HPV Vaccination Programs in the Community:

Championing HPV Vaccination in a Rural Community

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Championing HPV Vaccination in a Rural Community

**Agenda:**
- Introductions
- HPV Vaccine Champion
- Vaccine Hesitancy
- Strategies
  - Long term
  - Short term
  - Leveraging State and National Efforts
- Tying It All Together!
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- **Introductions**
  - Seaford, Delaware
  - Nemours Children’s Health System
    - HPV Vaccine Champion
    - Vaccine Hesitancy
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- CDC’s “HPV Vaccine Is Cancer Prevention” Champion
- Nominee must treat adolescents
- Minimum vaccination coverage of 60% series completion
- Must also exhibit either:
  - Leadership in their community or medical system
  - Collaboration or Innovation
- Nemours/Shipley treats approximately 2500 patients
- HVP completion rate is between 80% & 88%
- We have taken a leadership role within our medical system to improve access to HPV vaccination and stress a focus on preventative care
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Vaccine Hesitancy
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Vaccine hesitancy is ranked as one of the top 10 health threats in the world for 2019 by the World Health Organization

Parents:
- Social media
  - Organized: Anti-vaccine propaganda has outpaced pro-vaccine public health information
  - CDC has a website with accurate information, but no loud public voice
  - Aggressive political arm with more than a dozen political action committees
- Reluctance to discuss human sexuality with their children

Children:
- Needle phobia

Staff:
- Needle phobia
- Time management
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- **Long term:**
  - **Pain management** starts in infancy by teaching parents how to minimize pain and promote soothing.
  - This contributes to **reducing needle phobia** by parents and children.
  - Use of pain blocking devices like a “shot blocker”.
  - **Schedule annual well visits** a year in advance.
  - Present your **Vaccine Policy** to all new patients.
    - Separate visits are required for non-vaccinated children.
  - **Open discussions** with parents regarding vaccines at every opportunity.
    - LISTENING to concerns.
    - Admit past mistakes (remember vaccines for Lyme Disease and Rotavirus?)
    - Talk about strategies for new vaccines: “a two year break-in period” once available.
  - Utilize the EHR: Epic shows “**Gaps In Care**”.
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- **Short term:**
  - **Sandwich** the HPV9 between Tdap and MCV4
  - Discuss the **basic premise of vaccinating** before high risk ages or behaviors
  - **Don’t Ask... Tell!** Remember you are the expert. Parents, like children respond more positively when there is confidence behind a recommendation.

- **Staff:**
  - **Staff education**
  - Organize **vaccine ordering** and coordination administration **workflows**
  - **Cross Campus Discussion:** Primary Care, Infectious Disease and Administration
  - **Value Based Care:** Tracking vaccine rates internally, calling patients back when gaps are identified & internally publishing vaccination rates by site

- **State and National Efforts:**
  - **Medical Society of Delaware:** annual Healthy Child talks to all 7th Graders
  - **National advertising:** powerful commercial for HPV “Mom did you know?”
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Tying It All Together!
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- Pain Management
- Ongoing Vaccine Discussions
- Annual Visits
- Vaccine Policy
- EMR “Gaps In Care”
- Institutional Support
- Staff Education
- State & National Advertising
- “Don’t Ask… Tell!”