# Enhancing HPV Immunization in Adolescents

Sheryl Ryan, MD Chief, Section of Adolescent Medicine Department of Pediatrics Yale University School of Medicine

# Objectives

To discuss barriers that teens may experience in acquiring HPV vaccine
 To describe strategies to enhance immunization rates
 To review status of mandates for HPV vaccine

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES . CENTERS FOR DISEASE CONTROL AND PREVENTION **Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2006**

Vaccine 🗙 Age 🕨	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4–6 years	11–1 year		15 years	16–18 years
Hepatitis B <sup>1</sup>	HepB	НерВ		HepB'	НерВ			Hep						
Diphtheria, Tetanus, Pertussis²			DTaP	DTaP	DTaP		DT	TaP		DTaP	Tda	a di	Tdap	-
Haemophilus influenzae type b³			Hib	Hib	Hib <sup>3</sup>	Н	ib					Quadr	ivale	ent
Inactivated Poliovirus			IPV	IPV		IP	v			IPV	HPV vaccine			ne
Measles, Mumps, Rubella⁴						M	VIR			MMR		MI	MR	
Varicella⁵					Varicella				Varicella					
Meningococcal <sup>6</sup>							Vaccines within broken line are for selected populations		MP	SV4	MC	14	MCV4 MCV4	
Pneumococcal <sup>2</sup>			PCV	PCV	PCV	PC	v		PCV		PPV		_	
Influenza®					Influenza (Yearly)					Influe	nza (Yearly	)		
Hepatitis A'							HepA Series							

Range of recommended ages Catch-up immunization 11-12 year old assessment

# **Major Barriers for Adolescents**

- Are adolescents being seen often enough?
  - Dependent upon insurance, having a medical home, schedules
- When they are seen, are they able to obtain vaccine?
  - Funding and reimbursement
  - Parent and provider attitudes

# Are Adolescents Being Seen?

- High rates of uninsurance among adolescents
- 88%-92% of adolescents report having an identified source of primary care<sup>,1,2</sup>
- HEDIS data: 34% of adolescents who participate in health plans have annual preventive visits<sup>3</sup>

NCHS (CDC) data: 86% of 6- to 17-year-olds report at least one doctor's office, ED, or home visit within past year<sup>4</sup>

1. Klein JD, et al. Arch Pediatr Adolesc Med. 1998;152:676-682. 2. Klein JD, et al. J Adolesc Health. 1999;25:120-130. Slide from: Amy Middleman, MD;3.HEDIS=Health Plan Employer Data and Information Set; NCHS=National Center for Health Statistics1. McInerny TK, et al. *Pediatrics.* 2005;115:833-838;4. National Center for Health Statistics. *Health, United States, 2005.* Slide courtesy of Amy Middleman, MD, Med. and Larry Neinstein, MD.

# Family/ Teen

### Practitioner Health System

**HPV Vaccine Barriers** 

6

# **Practitioner Barriers**

Lack of knowledge

Updated recommendations

Competing priorities
Reimbursement issues
Concern about acceptability, behavioral issues raised by vaccine
Attitudes

Rupp R et al. *J Adolesc Health.* 2006;39:461-464. Oster NV. *J Am Board Fam Pract.* 2005;18:13-19. Daley MF et al. *Pediatrics.* 2006;118:2280-2289.

# **Family/Parent Barriers**

Lack of knowledge

 Efficacy

 Concerns about appropriateness for early adolescents

 Sexuality issues

 Cost concerns

Rosenthal SL et al. *J Adolesc Health*. 1995;17:248-254. Dempsey AF et al. *Pediatrics*. 2006;117:1486-1493.

# **Teen Barriers**

Lack of knowledge
Responding to parental ambivalence
Consent/confidentiality
Gearing message to appropriate development level

Slonim AB et al. J Adolesc Health. 2005;36:178-186. Rosenthal SL. J Adolesc Health. 2005;37:177-178. Zimet GD. Curr Opin Obstet Gynecol. 2006;18(suppl 1):S23-S28.

Health System Barriers Lack of insurance/medical home Inadequate information to families and providers Settings for care not conducive to immunizations - Acute settings, time constraints Diffusion of responsibility/fragmentation of care Lack of system for reminders/registry

Institute of Medicine. *Financing Vaccines in the 21st Century*. Washington, DC: National Academies Press; 2003. McInerny TK et al. *Pediatrics*. 2005;115:833-838

# What Strategies Can We Use?

# **Provider Strategies**

Education; information about guidelines
Adequate reimbursement
Think creatively about all opportunities for immunization
Use team approach in clinical setting

Identification; reminder systems, routine assessment, standing orders

# Parent Strategies

Education Written information Focused discussions on health Acceptance linked to: Level of awareness Preference for use later in adolescence Concern about serious disease protection, not how disease transmitted Short MB, Rosenthal SL. Current Opinions in Pediatrics. 18:53-7,

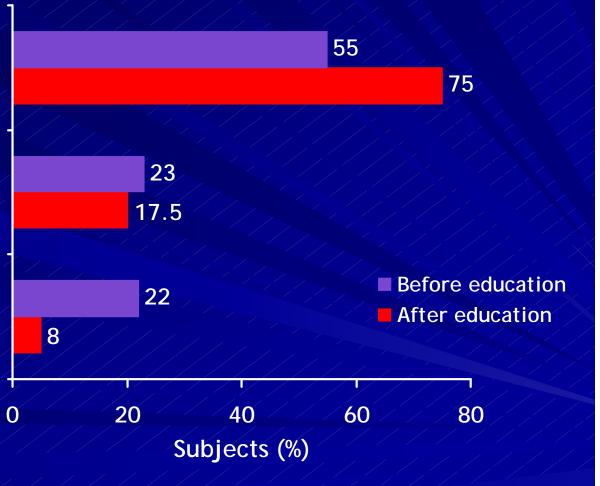
2006.

#### Educational Intervention Improves Parental Acceptance of HPV Vaccine

Subjects who wanted HPV vaccination for their children

Subjects who did not want HPV vaccination for their children

Subjects undecided about HPV vaccination for their children



Subjects were parents or guardians of 10- to 15-year-old boys and girls. Davis K et al. *J Lower Genit Tract Dis.* 2004;8:188-194. Slide courtesy of Amy Middleman, MD, Med.

# **Teen Strategies**

Age-appropriate information
Support from parents
Keep messages relevant to concerns, reality
"Quick" vaccine visits
Use alternative sites for vaccine delivery

# System Strategies

Ensure adequate reimbursement Clear guidelines on consent Consistent guidelines across sites and settings Immunization registries Focus on prevention visits Promote alternate sites for education and delivery

# **Alternative Immunization Sites**

#### Pharmacies

- 44 states allow pharmacists to immunize<sup>1</sup>
School-based initiatives and clinics
City/county clinics
Family planning clinics
Ob/gyn offices and clinics
Emergency departments

1. Immunization Action Coalition. www.immunize.org/laws/pharm.htm. Slide courtesy of Amy Middleman, MD and Larry Neinstein, MD.

# Should we rely on school mandates?

# **Benefits of School Mandates**

System for standard implementation
 Eliminates disparities

 VFC program

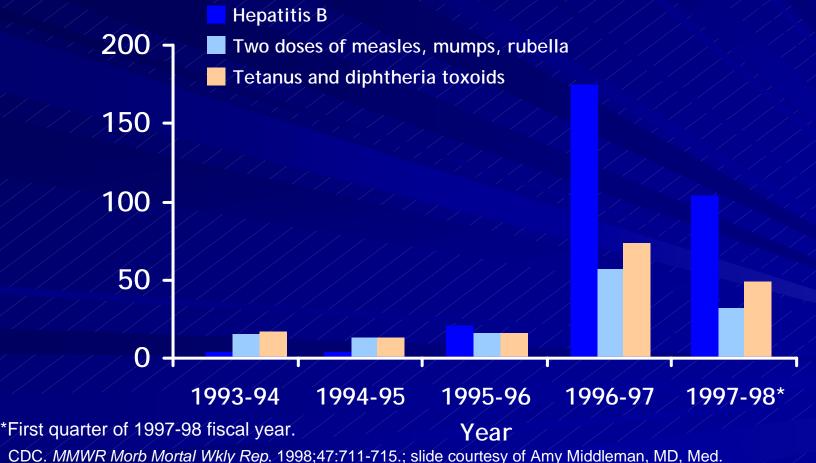
 Mandates often drive reimbursement, insurance coverage
 Herd immunity

# **Downside of School Mandates**

- Need funding systems in place in order for them to work
- Resolution of political/philosophical differences
  - Public/provider support
- Adequate safety data needed
- Need adequate supply

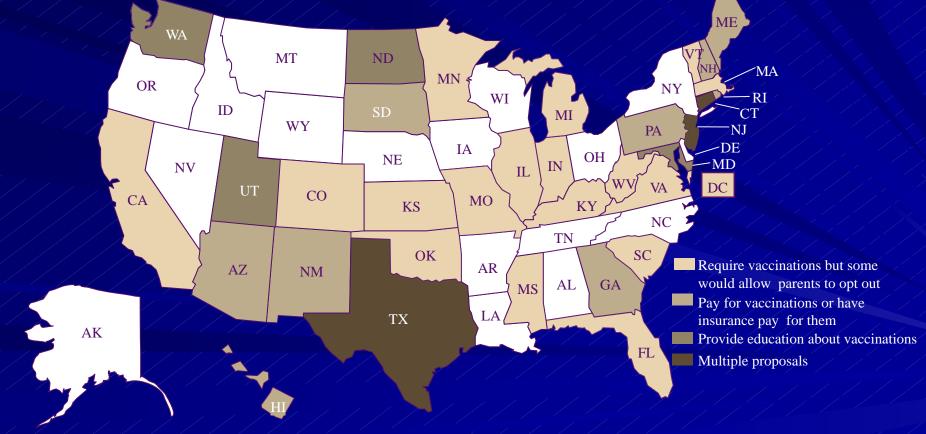
# Florida Hepatitis B Vaccine Doses After State-Mandated (Funded) Vaccination

Number of doses of selected vaccines administered by the Florida Department of Health to persons aged 10 to 14 years, by fiscal year-Florida, 1993-1998.



### State Proposals to Educate, Mandate, or Reimburse for HPV Vaccine

http://www.ncsl.org/programs/health/HPVvaccine.htm



Source: National Conference of Stage Legislators.



Middleman AB, et al. *J Adolesc Health*. 2006;38:321-327; Slide courtesy of Amy Middleman,MD, MEd.

# Thank you.

Acknowledgment: Amy Middleman, MD, MEd. Larry Neinstein, MD