HPV Cancer Prevention Program

PATH to prevention

HPV Cancer Prevention Program

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Alabama Adolescent Vaccine Task Force • October 12, 2021

Disclosures

I have nothing to disclose.

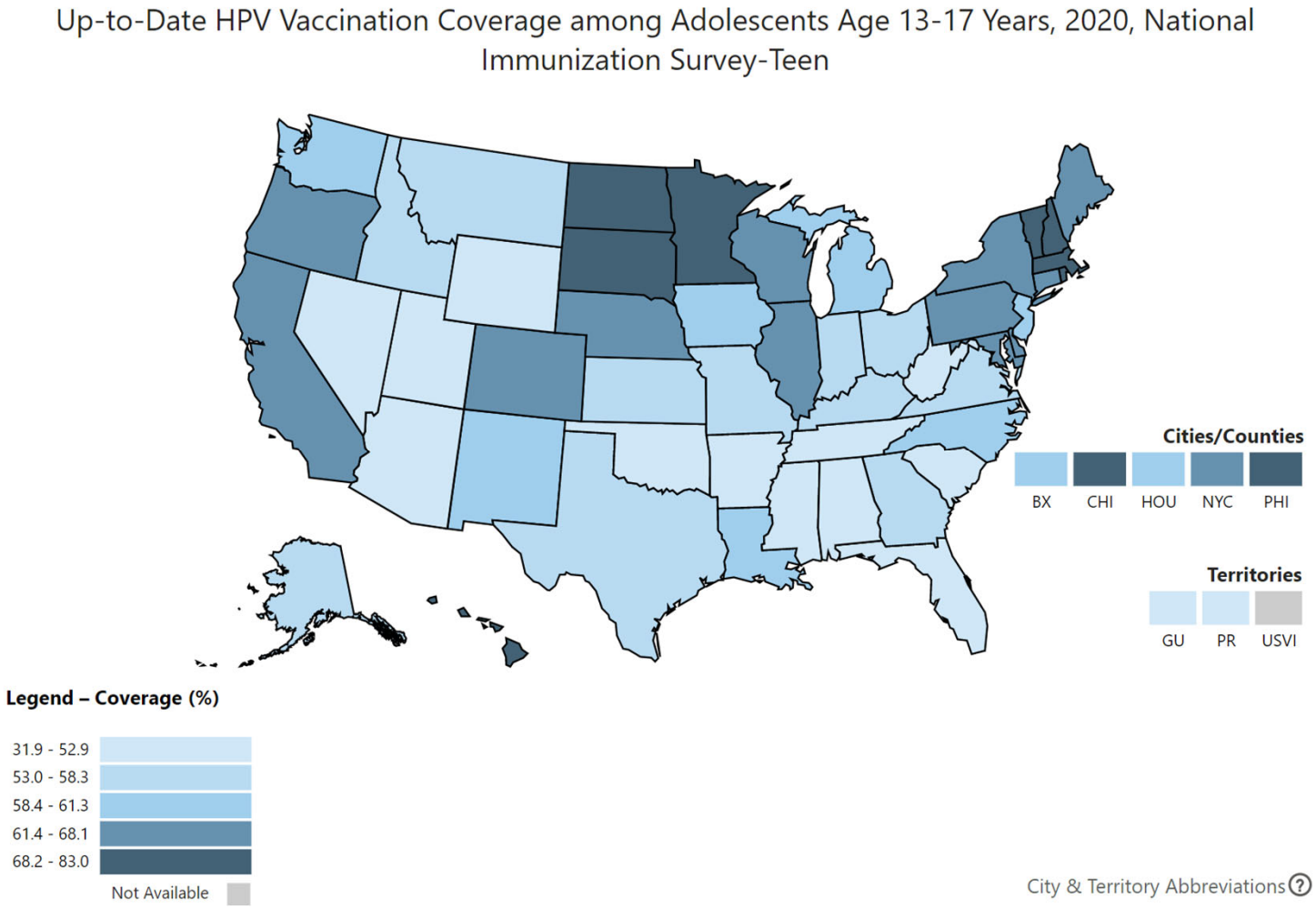
Today's Presentation

- Opportunity for Impact
- St. Jude HPV Cancer Prevention Program
- Increasing HPV Vaccination

Opportunity for Impact

stjude.org/hpv

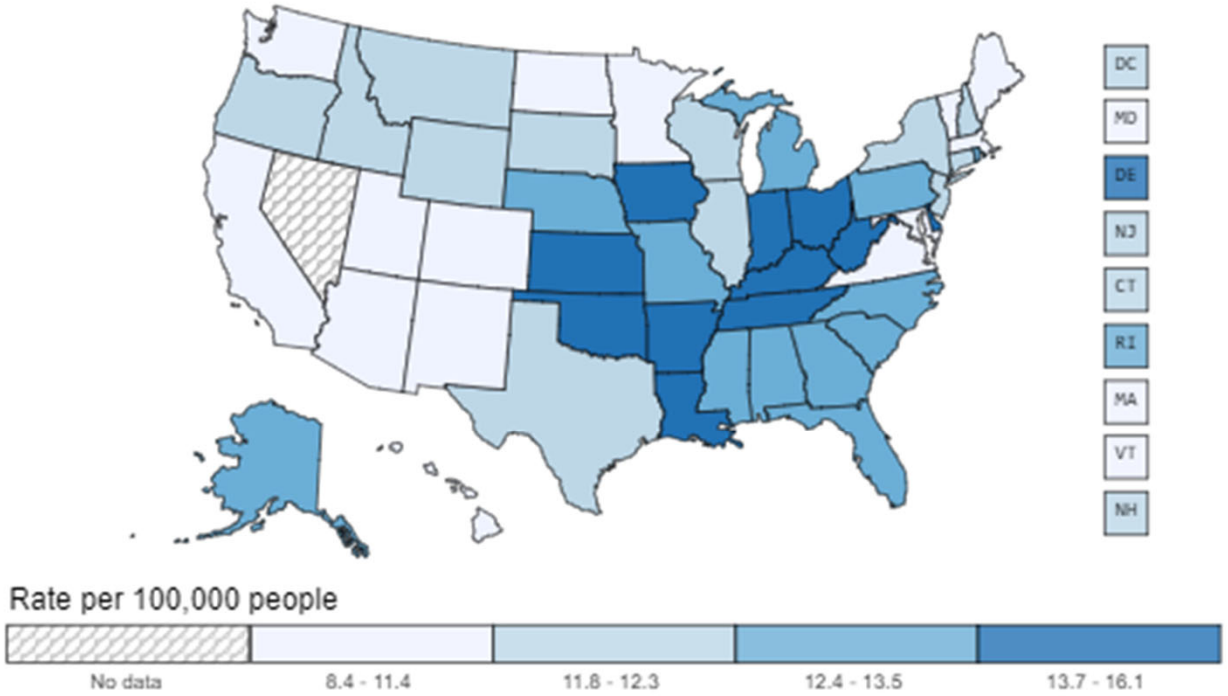
Selected States	2019	2020
United States	**54.2%**	**58.6%**
Alabama	47.3%	52.9%
Arkansas	50.5%	49.6%
Florida	56.0%	51.6%
Georgia	49.7%	54.9%
Kentucky	54.9%	55.7%
Mississippi	30.5%	31.9%
North Carolina	49.5%	60.7%
South Carolina	53.0%	47.0%
Tennessee	43.0%	52.9%



Data sources: Pingali C, Yankey D, Elam-Evans LD, et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2020. MMWR Morb Mortal Wkly Rep 2021;70:1183–1190. DOI: http://dx.doi.org/10.15585/mmwr.mm7035a1; Elam-Evans LD, Yankey D, Singleton JA, et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2019. MMWR Morb Mortal Wkly Rep 2020;69:1109–1116. DOI: http://dx.doi.org/10.15585/mmwr.mm6933a1

Selected States	2018
United States	**12.4**
Alabama	12.5
Arkansas	15.6
Florida	13.5
Georgia	13.5
Kentucky	16.0
Mississippi	13.5
North Carolina	13.2
South Carolina	13.4
Tennessee	15.0

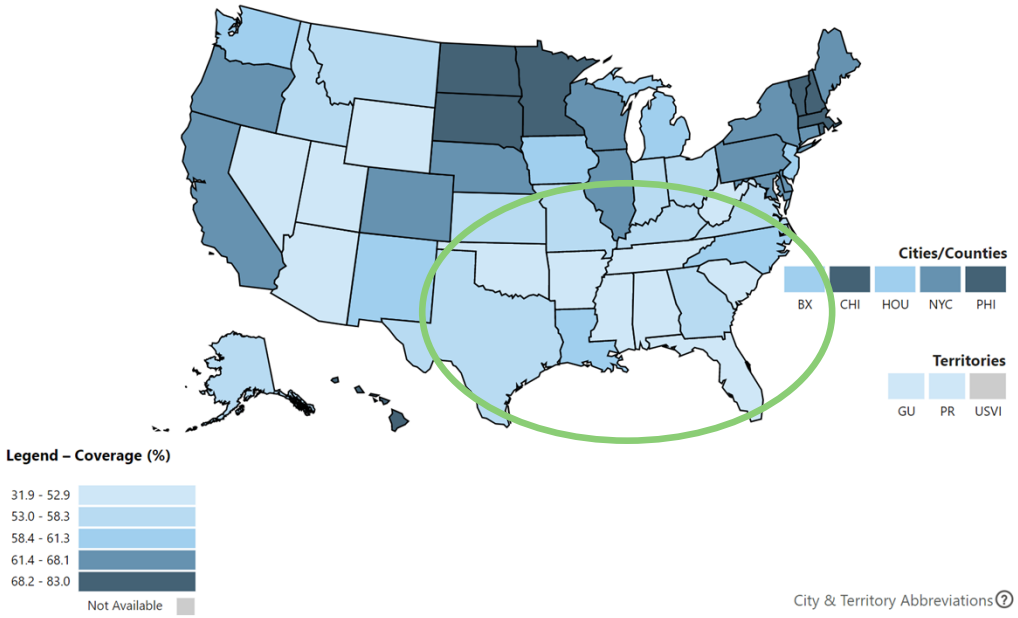
Rate of New HPV-associated Cancers by State
All HPV-associated Cancers, Male and Female, United States, 2018



Data source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2021.

Opportunity for Impact

Up-to-Date HPV Vaccination Coverage among Adolescents Age 13-17 Years, 2020, National Immunization Survey-Teen



Rate of New HPV-associated Cancers by State
All HPV-associated Cancers,
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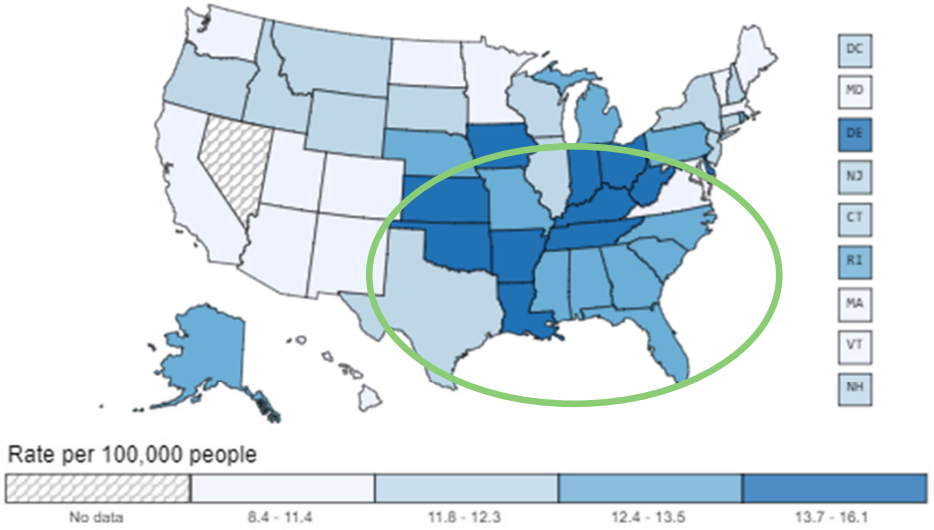
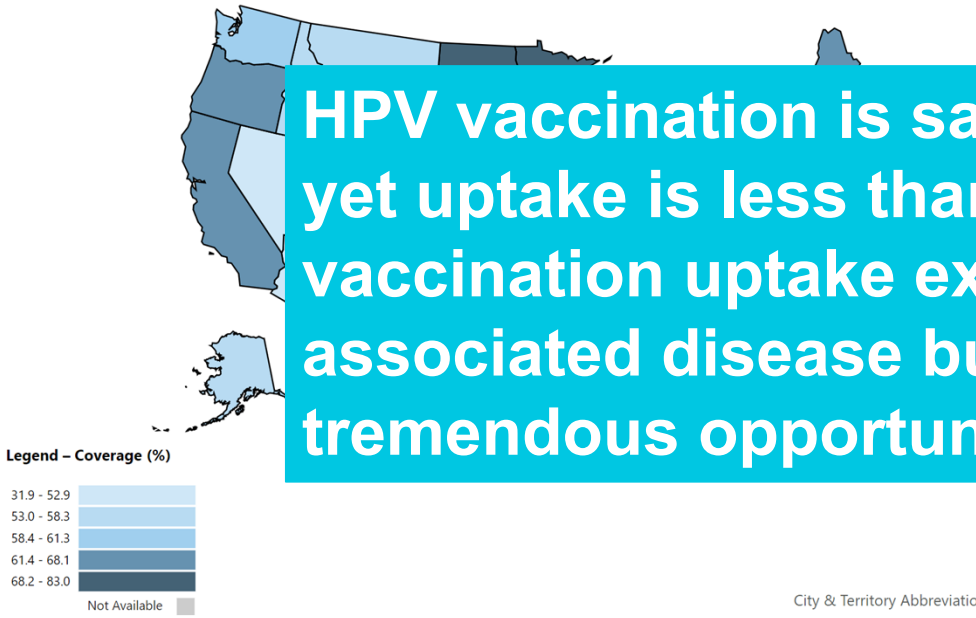


Opportunity for Impact

Up-to-Date HPV Vaccination Coverage among Adolescents Age 13-17 Years, 2020, National Immunization Survey-Teen



Rate of New HPV-associated Cancers by State
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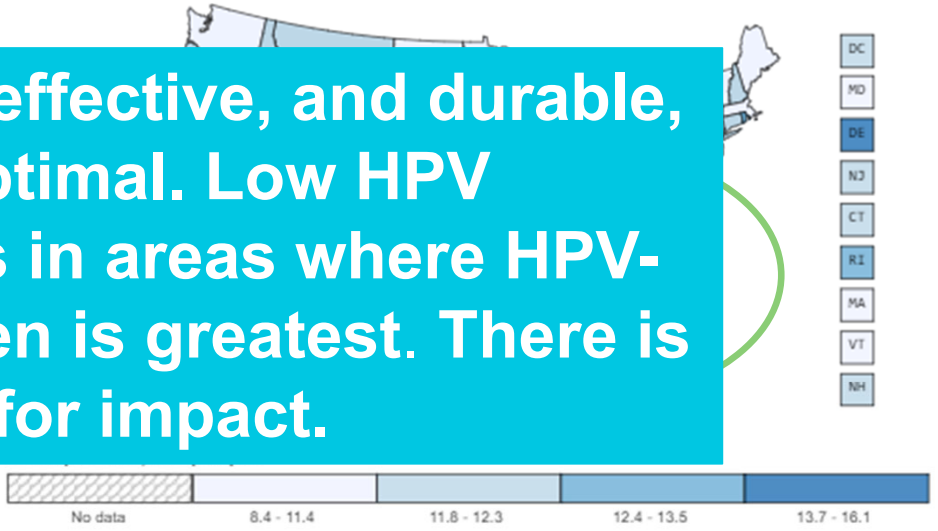

HPV vaccination is safe, effective, and durable, yet uptake is less than optimal. Low HPV vaccination uptake exists in areas where HPV-associated disease burden is greatest. There is tremendous opportunity for impact.

City & Territory Abbreviations

St. Jude Children's Research Hospital | HPV Cancer Prevention Program

PATH to prevention

St. Jude HPV Cancer Prevention Program

stjude.org/hpv

St. Jude Children's Research Hospital | HPV Cancer Prevention Program

Blue Sky Projects Accelerate Progress

What if … we could accelerate efforts to prevent adult cancers by vaccinating children?

Promise Magazine, Autumn 2019 and Spring 2021

St. Jude HPV Cancer Prevention Program

Our vision is a world free of HPV cancers.

Through education, promoting best practice models, and strategic stakeholder engagement, our mission is to increase on-time HPV vaccination for all children.

HPV vaccination is cancer prevention.

St. Jude HPV Cancer Prevention Program

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Administrative Director

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Carol Minor

Program Coordinator

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St. Jude Children's Research Hospital | HPV Cancer Prevention Program

HPV Cancer Prevention Program
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We are hiring two program coordinators!
Go to: https://www.stjude.org/jobs.html
Search for: "HPV"

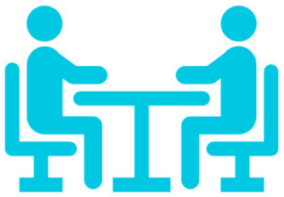
Program Priorities

Community interventions

Clinical interventions with health care providers and systems

Public policy and advocacy

Equity



Partnerships

Partnership Coordination and Relationship Building

- Local:

Memphis

Heather Brandt and Carol Minor
Memphis/Shelby County

- Statewide/Regional:

Carol Minor
Tennessee

Julia Neely
Missouri

Julia Neely
Arkansas

Carol Minor
Mississippi

- Regional and National: Heather Brandt and Andrea Stubbs

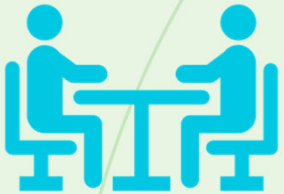
St. Jude Children's Research Hospital | HPV Cancer Prevention Program

PATH to prevention

Increasing HPV Vaccination







stjude.org/hpv

Multi-level and Multi-component Interventions

Health care system-based interventions implemented in combination

- At least one intervention to increase **client demand**
  - e.g., client reminder and recall, client-based clinic education
- One or more interventions that address either, or both, of the following strategies:
  - Interventions to **enhance access** to vaccinations (e.g., expanded access)
  - Interventions directed at **vaccination providers or systems** (e.g., provider reminders, standing orders, provider assessment and feedback)

Community-based interventions implemented in combination

- One or more interventions to increase **community demand**
  - e.g., manual outreach and tracking, client or community-wide education, client incentives
- One or more interventions to enhance **access** to vaccination services
  - e.g., expanded access in healthcare settings, home visits, reduced client out-of-pocket costs

The Guide to Community Preventive Services: https://www.thecommunityguide.org/

Opportunities to Improve HPV Vaccination

Community

- Cancer coalitions
- HPV coalitions
- Immunization coalitions
- Faith-based organizations
- Non-profit organizations
- American Cancer Society

Clinical

- Health department
- Pediatric practices
- Federally-qualified health centers
- Rural health clinics
- Safety net clinics
- Professional societies and organizations

Limited focus on community-clinical linkages to address supply and demand challenges.

Brandt HM, Vanderpool RC, Curry SJ, Farris P, Daniel-Ulloa J, Seegmiller L, Stradtman LR, Vu T, Taylor V, Zubizarreta M. A multi-site case study of community-clinical linkages for promoting HPV vaccination. Hum Vaccin Immunother. 2019;15(7-8):1599-1606. doi: 10.1080/21645515.2019.1616501. Epub 2019 Jun 3. PMID: 31158042; PMCID: PMC6746520.

Opportunities to Improve HPV Vaccination

Outside the medical home, e.g.,:

- Schools
- Pharmacies
- Dental clinics
- Mobile vaccination clinics

Within and beyond the medical home, reduce missed opportunities. Create access points for vaccination.

e.g.,

Calo et al., 2019: Implementing pharmacy-located HPV vaccination: findings from pilot projects in five U.S. states. Hum Vaccin Immunother
Harris et al., 2020: The perspectives, barriers, and willingness of Utah dentists to engage in human papillomavirus vaccine practices. Hum Vaccin Immunother
Kaul et al., 2019: School-based human papillomavirus vaccination program for increasing vaccine uptake in an underserved area in Texas. Papillomavirus Res
Ryan et al., 2020: Exploring opportunities to leverage pharmacists in rural areas to promote administration of human papillomavirus vaccine. Prev Chronic Dis
Vanderpool et al., 2015: Implementation and evaluation of a school-based human papillomavirus vaccination program in rural Kentucky. Am J Prev Med

Clinical Interventions

- Start at age 9
- Strong health care provider recommendation

Age at HPV Vaccination Matters

Earlier initiation of HPV vaccination at ages 9-10 has multiple benefits:

- Increases time to complete the HPV vaccination series (HEDIS measure is by 13th birthday; two doses instead of three)
- Increases likelihood of vaccinating prior to first HPV exposure
- Decreases need to discuss sexual activity
- Decreases requests for only vaccines that are “required” for school
- Has been shown by several systems to *increase* vaccination rates
- Has been shown to be *acceptable* to systems and providers

American Cancer Society. 2020: https://www.cancer.org/latest-news/acs-updates-hpv-vaccination-recommendations-to-start-at-age-9.html. Biancarelli DL, et al. *J Pediatr.* 2020;217:92-97. Perkins RB, et al. *Pediatrics*. 2020;146:2019-2737. O’Leary ST, Nyquist A. *American Academy of Pediatrics News*. 2019: https://www.aappublications.org/news/2019/10/04/hpv100419. Goleman MJ, et al. *Acad Pediatr.* 2018;18:769-775. St. Sauver JL, et al. *Prev Med*. 2016;89:327-333.

Age at HPV Vaccination Matters

- 89% reduction (95% CI: 81% to 94%) in prevalent CIN grade 3 or worse
- 88% reduction (95% CI: 83% to 92%) in CIN grade 2 or worse
- 79% reduction (95% CI: 69% to 86%) in CIN grade 1

Age at vaccination matters:

- **Vaccinated by ages 12-13: 86% effectiveness** (95% CI: 75% to 92%) for CIN grade 3 or worse
- Vaccinated at age 17 or later: 51% effectiveness (95% CI: 28% to 66%) for women vaccinated at age 17

Palmer T, et al. *BMJ*. 2019;365:l1161

Age at HPV Vaccination Matters

Table 2. HPV Vaccination and Invasive Cervical Cancer.

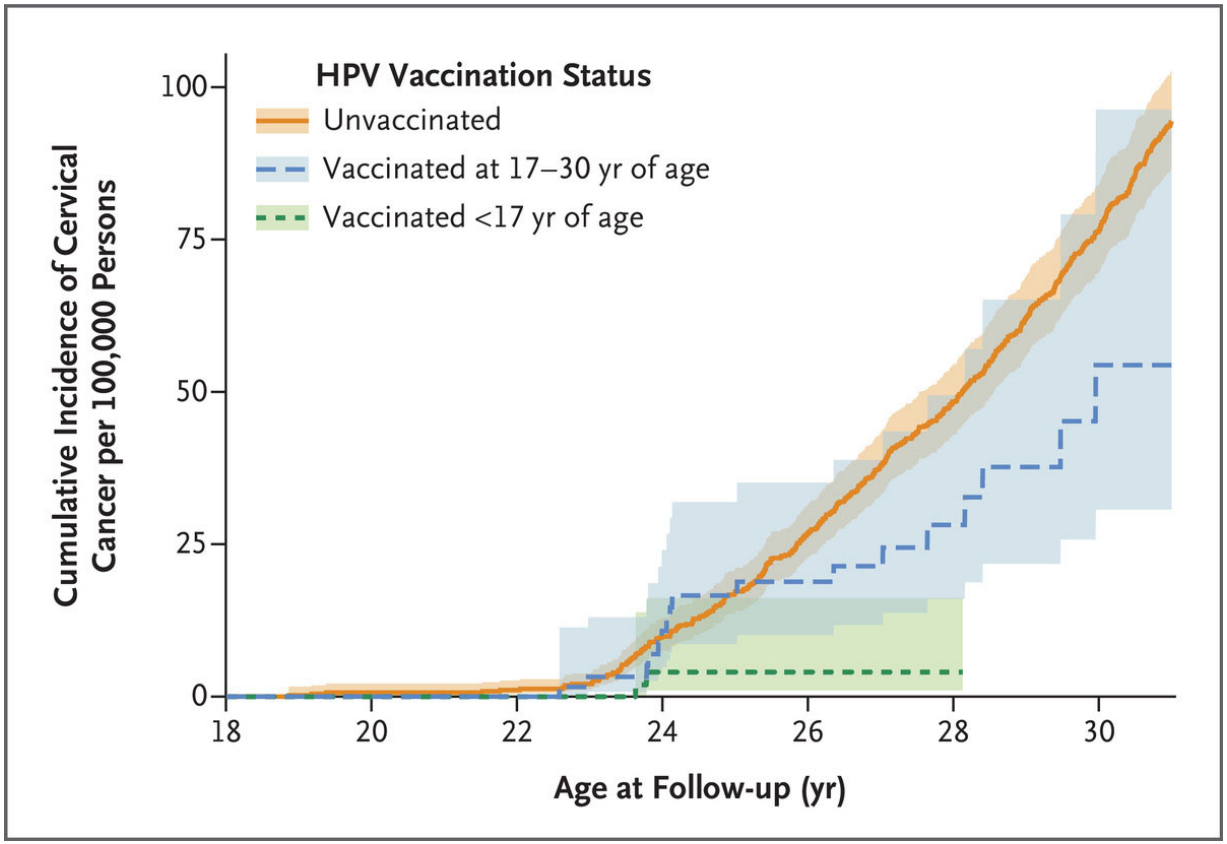
HPV Vaccination Status	No. of Cases of Cervical Cancer	Crude Incidence Rate per 100,000 Person-Yr (95% CI)	Age-Adjusted Incidence Rate Ratio (95% CI)	Adjusted Incidence Rate Ratio (95% CI)*
Unvaccinated	538	5.27 (4.84–5.73)	Reference	Reference
Vaccinated	19	0.73 (0.47–1.14)	0.51 (0.32–0.82)	0.37 (0.21–0.57)
Status according to age cutoff of 17 yr				
Vaccinated before age 17 yr	2	0.10 (0.02–0.39)	0.19 (0.05–0.75)	0.12 (0.00–0.34)
Vaccinated at age 17–30 yr	17	3.02 (1.88–4.86)	0.64 (0.39–1.04)	0.47 (0.27–0.75)
Status according to age cutoff of 20 yr				
Vaccinated before				
Vaccinated at age				

88% protection against invasive cervical cancer if vaccinated before age 17 years

* The adjusted incidence r
mother's country of birth
and previous diagnosis in mother of cancers other than cervical cancer. The 95% confidence intervals were bias-corrected percentile confidence intervals that were estimated with the use of bootstrapping with a resampling frequency of 2000 times.

Lei J et al. *N Engl J Med*. 2020;383:1340-1348.

Cumulative Incidence of Invasive Cervical Cancer According to HPV Vaccination Status



Lei J et al. *N Engl J Med*. 2020;383:1340-1348.

Strong Provider Recommendations in Supportive Systems Drive Vaccination Rates

Use presumptive recommendations:

Note **child's age**.

Announce children this age are **due** for vaccines that prevent several diseases.

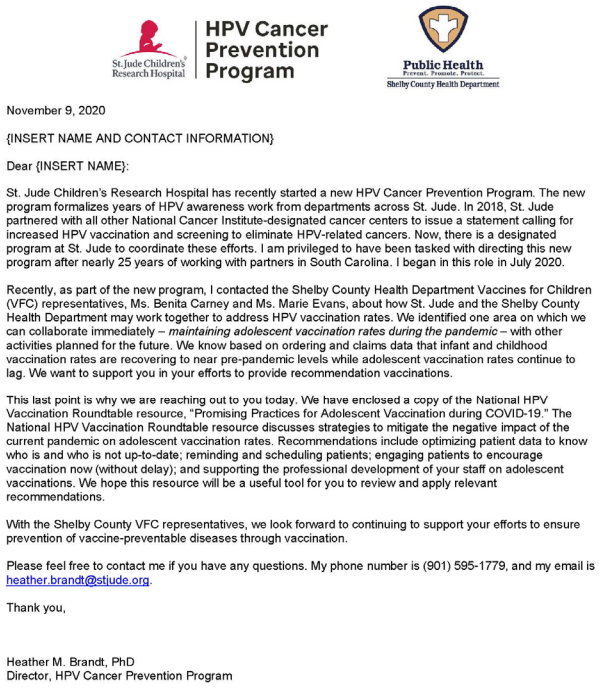
Say you will vaccinate **today**.

Now that Abigail is 11, she's due for 3 vaccines to protect against meningitis, HPV cancers, and pertussis. We'll give them at the end of the visit.

Source: Dr. Noel Brewer, Dr. Melissa Gilkey, et al., HPViq.org

Supporting Health Care Providers

- With the Shelby County (TN) Health Department:
  - Sent letters to all VFC providers
  - Announce St. Jude HPV program
  - Share information on HPV vaccination during the pandemic
  - National HPV Vaccination Roundtable resource and Gilkey et al. (2020) article



St. Jude Children's Research Hospital | HPV Cancer Prevention Program

Public Health
Prevent. Promote. Protect.
Shelby County Health Department

November 9, 2020

{INSERT NAME AND CONTACT INFORMATION}

Dear {INSERT NAME}:

St. Jude Children's Research Hospital has recently started a new HPV Cancer Prevention Program. The new program formalizes years of HPV awareness work from departments across St. Jude. In 2018, St. Jude partnered with all other National Cancer Institute-designated cancer centers to issue a statement calling for increased HPV vaccination and screening to eliminate HPV-related cancers. Now, there is a designated program at St. Jude to coordinate these efforts. I am privileged to have been tasked with directing this new program after nearly 25 years of working with partners in South Carolina. I began in this role in July 2020.

Recently, as part of the new program, I contacted the Shelby County Health Department Vaccines for Children (VFC) representatives, Ms. Benita Carney and Ms. Marie Evans, about how St. Jude and the Shelby County Health Department may work together to address HPV vaccination rates. We identified one area on which we can collaborate immediately – *maintaining adolescent vaccination rates during the pandemic* – with other activities planned for the future. We know based on ordering and claims data that infant and childhood vaccination rates are recovering to near pre-pandemic levels while adolescent vaccination rates continue to lag. We want to support you in your efforts to provide recommendation vaccinations.

This last point is why we are reaching out to you today. We have enclosed a copy of the National HPV Vaccination Roundtable resource, "Promising Practices for Adolescent Vaccination during COVID-19." The National HPV Vaccination Roundtable resource discusses strategies to mitigate the negative impact of the current pandemic on adolescent vaccination rates. Recommendations include optimizing patient data to know who is and who is not up-to-date; reminding and scheduling patients; engaging patients to encourage vaccination now (without delay); and supporting the professional development of your staff on adolescent vaccinations. We hope this resource will be a useful tool for you to review and apply relevant recommendations.

With the Shelby County VFC representatives, we look forward to continuing to support your efforts to ensure prevention of vaccine-preventable diseases through vaccination.

Please feel free to contact me if you have any questions. My phone number is (901) 595-1779, and my email is heather.brandt@stjude.org.

Thank you,

Heather M. Brandt, PhD
Director, HPV Cancer Prevention Program

Catching Up to Stay Ahead

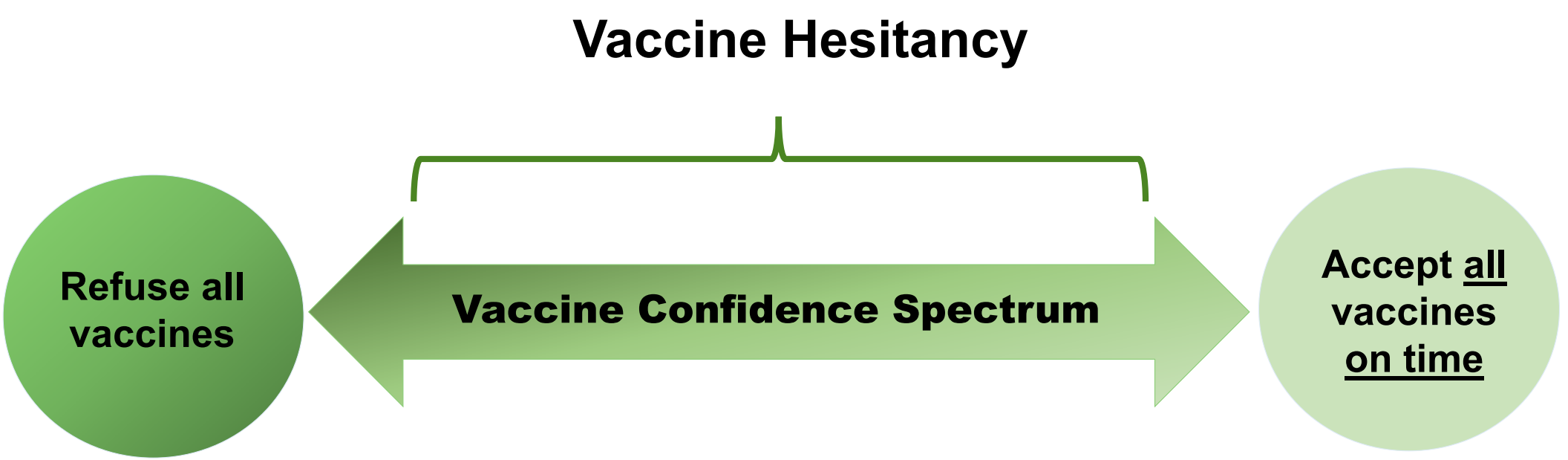
- Nurses can use their expertise and influence to encourage vaccinations among adolescent populations.
  - Use every encounter to ask families about vaccinations as an opportunity to catch up one more adolescent.
  - Identify adolescents who have missed doses and contact their families to schedule appointments.
  - Reassure families of the precautions in place for obtaining vaccinations safely.
  - Proactively encourage family members, friends, neighbors, and the broader community to schedule and obtain routinely recommended vaccinations.
  - Educate the community by writing op-eds for local publications, sharing pro-vaccine social media posts, and reaching out to parent and teacher organizations about sending home reminders to students and providing information at meetings.

Butler MA, Brandt HM. Catching up to stay ahead. American Nurse Journal. 2021 May;16(5), p. 22. Available at: https://www.myamericannurse.com/wp-content/uploads/2021/05/an5-NPI-414.pdf

Community Interventions

- Building vaccination confidence

Parental Vaccine Hesitancy Threatens Vaccination Uptake



Need to build confidence in HPV vaccination: safe, effective, and long-lasting.

St. Jude Educational Materials

- General public
- Parents and caregivers
- Health care providers
- Childhood cancer survivors and family members

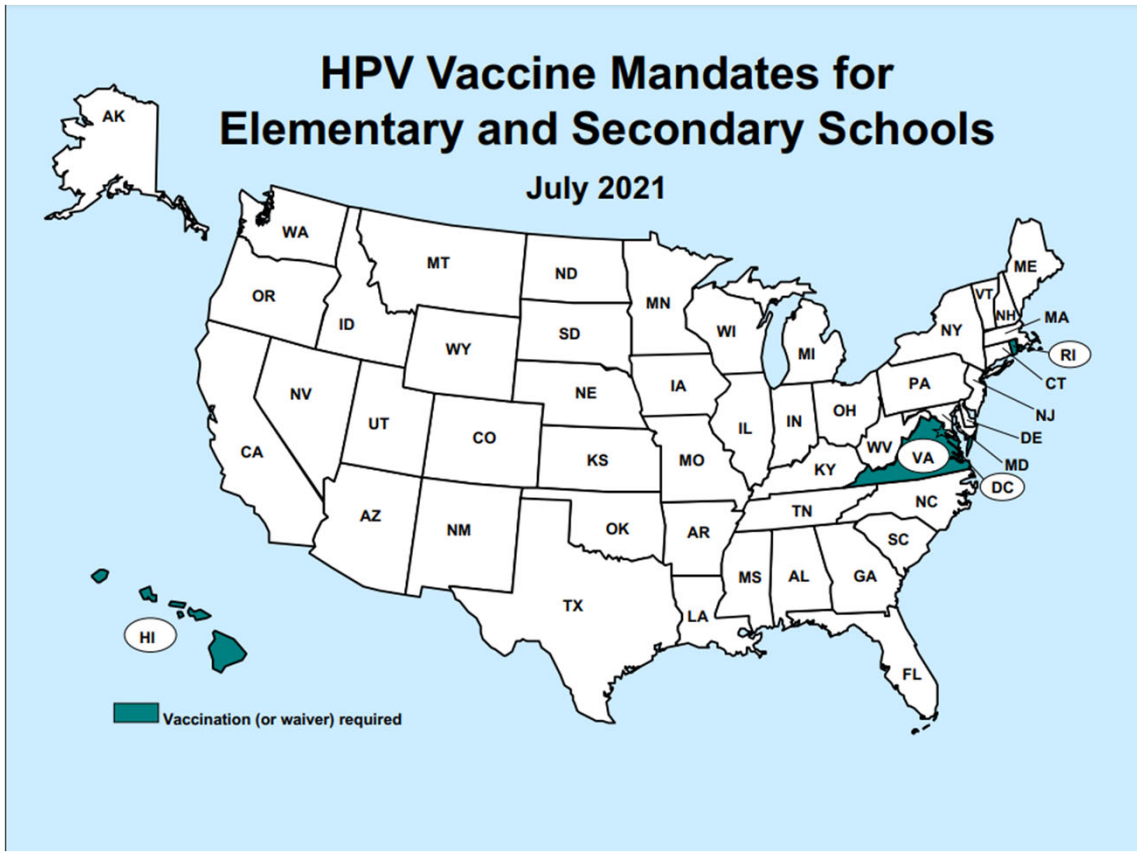
St. Jude educational materials (fact sheets) available for download at:
https://www.stjude.org/research/centers-initiatives/comprehensive-cancer-center/hpv-cancer-prevention-program/resources.html

Public Policy and Advocacy

- BIG P and little p approaches to a supportive policy environment for HPV vaccination

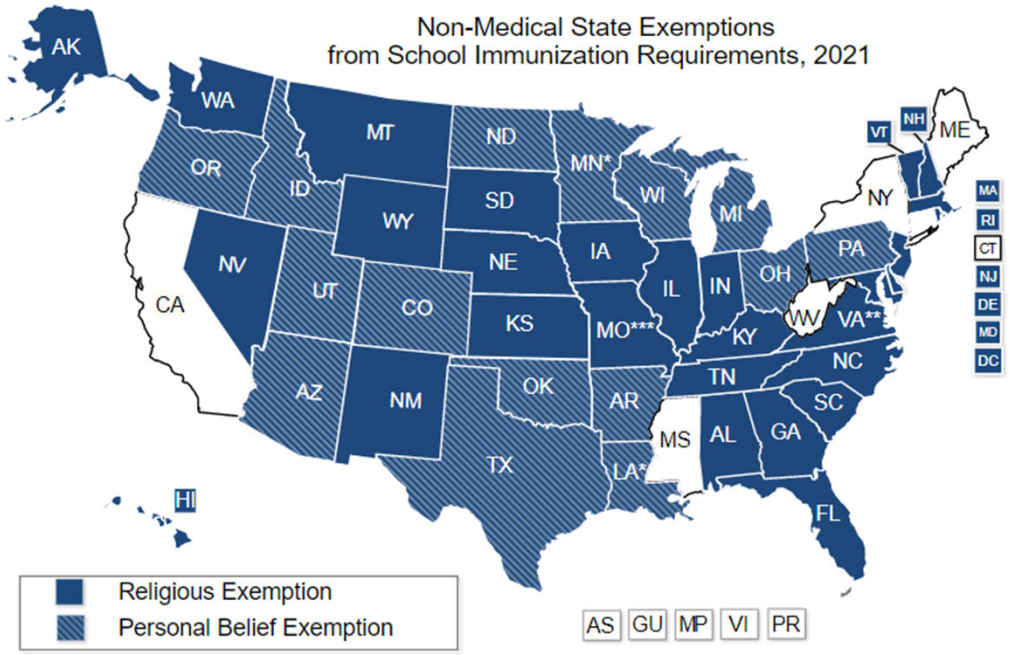
School-entry Requirements: HPV

State	Who	Implementation Date
Hawaii	Students entering grade 7 or higher	July 2020
Rhode Island	Males and females: August 2015, grade 7 (1 dose); August 2016, grade 8 (2 doses); August 2017, grade 9 (3 doses)	August 2015, August 2016, August 2017
Virginia	Females, grade 6; Students entering grade 7	October 2008, July 2021
District of Columbia	Females, grade 6; amended in 2014, males and females, grades 6 to 12	January 2009, 2014
Puerto Rico	Males and females, age 11-12 years	Fall 2018



Immunization Action Coalition: https://www.immunize.org/laws/hpv.asp and https://www.immunize.org/laws/hpv.pdf

Vaccination Exemptions



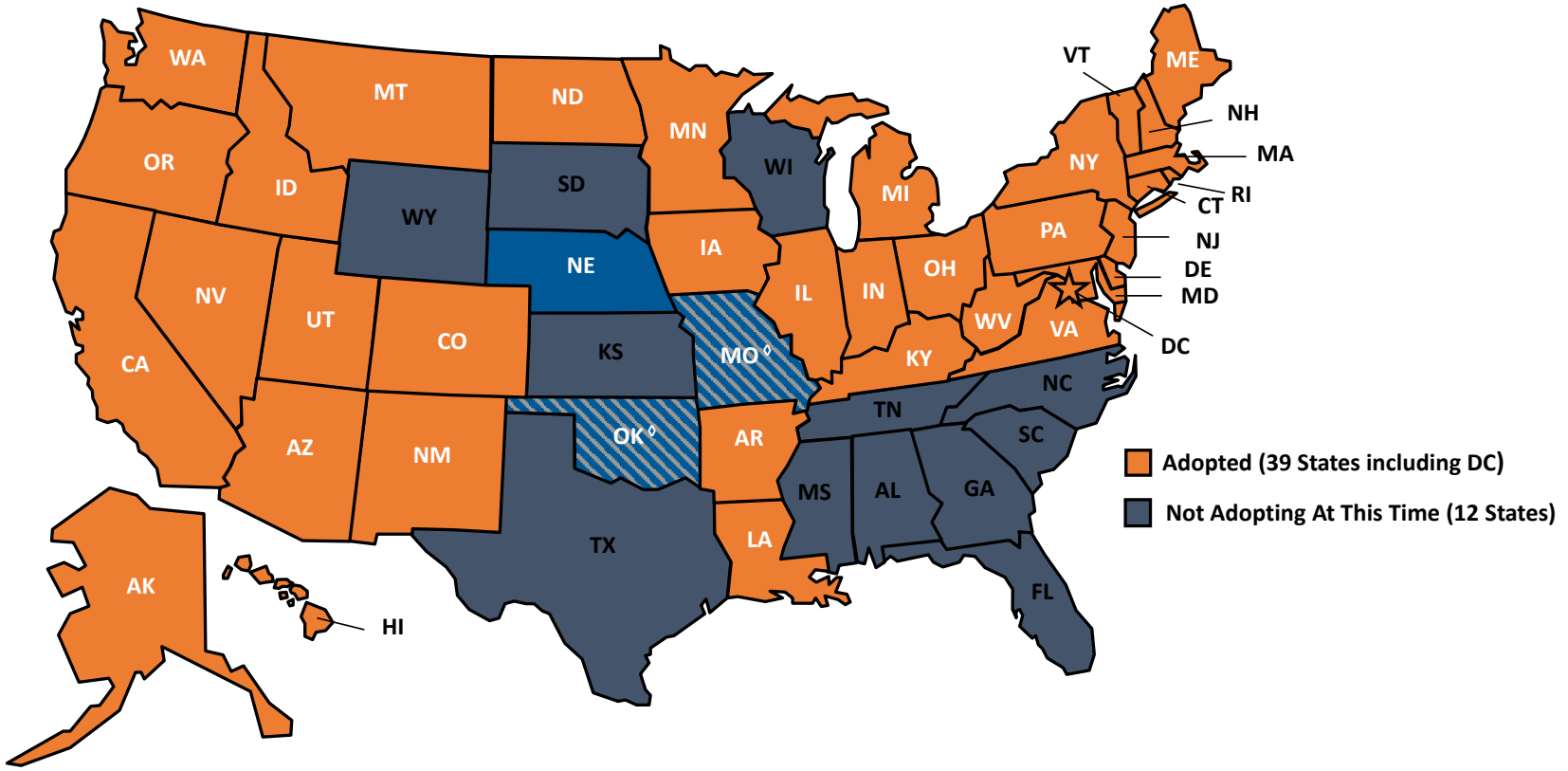
Source: Adapted from the LexisNexis StateNet Database and the Immunization Action Coalition, May 2019.
* The existing statute in Minnesota and Louisiana does not explicitly recognize religion as a reason for claiming an exemption, however, as a practical matter, the non-medical exemption may encompass religious beliefs.

**In Virginia, parents can receive a personal exemption only for the HPV vaccine.

***Missouri's personal belief exemption does not apply to public schools, only child care facilities.

NCSL: https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx

State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. ◊Expansion is adopted but not yet implemented in MO and OK. (See link below for additional state-specific notes).

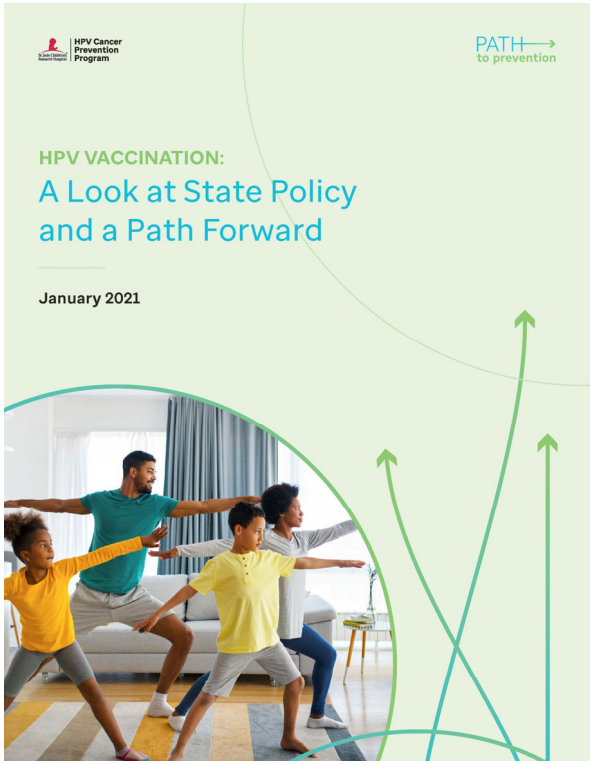
SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated June 7, 2021. https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/

Opportunities to Improve HPV Vaccination

Policy Opportunity	Description	Level	Big "P" / Little "p"
Healthcare provider recommendation	HPV vaccination recommendation to patients at each visit, particularly when other vaccines are being administered; decreases missed opportunities.	Provider	Little "p"
Reminder and recall systems	Reminders within the electronic medical record, prompting providers to initiate HPV vaccination recommendation; patient reminders to initiate and/or complete the HPV vaccine series.	Clinic	Little "p"
State immunization registries	Statewide registries in which all immunization records are entered and maintained.	State	Big "P"
Standing orders	Official clinic protocols that give clinical staff authorization to complete immunizations for patients meeting recommended guidelines.	Clinic	Little "p"
Provider assessment and feedback evaluations	Routine feedback to providers on patients' HPV vaccination series initiation and completion rates.	Clinic	Little "p"
Participation in VFC Program	Clinic approval and implementation of processes that allow for participation in the VFC Program.	Clinic	Little "p"
Vaccination in alternative settings	Providing HPV vaccination programs in schools, pharmacies, mobile clinics, dental practices, and other community-based, non-medical settings.	Clinic, Community	Little "p"
Pharmacy-related requirements	State-enacted laws allowing pharmacists to provide the HPV vaccine series to youth and young adults.	State	Big "P"
School-entry requirements	State-enacted laws that require students to initiate and complete the HPV vaccine series to maintain eligibility to attend school.	State	Big "P"
Communication campaigns	Leveraging rural community partnerships and voices of local residents to deliver positive HPV vaccination messaging.	Community	Little "p"
Rural HPV vaccination research	Increased funding for interventional rural HPV vaccination research (e.g., randomized controlled trials, quasi-experimental studies, and pragmatic trials).	National	Big "P"

Vanderpool RC, Stradtman LR, Brandt HM. Policy opportunities to increase HPV vaccination in rural communities. Hum Vaccin Immunother. 2019;15(7-8):1527-1532. doi: 10.1080/21645515.2018.1553475. Epub 2019 Jan 4. PMID: 30608894; PMCID: PMC6746481. Brandt HM, Pierce JY, Crary A. Increasing HPV vaccination through policy for public health benefit. Hum Vaccin Immunother. 2016 Jun 2;12(6):1623-5. doi: 10.1080/21645515.2015.1122145. Epub 2015 Dec 15. PMID: 26669416; PMCID: PMC4964717.

HPV Vaccination Policy Analysis



- Policies are the **basis for decisions**.
- Attempting to change policies can **start conversations** about the issues in question.
- Changing policy is **easier in the long run** than fighting the same battles repeatedly.
- Changed policies can change people's minds, attitudes, and practices – **can change social norms**.
- Changed policies have effects on the **next generation**.
- Policy change is one **path to permanent change**.

Recording of virtual seminar and report available at stjude.org/hpv. Email PreventHPV@stjude.org with any questions.

NCI-Designated Cancer Centers

NCI Cancer Centers strongly encourage the following immediate action steps:

1. Health care systems and providers, please immediately identify and contact adolescents under your care who are due for vaccinations and use every opportunity to encourage and complete vaccination;

2. Parents, please vaccinate your adolescents as soon as possible.

NCI-Designated Cancer Centers Call for Urgent Action to Get HPV Vaccination Back on Track

Cancers caused by human papillomavirus (HPV) are a significant public health problem in the United States (U.S.). But these cancers are preventable with HPV vaccination. The National Cancer Institute (NCI)-designated cancer centers fully endorse the goal of eliminating cancers caused by HPV through gender-neutral HPV vaccination and evidence-based cancer screening. The COVID-19 pandemic has profoundly interrupted delivery of key preventive services, resulting in many U.S. adolescents missing routine HPV vaccine doses. Even before the pandemic, HPV vaccination uptake in the U.S. lagged far behind several high-income countries and remains well below the Healthy People 2030 goal of vaccinating 80% of boys and girls aged 13-15. **To protect adolescents from cancers caused by HPV, it is urgent to act now to get HPV vaccination back on track.**

NCI Cancer Centers strongly encourage parents to vaccinate their adolescents as soon as possible. The COVID-19 vaccination presents an opportunity for parents to protect their children by catching up on missed or due routinely recommended vaccines. The U.S. has recommended routine HPV vaccination for females since 2006 and for males since 2011. Current recommendations are for routine vaccination at ages 11 or 12 or starting at age 9. Catch-up HPV vaccination is recommended through age 26. The guidelines recommend that adults ages 27 to 45 talk with a health care provider because some people who have not been vaccinated might benefit. According to the Centers for Disease Control and Prevention (CDC), 54% of boys and girls ages 13-17 completed the HPV vaccination series in 2019, compared to 42% in 2015, with variability by geographic region. The COVID-19 pandemic has jeopardized these modest but positive gains. In spite of more than 15 years of safety and monitoring data and strong evidence showing reduction of HPV vaccine-type infection and cancers, HPV vaccination uptake still isn't meeting our national goal.

The U.S. is facing a significant vaccination gap, especially for adolescents, due to the pandemic. Well-child visits are down. Usual "back to school" vaccination activity for adolescents has been limited by virtual and hybrid learning. Early in the pandemic, HPV vaccination rates among adolescents fell by 75%, resulting in large numbers of unvaccinated children. **It is crucial that the nation gets back on track with adolescent vaccination to ensure protected children and safer communities.**

The CDC's Advisory Committee on Immunization Practices (ACIP) has endorsed the safety and effectiveness of the Pfizer-BioNTech COVID-19 vaccine and its use in 12-15-year-old adolescents. CDC recommends that this vaccine be used among this population, and health care providers may begin vaccinating them right away. In addition, COVID-19 vaccines and other vaccines may now be administered at the same visit. Protecting your child from COVID-19 by getting them vaccinated is an easy opportunity to catch up on other vaccines like the HPV vaccine.

HPV vaccination is cancer prevention. Now is the time to catch up on missed doses of HPV vaccine to prevent future cancers. Contact your local health department or health care provider to schedule an appointment for missed vaccinations today.

More information on HPV is available from the CDC and National HPV Vaccination Roundtable.

This statement is supported by the American Cancer Society (ACS), the American Association for Cancer Research (AACR), the American Society of Clinical Oncology (ASCO), the Prevent Cancer Foundation, the American Society of Preventive Oncology (ASPO), Association of American Cancer Institutes (AACI), and American Society of Pediatric Hematology/Oncology (ASPHO).

St. Jude news release: https://www.stjude.org/media-resources/news-releases/2021-medicine-science-news/st-jude-other-top-us-cancer-centers-call-for-urgent-action-to-get-cancer-preventing-hpv-vaccination-on-track.html
Link to statement: https://www.stjude.org/content/dam/en_US/shared/www/media/hospital/get-hpv-back-on-track.pdf

Leading Cancer Research Centers Call for Urgent Action to Get HPV Vaccination Back on Track

- Re-release of May 2021 statement with additional endorsements
- Statement urged the nation's health care systems, physicians, parents, children and young adults to get HPV cancer prevention vaccination and other recommended vaccinations back on track during National Immunization Awareness Month

Association of American Cancer Institutes (AACI) Executive Director Jennifer W. Pegher said, "HPV prevention, screening and treatment is a major goal of AACI cancer centers. COVID-19 vaccination is a good opportunity for parents to get their children the HPV vaccine and other recommended vaccines."

St. Jude news release and link to statement: https://www.stjude.org/media-resources/news-releases/2021-medicine-science-news/st-jude-and-leading-cancer-centers-urge-vaccination-to-protect-against-hpv-and-other-diseases.html

Memphis-Shelby County HPV Cancer Prevention Roundtable

- The **Memphis and Shelby County HPV Cancer Prevention Roundtable virtual** kickoff event was held on September 24 and October 1 from 1:00-4:15 pm Central each day.

- Theme: ***BBQ, Blues, HPV Vaccination & You***

- The virtual event kicked off local roundtable activities focused on HPV cancer prevention in Memphis and Shelby County and to took a deep dive into local data and evidence and identified opportunities for collective action to prevent HPV cancers.

Memphis

https://www.stjude.org/research/centers-initiatives/comprehensive-cancer-center/hpv-cancer-prevention-program/hpv-roundtable-kickoff.html

HPV vaccination provides safe, effective, and long-lasting protection.

HPV vaccination is cancer prevention.

What can you do?

If you are a clinician or work in a clinical setting:

Make a strong recommendation to every parent/caregiver (or patient), when appropriate, for HPV vaccination **today**. Start right now.

Encourage others to get vaccinated—normalize HPV vaccination as cancer prevention.

HPV vaccination is a routinely recommended vaccine in the U.S. since 2006.

Share the facts—HPV vaccination is safe, effective and durable. It prevents six types of cancer.

HPV Cancer Prevention Program

PATH to prevention

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