Quality Improvement for HPV vaccination

Adolescent AFIX –
Used by state vaccine coordinators in webinar intervention for primary care providers
What is AFIX?

Assess your clinic’s vaccination coverage

Feedback and goal setting

Incentives for improvement

eXchange of information
Your immunization program

• What’s your clinic’s approach?

• What are your strengths in this area?

• What challenges do you face?
Why focus on HPV vaccination?
HPV is very common

• Most people will be infected with HPV at some point in their lives. In fact, 3 out of 4 sexually transmitted infections in the US are from HPV.

• Young people are at high risk.

• One-third of older adolescent girls carry the virus at any given time.
Consequences of HPV are serious

Numbers of Cancers and Genital Warts in the US caused by HPV

- Penis: 400
- Vagina: 500
- Juvenile-Onset RRP: 820
- Vulva: 1,600
- Anus: 1,600 (2,900 includes males and females)
- Oropharynx: 5,900 (1,500 includes males and females)
- Cervix: 11,500
- Genital Warts: 160,000 (180,000 includes males and females)

President’s Cancer Panel Annual Report (2014)
HPV vaccination is effective and safe

Ali et al. (2013)
HPV vaccination guidelines

Routine administration
• Males and females, ages 11-12

Catch up
• Males to age 21
• Females to age 26

Concurrent vaccinations
• Tetanus, diphtheria, pertussis (Tdap)
• Meningococcal vaccine
9-valent vaccine

Updates
• ACIP approved, same guidelines as HPV4
• Insurance and VFC coverage issues should resolve in next year
• Complete the series with available vaccine

Advise parents to avoid delaying protection

HPV9 is “improved,” not “new”
Measurement and Goal Setting
Your immunization report card

- Review coverage estimates for your clinic’s adolescent patients.
- Remember that 80% coverage is the national goal for all three adolescent vaccines.
- HPV vaccination coverage is especially important.
Your 10% HPV vaccination goal

Research shows that in a six month period, a typical clinic will deliver the first dose of HPV vaccine to only about 5% of all 11- to 12- year old patients in their practice.

We think you can double that rate to 10%!
Strategies for quality improvement

**Primary Goal**

Make a **strong recommendation** for HPV vaccination to patients and parents, starting at age 11

**Secondary Goal**

Reduce missed opportunities for HPV vaccination
Your recommendation has a BIG impact

National Immunization Survey – Teen, 2013 (Stokley et al., 2014)

% Vaccinated

Age 13-17

- Girls
- Boys

Received recommendation

- Yes
- No
Brief is more effective

**Announce** the child needs **three** vaccines, and encourage **same day** vaccination.

**Try this:** “Your child is due for meningitis, HPV, and Tdap vaccines. The nurse can give them at the end of the visit. Do you have any questions?”

For hesitant parents, say you **strongly recommend** getting the vaccines today.
Your QI action plan

Primary strategy

 Share HPV vaccination coverage estimates
 Discuss giving strong HPV vaccination recommendations

Secondary strategy

 Review CDC guidelines
 Train front desk staff
 Encourage physicians to sign standing orders
 Give educational materials to parents

Communication plan

 Share hard copies of Immunization Report Card
 Deliver a presentation during a staff meeting
 Provide e-mail addresses to state vaccination specialist
Next Steps
What’s next?

Email progress reports on QI goal
  • 3 months from now
  • 6 months from now

Email coaching resources

Follow-up surveys
  • Today
  • 6 months from now
Questions? Contact us.

<Name state vacc. specialist>
<Contact information>
<logo>