

Q: ANY OTHER WAYS I COULD IMPROVE HPV VACCINATION RATES?

A: YOU CAN SIGN UP FOR FREE PEDIA LINK AND EQIPP COURSES:

EQIPP: Immunizations—Improve Your Practice Rates

Cost: Free for AAP members (non-members \$199)

This EQIPP course is designed to identify immunization rates in your practice, barriers to immunization delivery systems, and techniques to overcome those barriers through the use of clear aims that reflect expert principles and proven quality improvement methods and tools.

Available at: <http://eqipp.aap.org/>

EQIPP Credit Information:

AMA PRA Category 1 Credit(s)[™]: 28.00

AAP Credit: 28.00

MOC Part 4: 25.00

NAPNAP Credit: 28.00

Performance Improvement: 20.00

Pharmacology Rx: 4.25



PediaLink: Adolescent Immunizations—Strongly Recommending the HPV Vaccine

Cost: Free

This course will discuss strategies for strongly recommending the HPV vaccine and will offer information to help pediatricians address their patients' concerns about the vaccine. Available at: <http://pedialink.aap.org/visitor> (click the Continuing Education tab)

PediaLink: Adolescent Immunizations—Office Strategies

Cost: Free

This course provides strategies that pediatric offices can use to optimize their adolescent immunization efforts and improve their adolescent immunization rates. Available at: <http://pedialink.aap.org/visitor> (click the Continuing Education tab)

PediaLink Credit Information:

AMA PRA Category 1 Credit(s)[™]: 1.00

AAP Credit: 1.00

Contact Hour: 1.00

NAPNAP Credit: 1.00

Pharmacology Rx: 0.00



This publication was supported by the Cooperative Agreement Number, 1H23IP000952, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

The Ask-Acknowledge-Advise communication model was developed and tested by Vax Northwest. This tip sheet was also guided by the research of Noel Brewer, Ph.D., chair of the American Cancer Society HPV Vaccination Round Table.

BE A CHAMPION FOR HPV VACCINATION

Tips for protecting the children in your care.

HOW CAN I BEST RESPOND TO PARENTS' QUESTIONS?

HOW CAN I IMPROVE HPV VACCINE RATES IN MY PRACTICE?

WHAT'S WORKING FOR OTHER PEDIATRICIANS?

I WANT 100% OF MY PATIENTS TO BE VACCINATED. ANY SUGGESTIONS?



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN[™]



HPV VACCINE IS CANCER PREVENTION



Q: HOW CAN I BEST RESPOND TO PARENTS' QUESTIONS?

A: THE ASK, ACKNOWLEDGE, ADVISE MODEL MAY HELP:

Start the conversation with a strong, bundled recommendation by saying: *Today your child is due for three vaccines. They will protect him/her from the cancers caused by HPV, and infections causing meningitis, whooping cough, tetanus & diphtheria.*

Ask

Give parents a chance to ask questions and voice concerns.

SAY: What questions do you have for me?

Clarify and restate their concerns to make sure you understand.

Acknowledge

Emphasize it is the parents' decision.

SAY: I know you want to make the right decision for your child.

We both want [him/her] to stay safe and healthy.

Acknowledge risks and conflicting information sources.

SAY: There is a lot of information out there; what have you heard?

Applaud them for wanting what is best for their child and be clear that you are concerned for the health of their child, not just public health safety.

SAY: Of course, you want to do everything you can to keep [child's name] safe, and so do I.

Advise

Clarify their concerns to make sure you understand and are answering the question they actually care about.

- Be willing to discuss parents' ideas.
- Offer written resources for parents.
- Tailor your advice using the Centers for Disease Control and Prevention's (CDC) Tips and Time-savers. (<http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf>)

Remember

Delay is more common than refusal and declination is not final.

The conversation can be revisited.

- End the visit with at least one action you both agree on.
SAY: I'd like to keep this conversation open. Is it okay if we talk again at the next visit?
- Because waiting to vaccinate is the risky choice, many pediatricians ask the parent to sign a Declination Form. (<http://www2.aap.org/immunization/pediatricians/pdf/refusaltovaccinate.pdf>)

Q: WHAT INFORMATION WILL HELP ME BE PREPARED TO DISCUSS HPV VACCINE WITH PARENTS?

A: YOU CAN START WITH THESE FAQ RESPONSES:

Is HPV vaccine really necessary?

Definitely. There are about 26,000 cases of cancers caused by HPV each year—and most could be prevented with HPV vaccine. These are cancers of the mouth or throat and anus, as well as cancer of the penis in men and cancers of the cervix, vagina, and vulva in women. HPV vaccine can also prevent many more pre-cancers of the cervix which require treatments that can have lasting effects on fertility.

Why should 11–12-year-olds get HPV vaccine?

Vaccinating at age 11–12 provides the best protection possible. Studies show that HPV vaccine makes more antibodies and prevents more disease when vaccines are given at the recommended age.

This child is not sexually active. Why should he or she get HPV vaccine?

We vaccinate people well before they are exposed to an infection, just like with measles and the other recommended childhood vaccines. If you vaccinate after someone is infected, the vaccine does not work. HPV is so common that almost everyone will be infected at some point. Most people infected will never know. So even if someone waits until marriage to have sex, or only has one partner in their entire life, they could still be exposed if their partner has been exposed.

Does this vaccine work?

Yes! In studies of males and females, the vaccine was shown to prevent almost 100% of warts and pre-cancers caused by the HPV types in the vaccine.

Q: WHAT ARE OTHER PEDIATRICIANS SAYING TO THEIR PATIENTS?

- ### A:
- "Today your child is due for three vaccines. They will protect him/her from the cancers caused by HPV, and infections causing meningitis, whooping cough, tetanus & diphtheria."
 - "I strongly believe in the importance of this cancer-preventing vaccine for all my patients."
 - "Experts including the American Academy of Pediatrics and the American Cancer Society agree that this vaccine is very important for 11- and 12-year-olds."

Q: ANY ADDITIONAL THOUGHTS FOR IMPROVING HPV VACCINATION RATES IN MY PRACTICE?

A: YOU CAN ACTIVELY PARTICIPATE IN AFIX VISITS:

If your VFC-enrolled practice is due for an AFIX visit, the AAP strongly encourages pediatricians to participate in the visit. Practices participating in AFIX adolescent visits will receive a thank you package which will include a limited-edition AAP "Guide to Adolescent Immunizations" flip chart, CME and MOC opportunities, along with other AAP and CDC informational resources.

CDC's AFIX is a research-supported continuous quality improvement process. CDC's AFIX Program works collaboratively with providers to increase and sustain high immunization coverage and incorporates evidence-based immunization practices at the immunization provider level.

(A)ssessment: a standardized method for collecting and analyzing quantitative and qualitative vaccination coverage data and information. The assessment provides the opportunity to understand practice patterns that may affect the delivery of immunizations to the provider's patient population.

(F)eedback: informs provider and staff about assessment observations and results while encouraging discussion around ways to improve immunization rates, reduce missed opportunities, and improve the immunization delivery system. Feedback results in the development of clear and achievable quality improvement activities.

(I)ncentives: recognition of improved performance quality for providers and staff making practice-based changes, developing more effective immunization delivery systems, and ultimately improving immunization coverage. Incentives are used in combination with immunization educational aspects covered during feedback.

e(X)change: follow-up with providers used to monitor and support progress towards implementing quality improvement strategies discussed during feedback. The exchange ensures providers have the necessary resources and information to improve the quality of their immunization services.

AFIX is widely supported as an effective and recommended strategy for improving immunization rates and practices in both public and private provider settings. The Task Force on Community Preventive Services and CDC's Advisory Committee on Immunization Practices (ACIP) respectively recommend and endorse Assessment and Feedback "based on strong evidence of its effectiveness across a range of settings and populations."



For more information about AFIX, please contact your state health department.

WE WANT TO HEAR FROM YOU! PLEASE EMAIL IMMUNIZE@AAP.ORG TO TELL US ABOUT YOUR SUCCESS VACCINATING ADOLESCENTS IN YOUR OFFICE.

FOR MORE INFORMATION, ACCESS THE HPV CHAMPION TOOLKIT AT WWW.AAP.ORG/HPVTOOLKIT

