

ACTIONS TO INCREASE HPV VACCINATION WITHIN YOUR POPULATION



Actor portrayal.
HPV=human papillomavirus.

Indication for GARDASIL 9

- GARDASIL 9 is a vaccine indicated in females 9 through 45 years of age for the prevention of cervical, vulvar, vaginal, anal, oropharyngeal and other head and neck cancers caused by human papillomavirus (HPV) Types 16, 18, 31, 33, 45, 52, and 58; cervical, vulvar, vaginal, and anal precancerous or dysplastic lesions caused by HPV Types 6, 11, 16, 18, 31, 33, 45, 52, and 58; and genital warts caused by HPV Types 6 and 11.
- GARDASIL 9 is indicated in males 9 through 45 years of age for the prevention of anal, oropharyngeal and other head and neck cancers caused by HPV Types 16, 18, 31, 33, 45, 52, and 58; anal precancerous or dysplastic lesions caused by HPV Types 6, 11, 16, 18, 31, 33, 45, 52, and 58; and genital warts caused by HPV Types 6 and 11.
- The oropharyngeal and head and neck cancer indication is approved under accelerated approval based on effectiveness in preventing HPV-related anogenital disease. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.
- GARDASIL 9 does not eliminate the necessity for vaccine recipients to undergo screening for cervical, vulvar, vaginal, anal, oropharyngeal and other head and neck cancers as recommended by a health care provider.

WHY YOU SHOULD TAKE ACTION

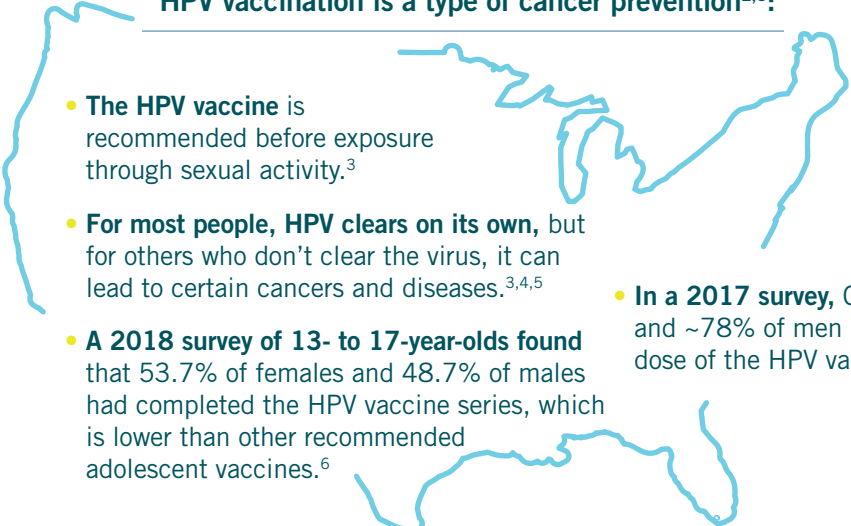
WHY YOU SHOULD TAKE ACTION

- ✓ You identified HPV vaccination as an organizational goal.
- ✓ You determined cohorts to focus on.
- ✓ You assessed the current vaccination rates within these cohorts.
- ✓ You set a benchmark and a timeline to achieve your goal.

THE TIME TO DO SOMETHING IS NOW

According to the CDC in 2019, adolescents remain the most important focus of HPV vaccination.¹

HPV vaccination is a type of cancer prevention^{2,3}:

- 
- **The HPV vaccine** is recommended before exposure through sexual activity.³
 - **For most people, HPV clears on its own**, but for others who don't clear the virus, it can lead to certain cancers and diseases.^{3,4,5}
 - **A 2018 survey of 13- to 17-year-olds found** that 53.7% of females and 48.7% of males had completed the HPV vaccine series, which is lower than other recommended adolescent vaccines.⁶
 - **In a 2017 survey**, CDC estimated that ~48% of women and ~78% of men ages 19 to 26 had not received any dose of the HPV vaccine.^{7,a}

The American Cancer Society has recognized that HPV vaccination is underutilized.⁸

CDC=Centers for Disease Control and Prevention; HPV=human papillomavirus.

^aSubset of data from National Health Interview Survey (NHIS) surveys of 19- to 26-year-olds (females n=1322, males n=1200). Response rate was 53% (total adult sample=26,430).

References: 1. Meites E, et al. Human papillomavirus vaccination for adults: updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep.* 2019;68(32):698-702. 2. Centers for Disease Control and Prevention (CDC). Reasons to get vaccinated against HPV. <https://www.cdc.gov/hpv/parents/vaccine/six-reasons.html>. Last reviewed March 26, 2019. Accessed January 28, 2020. 3. Centers for Disease Control and Prevention (CDC). Human papillomavirus. In: Hamborsky J, Kroger A, Wolfe C, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 13th ed. Washington DC: Public Health Foundation; 2015:175-186. 4. Centers for Disease Control and Prevention (CDC). 2015 sexually transmitted diseases treatment guidelines: human papillomavirus (HPV) infection. <https://www.cdc.gov/std/tg2015/hpv.htm>. Last reviewed June 4, 2015. Accessed February 3, 2020. 5. Centers for Disease Control and Prevention (CDC). HPV and oropharyngeal cancer. https://www.cdc.gov/cancer/hpv/basic_info/hpv_oropharyngeal.htm. Last reviewed March 14, 2018. Accessed January 21, 2020. 6. Walker TY, et al. National, regional, state, and selected local area vaccination coverage among adolescents aged 13–17 years — United States, 2018. *MMWR Morb Mortal Wkly Rep.* 2019;68(33):718–723. 7. Hung M-C, et al. Vaccination Coverage Among Adults in the United States, National Health Interview Survey, 2017. <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2017.html>. Reviewed February 8, 2018. Accessed January 24, 2020. 8. Simon S. Cancer centers urge more people to get the HPV vaccine. *Cancer.org*. <https://www.cancer.org/latest-news/cancer-centers-urge-more-people-to-get-the-hpv-vaccine.html>. January 27, 2016. Accessed March 16, 2020.

Indication for GARDASIL 9 (*continued*)

- GARDASIL 9 has not been demonstrated to provide protection against diseases caused by:
 - HPV types not covered by the vaccine
 - HPV types to which a person has previously been exposed through sexual activity
- Not all vulvar, vaginal, anal, oropharyngeal and other head and neck cancers are caused by HPV, and GARDASIL 9 protects only against those vulvar, vaginal, anal, oropharyngeal and other head and neck cancers caused by HPV Types 16, 18, 31, 33, 45, 52, and 58.
- GARDASIL 9 is not a treatment for external genital lesions; cervical, vulvar, vaginal, anal, oropharyngeal and other head and neck cancers; or cervical intraepithelial neoplasia (CIN), vulvar intraepithelial neoplasia (VIN), vaginal intraepithelial neoplasia (VaIN), or anal intraepithelial neoplasia (AIN).
- Vaccination with GARDASIL 9 may not result in protection in all vaccine recipients.

2019 CDC UPDATE

HPV VACCINATION RECOMMENDATIONS¹



ROUTINE VACCINATION RECOMMENDED

For males and females at age 11 or 12 years, but can be given starting at age 9 years



CATCH-UP VACCINATION RECOMMENDED

For males and females through age 26 years who are not adequately vaccinated^a



SHARED CLINICAL DECISION-MAKING RECOMMENDED

For some males and females ages 27 through 45 years who are not adequately vaccinated

- Safety and effectiveness of GARDASIL[®]9 (Human Papillomavirus 9-valent Vaccine, Recombinant) have not been established in pregnant women.

CDC=Centers for Disease Control and Prevention; HPV=human papillomavirus.

^aFor persons initiating vaccination before their 15th birthday, the recommended immunization schedule is 2 doses of HPV vaccine (0, 6–12 month schedule). For persons initiating vaccination on or after their 15th birthday, or for persons with certain immunocompromising conditions, the recommended immunization schedule is 3 doses of HPV vaccine (0, 1–2, 6 month schedule).

Reference: 1. Meites E, et al. Human papillomavirus vaccination for adults: updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep.* 2019;68(32):698–702.

Select Safety Information for GARDASIL 9

- GARDASIL 9 is contraindicated in individuals with hypersensitivity, including severe allergic reactions to yeast, or after a previous dose of GARDASIL 9 or GARDASIL® [Human Papillomavirus Quadrivalent (Types 6, 11, 16, and 18) Vaccine, Recombinant].
- Because vaccinees may develop syncope, sometimes resulting in falling with injury, observation for 15 minutes after administration is recommended. Syncope, sometimes associated with tonic-clonic movements and other seizure-like activity, has been reported following HPV vaccination. When syncope is associated with tonic-clonic movements, the activity is usually transient and typically responds to restoring cerebral perfusion.

BARRIERS IMPACTING HPV VACCINATION RATES

HPV=human papillomavirus.

A VARIETY OF BARRIERS MAY PREVENT HIGHER VACCINATION RATES

Potential issues vary based on local ecosystem dynamics.



Clinical

Inconsistent or unclear provider recommendation for HPV vaccination.¹

Parental need for information about the HPV vaccine.¹

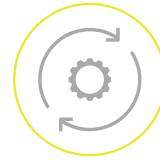


Financial

Regardless of their type of coverage, men and women in the US reported putting off or postponing preventive services in the past year due to cost.²

The Affordable Care Act generally requires coverage for all vaccines administered in accordance with final CDC recommendations.³

This requirement applies to all non-grandfathered commercial plans and Medicaid expansion beneficiaries.³



Operational

Most states do not require HPV vaccination for children in secondary school.⁴

Any of these barriers can contribute to low vaccination rates within your population.¹⁻⁴

HPV=human papillomavirus.

References: 1. National Vaccine Advisory Committee. Overcoming barriers to low HPV vaccine uptake in the United States: recommendations from the National Vaccine Advisory Committee. *Public Health Rep.* 2016;131(1):17–25. 2. Kaiser Family Foundation. Preventive services covered by private health plans under the Affordable Care Act. <https://www.kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/>. August 4, 2015. Accessed March 16, 2020. 3. Office of the Legislative Counsel for the use of the U.S. House of Representatives. Patient Protection and Affordable Care Act Health-Related Portions of the Health Care and Education Reconciliation Act of 2010. May 2010. <https://housedocs.house.gov/energycommerce/ppacacon.pdf>. Accessed May 28, 2019. 4. Immunization Action Coalition. <http://www.immunize.org/laws/hpv.asp>. Updated November 11, 2018. Accessed March 16, 2020.

POTENTIAL STRATEGIES TO OVERCOME BARRIERS AND INCREASE HPV VACCINATION RATES

HPV=human papillomavirus.

POTENTIAL STRATEGIES FOR OVERCOMING CURRENT BARRIERS

Strategies vary based on local ecosystem dynamics.



Clinical

Encourage providers to use a conversation-based approach, which may increase openness to the HPV vaccine.¹

Supply providers with the right tools and information to effectively recommend HPV vaccination to their appropriate patients.²

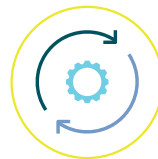
Educate patients on the importance of HPV vaccination.³



Financial

Increase awareness and communication of covered benefits to improve utilization of preventive services, including ACIP-recommended vaccines.^{4,5}

Educate patients on insurance coverage through the Health Insurance Marketplace or the Vaccines for Children Program for eligible children under age 19.⁶



Operational

Encourage providers to use electronic and digital methods (eg, EHR) to identify and engage with patients.^{7,8}

Permitting HPV vaccinations to be administered in alternative locations, such as pharmacies, could help increase series completion rates.⁹

ACIP=Advisory Committee on Immunization Practices; EHR=electronic health record; HPV=human papillomavirus.

References: 1. Brewer NT, et al. Announcements versus conversations to improve HPV vaccination coverage: a randomized trial. *Pediatrics*. 2017;139(1):1–9. 2. National Vaccine Advisory Committee (NVAC). Overcoming barriers to low HPV vaccine uptake in the United States: recommendations from the National Vaccine Advisory Committee. *Public Health Rep*. 2016;131(1):17–25. 3. Simon S. Cancer centers urge more people to get the HPV vaccine. Cancer.org. <https://www.cancer.org/latest-news/cancer-centers-urge-more-people-to-get-the-hpvpvaccine.html>. January 27, 2016. Accessed March 16, 2020. 4. Kaiser Family Foundation. Preventive Services Covered by Private Health Plans under the Affordable Care Act. <https://www.kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/>. August 4, 2015. Accessed March 16, 2020. 5. Burke A, Simmons A. Department of Health and Human Services. Office of the Assistant Secretary for Planning and Education. Increased coverage of preventive services with zero cost sharing under the Affordable Care Act. https://aspe.hhs.gov/system/files/pdf/76901/lb_PreventiveServices.pdf. Published June 27, 2014. Accessed March 16, 2020. 6. US Department of Health & Human Services (HHS). How to pay. <https://www.vaccines.gov/getting/pay/index.html>. Updated January 2018. Accessed March 16, 2020. 7. National Vaccine Advisory Committee (NVAC). Assessing the state of vaccine confidence in the United States: recommendations from the National Vaccine Advisory Committee. *Public Health Rep*. 2015;130(6):573–595. 8. American Academy of Pediatrics (AAP). Immunizations. Reminder & recall systems. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/reminder-recall-systems.aspx>. Accessed March 16, 2020. 9. Calo WA, et al. Parents' willingness to get human papillomavirus vaccination for their adolescent children at a pharmacy. *Prev Med*. 2017;99:251–256.

A POTENTIAL OPPORTUNITY TO SET PRIORITIES AND SUPPORT ACTION AT A LOCAL LEVEL

Deliver a simple and consistent vaccine message.



1.

Set the goal

- The Healthy People 2020 goal is an 80% vaccination rate (series completion) by the end of 2020 for males and females aged 13 through 15 years.^{1,a}



2.

Set the priority

- Motivate your team and encourage their immunization conversations with parents.²
- Implement systems to ensure you never miss an opportunity to vaccinate.²



3.

Identify local stakeholders to partner with

- State health departments.³
- Medical associations (eg, American Academy of Pediatrics, American Academy of Family Physicians) and societies (eg, Society for Adolescent Health and Medicine).³

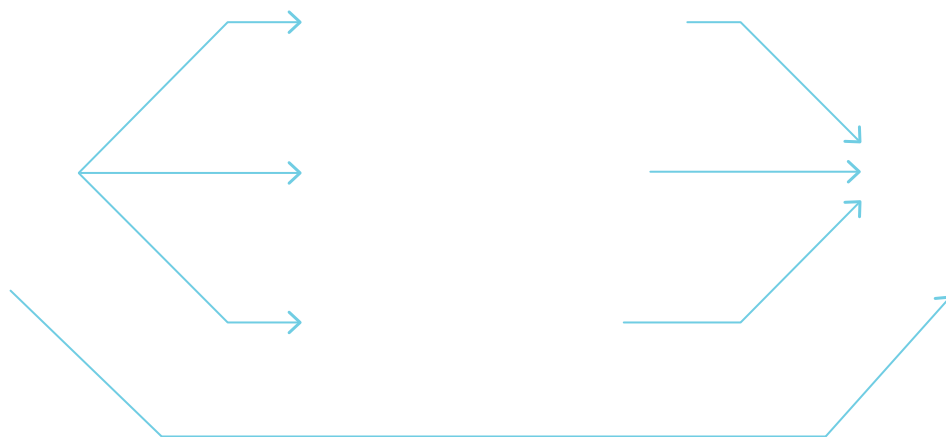
National Vaccine Advisory Committee recommends that all stakeholders collaborate to coordinate communications to encourage consistent messages.³

HCP=health care provider; HPV=human papillomavirus.

^aThe Healthy People 2020 goal is to increase the vaccination rate level of: 2 or 3 doses of HPV vaccine for males and females aged 13 to 15 years to 80%.¹

References: 1. HealthyPeople.gov. Immunization and infectious diseases. <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>. Accessed March 19, 2020. 2. Centers for Disease Control and Prevention (CDC). Top 10 tips for HPV vaccination success. <https://www.cdc.gov/hpv/downloads/Top10-improving-practice.pdf>. Updated May 2018. Accessed March 17, 2020. 3. National Vaccine Advisory Committee (NVAC). Overcoming barriers to low HPV vaccine uptake in the United States: recommendations from the National Vaccine Advisory Committee. *Public Health Rep.* 2016;131(1):17–25.

CONSIDER COORDINATION ACROSS ALL STAKEHOLDERS



- Encourage HPV regimen initiation and completion^{1,2}
- Increase the recommended routine vaccination for males and females at age 11 or 12 years, or starting at age 9 years in certain circumstances, and the recommended catch-up vaccination for males and females through age 26 years who are not adequately vaccinated^{1,2}

Click on a stakeholder to see their role and actions in the HPV vaccination process

ACO=accountable care organization; CIN=clinically integrated network; EHR=electronic health record; HPV=human papillomavirus; IDN=integrated delivery network; IIS=immunization information systems.

References: 1. Centers for Disease Control and Prevention (CDC). Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020. <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>. Published January 29, 2020. Accessed March 23, 2020. 2. Meites E, et al. Human papillomavirus vaccination for adults: updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep.* 2019;68(32):698-702.



Health plan

THINGS TO CONSIDER:

- Identify members, provide member lists to providers, encourage utilization of EHR systems and IIS (registries) to identify appropriate patients.¹
- Encourage appropriate unvaccinated individuals to initiate and complete the series.^{2,3}

References: 1. American Academy of Pediatrics (AAP). Immunizations reminder & recall systems. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/remind-recall-systems.aspx>. Accessed March 16, 2020. 2. Centers for Disease Control and Prevention (CDC). Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020. <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>. Published January 29, 2020. Accessed March 23, 2020. 3. Food and Drug Administration (FDA). FDA approves expanded use of Gardasil 9 to include individuals 27 through 45 years old. <https://www.fda.gov/news-events/press-announcements/fda-approves-expanded-use-gardasil-9-include-individuals-27-through-45-years-old>. Published October 5, 2018. Accessed March 16, 2020.



Provider (IDNs, CINs/ACOs, Solo Practitioners)

THINGS TO CONSIDER:

- Use EHR systems to identify appropriate patients.¹
- Develop targeted communication strategies with recommendations to appropriate patients and parents.²
- Be advocates for prevention of certain HPV-related cancers and diseases for patients.²

References: 1. American Academy of Pediatrics (AAP). Immunizations reminder & recall systems. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/remind-recall-systems.aspx>. Accessed March 16, 2020. 2. National Vaccine Advisory Committee (NVAC). Overcoming barriers to low HPV vaccine uptake in the United States: recommendations from the National Vaccine Advisory Committee. *Public Health Rep.* 2016;131(1):17–25.



Pharmacist

THINGS TO CONSIDER:

- Take a proactive role in making a clear vaccination recommendation and vaccinating appropriate patients.¹
- Identify and determine patient coverage.²

References: 1. American Pharmacists Association (APhA). Guidelines for pharmacy-based immunization advocacy. <https://www.pharmacist.com/guidelines-pharmacy-based-immunization-advocacy>. August 1997. Accessed March 16, 2020. 2. American Pharmacists Association (APhA). Provider status: what pharmacists need to know now. <https://www.pharmacist.com/provider-status-what-pharmacists-need-know-now>. August 2013. Accessed March 16, 2020.

ACO=

References: 1. Centers for Disease Control and Prevention (CDC). Immunization schedules. <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#note-hpv>. Accessed March 16, 2020. 2. Meites E, et al. Human papillomavirus vaccination for adults: updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep*. 2019;68(32):698-702.

**Human Papillomavirus
9-valent Vaccine, Recombinant**



Employer

THINGS TO CONSIDER:

- Raise awareness of the employees' health plan benefit design.¹
- Encourage HPV vaccination as part of a health policy initiative.²

References: 1. Centers for Disease Control and Prevention (CDC). Workplace health model. <https://www.cdc.gov/workplacehealthpromotion/model/index.html>. Updated May 13, 2016. Accessed March 19, 2020. 2. National Vaccine Advisory Committee (NVAC). Overcoming barriers to low HPV vaccine uptake in the United States: recommendations from the National Vaccine Advisory Committee. *Public Health Rep.* 2016;131(1):17–25.

ACO=

References: 1. Centers for Disease Control and Prevention (CDC). Immunization schedules. <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#note-hpv>. Accessed March 16, 2020. 2. Meites E, et al. Human papillomavirus vaccination for adults: updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep.* 2019;68(32):698-702.

**Human Papillomavirus
9-valent Vaccine, Recombinant**



Member/Patient

THINGS TO CONSIDER:

- Understand their insurance coverage.¹
- Talk to their provider about the potential risks and benefits of vaccination.

Reference: 1. Kaiser Family Foundation. Preventive services covered by private health plans under the Affordable Care Act. <https://www.kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/>. August 4, 2015. Accessed March 16, 2020.

References: 1. Centers for Disease Control and Prevention (CDC). Immunization schedules. <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#note-hpv>. Accessed March 16, 2020.

2. Meites E, et al. Human papillomavirus vaccination for adults: updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep*. 2019;68(32):698-702.

**Human Papillomavirus
9-valent Vaccine, Recombinant**

EHRs CAN BE AN EFFECTIVE TOOL FOR PROVIDERS TO IDENTIFY APPROPRIATE PATIENTS¹



Potential benefits of EHR systems include:

- Real-time alerts identifying appropriate patients for initial vaccination or series completion.²
- Improved public health reporting and surveillance.¹
- Provides a more meaningful look at patient health needs.¹



Health plans can encourage providers to use EHRs to identify completion statistics of vaccine protocols.

- Add protocols in EHRs that identify appropriate patients due for HPV vaccination initiation or series completion.³
- Increase gender-neutral vaccination rates in individuals aged 19 to 26 years.⁴
- Encourage a clear provider prompt through EHRs about vaccination.²
- Improve public health reporting and surveillance with EHRs through¹:
 - Immunization registries
 - Communication with public health officials
 - Sending patient reminders

EHR=electronic health record; HPV=human papillomavirus.

References: **1.** HealthIT.gov. How can electronic health records improve public and population health outcomes? <https://www.healthit.gov/faq/how-can-electronichealth-records-improve-public-and-population-health-outcomes>. Accessed March 19, 2020. **2.** Ruffin MT, et al. Impact of an Electronic Health Record (EHR) reminder on Human Papillomavirus (HPV) vaccine initiation and timely completion. *J Am Board Fam Med.* 2015;28(3):324–333. **3.** Academic Pediatric Association (APA). Protocol for HPV Vaccine Provider Prompt Intervention. https://apps.academicpeds.org/NIPA/assets/PDF/wave4/2018/ProviderPromptsProtocol_rev_3.26.18.pdf. Accessed March 16, 2020. **4.** Williams WW, et al. Surveillance of vaccination coverage among adult populations — United States, 2015. *MMWR Morb Mortal Wkly Rep.* 2017;66(11):1–28.

DON'T MISS THE OPPORTUNITY TO ENGAGE



Coverage¹

Ensure patients are aware of their insurance coverage for vaccinations.

Uninsured and underinsured families may be eligible to receive assistance from programs that will cover certain vaccine costs.



Education²

For adolescent patients, provide parents with educational information on the importance of HPV vaccination.

HPV=human papillomavirus.

References: 1. US Department of Health & Human Services (HHS). How to pay. <https://www.vaccines.gov/getting/pay/index.html>. Updated January 2018. Accessed March 16, 2020.
2. Centers for Disease Control and Prevention (CDC). Educational materials. <https://www.cdc.gov/hpv/hcp/educational-materials.html#parents>. Accessed March 16, 2020.

Select Safety Information for GARDASIL 9 (*continued*)

- Safety and effectiveness of GARDASIL 9 have not been established in pregnant women.
- The most common ($\geq 10\%$) local and systemic adverse reactions in females were injection-site pain, swelling, erythema, and headache. The most common ($\geq 10\%$) local and systemic reactions in males were injection-site pain, swelling, and erythema.
- The duration of immunity of GARDASIL 9 has not been established.

RESOURCES TO INCREASE HPV VACCINATION RATES

HPV=human papillomavirus.

RESOURCES EXIST THAT MAY HELP EDUCATE PROVIDERS, PHARMACISTS, EMPLOYERS, AND MEMBERS/PATIENTS



Providers



Pharmacists



Employers



Members/Patients

Share the following tips:

- Per the CDC, encourage providers to recommend HPV vaccination the same day and the same way they recommend other vaccines for adolescent patients¹
- Recommend vaccination consistently for appropriate patients²
- Use the available resources to increase awareness and education²
- Use your electronic health systems to identify and track eligible patients due for vaccination initiation and completion³

References: **1.** Centers for Disease Control and Prevention (CDC). Understanding HPV coverage. <https://www.cdc.gov/hpv/partners/outreach-hcp/hpv-coverage.html>. Accessed February 18, 2020. **2.** National Vaccine Advisory Committee (NVAC). Overcoming barriers to low HPV vaccine uptake in the United States: recommendations from the National Vaccine Advisory Committee. *Public Health Rep.* 2016;131(1):17–25. **3.** National Vaccine Advisory Committee (NVAC). Assessing the state of vaccine confidence in the United States: recommendations from the National Vaccine Advisory Committee. *Public Health Rep.* 2015;130(6):573-595.

Consider how you can help relevant stakeholders prioritize HPV vaccinations.

Additional Resource



The CDC provides educational resources on the importance of vaccines, disease education, and vaccination recommendations.

RESOURCES EXIST THAT MAY HELP EDUCATE PROVIDERS, PHARMACISTS, EMPLOYERS, AND MEMBERS/PATIENTS



Providers



Pharmacists



Employers



Members/Patients

Remind pharmacists that they can acquire support and resources through the Merck Adult Vaccination Program

Consider how you can help relevant stakeholders prioritize HPV vaccinations.

Additional Resource

CDC

The CDC provides educational resources on the importance of vaccines, disease education, and vaccination recommendations.

RESOURCES EXIST THAT MAY HELP EDUCATE PROVIDERS, PHARMACISTS, EMPLOYERS, AND MEMBERS/PATIENTS



Providers



Pharmacists



Employers



Members/Patients

Remind employers that there are resources available to assist them in raising awareness:

- Raise awareness of the employees' health plan benefit design¹
- Encourage HPV vaccination as part of a health policy initiative²

References: 1. Centers for Disease Control and Prevention (CDC). Workplace health model. <https://www.cdc.gov/workplacehealthpromotion/model/index.html>. May 13, 2016. Accessed March 19, 2020.
2. National Vaccine Advisory Committee (NVAC). Overcoming barriers to low HPV vaccine uptake in the United States: recommendations from the National Vaccine Advisory Committee. *Public Health Rep.* 2016;131(1):17–25.

Consider how you can help relevant stakeholders prioritize HPV vaccinations.

Additional Resource

CDC

The CDC provides educational resources on the importance of vaccines, disease education, and vaccination recommendations.

RESOURCES EXIST THAT MAY HELP EDUCATE PROVIDERS, PHARMACISTS, EMPLOYERS, AND MEMBERS/PATIENTS



Providers



Pharmacists



Employers



Members/Patients

Merck offers various resources that can be provided to members/patients to educate them on the importance of vaccinations

www.gardasil9.com

Consider how you can help relevant stakeholders prioritize HPV vaccinations.

Additional Resource

CDC

The CDC provides educational resources on the importance of vaccines, disease education, and vaccination recommendations.

Dosage and Administration for GARDASIL 9

GARDASIL 9 should be administered intramuscularly in the deltoid or anterolateral area of the thigh.

- For individuals 9 through 14 years of age, GARDASIL 9 can be administered using a 2-dose or 3-dose schedule. For the 2-dose schedule, the second dose should be administered 6–12 months after the first dose. If the second dose is administered less than 5 months after the first dose, a third dose should be given at least 4 months after the second dose. For the 3-dose schedule, GARDASIL 9 should be administered at 0, 2 months, and 6 months.
- For individuals 15 through 45 years of age, GARDASIL 9 is administered using a 3-dose schedule at 0, 2 months, and 6 months.

ACHIEVING YOUR GOAL

A ROAD MAP FOR IMPLEMENTING CHANGE¹



Reference: 1. RAND Corporation. Getting to Outcomes[®]. Improving community-based prevention. <https://www.rand.org/health-care/projects/getting-to-outcomes.html>. Accessed March 16, 2020.

LEAD A UNIFIED APPROACH TO INITIATE CHANGE

Set clear priorities and support activity of national and local partners.

Aim for consistency and collaboration among stakeholders.¹

Encourage all stakeholders to make vaccination a standard of care and support initiation and series completion.

Join forces with local partners and embrace their ability to enhance your cause.²

Utilize the Immunizations for Adolescents measure from the Healthcare Effectiveness Data and Information Set (HEDIS®) to track HPV vaccination rates.³

HPV=human papillomavirus.

References: 1. National Vaccine Advisory Committee (NVAC). Overcoming barriers to low HPV vaccine uptake in the United States: recommendations from the National Vaccine Advisory Committee. *Public Health Rep.* 2016;131(1):17–25. 2. Walker TY, et al. National, regional, state, and selected local area vaccination coverage among adolescents aged 13–17 years — United States, 2016. *MMWR Morb Mortal Wkly Rep.* 2017;66(33):874–882. 3. National Committee for Quality Assurance (NCQA). HEDIS Measures and Technical Resources. <https://www.ncqa.org/hedis/measures/>. Accessed March 17, 2020.

**Before administering
GARDASIL[®]9 (Human Papillomavirus 9-valent Vaccine, Recombinant),
please read the accompanying [Prescribing Information](#).
The [Patient Information](#) also is available.**

