

15-02

## STATEMENT OF POLICY

### Increasing HPV Vaccination Rates in Males and Females

#### Policy

The National Association of County and City Health Officials (NACCHO) supports strong coordination, collaboration, and communication among public health, healthcare providers, parents and caregivers, and community partners at the local, regional, state, and federal levels to increase human papillomavirus (HPV) vaccination coverage in both males and females according to the recommendations of the Advisory Committee on Immunization Practices (ACIP). Local health departments should implement and adapt programs and policies to increase vaccination rates in their communities.

NACCHO encourages local health departments to develop a comprehensive approach to increasing HPV vaccination rates that includes the following:

- Encouraging providers to make strong and consistent HPV vaccine recommendations and educating them on the most effective way of communicating these recommendations;
- Supporting communication campaigns to educate parents and caregivers about the importance of HPV vaccination for cancer prevention and encouraging parents and caregivers to vaccinate their children;
- Educating adolescents directly about HPV and other adolescent health issues;
- Developing relationships with non-traditional vaccine providers such as pharmacists and expanding their role in increasing HPV vaccination rates;
- Developing relationships with adolescent health groups, hospital systems, healthcare and cancer coalitions, school systems, and provider groups to support HPV vaccination;
- Developing, using, and sharing best practices to increase HPV vaccination rates and close the gap between male and female vaccination rates;
- Reducing missed opportunities and increasing HPV vaccine series completion through assessment and system-based changes using tools such as AFIX, reminder/recall, standing orders, and Immunization Information Systems;
- Implementing evaluation and data collection processes to demonstrate the impact of HPV vaccine promotion initiatives;
- Seeking opportunities to address systemic barriers to vaccination such as health inequity and a lack of access to healthcare; and
- Establishing themselves as trusted sources of information about HPV and other vaccines in their community.



Local health departments should consider developing or maintaining the capacity to bill third-party payers for the vaccine and administration to ensure long-term programmatic sustainability. NACCHO also encourages continued state and federal support of local health department efforts to establish HPV initiatives, sustain program activities, and collaborate with public health partners.

### **Justification**

HPV is the most common sexually transmitted infection in the United States and is responsible for nearly 26,000 new cases of cancer each year. HPV infections are responsible for the majority of cervical cancer and have been increasingly linked to cancers of the anus, penis, throat, vagina, and vulva.<sup>1,2</sup> The combined cost of HPV-associated cancers and other conditions is estimated to be \$8 billion per year in the United States.<sup>3</sup>

Immunization has proven to be one of the most effective and safest public health interventions available. In 2006, ACIP recommended the HPV vaccine for routine vaccination of adolescent females between ages 11–12.<sup>4</sup> In 2011, ACIP expanded the recommendation to include adolescent males.<sup>5</sup> Although the President’s Cancer Panel considers HPV vaccination a top priority in cancer prevention, coverage rates remain significantly low and fall short of the Healthy People 2020 target of 80% for both males and females.<sup>6,7</sup> According to 2013 National Immunization Survey data, 57.3% of females and 34.6% of males received at least one dose of HPV vaccine compared to 86% for tetanus, diphtheria, and pertussis (Tdap) and 77.8% for meningococcal conjugate vaccines. This demonstrates both the disparity between male and female vaccination rates and the feasibility of high adolescent vaccine coverage.<sup>8,9</sup>

However, providers often miss opportunities to vaccinate adolescents during routine healthcare visits as evidenced by the fact that nearly two-thirds of 11–12 year olds are not vaccinated for HPV at office visits where they receive other vaccines.<sup>10</sup> If these missed opportunities were avoided, approximately 93% of 13- to 17-year-old females would have at least initiated the series by 2012.<sup>11</sup> Healthcare provider peer-to-peer education can be effective in overcoming challenges for the collective uptake of adolescent vaccines; therefore, it may be useful in reducing missed opportunities and encouraging providers to make a strong recommendation. This is especially important since a physician’s recommendation is the strongest predictor of HPV vaccination among adolescents.<sup>12, 13</sup>

Increasing access to healthcare may also lead to increased HPV vaccination rates since adolescents with health insurance and high healthcare utilization are associated with higher vaccination coverage.<sup>14</sup> Misinformation about HPV and the HPV vaccine are pervasive in many communities, which can be overcome through effective communication campaigns. Racial disparities also exist in HPV vaccination coverage, as lower rates of series completion have been shown in African-American females compared to other groups<sup>15</sup>; thus addressing systemic issues such as health inequity may help increase vaccination rates.

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## **Record of Action**

*Proposed by NACCHO Immunization Workgroup*

