

Improving HPV Vaccination



The New Jersey Department of Health (NJDOH), Vaccine Preventable Disease Program (VPDP) has developed a tool aimed to help improve human papillomavirus (HPV) vaccination coverage for 11-12-year-old preteens. According to national survey data (NIS-Teen, 2017), New Jersey adolescents ages 13-15 years have relatively high vaccination coverage for both meningococcal (94.3%) and Tdap (tetanus, diphtheria, pertussis) (87.0%) vaccination; however, for the HPV vaccine series, only 44.3% of female adolescents and 34.6% of male adolescents have completed the series.

HPV VACCINATION COVERAGE ASSESSMENT TOOL

There are four vaccines recommended for preteens—**The HPV, Tdap, and Meningococcal**. While flu should be given every year, the three other preteen vaccine series should be initiated when kids are 11 to 12 years old. Recommended HPV vaccination the same way and on the same day as all preteen vaccines by providing a strong recommendation for all vaccines in the series.

What can YOU do to ensure your patients get fully vaccinated?

- ⇒ Use every opportunity to vaccinate your preteen patients (sick visits, sports physicals, etc.).
- ⇒ Implement standing order policies so that patients can receive vaccines without a physician examination.
- ⇒ The most effective method is a strong provider recommendation!

WHEN PARENTS SAY:

“I’m worried about the safety of the HPV vaccine. Do you think it’s safe?”

“I’m worried about the safety of the HPV vaccine. Do you think it’s safe?”

“Is my child really at risk for HPV?”

“Why do they need HPV vaccine at such a young age?”

THE SAYING:

HPV vaccine is important because it prevents infections that can cause cancer. That is why we need to start the vaccine series today.

Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That’s normal for HPV vaccine too and should go away in a day or two.

HPV is a very common infection in women and men. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.

Like all vaccines, we want to start the HPV vaccine earlier rather than later. If you wait, your child may need three shots instead of two.

How to fill out the table:

Use this tool to track and monitor HPV vaccination coverage for preteen patients within the practice. At the end of each quarter, complete the corresponding column in the table to the right.

The target HPV:Tdap ratio is 1:1. A ratio lower than 1:1 may indicate that there are missed opportunities for administering HPV vaccine to preteens. If the ratio is lower than 1:1, review the tips above, implement them, and set a target for the next quarter.

Preteen Vaccine Doses Administered—Ratio HPV:Tdap	Year ()				Year ()				Year ()			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
HPV, 11-12 years												
Tdap, 11-12 years												
Desired Ratio Achieved? (%)												

For more information, visit <https://nj.gov/health/04/09/04/> or contact the New Jersey Vaccine Preventable Disease Program at 609-826-4861.

The document titled “HPV Vaccination Coverage Assessment Tool,” provides important tips on how to improve HPV vaccination coverage, tips for talking to parents about the vaccine, as well as a vaccination dose assessment table. The table serves as an instrument to assist practices in continuously monitoring and assessing the administration of HPV vaccination.

New Jersey has consistently reported high levels of coverage for Tdap vaccination, which indicates that Tdap is being received by about 90% of the adolescent population in the state. Since most adolescents are receiving Tdap, the assessment table uses Tdap as a comparison. The assessment table compares the number of doses of the HPV initial dose administered to the number of doses administered for Tdap, which will inform the facility if they are administering both vaccines equally. In other words, are all adolescents who are being administered Tdap also being administered HPV vaccine, or are there missed opportunities?

Step-by-step instructions on how to fill out the table are included. You may review this information and continue completing the assessment table throughout the year to monitor progress. It is important to remember that the table is only documenting the initial doses of HPV; a separate assessment would need to be conducted to determine series completion.

The coverage assessment tool should be posted in a place that is easy for staff to view and monitor throughout the year to determine if there are changes in progress in improving HPV vaccination rates. If you have any questions or feedback, please contact Erika Lobe, Adolescent/Adult Immunization Coordinator at Erika.Lobe@doh.nj.gov, or by calling the VPDP main line at 609-826-4861 during standard business hours.

How to Complete the HPV Coverage Assessment Table

Step 1: Access the doses administered report for the quarter

Access NJIIS, or your own electronic health record, to run the “doses administered” report. If you are using NJIIS, follow the instructions below.

If your facility has multiple sites, ensure that the appropriate VFC PIN and facility has been selected.

1. Click on “Report” in the column on the left side. (Pictured below next to the red #1.)
2. Click on “VFC Reports” from the sub-column. (Pictured below next to the red #2.)
3. From the dropdown list in the center of the screen, select on “Doses Administered.” (Pictured below next to the red #3.)
4. Specify the date range. The HPV assessment table should be completed each quarter.
 - a. Q1 = January through March
 - b. Q2 = April through June
 - c. Q3 = July through September
 - d. Q4 = October through December
5. Click the radio button next to “By Funding Source” and select funding source as “ALL.”
6. Click “View” to run the report. The report should look similar to the image on the next page.

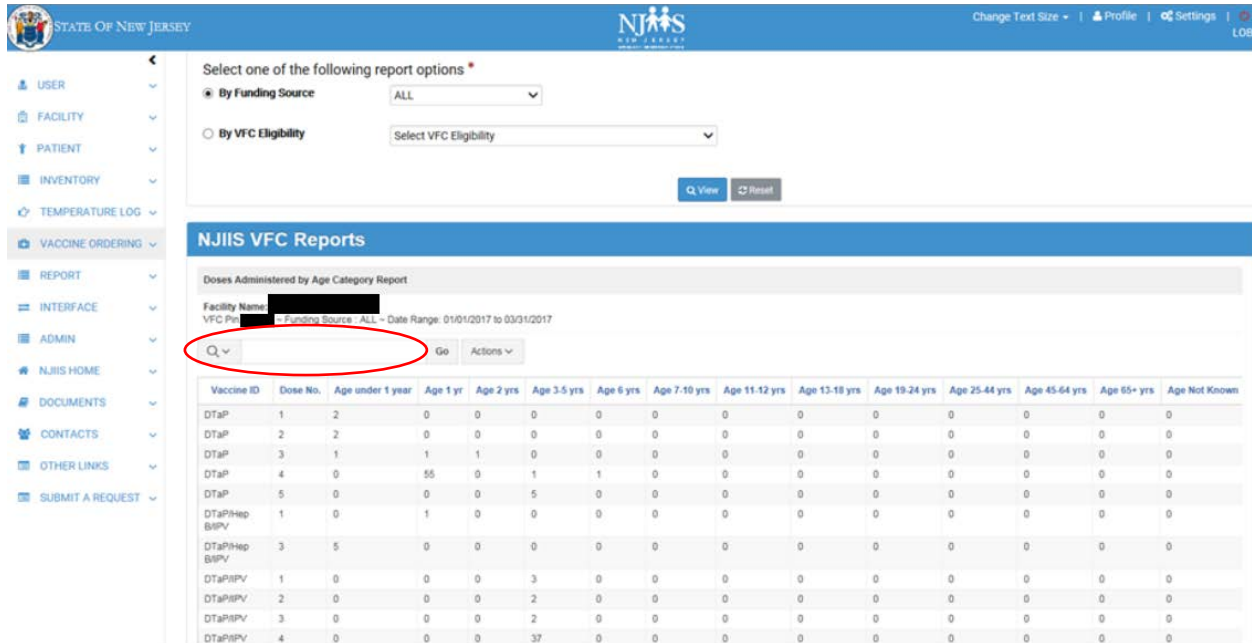
The screenshot displays the NJIIS interface for the State of New Jersey. The top navigation bar includes the NJIIS logo and the text 'NEW JERSEY'. The main content area shows the 'Current Medical Facility' dropdown set to '443 - DHSS'. Below this, the 'VFC Reports' section is visible, with a dropdown menu currently set to 'Doses Administered'. The 'Doses Administered by Age Category Report' section is also visible, with a 'Specify the date range' section containing 'From' and 'To' fields for Month and Year. Below the date range, there are two report options: 'By Funding Source' (selected) and 'By VFC Eligibility'. At the bottom right of the report options, there are 'View' and 'Reset' buttons. On the left side, a navigation menu is visible, with 'REPORT' highlighted by a red circle and labeled '#1'. Below it, 'VFC Reports' is also highlighted by a red circle and labeled '#2'. The 'Doses Administered' dropdown menu is highlighted by a red circle and labeled '#3'.

How to Complete the HPV Coverage Assessment Table

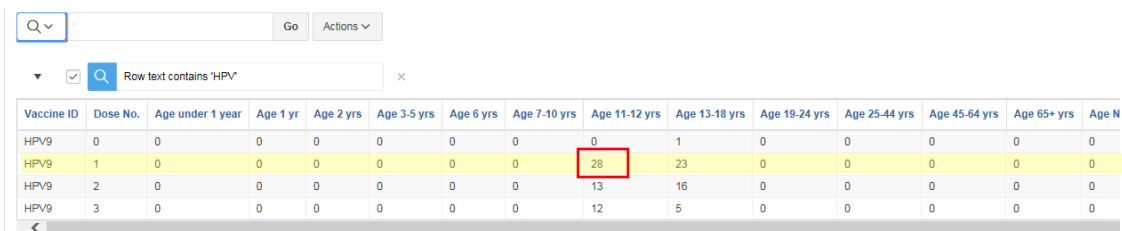
Step 2: Identify the number of doses of HPV and Tdap

For this assessment, only the first dose administered of each vaccine is being reviewed.

1. The report should look similar to the screenshot below.

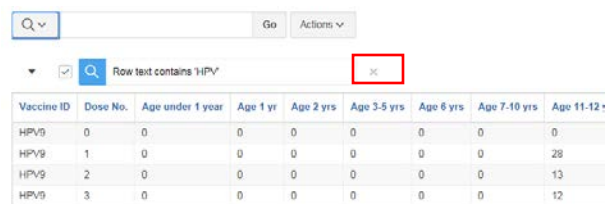


2. Search for the data for HPV by typing “HPV” into the search field, circled in the picture above.
3. Click “Go” next to the search field to see the search results.
4. In the search results, locate the row with “HPV9” in the first column and Dose No. “1” from the second column (*Highlighted in the image below.*)



5. In the highlighted HPV row on the Doses Administered Report, locate the number of doses for the age group 11-12 years. Save this number for Step #3. (*Pictured above in the red box. In this example, the number is 28 doses of HPV9.*)

6. Click on the gray “x” next to the HPV search to clear the search results. (*Pictured in the red box in the image to the right.*)



How to Complete the HPV Coverage Assessment Table

7. Search for the data for Tdap by typing “Tdap” into the search field.
8. Click “Go” next to the search field to see the search results.
9. In the search results, you see all rows listing “Tdap” in the first column. We are interested in the column for ages 11-12 years for all Tdap doses. (*Highlighted in the image below.*)

Vaccine ID	Dose No.	Age under 1 year	Age 1 yr	Age 2 yrs	Age 3-5 yrs	Age 6 yrs	Age 7-10 yrs	Age 11-12 yrs	Age 13-18 yrs	Age 19-24 yrs	Age 25-44 yrs	Age 45-64 yrs	Age 65+ yrs	Age Not Know
Tdap	1	0	0	0	0	0	0	6	8	0	0	0	0	0
Tdap	2	0	0	0	0	0	0	0	3	0	0	0	0	0
Tdap	4	0	0	0	0	0	0	1	0	0	0	0	0	0
Tdap	5	0	0	0	0	0	0	7	0	0	0	0	0	0
Tdap	6	0	0	0	0	0	0	19	2	0	0	0	0	0

10. Add all values from the 11-12-year column to get the total number of patients who received the Tdap vaccine during the selected time frame. The reason that the Dose No. column is varied is due to the forecasting tool, which includes previous doses of the childhood DTaP series in the count. For example, if a patient received 4 doses of DTaP as a child and all doses are documented in NJIIS, then when they receive their Tdap dose it will be listed as Dose No. 5 even though it is their first dose of Tdap vaccine.
11. In the highlighted Tdap column on the Doses Administered Report, sum the number of doses for the age group 11-12 years. Save this number for Step #3. (*Pictured above in the red box. In this example, the number is 33 doses of Tdap*)

Step 3: Transfer the identified numbers to the HPV Dose Assessment Table

1. On the HPV Vaccination Coverage Assessment Tool, locate the chart on the bottom right of the page, pictured below.
2. Using the number that was identified for HPV doses administered in the previous step, write that number in the first row (HPV, 11-12 years) on the tool for the appropriate quarter. (*Example: 28 doses of HPV in Quarter 1.*)

How to Complete the HPV Coverage Assessment Table

- Using the number that was identified for Tdap doses administered in the previous step, write that number in the second row (Tdap, 11-12 years) on the tool for the appropriate quarter. (Example: 33 doses of Tdap in Quarter 1.)

The screenshot shows the 'HPV VACCINATION COVERAGE ASSESSMENT TOOL' interface. A red box highlights the 'Desired Ratio Achieved?' table, which is also shown in a larger inset on the right. The table is titled 'Adolescent Vaccine Doses Administered—R' and shows data for the year 2019 across four quarters (Q1, Q2, Q3, Q4). The rows are HPV, 11-12 years (28), Tdap, 11-12 years (33), and Desired Ratio Achieved? (y/n) (Y).

	Year (2019)			
	Q1	Q2	Q3	Q4
HPV, 11-12 years	28			
Tdap, 11-12 years	33			
Desired Ratio Achieved? (y/n)	Y			

Step 4: Assess ratios

Assess the ratios you have listed according to the criteria below:

- Number of doses of HPV is **higher than** the number of doses of Tdap...
 - Facility is vaccinating adolescents with HPV more frequently than with Tdap. This may indicate that the facility is vaccinating patients on a catch-up schedule for HPV. It may be helpful to review the recommended schedule with staff and parents. The CDC/Advisory Committee for Immunization Practices (ACIP) immunization schedule recommends that adolescents receive HPV vaccine at 11-12 years.
- Number of doses of HPV is **equal to** the number of doses of Tdap...
 - Facility is vaccinating adolescents with HPV at the same frequency as with Tdap. This is the ideal scenario, all adolescents should be vaccinated with both HPV and Tdap, as well as all other recommended adolescent vaccines.
- Number of doses of HPV is **lower than** the number of doses of Tdap...
 - Facility is vaccinating adolescents with Tdap more frequently than with HPV. This may indicate that the facility is missing opportunities to vaccinate adolescents for HPV.

Step 5: Set targets

The ideal ratio is 1:1, meaning that for each adolescent that is vaccinated with the initial dose of HPV, they are also administered a dose of Tdap. Take a look at your current ratios and set a target for the ratio that you would like to achieve for the next quarter. Make sure that the target is realistic and achievable.

If you would like assistance in completing the chart, please contact Erika Lobe at erika.lobe@doh.nj.gov or by calling 609-826-4861.

Note: Please keep in mind that HPV is recommended as a multi-dose series. This assessment is only accounting for the initial dose. You may want to think about conducting a separate assessment to determine how many patients are completing the HPV vaccination series.


HPV VACCINATION COVERAGE ASSESSMENT TOOL



There are four vaccines recommended for preteens—**Flu, HPV, Tdap, and Meningococcal**. While flu should be given every year, the three other preteen vaccine series should be initiated when kids are 11 to 12 years old. Recommend HPV vaccination the *same way* and on the *same day* as all preteen vaccines by providing a strong recommendation for all vaccines in the series.


What can YOU do to ensure your patients get fully vaccinated?


- ⇒ Use every opportunity to vaccinate your preteen patients (sick visits, sports physicals, etc.).
- ⇒ Implement standing order policies so that patients can receive vaccines without a physician examination.
- ⇒ The most effective method is a *strong provider recommendation!*



Every 20 minutes, 1 person in the United States gets a cancer caused by HPV. Most of these can be prevented by the HPV vaccine.


Are you using a reminder/recall system? Reminding parents of patients that their child is due for vaccination can help to keep them up-to-date.





Preteens have a higher immune response to HPV vaccine at 11-12 years, even though there is very little risk of exposure at that age.

HPV vaccine protects against HPV types that most commonly cause anal, cervical, oropharyngeal, penile, vaginal, and vulvar cancers.



WHEN PARENTS SAY:	TRY SAYING:
<i>Why does my child need the HPV vaccine?</i>	HPV vaccine is important because it prevents infections that can cause cancer. That is why we need to start the vaccine series today.
<i>I'm worried about the safety of the HPV vaccine. Do you think it's safe?</i>	Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That's normal for HPV vaccine too and should go away in a day or two.
<i>Is my child really at risk for HPV?</i>	HPV is a very common infection in women and men. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.
<i>Why do they need HPV vaccine at such a young age?</i>	Like all vaccines, we want to start the HPV vaccine earlier rather than later. If you wait, your child may need three shots instead of two.

See more tips at: www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf

Preteen Vaccination Dose Assessment Table

Use this tool to track and monitor HPV vaccination coverage for preteen patients within the practice. At the end of each quarter, complete the corresponding column in the table to the right.

The target HPV:Tdap ratio is 1:1. A ratio lower than 1:1 may indicate that there are missed opportunities for administering HPV vaccine to preteens. If the ratio is lower than 1:1, review the tips above, implement them, and set a target for the next quarter.

How to fill out the table:

Number of doses of **HPV-Dose 1** (Ex: 12)

	Year ()	
	Q1	Q2
HPV, 11-12 years	12	
Tdap, 11-12 years	14	

Number of doses of **Tdap-Dose 1** (Ex: 14)

Preteen Vaccine Doses Administered—Ratio HPV:Tdap

	Year ()				Year ()				Year ()			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
HPV, 11-12 years												
Tdap, 11-12 years												
Desired Ratio Achieved? (y/n)												