



Spread Love not Warts

Implementation of a successful HPV vaccine
quality improvement program at Salem State
University.

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Disclosures

I, Kimberly L. Daly, DNP, have been asked to disclose any significant relationships with commercial entities that are either providing financial support for this program or whose products or services are mentioned during my presentations.

I have no relationships to disclose.

Objectives

- Identify 3 effective strategies to increase HPV vaccination rates
- Identify common barriers to vaccination
- Explain the rationale for vaccinating youth at ages 11 or 12
- Recognize the CDC recommendations for administering the HPV vaccine to both boys and girls
- Discuss the role of campus health center efforts to increase HPV vaccination efforts on campus
- Identify resources relevant to current immunization practice

HPV: Background Knowledge

- ❖ HPV is the most common sexually transmitted infection
 - ❖ 80% of women will be infected by age 50
- ❖ Estimated 14 million new cases of HPV annually in U.S. alone which translates to \$5-8 billion spent on treatment and prevention
- ❖ HPV cancer prevalence reported at @33,000 (U.S.) and 610,000 globally each year
 - ❖ 4.8% total worldwide cancer burden

HPV: Background Knowledge

- ❖ HPV infection can result in genital warts and cancer (vulvar, cervical, anal, penile, oropharyngeal)
 - ❖ Oropharyngeal cancer rates will surpass cervical cancer by 2020
- ❖ Safe, effective vaccine provides protection against most significant and oncogenic strains
- ❖ Nationally, only 40.2% of females and 8.2% of males aged 19-26 reported having received at least 1 dose of the vaccine (CDC, 2014)
 - ❖ In MA 64% females age 18-26 rec. at least one dose. For men age 18-26 in Massachusetts it was 38%.

Sources: CDC, 2014; Chaturvedi et al., 2011, Markowitz et al, 2013; BRFSS, 2014

9vHPV vaccine

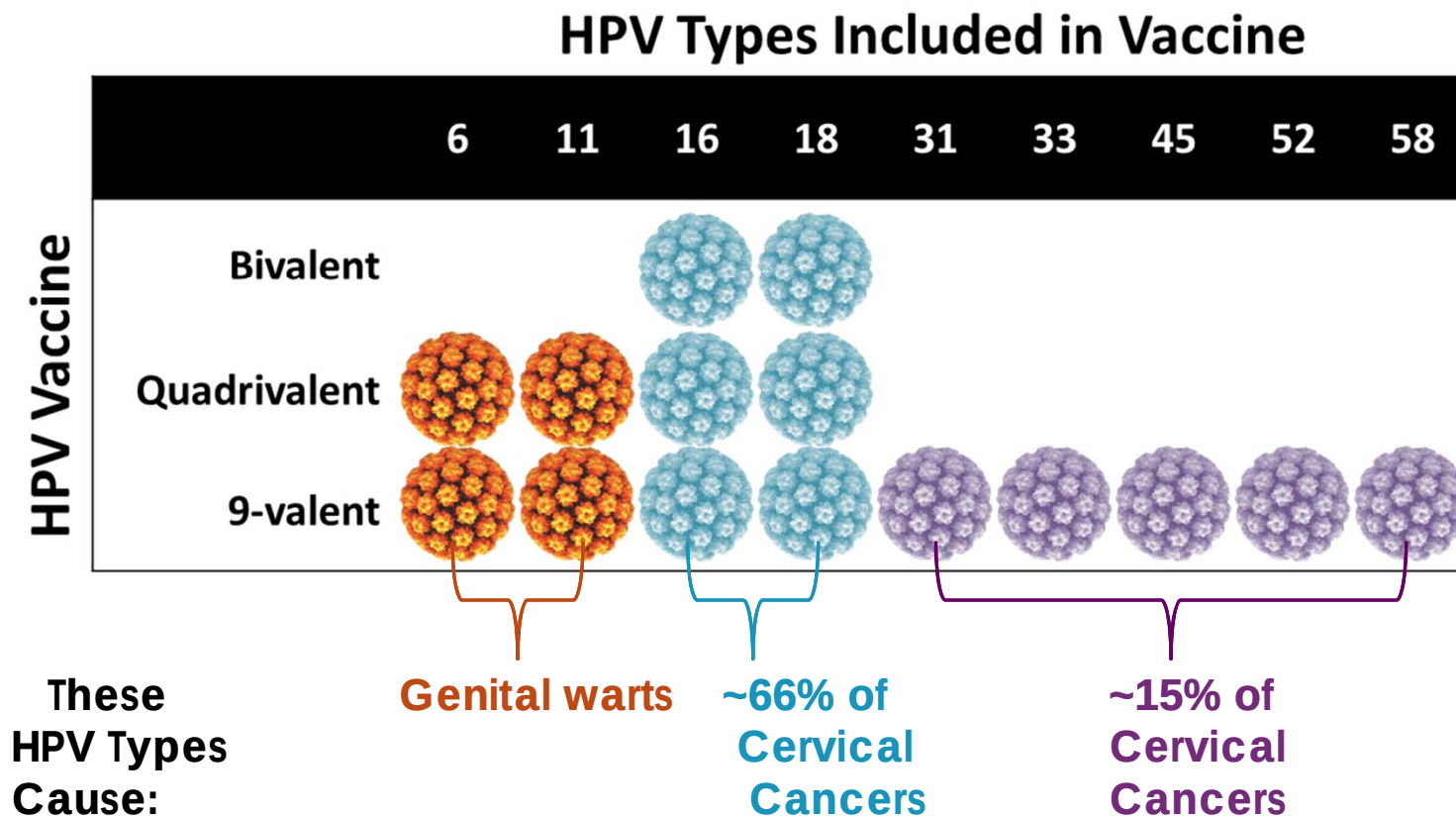
- Virus like particles (VLP) vaccine that targets 5 additional risk types
 - 6, 11, 16, 18, 31, 33, 45, 52, 58
- Available December 2014
 - 3 dose schedule
 - The second dose should be administered 4 to 8 weeks (minimum interval of 4 weeks) after the 1st dose; the 3rd dose should be administered 24 weeks after the 1st dose and 16 weeks after the 2nd dose (minimum interval of at least 12 weeks).
 - Not given during pregnancy
- Most common side effects: pain, erythema, swelling at site

Estimated % of cancers attributed to HPV in the U.S

Cancer	HPV attributable % (95% CI)	HPV attributable 16/18% (95% CI)	HPV attributable 31/33/45/52/58% (95% CI)
Cervical	91 (88-92)	66 (63-69)	15 (12-17)
Vaginal	75 (63-84)	55 (43-67)	18 (11-30)
Vulvar	69 (62-75)	49 (41-56)	14 (10-20)
Penile	63 (52-73)	48 (37-59)	9 (4-17)
Anal			
Male	89 (77-95)	79 (66-88)	4 (1-13)
Female	92 (85-96)	80 (70-87)	11 (6-19)
Oropharyngeal			
Male	72 (68-76)	63 (59-68)	4 (3-7)
Female	63 (55-71)	51 (43-59)	9 (6-15)

Adapted from S. Lett presentation handouts at Dana Farber Cancer Summit November 6, 2015

HPV Vaccine Comparison



Updated ACIP Recommendations

Age

- Routine vaccination at age 11 or 12 years*
- Vaccination recommended through **age 26 for females** and through **age 21 for males** not previously vaccinated
- Vaccination recommended for men **through age 26** who have sex with men (MSM) or are immunocompromised (including persons HIV-infected)

Formulation by gender (assuming availability)

	9vHPV	4vHPV	2vHPV
Females	✓	✓	✓
Males	✓	✓	

*vaccination series can be started at 9 years of age
MMWR 2015;64:300-4

HPV Vaccination is Routinely Recommended

- HPV vaccination is recommended for both females and males ages 11-12 years
 - HPV vaccine series should be completed before the 13th birthday

Routine immunization for 11- and 12-year-olds includes HPV vaccination.

Clinicians should recommend HPV vaccine on the same day and in the same way as the other vaccines for preteens.

HPV Vaccine Recommendation

Girls & Boys can start HPV vaccination at age 9

**Preteens should finish HPV
vaccine series by 13th
birthday**



Plus girls 13-26 years old
who haven't started or
finished HPV vaccine series



Plus boys 13-21 years old
who haven't started or
finished HPV vaccine series



{ **HPV vaccine is** cancer prevention. }

Talk to the doctor
about vaccinating
your 11–12 year old
sons and daughters
against HPV.

#UCanStopHPV

Evidence-Based HPV Disease Prevention

HPV Vaccine

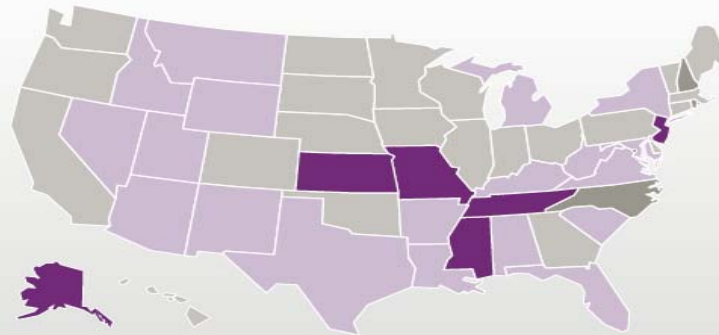
HPV VACCINATION IS THE BEST WAY TO **PREVENT** MANY TYPES OF **CANCER**
MANY ADOLESCENTS HAVEN'T STARTED THE HPV VACCINE SERIES

NATIONWIDE
4 OUT OF 10
GIRLS ARE UNVACCINATED

National coverage is 60%
Coverage by state:



Percentage of adolescent girls who have received one or more doses of HPV vaccine*

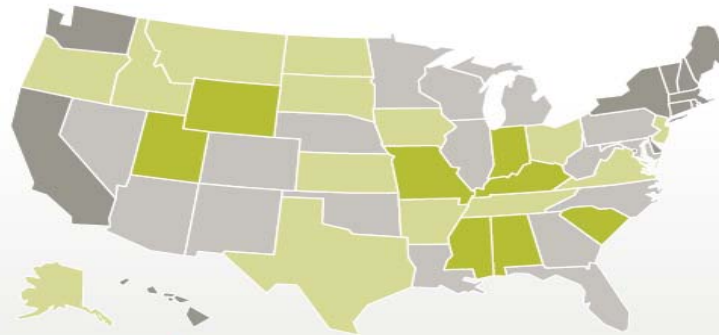


NATIONWIDE
6 OUT OF 10
BOYS ARE UNVACCINATED

National coverage is 42%
Coverage by state:



Percentage of adolescent boys who have received one or more doses of HPV vaccine*



IMPROVING HPV VACCINATION RATES WILL HELP SAVE LIVES.
A high national Tdap vaccination rate of 88% shows that it is possible to achieve high HPV vaccination coverage.

*Estimated coverage with ≥1 dose of Human Papillomavirus (HPV) vaccine, either quadrivalent or bivalent, among adolescents aged 13-17 years, National Immunization Survey-Teen (NIS-Teen), United States, 2014
Source: MMWR July 31, 2015

www.cdc.gov/hpv

NCIRDig524 | July 31, 2015



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

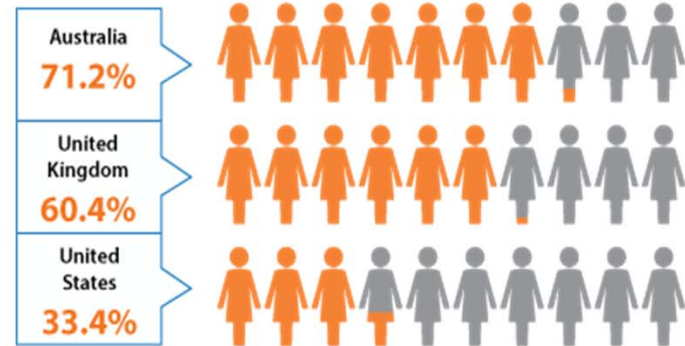
cdc.gov/hpv

Salem 
STATE UNIVERSITY

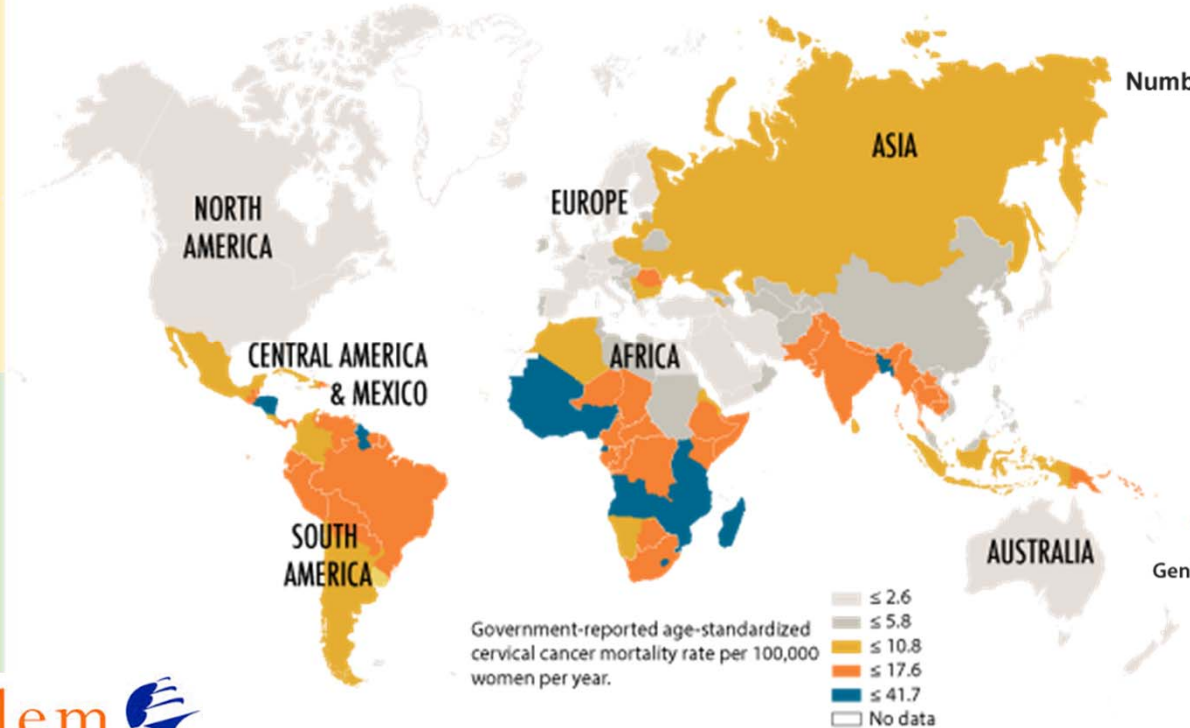
cdc.gov

Global Picture

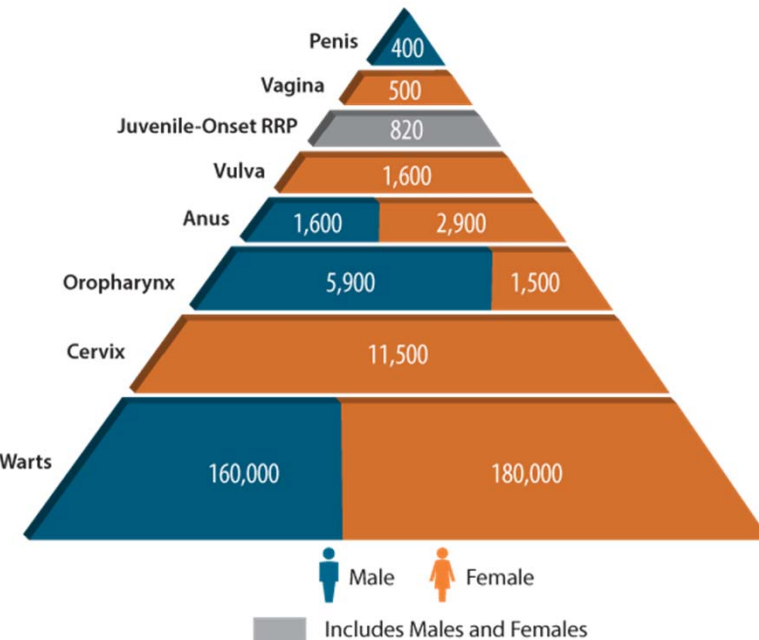
HPV Vaccine Three-Dose Coverage Among Girls in High-Income Countries



Global Cervical Cancer Mortality Rates



Numbers of U.S. Cancers and Genital Warts Attributed to HPV Infections



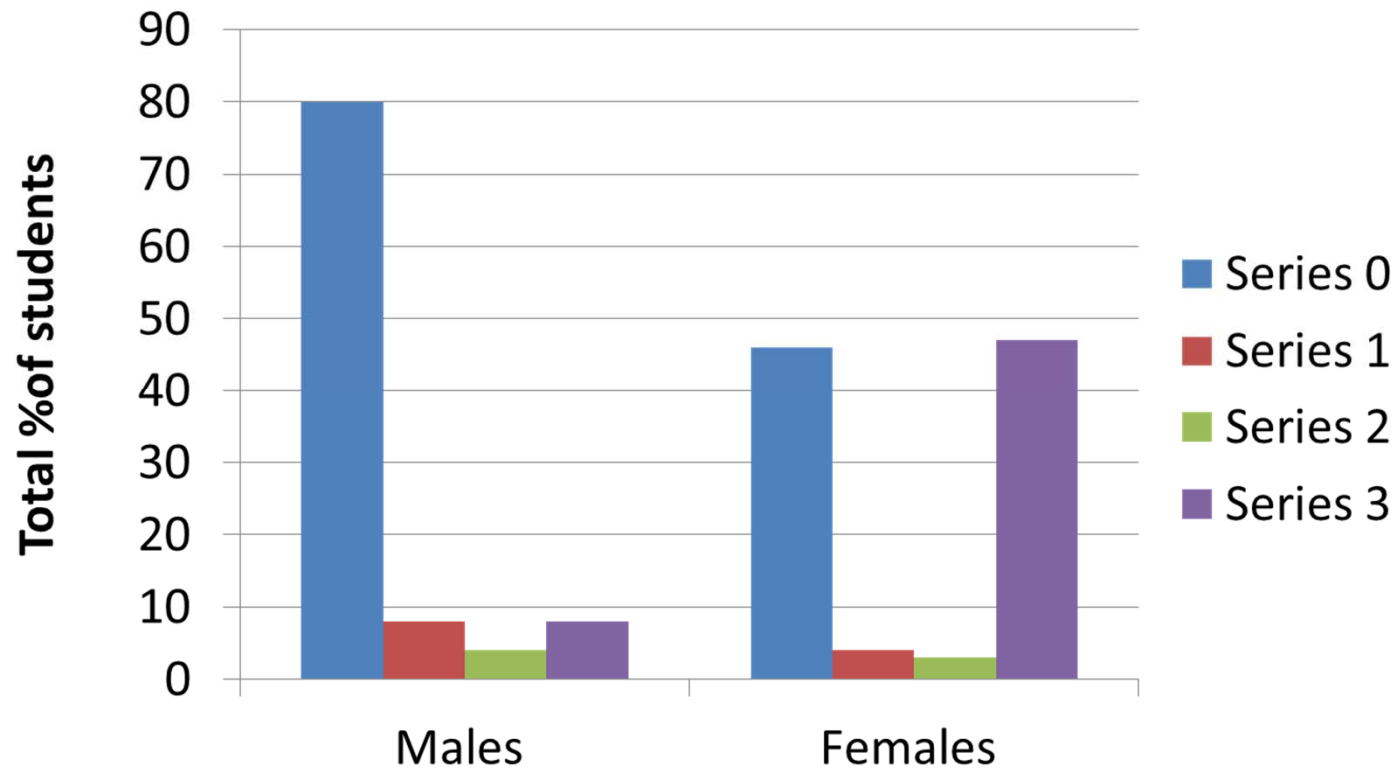
Setting



- ❖ Student Health Services employs 4 FT NPs, 2 admin. staff
- ❖ 10,000 students enrolled
- ❖ 2,500 reside on campus
- ❖ 500 international students from 69 countries
- ❖ Average 5,000 patient visits per year



Local Vaccine Data



Self-reported HPV vaccine history collected at the student health services, spring semester 2014

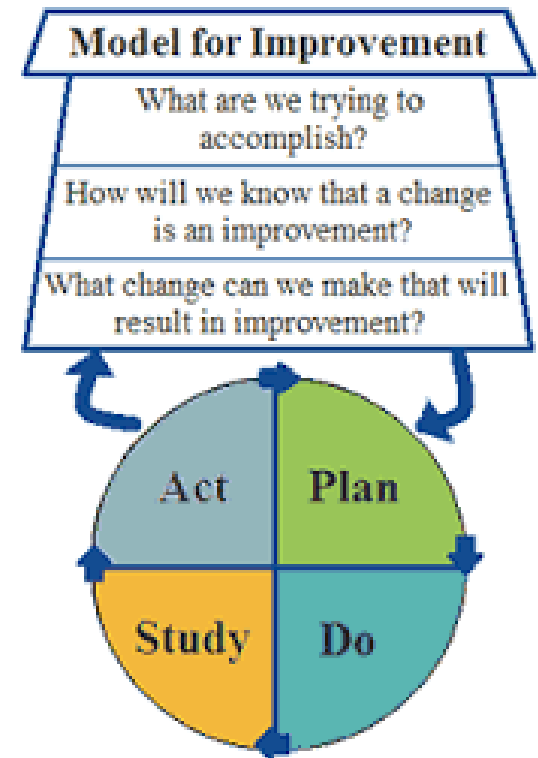
Overarching goal-

To increase campus Human Papillomavirus (HPV) awareness and vaccination rates in the student population of males and females age 18-26 during the fall semester, 2014.

Model for Improvement

www.ihl.org

Quality Improvement (QI)
Plan-Do-Study-Act



Inclusion Criteria

- All males and females, aged 18-26, visiting the health services during the 16 week fall semester, 2014, regardless of visit type, with no prior HPV vaccine series completion or medical exemption for vaccination.

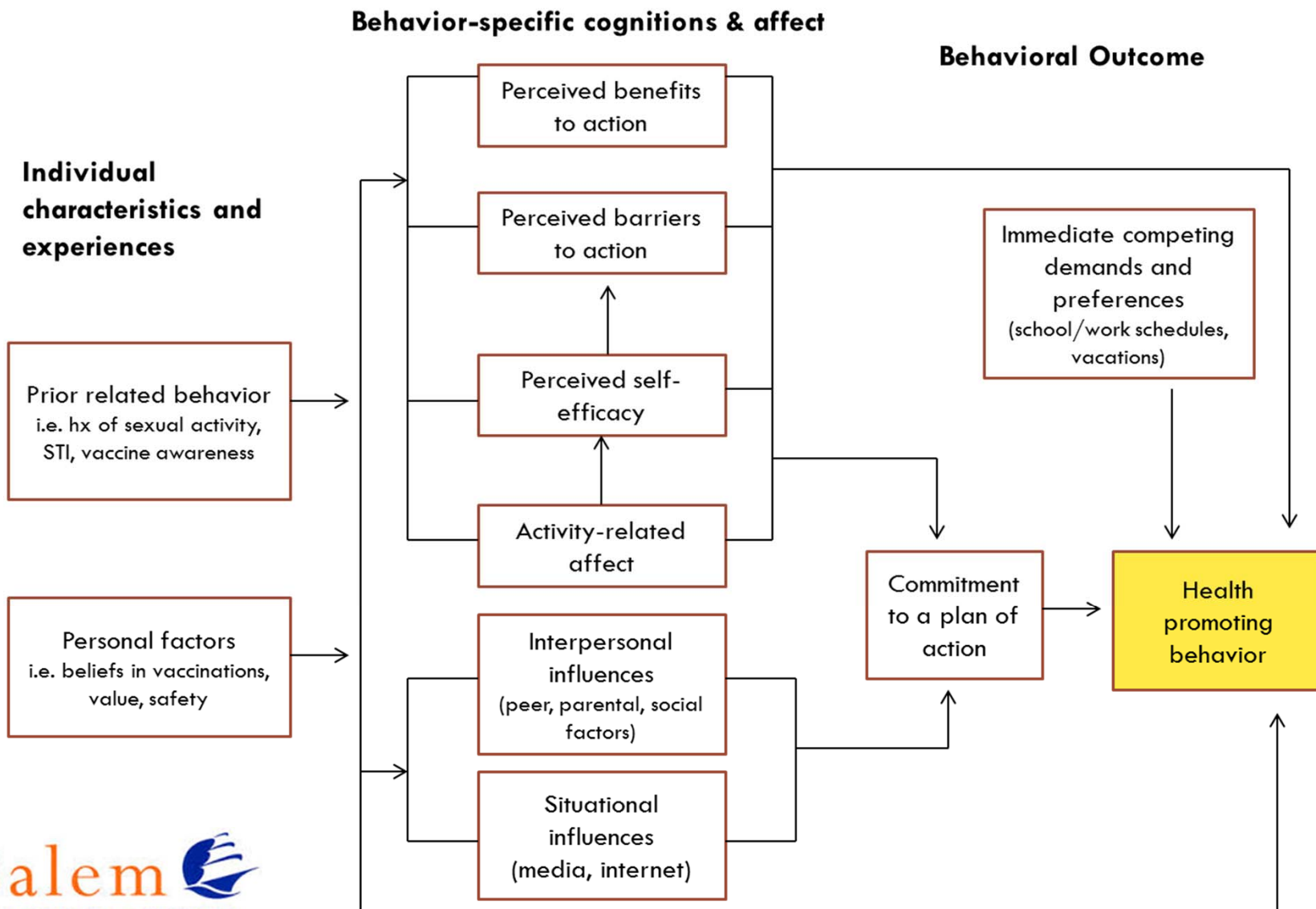
Aims

1. Prevent missed opportunities for providing HPV vaccine during all clinical encounters by utilizing the EHR for providers and appointment reminders for patients.
2. Increase the frequency of HPV vaccine recommendations during all patient encounters
3. Increase community exposure to HPV vaccine awareness and accessibility through multi-component marketing and communication strategies

Objectives

- 1.1 During the intervention, 80% of all charts will note provider acknowledgement
- 1.2 During the intervention, 100% of eligible follow up appointments will be scheduled at initial visit.
- 2.1 During the QI, 80% of all charts meeting inclusion criteria will receive HPV vaccine recommendation.
- 3.1 $\geq 50\%$ of vaccine acceptors will report level of somewhat important- very important as motivation for vaccination based on social marketing campus exposure in a feedback survey.

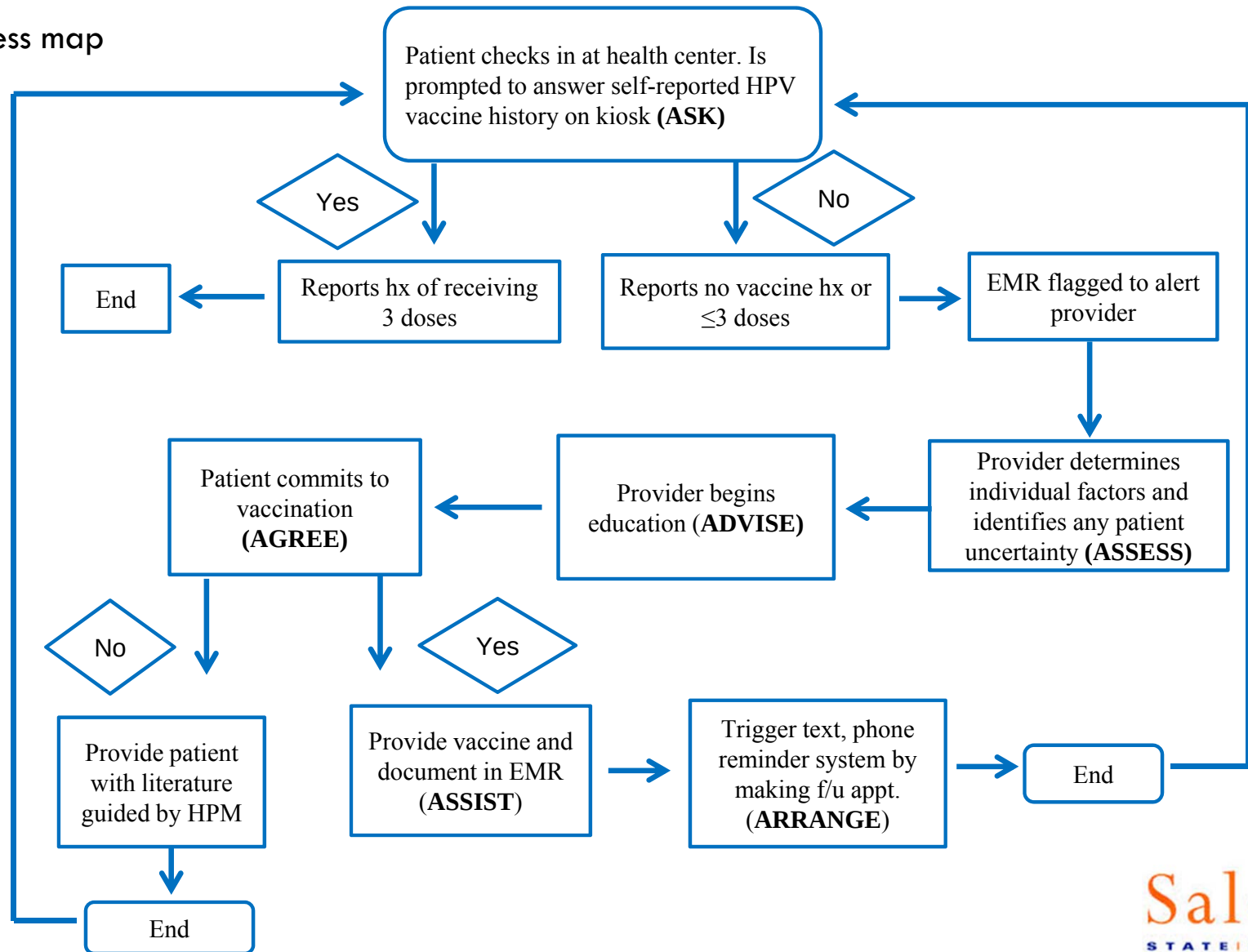
Pender's Health Promotion Model



5 A's framework: Patient-Provider Communication

- Ask/Assess- Have you completed the HPV series? What concerns do you have?
- Advise- I think the HPV vaccine is important for you and here is why...
- Agree- Shared decision making with patient to vaccinate
- Assist- Provide immunization at time of visit
- Arrange- Schedule follow up and use reminders

5 A's process map



Intervention: Acknowledgement and Provider Reminders

- ❖ All EHR templates (SOAP notes) edited to include measurable indicators
- ❖ Inclusion criteria: aged 18-26, male or female, no documented series completion, no medical contraindication

Objective:

Patient check-in survey and/or immunization history reviewed at or before the visit?

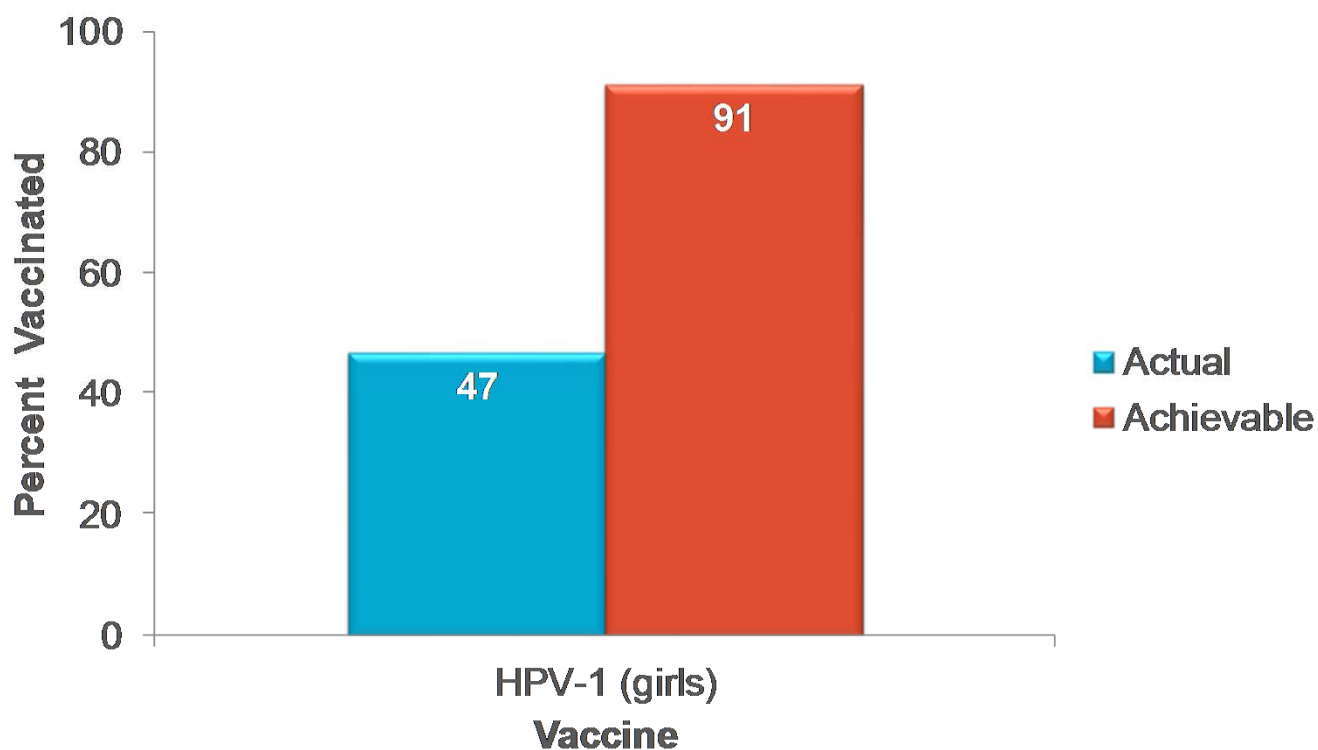
☐ Yes ☐ No

Plan:

Strong HPV vaccine recommendation provided during the visit?

☐ Yes ☐ No ☐ NA (does not meet inclusion criteria or is medically exempt)

Impact of Eliminating Missed Opportunities by Age 13 Years in Girls Born in 2000



Missed opportunity: Healthcare encounter when some, but not all ACIP-recommended vaccines are given. HPV-1: Receipt of at least one dose of HPV. MMWR. 63(29);620-624.

Strong HPV vaccine recommendation

TIPS FOR COUNSELING COLLEGE STUDENTS ABOUT HPV



Healthcare provider recommendation is one of the most important factors which influence HPV vaccine decision making for college students. Recommending the HPV vaccine series the same way you recommend other immunizations, such as the flu vaccine, can have a huge impact. Start the conversation by saying, “I see that you have not have started/completed the HPV vaccine series. I think these are really important for you and I want to talk to you about why”.

Research States

College students’ report that receiving a strong recommendation for the HPV vaccine from their health provider is one of the most important factors influencing their vaccine decisions. Failing to provide this recommendation is a missed opportunity, and one of the most commonly cited reasons for not getting the vaccine.

Try Saying

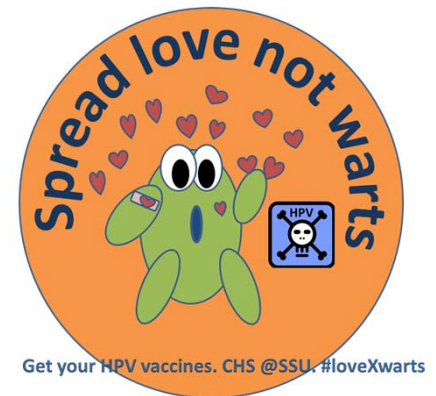
It’s important to understand that the HPV infection is one you will almost definitely be exposed to in your lifetime. This is why both men and women should get vaccinated. When the HPV vaccine is given before exposure, it can prevent certain cancers and genital warts. We know that this vaccine is both safe and incredibly effective. That’s why I’m recommending that you receive the HPV vaccine today.

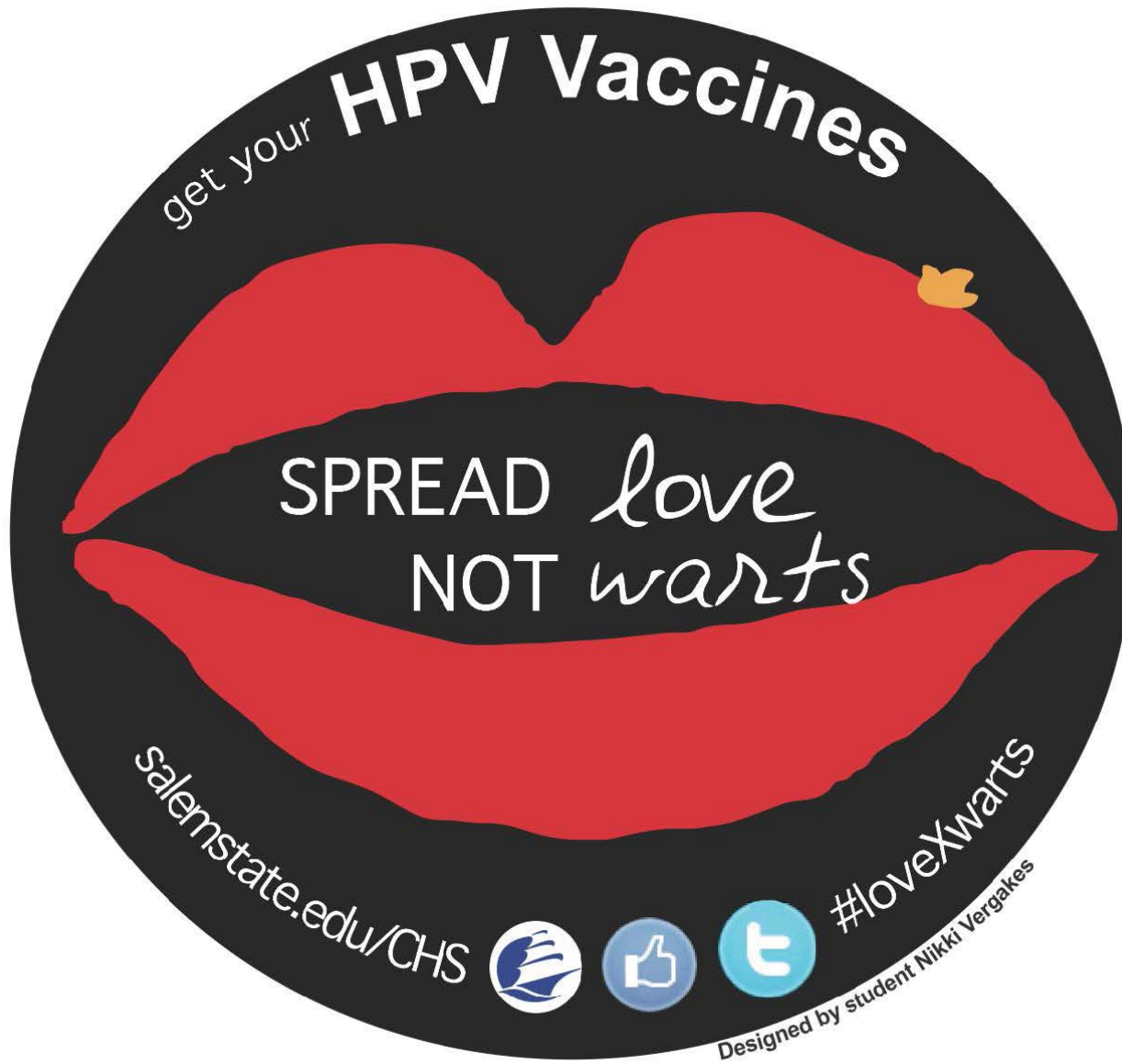
Intervention: Patient Reminders

- Subsequent HPV vaccine appointments scheduled at 1st encounter
 - Text reminders sent
 - Email reminders sent
- Spreadsheet to track immunized students. Missed students received
 - Secure email message reminders
 - Phone Reminders

Intervention: Increase community exposure to HPV awareness and vaccine availability

- ❖ Spread Love not Warts campaign
 - ❖ Contest: student logo design
 - ❖ Marketing, communications, social media
 - ❖ Bathroom stall posters
 - ❖ Campus outreach
 - ❖ Facebook, Twitter
 - ❖ SLNW concert





Campus
Campaign
to
increase
student
awareness

MANY PEOPLE DON'T KNOW



THAT THEY MIGHT HAVE IT.

LEARN ABOUT THIS COMMON INFECTION.

Human Papillomavirus (HPV)

If you've ever been sexually active, here's what you need to know.

HPV is spread by skin-to-skin contact during intimate moments. Nearly **every** person who engages in sexual contact with another person during their lifetime will be exposed to HPV. **Most** will have no symptoms. HPV causes genital warts, and more importantly, cancer. A **safe and effective** vaccine can help protect both **men and women** against the most serious types of HPV.



For more information visit the counseling and health services (CHS) website salemstate.edu/chs/26991.php.
To make an appointment for your vaccine visit the student health portal chsportal.salemstate.edu or call CHS at 978.542.6413.

HUMAN PAPILLOMAVIRUS (HPV) IF YOU'VE EVER BEEN SEXUALLY ACTIVE HERE'S WHAT YOU NEED TO KNOW.

FACT AT LEAST 70% OF SEXUALLY ACTIVE PEOPLE WILL GET HPV.



TALK TO YOUR HEALTH CARE PROVIDER ABOUT HOW THIS COMMON VIRUS CAN AFFECT YOUR HEALTH.

There are many different types of human papillomavirus (HPV), a common virus. Some types can infect the genital area of men and women. They are passed on by skin-to-skin contact. Most people who have intimate contact will get genital HPV- and not even know it. Usually, genital HPV is harmless. It has no symptoms. And it goes away on its own. But, genital HPV infection can cause problems such as genital warts and cancers that occur "below the belt." HPV is also the most common cause of oral-throat cancers.

The surest way to prevent HPV is not to have sex. If you decide to be sexually active, limit the number of partners you have. Condoms are not 100% effective in preventing all types of HPV infection. The HPV vaccine has been shown to be both safe and effective in protecting against some of the most serious types of HPV infection.

Both men and women should get vaccinated with the HPV vaccine.

Both men and women should know about the link between HPV and genital warts and cancer.

Women should talk to their health care provider about getting a pap test.

And partners should talk openly about HPV. Spread Love not Warts.

For more information visit the counseling and health services (CHS) website salemstate.edu/chs/26991.php.
To make an appointment for your vaccine visit the student health portal on Navigator or at chsportal.salemstate.edu or call CHS at 978.542.6413.



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For your vaccine visit the student health portal chsportal.salemstate.edu or call CHS at 978.542.6413.

Bathroom Stall Campaign

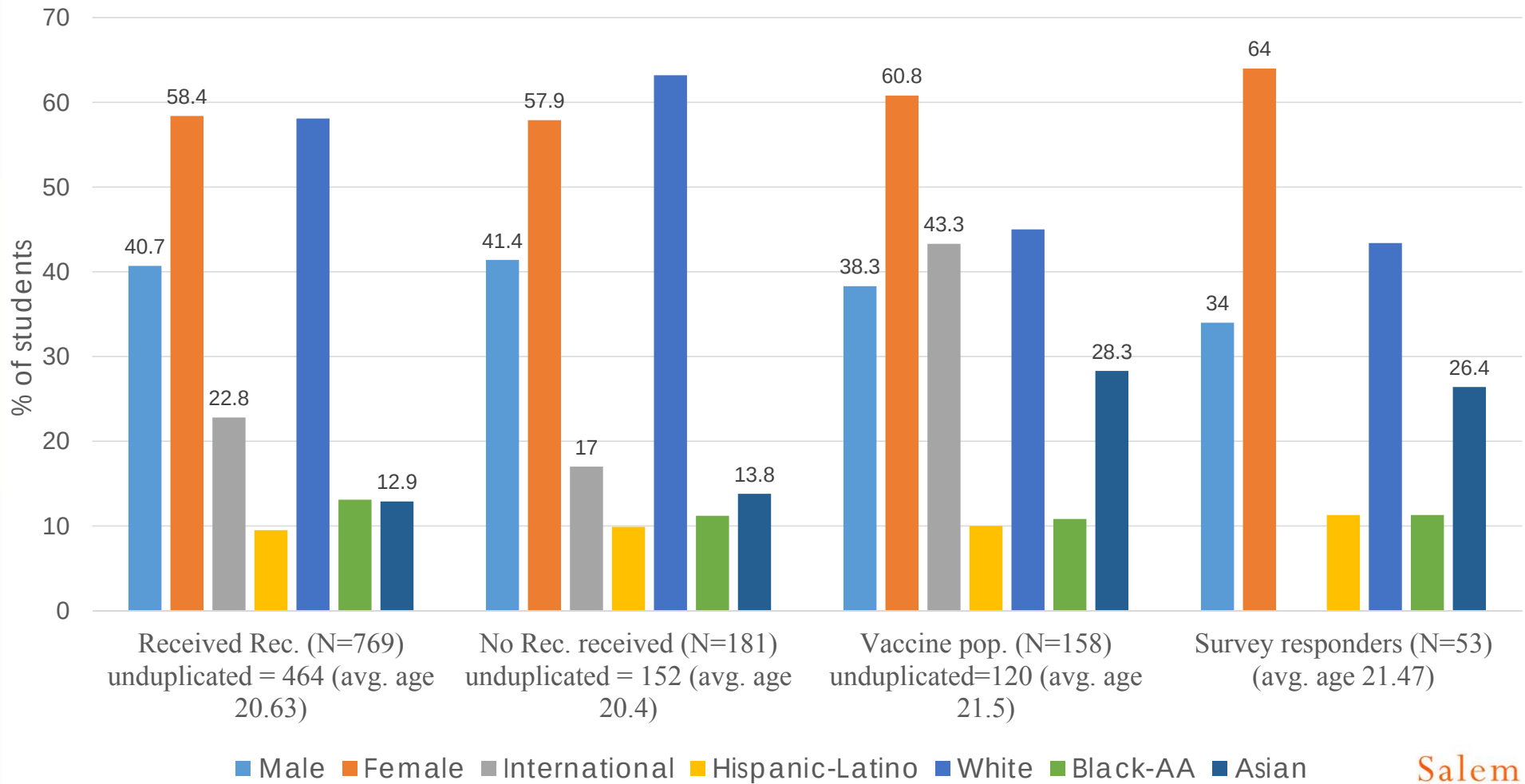
Methods Summary Table

Aim	Intervention	Evaluation Methods	Goal
Prevent missed opportunities	EHR template reminders to acknowledge vaccine history	EHR reports of provider adherence to protocol	80% of notes will indicate provider acknowledgement
Increase patient reminders	Schedule f/u appt. to trigger email/text reminders	Chart audits for adherence to protocol	100% off follow up visits will be scheduled at initial visit
Increase the frequency of vaccine recommendation	EHR template reminders to provide vaccine recommendation	EHR reports of provider adherence to protocol	80% of eligible patients will receive recommendation
Increase community awareness	Campus wide marketing and communication	Anonymous feedback survey for reported motivations	≥50% will indicate somewhat –very important motivation

Provider based objectives and outcomes

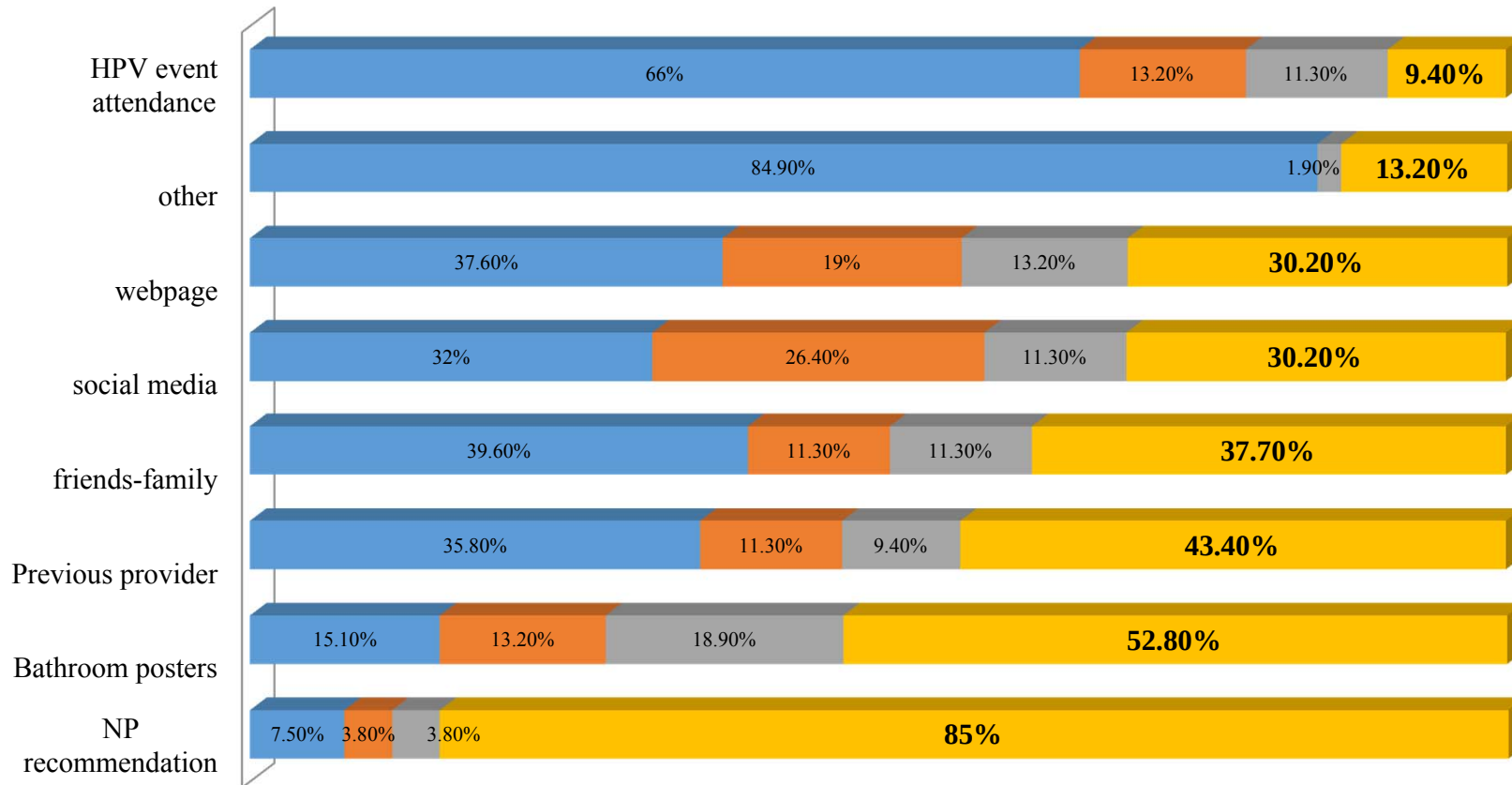
Total # visits to health center during fall semester, 2014 N=2041 Inclusion pop. N=950	Yes # (%)	No # (%)	NA based on inclusion criteria # (%)
Objective 1- Provider acknowledged HPV vaccination history at every clinical encounter	1877 (92%)	164 (8%)	-----
Objective 2- Provider gave strong HPV vaccine recommendation if patient met inclusion criteria	769 (38%) **81% after NA removed	181 (9%) **19% after NA removed	1091 (53%)
Objective 3- Follow up appointment made for subsequent HPV vaccine doses at initial appointment	135 (84.5%) **92.5% after NA removed	11 (7%) **7.5% after NA removed	12 (8%)

Intervention Population Overview N=950



Patient Feedback Survey Results- Motivations for Vaccination

■ does not apply/NA 0 ■ not at all- not very important 1-2 ■ neutral 3 ■ somewhat-very important 4-5



Summary

- ❖ A total of 158 HPV vaccines administered over the 16 week intervention
 - ❖ Represents a 13 fold increase from previous semester
 - ❖ 120 individual patients vaccinated
 - ❖ Disparate groups reached (International and males)
 - ❖ 8% series completed (n=12)
 - ❖ 80% received follow-up dose on-schedule



Limitations and Considerations



Lessons
Learned

- ❖ Difficult to obtain accurate baseline HPV vaccine history
- ❖ Insurance barriers
- ❖ Competing clinical demands
- ❖ Schedule challenges for follow up visits
- ❖ Consider campus culture when budgeting
- ❖ Long term internal enthusiasm may wane

Interpretations and Conclusions



- ❖ Evidence-based interventions effective
 - ❖ Males and international students impacted
- ❖ Patient motivations consistent with previous findings in the literature
- ❖ Limited additional resources required
- ❖ Easily replicated at other student health centers

Resources to support Immunization Practices





Human Papillomavirus (HPV)

HPV Home

[For Parents & Public](#) +[For Clinicians](#) -[Know the Facts](#) -[Continuing Education](#)[Provider Fact Sheets](#)[Schedules & Recommendations](#)[HPV Coverage Data](#)[Commit to the Cause](#) -[Tools for Your Office](#)[Information for Parents](#)[Spanish Resources](#)[Lead the Conversation](#) -[Answering Questions](#)[Speaking to Colleagues](#)[Website Syndication](#)[Resources](#)[Related Links](#)[CDC](#) > [HPV Home](#)

For Clinicians



KNOW THE FACTS

Get information on the burden of HPV cancers, the importance of HPV vaccination, and how to help parents overcome hesitancy about HPV vaccine.

COMMIT TO THE CAUSE

Find ways to help improve HPV vaccination rates by promoting vaccination in your offices. Get CDC resources to help raise awareness among parents about the importance of HPV vaccine for preventing cancer.

LEAD THE CONVERSATION

Learn how to successfully communicate about HPV vaccine with the parents of your preteen patients, as well as how to become an HPV vaccination champion with your colleagues and in your community.

www.cdc.gov/hpv

Continuing Education



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From Medscape Education Public Health & Prevention

Framing the Conversation With Parents About the HPV Vaccine

CME/CE

Larry Pickering, MD; Jay E. Berthelmeier, MD; Zanna Loefer, MD; Katherine Brewer, MSN, RN
 CME/CE Released: 07/18/2014 / Valid for credit through 07/18/2015

Supported by: [Logo] from the Centers for Disease Control and Prevention

CME INFORMATION

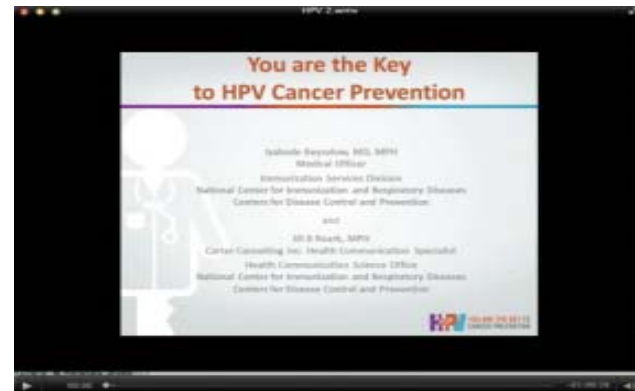
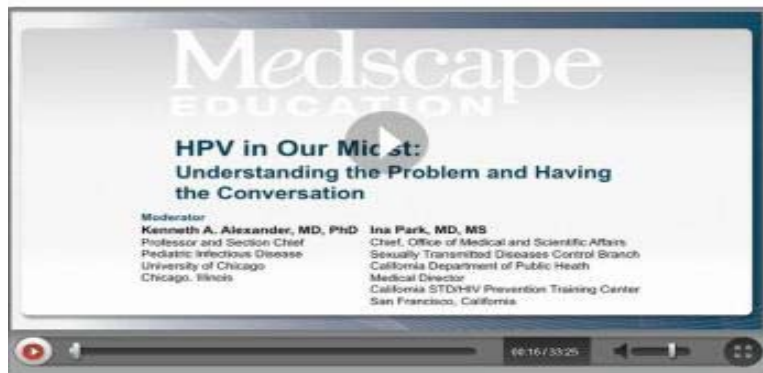
This activity is intended for pediatricians, family medicine physicians, and nurses.

The goal of this activity is to educate clinicians on the importance of the human papillomavirus (HPV) vaccine for children approaching adolescence and to provide strategies to educate parents about the importance of the vaccine for their child's well-being.

Upon completion of this activity, participants will be able to:

1. Describe the burden of HPV-related disease in the United States
2. Interpret the Advisory Committee on Immunization Practices recommendations for HPV vaccination
3. Identify successful strategies for improving HPV vaccination rates

Faculty and Disclosures



Factsheets in English & Spanish

La vacuna HPV para preadolescentes y adolescentes

¿Por qué mi hijo/a necesita la vacuna HPV?

Algunos preadolescentes y adolescentes se pueden beneficiar de la vacuna HPV.

HPV Vaccine for Preteens and Teens

Why does my child need HPV vaccine?

This vaccine is for protection from most of the cancers caused by human papillomavirus (HPV) infection. HPV is a very common virus that spreads between people when they have sexual contact with another person. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical cancer in women and penile cancer in men. HPV can also cause anal cancer, throat cancer and genital warts in both men and women.

When should my child be vaccinated?

The HPV vaccine is recommended for preteen boys and girls at age 11 or 12 so they are protected before ever being exposed to the virus. If your teen hasn't gotten the vaccine yet, talk to their doctor about getting it for them as soon as possible.

The HPV vaccine is given in 3 shots. The second shot is given 1 or 2 months after the first shot. Then a third shot is given 6 months after the first shot. Be sure that your child gets all 3 shots for full protection.

What else should I know about HPV vaccine?

There are two HPV vaccines. Girls and young women should get either HPV vaccine to prevent cervical cancer.

One of the HPV vaccines also protects against genital warts and anal cancer in both females and males. Boys should get this HPV vaccine to prevent anal cancer and genital warts. Girls can get this vaccine to prevent cervical cancer, anal cancer and genital warts.

Both HPV vaccines have been studied very carefully. These studies showed no serious safety concerns. Common, mild

adverse events reported during these studies included in the arm where the shot was given, fever, dizziness, nausea.

Some preteens and teens might faint after getting vaccine or any shot. Preteens and teens should lie down when they get a shot and stay like that for 15 minutes after the shot. This can help prevent any injury that could happen while lying down.

Serious side effects from the vaccine are very rare. It is important to tell the doctor about any severe allergies, including an allergy to gelatin, if your child has one. The vaccine is not recommended for children with these allergies.

HPV vaccination is recommended by the American Academy of Family Physicians, the American Academy of Pediatrics, and the Society of Pediatric Endocrinology.

How can I get help paying for the vaccine?

The Vaccines for Children (VFC) program provides HPV vaccines for children ages 11 to 12 who are not insured or under-insured, Indian or Alaska Native, or who live in a VFC program by going online to www.vfc.org in the search box.

Where can I learn more?

For more information about HPV vaccines for preteens and teens, or to learn more information about the VFC program, visit www.cdc.gov/vaccines/imz/.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HPV

As a parent, you do everything you can to protect your children's health for now and for the future. Today, there is a strong weapon to prevent several types of cancer in our kids: the HPV vaccine.

HPV and Cancer

HPV is short for Human Papillomavirus, a common virus. In the United States each year, there are about 17,000 women and 9,000 men affected by HPV-related cancers. Many of these cancers could be prevented with vaccination. In both women and men, HPV can cause anal cancer and mouth/throat (oropharyngeal) cancer. It can also cause cancers of the cervix, vulva and vagina in women, and cancer of the penis in men.

For women, screening is available to detect most cases of cervical cancer with a Pap smear. Unfortunately, there is no routine screening for other HPV-related cancers for women or men, and these cancers can cause pain, suffering, or even death. That is why a vaccine that prevents most of these types of

DISEASES and the VACCINES THAT PREVENT THEM

Updated July 2013

HPV vaccination is recommended for preteen girls and boys at age 11 or 12 years

HPV vaccine is also recommended for girls ages 13 through 26 years and for boys ages 13 through 21 years, who have not yet been vaccinated. So if your son or daughter hasn't started or finished the HPV vaccine series—it's not too late! Talk to their doctor about getting the vaccine.

Two vaccines—C to prevent the 16 cancers and anal cancer and Gardasil, also prevents women and great. Only Gardasil for men. Both vaccines over 6 months. T1 child all three the second and third office after the first

2013 Vacunas recomendadas para los niños de los 7 años hasta los 18 años de edad

7 a 10 años	11 a 12 años	13 a 18 años
La vacuna Tdap*	Tetanus, Difteria, Pertussis (Tdap) Vaccine	La vacuna Tdap*
La vacuna IPV (3 dosis)†	La vacuna IPV (3 dosis)†	La vacuna IPV
MCV4	La vacuna meningocócica conjugada (MCV4) 1 dosis‡	Dosis de la vacuna MCV4. Se debe de repetir todos los 5 años

2013 Recommended Immunizations for Children from 7 Through 18 Years Old

7-10 YEARS	11-12 YEARS	13-18 YEARS
Tdap*	Tetanus, Diphtheria, Pertussis (Tdap) Vaccine	Tdap
MCV4	Human Papillomavirus (HPV) Vaccine (3 Doses)†	HPV
	Meningococcal Conjugate Vaccine (MCV4) Dose 1‡	MCV4 Dose 1‡
	Poliovirus (Injectable)†	Exempt at age 16 years
	Pneumococcal Vaccine†	
	Hepatitis A (HepA) Vaccine Series†	
	Hepatitis B (HepB) Vaccine Series	
	Inactivated Polio Vaccine (IPV) Series	
	Meningococcal Vaccine Series	
	Varicella Vaccine Series	

FOOTNOTES

* May vaccine is combination vaccine that is recommended at age 11 or 12 to protect against tetanus, diphtheria and pertussis. If your child has not received any or all of the Tdap vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7-10 years old. Talk to your child's health care provider to find out if they need additional catch up vaccines.

† At least one dose of Poliovirus (Injectable) (IPV) is recommended for children ages 11-12. If your child has not received any or all of the IPV vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of IPV when they are 11-12 years old. Talk to your child's health care provider to find out if they need additional catch up vaccines.

‡ At least one dose of Meningococcal Conjugate Vaccine (MCV4) is recommended for children ages 11-12. If your child has not received any or all of the MCV4 vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of MCV4 when they are 11-12 years old. Talk to your child's health care provider to find out if they need additional catch up vaccines.

§ For more information about HPV vaccines for preteens and teens, or to learn more information about the VFC program, visit www.cdc.gov/vaccines/imz/.

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Vacuna contra el VPH (Virus del papiloma humano)

Lo que usted necesita saber

1 ¿Qué es el VPH?

El genital es el más común en los Estados Unidos y las mujeres corren por el VPH.

Indicamos entre adolescentes, solo año. El VPH (cervical) sexual. (PH) no transmiten uno el VPH puede (cervical) sexual por entre las adolescentes. En los Estados Unidos, tienen cáncer color de 4,000.

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3 ¿Quién debe vacunarse contra el VPH y cuándo?

La vacuna contra el VPH se aplica como una serie de 3 dosis.

1.ª dosis: Al menos 2 meses después de la Dosis 1.
2.ª dosis: Al menos 4 meses después de la Dosis 1.
3.ª dosis: 6 meses después de la Dosis 1.

No se recomiendan dosis adicionales (refuerzos).

Aplicación rutinaria de la vacuna.

Esta vacuna contra el VPH se recomienda para niñas y niños de 11 a 12 años. Puede administrarse a partir de los 9 años.

¿Por qué se recomienda la vacuna contra el VPH a los 11 o 12 años?

La infección por el VPH es muy fácil de contraer, incluso con una sola pareja sexual. Por eso es importante recibir la vacuna contra el VPH antes de tener cualquier contacto sexual. Además, la respuesta a la vacuna es mejor a esta edad que a una edad mayor.

Vacuna de actualización.

Esta vacuna se recomienda para las siguientes personas que no completaron la serie de 3 dosis:

• Mujeres de 13 a 26 años, o el VPH, pero no se han tratado.

• Mujeres de 13 a 26 años, o el VPH, pero no se han tratado.

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HPV CANCER PREVENTION

- 1 HPV VACCINE IS CANCER PREVENTION**
 HPV vaccine protects against HPV types that most commonly cause anal, cervical, oropharyngeal, penile, vaginal, and vulvar cancers.
 Every year in the U.S., 27,000 people get cancer caused by HPV. That's 1 person every 20 minutes of every day, all year long.
 Most of these cancers can be prevented by HPV vaccine.
- 2 HPV VACCINE IS RECOMMENDED AT THE SAME TIME AS OTHER TEEN VACCINES**
 Teens need three vaccines at 11 or 12. They protect against whooping cough, cancers caused by HPV, and meningitis.
 Vaccinated for your 11-12 year old:
 • Tdap
 • HPV
 • Meningococcal
- 3 HPV VACCINE IS BEST AT 11-12 YEARS**
 Teens have a higher immune response to HPV vaccine than older teens.
 While there is very little risk of exposure to HPV before age 12, the risk of exposure increases thereafter.

Parents and healthcare professionals are the key to protecting adolescents from HPV cancers.

VACCINATE YOUR 11-12 YEAR OLDS.

www.cdc.gov/vaccines/teens



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
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Free posters available for ordering in the following sizes: 8.5x11, 11x17, 18x24

If there were a vaccine against cancer, wouldn't you get it for your kids?

HPV vaccine is cancer prevention. Talk to the doctor about vaccinating your 11-12 year old sons and daughters against HPV.

www.cdc.gov/vaccines/teens

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You're not opening the door to sex. You're closing the door to cancer.

HPV vaccine is cancer prevention. Talk to your child's doctor about vaccinating your 11-12 year old against HPV.

www.cdc.gov/vaccines/teens

**Want to know when we have new
resources and tools?**

**Send us an email to request
our newsletter:**

PreteenVaccines@cdc.gov

**We can help provide speakers for grand rounds and
continuing education events, as well.**

CDC Webinar event May 19

<https://cc.readytalk.com/cc/s/registrations/new?cid=hsx0yr705cpy>

HPV VACCINE IS
CANCER PREVENTION



And YOU are the key!

#WeCanStopHPV

Comments and Questions?



Salem 
STATE UNIVERSITY

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