

**Re: Options for improving HPV vaccine uptake among Philadelphia adolescents without requiring vaccination for school entry via regulation**

**Date: 9/14/10**

**From: Philadelphia Department of Public Health**

As discussed during the Board of Health meeting on July 8, 2010, the Board would like to consider non-mandatory approaches to increase HPV vaccination among male and female adolescents. Factors affecting uptake include: 1) patient/caregiver knowledge about the risk of HPV infection and transmission; the link between HPV and cervical cancer; and/or the availability of HPV vaccine, 2) provider and/or patient/caregiver concerns about discussing and potentially influencing sexual behavior vis-à-vis a vaccine that prevents a sexually transmitted infection, 3) provider and/or patient/caregiver concerns about vaccine safety, 4) provider and/or patient/caregiver concerns about cost and insurance coverage, 5) behavioral norms among providers, patients, and caregivers about vaccine administration or receipt, 6) provider and/or patient/caregiver mistrust of pharmaceutical companies, and 7) access to a regular source of care or a vaccination provider.

Below are some options that could be pursued independently or in combination with one another:

- 1) Require/advise pediatric medical providers to give adolescents and/or their caregivers information about the ACIP HPV vaccination recommendations and the benefits and risks of vaccination, focusing on the ability of the vaccine to prevent cervical cancer, genital warts, and HPV transmission among sexual partners.
  - a. This could be done as a Board of Health regulatory requirement and/or as a collaborative quality improvement process between the Board, PDPH, local medical providers, and insurers.
  - b. This could also be done as a letter from the Board of Health to caregivers of adolescents in conjunction with the School District of Philadelphia (similar to the approach taken in the state of Virginia and Washington, D.C.).
- 2) Promote vaccine administration through public or semi-public performance reporting of vaccine uptake by practice +/- pay-for-performance incentives from insurers
  - a. PDPH's KIDS immunization registry may have the data to create such reporting but has not been used for this purpose historically.
  - b. Through a collaborative effort with insurers, performance reporting could be based on claims data and may be more easily tied to payment incentives
- 3) Implement a public health detailing program to educate providers about the benefits of HPV vaccination and to promote administration
  - a. This model has some limited documented success in New York City, focusing on influenza vaccination, colorectal cancer screening, and smoking cessation.
  - b. Program funding would be required. Some support could be provided via technical assistance from pharmaceutical companies.
  - c. This model would potentially enable us to address provider and patient/caregiver barriers to vaccination (including issues around sexual behavior) and to provide

clinicians with the tools to counsel patients/caregivers effectively. Information about insurance coverage for vaccines could also be made available

- d. CME credits could also be offered to incentivize visits from public health detailers.
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- 4) Develop public health educational campaign to increase demand for vaccine
    - a. Campaign could address knowledge of HPV, cancer, genital warts; availability and effectiveness of vaccine; risks and perceived safety issues; effects of vaccination on sexuality and sexual behavior; and/or existing uptake and behavioral norms
    - b. Developing effective, evidence-based messaging and securing funding would be biggest challenges
    - c. This approach could employ mass media, social media, and/or neighborhood based messaging and outreach