



State of Louisiana

Louisiana Department of Health

Office of the Secretary

Dear Louisiana Colleague:

The Louisiana Department of Health, the Louisiana Chapter of the American Academy of Pediatrics, the American Cancer Society, and the Louisiana Cancer Prevention and Control Program join national partners in asking you to give a strong recommendation for HPV vaccination to increase uptake. Healthcare providers are a crucial part of a national effort to dramatically increase adolescent vaccination against HPV infections. HPV vaccine prevents cancer. However, HPV vaccine is underutilized in our country and our state, despite the overwhelming evidence of its safety and effectiveness. The most current National Immunization Survey (NIS) results for Louisiana show completed HPV series for females is 39.3%, with males at 30.5%. The overall NIS result for the U.S. is 41.9% for females and 28.1% for males.¹ This is significantly lower than the Healthy People 2020 Target of 80% vaccination coverage.

While vaccination rates continue to improve for the other adolescent vaccines, HPV vaccination rates have not. Louisiana met the Healthy People 2020 targets for Tdap, varicella and MenACWY in 2014, but not for the HPV series in females or males. There are many remaining opportunities to protect Louisiana children against vaccine-preventable diseases, and raising the HPV vaccination rate will be a step in the right direction.

Missed opportunities data suggest that providers are not giving strong recommendations for HPV vaccine when patients are 11 or 12 years old. The healthcare provider recommendation is the single best predictor of vaccination. Recent studies show that a patient who receives a provider recommendation is four to five times more likely to receive the HPV vaccine.^{2,3}

What you say, and how you say it, matters. A half-hearted recommendation to a patient or parent may not only result in the patient leaving your practice unvaccinated, but may lead the patient to believe that HPV vaccine is not as important as the other adolescent vaccines. By confidently stating the child is due for three vaccines and by putting the HPV vaccine in the middle of the recommendation (instead of at the end as an afterthought), parents perceive that it's a normal recommendation rather than a controversial or optional one.

Louisiana organizations are working hard to improve HPV vaccination rates in our state. A recent survey of Louisiana providers doing well in improving HPV vaccination rates

found reminders, education, standing orders, and scheduling follow-up appointments at the time of the first dose were key approaches.⁴ Other successful strategies included coupling the HPV vaccine with other adolescent vaccines, administering during well visits, recommending the vaccine and discussing how it protects against cancer and genital warts.

CDC now recommends two doses of HPV vaccine for 11- and 12-year olds. This recommendation makes it easier for parents to protect their children by reducing the number of shots and visits.

Attached are key facts about HPV vaccine safety and effectiveness to encourage you to recommend HPV vaccination – firmly and strongly – to your patients. Your recommendation will reflect your commitment to preventing HPV-associated cancers and disease in Louisiana and the United States.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Rebekah Gee', is positioned below the word 'Sincerely,'.

Rebekah Gee, MD, MPH
Secretary
Louisiana Department of Health

Key Facts about HPV and the Vaccine

HPV-associated disease

- Approximately 79 million people in the United States are infected with HPV, and approximately 14 million people in the United States will become newly infected with HPV each year.
- Each year, an estimated 26,000 cancers are attributable to HPV; about 17,000 in women and 9,000 in men.
- Cervical cancer is the most common HPV-associated cancer among women, and oropharyngeal cancers are the most common among men.
- Louisiana's HPV-associated cancer rates are among the highest in the U.S.

Despite these disturbing statistics, the use of HPV vaccination to prevent HPV infection is limited and immunization rates remain low.

Prevention of HPV-associated disease by vaccination

- Gardasil 9 vaccine can be used for routine vaccination of females through 26 years old and males through 21 years old who have not been vaccinated previously or who have not completed the full series. CDC recommends routine vaccination for both males and females at 11 and 12 years of age.

Safety of HPV vaccine

- More than 200 million doses of HPV vaccine have been distributed worldwide and 70 million doses have been distributed in the United States.
- More than seven years of post-licensure vaccine safety monitoring in the United States provides continued evidence of the safety of HPV vaccine.⁵ Data on safety are also available from post-licensure monitoring in other countries for both vaccines and provide continued evidence of the safety of HPV vaccine.
- Syncope can occur among adolescents who receive any vaccines, including HPV vaccine. The Advisory Committee on Immunization Practices recommends that clinicians consider observing patients for 15 minutes after vaccination.

Regardless of a safety profile that is similar to the other adolescent vaccines, parents cite safety concerns as one of the top five reasons they do not intend to vaccinate daughters against HPV.

Efficacy of HPV vaccines

- Among females who have not been previously infected with a targeted HPV type, both vaccines have over 95% efficacy in preventing cervical precancers caused by HPV 16 or 18.
- HPV4 also demonstrated nearly 100% vaccine efficacy in preventing vulvar and vaginal precancers and genital warts in females caused by the HPV types protected against by the HPV4 vaccine.

- In males, HPV4 demonstrated 90% vaccine efficacy in preventing genital warts and 75% vaccine efficacy in preventing anal precancers caused by the HPV types protected against by the HPV4 vaccine.

Since the vaccine does not protect against all HPV types, it does not replace other prevention strategies, such as regular cervical cancer screening.

What you say matters and how you say it matters even more.

Based on research conducted with parents and physicians, CDC suggests recommending the HPV vaccine series the same way you recommend the other adolescent vaccines.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents' questions helps you save time and give an effective response. CDC has created an excellent tip sheet to assist you in answering questions parents may have about HPV vaccines. This tip sheet and many other tools on the HPV vaccine are available at <http://www.cdc.gov/hpv/hcp/index.html>.

As a healthcare provider, we urge you to improve the strength and consistency of your recommendation for HPV vaccination to your patients. Your recommendation is the number one reason why someone will get the HPV vaccine and be protected from HPV-associated cancers and disease.

References:

- 1 National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17- United States, 2015, Morbidity and Mortality Weekly Report, August 26, 2016.
- 2 Health care provider recommendation, human papillomavirus vaccination, and race/ethnicity in the U.S. National Immunization Survey. American Journal of Public Health. 2013. 103(1):164–169.
- 3 Factors associated with human papillomavirus vaccine-series initiation and healthcare provider recommendation in U.S. adolescent females: 2007 National Survey of Children's Health. Vaccine. 2012. 30(20):3112–3118.
- 4 Positive Deviance Approach to Improve HPV Vaccination Rates, unpublished.
- 5 Human Papillomavirus-Associated Cancers—United States, 2008-2012, Morbidity and Mortality Weekly Report, July 8, 2016.

