



# MA Adult Immunization Update

May 20, 2014

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# Presenter Disclosure Information

Susan M. Lett, MD, MPH  
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Consultant	No relevant conflicts of interest to declare or relevant conflict
Grant Research/Support	No relevant conflicts of interest to declare or relevant conflict
Speaker's Bureau	No relevant conflicts of interest to declare or relevant conflict
Major Stockholder	No relevant conflicts of interest to declare or relevant conflict
Other Financial or Material Interest	No relevant conflicts of interest to declare or relevant conflict
Off Label Use of Vaccines	Will be discussed, but in accordance with current ACIP recommendations

# Objectives

- 2014 Adult Immunization Schedule
- Pneumococcal Recommendations
- Immunization Rates
- Adult Immunization Standards
- Special Updates
- MA HPV Initiative

# 2014 Adult Immunization Schedule

MMWR 2014;63:110.

Annals of Internal Medicine 2014;160:190




# Recommended Adult Immunization Schedule—United States - 2014


Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.


Figure 1. Recommended adult immunization schedule, by vaccine and age group<sup>1</sup>

VACCINE ▼	AGE GROUP ►	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza <sup>2,*</sup>		1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>3,*</sup>		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs					
Varicella <sup>4,*</sup>		2 doses					
Human papillomavirus (HPV) Female <sup>5,*</sup>		3 doses					
Human papillomavirus (HPV) Male <sup>5,*</sup>		3 doses					
Zoster <sup>6</sup>						1 dose	
Measles, mumps, rubella (MMR) <sup>7,*</sup>		1 or 2 doses					
Pneumococcal 13-valent conjugate (PCV13) <sup>8,*</sup>		1 dose					
Pneumococcal polysaccharide (PPSV23) <sup>9,10</sup>		1 or 2 doses					1 dose
Meningococcal <sup>11,*</sup>		1 or more doses					
Hepatitis A <sup>12,*</sup>		2 doses					
Hepatitis B <sup>13,*</sup>		3 doses					
<i>Haemophilus influenzae</i> type b (Hib) <sup>14,*</sup>		1 or 3 doses					

\*Covered by the Vaccine Injury Compensation Program

 For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster

 Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication)

 No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m. - 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).

**Figure 2. Vaccines that might be indicated for adults based on medical and other indications<sup>1</sup>**

VACCINE ▼	INDICATION ►	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]) <sup>4,6,7,8,15</sup>	HIV infection CD4+ T lymphocyte count <sup>4,6,7,8,15</sup>		Men who have sex with men (MSM)	Kidney failure, end-stage renal disease, receipt of hemodialysis	Heart disease, chronic lung disease, chronic alcoholism	Asplenia (including elective splenectomy and persistent complement component deficiencies) <sup>8,14</sup>	Chronic liver disease	Diabetes	Healthcare personnel
				< 200 cells/μL	≥ 200 cells/μL							
Influenza <sup>2,*</sup>			1 dose IIV annually			1 dose IIV or LAIV annually		1 dose IIV annually				1 dose IIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>3,*</sup>		1 dose Tdap each pregnancy	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs									
Varicella <sup>4,*</sup>			Contraindicated					2 doses				
Human papillomavirus (HPV) Female <sup>5,*</sup>			3 doses through age 26 yrs					3 doses through age 26 yrs				
Human papillomavirus (HPV) Male <sup>5,*</sup>			3 doses through age 26 yrs					3 doses through age 21 yrs				
Zoster <sup>6</sup>			Contraindicated					1 dose				
Measles, mumps, rubella (MMR) <sup>7,*</sup>			Contraindicated					1 or 2 doses				
Pneumococcal 13-valent conjugate (PCV13) <sup>8,*</sup>								1 dose				
Pneumococcal polysaccharide (PPSV23) <sup>9,10</sup>								1 or 2 doses				
Meningococcal <sup>11,*</sup>								1 or more doses				
Hepatitis A <sup>12,*</sup>								2 doses				
Hepatitis B <sup>13,*</sup>								3 doses				
<i>Haemophilus influenzae</i> type b (Hib) <sup>14,*</sup>			post-HSCT recipients only					1 or 3 doses				

\*Covered by the vaccine injury compensation program

- For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster
- Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)
- No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of February 1, 2014. For all vaccines being recommended on the Adult Immunization Schedule: a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm)). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention

# 2014 Adult Immunization Schedule Updates to Footnotes, slide 1

## ❑ Td/Tdap footnote updates

- No change in recommendations
  - Adults vaccinated with one dose of Tdap (received any time since age 11 years) do not need another dose unless pregnant
  - Pregnant women should receive a dose of Tdap\* with **every** pregnancy<sup>1</sup>
    - Optimal timing is **between 27 and 36 weeks gestation** to maximize maternal antibody response and passive antibody transfer
    - But can be given any time during pregnancy
    - If not given during pregnancy, administer immediately postpartum
  - **NO** minimum interval\* between Tdap and any previous diphtheria- or tetanus-containing vaccine<sup>2</sup>



<sup>1</sup> MMWR 2013;62(7):131.

\*Off-label

<sup>2</sup> MMWR 2011;60(1):13.

<http://www.cdc.gov/vaccines/schedules/hcp/adult.html>.

# 2014 Adult Immunization Schedule

## Updates to Footnotes, slide 2

### ❑ Hib vaccine

- Updated language per recently published ACIP recommendations
  - **Functional or anatomic asplenia:** 1 dose of Hib vaccine should be administered to persons who have functional or anatomic asplenia, sickle cell disease, or are undergoing elective splenectomy, if they have not previously received Hib vaccine. Hib vaccination 14 or more days before splenectomy is suggested.
  - **Hematopoietic stem cell transplant (HSCT):** 3-dose series of Hib vaccine 6–12 months recommended after successful HSCT transplant regardless of prior Hib vaccination.
  - **HIV:** Prior Hib vaccine guidance recommended that Hib vaccination of adults infected with human immunodeficiency (HIV) be considered, but updated now Hib vaccination **NO** longer recommended for previously unvaccinated adults with HIV infection because their risk for Hib infection is low.

**New**



# Influenza Vaccine Components 2014-2015 Unchanged



- ❑ **The 2014-2015 trivalent seasonal influenza vaccine will include**
  - A/California/7/2009 (H1N1)
  - A/Texas/50/2012-like (H3N2) (similar to A/Victoria)
  - **B/Massachusetts/2/2012-like (Yamagata lineage)**
- ❑ **The 2014-2015 quadrivalent seasonal influenza vaccine will contain the same three strains plus the B/Brisbane/33/2008 (Victoria lineage)**

# PCV13 and PPSV 23 Recommendations for High Risk Adults



MMWR 2012;61:816



# PCV13 and PPSV23 for High-Risk Adults 19 Years and Older\*

- ❑ Administer a single dose of PCV13 to pneumococcal naïve adults with:
  - functional or anatomic asplenia, including sickle cell
  - Immunocompromising conditions
  - Chronic renal failure and nephrotic syndrome
  - CSF leak
  - Cochlear implants
- ❑ Followed by a dose of PPSV23 at **≥8 weeks** later
- ❑ High risk adults who have previously received one or more doses of PPSV23, should receive a dose of **PCV13 at ≥1 year** after the last dose of PPSV23

\*ACIP off-label recommendation for PCV13 for adults 19 through 49 years of age

MMWR 2012;61:816

# PPSV23 Second Dose for Adults 19 through 64 Years of Age\*

- ❑ Administer a second dose of PPSV23 at  $\geq 5$  years after first dose of PPSV23 and at  $\geq 8$  weeks after a dose of PCV13 to high-risk adults 19 through 64 years of age with:
  - Functional or anatomic asplenia, including sickle cell disease
  - Immunocompromising conditions
  - Chronic renal failure or nephrotic syndrome
- ❑ Does **NOT** apply to CSF leaks or cochlear implants

\* off-label

MMWR 2014;63:110

# PPSV23 for Adults 65 Years of Age and Older\*

- ❑ Persons who received PPSV23 **before** age 65 years for any indication **should** receive another dose at age 65 or older if:
  - ❑  $\geq 5$  years have passed since previous dose; and
  - ❑  $\geq 8$  weeks since a dose of PCV13
- ❑ Those vaccinated with PPSV23 at  $\geq 65$  do not need any additional doses

Everyone needs at least 1 dose of PPSV23 at  $\geq 65$  years

\* off-label

MMWR 2014;63:110

Risk group	Underlying medical condition	PCV13	PPSV23	PPSV23 5-year Revaccination
Immune competent persons	Chronic heart disease†		✓	
	Chronic lung disease§		✓	
	Diabetes mellitus		✓	
	Cerebrospinal fluid leak	✓	✓	
	Cochlear implant	✓	✓	
	Alcoholism		✓	
	Chronic liver disease, cirrhosis		✓	
	Cigarette smoking		✓	
Persons with functional or anatomic asplenia	Sickle cell disease/other hemaglobinopathy	✓	✓	✓
	Congenital or acquired asplenia	✓	✓	✓
Immunocompromised persons	Congenital or acquired immunodeficiency	✓	✓	✓
	Human immunodeficiency virus infection	✓	✓	✓
	Chronic renal failure	✓	✓	✓
	Nephrotic syndrome	✓	✓	✓
	Leukemia	✓	✓	✓
	Lymphoma	✓	✓	✓
	Hodgkin disease	✓	✓	✓
	Generalized malignancy	✓	✓	✓
	Iatrogenic immunosuppression	✓	✓	✓
	Solid organ transplant	✓	✓	✓
	Multiple myeloma	✓	✓	✓

**S**

- [www.immunize.org/catg.d/p2019.pdf](http://www.immunize.org/catg.d/p2019.pdf)

- [www.immunize.org/catg.d/p2015.pdf](http://www.immunize.org/catg.d/p2015.pdf)

## Pneumococcal Vaccines — CDC answers your questions

Experts from the National Center for Immunization and Respiratory Diseases at the Center for Disease Control and Prevention answer your questions about pneumococcal polysaccharide (PPV23) and pneumococcal conjugate (PCV7) vaccines.

**How serious is pneumococcal disease?**  
Pneumococcal disease is a serious illness that can cause blood infections and death. In the U.S., at least 10,000 people die each year from pneumococcal disease. About 100,000 people are hospitalized each year because of pneumococcal disease.

**Is it essential that we have 23-valent PCV23?**  
Yes. PCV23 is the only pneumococcal vaccine that is licensed for use in children. It is the only vaccine that can protect against 23 different pneumococcal strains that cause the most serious pneumococcal disease. PCV23 is the only vaccine that can protect against 23 different pneumococcal strains that cause the most serious pneumococcal disease.

**How is pneumococcal disease spread?**  
Pneumococcal disease is spread by droplets of mucus from an infected person's nose or mouth. It can also be spread by contact with the mucus of an infected person. It can also be spread by contact with the mucus of an infected person.

**How is pneumococcal disease prevented?**  
Pneumococcal disease is prevented by vaccination. The best way to prevent pneumococcal disease is by getting vaccinated with PCV7 or PPV23. PCV7 is recommended for all children under 2 years of age. PPV23 is recommended for all people who are 65 years of age or older.

**What are the signs and symptoms of pneumococcal disease?**  
The signs and symptoms of pneumococcal disease include fever, chills, cough, and difficulty breathing. It can also cause chest pain, headache, and confusion. It can also cause skin rashes and joint pain.

**How is pneumococcal disease treated?**  
Pneumococcal disease is treated with antibiotics. It is important to take antibiotics exactly as prescribed. It is also important to get plenty of rest and drink plenty of fluids.

**What are the risks of pneumococcal disease?**  
The risks of pneumococcal disease include death, disability, and long-term complications. It can also cause chronic health problems. It can also cause long-term health problems.

**What are the benefits of pneumococcal vaccination?**  
The benefits of pneumococcal vaccination include protection against pneumococcal disease, reduction in the risk of death and disability, and reduction in the risk of long-term complications. It can also reduce the risk of chronic health problems.

**What are the costs of pneumococcal vaccination?**  
The costs of pneumococcal vaccination vary. PCV7 is covered by most health insurance plans. PPV23 is covered by most health insurance plans. It is also available for purchase from the CDC.

**What are the recommendations for pneumococcal vaccination?**  
PCV7 is recommended for all children under 2 years of age. PPV23 is recommended for all people who are 65 years of age or older. It is also recommended for people who are at high risk of pneumococcal disease.

**What are the contraindications to pneumococcal vaccination?**  
There are no contraindications to pneumococcal vaccination. It is safe for everyone to get vaccinated.

**What are the side effects of pneumococcal vaccination?**  
The side effects of pneumococcal vaccination are rare. They include fever, soreness at the injection site, and allergic reactions. It is important to talk to your doctor about the risks and benefits of vaccination.

**What are the questions you still have?**  
If you have any questions about pneumococcal vaccination, please contact your doctor or the CDC. We are here to help you.

**For more information on CDC's new recommendations for the use of pneumococcal polysaccharide vaccine, go to [www.imzmunize.org/cip](http://www.imzmunize.org/cip).**

**What findings prompted CDC to have revised recommendations for PCV23 in children?**  
CDC's new recommendations for PCV23 in children are based on new data from the National Immunization Survey. The data show that PCV23 is effective in preventing pneumococcal disease in children. It also shows that PCV23 is safe for children. The data also show that PCV23 is cost-effective. The data also show that PCV23 is the only vaccine that can protect against 23 different pneumococcal strains that cause the most serious pneumococcal disease.

**What are the new recommendations for PCV23 in children?**  
The new recommendations for PCV23 in children are that PCV23 should be given to all children under 2 years of age. It should be given as a single dose. It should be given at the same time as other vaccines. It should be given at the same time as other vaccines.

**What are the new recommendations for PCV23 in adults?**  
The new recommendations for PCV23 in adults are that PCV23 should be given to all adults who are 65 years of age or older. It should be given as a single dose. It should be given at the same time as other vaccines. It should be given at the same time as other vaccines.

**What are the new recommendations for PCV23 in people with chronic conditions?**  
The new recommendations for PCV23 in people with chronic conditions are that PCV23 should be given to all people who have a chronic condition that increases their risk of pneumococcal disease. It should be given as a single dose. It should be given at the same time as other vaccines. It should be given at the same time as other vaccines.

**What are the new recommendations for PCV23 in people who are at high risk of pneumococcal disease?**  
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# Immunization Rates






# MA Adult Vaccination Rates

Vaccine/Group	2011	2012	2013
Tdap $\geq 18$ y/o	19%	21%	36%
Zoster $\geq 60$ y/o	17%	24%	30%
HPV females 18-26 y/o (1+ doses)	55%	61%	60%
HPV females 18-26 y/o (3+ doses)	78%*	79%*	78%*
HPV males 18-26 y/o (1+ doses)	6%	9%	23%
HPV males 18-26 y/o (3+ doses)	N/A	N/A	30%*
Influenza vaccine $\geq 65$ y/o	67%	64%	66%
Pneumococcal vaccine $\geq 65$ y/o	72%	70%	70%

\*Percent of those who received at least 1 dose.

# MA Flu Vaccination Rates, NIS & BRFSS



	<b>MA 2011-12</b>	<b>MA 2012-13</b>	<b>US 2012-13</b>
→ Everyone 6 mos+	50%	58%*	45%
Children 6 mos – 17 yrs	63%	75%*	57%
• Children 6 mos – 4 yrs	86%	83%	70%
• Children 5 – 12 yrs	71%	78%	59%
• Adolescents 13 – 17 yrs	39%	67%*	43%
Adults 18 +	47%	53%*	42%
• Adults 18 – 64 y/o	42%	49%*	36%
• Adults HR 18 – 64 y/o	57%	58%	47%
• Adults 50 – 64 y/o	52%	56%	45%
• Adults 65+	70%	71%	66%

# Seasonal Influenza Vaccination Rates in MA in $\geq 6$ months, by Race/Ethnicity 2012-2013 Season

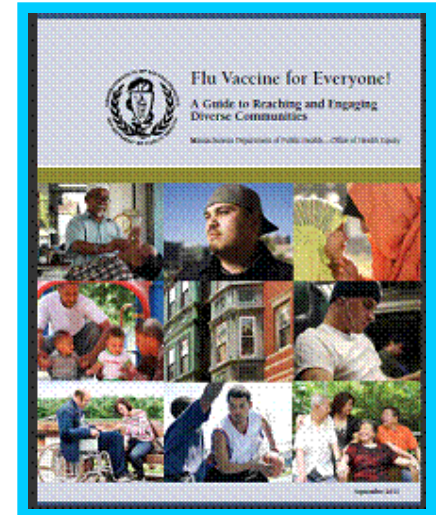
	MA	US	Ranking
<b>White</b>	56%	46%	3
<b>Black</b>	56%	41%	4
<b>Hispanic</b>	65%	43%	1
<b>Other</b>	60%	48%	2

Source: BRFSS

**Influenza Vaccination Among Pregnant Women — Massachusetts, 2009–2010**

**Pregnancy Risk Assessment Monitoring System  
(PRAMS, 2009-2010)**

Vaccine	MA	U.S
Seasonal flu	68%	47%
pH1N1	58%	40%



- MA rates were amongst the highest of 29 participating states and fewer disparities among pH1N1 coverage.
- MDPH targeted education and equity campaign might have contributed to high rates and decreased disparities.



# **New** Standards for Adult Immunization Practice

Recommendations of the National Vaccine Advisory  
Committee (NVAC)

<http://www.cdc.gov/vaccines/hcp/patient-ed/adults/index.html>

or

<http://www.publichealthreports.org>

Now Available on then MAIC Website:

<http://maic.jsi.com/>

# Adult Immunization Key Facts and Rationale for New Standards

- ❑ Vaccine coverage among adults is unacceptably low and disparities exist
- ❑ Limited patient awareness
- ❑ Patients willing to get vaccinated when recommended by medical providers
- ❑ Systemic offering and recommendations from clinicians result in higher uptake
- ❑ Primary care providers believe immunizations are important to provide
- ❑ Adults vaccinated by many providers in many venues
- ❑ New 'Standards' include many different types of providers:
  - ❑ Immunizing
  - ❑ Non-immunizing
  - ❑ Professional groups
  - ❑ Health Departments
- ❑ Immunization Registries can consolidate immunization records and provide decision support
- ❑ ACA will provide adults with first dollar coverage for vaccines

Hurley, et al. Annals of Internal Medicine, 2014.

Guide to community preventive services: [www.thecommunityguide.org/vaccines/index.htm](http://www.thecommunityguide.org/vaccines/index.htm)

NVAC. Public Health Reports March-April 2014:129:115

# Adult Immunization Practice Standards for Providers



- **ASSESS** the immunization status of all patients at every clinical encounter.
- **SHARE** a **STRONG RECOMMENDATION** with patients for vaccines they need.
- **ADMINISTER** needed vaccines
  - or **REFER** patients to a vaccinating provider and **confirm receipt**.
- **DOCUMENT** all vaccines administered or received.
- Understand how to access **immunization registries**
- Stay up-to-date, educate patients
- Ensure staff are vaccinated

# Adult Immunization Standards for Health Departments

- Determine community adult vaccination capacity, needs and barriers
- Support activities and policies to increase rates and **reduce barriers.**
- Ensure professional competency
- Collect, analyze and disseminate data
- **Outreach and education** to public and providers
- Work to **decrease disparities**
- Increase **immunization registry** access for adults
- Increase capacity to **bill** the insured
- Ensure preparedness and communicate vaccine information to providers and public
- Promote adherence to laws & regs pertaining to immunizations







# Special Updates

## Billing

## Technical Assistance Projects

## Legislative Update

## MIIS



# MA Public Clinic Billing Project

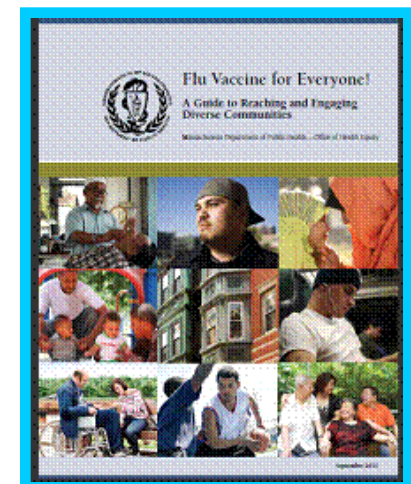
- For 10% fee, CHCF at Commonwealth Medicine electronically bills the participating plans and distributes payments to public providers
  - 11 private health plans and MassHealth participate
- Cities and towns can bill contracted plans for the:
  - Administration of state-supplied flu vaccine to individuals ages 6 months and older
  - Cost of purchasing and administering all recommended vaccines to adults
  - 177 public sector providers across the state participate, representing 212 out of 351 towns in MA
- > \$800,000 reimbursed to communities last flu season



# Working with the Office of Health Equity (OHE) to Offer Technical Assistance to Local Health



- Immunization program collaborates with the OHE and Office of Emergency Preparedness to offer technical assistance and resources to BOHs to reduce immunization disparities in their communities
- 10 BOHs have volunteered for this project
- One of the MDPH-developed tools promoted is “Flu Vaccine for Everyone! A Guide for Reaching and Engaging Diverse Communities”



# Quality Improvement Project to Increase Adult Vaccination Rates in Community Health Centers (CHCs), MA 2011-2013

Evidence-based strategies to improve adult immunization rates in 40 CHCs via technical assistance, webinars and enrollment in the MIIS

- Standing orders increased from 67% to 78%
- Provider medical record flags increased from 54% to 75%

Adult Vaccination Rates from Four CHCs, 2011-2013		
Vaccine	2011	2013
HPV – females, 3 doses, 18-26 y/o	15%	32%
HPV – males, 3 doses, 18-26 y/o	0%	3%
Influenza, 18+ y/o	25%	32%
PPSV23, 65+ y/o	44%	48%
Tdap, 18+ y/o	15%	32%
Zoster, 60+ y/o	4%	14%

# An Act Establishing the MA Childhood Vaccine Program

Acts 2014  
Chapter 28

- **Vaccine Funding:** Establishes a Vaccine Purchase Trust Fund and ensures stable funding for all childhood vaccines
  - Makes line-item assessment language permanent
  - Creates a novel public-private collaboration
  - Assesses health plans (surcharge payers) for childhood vaccines
  - Saves health plans money by purchasing vaccines at a 40% discount on the federal contract
- **Immunization Registry:** Includes assessment for maintenance of registry (MIIS)
- **Reimbursement:** Ensures adequate benefits for vaccines

- Immunization Registry Module:
  - Sites reporting data: **366**
  - Patient Records: **1.6 Million**
  - Immunizations: **8.4 Million**
- Vaccine Management Module
  - Sites ordering vaccine: **359**
  - Vaccine orders: **666**

**Vaccinations Across  
the Lifespan**



- In the event of a pandemic, vaccine will be allocated through the MIIS vaccine management module
- A key element of preparedness includes registration for the MIIS
- Register now at [www.contactmiis.info](http://www.contactmiis.info)

**Attend the one of the MIIS Sessions:**

- Morning Session 11:15am - 12:30pm
- Afternoon Session 1:45pm - 3:00pm

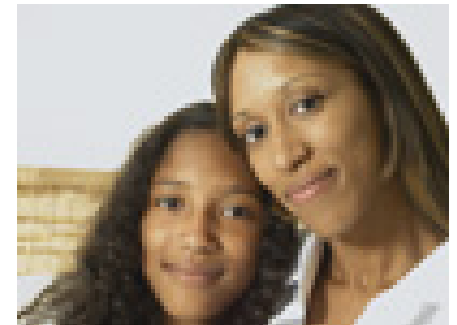
**Visit the MIIS Table to learn about:**

- New and coming functionality
- Registration and re-enrollment
- Training resources



# Massachusetts HPV Vaccination Initiative

**Your Strong  
Recommendation  
Is Critical!**





# MA HPV Initiative Activities

1. **Development of statewide joint initiative with partners and stakeholders**
2. **Educating healthcare providers about burden of HPV disease, HPV vaccine schedule, evidence-based strategies**
3. **Implementation of media campaign targeting parents**
4. **Training and supporting a subset of providers to pilot the MIIS (MA immunization registry) to use immunization coverage reports and to use reminder/recall**

**MDPH one of 11 states funded by CDC**

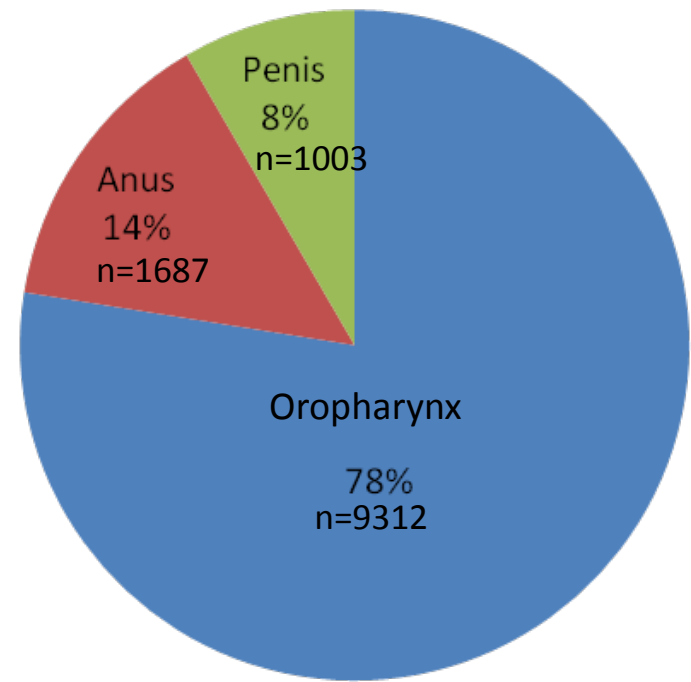
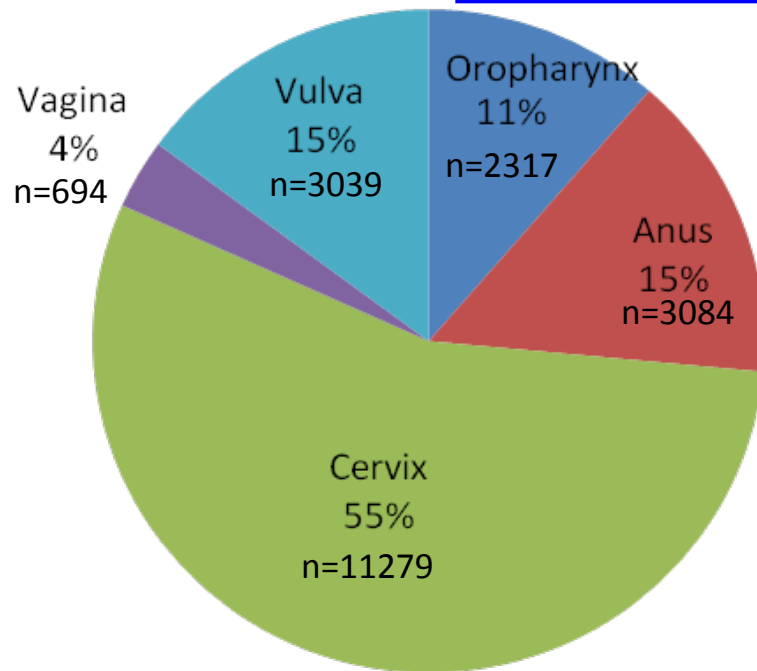


# Average Number of New HPV-Associated Cancers by Sex, in the United States, 2005-2009

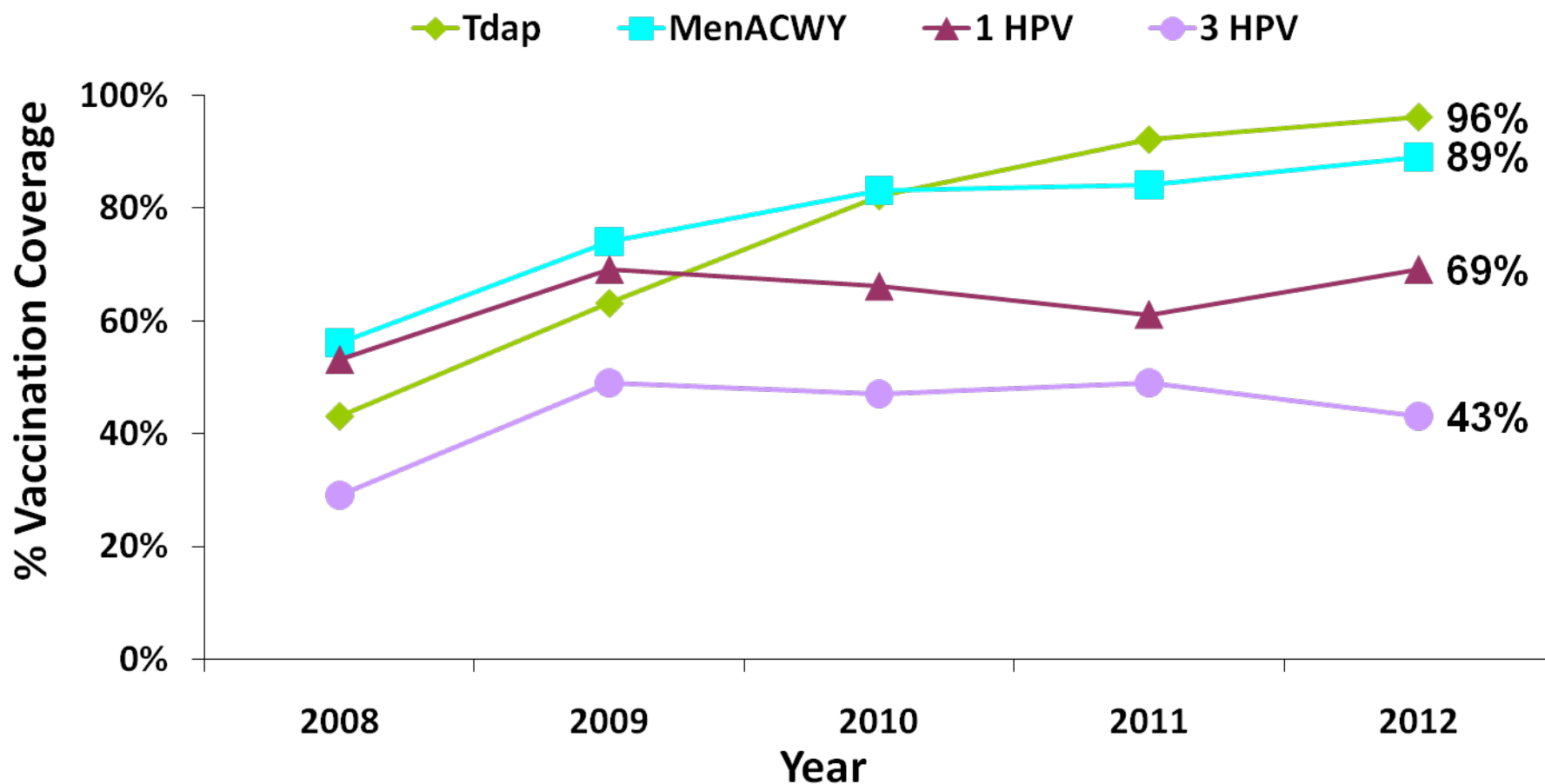
Women (N=20,413)

Men (N=12,002)

Non-cervical cancers are increasing



## **Massachusetts Estimated Vaccination Coverage with Tdap, MCV4, and HPV\* among Adolescents 13-17 yrs, 2008 – 2012**



Source: NIS Teen

# What Providers Can Do

- **Strong, clear, routine recommendation for HPV vaccine at 11-12 years**
- **Assess and vaccinate at every visit**
- **Use reminder/recall systems**
- **Assessment and feedback**
- **Standing Orders**
- **Immunization Champion**

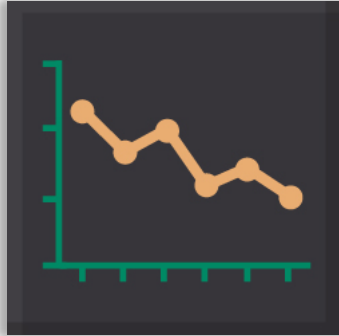
The Community Guide - What works to promote health



Talking about HPV vaccine

# FRAMING THE CONVERSATION

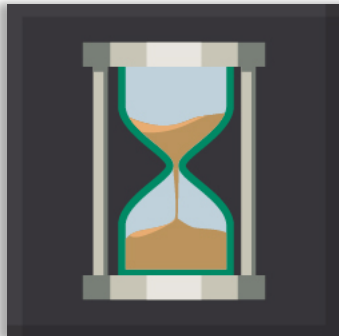
# HPV Vaccine is an anti-cancer vaccine



Reduction in prevalence of vaccine-type HPV by 56% in girls age 14-19 with vaccination rate of ~30%



Our low vaccination rates will lead to 50,000 girls developing cervical cancer – that would be prevented if we reach 80% vaccination rates



For every year we delay increasing vaccination rates to this level, another 4,400 women will develop cervical cancer

# **Make a Strong, Routine Recommendation at Age 11-12 Years**

- Make in the same manner as for other others
- **Recommend all 3 vaccines on the same day: HPV, Tdap and MCV4**
- Listen carefully and welcome questions

**Decide as a practice to adopt this policy.  
According to CDC, this is the single most  
effective way to get the  
1<sup>st</sup> dose into patients and increase coverage!**

# Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say "Your child needs these shots today," and name all of the vaccines recommended for the child's age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents' questions helps you save time and give an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.



CDCRESEARCH  
SHOWS:

The "HPV vaccine is cancer prevention" message resonates strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

TRY SAYING:

HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That's why I'm recommending that your daughter/son receive the first dose of HPV vaccine today.

CDCRESEARCH  
SHOWS:

Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.

TRY SAYING:

HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 26,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.

CDCRESEARCH  
SHOWS:

Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.

TRY SAYING:

We're vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.

CDCRESEARCH  
SHOWS:

Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.

TRY SAYING:

Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

<http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf>





# URGENT CALL TO PREVENT CANCER - TAKE THE HPV CHALLENGE

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Start your vaccine discussions with all  
11-12 year-olds and their parents by saying:  
“ Your child needs 3 vaccines today –  
HPV, Tdap and meningococcal.”

# CDC “You Are the Key” Website

HPV Vaccine Resources for Healthcare Professionals



HPV Vaccine is Cancer Prevention

Overview Tools for Your Practice Handouts to Give to Patients & Parents

**You Are the Key to HPV Cancer Prevention**



Watch a short video to remind you why YOU are the key to preventing HPV-related cancers. [5:35 mins]

• HPV is so common that almost everyone will be infected with HPV at some point in their lives; however most people will never know they have been infected.

**Resource Spotlight**



Understanding the Burden of HPV-Related Cancers [1.51MB]

Customize this slideset for presentations on HPV and HPV vaccination.



Tips for Talking to Parents about HPV Vaccine [1 page]

CDC

<http://www.cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html>

# MDPH Immunization Program



## Contact Information

### Immunization Program Main Number

For questions about immunization recommendations, disease reporting, etc.

- Phone: 617-983-6800
- Fax: 617-983-6840
- Website: [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm)

### MIIS Help Desk

- Phone: 617-983-4335
- Fax: 617-983-4301
- Email: [miishelpdesk@state.ma.us](mailto:miishelpdesk@state.ma.us)
- Websites: [www.contactmiis.info](http://www.contactmiis.info) | [www.mass.gov/dph/miis](http://www.mass.gov/dph/miis)

### MDPH Vaccine Unit

- Phone: 617-983-6828
- Fax: 617-983-6924
- Email: [dph-vaccine-management@state.ma.us](mailto:dph-vaccine-management@state.ma.us)
- Website: [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm) (click on Vaccine Management)