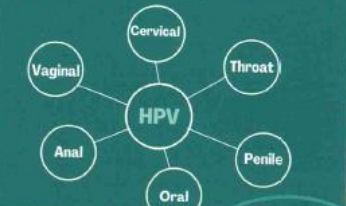
HPV = Human Papillomavirus
HPV is a common virus that is spread through intimate skin-to-skin contact*

What is Cervical Cancer?
Cervical cancer is cancer that develops in the cells of the cervix, which is the lower end of the female reproductive system.*



How are Cervical Cancer and HPV connected?
The majority of cervical cancers are caused by HPV*

HPV can also cause many other cancers*:



SOURCE: CANCER.GOV

CERVICAL CANCER SCREENING

What is a cervical cancer screening?
A cervical cancer screening happens during pelvic exams during women health visits, often called pap smears or pap tests.*

How many tests are there?
There are 3 tests that are part of routine cervical cancer screening:

- ◆ **PAP TEST (OR PAP SMEAR)**
A pap smear is used to check if there are any cell changes in the cervix*
- ◆ **HPV TEST**
An HPV test is used to look for the presence of the human papillomavirus in the cervix*
- ◆ **COTEST**
Both a Pap test and HPV test at the same time*

Who should get screened?
Women aged 21 - 65 years old should get screened every 3-5 years*

If you have a cervix, talk to your healthcare provider about what tests are appropriate for you!

HPV VACCINE


The HPV vaccine can help protect against cancers caused by HPV infections.

Who should get the HPV vaccine?
◆ Girls AND Boys should get the HPV vaccine

When should the HPV vaccine be taken?
The HPV vaccine is recommended for Ages 9 - 26

- ◆ Ages 9 - 14 get 2 doses, 6-12 months apart
- ◆ Ages 15 - 26 get 3 doses over 6 months
- ◆ Ages 27 - 45 should consult with their healthcare provider to see if this vaccine is beneficial for them

Why vaccinate so young?
◆ Vaccination at a young age allows the child to get the maximum benefit of the vaccine, before ever being exposed to HPV



JANUARY IS...

CERVICAL CANCER AWARENESS MONTH




CERVICAL CANCER IS PREVENTABLE

GET INFORMED
Over 90% of cervical cancer cases are caused by HPV (human papillomavirus)

GET VACCINATED
The HPV vaccine is safe and 97% effective in preventing cervical cancer and cell changes that could lead to cancer.

GET SCREENED
Screening tests can help prevent cervical cancer. When cervical cancer is found early it is highly treatable.

MAKE AN APPOINTMENT
Rincon (760) 749 - 1410
Santa Ysabel (760) 765 - 4203

*source: CDC.GOV

Social media



- Cervical Cancer Awareness Month Campaign
- HPV Awareness Day
- California HPV Awareness Week (August)

JANUARY IS...

CERVICAL CANCER AWARENESS MONTH

"I choose to live a long and healthy life by getting my cervical screening. The process is easy and could save your life. Choose to be there for your loved ones."

Fie Gamble DNP FNP-C
Family Nurse Practitioner






JANUARY IS...

CERVICAL CANCER AWARENESS MONTH

"Get screened, get informed, get vaccinated. Together we can end cervical cancer."

Dr. Elaine Davidson, MD
Assistant Medical Director

Social media

HPV AWARENESS DAY
MARCH 4TH

CHERISH
 Cervical HPV Education Resources for Indigenous Sacred Health

DID YOU KNOW?

- CERVICAL CANCER IS THE FOURTH MOST COMMON CANCER IN WOMEN GLOBALLY
- WOMEN LIVING WITH HIV ARE 6 TIMES MORE LIKELY TO DEVELOP CERVICAL CANCER COMPARED TO THOSE WITHOUT HIV
- OVER 90% OF CERVICAL CANCER CASES ARE CAUSED BY HPV (HUMAN PAPILLOMAVIRUS)
- IF DIAGNOSED EARLY, CERVICAL CANCER CAN BE CURED AND TREATED
- AMERICAN INDIAN/ALASKA NATIVE WOMEN ARE NEARLY TWICE AS LIKELY TO DEVELOP CERVICAL CANCER

*source: who.int (World Health Organization) and cdc.gov

HPV VACCINATION CAN PREVENT CANCER

- AGES 9 - 14
2 DOSE SERIES RECOMMENDED
- AGES 15 +
3 DOSE SERIES RECOMMENDED

CERVICAL CANCER SCREENING IS USED TO FIND CHANGES IN THE CELLS OF THE CERVIX

SCREENINGS ARE RECOMMENDED EVERY 3-5 YEARS FOR WOMEN AGES 21-85

HOW WE CAN BEAT HPV; VACCINE & SCREEN
 HPV = HUMAN PAPILLOMAVIRUS

- 630,000 CANCER CASES PER YEAR LINKED TO HPV
- 85% OF PEOPLE WILL GET AN HPV INFECTION IN THEIR LIFETIME
- HPV IS A COMMON VIRUS THAT IS SPREAD THROUGH INTIMATE SKIN TO SKIN CONTACT
- HPV CAN INFECT BOTH MALES AND FEMALES

SOURCE: CDC.GOV, WHO.INT

HAVE YOU SCHEDULED YOUR CERVICAL CANCER SCREENING?

Who should get screened?

- It is recommended that women aged 21 - 65 years old get screened every 3 - 5 years
- A cervical cancer screening is often known as a "pap smear" or "pap test"

MAKE AN APPOINTMENT

Rincon (760) 749 - 1410 **Santa Ysabel** (760) 765 - 4203

CHERISH
 Cervical HPV Education Resources for Indigenous Sacred Health

*source: CDC.GOV



Community outreach

- Movie Drive-In's
- On-site tabling
- Off-site Community Events





1

Involve people trusted
by the community



2

Ensure information is
available **and** accessible



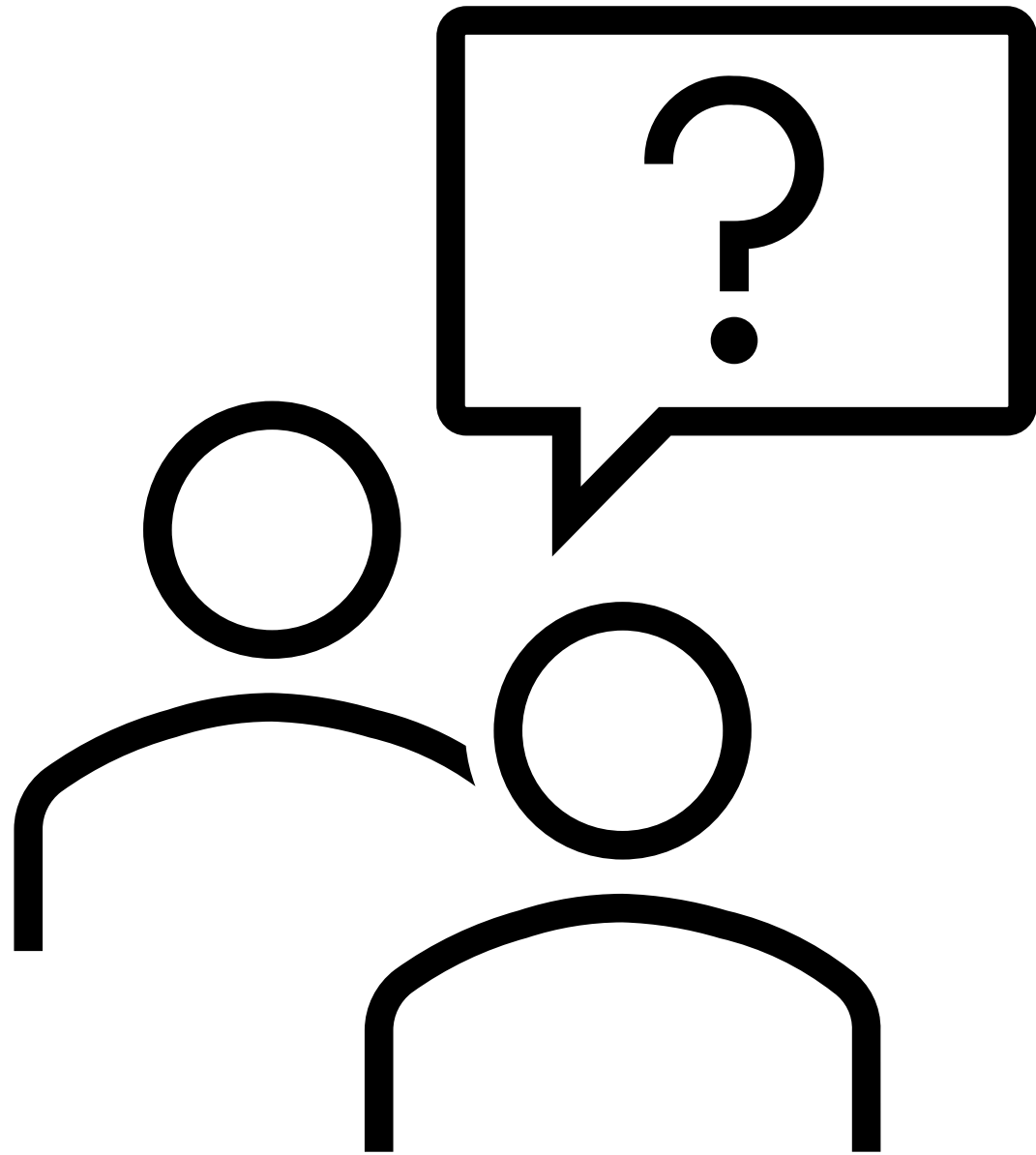
3

Consistently share the
facts (check your
sources)!

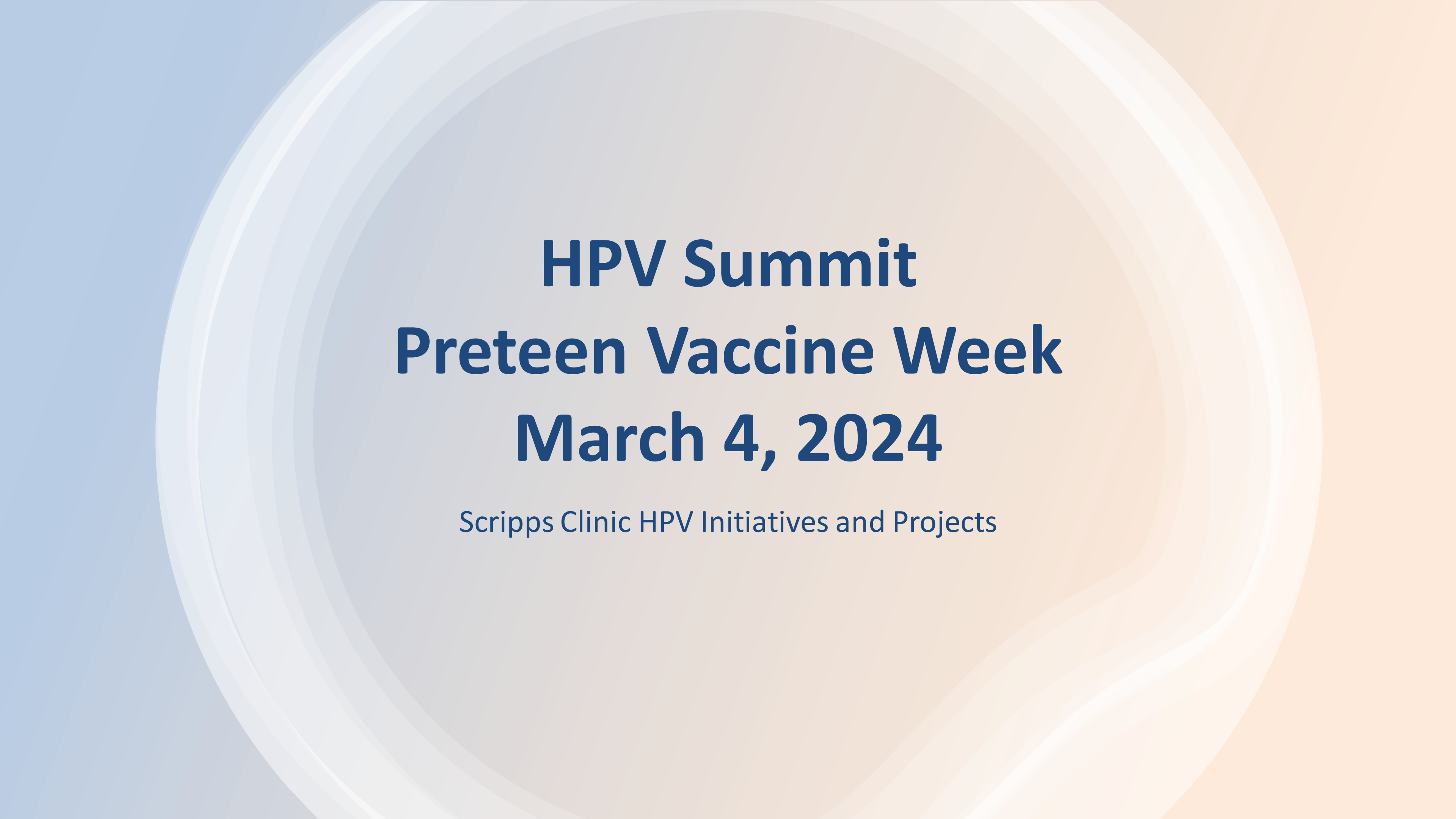


4

Remove the stigma



Questions?



HPV Summit
Preteen Vaccine Week
March 4, 2024

Scripps Clinic HPV Initiatives and Projects

SCMG DEPARTMENT OF PEDIATRICS HPV IMPROVEMENT PROJECTS AND INITIATIVES

- 1: Care Gap/Lapsed Well Check Visit Recall
- 2: Start Age 9 Years Pediatric Board, Maintenance of Certification (MOCA-peds)
- 3: Care Gap Alerts Parent and Provider Facing Activated at Age 9 Years
- 4: HPV Appointment Scheduled Before Patient Leaves for Next Dose and Recall
- 5: HPV Vaccination March Madness

Care Gap/Lapsed Well Check Recall

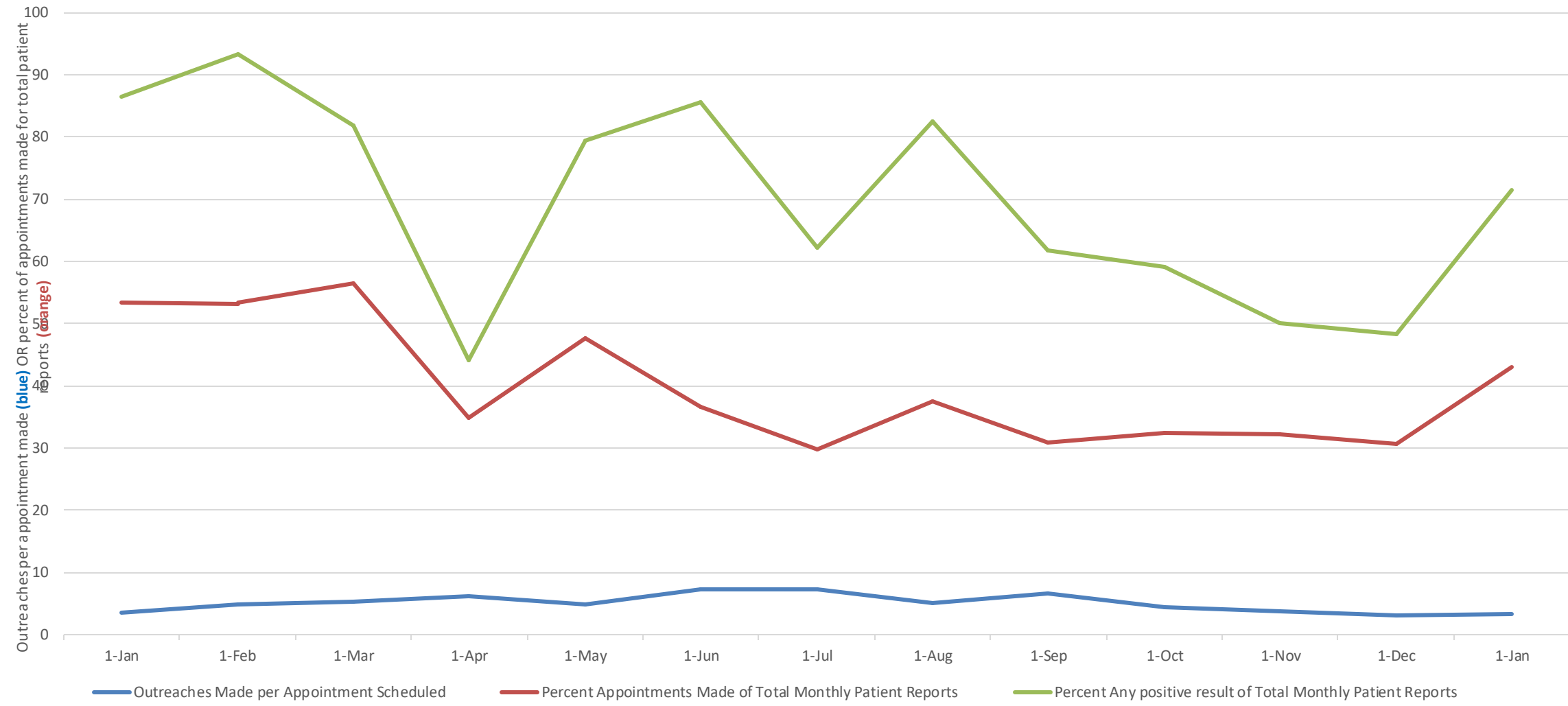
Monthly EPIC Report Run for Patients Who Have Turned 11, 11.5, or 12 Years in the Past Month and Point of Investigation is if they have a Well Check Scheduled in the Next Year. APCs utilize Patient Quality Hours in Day to Run and Check Report.

If no Appointment for Well Check Scheduled "cc'd Chart Message" sent in EPIC to PSR/Office Staff to contact Patient to Make an Appointment.

PSR/Office Staff Enter Their Work in a Grid which is reviewed Site by Site Monthly at the Pediatric Quality Meeting. Evaluated for 3 Values to Ensure System Functioning and any need for Adjustment.

Age	DOB	Sex	PCP	PCP Department	Gap	RV Due?	HiB Due?	IPV Due?	Hep A Due?	Hep B Due?	MMR Due?	VZV Due?	Influenza Due?	DTap/TDap Due?	PCV Due?	HPV Cnt D
6 y.o.	11/05/2017	Female	Me	SCRB PEDIATRICS	4	N/A	N/A	🔴 Yes	✅ No	✅ No	✅ No	🔴 Yes	🔴 Yes	🔴 Yes	N/A	
14 y.o.	04/15/2009	Male	Whitman, Adam Elliot, MD	SCRB PEDIATRICS	1	N/A	N/A	✅ No	✅ No	✅ No	✅ No	❓ Not on file	🔴 Yes	✅ No	N/A	✅
17 y.o.	03/05/2006	Female	Davis, Jenny Ilfeld, MD	SCRB PEDIATRICS	1	N/A	N/A	✅ No	✅ No	✅ No	✅ No	❓ Not on file	🔴 Yes	✅ No	N/A	✅
18 y.o.	03/01/2006	Female	Rose, Olga Dolgonos, MD, MAS	SCRB PEDIATRICS	2	N/A	N/A	✅ No	✅ No	✅ No	✅ No	❓ Not on file	🔴 Yes	✅ No	N/A	✅
17 y.o.	04/25/2006	Male	Bleha, Juliet Louise, MD	SCRB PEDIATRICS	3	N/A	N/A	✅ No	🔴 Yes	✅ No	✅ No	❓ Not on file	🔴 Yes	✅ No	N/A	1
17 y.o.	03/18/2006	Female	Me	SCRB PEDIATRICS	2	N/A	N/A	✅ No	✅ No	✅ No	✅ No	❓ Not on file	🔴 Yes	✅ No	N/A	✅
17 y.o.	05/02/2006	Female	Bleha, Juliet Louise, MD	SCRB PEDIATRICS	1	N/A	N/A	✅ No	✅ No	✅ No	✅ No	❓ Not on file	🔴 Yes	✅ No	N/A	✅
17 y.o.	03/19/2006	Female	Gabrielson, Kathryn Wollam, MD	SCRB PEDIATRICS	1	N/A	N/A	✅ No	✅ No	✅ No	✅ No	❓ Not on file	✅ No	✅ No	N/A	✅
17 y.o.	03/15/2006	Female	Davis, Jenny Ilfeld, MD	SCRB PEDIATRICS	1	N/A	N/A	✅ No	✅ No	✅ No	✅ No	❓ Not on file	🔴 Yes	✅ No	N/A	✅
17 y.o.	04/09/2006	Male	Welsh,	SCRB PEDIATRICS	1	N/A	N/A	✅ No	✅ No	✅ No	✅ No	❓ Not on file	✅ No	✅ No	N/A	1

Number of Outreaches Made per Appointment Made or Percent of appointments Made per total Patient Reports or Percent of Any Positive Result per Total Patient Reports
RB Peds



Start Age 9 Years Pediatric Board, Maintenance of Certification (MOCA-peds)

Data Pulled for HPV Series Starts for each SCMG Pediatric PCP Based upon Age of Series Start for Period 7/1/22-6/30/23. Similar Data Pull will be Made for Period 7/1/23-6/30/24.

MOCA-Peds Category Part 4 Points (Quality Improvement Project) to Increase Percentage of Total HPV Series Starts by 10% Year over Year.

Category Part 4 Points Applied for either Individually or in Groups.

HPV Starts 7/1/22-6/30/23 By Provider and Age <11 years

MOCA-Peds
Starting Data

Name	Total Number HPV Dose #1: Age 9-21 years 7/1/22- 6/30/23	Number and Percent of HPV Total Dose#1 Dose #1 Age 9y 7/1/22-6/30/23	Number and Percent of HPV Total Dose#1 Dose #1 Age 9- 10y 7/1/22-6/30/23
Dabhia	123	3 (2.4%)	10 (8.1%)
Hogen	194	18 (9.3%)	49 (25.3%)
Davis	92	0 (0.0%)	6 (7.5%)
Rose	100	1 (1.0%)	9 (9.0%)
Price	17	0 (0.0%)	3 (17.6%)
Gabrielson	140	5 (3.6%)	11 (7.9%)
Welsh	77	1 (1.3%)	2 (2.6%)
Whitman	190	2 (1.1%)	7 (3.7%)
Bleha	159	1 (0.6%)	6 (3.8%)
Wilson	165	2 (1.2%)	5 (3.0%)
Bancroft	144	2 (1.4%)	14 (9.7%)
Engfelt	200	10 (5.0%)	34 (17.0%)
Kupelian	174	6 (3.4%)	13 (7.5%)
Lichtmann	214	37 (17.3%)	80 (37.4%)
O'Leary	103	2 (1.9%)	4 (3.9%)
MacQuarrie	60	7 (11.7%)	15 (25%)
Jolly	120	3 (2.5%)	10 (8.3%)
Chun	87	9 (10.3%)	38 (43.7%)
Avol	37	1 (2.8%)	3 (8.1%)
Remba	74	0 (0.0%)	12 (16.2%)
Hamer	71	0 (0.0%)	1 (1.4%)
Yu	5	0 (0.0%)	0 (0.0%)
Craig	90	6 (6.7%)	15 (16.7%)
Govender	26	2 (7.7%)	4 (15.4%)
Sprague	56	2 (3.6%)	5 (8.9%)
Van Ness	99	6 (6.1%)	13 (13.1%)
Berger	84	7 (8.3%)	20 (23.8%)

EPIC CARE GAP ALERTS ACTIVE DOWN TO AGE 9 YEARS FOR BOTH PROVIDERS AND PATIENTS/PARENTS

Last Summer SD PATH met with Representatives from the National HPV Roundtable. CDSi uses age 11 years for HPV to indicate to EMRs when Patient Facing and Provider Facing Care Gaps become Active.

SD PATH met with the National Roundtable to Discuss-- as being able to Alert Both Parents and Providers to Age 9 Start would Increase Uptake of HPV. (Miracle Happens)

January 2024 Scripps received Notification that these Alerts are now Possible.

We will activate them in mid March 2024!!!

HPV Appointment Scheduled Before Patient Leaves for Next Dose--and Recall System

Daily Pediatric RN Triage Nurses Run a Report in EPIC that lists each HPV Dose Given in a Pediatric Site. Reports Shows whether a Visit for Next Dose Follow-up was made and can see also if Series Completed/Need Additional Dose.

If Appointment Not Made for Follow-up Dose in Series, RN Triage Nurse sends "Telephone Encounter" EPIC message to PSR/Office Staff to contact patient to bring in for Nurse Visit to Complete

Review of Monthly Data for this Process occurs at Monthly Pediatric Quality Meeting

SCRB Pediatric Patients HPV Follow-up [12669185] as of Thu 4/20/2023 11:10 AM

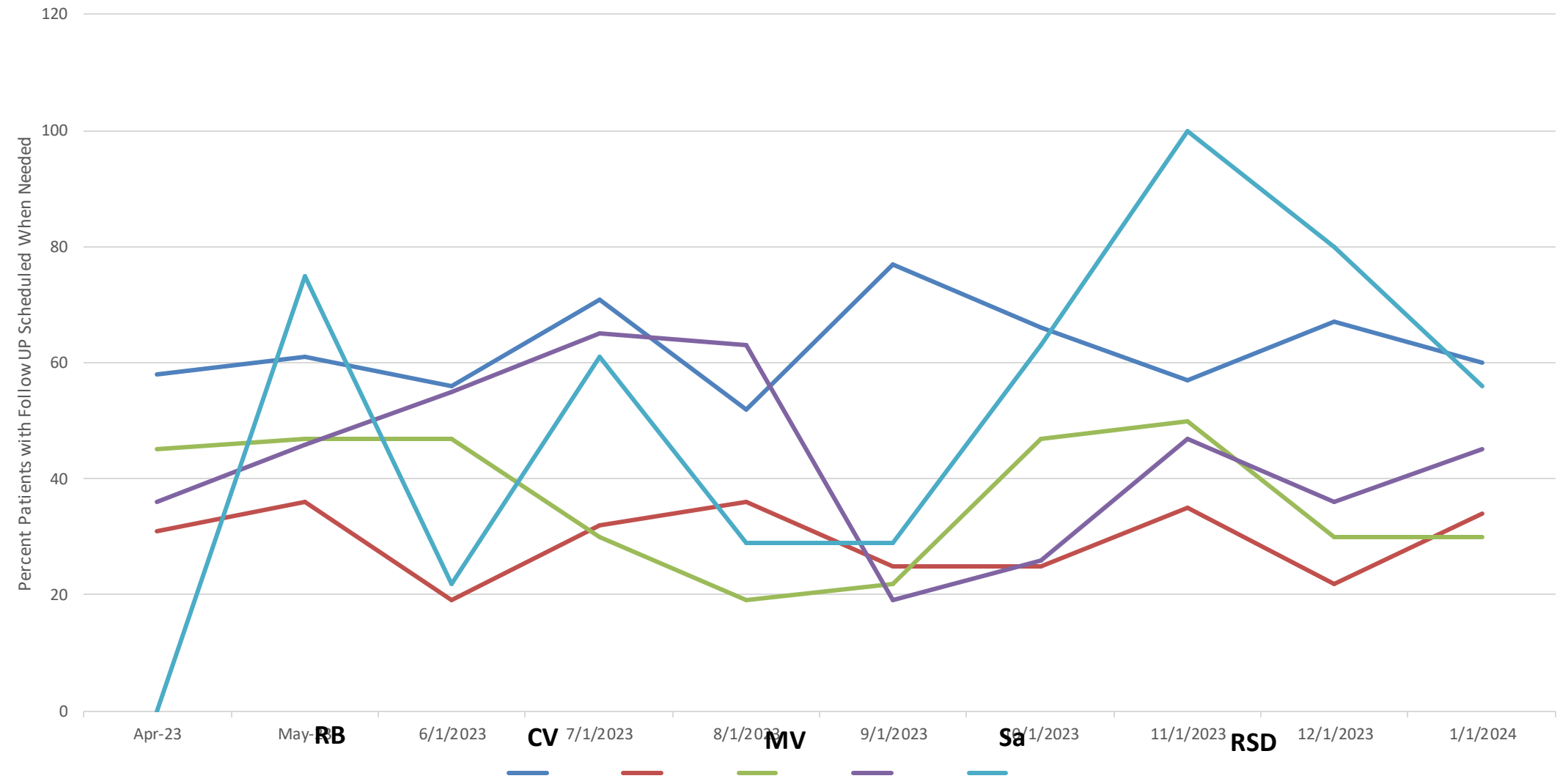
[Chart](#) |
 [Encounter](#) |
 [Communication](#) |
 [Track Pt Outreach](#) |
 [HM Modifiers](#) |
 [Add to List](#) |
 [Study Association](#) |
 [Place Orders](#) |
 [Questionnaire Series](#) |
 [Appts](#)

[Detail List](#) |
 [Explore](#)

[Filter](#)

PCP	MRN	Patient	DOB	Age Sex	Next Follow-Up Date	Next Appt	Next PCP Visit	HPV Due?
Davis, Jenny Ilfeld, MD	810045632	[REDACTED]	10/04/2011	11 y.o. Male				✓ No
Hutton, Kara Michele, MD	700391460	[REDACTED]	11/16/2006	16 y.o. Female				✓ No
Hutton, Kara Michele, MD	700391459	[REDACTED]	11/16/2006	16 y.o. Male				✓ No
Hutton, Kara Michele, MD	700433209	[REDACTED]	03/18/2007	16 y.o. Female				✓ No
Price, Christopher Arlen, MD	810251283	[REDACTED]	03/19/2011	12 y.o. Male	4/19/2024	10/20/2023		✓ No
Whitman, Adam Elliot, MD	810698533	[REDACTED]	02/16/2011	12 y.o. Male	4/19/2024			✓ No
Whitman, Adam Elliot, MD	701145344	[REDACTED]	03/21/2011	12 y.o. Male	4/19/2024			✓ No
Whitman, Adam Elliot, MD	700711339	[REDACTED]	11/17/2008	14 y.o. Male		10/25/2023	10/25/2023	✓ No

Percent of Patients who had Follow up Visit for Next HPV Vaccine Scheduled Before Leaving Clinic





HPV Vaccination
March Madness

HPV Vaccination March Madness



When: March 1-31st

Where: All of Scripps Clinic Medical Group Pediatrics

(Santee, Rancho San Diego, Mission Valley, Carmel Valley, Rancho Bernardo)

Why: HPV Vaccine protects against the viral infection that is the cause of **cervical cancer, cervical precancer, other genital cancers and **head and neck cancers** (which are increasing and now exceed the number of cervical cancers caused by the virus). **By ensuring early completion of the HPV Vaccine series, you can prevent these future cancers in your patients.****

How: When a patient receives an HPV vaccine and is due for an additional dose in the series, schedule a nurse visit for the follow up shot before the patient leaves the exam room and the Clinic. In the 6-month period ending in January 2024, the percentage of patients who received an appointment before leaving the Clinic for their next dose of HPV vaccine was: **Santee 39.3%; Rancho San Diego 59.5%; Mission Valley 33%, Carmel Valley 29.5%, Rancho Bernardo 63.2%.**

Having an appointment for the next dose in the HPV series before a patient leaves the Clinic is shown to increase completion of the series by 8 fold.

At the end of March, the Clinic site with the most percentage change in March above these 6 month baselines will be the winner. Prizes will be given to the Nursing and PSR staff at the winning site. Additional prizes will be awarded for best Physician/APC/Nurse Team improvement and additional awards of special merit may be awarded at each site. Additionally bragging rights for the Scripps Championship for 2024!

There will be a special kickoff Teams meeting on March 5th at 12 noon and March 7th at 12:30 with invite in your email. The talks will be the same on both days to accommodate schedules and will be given by Margaux Stack-Babich, coordinator of the San Diego PATH (San Diego HPV Coalition) with potential special guest Dr Mark Sawyer as available. Our local Merck representative will provide lunch to all sites on March 7th as well.

Let's vaccinate our patients and complete their vaccine series and bring an end to HPV related cancers!!

HPV Vaccination March Madness Brackets: Please Mark your weekly predicted winners for each week indicated: Select the order of the 5 Pediatric Clinic Sites: Rancho Bernardo, Carmel Valley, Mission Valley, Santee, Rancho San Diego.

Week	3/1/24-3/8/24	3/11/24-3/15/24	3/18/24-3/22/24	3/25/24-3/29/24
First				
Second				
Third				
Fourth				
Fifth				

Unbroken Brackets will receive a prize

Your Name: |

END

Closing Remarks

GET INVOLVED

Sign the pledge to help Make SD HPV Cancer Free and become part of our SD PATH community (link in chat)

STAY CONNECTED

Sign up for our SD PATH newsletter (link in the chat) and follow us on Twitter @UCSDCancer_COE for the latest updates!

FEEDBACK

Have comments for us? We would appreciate your feedback on today's event - link coming via recap email!

Thank you!

Summit recording, slides and resources coming soon

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