

## REPORT OF COUNCIL ON SCIENCE AND PUBLIC HEALTH

CSPH Report 6-A-18

Subject: Physician Role in Increasing Vaccination for HPV

Presented by: David Lakey, MD, Chair

Referred to: Reference Committee on Science and Public Health

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### 1 **Background**

2 The first human papillomavirus (HPV) vaccine was licensed for use in females ages 9-26 years, according  
3 to the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices  
4 (ACIP) recommendations in 2006, with updated recommendations for the use of the 9-valent vaccine in  
5 females and males in 2014. After twelve years of use in the general population of the United States and  
6 other countries worldwide, it has been established as a safe and effective vaccine that will prevent HPV-  
7 associated cancers in women and likely in men; yet, there has been a substantial lag in uptake in the  
8 United States, especially in certain states. The multi-specialty Texas Medical Association HPV  
9 Workgroup convened at the 2017 TMA Winter Conference, after David Lakey, MD, chair of the TMA  
10 Council on Science and Public Health, recognized the need for a well-coordinated effort among several  
11 TMA committees to increase the uptake of HPV vaccine in Texas. Important partners invited to  
12 participate in this effort included representatives of the ImmTrac2 group at the Texas Department of State  
13 Health Services (DSHS), Texas Pediatric Society (TPS), University of Texas (UT) System, Texas Health  
14 Improvement Network, MD Anderson Cancer Center, and the Texas Cancer Coalition/American Cancer  
15 Society. Face-to-face meetings of this workgroup occurred in January, March, July, and September 2017,  
16 and several teleconferences took place between April 2017 and January 2018.

17  
18 Data from the 2016 National Immunization Surveys (NIS) Teen Survey were published in the Morbidity  
19 and Mortality Weekly Report (MMWR) on August 25, 2017 and summarized by the UT System  
20 Population Health Group in its recent report, *Missed Opportunity: Human Papillomavirus Vaccination*.  
21 These reports were disseminated to physicians in Texas and provide additional support for the work of  
22 this group. In summary, less than half (49.3 percent) of Texas adolescents aged 13-17 years had received  
23 one HPV vaccine in 2016. Texas ranks 47<sup>th</sup> (including the District of Columbia) in its HPV vaccination  
24 rate of teens, well below all but four other states in the country. The specific tasks for the HPV workgroup  
25 were to identify potential barriers to vaccination and develop strategies to improve HPV vaccination rates  
26 in Texas.

27  
28 This report summarizes the obstacles identified and discusses evidence-based strategies for physicians  
29 and institutions to overcome these obstacles and increase the rate of HPV vaccination in Texas, thereby  
30 improving the health of Texans. While there is more work to be done by this HPV workgroup, the TMA  
31 Council on Science and Public Health will identify further steps in consultation with its committees.

### 32 33 **Development of Goals of TMA's HPV Workgroup**

34 The TMA HPV Workgroup convened for the first time on Jan. 27, 2017, during TMA's 2017 Winter  
35 Conference. Workgroup members discussed the Texas Health and Human Services Commission (HHSC)  
36 HPV Strategic Plan released in December 2016. The workgroup evaluated whatever current Texas  
37 vaccination data could be obtained (2015 Teen Survey), data from groups who were engaged in studies,  
38 and were able to share the data they had collected. The following needs and barriers to increase  
39 acceptance of HPV vaccine by families and patients were identified by the workgroup:

- 1
- 2 a) A need to reframe the conversation about HPV vaccine to stress the role in prevention of cancer
- 3 in females and males and to administer the vaccine at the same time as the state-required pre-teen
- 4 doses of Tdap and MenACWY vaccines.
- 5 b) Lack of physician knowledge of the published safety and effectiveness data of HPV vaccine and
- 6 data that demonstrate that receiving the HPV vaccine does NOT encourage sexual promiscuity.
- 7 c) A need for widespread dissemination of communication skills that have proved successful in
- 8 dispelling the myths associated with the HPV vaccine and improving vaccine acceptance.
- 9 d) Overestimation of physicians of the reluctance of families to accept HPV vaccine for their sons
- 10 and daughters.
- 11 e) Time required to discuss this vaccine with families who are in need of more information.
- 12 f) Importance of providing HPV vaccine in the medical home at the same time as the Tdap and
- 13 MenACWY vaccines in order to ensure that many of the other recommended preventive medicine
- 14 screenings and counseling are provided; obtaining HPV vaccine by pre-teens in a pharmacy is not
- 15 an optimal public health approach.
- 16 g) Lack of a fully functional statewide immunization registry (ImmTrac2) for tracking vaccine data
- 17 by practice or clinic and non-participation of physicians; such registries have proven to be critical
- 18 components of achieving high statewide vaccination rates.
- 19 h) Lack of consistent physician tracking of their HPV vaccination rates within their practice or
- 20 clinic. This can be accomplished via electronic medical record (EMR) systems or via a fully
- 21 functional ImmTrac2 system. Many physicians are not sufficiently well versed in the function of
- 22 the EMR to produce such reports.
- 23 i) Unfamiliarity of physicians with stories of men and women who have survived an HPV-
- 24 associated cancer.
- 25

26 After several meetings, the workgroup developed the following goals for 2017-2018:

- 27
- 28 a) Develop and promote a robust, physician-curated, HPV Resource Center on the TMA website.
- 29 b) Develop a HPV Data Workgroup to identify data deficiencies and interventions as needed.
- 30 c) Coordinate TMA communications to provide members with tangible strategies to improve HPV
- 31 vaccination rates.
- 32 d) Leverage stakeholder interest on improving HPV rates in Texas. This includes: Texas Health
- 33 Improvement Network, American Cancer Society, MD Anderson Cancer Center, Texas Pediatric
- 34 Society, Texas Academy of Family Physicians, DSHS/HHSC, the Texas School Nurses
- 35 Association, etc.
- 36 e) Identify and disseminate best practices for HPV immunization rates focused on education,
- 37 communication, vaccine delivery, and vaccine rate tracking. The most important factor in HPV
- 38 vaccine acceptance is strong physician recommendation.
- 39 f) DSHS to share HPV county data with those epidemiologists responsible for immunization
- 40 programs in their jurisdictions.
- 41 g) Explore development of novel programs to deliver HPV education and/or vaccine in schools and
- 42 on college campuses through the Texas Health Improvement Network with TMA's Be Wise –
- 43 Immunize<sup>SM</sup> program.
- 44 h) Adopt the recommendations of this report as House of Delegates policy at TexMed 2018.

#### 45 **TMA HPV Data Group**

46 Dr. Lakey appointed Jane Siegel, MD, Chair of TMA's Committee on Infectious Diseases, to chair the

47 HPV Data Group. It was evident that with a goal of improving the HPV vaccination rate in Texas, a

48 reliable data collection system was needed. Volunteers from the workgroup were asked to participate if

49 they had an interest.

1 The findings of the data workgroup include:

- 2
- 3 a) A priority of the HPV data group was to define capability of collecting state data and work with  
4 DSHS to develop interventions as needed. Establishing a validated baseline for HPV vaccination rates  
5 is necessary to measure effectiveness of interventions developed. When physicians review the  
6 vaccination rates in their practices/clinics, they are often surprised to see the results and are motivated  
7 to work at increasing those rates. A fully functional registry should have the capacity to generate  
8 physician-specific reports. DSHS launched the implementation of a new ImmTrac2 registry using the  
9 template that has been found to be very successful in Wisconsin, but many obstacles in Texas have  
10 been identified. It is anticipated that ImmTrac2 will be a fully functional state immunization registry.

11

12 Although there has been much concern about the barrier of having an “opt-in” vaccine registry,  
13 Texas’ high consent rate at birth of 94-96 percent and a consent withdrawal rate of <1 percent  
14 suggests that this should not be a significant obstacle to maintaining data on immunizations in  
15 children <18 years of age. Rather, it is the physician participation and the logistical details that need  
16 to be addressed in order to assure universal participation of physicians in the immunization registry.  
17 The top two priorities regarding consent are:

- 18 i. Assuring that those children who have moved to Texas are consented for ImmTrac2 and that  
19 their historical vaccine data from their state of origin are submitted to ImmTrac2.  
20 ii. Improving the consent rate for 18-year-olds from the current 4.8 percent.

21

22 Working with DSHS, especially on the immunization registry, is necessary to enhance the function of  
23 ImmTrac2 as our state registry. Standardization of methodology of data collection, analysis, and  
24 presentation is needed and will benefit from efforts made to collaborate with the various electronic  
25 health record (EHR) systems. According to TMA data, more than 70 percent of physicians use EHRs,  
26 and approximately nine EHR systems are the most commonly used. However, each EHR has a  
27 different way of interfacing with ImmTrac2, which poses a challenge facing ImmTrac2 and its ability  
28 to upload data consistently.

- 29
- 30 b) Three clinics/practice networks in different locations in Texas were identified whose physicians had  
31 been tracking their HPV vaccination rates as part of funded studies and were willing to share their  
32 data for the purpose of determining feasibility. Lessons learned from the data collected at these  
33 locations include:
- 34 i. It is feasible to track individual physician immunization rates at regular intervals within a  
35 clinic/practice network.
- 36 ii. A clinic/practice network will benefit by designating an individual(s) to oversee the  
37 management of the EHR system to generate physician specific reports at regular intervals, to  
38 analyze trends, and to validate the interaction with ImmTrac2, including uploads, correction  
39 of rejections, consent for 18 year olds and for patients who have moved to Texas from other  
40 states. The latter group may be willing to consent since most have moved from states with  
41 functional immunization registries.
- 42 iii. HPV vaccine acceptance rates are increased when:
- 43 a. Communication skills developed for vaccine-hesitant families are used.  
44 b. HPV is bundled with Tdap and MenACWY vaccines.  
45 c. Vaccination status is reviewed at every patient visit.  
46 d. Needed vaccines are offered at all visits.  
47 e. The vaccine series is initiated at <15 years of age because only two doses will be  
48 required.
- 49 iv. Education of all office/clinic staff is beneficial, especially of medical assistants (MAs), to  
50 assure consistent messaging to families.

- 1 v. Understanding how to present data for trending vaccination rates will assist physicians in  
2 identifying areas for improvement.

3 **Additional Findings and Suggestions of the HPV Workgroup**

- 4 a. The Texas Pediatric Society (TPS) has participated in a pilot EQIPP (Education in Quality  
5 Improvement Pediatric Project) program for Maintenance of Certification (MOC) credit sponsored by  
6 the American Academy of Pediatrics (AAP). TPS recruited eleven pediatric practices to complete the  
7 EQIPP module that included an educational webinar on HPV vaccination and communication  
8 strategies and collection of baseline and post-educational HPV vaccination rates from twenty charts  
9 identified randomly. Of note, there was only a modest improvement because the participating  
10 physicians already were utilizing the recommended tools and had achieved approximately 80 percent  
11 HPV vaccination rate of at least one dose at baseline.
- 12 b. Physicians participating in these summer meetings of the HPV Data Group all agreed that becoming  
13 more aware and understanding the “big picture” of the state of HPV vaccination in Texas was very  
14 valuable. Drivers to improve data collection and gaps between physician daily practices and  
15 availability of data to measure effectiveness of interventions need to be identified.
- 16 c. Identifying a local community champion(s) who may serve as a resource and “cheerleader” for  
17 physicians has been helpful in some locations.
- 18 d. Educate physicians to track their vaccination rates. Experts on EHR systems may need to be involved.  
19
- 20 e. Recognizing the role of school nurses and school administrators in educating students and families,  
21 which is under investigation.
- 22 f. The importance of collaborating with other societies of physicians, e.g. family practice.  
23  
24  
25  
26

27 **HPV Tools, Social Media, and Deliverables**

28 TMA developed a physician-curated HPV Resource Center on the TMA website, located at  
29 [www.texmed.org/HPV](http://www.texmed.org/HPV). The site includes links to a variety of educational materials, as well as tools for  
30 physicians to improve their vaccination efforts, such as: CDC toolkits, a customizable CDC power point  
31 titled, “You are the Key to Cancer Prevention,” and stories told by both male and female survivors of  
32 HPV-associated cancers. This site will undergo periodic review with updates as needed. Copies of TMA’s  
33 infographics over HPV is provided in Appendix A.  
34

35 Physician leadership to advocate for the HPV vaccine with patients is critical. TMA should continue to  
36 educate physicians about the importance of following the ACIP recommended immunization schedule,  
37 along with utilization of EHR systems to track their own progress and to upload data into ImmTrac2. This  
38 will be part of TMA education efforts including the Texas Medical Association Foundation (TMAF)-  
39 funded social media campaign.  
40

41 The \$20,000 TMAF-funded campaign will occur in two communities—San Angelo and Tyler. The social  
42 media to be purchased will include Facebook, Instagram, and Spotify. The message is still in development  
43 but will frame HPV as cancer control for the college-age population and will announce the dates for a Be  
44 Wise – Immunize<sup>SM</sup> Clinic. Advertisements are likely to be fifteen seconds and can be targeted by zip  
45 code. Typical social medial measurements such as number of opens, click rates, etc., will be used to  
46 evaluate effectiveness. Two additional measurements will include where the student who received the  
47 vaccination heard about the clinic, along with a count of the number of HPV shots administered. Each

1 site has a local champion. For San Angelo, a spring festival in March will be the site of one of the clinic  
2 events. One hundred doses of the HPV vaccine have been secured in San Angelo. In Tyler, the Be Wise –  
3 Immunize<sup>SM</sup> shot event will be held at UT Tyler and then again at Tyler Junior College. Two hundred  
4 doses of HPV will be administered at these two sites. Both communities have strong local champions who  
5 will coordinate media, messaging, and the event in collaboration with TMA.

6  
7 Jason Terk, MD, TMA Council on Legislation, participated in a communication panel on Effective  
8 Communication: Talking to Your Patients in an Era of Fake News during TMA’s 2018 Winter  
9 Conference.

10  
11 The council makes the following recommendation to enable TMA to continue its commitment to reduce  
12 the preventable cancers associated with HPV.

13  
14 **Recommendation:** Adoption of new TMA policy, Physician Role in Increasing Vaccination for HPV, as  
15 follows:

16  
17 In an ongoing effort to reduce the burden of preventable cancers associated with human papillomavirus  
18 (HPV) in Texas, TMA will:

19  
20 1. Continue to educate physicians, monitor, and support implementation of interventions to improve the  
21 rate of HPV vaccination per Centers for Disease Control and Prevention (CDC) Advisory Committee on  
22 Immunization Practices (ACIP) recommendations using the following evidence-based strategies:

- 23 (a) educate physicians, families, and patients on the key message that the **HPV vaccine prevents**  
24 **cancer safely in women and men,**  
25 (b) recognize that physicians are leaders within the community and are critical in improving HPV  
26 vaccination rates,  
27 (c) communicate that strong physician recommendation is the most important determinant of vaccine  
28 acceptance,  
29 (d) strengthen communication through the utilization of the principles of successful management of  
30 vaccine hesitancy, HPV cancer survivor stories, and local/regional champions, including trained  
31 community health workers,  
32 (e) establish consistency in the messaging over the HPV vaccine’s importance, effectiveness, and  
33 safety among all clinical/practice physicians and staff,  
34 (f) utilize effective vaccine delivery strategies, which include reviewing the vaccine status of all  
35 patients at all visits, and using standing orders, simultaneous administration, i.e., “bundling” the  
36 vaccine with other vaccines, and school-based clinics,  
37 (f) track the progress of vaccine delivery through the utilization of EHR functions,  
38 surveillance/monitoring systems, regular performance reviews, and maintaining knowledge of the  
39 trends in the rates of HPV vaccine coverage and HPV-associated cancer;

40  
41 2. Support the continued testing, development, improvement, and dissemination of effective HPV vaccine  
42 intervention research and reviewing and editing policy recommendations accordingly;

43  
44 3. Continue active collaborations with the Texas Department of State Health Services to optimize the use  
45 of the state immunization registry with the goal of having it be fully functional, as defined by the CDC,  
46 and utilized by physicians in order to have a reliable method to measure HPV immunization coverage  
47 rates in the state. TMA will encourage development of data sharing agreements among groups that are  
48 collecting valid HPV vaccine coverage rate data until a fully functional immunization registry is  
49 implemented; and  
50

1 4. Continue to collaborate both internally and externally with health stakeholders to leverage and improve  
2 HPV vaccination rates in Texas.

3  
4 **Related TMA Policy:**

5 **50.008 HPV Vaccination:** The Texas Medical Association will (1) promote the Centers for Disease  
6 Control and Prevention Advisory Committee on Immunization Practices recommendations on the use of  
7 human papillomavirus (HPV) vaccine; (2) provide education and assistance to clinicians on strategies for  
8 implementing HPV vaccination in their practice; (3) promote increased clinician and community  
9 awareness on HPV, and HPV-associated cancers and diseases and the scientific data supporting vaccine  
10 safety and efficacy; and, (4) work with external stakeholders to promote routine vaccination and series  
11 completion for all adolescents and young adults (CM-CAH Rep. 1-A-10; amended CM-CAH Rep. 1-A-  
12 15).

13  
14 **Related AMA Policy:**

15 **HPV Vaccine and Cervical Cancer Prevention Worldwide H-440.872:** 1. Our AMA (a) urges  
16 physicians to educate themselves and their patients about HPV and associated diseases, HPV vaccination,  
17 as well as routine cervical cancer screening; and (b) encourages the development and funding of programs  
18 targeted at HPV vaccine introduction and cervical cancer screening in countries without organized  
19 cervical cancer screening programs.

20  
21 2. Our AMA will intensify efforts to improve awareness and understanding about HPV and associated  
22 diseases, the availability and efficacy of HPV vaccinations, and the need for routine cervical cancer  
23 screening in the general public.

24  
25 3. Our AMA (a) encourages the integration of HPV vaccination and routine cervical cancer screening into  
26 all appropriate health care settings and visits for adolescents and young adults, (b) supports the  
27 availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that  
28 benefit most from preventive measures, including but not limited to low-income and pre-sexually active  
29 populations, and (c) recommends HPV vaccination for all groups for whom the federal Advisory  
30 Committee on Immunization Practices recommends HPV vaccination.

31  
32 **Human Papillomavirus (HPV) Inclusion in High School Education Curricula D-170.995:** Our AMA  
33 will: (1) strongly urge existing school health education programs to emphasize the high prevalence of  
34 human papillomavirus in both males and females, the causal relationship of HPV to genital lesions and  
35 cervical cancer, and the importance of routine pap smears in the early detection of cervical cancer; and (2)  
36 urge that students and parents be educated about HPV and the availability of the HPV vaccine.

37  
38 **Sources:**

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Appendix A.

# BE WISE — IMMUNIZE PROTECT YOURSELF FROM CANCER



## HPV vaccine prevents cancers.

- ▶ The HPV9 vaccine protects against 7 strains of human papillomavirus (HPV) that can cause cancer and 2 that cause genital warts.
- ▶ Your best defense: Get the HPV vaccination series.



## It's not too late for young adults and older teens.

*Doctors recommend HPV shots in adolescence, but remember:*

- ▶ Males and females can get the shots until age 26.
- ▶ 3 shots are needed for full protection if you start getting them at age 15 or older.
- ▶ The vaccine will help even if you've been sexually active.



Be Wise — Immunize<sup>SM</sup>  
Physicians Caring for Texans

## HPV Facts

Human papillomavirus (HPV) is a common infection. 80% of people in the U.S. will get HPV, most as teens or young adults.

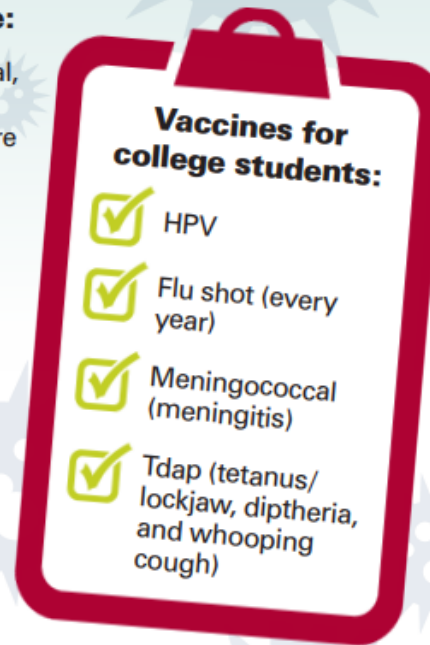
HPV usually clears up on its own, but cancers can show up years later in people infected with HPV.

### HPV can cause:

- ✓ Cancers: cervical, throat, anal, penile, and more
- ✓ Genital warts

**30,000+** people get cancer from HPV every year in the U.S.

*Talk to your doctor or college health center about getting the HPV vaccination and any other shots you may need.*



Most insurance companies, the Texas Vaccines for Children Program, and the Adult Safety Net program pay for HPV vaccine.

*Be Wise — Immunize is a joint initiative led by TMA physicians and medical students, and the TMA Alliance. It is funded in 2018 by the TMA Foundation thanks to H-E-B, TMF Health Quality Institute, Pfizer Inc., and gifts from physicians and their families.*

Be Wise — Immunize is a service mark of the Texas Medical Association.

[www.texmed.org/beWISE](http://www.texmed.org/beWISE)

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Source: Centers for Disease Control and Prevention, MD Anderson Cancer Center

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# BE WISE — IMMUNIZE PROTECT YOUR CHILD FROM CANCER



## HPV vaccine prevents cancers.

- ▶ The HPV9 vaccine protects against 7 strains of HPV that can cause cancer and 2 that cause genital warts.
- ▶ Your child's best defense: Get the vaccine in adolescence before being exposed to HPV.



## All adolescents should get the HPV vaccine.

- ▶ Recommended for 11- and 12-year-old girls and boys.
- ▶ 2 shots before age 15 give full protection.



## Older teens and young adults can get immunized, too.

*It's not too late to start or finish getting the HPV shots.*

- ▶ Males and females can get the shots until age 26.
- ▶ 3 shots are needed for full protection if starting them at age 15 or older.

Most insurance companies, the Texas Vaccines for Children Program, and the Adult Safety Net program pay for HPV vaccine.  
Source: Centers for Disease Control and Prevention, MD Anderson Cancer Center

## HPV Facts

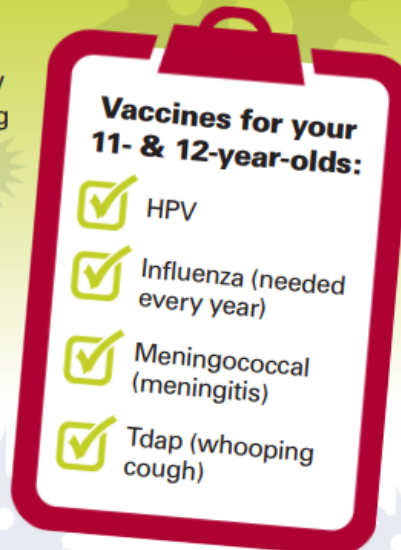
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HPV usually clears up on its own, but symptoms can show up years after getting infected with HPV.

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- ✓ Genital warts

**30,000+** people get cancer from HPV every year in the U.S.



*Talk to your child's doctor about getting the vaccination.*



Be Wise — Immunize<sup>SM</sup>

Physicians Caring for Texans

Be Wise — Immunize is a joint initiative led by TMA physicians and medical students, and the TMA Alliance. It is funded by TMA Foundation thanks to major gifts from H-E-B and TMF Health Quality Institute, along with generous contributions from physicians and their families.

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