Announcement Approach Training Script

Updated Fall 2018, version 15
Combined script for in-person training and webinar.

Underline = Emphasize

[Brackets] = Do not read

XXX = Update text before you present

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Updates available at: HPViq.org

Introduction Section

Slide 1. Welcome!

Welcome! If you haven't already, please sign in and read through our study fact sheet.
Please complete your blue pre-training survey now. Keep this sheet of paper handy, because we will ask you to complete the other side at the end of the training.

[CLICK]

[For webinars, use this Slide 1 script]

Slide 1. Webinar tips

Since I am presenting by webinar today, let's take a moment to make sure the audio and video are working for everyone.

Can everyone hear me? Can everyone say just a brief hello to make sure I can hear you? Great.

Here are some tips for using the Zoom webinar software.
You might want to ask questions or let me know if you have trouble with the sound or video.

To do that, click on "raise hand" at the bottom of the webinar screen, and I can unmute you so you can ask your question.
You can also use the "chat" function, just to the left of the "raise hand" icon, and type a message to me or to the group.

When you are not speaking, it's good to mute your line to reduce background noise.

Slide 2. Making Effective HPV Vaccine Recommendations

Welcome! Again, I'm Dr. XXX. I'm a [practicing pediatrician….] and I [ex: have been treating children for over 20 years; have interest/expertise in this field because…], so pediatric preventive care is important to me.

I will facilitate today's training about making effective HPV vaccine recommendations and addressing parents' questions and concerns.

This training is different from others because it has been rigorously evaluated in a randomized controlled trial. It is endorsed by the National Cancer Institute and uses techniques recommended by the American Academy of Pediatrics.

To ensure fidelity to the approach these organizations recommend, I will use a standardized script for much of this training.

[CLICK]

Slide 3. Disclosures

Before we begin, here's our disclosure information. I have no conflicts to declare. The training was funded by the Centers for Disease Control and Prevention. Planners of the training have in the past received funding from Merck, FDA and CDC and served on advisory boards for these groups.

[CLICK]

Slide 4. Your role in HPV vaccinations

Let's start with introductions.

[For 1-14 people]

Please say your name and role in HPV vaccination. You might recommend the vaccine, administer doses, or schedule appointments.

[PAUSE for introductions]

[For >15 people]

So that I know who I'm talking to, give me a show of hands.
Who in this room is responsible for…

- Greeting parents and scheduling appointments?
- Recommending HPV vaccine to adolescents and their families?
- Actually administering the shot?

Thank you. It's always helpful to know who's in the room.

We hope today's training will give you the opportunity to hear how your colleagues communicate about HPV vaccine and to align your messages across your clinic in a powerful way.

Many of you recommend HPV vaccination for 11 and 12 years old patients. Can one of you share what you usually say?

[PAUSE]

Great. I heard you use some best practices.
**[NOTE one or more best practices: 1) presumptive,
2) bundled several vaccines, 3) today, 4) cancer, 5) child's age.]**

I also heard some opportunities to save time and make the recommendation even more effective. We'll talk more about that in a few minutes.

[CLICK]

Slide 5. Objective

It's probably not surprising to you that your advice as health care professionals is trusted and can have a big impact on vaccination decisions.

Providers are uniquely influential.

Our goal is to help you optimize your communication so that you make effective HPV vaccine recommendations and efficiently address questions and concerns.

Our approach is designed to meet the needs of the parents we see most often: parents who already want to vaccinate or may decide to vaccinate with the right information and support. Like other vaccine promotion efforts, our approach may be less effective with the small minority of parents who strongly oppose vaccination. However, we'll talk about how to manage those difficult discussions in a way that saves time and builds trust.

[CLICK] Today's activities will start with a brief review of the latest research on HPV vaccination practices.
We'll then move into **[CLICK]** building your skills in effective communication.

And then we'll **[CLICK]** practice the communication approach.
Later, you'll have the opportunity to practice with each other.

This is a great opportunity to receive CME credit. At the end of the

presentation today, please complete the post-training survey in order to receive your CME certificate. **[CLICK]**

Review Evidence Section

Slide 6. Review Evidence

Let's turn to the part of the training where we review the evidence.

[CLICK]

Slide 7. HPV causes 6 cancers

HPV is common.
In fact, almost 80 million Americans are currently infected with at least one strain of the virus.
And almost all of us will get the virus at some point in our lives.

This graphic shows the number of cancers attributed to persistent HPV infections in the US each year.
HPV causes 6 cancers. This translates to almost 34,000 new cases of HPV-related cancer in the US each year.

Notice the purple regions that show for example, vaginal cancer, vulvar cancer, anal cancer, and cervical cancer in women.
But also notice the blue regions that show penile cancer, anal cancer and oropharyngeal cancer in men.
The incidence of oropharyngeal cancer has tripled in recent years. New cases of this cancer are now more common than cervical cancer.

Of course HPV also causes thousands of cases of genital warts.

[CLICK]

Slide 8.

HPV cancers have very real consequences as we see in this short video about cervical cancer.

[CLICK to play video]

Lisa asked that her story be shared. She offers us a powerful reminder that HPV vaccination can prevent suffering and save lives.

[CLICK]

[If video doesn't play, use this script]

I'm sorry we are having technical difficulties with the video. It shows an interview with Lisa Moore, a young woman diagnosed with cervical cancer at age 26. She describes the pain and discomfort of her cancer treatment. As she says, "if this was a leukemia vaccine, or breast cancer, or prostate cancer, or anything not related to sex, there would be no question."

Lisa died several months after the interview. But her hope was that her story would encourage HPV vaccination.

Slide 9. HPV vaccination recommendations

The CDC recommends routinely giving all children ages 11 or 12 two doses of HPV vaccine.
The vaccine is especially effective in younger adolescents. Giving HPV vaccine at a younger age is twice as effective at protecting against cervical pre-cancers.

Here's why. Younger adolescents have a better immune response to the vaccine. And they are less likely to have been exposed to HPV.

All adolescents should get HPV vaccine, not only those at high-risk.
This is because vaccination based on risk just doesn't work.
We learned this through hepatitis B vaccination programs.

Kids are late if they have not gotten the vaccine by age 13.
Furthermore, the CDC recommends giving 3 doses instead of 2 if children haven't started the series by age 15.

[CLICK]

Slide 10. HPV vaccine is cancer prevention

HPV vaccine is cancer prevention.
Many people think of HPV as an STI, but what really matters is that it's common and many types of HPV are human carcinogens.
HPV vaccine can protect against cervical cancer. It can also protect against vulvar, vaginal, and anal cancers and probably oropharyngeal and penile cancers, too.
It's a vaccine against cancer.

[CLICK]

Slide 11. HPV vaccination impact

What's amazing is how effective this vaccine is.
The impact of HPV vaccine has been a sharp decline in cervical precancers.

[CLICK] On the bottom of the graph you have years.
On the left you have the number of cases of CIN2+.
This includes cervical intra-epithelial neoplasia, grade 2 or more severe, and adeno-carcinoma in situ.

The solid line shows young women ages 18-20 who were screened in any of these years.
You see a large decline in precancers.
[CLICK] This second dotted line shows screened women ages 21-24.
[CLICK] Together these lines show a 62% decline in cervical precancers attributable to the increase in HPV vaccination coverage.

The graph doesn't show women ages 25-39. These women did not have access to the vaccine when they were younger. And they had a 40% increase in cervical precancers over this time period. The increase for older women makes the sharp decline for younger women all the more impressive.

[CLICK]

Slide 12. HPV vaccine is safe

What's more, HPV vaccine is safe.
[CLICK] Since 2006, healthcare providers have given over 270 million doses without any serious adverse events attributed to HPV vaccine other than fainting.

In 2017, scientists reviewed all available data on HPV vaccine safety.
[CLICK] They found 109 studies of 2.5 million people from 6 countries.
There was no unusual pattern or clustering of serious adverse events after HPV vaccination.
The studies found no evidence for

- autoimmune,
- neurological,
- venous thrombo-embolic, or
- any other unexpected health problems due to HPV vaccination.

[CLICK]

Slide 13. Low HPV vaccine coverage

Even though HPV vaccine is effective and safe, many adolescents in XXX [insert correct data for the state you are presenting to] are not receiving all recommended doses.

Notice here the blue bars that show the coverage for Tdap and meningitis vaccines. They have met or are close to meeting the Healthy People 2020 target of 80% coverage, represented by the dashed line.

As the red bar shows, only XXX% of 13-15 year olds had received the recommended number of HPV vaccine doses.

But you can change this.

[CLICK]

FYI: Vaccination rates Male and female, ages 13-15 from NIS—Teen 2017. HPV rates are for "up to date".

	Tdp	Men	HPV		Tdp	Men	HPV		Tdp	Men	HPV
U.S. overall	88	82	43	Maine	86	82	56	PA–Philadelphia	88	88	68
Alabama	95	74	35	Maryland	88	90	48	Rhode Island	95	95	71
Alaska	73	64	43	Massachusetts	97	90	57	South Carolina	81	68	29
Arizona	85	87	44	Michigan	94	94	45	South Dakota	77	63	39
Arkansas	91	89	35	Minnesota	91	90	44	Tennessee	90	79	36
California	83	78	49	Mississippi	92	59	29	Texas	85	87	33
Colorado	87	73	48	Missouri	81	66	36	TX–Bexar County	85	87	39
Connecticut	95	94	49	Montana	82	66	40	TX–Houston	90	87	46
Delaware	88	89	57	Nebraska	89	81	46	TX–Dallas County	85	88	24
Distr. of Col.	84	85	62	Nevada	87	81	40	TX–El Paso County	82	90	66
Florida	88	72	40	New Hampshire	93	85	51	Utah	88	80	31
Georgia	92	93	46	New Jersey	89	92	43	Vermont	94	85	56
Hawaii	81	75	54	New Mexico	84	78	43	Virginia	87	70	39
Idaho	89	87	37	New York	92	88	56	Washington	85	72	50
Illinois	91	81	48	NY–NY City	93	91	62	West Virginia	89	88	41
IL–Chicago	85	87	56	North Carolina	87	74	41	Wisconsin	90	87	46
Indiana	89	87	34	North Dakota	92	91	53	Wyoming	87	55	27
Iowa	90	75	46	Ohio	88	77	42	Guam	78	76	44
Kansas	85	68	36	Oklahoma	91	70	39	Puerto Rico	92	91	53
Kentucky	91	88	34	Oregon	88	71	48	U.S. Virgin Islands	74	55	23
Louisiana	97	92	42	Pennsylvania	91	93	51				

Slide 14. Parents' perceived importance

As providers, we tend to think parents don't find HPV vaccine important.

But, we might have the wrong impression.
The coverage for this vaccine is low for many reasons, but a leading cause is missed opportunities for vaccination when other vaccines are given.

[CLICK] A recent study asked providers how important they thought HPV vaccine was to the families they serve.
Providers thought parents would rate HPV vaccine's importance pretty low, at a 5 on a scale from 0 to 10.
Surprisingly, **[CLICK]** parents actually rated the importance of HPV vaccine as very high, at a 9.

[CLICK]

Slide 15. Parents' reasons

Even though parents think HPV vaccine is important, many are still not getting their children vaccinated.

Parents' reasons for not getting the vaccine are varied, with no single top reason.
Some reasons include:

- [**CLICK**] not knowing enough about the vaccine;
- [**CLICK**] safety concerns;
- [**CLICK**] feeling it's unnecessary; or
- [**CLICK**] not receiving a recommendation from their provider.

Each of these questions or concerns can be addressed by talking with a provider.

[CLICK]

Slide 16-18. Provider recommendations

So, how powerful are providers' recommendations?

Here's an infographic representing 8,700 adolescent girls in a national study.

[NEXT SLIDE] Without a provider's recommendation, 35% will get HPV vaccine.

[NEXT SLIDE] But with a recommendation, 65% will get the vaccine.
We see the true strength of a provider's voice when clearly recommending HPV vaccine.
Provider recommendations are just as influential for boys.

Research consistently shows that health care providers' recommendations are more powerful than:

- parents' vaccination beliefs,
- ethnicity, or
- education.

Again, your recommendations are uniquely influential.
The way you and your team communicate matters.

[CLICK]

Slide 19. Presumptive announcements

The first thing you say about HPV vaccine will have a big impact.
The most effective approach is to start by saying the child is due for adolescent vaccines.
[CLICK]
We call these presumptive announcements. And they work.
As you know, this is the same approach we use for childhood vaccines and other preventive services.

[CLICK] A randomized clinical trial evaluated today's Announcement Approach training in 30 primary care clinics serving 17,000 adolescents ages 11 and 12.
The training increased HPV vaccine initiation among the adolescents by 5% in just three months.
The findings were published in the journal *Pediatrics*.
Many national organizations now recommend using presumptive announcements to introduce HPV vaccination including the CDC, the AAP, and the National Cancer Institute.

Before we talk about how to use the Announcement Approach, what questions do you have on what we just covered?

[If there have been lots of questions, SKIP to the next slide.
If no question so far, WAIT as long as you need to for someone to answer.]

[CLICK]

Build Skills Section

Slide 20. Build Skills

So let's talk about how to use the Announcement Approach to recommend HPV vaccine.

[CLICK]

Slide 21. Announcement Approach (1)

To use the Announcement Approach, you first announce that the child is due for 3 vaccines against several diseases and that you'll give the vaccines today.

If a parent hesitates with a question or concern, you can Connect, Clarify, and Counsel.

As we just learned, using an announcement increases vaccination. But it has a lot of other benefits.

It communicates that these vaccines are just like others you've provided. If you instead begin by going into a lot of detail about HPV vaccine, it will communicate there's a problem when there isn't one.

Also, parents and providers prefer it.
In the words of one provider, "It's easier for parents. It's easier for us."

And finally, it saves time so that parents who don't have questions can receive care for their children's other important health issues.

Back to the Announcement Approach. In many cases, a simple announcement is enough to lead to vaccination and you should be able move on with the rest of the visit.

[CLICK]

Slide 22. Announce

Let's talk about each part individually, beginning with "Announce." A presumptive announcement includes three key elements:

First, **[CLICK]** note the child's age.
This cues the parent that what follows is part of routine preventive care.

Second, **[CLICK]** announce children this age are due for three vaccines that prevent several diseases, placing HPV cancers in the middle of the list.
This makes HPV vaccine just like the other vaccines.

Third, **[CLICK]** say you will vaccinate today.

You could say something like this:
[CLICK] "Now that Sophia is 12, she is due for three vaccines.
Today, she'll get vaccines against meningitis, HPV cancers, and whooping cough."

For parents, presenting HPV vaccination as part of routine care should streamline vaccine conversations and encourage bundling it with other vaccines.

[CLICK] At this point, most parents agree to vaccination. And you can move on with the visit.

[CLICK]

Slide 23. If a parent hesitates

Even so, some parents will have questions or concerns.
If a parent hesitates, they're usually not trying to be difficult; they're often just looking for reassurance.
And while some parents may have questions about meningitis and Tdap vaccines, many more have questions about HPV vaccine.

So, let's walk through the key elements of how to address hesitancy.

[CLICK] First, connect with the parent.
Ask for the parent's main concern about HPV vaccine. If they say something vague, ask them to be specific.
If they have already said something specific, confirm it's their main concern.
You can set their mind at ease only after you get their biggest worry on the table. Their lesser worries tend to fall away once you address the biggest one.

Then**, [CLICK]** show the parent that you're listening.
Brief phrases like, "I hear you" or "I get it" are a good start.
You can acknowledge their question or concern by restating it, even if evidence doesn't support what they said.
If nothing else seems to fit, you can always say that you both want what's best for their child's health.
So, get the main question and show you heard them.

[CLICK] Second clarify what we know is true using a research-tested message.
Each concern calls for a slightly different approach, so we developed clarification messages that resonate with parents. I will share the messages with you in a bit.

In general, parents find clarifications most helpful when they are objective statements.
Research shows that it's best to stay away from anecdotes about what your cousin did or how often you give the vaccine in your clinic.

Finally, **[CLICK]** counsel them to get HPV vaccine for their child. Give a reason to vaccinate.
This is the place where parents want to hear your opinion as a health care provider.
You could say that you believe HPV vaccine is very important for their child and then clearly recommend giving HPV vaccine today.
The key elements are using the words "recommend" and "today".

Research shows that patients are over ten times less likely to get a vaccine when providers mention delaying or do not address timing. Saying "today" encourages same-day vaccination.

[CLICK]

Slide 24. Messages for the Clarify step

Here are the messages to use for the Clarify step.

To identify these messages, developers of today's training reviewed all available HPV vaccine educational materials, searched the published literature, and interviewed physicians who are national experts. They found over 225 different messages. They then asked 1,200 parents from across the nation which clarification messages best addressed each of the seven most common questions and concerns about HPV vaccine.

Here are the very best messages for effectively responding to parents.
[CLICK] When a parent says that that their child is too young, you could say…
"Kids respond more strongly to HPV vaccine when they are younger. This may give better protection against some cancers."

[CLICK] When a parent says that that their child is not yet sexually active, you could say…
"This really isn't about sex. The HPV vaccine is about preventing cancer."

[CLICK] For safety concerns...
"This vaccine is one of the most studied medications on the market. The HPV vaccine is safe, just like the other vaccines given at this age."

Slide 25. [Announcement Approach card]

In your materials is a white card. The front shows each step of the Announcement Approach.

[CLICK]

The back has 7 research-tested messages for the Clarify step.
In addition to the messages I just went through, it has messages about vaccine effectiveness, guidelines, vaccinating boys, and school requirements.

What questions do you have about the Announcement Approach so far?

[CLICK]

Demonstration Section

Slide 26 Demonstration

Now that we have gone over the communication approach, here is a brief video demonstrating how it might work with the mother of an 11-year old named Michael.
Use the white Announcement Approach card to identify key elements in each step.
Also, think about how you'd make this language your own.
We'll give you a chance to try it out in just a few minutes.

[PLAY video]

[If the video won't play, USE this script with a volunteer playing the parent.]

Since we are having trouble with the video, XXX and I will demonstrate how the approach might work during a well visit for an 11-year old named Michael who is accompanied by his mom.

I'll play the role of the provider, and XXX will play the role of Michael's mom.

Don't forget to pay attention because we'll ask you to do this in just a few minutes.

[Physician educator and volunteer FACE each other at front of room. Physician reads *Provider* dialogue. Volunteer reads *Parent*.]

[Provider] Now that Michael is 11, he's due for vaccines against meningitis, HPV cancers, and whooping cough.
We'll give those at the end of today's visit.

[Parent] He can get the meningitis and Tdap vaccines, but I'm not so sure about HPV.

[Provider] Okay. Tell me what your main concern is about HPV vaccine.

[Parent] It has some problems, right? I heard something from another mom about it being unsafe.

[Provider] I hear you. You're wondering about the safety of the HPV vaccine.
It might help to know this vaccine is one of the most studied medications on the market. The HPV vaccine is safe, just like the other vaccines given at this age.

[Parent] Oh I didn't realize that. That's good to hear.

[Provider] Well, in addition to being very safe, and it also prevents several cancers. That's why I recommend Michael get it today. So, what do you think?

[Parent] Okay. Let's go ahead and get it.

Thanks, XXX.

What questions do you have about the Announcement Approach so far?

[CLICK]

Slide 27. Tip 1. Treat HPV vaccine like other vaccines

Let's be honest, not every conversation will be this straightforward.
To help you out, we gathered some tips from your peers.

The first tip is to treat HPV vaccine like other vaccines.
[CLICK]
You can do this by bundling your HPV vaccine recommendation with other vaccines.
You can also redirect discussions about which vaccines are required by saying that all 3 are equally important.

Or you could say:
[CLICK] "I hear you. You're wondering if the HPV vaccine is necessary because it's not required for school."

[CLICK] "But school requirements don't always keep up with medical science. The HPV vaccine is an important vaccine that can prevent many cancers."

[CLICK]

Slide 28. Tip 2. Focus on cancer prevention

Here's the second tip: Focus on cancer prevention.

Discussing sex can be uncomfortable for parents and adolescents, and maybe even for you.
We recommend you focus on HPV vaccine preventing 6 cancers.
If sex does come up, redirect the conversation back to cancer prevention.

So a parent might say something like:
[CLICK] "My child doesn't need this vaccine because she's not having sex."

You can respond with:
[CLICK] "I get it. Your child is not yet sexually active.

The thing is, this really isn't about sex. The HPV vaccine is about preventing cancer."

[CLICK]

Slide 29. Tip 3: Follow up with parents who say "no"

The third tip is to follow-up with parents who say "no".

While many parents will say yes to HPV vaccine when you use the Announcement Approach, some parents will still hesitate even if you do your best.

But here's some good news. Of families who decline HPV vaccination the first time their providers discuss it, almost half get it at a later visit. And another quarter plan to get it but haven't had a chance to yet.

So even if you don't hear yes at that first visit, know that chances are good that the adolescent will eventually get HPV vaccine.

[CLICK]

Practice Section

Slide 30. Practice

Now we are going to switch gears and practice what we've learned about using announcements and connect, clarify, and counsel.

[CLICK]

Slide 31. Exercise

Find the green exercise sheet in your materials.

[**CLICK**] We'll begin with an exercise where you'll create a presumptive announcement, keeping in mind the three key elements we've discussed:
[**CLICK**] Note the child's age.
[**CLICK**] Announce children this age are due for vaccines that prevent several diseases, placing HPV cancers in the middle.
[**CLICK**] Say you will vaccinate today.

Go ahead and write your announcement in the space on the green exercise sheet and review it to make sure it includes the key elements we have learned.

[**CLICK**] When you are done with your announcement, you can review the messages for the Clarify step on the back of the white card. Pick two messages that you can use with your patients.

Let's take about five minutes right now to do this first part of the exercise.

[Wait 5 minutes] Okay, let's talk about the announcements you wrote. Would anyone like to share theirs?

[In responses to comments, REINFORCE placing HPV in middle of list and vaccinating "today".]

[CLICK]

Slide 32. Exercise (cont'd)

Now, we'll put these announcements and messages to use to recommend HPV vaccination. You'll again need the green exercise sheet and the white card.

For the next ten minutes, you and a partner will try the Announcement Approach, with one of you as the provider and the other person as a hesitant parent.
After I explain the exercise, I will help pair you up.

[CLICK] Here's the profile of the child to help guide the conversation.
He's 11, is in clinic for a routine well visit, and has no serious health issues.
He hasn't had meningitis, HPV or Tdap vaccines yet.

[CLICK] As the provider, your goal is to recommend that the parent get HPV vaccine for his or her child.
[CLICK] Go through the all the steps of the Announcement Approach beginning with the announcement you just created.

[CLICK] As the hesitant parent, be <u>tough</u> on the provider! And don't quickly say yes HPV vaccination.
[CLICK] At the bottom of the green exercise sheet, you will find a checklist to help you evaluate the provider's recommendation.
Complete this checklist as the provider talks, and share it with your partner before you switch roles.

[POINT to the bottom of the green exercise sheet.]

[To put people in pairs during an in-person presentation]

Find a partner, choose a role, and begin.
After you get through all the steps, switch roles and go through the steps again.
We'll debrief as a group at the end.

[WALK around the room to make sure people are getting to the task.
LISTEN, take notes
REINFORCE when people use a presumptive announcement, and connect, clarify, and counsel.]

[At 5 minutes] Okay, it's time to switch roles if you haven't done so already.

[At 10 minutes] Okay, time's up. Let's get back together as a group.

[CLICK]

[To put people in pairs for a webinar]

Ok, I'm going to pair you up [put you in break out rooms with a partner] so you can practice this exercise. After you get through all the steps, switch roles and go through the steps again.
We'll debrief as a group at the end.
[Put participants into breakout rooms]

[OBSERVE the room to make sure people are getting to the task.
Visit webinar rooms.
LISTEN, take notes.
REINFORCE when people use a presumptive announcement, and connect, clarify, and counsel.]

[At 5 minutes] [SEND message to break out rooms] Okay, it's time to switch roles if you haven't done so already.

[At 9 minutes] [INSTRUCT Zoom to close the breakout rooms, and it will close them after 1 minute.

Send message to breakout rooms] Zoom will close the breakout rooms in 1 minute.

[At 10 minutes] Okay, time's up. Let's get back together as a group.

[CLICK]

Slide 33. How'd it go?

Great job with practicing the Announcement Approach!
Let's take some time to talk about how your sessions went.

[For webinars]
You can use the chat bar, the raise hand function or unmute your microphone.

Would anyone be willing to share how well the approach worked?

[If needed, ASK questions to get conversation started:

Did it feel natural?

Which elements do you think will be most helpful to you during a visit?

Are there issues that the communication approach doesn't address**?]**

[If issues come up, BRING the questions back to the group to allow for group "problem solving"]

[CLICK]

Slide 34. Next Steps

Let's talk about next steps.

[CLICK] Now that you have learned the Announcement Approach, please use it in your practice:

[CLICK] A good idea would be to set a goal to use this approach with 5 patients in the next 2 weeks.

[CLICK] Talk to your colleagues. HPV vaccination is a team effort, from how you talk about HPV vaccine when you schedule appointments to the systems you put in place to ensure that all children ages 11-12 receive it.

[CLICK] Align your communication. Agree on how providers and staff will communicate about HPV vaccine so that all team members are giving similar messages.

You may also want to consider other activities that will complement this communication approach.
We recognize that communication is only one part of primary care. Other supportive activities could increase vaccine uptake, such as identifying HPV vaccine-eligible patients before their appointments.

[CLICK]

Slide 35. Announcement Approach (2)

So let's wrap up.

To recap, this communication approach starts with a presumptive announcement.
First, announce the child is due for three vaccines against several diseases.
This usually leads to HPV vaccination.

If the parent is hesitant, connect with the parent to identify their main question or concern about HPV vaccine.
Clarify with a research-tested message about HPV vaccine.
Finally, counsel parents to get HPV vaccine for their child today.

Sometimes people ask us for patient education materials. Lots of good resources are available on the CDC or the National HPV Vaccination Roundtable websites.
However, the materials are no replacement for your clear recommendation.

[CLICK]

Slide 36. CME Credit

And finally, in order to get your CME credit, please complete the post-training survey.

Please take the post-training survey now. It's on the back of the survey you took before we started. It will only take a couple minutes.

Hand it to XXX before you leave.
XXX will give you your CME certificate of participation.

[For webinars, use this Slide 36 script]

Slide 36. CME Credit

And finally, in order to get your CME credit, please complete the post-training survey.
I'll put the web address in the chat box. We will also email you a survey link.

[ADD the right survey link to chat box].

[CLICK]

Slide 37. Thank you!

This is the end of the Announcement Approach training.

Thank you all for your time!

Our contact information is on the Study Fact Sheet if you need to reach us.

Notes

Slide 2 References
Brewer NT, Hall ME, Malo TL, Gilkey MB, Quinn B, Lathren C. (2017). Announcements versus conversations to improve HPV vaccination coverage: A randomized trial. *Pediatrics, 139*.

Slide 7 References
CDC estimates 80 million Americans have HPV in a given year.

CDC estimates 34,000 new cases of HPV-related cancers are diagnosed annually in US:
www.cdc.gov/cancer/hpv/statistics/cases.htm

Graphic:
Accelerating HPV vaccine uptake: Urgency for action to prevent cancer.
A report to the President of the United States from the President's Cancer Panel. Bethesda, MD: National Cancer Institute; 2018.
https://prescancerpanel.cancer.gov/report/hpvupdate/HPVCancers.html

Slide 8 Cervivor Video
Video is provided courtesy of Cervivor. For more information:
https://cervivor.org/hpv-and-cervical-cancer/introduction/

Slide 9 Background info
Here is the CDC's advice about use of 9-valent HPV vaccine for persons vaccinated previously.
"Persons who initiated vaccination with 9vHPV, 4vHPV, or 2vHPV before their 15th birthday, and received 2 doses of any HPV vaccine at the recommended dosing schedule (0, 6–12 months), or 3 doses of any HPV vaccine at the recommended dosing schedule (0, 1–2, 6 months), are considered adequately vaccinated.

Persons who initiated vaccination with 9vHPV, 4vHPV, or 2vHPV on or after their 15th birthday, and received 3 doses of any HPV vaccine at the recommended dosing schedule, are considered adequately vaccinated.

9vHPV may be used to continue or complete a vaccination series started with 4vHPV or 2vHPV.

For persons who have been adequately vaccinated with 2vHPV or 4vHPV, there is no ACIP recommendation regarding additional vaccination with 9vHPV."

Source: MMWR (2016), www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm.

CDC Vaccination Schedules & Recommendations:
www.cdc.gov/hpv/hcp/schedules-recommendations.html

HPV vaccine more effective given before age 15:
Gertig DM, Brotherton JM, Budd AC, Drennan K, Chappell G, Saville AM. (2013). Impact of a population-based

HPV vaccination program on cervical abnormalities: A data linkage study. *BMC Medicine, 11*, 227. bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-11-227

Slide 11 Background info

For the 21-24 year olds, the line is flat in earlier years. And starting in 2012 you can see a more aggressive decline. This is the effect that the younger cohort, who likely have greater vaccine coverage, begins to have on the older cohort as they age up into the 21-24 age group.

The slide does not show data for women ages 25-39. They had a 40% increase in CIN2+. This may be due to longer screening intervals or to better detection from use of HPV DNA testing.

Gargano et al., 2017. Presentation at the International Human Papillomavirus conference in South Africa.

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This is a review by the Australian government and researchers.
Phillips, A, Patel, C, Pillsbury, A, Brotherton, J, & Macartney, K (2017). Safety of human papillomavirus vaccines: An updated review. *Drug Safety, 4,* 1-18.

This is a CDC review.
Gee, J, Weinbaum, C, Sukumaran, L, & Markowitz, L E (2016). Quadrivalent HPV vaccine safety review and safety monitoring plans for nine-valent HPV vaccine in the United States. *Human Vaccines & Immunotherapeutics, 12*, 1406-1417.

This is an industry review.
Vichnin, M, Bonanni, P, Klein, N P, Garland, S M, Block, S L, Kjaer, S K, ... & Lievano, F. (2015). An overview of quadrivalent human papillomavirus vaccine safety: 2006 to 2015. *The Pediatric Infectious Disease Journal, 34*, 983-991.

Slide 13 References

XXX, HPV vaccine vaccination data for your area from National Immunization Survey – Teen, 2017: www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/hpv/index.html

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