



CenCalHEALTH[®]
Local. Quality. Healthcare.



Preteen Immunization Webinar

March 2024

Program Agenda



**Protect Their Health
for the Years Ahead**

**Preteen Vaccine Week
March 4–8, 2024**

- Preteen Immunization Presentation
Kelley Leung, BSN, RN, PHN, CEN, California Department of Public Health
- CenCal Health Quality Management & QCIP Resources
Karina Negrete, Population Health Specialist, Quality Department
- Health Education Resources
Zena Chafi-Aldwaik, MPH, CHES, Health Promotion Educator, Quality Department
Santa Barbara County Public Health Department
- Attendee Q & A

Preteen Immunization

Kelley Leung, BSN, RN, PHN, CEN
Immunization Branch
California Department of Public Health



Today's Agenda

1. Protecting Preteens With Vaccines
2. Advisory Committee on Immunization Practices (ACIP) Preteen Vaccine Recommendations
3. Optimizing adolescent immunization efforts & improving rates
4. Barriers, hesitancy, and recommendations- oh my!
5. Vaccination Conversations- Diverse Populations
6. Resources
7. Questions

Protecting Preteens With Vaccines

Human Papillomavirus & Meningococcal Vaccines

Cancers Caused by HPV Are Preventable!!!

- Every year in the United States, HPV causes about 36,500 cases of cancer in both men and women¹
- Vaccination can prevent over 90% of cancers caused by HPV¹
- Nearly 20 years after introduction of the vaccine, only 61% of adolescent girls & 60% of adolescent boys in CA have completed the series²



1. [Reasons to Get HPV Vaccine | CDC](#)
2. [TeenVaxView | Adolescent Vaccine Coverage Interactive Data | NIS | CDC](#)

Meningitis: It Can Happen to Anyone!

- About 210 total cases of meningococcal disease reported in 2021
- Of adolescent & young adult populations:
 - Those aged 16-23 years old have the highest rates of disease
- Even with antibiotic treatment¹:
 - About 10-15% with meningococcal disease will die
 - 1 in 5 survivors will develop long-term disabilities

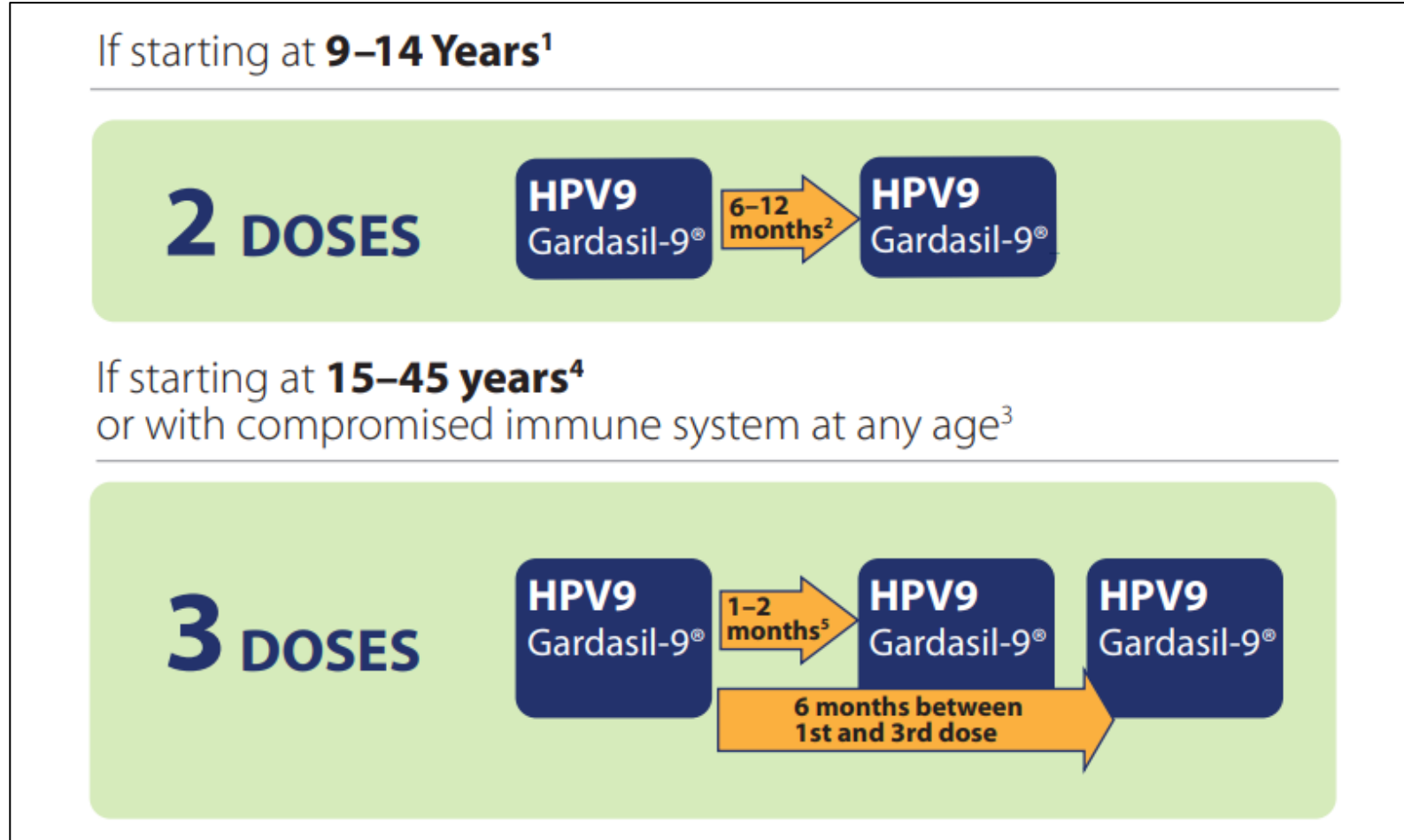
1. [Meningococcal Disease Diagnosis and Treatment | CDC](#)

ACIP Preteen Vaccine Recommendations:

Protecting Preteens Now to Save Lives Later

ACIP Preteen Vaccine Recommendations

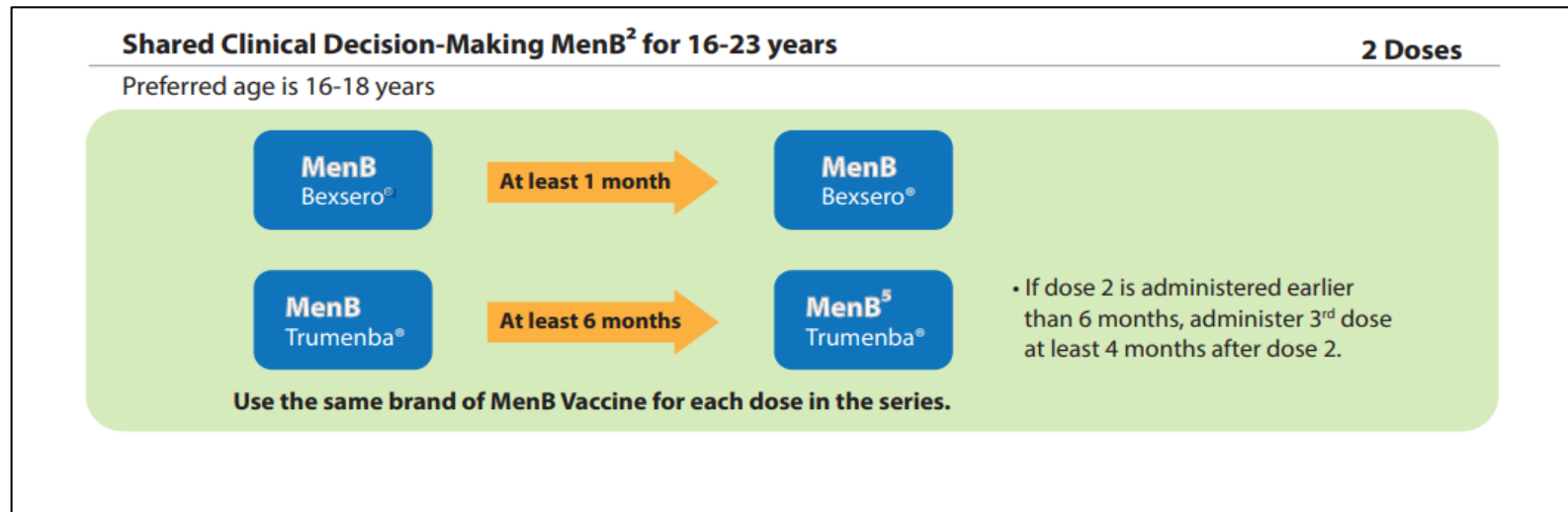
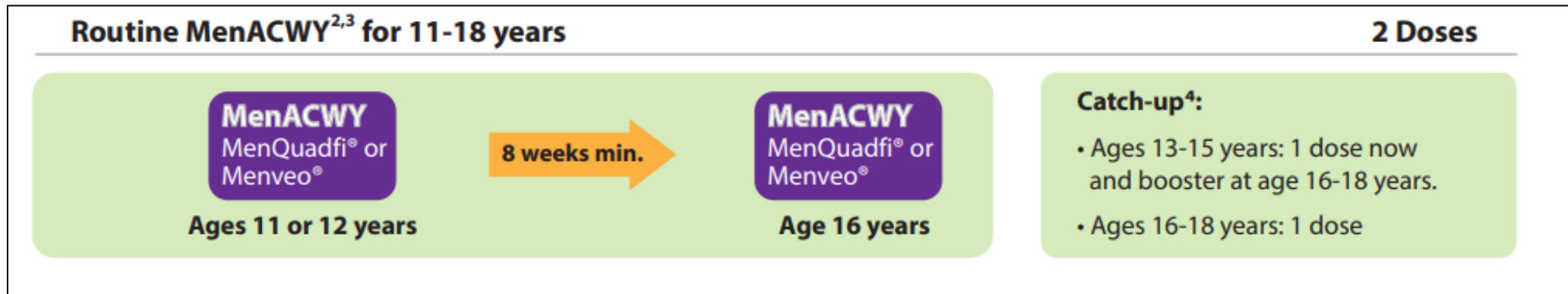
HPV Vaccine- Gardasil[®]9



[IMM 1254- EZIZ](#)

ACIP Preteen Vaccine Recommendations

Meningococcal Vaccine



[IMM-1217- EZIZ](#)

Optimizing Adolescent Immunization Efforts

Strategies for Overcoming Barriers
and
Improving Vaccination Rates

Immunization Culture in Your Practice

- Patients and parents can feel more confident about vaccinating when everyone in the practice shares the same message
- Helps avoid missed opportunities
- Lays the foundation for effective vaccine recommendations
- Creates an environment where parents and patients feel safe asking questions
- Participate in Vaccines for Children Program (VFC) as well as Immunization Quality Improvement for Providers (IQIP)

[Foster Support for Vaccination in Your Practice | CDC](#)

Creating a Culture of Immunization

- Create an immunization policy
- Make vaccine resources easy to find
- Make strong, effective recommendations
- Answer questions and address concerns
- Implement procedures & policies that help staff support vaccination



[Sample Vaccine Policy](#)

[How To Support Vaccination In Your Practice | CDC](#)

HOW TO SUPPORT VACCINATION IN YOUR PRACTICE

✓ SAVE TIME ✓ SAVE MONEY ✓ EMPOWER FAMILIES

FRONT DESK & WAITING ROOM

- State that vaccines are due and provide vaccine information statements.
- Display educational materials.

VACCINE PREPARATION AREA

- Check vaccination history.
- Maintain adequate vaccine inventory and supplies.
- Follow storage, handling, and administration best practices.

ADMINISTRATIVE OFFICE

- Designate primary and alternate vaccine coordinators.
- Integrate vaccination training into existing staff education.
- Set up systems to prompt clinical staff, and remind parents and patients about needed vaccines.

CHECK-OUT AREA

- Schedule follow-up appointments before the patient leaves.
- Reinforce importance of completing vaccine series.

EXAM ROOMS

- Start vaccine conversations earlier, with pregnant women and parents of very young infants.
- Assume parents and patients will accept vaccines.
- Recommend vaccines from your position as a trusted expert.
- Listen to and answer questions.

Everyone in a practice plays an important role.
For more information and resources, visit [CDC.GOV/VACCINES/FOSTER-SUPPORT](https://www.cdc.gov/vaccines/foster-support)

SEPTEMBER 2010

Every Visit is an Opportunity

Protect Your Preteen/Teen with Vaccines

Protect them from serious diseases including HPV cancers, meningitis, tetanus, whooping cough, flu, and COVID-19.

AGES 9 - 10

- HPV dose 1 (human papillomavirus)
- HPV dose 2 (6 - 12 months after dose 1)

AGES 11 - 12

- Meningitis dose 1 (MenACWY)
- Tdap (tetanus, diphtheria, whooping cough)
- HPV (if 2 doses haven't been given)

AGE 16

- Meningitis dose 2 (MenACWY)
- Meningitis B series (MenB)

YEARLY

- Flu (seasonal influenza)

Preteens and teens should stay up to date with COVID-19 vaccine to help protect them from COVID-19.



California Department of Public Health, Immunization Branch

IMM-1448 (8/23)

This publication was supported in part by funding from the Centers for Disease Control and Prevention through Cooperative Agreement grant number 6 NU66IP000682. The content of this publication does not necessarily represent the official views of, nor an endorsement by, the CDC/HHS or the U.S. Government.

- Assess vaccination status at every visit and prepare patients to receive vaccines
- Use CAIR2 or EMR to determine which vaccines are due prior to each appointment
- Remind patients and parents which vaccines are due.
 - Send reminder postcards, text messages, emails, or phone calls
- Schedule appointments before the patient or parent leaves the practice

BARRIERS, HESITANCY, AND RECOMMENDATIONS OH MY!

Tips and Tools to Empower Patients & Parents to Make
Smart Vaccine Choices

Barriers

- Negative media perceptions of vaccines
- Not required for school entry¹
- Scheduling difficulties (inconvenient clinic hours, multiple vaccine doses, etc.)
- Unclear about purpose of the vaccine
- STD stigma – “my child isn’t at risk”²
- Lack of an effective provider recommendation

¹ Vielot NA, Islam JY, Sanusi B, Myers J, Smith S, Meadows B, Brewer NT, Smith JS. Overcoming barriers to adolescent vaccination: perspectives from vaccine providers in North Carolina. *Women Health*. 2020 Nov-Dec;60(10):1129-1140. doi: 10.1080/03630242.2020.1802639. Epub 2020 Aug 9. PMID: 32772834; PMCID: PMC7556355.

² Morales-Campos DY, Zimet GD, Kahn JA. Human Papillomavirus Vaccine Hesitancy in the United States. *Pediatr Clin North Am*. 2023 Apr;70(2):211-226. doi: 10.1016/j.pcl.2022.11.002. PMID: 36841591.

Importance of Provider Recommendations

Provider recommendations are critical for vaccine uptake but need improvement

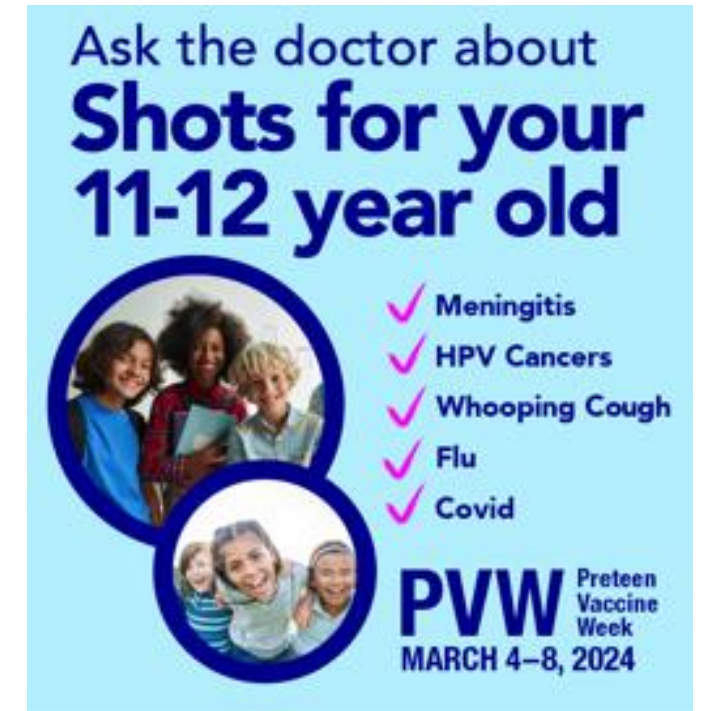
- A child's physician has repeatedly been cited as the most trusted source of vaccine information, across racial and ethnic groups^{1,2}
- Parents most frequent reasons for declining HPV or MCV4
 - “Not recommended”
 - “Not needed or not necessary.”³
 - (HPV) Teen “not sexually active”
 - (HPV:) “Safety concerns/Side effects.”³



1 A. L. McRee, M. B. Gilkey, and A. F. Dempsey, "HPV vaccine hesitancy: findings from a statewide survey of health care providers," *J Pediatr Health Care* 28, no. 6 (Nov-Dec 2014), <https://doi.org/10.1016/j.pedhc.2014.05.003>, <https://www.ncbi.nlm.nih.gov/pubmed/25017939>. 2 A. F. Rositch et al., "Levels of Parental Human Papillomavirus Vaccine Hesitancy and Their Reasons for Not Intending to Vaccinate: Insights From the 2019 National Immunization Survey-Teen," *J Adolesc Health* 71, no. 1 (Jul 2022), <https://doi.org/10.1016/j.jadohealth.2022.01.223>, <https://www.ncbi.nlm.nih.gov/pubmed/35279361>. 3. Darden, P. M., Thompson, D. M., Roberts, J. R., Hale, J. J., Pope, C., Naifeh, M. Jacobson, R. M. (2013). Reasons for not vaccinating adolescents: National Immunization Survey of Teens, 2008–2010. *Pediatrics*, 131(4), 645-651.

The Basics: High Quality Recommendations

- Emphasize importance of vaccination by giving a strong and personalized recommendation.¹
- Recommend same-day vaccination.¹
- Are consistent
 - ✓ Routine for all eligible patients¹
 - ✓ All staff in a clinic (doctors, nurses, MAs) share the same message.



¹ M. B. Gilkey et al., "Provider communication and HPV vaccination: The impact of recommendation quality," *Vaccine* 34, no. 9 (Feb 24 2016), <https://doi.org/10.1016/j.vaccine.2016.01.023>, <https://www.ncbi.nlm.nih.gov/pubmed/26812078>.

Presumptive Recommendations

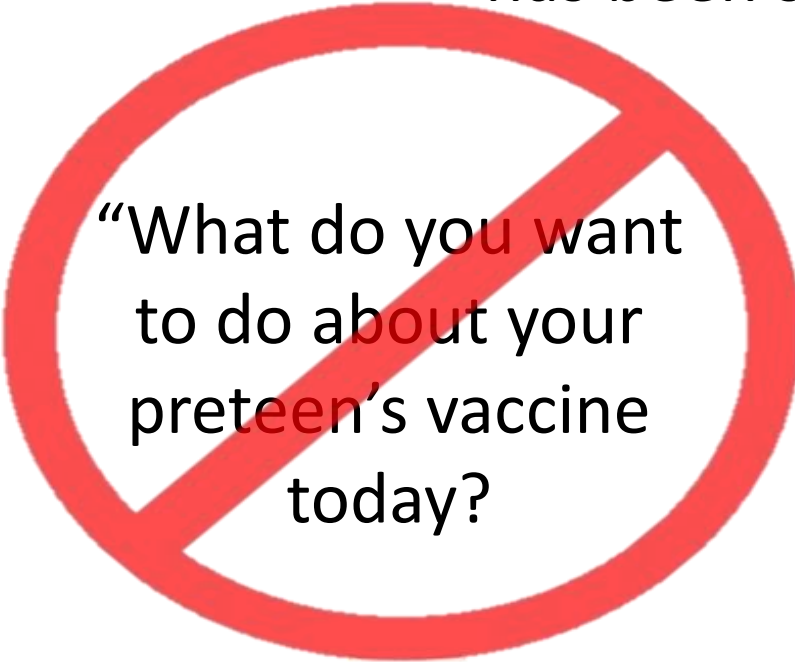
Initiate vaccination conversations with an assumption that parents/guardians will vaccinate.

“Now that Camila is 11, she is due for 3 vaccinations today to help protect against meningitis, HPV cancers, and whooping cough. What questions do you have for me?”

“Now that Jayden is 9, it’s time to get started on a vaccine to help protect him against 6 HPV cancers. What questions do you have for me?”

Effective Vaccine Recommendations

Taking a **presumptive** vs. participatory approach is more effective at gaining acceptance, and training providers on the presumptive approach has been shown to increase uptake.^{1,2,3}



“What do you want to do about your preteen’s vaccine today?”

Parents resisted the presumptive format 26% of the time whereas they resisted the participatory format 86% of the time.¹

1 D. J. Opel et al., "The architecture of provider-parent vaccine discussions at health supervision visits," *Pediatrics* 132, no. 6 (Dec 2013), <https://doi.org/10.1542/peds.2013-2037>, <https://www.ncbi.nlm.nih.gov/pubmed/24190677>. 2 Brewer NT, Hall ME, Malo TL, Gilkey MB, Quinn B, Lathren C. Announcements versus conversations to improve HPV vaccination coverage: a randomized trial. *Pediatrics*. 2017 Jan;139(1): e20161764. 3 Dempsey AF, Pyrznowoski J, Lockhart S, Barnard J, Campagna EJ, Garrett K, Fisher A, Dickinson LM, O’leary ST. Effect of a health care professional communication training intervention on adolescent human papillomavirus vaccination: a cluster randomized clinical trial. *JAMA Pediatrics*. 2018 May 1;172(5):e180016-.

When Presumptive Recommendations Don't Work

Motivational Interviewing



- What is motivational interviewing?
 - **Goal-oriented** style of communication
 - **Emphasizes collaboration** between the patient and provider to:
 - ✓ Build a trusting relationship
 - ✓ Understand and address an individual's concerns, while promoting patient autonomy
- Shown to be effective among socially and economically disadvantaged populations¹

¹ Cogordan C, Fressard L, Ramalli L, Rebaudet S, Malfait P, Dutrey-Kaiser A, Attalah Y, Roy D, Berthiaume P, Gagneur A, Verger P. Motivational interview-based health mediator interventions increase intent to vaccinate among disadvantaged individuals. Hum Vaccin Immunother. 2023 Aug;19(2):2261687. doi: 10.1080/21645515.2023.2261687. Epub 2023 Sep 29. PMID: 37772602; PMCID: PMC10543359

Motivational Interviewing Techniques^{1,2}

- **Ask open-ended questions.** (“What’s your main concern?”)
- **Ask permission to share your perspective.** (“Would you mind if I share some information based on what you just shared?”)
- **Affirm parent’s/patient’s efforts and validate concerns.** (“The health and safety of your child is important to you.” “It’s great that you’ve done research about vaccines.”)
- **Listen reflectively and summarize.** (“I hear that you want to make the best choice for your child but are nervous because of some things you’ve read.”)
- **Assess readiness to change.** (“Given our discussion, how do you view the decision now?”)
- **Emphasize their autonomy.** (“Of course it’s your decision, and you need to be comfortable with it.”)



1. Bernstein HH, Bocchini JA Jr; COMMITTEE ON INFECTIOUS DISEASES. Practical Approaches to Optimize Adolescent Immunization. Pediatrics. 2017 Mar;139(3).

2. Limaye RJ, Opel DJ, Dempsey A, et al. Communicating With Vaccine-Hesitant Parents: A Narrative Review. Acad Pediatr. 2021 May-Jun;21(4S):S24-S29.

Responding to HPV Hesitant Parents



- **Emphasize cancer prevention** and address parental gaps in knowledge.¹
 - Emphasizing urgency with hesitant parents may be counterproductive.¹
- **Give a strong recommendation.**²
 - Adolescents more likely to get HPV vaccine when providers address parental hesitancy with clear support for HPV vaccination.³
- **Be patient and persistent.**
 - Counseling across multiple visits may be needed.⁴

1 Shah PD, Calo WA, Gilkey MB, Boynton MH, Dailey SA, Todd KG, Robichaud MO, Margolis MA, Brewer NT. Questions and concerns about HPV vaccine: a communication experiment. *Pediatrics*. 2019 Feb 1;143(2):e20181872.

2 Bernstein HH, Bocchini JA Jr; COMMITTEE ON INFECTIOUS DISEASES. Practical Approaches to Optimize Adolescent Immunization. *Pediatrics*. 2017 Mar;139(3):e20164187. doi: 10.1542/peds.2016-

3 187. Epub 2017 Feb 6. PMID: 28167515. Shay LA, Baldwin AS, Betts AC, Marks EG, Higashi RT, Street RL, Persaud D, Tiro JA. Parent-provider communication of HPV vaccine hesitancy. *Pediatrics*. 2018 Jun 1;141(6):e20172312.

4 Kornides ML, McRee AL, Gilkey MB. Parents who decline HPV vaccination: who later accepts and why? *Academic Pediatrics*. 2018 Mar 1;18(2):S37-43.

What if a Parent Still Refuses?

- **Avoid passing judgement** or responding with data and/or jargon.
- **Later acceptance is common.**
 - More than 2/3 of parents who initially declined vaccination later accepted or state they intended to accept vaccination¹
 - Trying to change a parent's mind in the same visit was NOT associated with later acceptance.²
- **Acknowledge parent's decision** but make it clear that you plan to check in during future visits because you believe it is important. ("I understand that you don't want the HPV vaccine at the moment. Because I think it is so important for your child, I will check in with you next time to be sure this is still the choice you are making.")
- **Offer written materials** so the family can review reputable evidence and guidance on their own. ("May I share some HPV vaccine information with you that has been helpful to other families?")
 - Parents requested materials be age, culturally, and linguistically appropriate, and include graphics representing children and vaccines.³

1 M. L. Kornides, A. L. McRee, and M. B. Gilkey, "Parents Who Decline HPV Vaccination: Who Later Accepts and Why?," *Acad Pediatr* 18, no. 2S (Mar 2018), <https://doi.org/10.1016/j.acap.2017.06.008>, <https://www.ncbi.nlm.nih.gov/pubmed/29502636>. 2 M. A. Margolis et al., "Provider response and follow-up to parental declination of HPV vaccination," *Vaccine* 40, no. 2 (Jan 21 2022), <https://doi.org/10.1016/j.vaccine.2021.11.055>, <https://www.ncbi.nlm.nih.gov/pubmed/34887133>. 3 J. Cunningham-Erves et al., "Communication Interactions, Needs, and Preferences During Clinical Encounters of African American Parent-Child Dyads," *J Racial Ethn Health Disparities* (Aug 21 2023), <https://doi.org/10.1007/s40615-023-01754-8>, <https://www.ncbi.nlm.nih.gov/pubmed/37603225>.

Vaccination Conversations

Talking with Diverse Populations

Rural populations^{1,2}

- Address HPV-related stigma.
 - ✓ Negative stereotypes surrounding HPV infection contribute to negative attitudes toward the vaccine.
- Address parental fears that HPV vaccination will increase early sexual activity. (“Most of us have car insurance to protect us in case of an accident, but having it does not make us less careful on the road.”)
- Recommend strongly and emphasize cancer prevention (rather than sexual transmission).
- Highlight risks of HPV infection.

Resource:

- [Preventing HPV Cancers in Rural Communities](#) (St. Jude)



Rural populations:

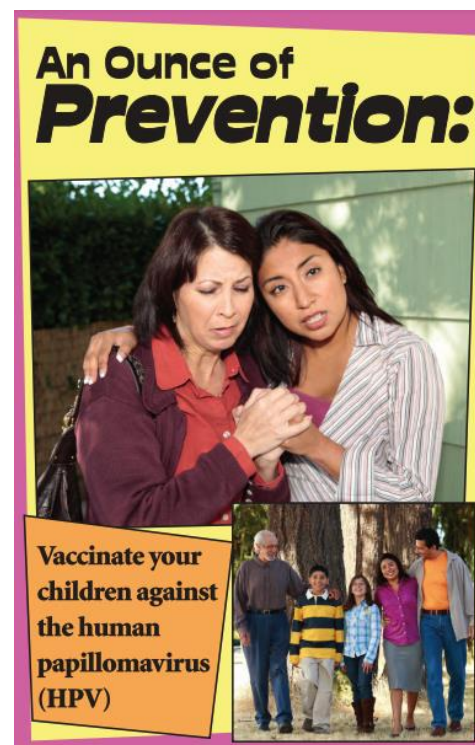
- Experience high rates of HPV cancers
- Have among the lowest vaccination rates in the country
- Rural clinicians may be less likely to learn about effective methods for promoting the HPV vaccine due to limited professional networks.
- Rural health clinics may have limited resources compared to larger health systems, e.g., lack of IT support for EHR or staff dedicated to quality improvement.

¹ <https://www.stjude.org/research/comprehensive-cancer-center/hpv-cancer-prevention-program/resources/news-hpv-program/wos-addressing-hpv-related-stigma.html>

² <https://www.stjude.org/research/comprehensive-cancer-center/hpv-cancer-prevention-program/resources/news-hpv-program/testing-evidence-based-strategies-to-improve-hpv-vaccination-cov.html>

Hispanic/Latinx Populations

- Spanish-language resources available.²
- Latinx women have the highest cervical cancer incidence rate of any racial/ethnic group.¹
 - ✓ Cervical cancer mortality rate is 24% higher than that for non-Hispanic white women.¹



Access at <https://eziz.org/assets/docs/IMM-1049.pdf>

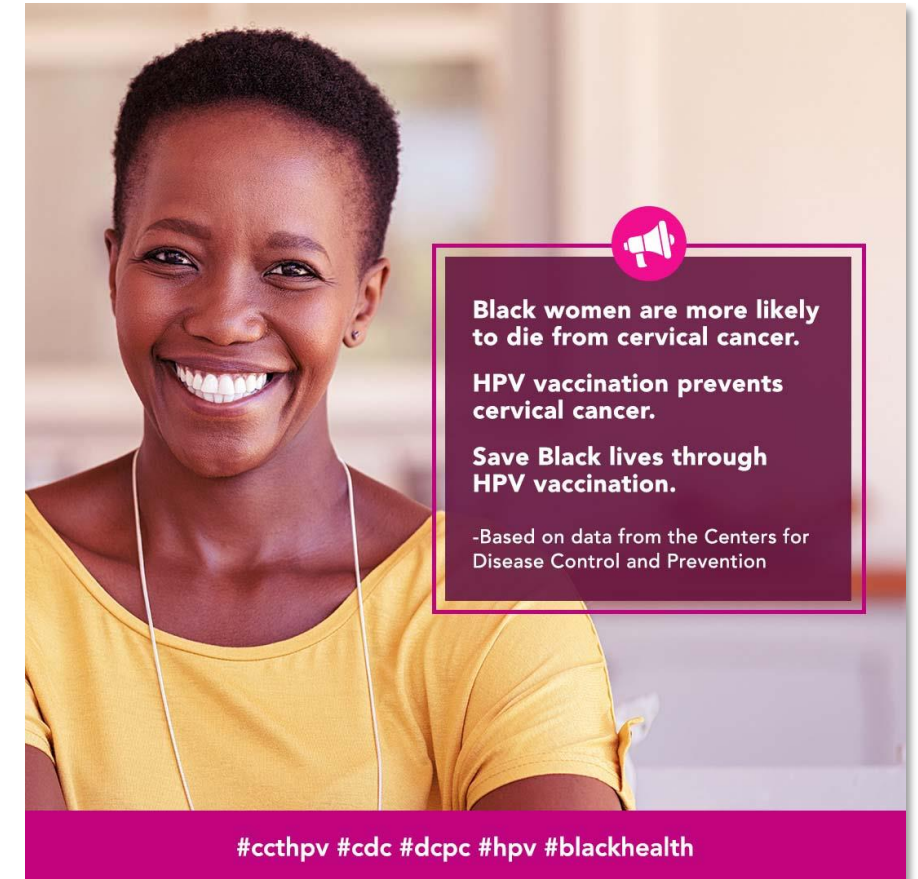
¹ Reiter PL, Pennell ML, Martinez GA, Perkins RB, Katz ML. HPV vaccine coverage across Hispanic/Latinx subgroups in the United States. *Cancer Causes Control*. 2020 Oct;31(10):905-914. doi: 10.1007/s10552-020-01331-y. Epub 2020 Aug 4. PMID: 32748100; PMCID: PMC7483998.

² George Washington School of Medicine and Health Sciences, HPV Awareness Campaign, Oct 11 2023. Accessed at <https://cancercontroltap.smhs.gwu.edu/news/hpv-awareness-campaign>

Black or African American Populations

A physician's recommendation should:¹

- Share information on the link between HPV and cancer and the future risk to their child
- Stress the importance of HPV vaccination at an early age to reduce cancer risk
- Address parents' perceived disadvantages of HPV vaccination (e.g., side effects)



1 Cunningham-Erves JL, Kelly-Taylor KD, Mayo-Gamble TL, Deakings JA, Talbott LL. A Physician's Recommendation for Human Papillomavirus Vaccination: What Makes African-American Mothers Compliant? *Pediatr Infect Dis J*. 2018 Aug;37(8):e222-e225. doi: 10.1097/INF.0000000000001906. PMID: 29329167.

2 George Washington School of Medicine and Health Sciences, HPV Awareness Campaign, Oct 11 2023. Accessed at <https://cancercontroltap.smhs.gwu.edu/news/hpv-awareness-campaign>

American Indian, Alaska Native Populations



- In **California**, the lowest completion rates were observed in American Indian/Alaska Native populations
- Most common barriers to vaccination for AI/AN populations were safety concerns and lack of knowledge about vaccines¹
 - In a 2017 survey of Lakota women aged 18 to 25 years, 42.7% of participants believed that the HPV vaccine is only available for women, and 21.3% thought it was only for women under 18²
- Mothers who received education presentations on the vaccine were more likely to initiate & complete vaccination for their daughter¹
- Recommend HPV vaccines as a form of cervical cancer prevention when communicating with this population.³

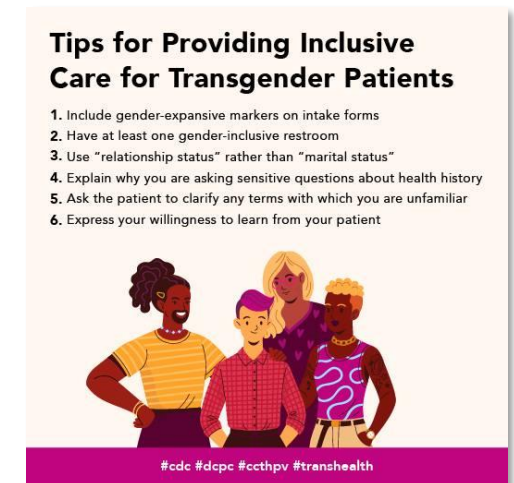
1 Gopalani SV, Sedani AE, Janitz AE, Clifton SC, Peck JD, Comiford A, Campbell JE. Barriers and Factors Associated with HPV Vaccination Among American Indians and Alaska Natives: A Systematic Review. J Community Health. 2022 Jun;47(3):563-575. doi: 10.1007/s10900-022-01079-3. Epub 2022 Feb 24. PMID: 35201544; PMCID: PMC9167249. 2 Bowker DM. Knowledge and beliefs regarding HPV and cervical cancer among Lakota women living on the Pine Ridge Reservation and cultural practices most predictive of cervical cancer preventive measures [Ph.D.]. Ann Arbor, New Mexico State University; 2017.3 George Washington School of Medicine and Health Sciences, HPV Awareness Campaign, Oct 11 2023. Accessed at <https://cancercontroltap.smhs.gwu.edu/news/hpv-awareness-campaign>

LGBTQ+ Populations

- Providers reportedly often neglect to recommend HPV vaccination to LGBTQ+ persons.¹
- LGBTQ+ persons report experiencing stigma in healthcare settings.²
- Men who have sex with men (MSM), transgender women and non-binary assigned male at birth (AMAB) people may be at particularly high risk of HPV and developing HPV-related cancers.¹

Resources:

- [Increasing HPV Vaccinations for LGBTQ+ Patients](#) (Equality California)
- [Education resource](#) for transgender men (Fenway Health)



¹ Agénor M, Lett E, Murchison GR, Tabaac AR, Dowshen N, Gordon AR. Gender-Related Health Care Discrimination and Human Papillomavirus Vaccination Among Transgender and Nonbinary Young Adults in the United States. *Transgend Health*. 2023 Jul 28;8(4):389-395. doi: 10.1089/trgh.2021.0077. PMID: 37525839; PMCID: PMC10387145. ² Ayhan CHB, Bilgin H, Uluman OT, Sukut O, Yilmaz S, Buzlu S. A Systematic Review of the Discrimination Against Sexual and Gender Minority in Health Care Settings. *International Journal of Health Services*. 2020;50(1):44-61. doi:10.1177/0020731419885093 ³ George Washington School of Medicine and Health Sciences, HPV Awareness Campaign, Oct 11 2023. Accessed at <https://cancercontroltap.smhs.gwu.edu/news/hpv-awareness-campaign>

Translated Resources

Find at <https://eziz.org/resources/immunization-promo-materials/> under “Preteens, teens, and young adults”

- Spanish
- Chinese
- Hmong
- Russian
- Tagalog
- Ukrainian
- Arabic & Vietnamese



Vaccines for Your Preteen
Learn about vaccines to help your preteen stay healthy through adolescence and beyond.

Vaccine recommendations for 11-12 year olds

Tdap protects against tetanus, diphtheria, and pertussis (whooping cough). Whooping cough can cause vomiting, gasping for air, and trouble sleeping. It may last for months and is very contagious. This vaccine is required for 7th grade entry in California.

HPV (human papillomavirus) vaccine series is recommended starting at age 9. It prevents warts and several cancers of the reproductive system, as well as throat and mouth cancer. HPV vaccine works best when given during the preteen years. Preteens who are vaccinated earlier need only two shots instead of three.

Meningococcal vaccines protect against bacterial meningitis, a very serious infection that can lead to brain damage, arm and leg amputations, kidney damage, and death. Preteens need to get immunized now and again at age 16.

Flu (influenza) vaccine is needed every year. Flu is much more serious than the common cold. Even healthy young people can get the flu. Children with chronic conditions like asthma and diabetes are especially at risk for pneumonia or even death.

Chickengox vaccine protects against more than just an itchy rash. The disease can cause pneumonia and serious skin infections. Children need two shots before starting 7th grade.

COVID-19 vaccine protects against the coronavirus that causes COVID-19. It can prevent illness and hospitalization, and even death.

To DO:

- Tdap
- HPV
- MENINGOCOCCAL
- FLU
- CHICKENPOX
- COVID-19

Ask the Doctor

- Does my child need any other catch-up shots (e.g., MMR, chickenpox, and hepatitis B)?
- Are there any side effects from these vaccines?
- Which vaccines are required for school, and can you give me the documentation I need?
- Will any other shots be needed (2021/2022)?
- Can I get an updated shot now?
- Can I schedule my child's next HPV (HPV16) today?

ShotsForSchool.org
This publication was supported by Grant Number 1U54CE002337 from the Centers for Disease Control and Prevention (CDC).

MM-1054S (06/22)
California Department of Public Health
Immunization Branch-550 Marina Bay Blvd

Vaccines for Your Preteen
11-12 year olds to help them stay healthy through adolescence and beyond

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ShotsForSchool.org

IMM-1054



Protect Your Preteen/Teen with Vaccines

Protect them from serious diseases including HPV cancers, meningitis, tetanus, whooping cough, flu, and COVID-19.

AGES 9 - 10

- HPV dose 1 (human papillomavirus)
- HPV dose 2 (6 - 12 months after dose 1)

AGES 11 - 12

- Meningitis dose 1 (MenACWY)
- Tdap (tetanus, diphtheria, pertussis)
- HPV (if 2 doses haven't been given)

AGE 16

- Meningitis dose 2 (MenB)
- Meningitis B series (MenB)

YEARLY

- Flu (seasonal influenza)

Preteens and teens should stay up-to-date with COVID-19 vaccine to help protect them from COVID-19.

HPV Roundtable

IMM-1448

Available at:
https://eziz.org/assets/docs/PVW/IMM-1054_custom.pptx

How Important is HPV Vaccine for Preteens and Teens? Ask Kristen's Dad.

Our daughter Kristen enjoyed a normal, happy childhood. She was a good student, played rugby, cello and guitar. Her life was filled with promise. She graduated from college with a successful career path before her. Then tragedy struck. She was diagnosed with cervical cancer. Eleven months later she died at the age of 23.

You try to protect your children. You remember the good times. You cherish the memories. You pray it never happens again. It doesn't have to happen. Cervical cancer has one main cause: HPV. That makes it almost 100% preventable. The HPV vaccine could have saved Kristen's life. Protect your children. Vaccinate them.

—Kristen's Dad

Kristen passed away from cervical cancer, a cancer caused by human papillomavirus (HPV). HPV is a very common virus that spreads by sexual contact. More than half of men and women will get infected with HPV at some point in their life, but most won't know when they have it.

HPV infections can cause cervical cancer in women and penile cancer in men. HPV can also cause throat and mouth cancer, anal cancer, and genital warts in both men and women.

But, you can help protect your child from these cancers with the HPV vaccine.

IMM-1124



Translated Resources

- Adolescent immunization brochures in [Spanish](#), [Tigrinya](#) and [Somali](#) (Public Health Seattle and King County)



Dhakhaatiirtu waxay ku taliyeen in tallaalada Tdap, MCV iyo HPV ay yihiin habka ugu muhiimsan ee ilmahaaga jira 11 ilaa 18 sanno lagaga badbaadin karo cuduro culus.

- Tallaalada sabiga ama ilmaha yaryar qaarkood ma jiraan ama shaqeeyaan nolosha oo dhan. Ilmahaaga jira 11 ilaa 18 sanno waxa uu u baahan yahay tallaalo dheeraad ah si uu u sii ahaado mid badbaadsan.
- Tallaalo gaar ah ayaa loo sameeyaa ilmaha da'da roon iyo dadka waaweyn sababta oo ah waxay u badan tahay inay qaadaan cudurada qaarkood. Ilmahaaga jira 11 ilaa 18 lama siin tallaaladan markuu ahaa sabi ama ilmo yar.
- Haddii ilmahaagu caafimaad qabo ama haddii uu si khafiif ah u jiran yahay, tallaaladu waa ammaan waxana ay leeyihiin waxtar.
- Tallaalada Tdap, MCV, iyo HPV kuma jiro jelatiinka doofaarka (porcine gelatin).

Maanta dhakhtarka ilmahaaga weydii tallaaladan!

Tallaaladu waa u bilaash ilmaha jira 11 ilaa 18 sanno.

Waxa laga yaabaa in lacag ah maamulista la qaado laakiin waa lagaa dhaafi karaa haddii aanad awoodin inaad bixisid.

Si aad u heshid macluumaad dheeraad ah oo ku saabsan tallaalada:

- La hadal dhakhtarkaaga, kalkaalisada, ama xarunta caafimaadka
- Waaxda Caafimaadka Dadweynaha — ee Degmada Seattle & King ka wac 206-296-4774

Muhiim bay u tahay ilmahaaga in loo sameeyo baadhitaan caafimaad sannad kasta!

Si lagaaga gargaaro inaad heshid dhakhtar, kalkaaliso, ama xarun caafimaad, wac ama booqo:

Family Health Hotline
1.800.322.2588
TOLL FREE
www.ParentHelp123.org

Public Health
Seattle & King County

Waxa lagu heli karaa qaabab beddel ah Somali
Reprinted 2013

Ilmahaaga Jira 11 ilaa 18 Sanno ma ka Badbaadsan Yahay Cuduro Culus?



Kix (Xiiq-dheer)	Cudurka Meningokokal	Cudurka "Human Papillomavirus" (HPV)
<p>Kixdu waxay keentaa qufac jira bilo waxana laga yaabaa inay dhib ka dhigto in wax la cuno, cabo, ama la neefsado</p> <ul style="list-style-type: none"> Kixdu si fudud ay dadku isugu gudbiyaan marka la qufaco ama la hindhiso. Badanaa caruurta da'da roon iyo dadka waaweyn ayaa kixda u gudbiya sabiga ama ilmaha yaryar iyo haweenka uur leh kuwaaso u dhiman kara. Kixdu way ka duwan tahay neefta/asma, nuumooniya (pneumonia), iyo cudurada kale ee sambabada. <p>Tallaalka Tdap waxa uu ka hortagaa teetanada, gawracatada, iyo kixda.</p> <ul style="list-style-type: none"> Sababta oo ah tallaalka kixda ee ilmaha yar oo aan waligi jirinayn ama shaqeynayn, waxay dhakhaatiirtu ku taliyeen in tallaalka Tdap la siiyo qof kasta oo da'diisu tahay 11 sanno ama ka weyn. Weydii dhakhtarka macluumaad ku saabsan tallaalka Tdap oo la siiyo adiga iyo ilmahaaga! 	<p>Cudurka Meningokokal waa caabuq ama inflekshan culus oo keni kara dhaawac ah maskaxda iyo dhimasho.</p> <ul style="list-style-type: none"> Xiitaa haddii la helo daryeel caafimaad, dhimashadu waxay ku dhici karta gudaha dhawr saacadood ka dib marka la isku arko calaamadaha ugu horeeya. Cudurku waxa uu u fidaa qof-ka-qof marka la qufaco, la is dhunkado, ama wax uun lagu wadaago afka, sida dhalooyinka biyaha. Qof kasta ayaa uu cudurku ku dhici karaa, laakiin qaangaadhka da'da yar ee xidhiidh soka wada leh, sida marka ay ciyaarayaan isboorti ama marka ay ku wada nool yihiin qolloolka la wada seexo ee koleejka, ayaa u badan in cudurkani ku dhaco. <p>Tallaalka MCV waxa uu ka hortagaa cudurka meningokokal.</p> <ul style="list-style-type: none"> Dhakhaatiirtu waxay ku taliyeen 2 qaadasho oo ah MCV in la siiyo caruurta, laga bilaabo da'da 11 sanno. Weydii dhakhtarka macluumaad ku saabsan tallaalka MCV oo la siiyo ilmahaaga! 	<p>HPV waa sababta koowaad ee keenta kaansarka afka ilmo-galeenka iyo finanka cawrada.</p> <ul style="list-style-type: none"> Badi dadka uu ku dhacay HPV ma oga inay qabaan, laakiin waxay qaadsiin karaan dadka kale marka ay galmo la yeeshaan. HPV aad buu caam u yahay ama u badan yahay. Ugu yaraan kala-badh dhammaan ragga iyo haweenka waa uu ku dhici doonta inta ay nool yihiin. <p>Tallaalka HPV waxa uu ka hortagaa qaadista cudurka "human papillomavirus" waxana lagaga badbaadaa kaansarka afka ilmo-mareenka.</p> <ul style="list-style-type: none"> Tallaalka HPV waxa badbaadinta ugu badan laga helaa marka la qaato ka hor bilaabista firfircooniga galmada ama sameynta galmo. Dhakhaatiirtu waxay ku taliyeen in saddex qaadasho la siiyo hablaha iyo wiilasha, laga bilaabo da'da 11 sanno. Weydii dhakhtarka macluumaad ku saabsan tallaalka HPV oo la siiyo ilmahaaga!

Resource Guide

Preteen/Adolescent Vaccine Resources

[Adolescent Vaccination.org](http://AdolescentVaccination.org)

[Communicating With Vaccine Hesitant Families Proven Tools & Strategies](#)

[Teen - HealthyChildren.org](http://Teen-HealthyChildren.org)

[IVS Home Page - Institute for Vaccine Safety](#)

HPV Resources

[Announcement Approach For Increasing HPV Vaccination flyer- HPV IQ.org](#)

[HPV IQ Home](#)

[HPV \(Human Papillomavirus\) – NFID](#)

[Steps for Increasing HPV Vaccination in Practice- American Cancer Society](#)

[Talking to Parents About Infant Vaccines and HPV Vaccines- CDC](#)

[Tips and Tools for Improving HPV Vaccination – eziz.org](#)

Meningococcal Resources

[Meningococcal Disease in Preteens, Teens & Young Adults - HealthyChildren.org](#)

[Meningococcal Call to Action- adolescentvaccination.org](#)

[Meningitis Prevention- Help Fight Meningitis](#)

[Meningitis Angels - Home](#)

[Resource Library – NFID](#)

[Meningococcal Vaccine Toolkit - Immunize Kansas Coalition](#)

[National Meningitis Association](#)

[Serogroup B Meningococcal \(MenB\) Vaccines – eziz.org](#)

Misinformation Resources

- Vaccine Safety: Answers to Parents' Top Questions webpage (CDPH, [English](#) | [Spanish](#) | [Ukrainian](#))
- HPV Vaccination: Just the Facts flyer (American Cancer Society, for parents [English](#) | [Spanish](#))
- HPV Vaccination: Just the Facts flyer (American Cancer Society, for [providers](#))
- [FAQs on Kids Vaccines](#) video (American Academy of Pediatrics)
- [Vaccination Communication: Inoculating Against Misinformation](#) webinar (California Immunization Coalition & San Diego PATH)

Thanks and Appreciation

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Volunteer, Intern, & Professionals (VIP) Program Coordinator
Immunization Branch

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Quality Management

Karina Negrete, Population Health Specialist
Quality Department

Implicit Bias

The attitudes or stereotypes that affect our understanding, actions, and decisions in an **unconscious manner**

Implicit Biases are a thumbprint of the culture on our minds

Negative implicit bias impacts patient health outcomes negatively:

- *One study found a significant increase in hypertension among African American men (ages 30-50) correlated to implicit anti-Black bias on behalf of the patient*

Member Access & Appointment Waiting Time Standards

Appointment Time	Standard Time Frame
Non-urgent Primary Care Appointment	Appointment within 10 business days from request
Non-urgent Specialty Appointment	Appointment within 15 business days from request
Non-urgent OB/GYN Specialty Care Appointment	Appointment within 15 business days from request
Non-urgent OB/GYN Primary Care Appointment	Appointment within 10 business days from request
Non-urgent Mental Health (non-psychiatry) Outpatient Services Appointment	Appointment within 10 business days from request
Non-urgent Ancillary Services Appointment (for diagnosis or treatment)	Appointment within 15 business days from request
Urgent Care Appointment	<p>Within 48 hours for services that do not require prior approval</p> <p>Within 96 hours for services that do require prior approval</p>
Emergency Care	Immediately
+Primary Care Triage and Screening	Within 30 minutes
Mental Health Care Triage and Screening	Within 30 minutes
Wait Time in Office	Within 30 minutes
After Hours Care	24 hours a day
Telephone Access	24 hours a day

Preventive Services & Early, Periodic Screening, Diagnosis and Testing (EPSDT)

CenCal Health PCPs are required to ensure the provision of all screening, preventive and medically necessary diagnostic and treatment services for Members under 21 years of age required under the Early and Periodic Screen, Diagnosis and Treatment (EPSDT) benefit described in Title 42 of the United States Code section 1396d(r) and W&I Code section 14132(v).

The benefits covered under EPSDT are key to ensuring children and youth receive:

- Appropriate preventive medical
- Dental
- Vision
- Hearing
- Mental health, substance use disorder
- Developmental and specialty services
- Medically necessary services to address any defects, illnesses or conditions identified.



[Click here to download](#) the Medi-Cal for Kids & Teens Provider Training, scan this QR code or go to cencalhealth.org/providers/provider-training-resources/

Vaccines for Children & Declinations Process

- Vaccines for Children (VFC) is a federally funded program that provides free vaccines for eligible children aged 18 or younger (including all Medi-Cal Eligible children age 18 or younger) and distributes immunization updates and relation information to participating providers.
- CenCal Health encourages all providers who see members aged 18 or younger to enroll as a VFC participating provider to improve access to immunizations.
- Providers that are enrolled in the VFC program have access to all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).
- Providers that would like to enroll in the VFC program may do so through eziz.org. CenCal Health providers may also contact the Provider Relations department at psrgroup@cenacalhealth.org for support in enrolling in the VFC program.
- When providing vaccines to children, appropriate medical documentation protocol should be followed. If any vaccines are refused, documentation must be entered in the Member's Medical Record which indicates the services were advised, and the Member's (if an emancipated minor), or the parent(s) or guardian of the Member's voluntary refusal of those services.



CenCal Health's Immunizations Rates

Using gaps in care data

Immunizations rates have collectively declined over the last year in both Santa Barbara and San Luis Obispo Counties

Measure	CenCal Members in Measure	Rate Ending Feb 2023	Rate Ending Jan 2024	Rate Difference
Immunizations for Adolescents - Combination 2	4,536	46.94%	42.39%	-4.55
Immunizations for Adolescents - HPV	4,536	49.80%	44.91%	-4.89
Immunizations for Adolescents - Meningococcal	4,536	83.14%	81.28%	-1.86
Immunizations for Adolescents - Tdap	4,536	91.01%	89.84%	-1.17

Quality Care Incentive Program (QCIP)

QCIP is CenCal Health's pay-for-performance program that is designed to support Primary Care Providers (PCPs) in ensuring members receive quality of care.

Designed to encourage increased utilization of evidence-based treatment, screening, and preventative health services.

QCIP reflects the National Committee for Quality Assurance (NCQA) industry-standard measurement specifications.

There are 6 categories of care evenly distributed amongst adult and pediatric members: Women's Health, Pediatric Care, Behavioral Health, Respiratory Care, Cardiac Care and Diabetes Care

Includes priority measures which are incentivized and informational measures that are not incentivized but rates are monitored

Quality Care Incentive Program

Immunizations including HPV are an incentivized measure. PCPs can identify members due for immunizations by downloading a Gap in Care report within the QCIP performance dashboard located in the Provider Portal.

Measure Name	Summary	Codes
Immunizations for Adolescents – HPV Priority Measure beginning Q2-2024	Percentage of adolescents who have received at least 2 HPV vaccines before their 13th birthday.	<u>CPT:</u> HPV 90649, 90650, 90651
Immunizations for Adolescents – Combination 2 Transitioning to Information Only Measure starting Q2-2024	Percentage of adolescents who have received at least 1 Tdap, 1 Meningococcal, and at least 2 human papillomavirus (HPV) vaccines before their 13th birthday	<u>CPT:</u> MENING 90734, 90619, 90733 TDAP 90715 HPV 90649, 90650, 90651
Immunizations for Adolescents- Meningococcal Information Only Measure	Percentage of adolescents who have received at least 1 Meningococcal vaccine before their 13th birthday.	<u>CPT:</u> MENING 90734, 90619, 90733

Quality Care Incentive Program- Resources

Website Resource:

www.cencalhealth.org/providers/quality-of-care/quality-care-incentive-program/

List of measures:

<https://www.cencalhealth.org/wp-content/uploads/2023/04/List-of-measures.pdf>

Email Population Health:

qcip@cencalhealth.org



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- Quality Program
- Quality Care Incentive Program**

Quality Care Incentive Program

CenCal Health's Quality Care Incentive Program (QCIP) identifies members who are due for clinically recommended services to help Primary Care Providers continue providing high quality health care for members. Providers can contact CenCal Health's Population Health Department for more information at: qcip@cencalhealth.org

The Quality Care Incentive Program Protocols are available to providers [here](#).

PERFORMANCE & FINANCIAL REPORTING	CATEGORIES OF CARE	QCIP MEASURES	RESOURCES
FAQ			
<p>Quality Care Incentive Program performance reporting occurs on a monthly basis for all PCPs. Reporting is available to PCPs via the Provider Portal in the Quality Care Incentive Program module. Quality Care Incentive Program Performance reporting is broken up into three sections: the Quality Care Incentive Program Dashboard, the Quality Care Incentive Program Performance Overview, and the Quality Care Incentive Program Financial Overview.</p> <p>The Quality Care Incentive Program Dashboard</p> <p>A snapshot trended view of both a PCP's overall program performance and their overall financial performance.</p> <p>The Quality Care Incentive Program Performance Overview</p> <p>A display of quality scoring for each PCP's membership including:</p> <ul style="list-style-type: none">▪ A PCP's trended overall quality performance▪ A PCP's quality performance score by month▪ A PCP's quality performance score by measure and measure categories▪ A PCP's combined quality score for all measures▪ Member's due for various aspects of care			

Health Education Resources

Zena Chafi-Aldwaik, MPH, CHES
Health Promotion Educator, Quality Department

Health Education Resources

Resources and Support for Providers

- CenCal Health can assist you with developing and delivering culturally and linguistically appropriate health education materials and interventions for your patients.
- Can provide education, training, and program resources to assist in the delivery of health education services for your patients.

Resources for CenCal Health Members

- CenCal Health members can be referred to the Health Education Request Line at (800) 421-2560 ext. 3126 or to their Member Portal account to request specific materials or other health education needs from CenCal Health.
- Online library of patient education materials are available to members at no cost, in English and Spanish, on the Health and Wellness section of our website.
- CenCal Health members can also access evidence-based self-management tools on our website for the management of conditions or behaviors. These self-management tools are interactive resources that allow members to determine risk factors, provide guidance on health issues, recommend ways to improve health or support reducing risk or maintaining low risk.



Health Education Resources (cont.)

- CenCal Health can provide:
 - Online Health Education Library
 - Provider Support
 - KnowMore: HPV Vaccine
 - And more!
- Preteen Vaccine Printer Friendly Handouts coming soon!

For Health Education resources, please contact the Request Line at 1-800-421-2560 ext. 3126 or email healtheducation@cencalhealth.org

Know More: HPV



Learn why the HPV vaccine is important

1. Open the camera on your phone
2. Point the camera at the QR code
3. Tap on the pop-up and watch



Video Link: bit.ly/CenCalHPVs

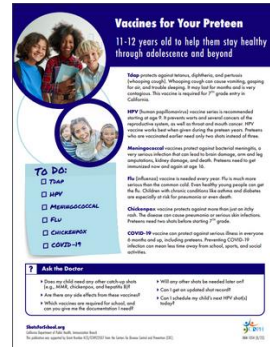
Transportation Benefits: Ventura Transit System (VTS)

- **Non-Medical Transportation (NMT):**
For members who are ambulatory needing transportation for medically covered services.
- **Non-Emergency Medical Transportation (NEMT):**
For members who are non ambulatory needing transportation for medically covered services. Via wheelchair, gurney, ambulance, air.
 - Requires a Physician Certification Statement (PCS) Form and a Prior Authorization.

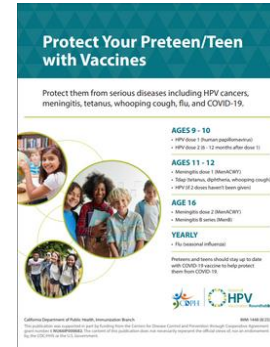


Free Preteen Vaccine Materials

- Posters
- Flyers
- HPV Appointment Reminder Cards
- Materials available in English and Spanish



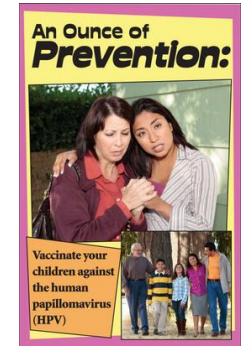
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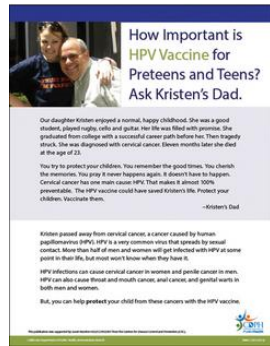
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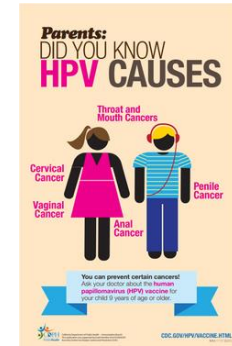
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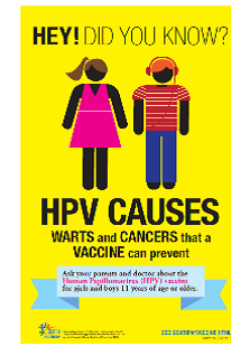
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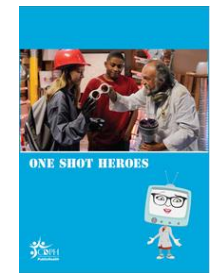
[IMM-1117](#)



[IMM-1205](#)



[IMM-1129](#)



[IMM-1048](#)

Submit order form to (805)681-4069 (fax) or email to phdz@sbcphd.org

Thank you!

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In This Section

Providers

> Provider Training and Resources

Provider Resources

Provider Training Library

Provider Training Library

Our online content library includes a variety of microlearning videos on a wide variety of business topics and materials. These training resources are focused on supporting provider staff on a variety of subjects designed to enhance the quality of care and services our members receive.

ACEs Aware Training & Resources

- Educational Webinars for Providers

If you are interested in adding this service to your practice, please attend the [ACEs Aware training](#)

CenCal Health will also need providers to attest to completing the training for trauma and trauma-informed care

Alcohol Misuse Resources

- NIH Clinician's Guide Online Training: Helping Patients Who Drink Too Much
- AHRQ Alcohol Misuse Screening and Counseling
- The AUDIT and Alcohol Use Disorder Identification Test

Asthma Management

Reference our [Health and Wellness](#) section of the website and learn more about asthma lung function changes, factors impacting asthma control, medications to prevent & treat asthma attacks, and ways to monitor lung function.

- Asthma Management Training Video & Presentation Slides
- Asthma Action Plan Training Video
- CenCal Health Asthma Action Plan Handout
- Asthma Management Academy (AsMA) Training hosted by CDPH



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Local. Quality. Healthcare.

