Human Papillomavirus (HPV) Vaccination Report: Georgia

Working Together to Reach National Goals for HPV Vaccination

Report 2: Jan 2015

Three vaccinations are recommended for boys and girls aged 11-12 years: human papillomavirus (HPV), tetanus, diphtheria, and acellular pertussis (Tdap), and meningococcal (MenACWY). Nationally, HPV vaccination coverage for teens lags behind other adolescent vaccinations and remains far below Healthy People 2020 targets of 80% coverage by 2020. Many efforts have focused on accelerating HPV vaccination uptake, and these quarterly reports highlight data and strategies to continue to facilitate collaboration in increasing HPV vaccination coverage. The current report will focus on the importance of a strong recommendation from clinicians. Individual immunization programs may also have other data and information about strategies already being implemented to increase HPV vaccination coverage in Georgia.

Estimates of Teen Vaccination Coverage Nationwide and in Georgia

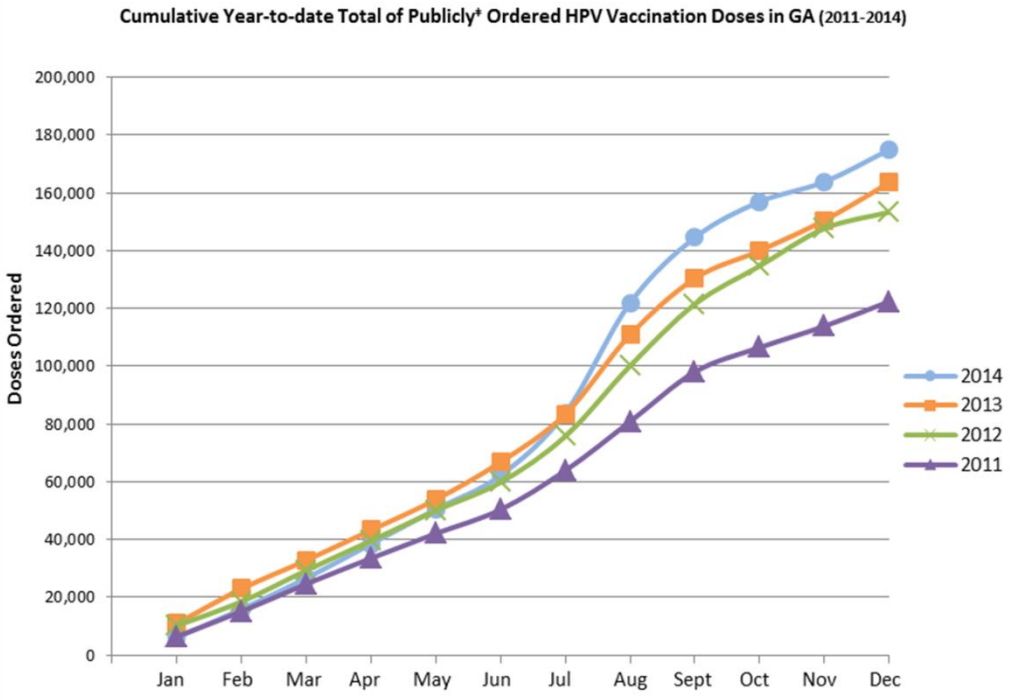
Nationwide and Jurisdiction-specific Vaccination Coverage, Teens Aged 13-17 Years, NIS-Teen 2013

			HPV					
	≥1 Tdap	≥1 Meningococcal	Females			Males		
			≥1 dose	≥2 doses	≥3 doses	≥1 dose	≥2 doses	≥3 doses
Georgia	82.0%	76.9%	53.7%	42.3%	33.2%	40.5%	31.0%	15.3%
US National	86.0%	77.8%	57.3%	47.7%	37.6%	34.6%	23.5%	13.9%

CDC. National, Regional, State, and Selected Local Area Vaccination Coverage among Adolescents Aged 13-17 Years: United States, 2013. *Morbidity and Mortality Weekly Report (MMWR)*. July 25, 2014.

2014 HPV Vaccine Ordering Trends

CDC recommends examining vaccine ordering data for trends to approximate recent HPV vaccination uptake, as ordering data are available sooner than coverage data and can inform action in real time. Reviewing ordering data at the health system, clinic, or clinician level can help to target outreach activities to clinicians or facilities who have inconsistent or lower ordering patterns than expected.



Cumulative Year-to-date Total of Publicly‡ Ordered HPV Vaccination Doses, GA (2013-2014)

	2013	2014	% change
Jan	10,970	6,160	-43.8%
Feb	22,990	15,910	-30.8%
Mar	32,850	26,650	-18.9%
Apr	43,310	38,540	-11.0%
May	53,890	50,470	-6.3%
Jun	66,860	62,250	-6.9%
Jul	83,480	83,920	0.5%
Aug	110,910	121,970	10.0%
Sept	130,410	144,570	10.9%
Oct	140,020	156,950	12.1%
Nov	150,560	163,840	8.8%
Dec	163,560	174,990	7.0%

CDC. Vaccine Tracking System (VTrckS). December 2014.
‡Defined as orders for publicly funded vaccine (i.e. Vaccines for Children, 317, state/local, or CHIP doses).

Have questions? Contact us at preteenvaccines@cdc.gov.

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Data Spotlight: The Importance of a Strong Recommendation from Clinicians

Evidence supports the importance of a strong recommendation from clinicians:

- A strong recommendation from clinicians is the best predictor of vaccination (Holman et al., 2014).
- Younger adolescents are less likely to receive a strong recommendation than older adolescents, and boys are less likely to receive a strong recommendation than girls (Allison et al., 2013).
- Parents value the HPV vaccine, but clinicians underestimate the value that parents place on HPV vaccine. Clinicians may not recommend the HPV vaccine as strongly as other vaccines because of these assumptions (Healy et al., 2014).

In Georgia…

≥ 1 dose HPV vaccine coverage was higher among girls who received a recommendation vs. those who did not (59.4% vs. 40.8%).

A higher proportion of girls received a recommendation for HPV vaccine than boys (65.6% vs. 43.4%).

Prevalence of clinician recommendation* for HPV vaccine and ≥1 dose of HPV vaccine coverage stratified by receipt of recommendation, teens aged 13-17 years, Georgia, NIS-Teen 2013

	Received clinician recommendation	≥ 1 dose HPV vaccine coverage by receipt of clinician recommendation	
		Received recommendation	Did not receive recommendation
	% (95% CI)	% (95% CI)	% (95% CI)
Girls	65.6 (±10.3)	59.4 (±13.3)	40.8 (±18.9)
Boys	43.4 (±11.4)	69.1 (±14.6)	NA[+]

95% CI = 95% confidence interval. Estimates with 95% CI half-widths >10 may not be reliable.
*Clinician recommendation: parent reported receiving recommendation for HPV vaccination from their teen's clinician.
[+] Estimate not reported because unweighted sample size for the denominator was <30 or 95% CI half-width/estimate >0.6. The US national estimate of ≥1 dose coverage among boys who did not receive a recommendation is 16.7% (±2.0%).

New Year's Resolution 2015:

Provide Strong Recommendations for HPV Vaccination in Georgia

Last quarter's report focused on reducing missed opportunities. Building on this, below are suggested strategies and resources for engaging clinicians in providing strong recommendations for HPV vaccination:

- Clinicians can utilize the following methods to help them deliver a strong, concise, and clear HPV vaccination recommendation:
  - Recommend the HPV vaccine in the same way and during the same visit as the other adolescent vaccines. Some evidence suggests that the best recommendation for HPV vaccination includes all indicated adolescent vaccinations.
  - Use the "HPV vaccine is cancer prevention" message, because parents identify cancer prevention as important in their decision to vaccinate their children.
  - Emphasize their personal belief in the importance of the HPV vaccine.
  - Remind parents that the HPV vaccine is safe and effective. If parents have questions, address questions directly and confidently.
- Share CDC's educational resources about clinician recommendations:
  - A new CME Medscape activity is available that discusses communication strategies. "Communicating Safety and Efficacy of HPV Vaccine to Parents and Pre-adolescents" can be found here: http://www.medscape.org/viewarticle/834038
  - Additional Medscape materials addressing the clinician recommendation for HPV vaccine can be found at the CDC HPV portal for clinicians, under the tab "Tools for Your Practice": www.cdc.gov/vaccines/YouAreTheKey
  - View CDC's "Tips and Timesavers for Talking with Parents about HPV Vaccine" here: http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf
- Collaborate with partners to increase use of strategies to strengthen the clinician recommendation for HPV vaccination.

Visit the clinician-specific web portal for more resources and materials: www.cdc.gov/vaccines/YouAreTheKey

You are the key to cancer prevention!

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HPV YOU ARE THE KEY TO CANCER PREVENTION

CDC Centers for Disease Control and Prevention