HPV Vaccination is Cancer Prevention

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No relevant financial relationships to disclose.

Objectives for Panel Session

Through this session, attendees will:

- Gain foundational knowledge of HPV cancer disease burden, HPV vaccine effectiveness, and HPV vaccination uptake data
- Understand recommended approaches and interventions for increasing HPV immunization uptake, including starting HPV vaccination at age 9 and maximizing strong provider recommendations
- Review practical considerations for advancing HPV vaccination as cancer prevention in tribal communities, and identify 1-2 actions to take within their organizations

American Cancer Society®

Vision: End cancer as we know it, for everyone.

Mission: Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.

American Cancer Society® | NATIONAL HPV VACCINATION ROUNDTABLE

American Cancer Society® Mission HPV Cancer Free

CALIFORNIA HPV VACCINATION ROUNDTABLE
Working to prevent HPV cancers

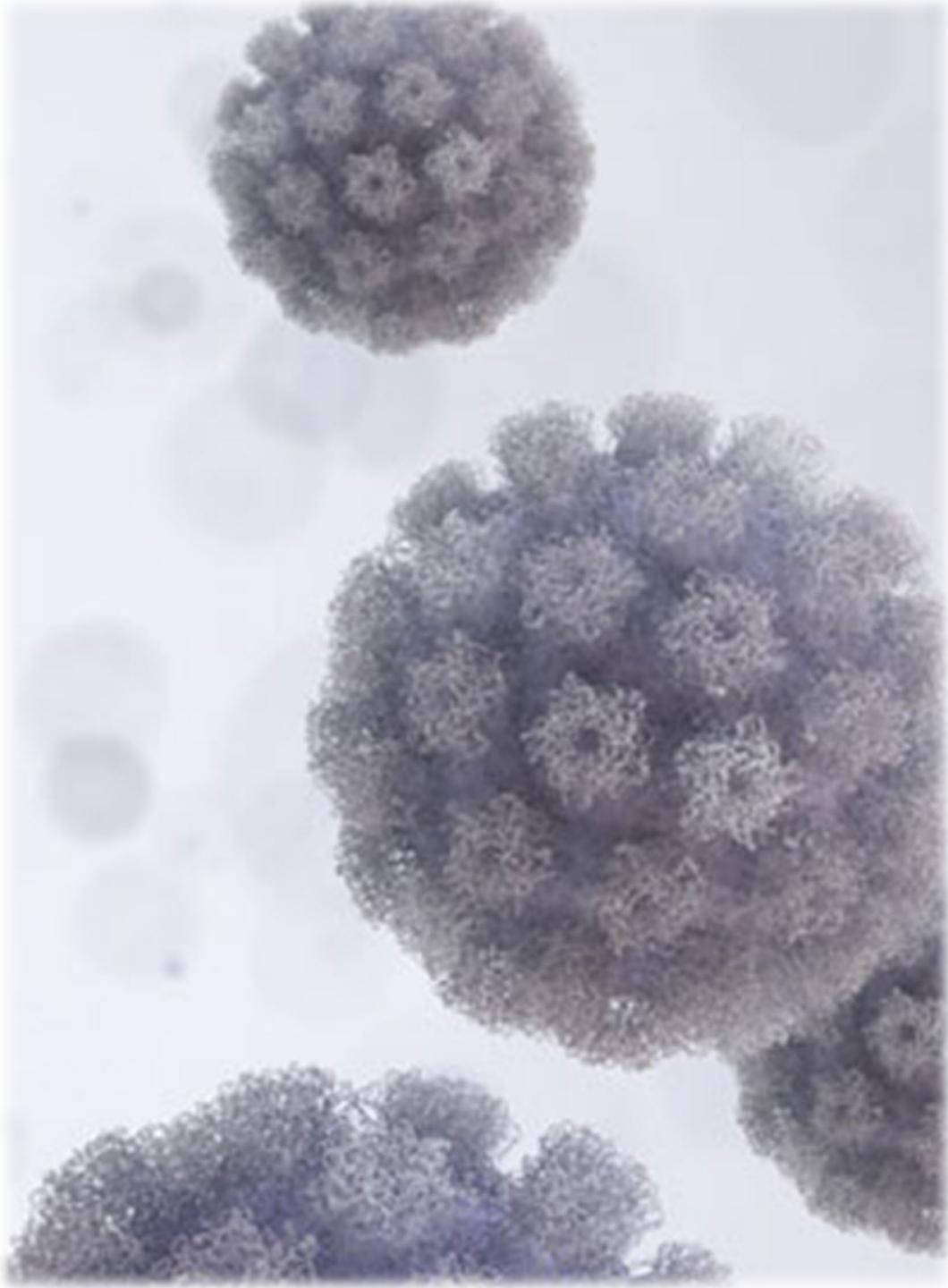
What is HPV?

Human Papillomavirus is very common!

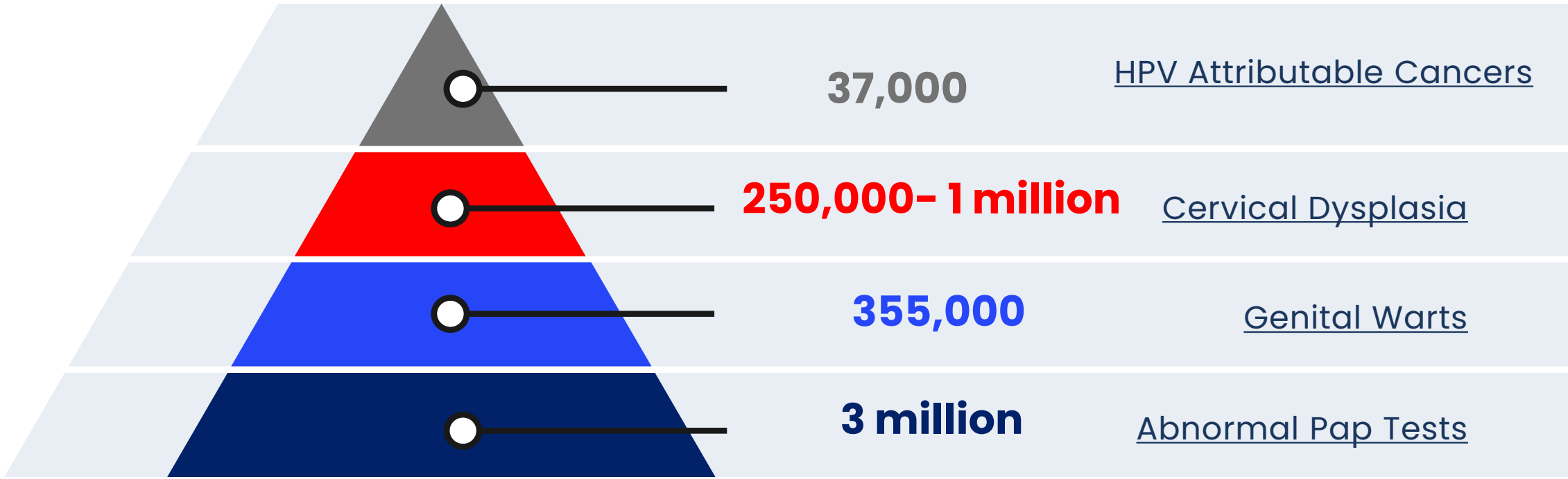
- >200 types of HPV
- About 15 types of HPV can cause cancer and pre-cancerous symptoms
- Most of us will be infected with at least 1 strain of mucosal HPV at some point during teen & young adult years (usually by age 21)
- New research shows 50% of new HPV infections happen in 15–24-year-olds
- Most HPV infections (90%) go away spontaneously within 2 years

8 out of 10 people will get HPV at some point in their lives.

Source:
https://www.tandfonline.com/doi/full/10.1080/21645515.2022.2136444#:~:text=To%20improve%20low%20rates%20of,Characteristics%20(N%20%3D%2086).&text=U.S.,-3%25

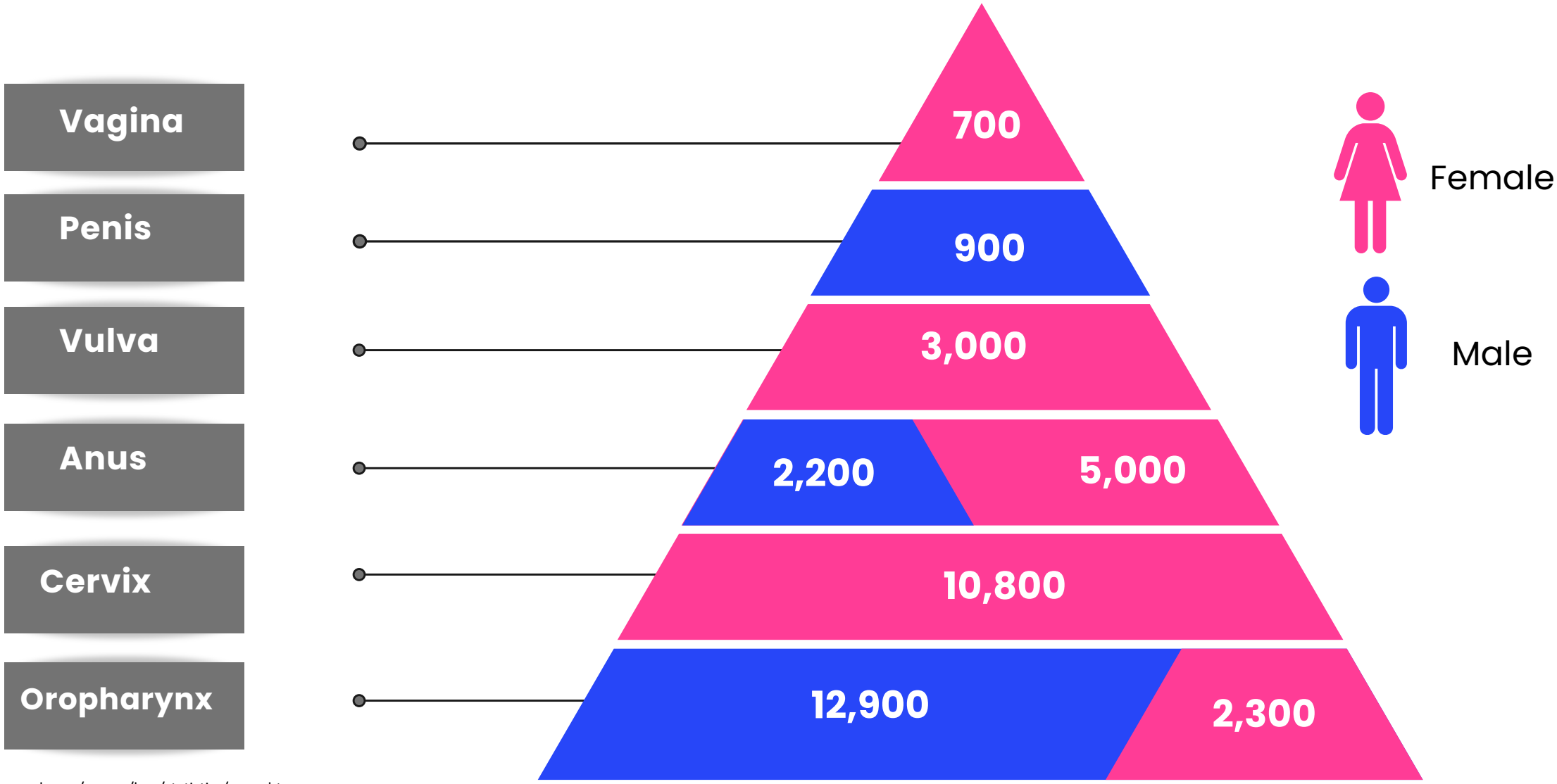


HPV: Multiple Impacts on Population Health



Sources: https://www.cdc.gov/cancer/hpv/statistics/cases.htm NOTE: Data are from population-based cancer registries participating in CDC's National Program of Cancer Registries (NPCR) and/or the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program for 2014 to 2018, covering 98% of the U.S. population.
https://my.clevelandclinic.org/health/diseases/15678-cervical-intraepithelial-neoplasia-cin
https://www.cdc.gov/std/treatment-guidelines/hpv.htm
https://www.roswellpark.org/cancertalk/201811/abnormal-pap-smear-follow#:~:text=Most%20of%20the%20abnormal%20cells,be%20diagnosed%20with%20cervical%20cancer.

U.S. HPV-Attributable Cancer Cases: 37,800



Source: https://www.cdc.gov/cancer/hpv/statistics/cases.htm

Cancers Associated with Human Papillomavirus in American Indian and Alaska Native Populations — United States, 2013–2017

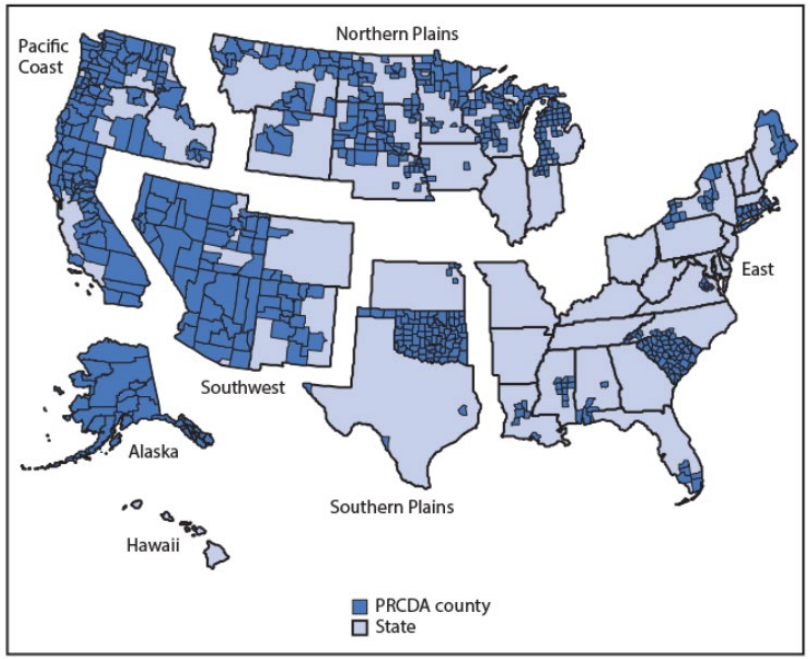
MMWR September 18, 2020 / 69(37);1283–1287

TABLE 1. Incidence* and percent distribution of human papillomavirus (HPV)-associated cancers,† by sex, cancer type, region, and race/ethnicity§ — Indian Health Service (IHS) Purchased/Referred Care Delivery Area (PRCDA) counties,¶ United States, 2013–2017

Return

Characteristic	AI/AN, rate (%)						All regions combined		
	Northern Plains	Alaska	Southern Plains	Pacific Coast	East	Southwest	AI/AN, rate (%)	White, non-Hispanic rate (%)	RR
Sex, cancer type									
Female									
All HPV-associated cancers	20.0 (100)	21.6 (100)	21.1 (100)	18.5 (100)	11.1 (100)	8.9 (100)	15.9 (100)	13.7 (100)	1.16**
Cervix	11.2 (57)	12.8 (59)	13.8 (65)	12.6 (63)	6.5 (57)	6.6 (73)	10.3 (63)	6.5 (39)	1.58**
Vagina	—††	—	—	—	—	—	0.4 (2)	0.4 (3)	1.11
Vulva	3.6 (16)	3.1 (12)	3.3 (16)	1.1 (8)	1.9 (17)	0.8 (8)	2.0 (13)	2.2 (18)	0.93
Oropharynx	2.3 (11)	3.1 (14)	1.8 (9)	2.1 (14)	—	0.4 (5)	1.5 (10)	1.9 (16)	0.80
Anus	2.6 (13)	2.0 (12)	1.7 (9)	2.5 (15)	—	0.7 (9)	1.7 (11)	2.7 (23)	0.61**
Male									
All HPV-associated cancers	10.6 (100)	11.4 (100)	14.9 (100)	12.7 (100)	10.0 (100)	4.1 (100)	10.2 (100)	11.8 (100)	0.86**
Oropharynx	9.0 (86)	6.3 (67)	12.2 (83)	10.3 (81)	8.6 (84)	3.3 (78)	8.2 (82)	9.7 (83)	0.84**
Anus	—	—	1.7 (10)	1.3 (11)	—	—	1.1 (11)	1.4 (11)	0.78
Penis	—	—	1.1 (7)	1.1 (7)	—	0.5 (13)	0.9 (8)	0.7 (6)	1.26

FIGURE. Indian Health Service (IHS) Purchased /Referred Care Delivery Area (PRCDA)* counties, by region — United States, 2013–2017




HPV SURVIVOR
Frank Summers
We're In!
STARTS HERE

American Cancer Society

Mission HPV Cancer Free

The HPV vaccine can prevent more than 90% of HPV cancers when given at the recommended ages of 9-12.

HPV Vaccine Recommendations

ACS

ACIP

CDC recommends routine vaccination of preteens at ages 11 or 12 years. The vaccination series can be started at age 9 years.

AAP

AAP recommends starting the series between age 9 and 12 years

PROVEN TO WORK!

An exciting new study from Scotland (2024) shows that **no cervical cancer cases** have been detected in fully vaccinated women following the human papillomavirus (HPV) immunization at age 12-13 since the program started in Scotland in 2008.

The HPV immunization program has successfully almost eliminated cervical cancer in England among women born since September 1995.

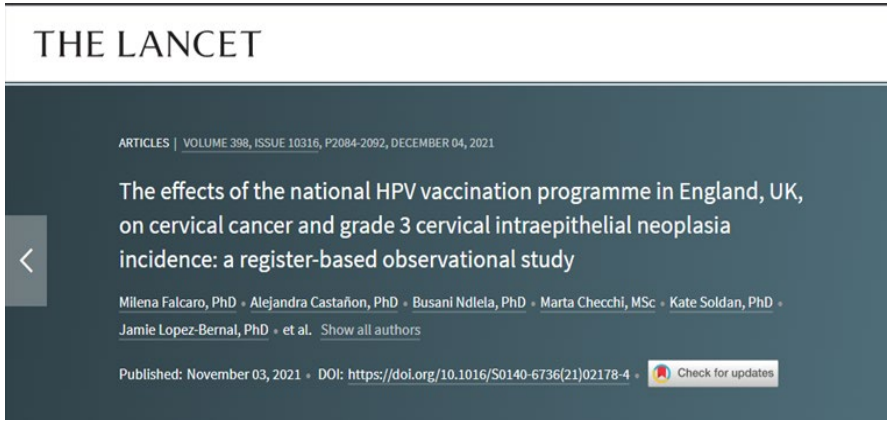
The February 2025 MMWR report, highlighted that **between 2008 and 2022, cervical precancer incidence dropped by 79%, and the incidence of higher-grade precancer decreased by 80% among women aged 20–24**, the group most likely to have received the HPV vaccine.

Swedish study followed 1.7 million females between 10-30 years of age who were either vaccinated or not vaccinated and the effects of the HPV vaccine on cervical cancer cases. **The results found 538 new cancers in the unvaccinated group whereas there were only 19 new cases of cervical cancer found in those vaccinated. Of the 19 cases in vaccinated individuals, nearly all were 17 or older at age of vaccination.** This reinforces the need to vaccinate early.

Source: Falcaro, et al. Lancet 2021;398(10316):2084-2092
Source: No cervical cancer cases detected in vaccinated women following HPV immunisation - News - Public Health Scotland
Source: Lei et al, NEJM 2020
Source: https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a4.htm?s_cid=mm7406a4_w

England (2021): Age matters for vaccine effectiveness

Age at Vaccination	Effectiveness against CIN3+	Effectiveness against cervical cancer
12–13	97%	87%
14–16	75%	62%
16–18	39%	34%

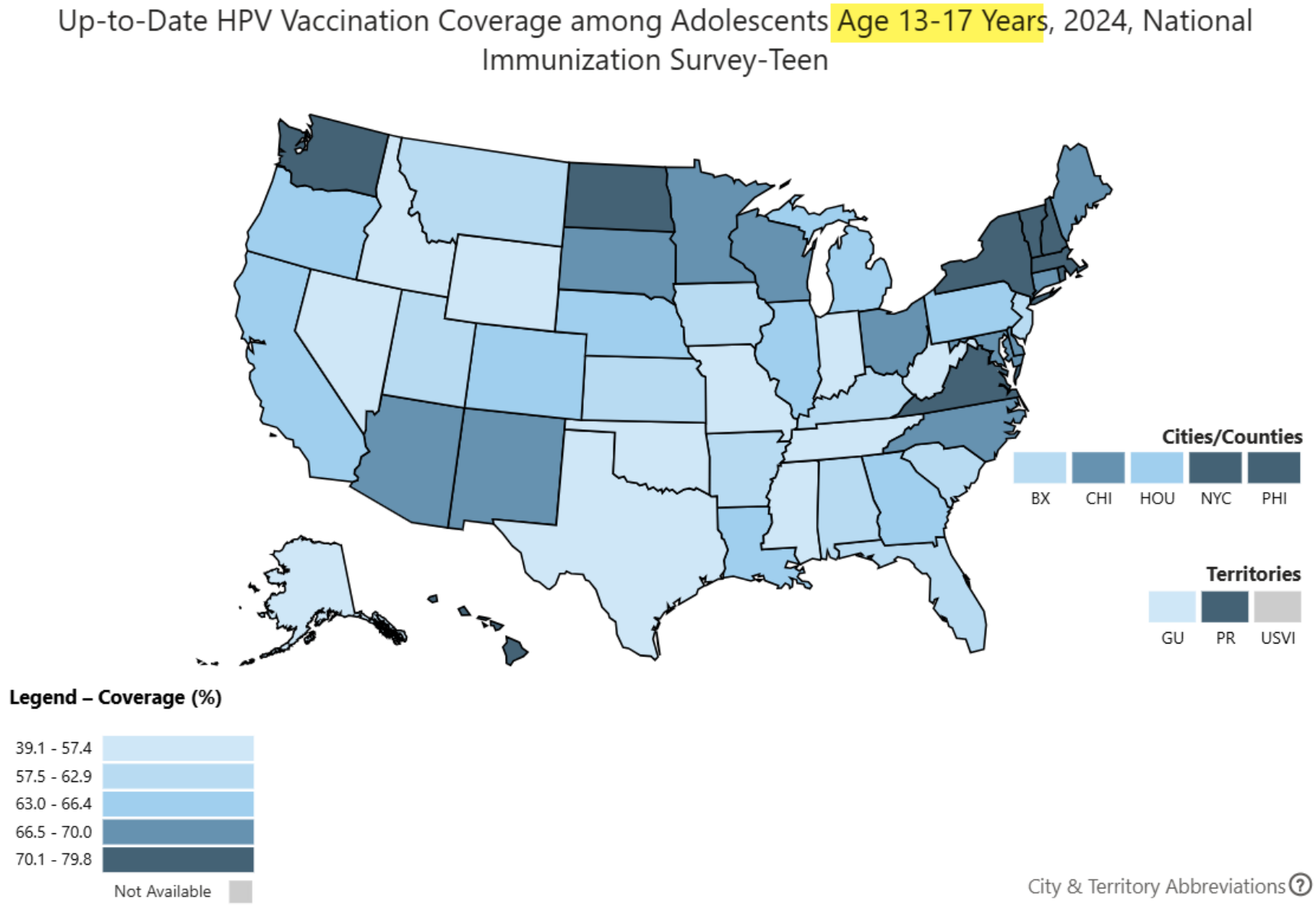


Source: Falcaro, et al. Lancet 2021;398(10316):2084-2092 accessed at https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2821%2902178-4/fulltext and summarized here: https://www.hpvworld.com/articles/the-impact-of-hpv-vaccination-program-on-cin3-and-cervical-cancer-incidence-in-england/

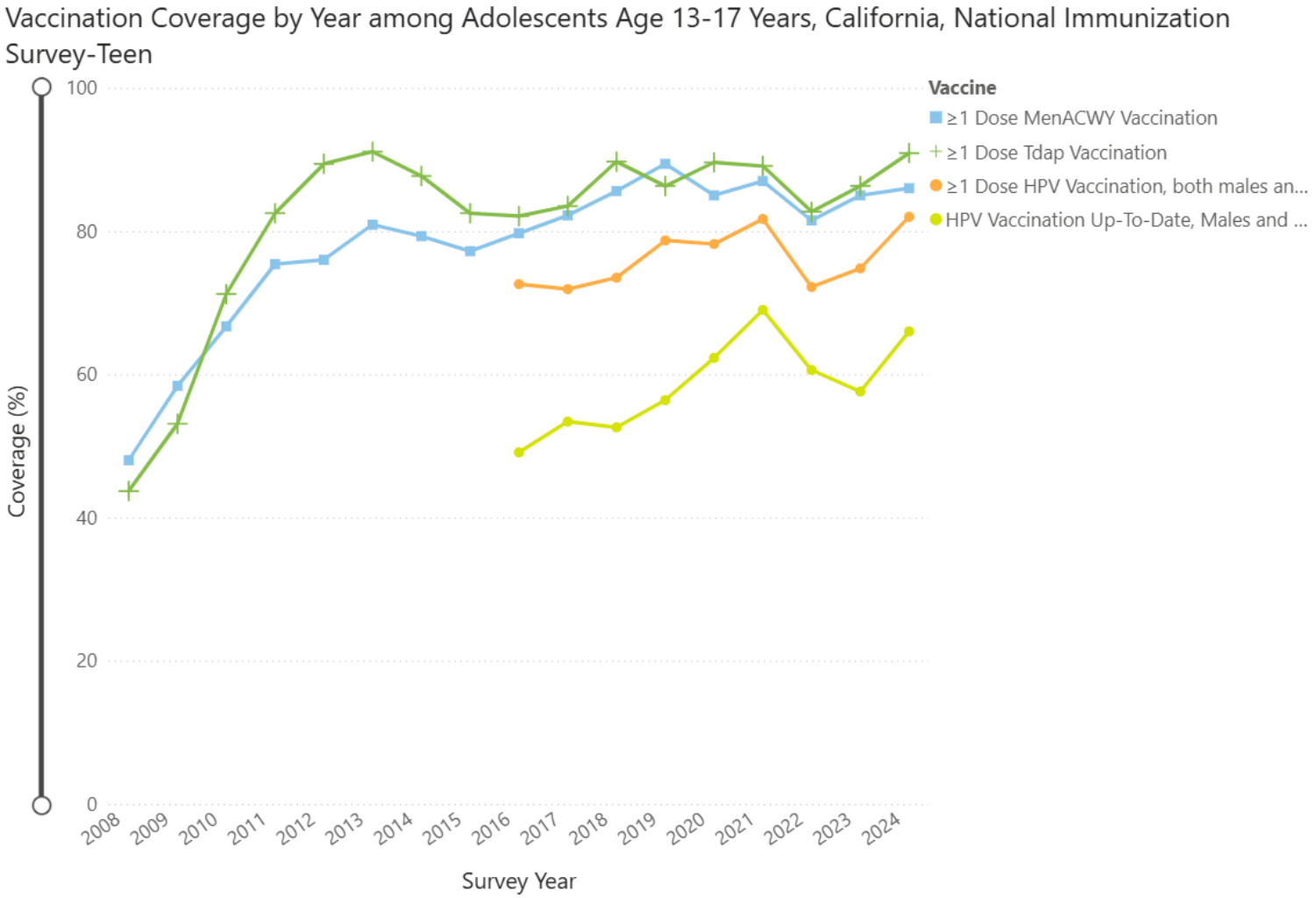
Unfortunately, HPV vaccine uptake remains suboptimal

HPV Up-to-Date (13-17)

- **National Average: 63%**
- **California: 66%**



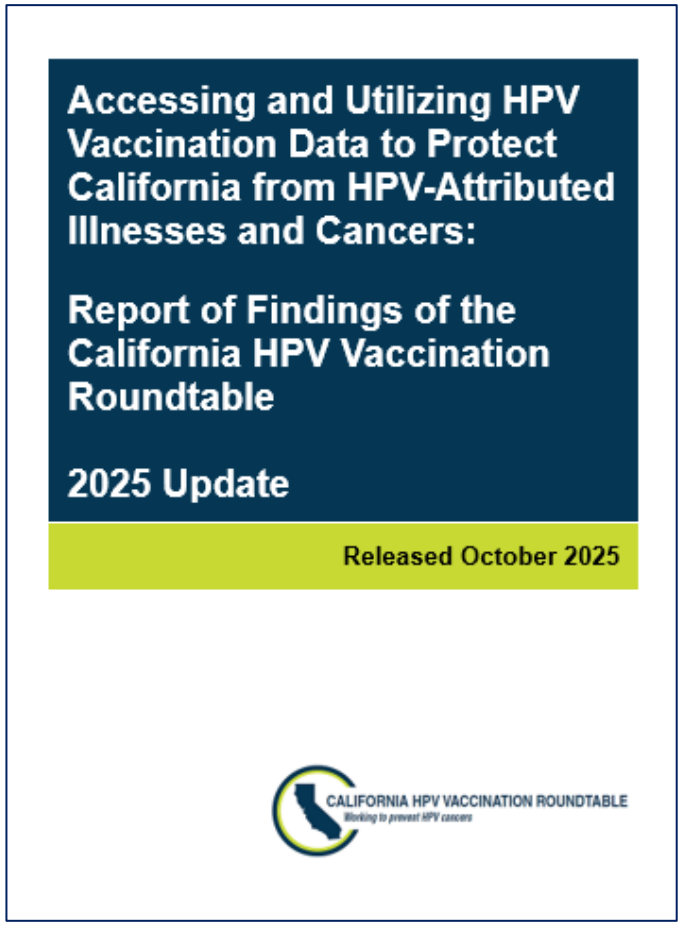
Vaccination Coverage in Adolescents 13-17 Years, California, NIS-Teen



Source: TeenVaxView. https://www.cdc.gov/teenvaxview/interactive/index.html

Highlights of CAIR data analysis

Thank you to CA HPV Vaccination Roundtable Data Workgroup and to CDPH Immunization Branch



Report available at
www.cahpvroundtable.org

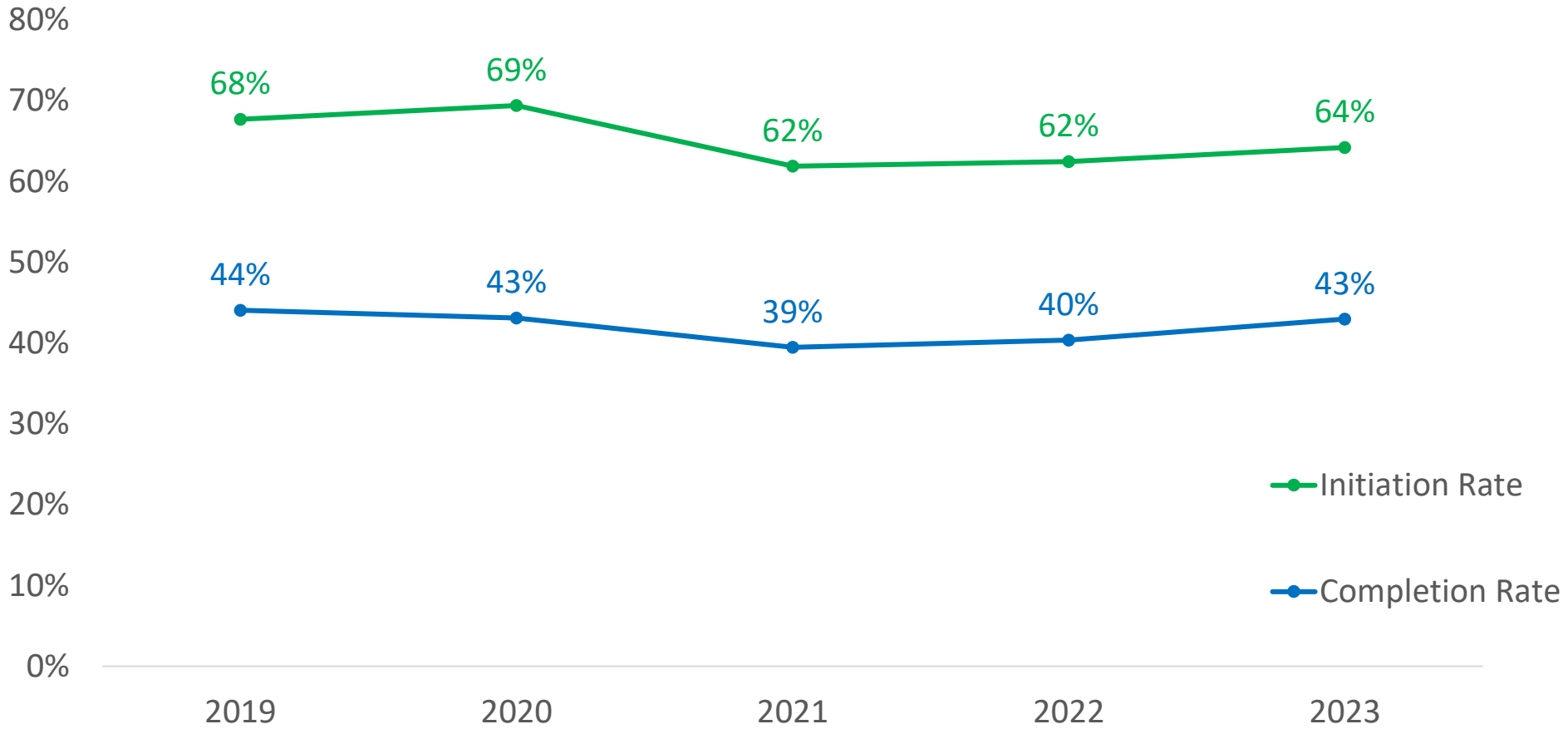
CAIR Data Considerations & Limitations

- Includes data reported from providers in all 58 California counties
  - Providers in Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties report data directly to the Healthy Futures Registry (also known as the Regional Immunization Data Exchange or RIDE). Healthy Futures (RIDE) data are uploaded into CAIR2 on a daily basis.
- AB 1797, which went into effect January 1, 2023, requires all California healthcare providers who administer vaccines to report to CAIR2 or Healthy Futures/RIDE. Prior to the implementation of AB 1797, only pharmacists were required to report.
- Data are considered to be an underestimate of actual vaccination rates. Although non-COVID vaccinations became reportable by all providers in January 2023 (see AB 1797 FAQs), and the quality of CAIR data continues to improve over time, the data in CAIR are not a complete representation of all vaccine doses administered in CA.
  - Patients may have incomplete vaccination records in CAIR if they moved or changed providers, or if historical vaccinations were not imported into CAIR.
  - CAIR data completeness can also vary by factors such as recipient age, provider reporting history, type of vaccination, region, population demographics, and population migration.
- Until all providers are participating in CAIR2 or Healthy Futures/RIDE, population-based coverage rates should be interpreted with caution.

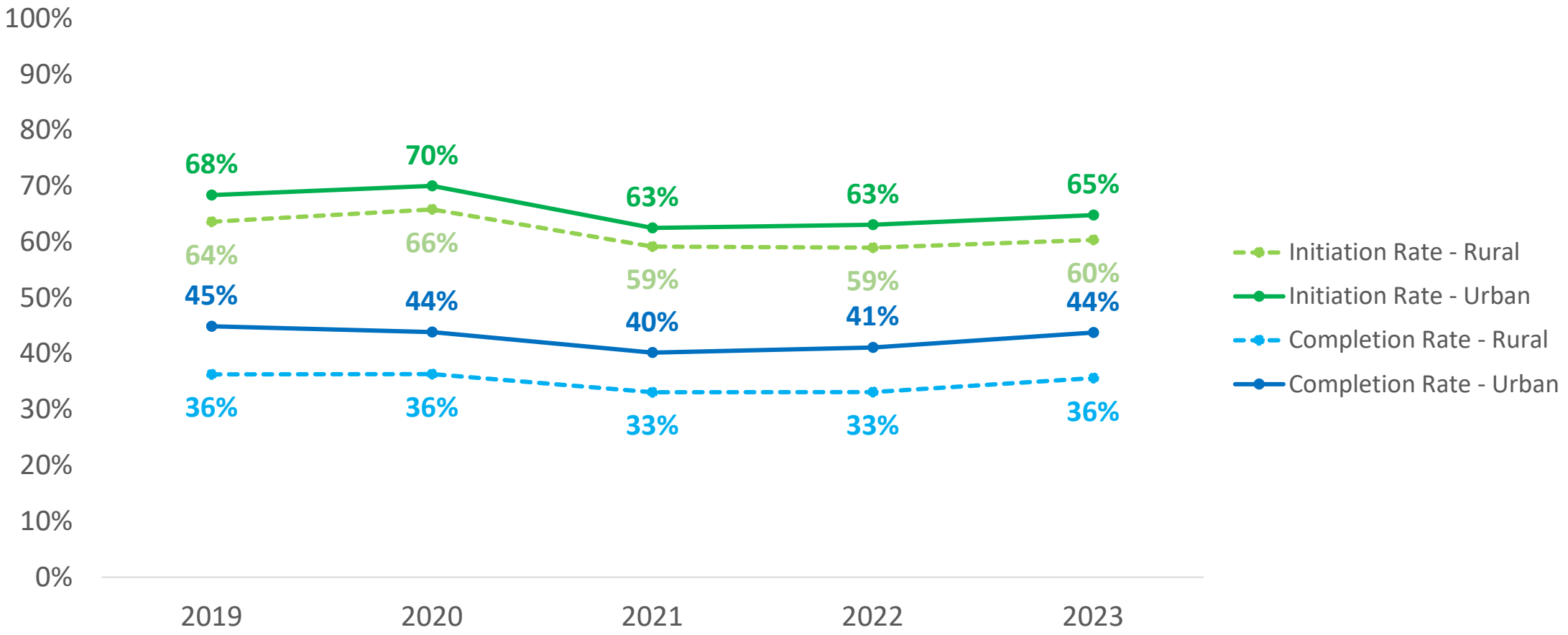
Methods

- HPV vaccination rate estimates (data pulled 5/21/2024)
  - HPV Initiation: at least 1 HPV dose on record
  - HPV Completion: at least 2 HPV doses on record
- By age 13 (through age 12) age cohort in 2023
  - Persons born in 2010 (13y/o in 2023)
- 9-12 age cohort (as of 12/31) in 2022 and 2023
  - Age calculated as of 12/31 of that year
  - Comparing across ages

Proportion of 13-year-olds initiating and completing HPV vaccine series, CA, 2019-2023 (Source: CAIR)

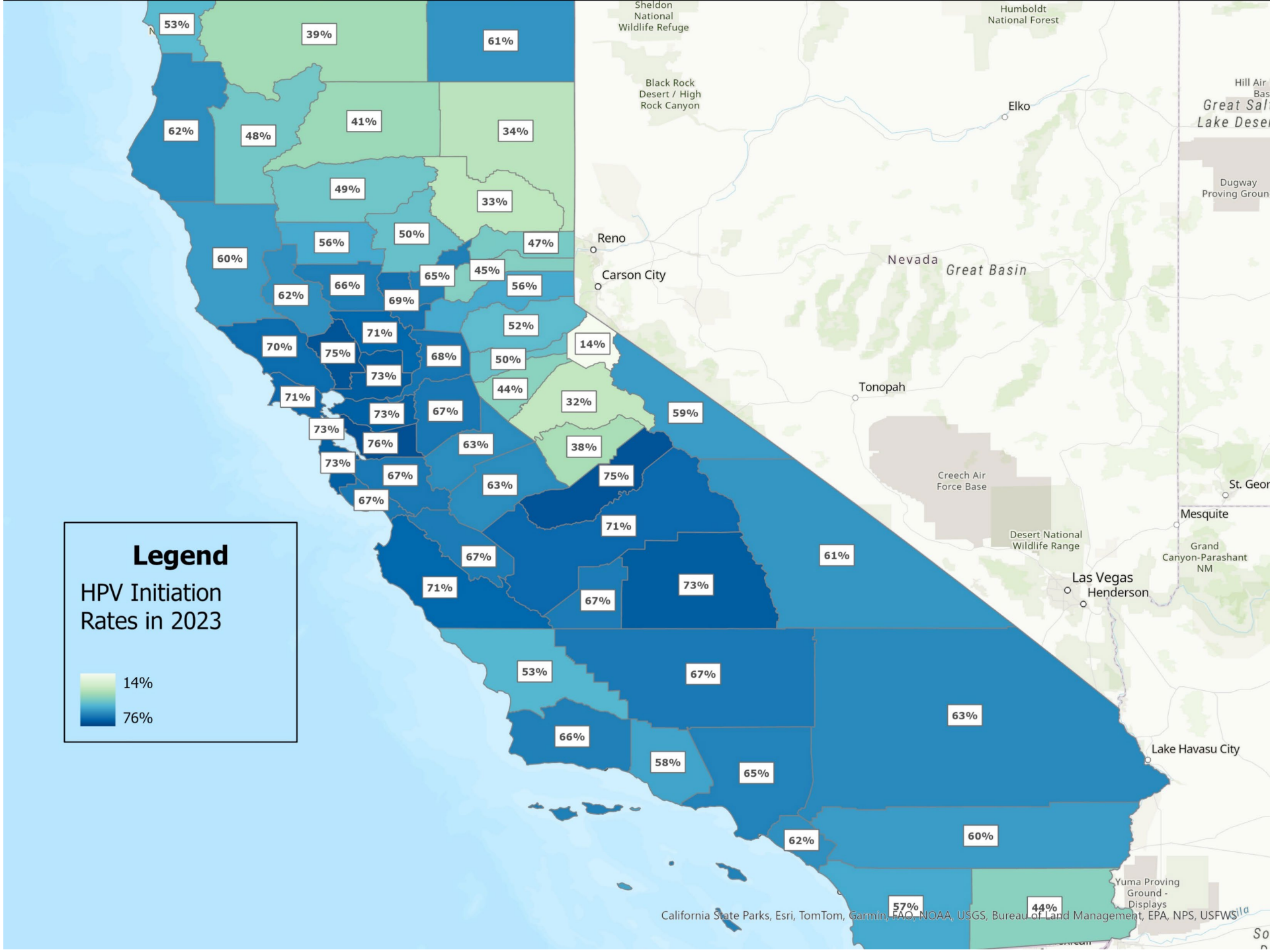


Proportion of 13-year-olds who initiated and completed the HPV vaccine series by urbanicity*, CA, 2019-2023 (Source: CAIR)

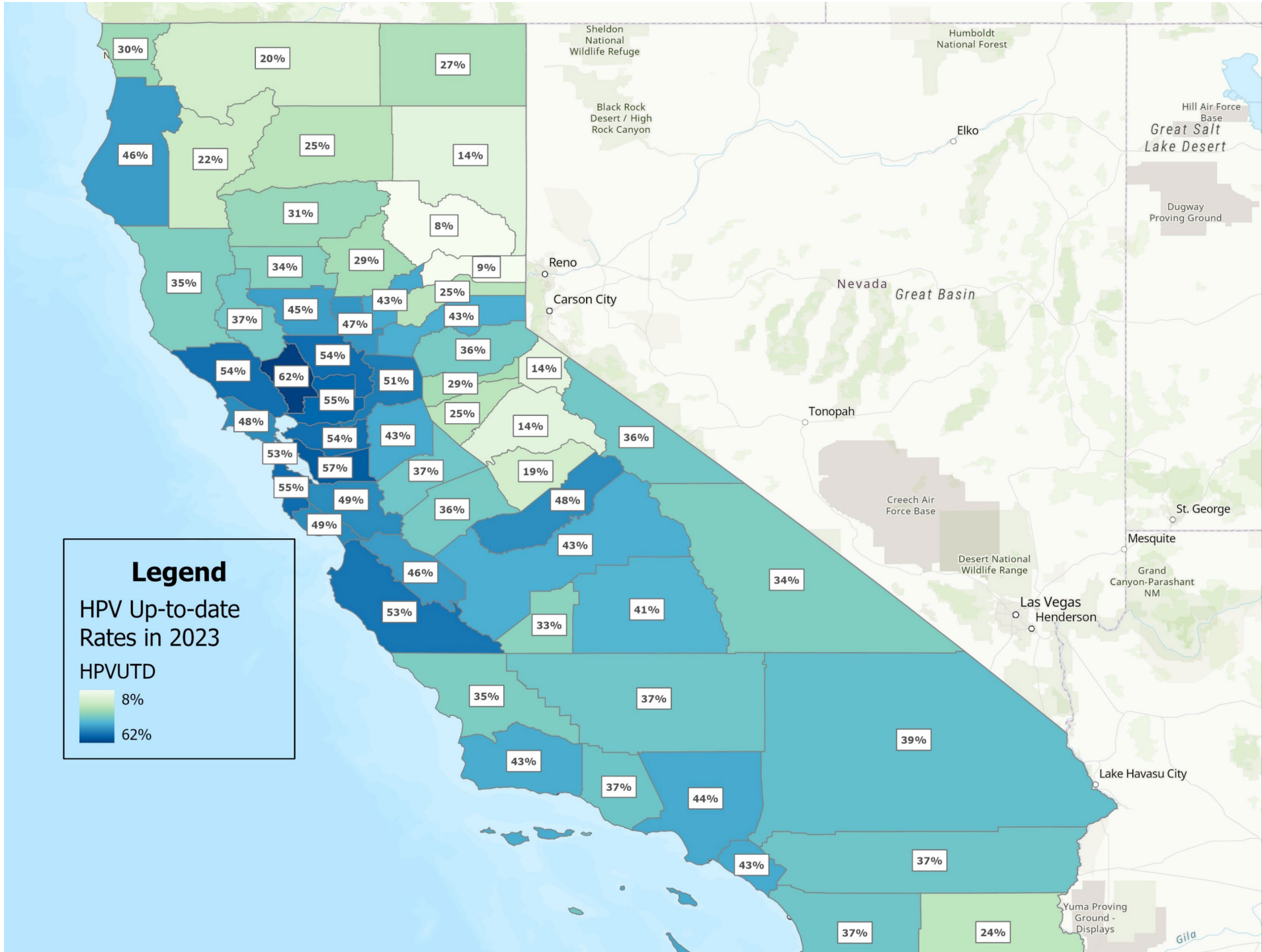


*RUCA Codes 1-3 Urban, 4-10 Rural

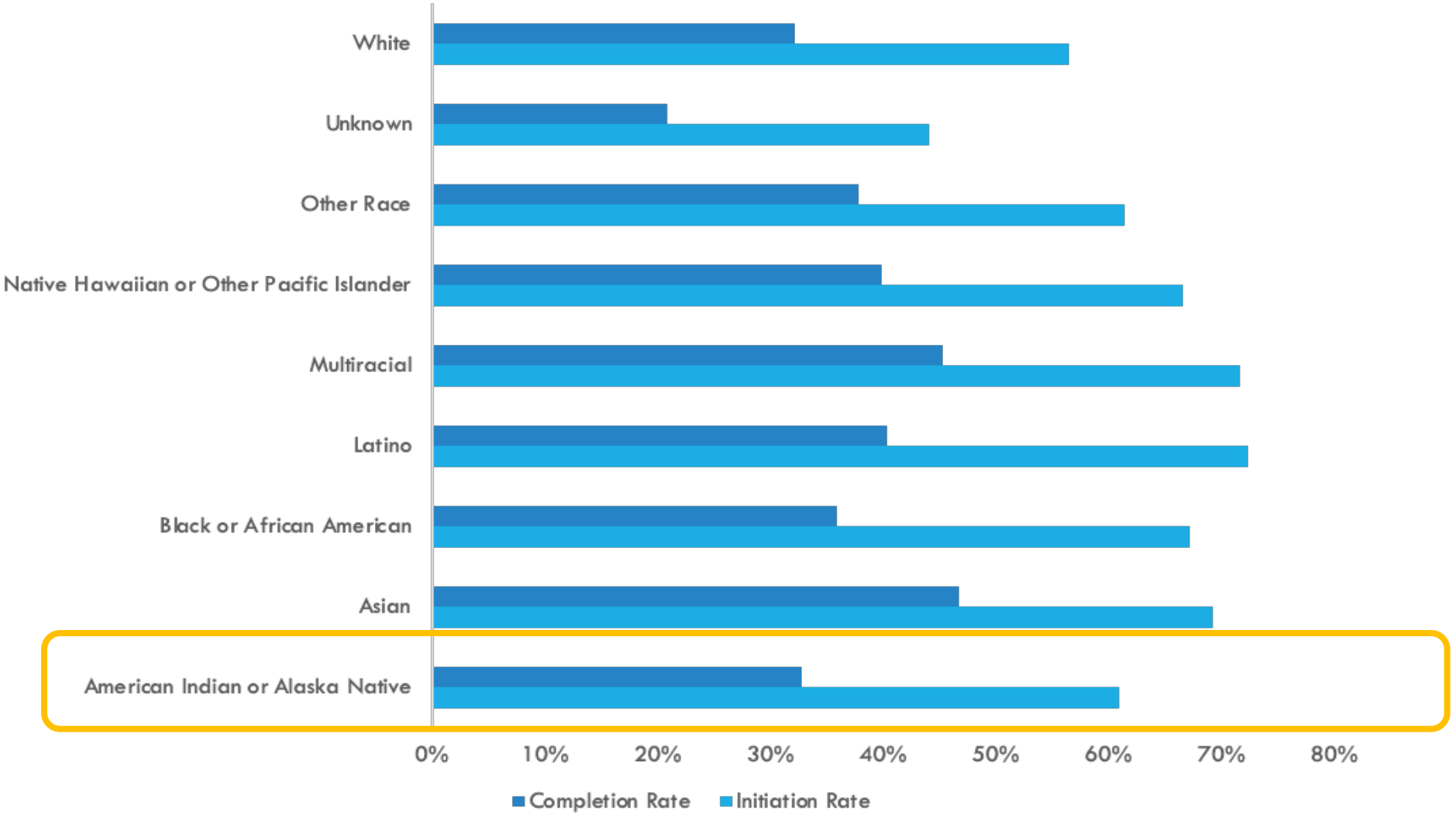
Proportion of 13-year-olds initiating HPV vaccine series by county, CA, 2023 (Source: CAIR)



Proportion of 13-year-olds completing HPV vaccine series by county, CA, 2023 (Source: CAIR)



Series Initiation and Completion by Age 13 by Race / Ethnicity, CA, 2023



Key Points

- HPV is very common- almost everyone has an HPV infection in their lifetime
- We don't yet know when having HPV will lead to pre-cancers or cancer. HPV causes over 37,000 cancer cases annually in the U.S.
- American Indian and Alaska Native populations have an increased burden of HPV cancers compared to non-Hispanic Whites (particularly females)
- **We can prevent over 90% of cancers caused by HPV though on-time HPV vaccination (ages 9-12)**
- HPV vaccination rates are suboptimal, and vaccination rates for American Indian and Alaska Native youth in CA are lower than the state average
- We are not realizing the full prevention potential of HPV vaccination…

…but with continued work and partnership, ***we can!***

HPV vaccine: How can we do better at protecting our community?

MARK H. SAWYER

UCSD SCHOOL OF MEDICINE

Three reasons you should care about HPV vaccine

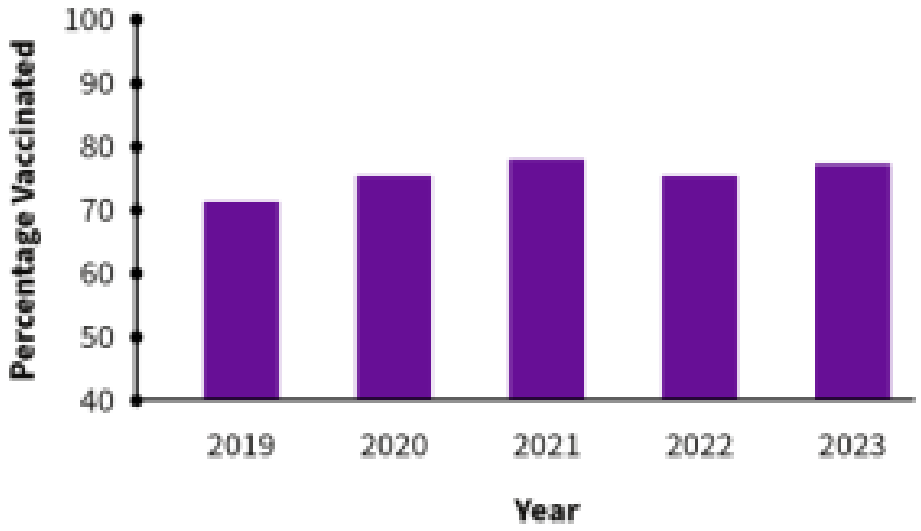
HPV causes lots of cancer

HPV vaccine prevents cancer

We are doing a terrible job of immunizing our population with HPV vaccine to prevent cancer

HPV vaccination: We have a problem

HPV vaccination coverage has not improved since the pandemic*



MMWR Morb Mortal Wkly Rep 2024;73:708–714. DOI: http://dx.doi.org/10.15585/mmwr.mm7333a1

What do we hear from patients and parents?

My child won't get exposed to that virus=my child will never have sex

I want to wait on that one

The vaccine is too new

The vaccine has dangerous side effects

Two studies show that getting vaccinated doesn't make you have sex earlier

It's too late after you are already infected

It's been used since 2006 with over 100 million doses given

One of the safest vaccine we have

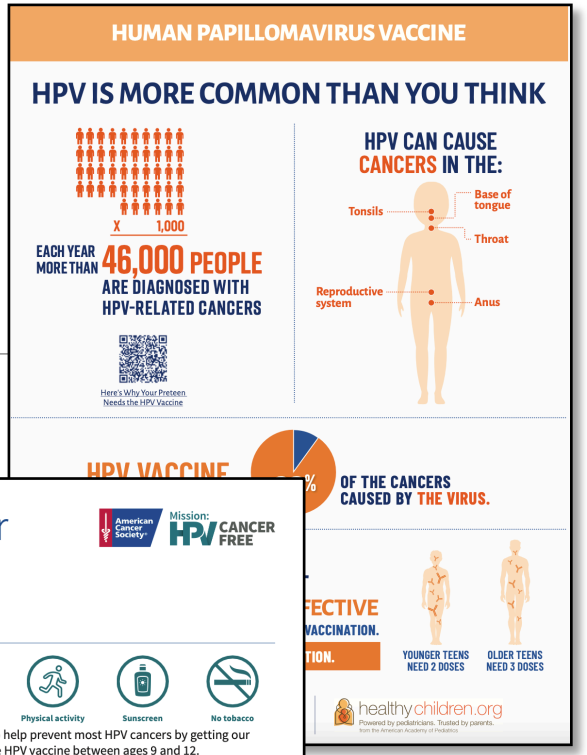
Small Media and Patient Education

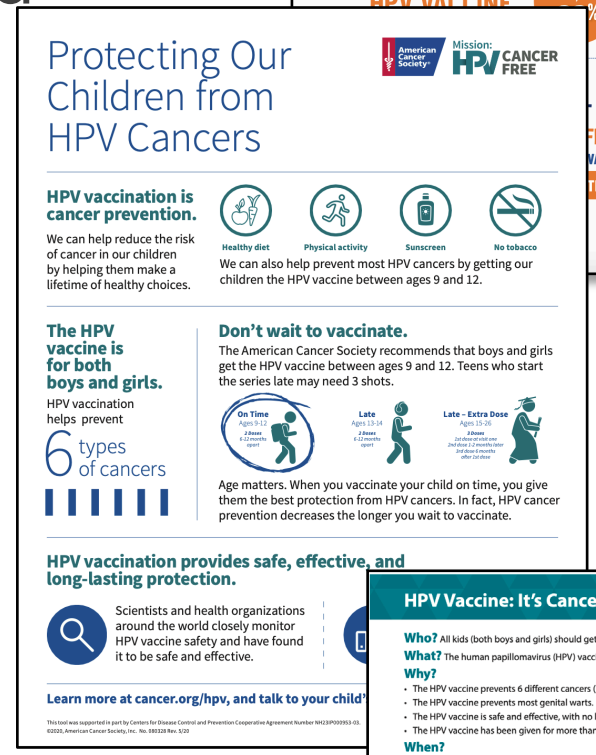
Videos and printed materials (e.g., letters, brochures, and newsletters) used to inform and motivate people to be screened.

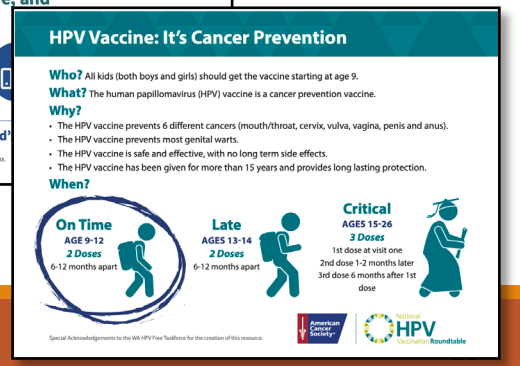
Tailored to specific individuals or targeted to general audiences.

When planning this intervention, consider:

1. Health literacy of target population
2. Selecting materials with images that reflect target population
3. How media is incorporated into workflow and accompanied by action of your care team







https://www.cancer.org/health-care-professionals/hpv-vaccination-information-for-health-professionals/hpv-vaccination-resources-for-health-professionals.html

Healthcare Professional Barriers to HPV Vaccination

- Parent attitudes and concerns
- Financial concerns
- Knowledge gaps
- Inadequate insurance coverage and compensation
- Missed opportunities to immunize
- Preference for vaccinating
  - older adolescents
  - girls

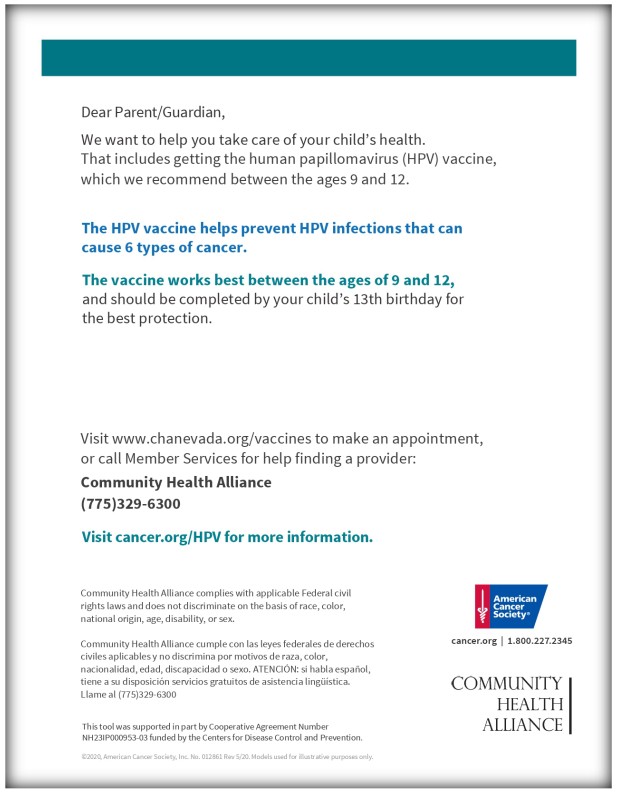
Holman DM, et al. *JAMA Pediatr* 2014;168:76-28

Systems to improve vaccine coverage

- Immunize at every type of healthcare visit
- Use standing orders so that the physician does not need to take specific action unless a vaccine is contraindicated
- Take advantage of community immunizers (e.g. pharmacies)
- Audit your own records-you may be surprised
- User reminder/recall systems including email and text options

Reminders

- Letters
- Postcards/Text messages
- Phone calls
- Messages through your patient portal



Dear Parent/Guardian,

We want to help you take care of your child's health. That includes getting the human papillomavirus (HPV) vaccine, which we recommend between the ages 9 and 12.

The HPV vaccine helps prevent HPV infections that can cause 6 types of cancer.

The vaccine works best between the ages of 9 and 12, and should be completed by your child's 13th birthday for the best protection.

Visit www.chanevada.org/vaccines to make an appointment, or call Member Services for help finding a provider:

Community Health Alliance
(775)329-6300

Visit cancer.org/HPV for more information.

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This tool was supported in part by Cooperative Agreement Number NH23IP000953-03 funded by the Centers for Disease Control and Prevention.

American Cancer Society
cancer.org | 1.800.227.2345

COMMUNITY HEALTH ALLIANCE

Organization name
Address Line 1
Address Line 2
City, State and Zip

Proteja
a su hijo(a).

American Cancer Society
cancer.org/es
1.800.227.2345

COMMUNITY HEALTH ALLIANCE

Información sobre salud y bienestar o prevención.
Medicare no ha revisado ni respaldado esta información.

Provider-Directed Interventions

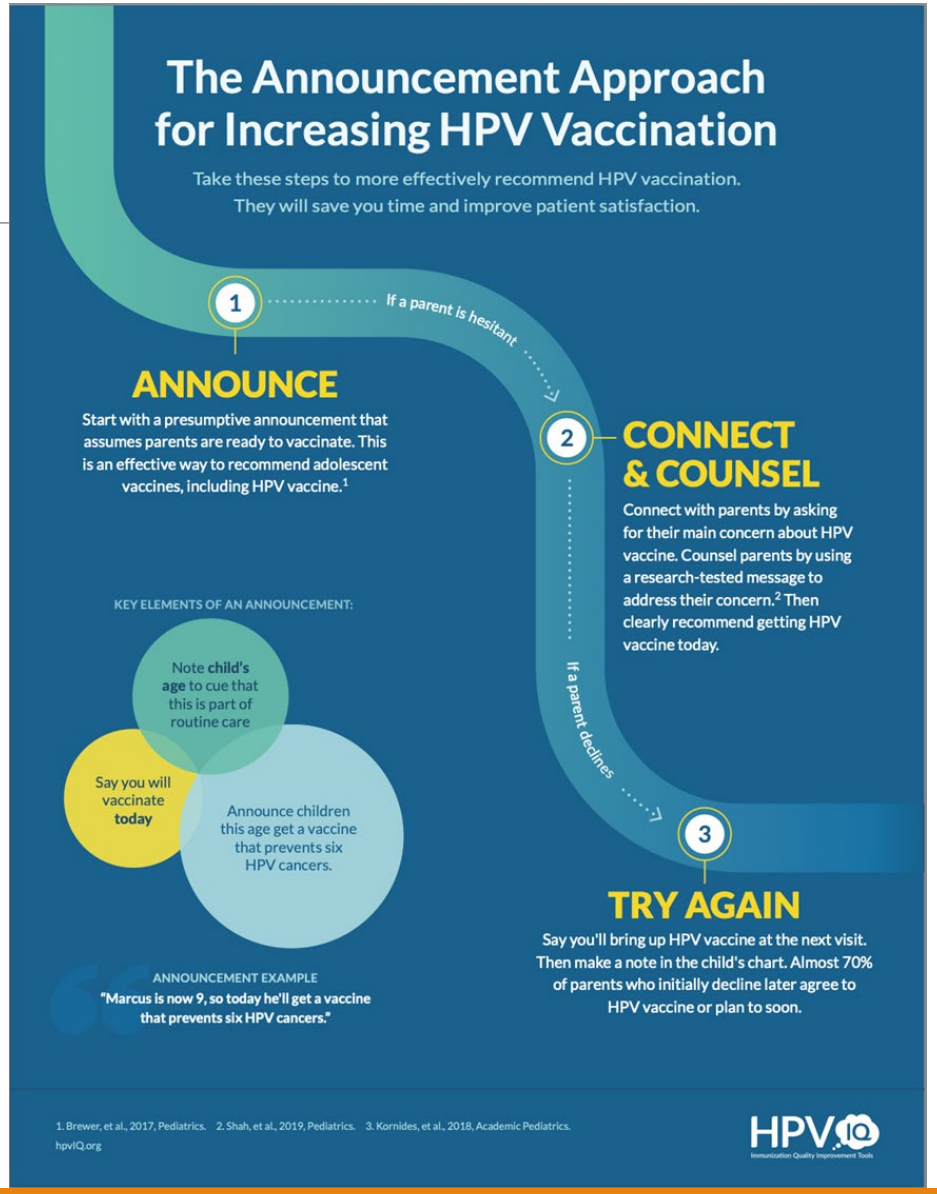
- Provider and **staff** education
- Strong provider recommendation
- Use a presumptive approach when recommending the vaccine to patients and their parents
- System/ clinic level vaccination data, e.g. “dashboard”
- EHR prompts

Talking about HPV Vaccination

- Always start with **cancer prevention** and not transmission
  - HPV is so common that it's far more important to discuss why to vaccinate, than how it's spread.

Preventing cancer is a strong motivator

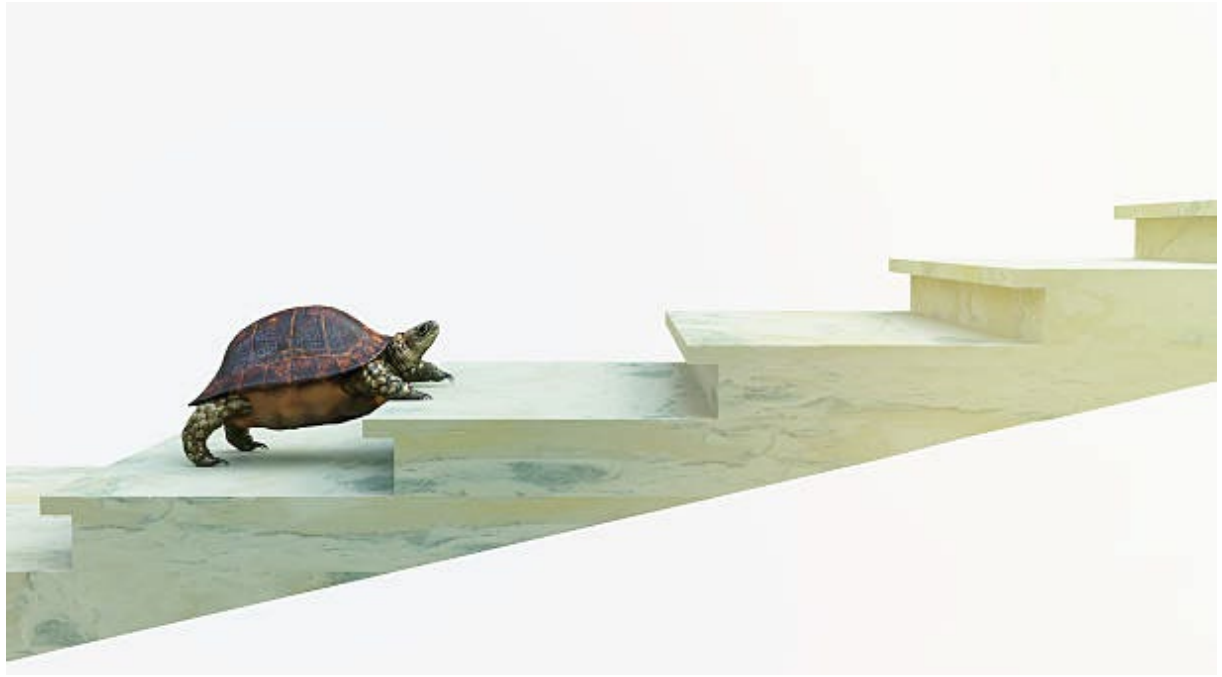
- Normalize the HPV vaccine
  - Use announcement approach/presumptive approach
- Connect - empathy, advice, and real stories about the risks of not vaccinating
- Discuss recommended vaccines
- Remember – the goal of conversation is action: create a plan for next steps that includes follow-up



Access HPV IQ Resources here: https://www.hpviq.org/wp-content/uploads/2021/01/HPVIQ-flyer-FINAL.pdf

Things we are trying

- Presumptive communication approach
- Education for our community that HPV vaccine prevents cancer
- Reminder-recall systems
- School-based immunization
- Quality Improvement projects with provider-specific data
- ?Single dose HPV vaccine series for low risk



When Lofty Goals Remain Out of Reach

Ambitious goals often require persistence and adaptation

Setbacks provide valuable learning opportunities

Reassess strategies and resources regularly

Celebrate small milestones to maintain motivation

Seek support and collaboration to overcome obstacles

We need a new strategy:

How about HPV vaccine at age 9?!?!

Data on HPV at age 9

Published in final edited form as:
Prev Med. 2016 August ; 89: 327–333. doi:10.1016/j.ypmed.2016.02.039.

Younger age at initiation of the Human Papillomavirus (HPV) vaccination series is associated with higher rates of on-time completion

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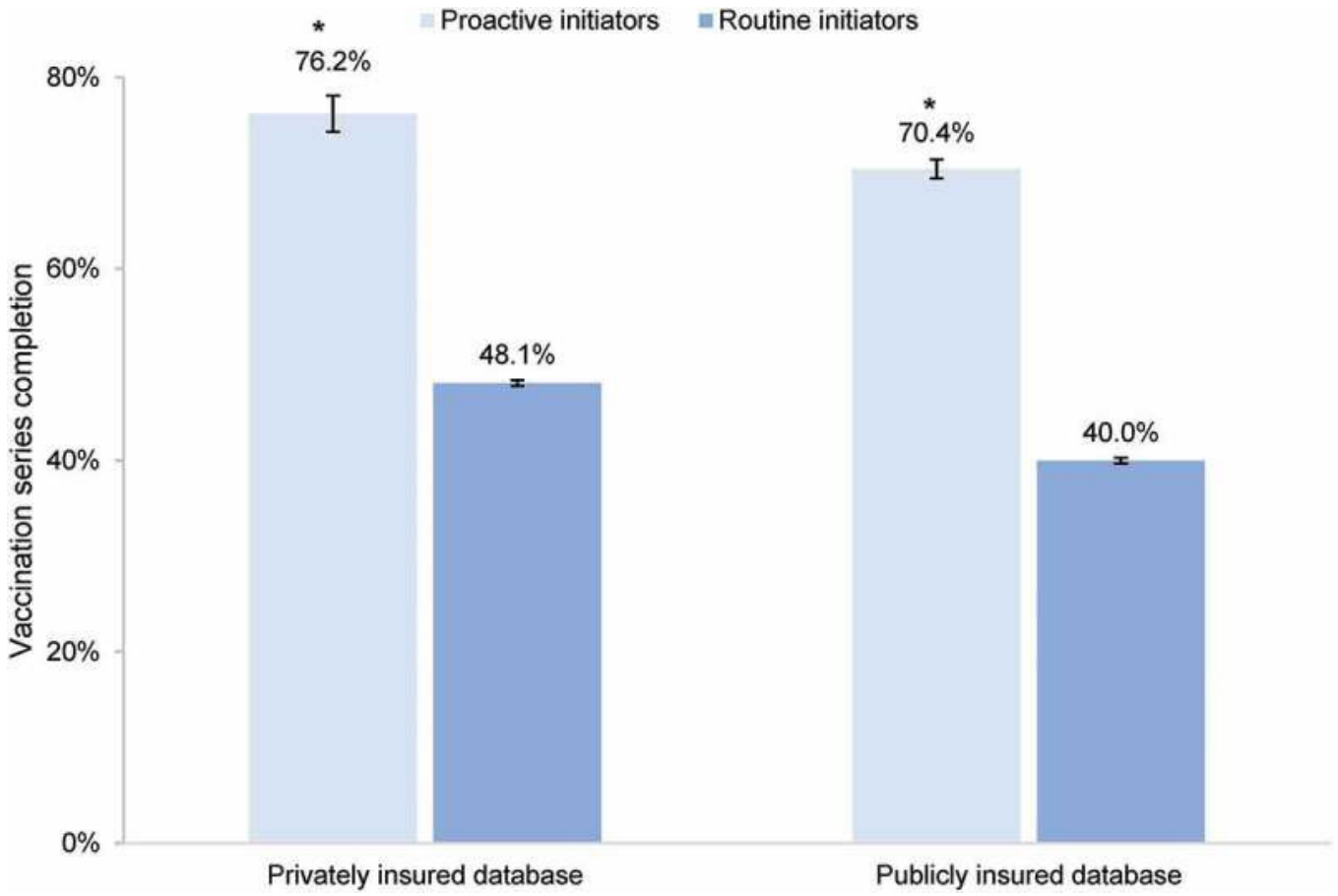
Abstract

Comparison of characteristics between those initiating the HPV vaccine series at 9–10 12 years

Characteristic	9–10 years	11–12 years	P[a]
Completed 3 doses of the vaccine[b]	**N=725**	**N=1,613**	
Duration between first and third dose (months), median (IQR)	9.6 (6.7, 17.0)	8.3 (6.5, 14.7)	0.006
Completed 3 doses of the vaccine by age 13.5	707 (97.5)	1,258 (78.0)	<0.001
Completed 3 doses of the vaccine by age 15	722 (99.6)	1,517 (94.0)	<0.001

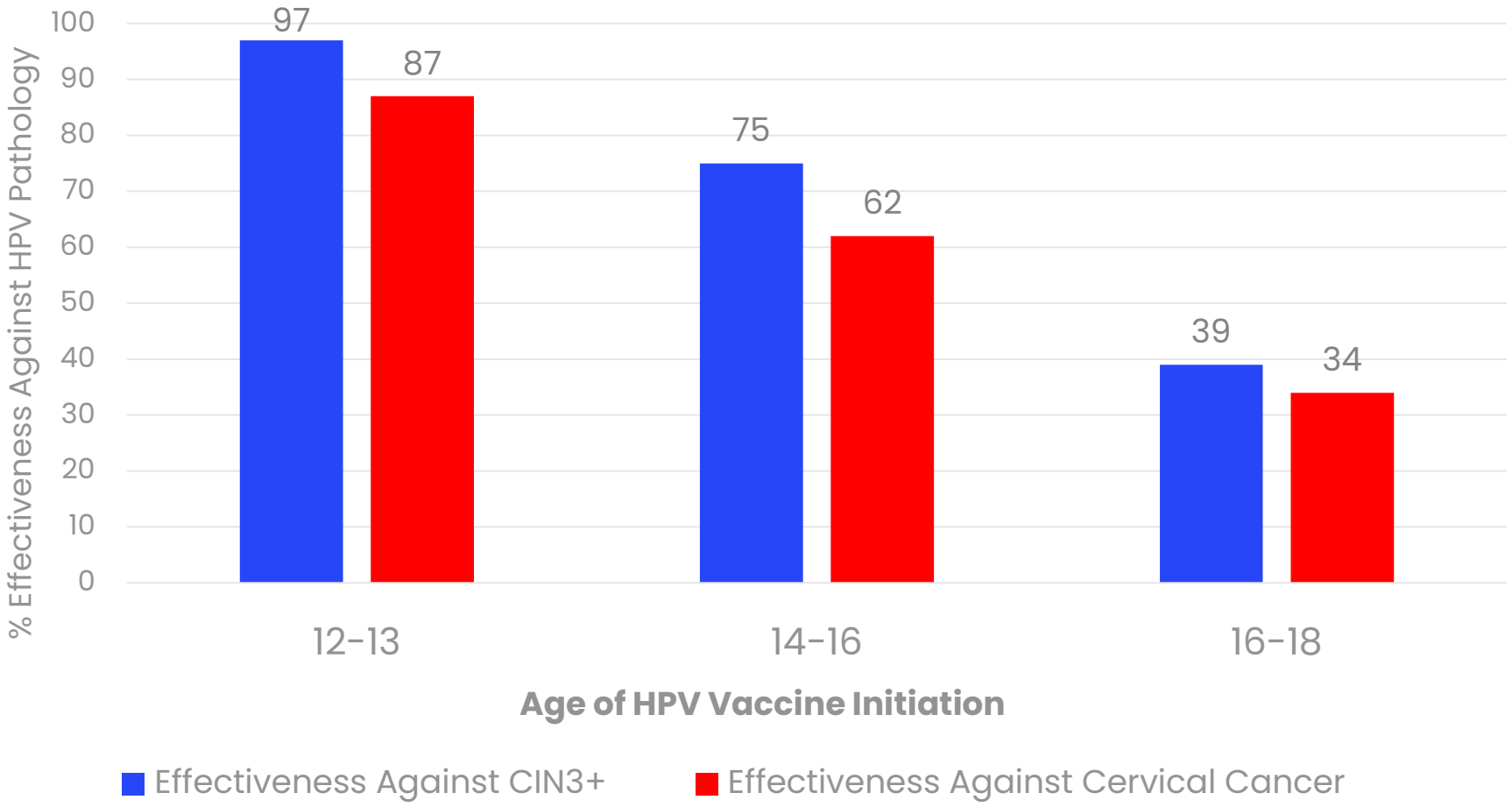
Starting HPV vaccine at 9 increases completion



Saxena K, Human Vaccines and Immunotherapeutics 2023

Importance of On-Time Vaccination

Effectiveness of HPV Vaccination Program on CIN3+ and Cervical Cancer Incidence



SOURCE: Falcaro, et al. *Lancet.* 2021;398(10316):2084-2092.

HPV vaccine starting at age 9 years!

RECOMMENDATIONS

The AAP recommends 2 doses of the HPV vaccine series between 9 and 12 years of age

The American Cancer Society recommends 2 doses of the HPV vaccine series between 9 and 12 years of age

The CDC/ACIP recommends the series at age 11 or 12 years but indicates that it can be administered starting at age 9 years

ADVANTAGES OF STARTING EARLIER

Minimizes discussion about sexual transmission

Enhances completion of the series by age 13 years

Reduces the number of injections at the 11-12yo visits

Makes it more likely that you will complete the series before onset of sexual activity

AAP-https://redbook.solutions.aap.org;
CDC-https://www.cdc.gov/mmwr/volumes/68/wr/mm6832a3.html
ACS-https://www.cancer.org/cancer/cancer-causes/infectious-agents/hpv/hpv-vaccines.html

HPV Vaccine at Age 9-what is the downside??

- Parental acceptance
- Erosion of the adolescent vaccine platform
- Duration of immunity

- HPV 6
- HPV 11
- HPV 16
- HPV 18

JID 2021:224 (Supple4)
DOI: 10.1093/infdis/jiaa621

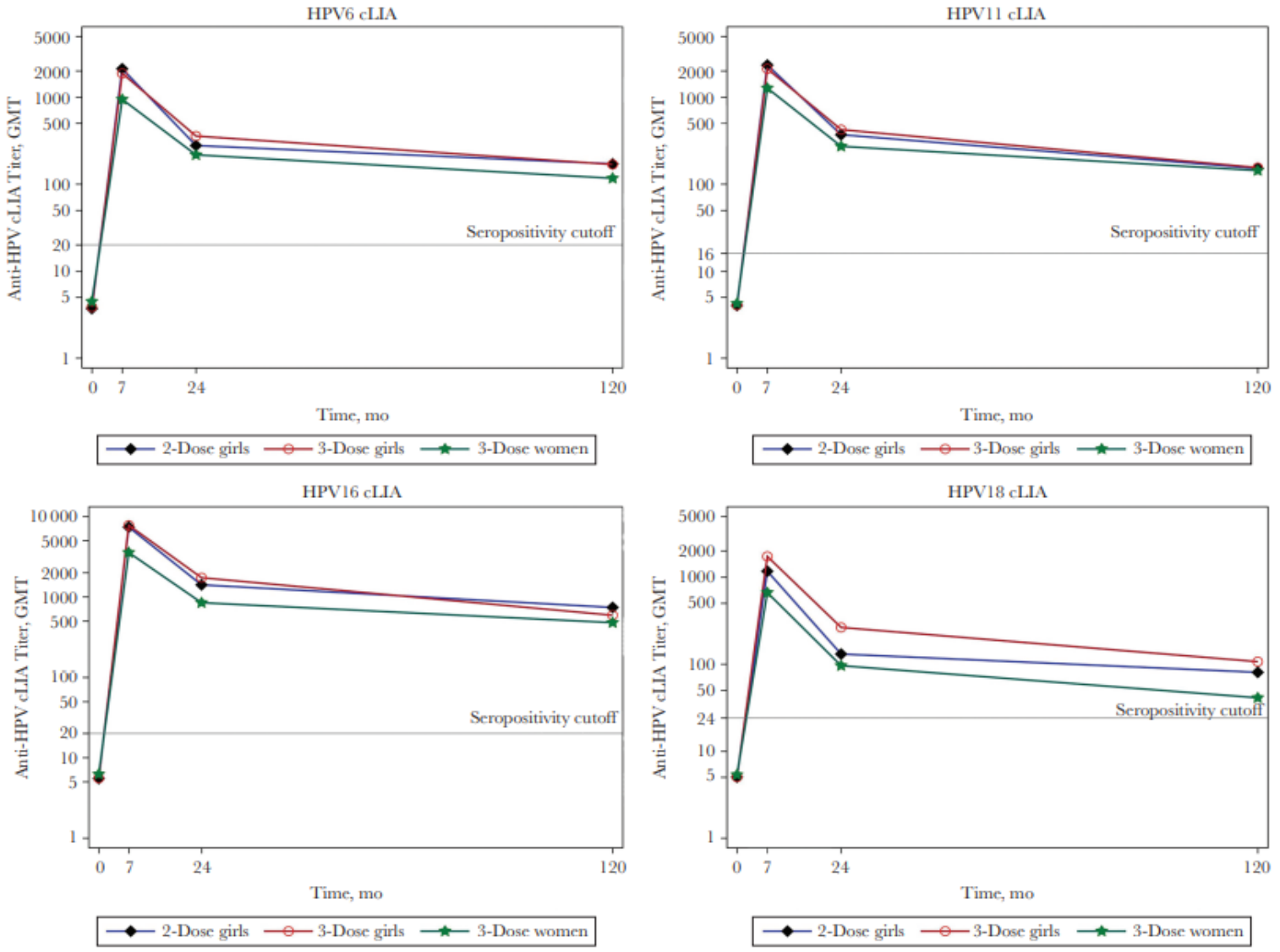


Figure 1. Kinetics of competitive Luminex immunoassay (cLIA) antibody titers over time. Geometric mean titers (GMTs) for girls receiving 2 or 3 doses and women receiving 3 doses, up to 120 months after quadrivalent human papillomavirus (HPV) vaccination (modified from Donken et al [64]).

Recommended Vaccination Schedule

https://hpvroundtable.org/wp-content/uploads/2022/09/HPV_Roundtable-HPV_Why_Age_9_Sales_Sheet_WEB.pdf

HPV Vaccine-Summary

- HPV vaccine is very effective and prevents cancer
- Coverage rates are lagging behind other adolescent vaccines
- Multiple educational and perception barriers to overcome
- Consider immunizing starting at age 9.
- We can do better!

Northern Valley Indian Health (NVIH) is a private, nonprofit tribal organization founded in 1971 by a group of Northern California American Indians seeking to reestablish health services in California.

A board of Directors from the Mechoopda Indian Tribe (MIT) of Chico Rancheria, the Grindstone Indian Rancheria (GIR) of Wintun-Wailaki Indians of California, the Yocha Dehe Wintun Nation of California, and the Kletsel Dehe Band of Wintun Indians of California govern the organization.

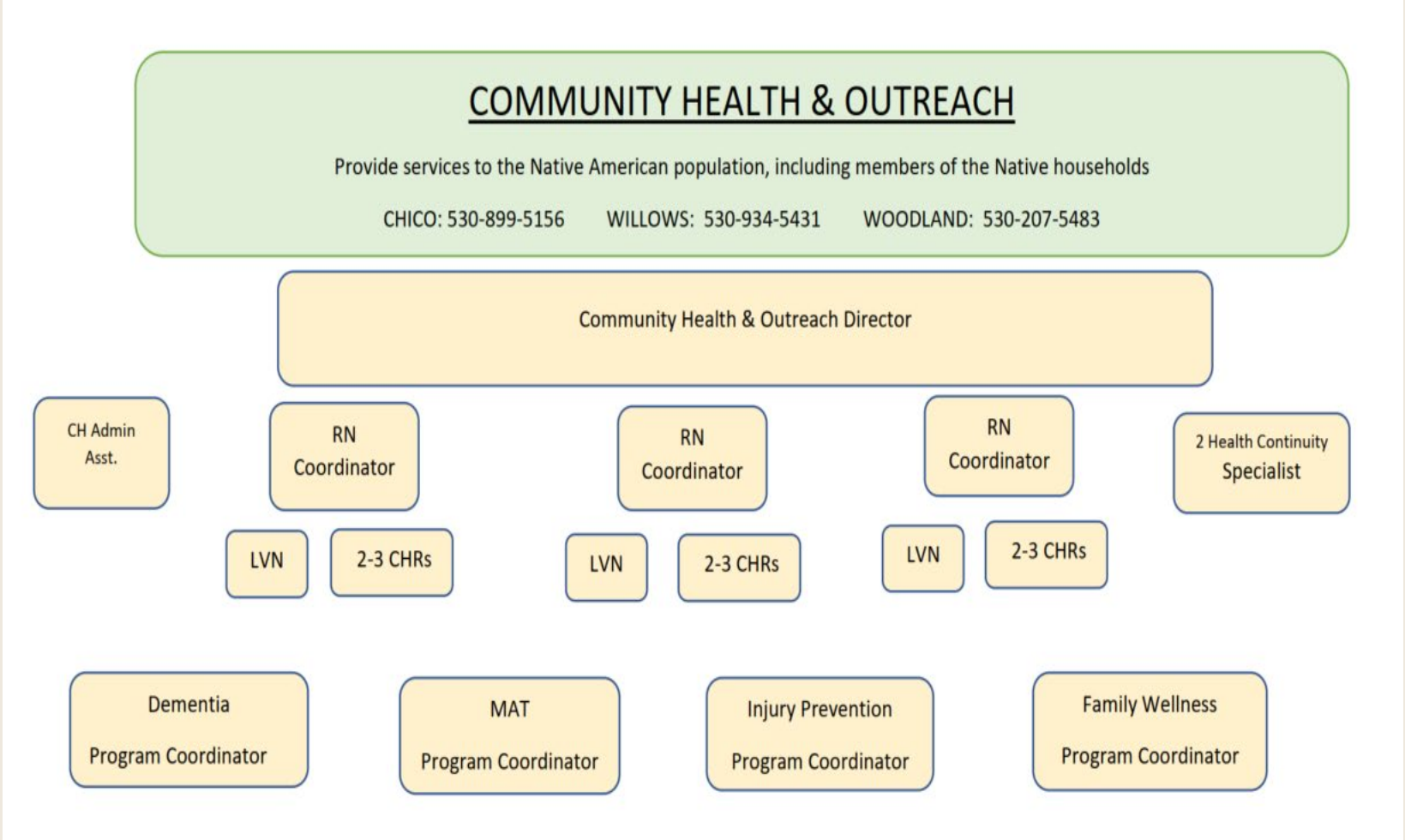
NVIH Mission:

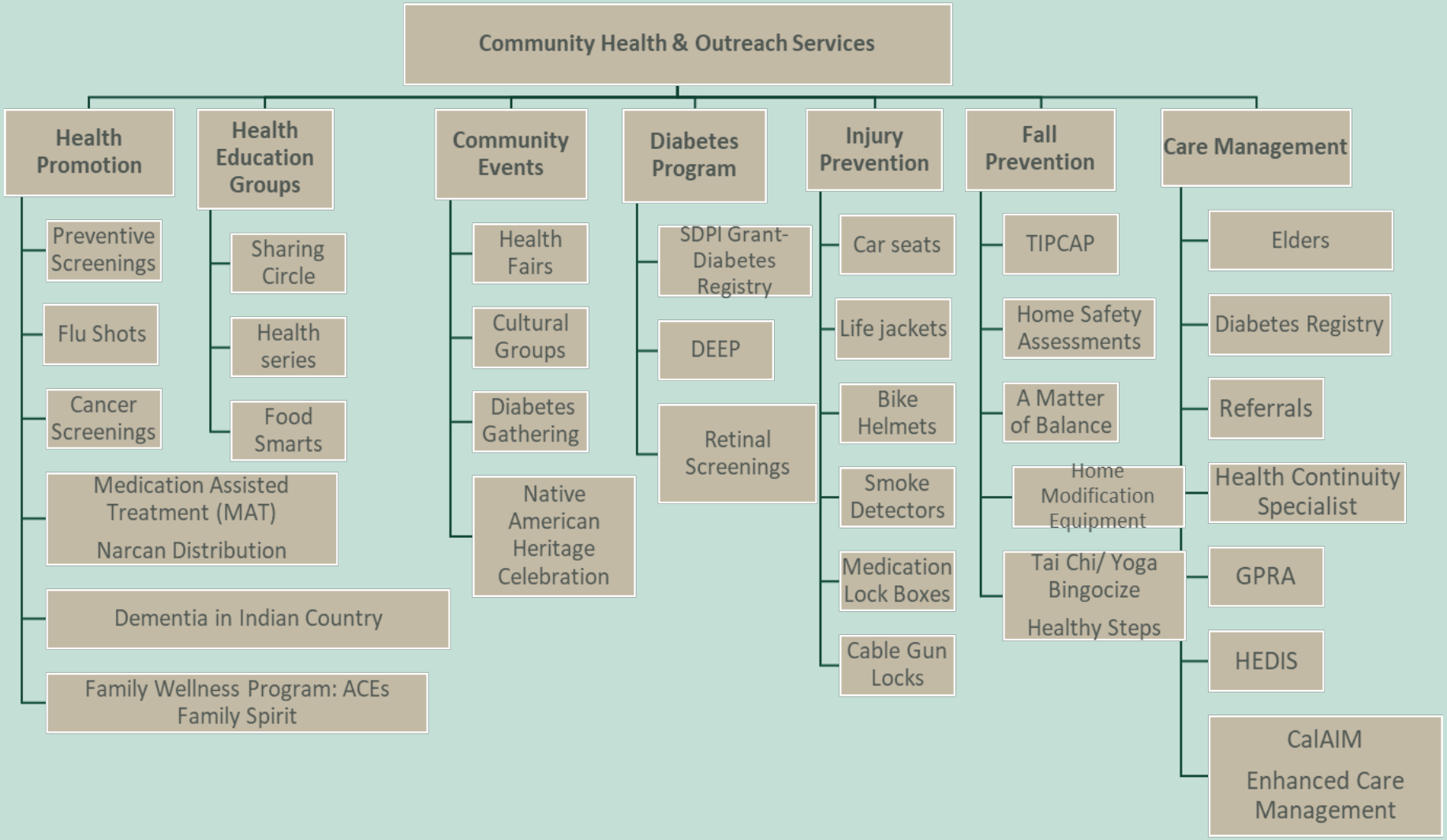
Excellence in healthcare services to Native Americans and all community members

Values:

Compassion
Integrity
Respect
Customer Service
Teamwork

Comprehensive and integrated medical, dental, behavioral health, women's health, nutrition and community health and outreach services are provided to over 6500 American Indians and Alaska Natives (AI/AN) who reside in the NVIH five county service area. The NVIH service area includes Glenn, Yolo, and portions of Colusa, Butte, and Tehama counties. NVIH clinics are in the cities of Chico, Willows, Red Bluff, and Woodland.


COMMUNITY HEALTH & OUTREACH
Provide services to the Native American population, including members of the Native households
CHICO: 530-899-5156 WILLOWS: 530-934-5431 WOODLAND: 530-207-5483
Community Health & Outreach Director
CH Admin Asst.
RN Coordinator
RN Coordinator
RN Coordinator
2 Health Continuity Specialist
LVN
2-3 CHRs
LVN
2-3 CHRs
LVN
2-3 CHRs
Dementia Program Coordinator
MAT Program Coordinator
Injury Prevention Program Coordinator
Family Wellness Program Coordinator


Community Health & Outreach Services
Health Promotion
Preventive Screenings
Flu Shots
Cancer Screenings
Medication Assisted Treatment (MAT)
Narcan Distribution
Dementia in Indian Country
Family Wellness Program: ACEs Family Spirit
Health Education Groups
Sharing Circle
Health series
Food Smarts
Community Events
Health Fairs
Cultural Groups
Diabetes Gathering
Native American Heritage Celebration
Diabetes Program
SDPI Grant-Diabetes Registry
DEEP
Retinal Screenings
Injury Prevention
Car seats
Life jackets
Bike Helmets
Smoke Detectors
Medication Lock Boxes
Cable Gun Locks
Fall Prevention
TIPCAP
Home Safety Assessments
A Matter of Balance
Home Modification Equipment
Tai Chi/ Yoga Bingocize
Healthy Steps
Care Management
Elders
Diabetes Registry
Referrals
Health Continuity Specialist
GPRA
HEDIS
CalAIM
Enhanced Care Management

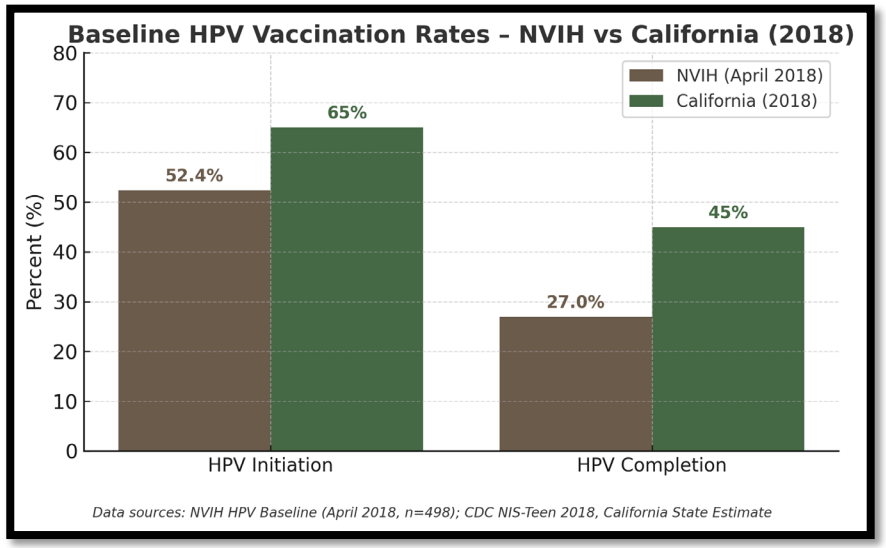
Improving HPV Vaccination Rates among Rural and Native American Adolescents

UC Davis Comprehensive Cancer Center and Northern Valley Indian Health (NVIH)

Discussions in early 2018 identified that vaccination rates in Glenn County were below California average

Target Population:

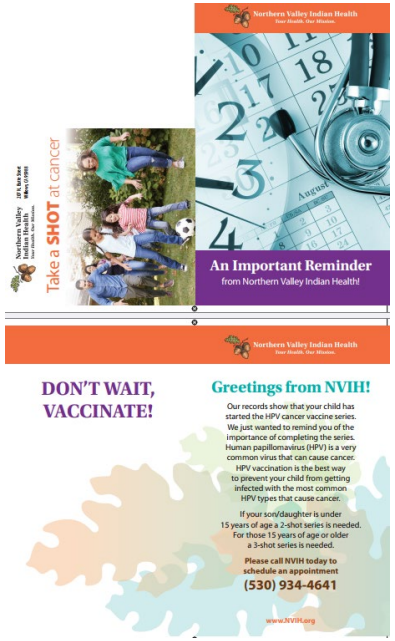
- 498 AI/AN & Rural Adolescents
- ages 11-17
- Pre-intervention (April 2018)
  - HPV initiation rate: 52.4%
  - Average completion 27%



<u>Goal</u>: Increase initiation and completion rates through multilevel intervention

Multilevel Intervention – December 2018 – May 2020

1. Education sessions with pre- and post-tests to get all staff on the same page
2. Standardize messaging (sandwich HPV with meningitis and Tdap vaccine plus flu in flu season)
3. Opt-out language “due today, we’ll get that taken care of”
4. Community education regarding HPV vaccine
5. Birthday greeting postcards at age 11 with reminder to schedule visit for vaccines due



Focus Group Insights

What we heard from the community:

- Limited awareness that HPV causes multiple cancers
- Misconception that vaccine is only for girls
- Concerns about safety and side effects
- Transportation and scheduling barriers in rural areas
- Lack of reminders for 2nd dose follow-up
- Community and Local health professionals spoke out against HPV vaccine.

Quote : “I didn’t know this vaccine was for boys too.”

BIRTHDAY POSTCARDS

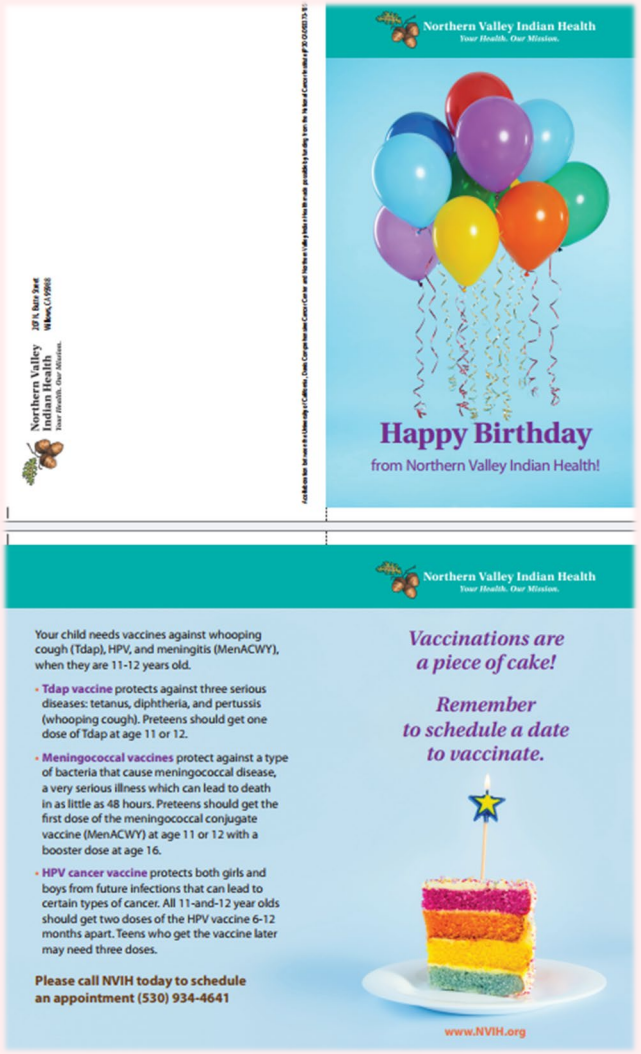
Youth received a birthday-themed postcard when reaching vaccine-eligible age (11–17)

Designed with friendly tone and culturally appropriate images

Co-branded by NVIH and UC Davis

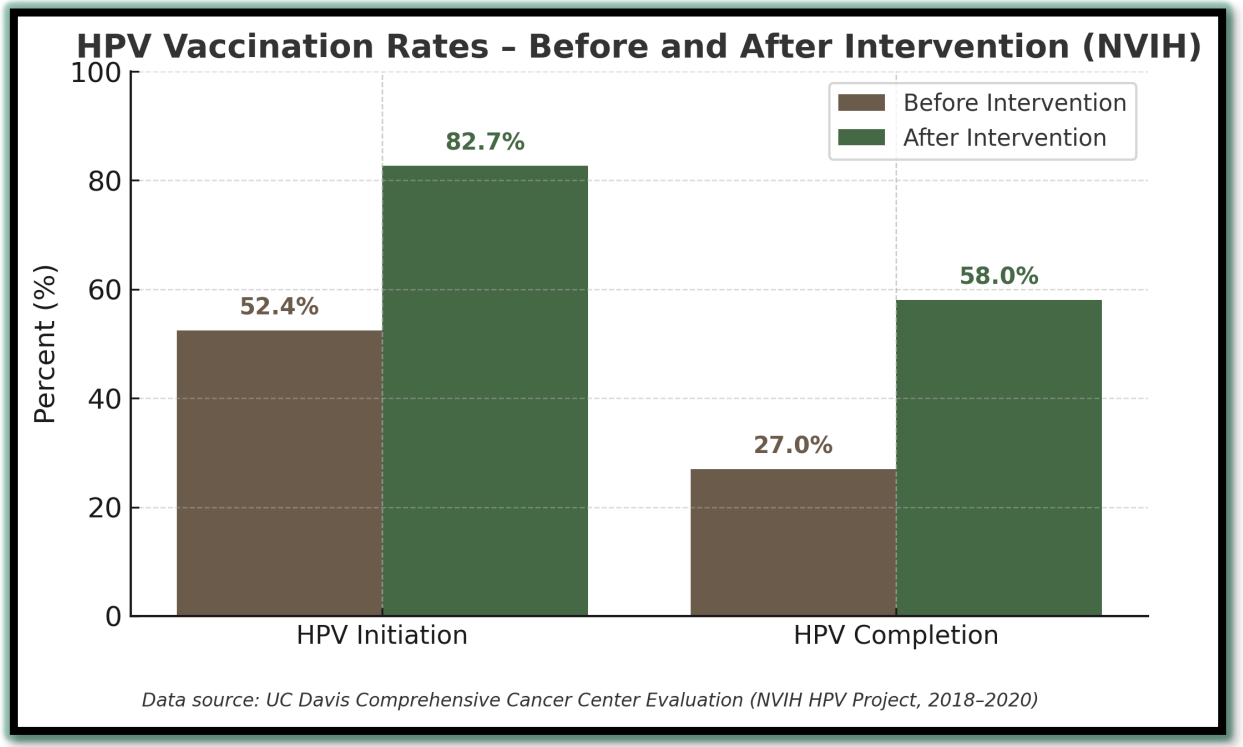
Mailed monthly by Community Health & Outreach staff

Message encouraged caregivers to schedule HPV vaccine at NVIH



Results of the HPV Intervention: November 2020

- HPV initiation: ↑ 30.3% to 82.7%
- HPV completion: ↑ 31.0% to 58%
- Increased community and caregiver awareness
- Stronger provider recommendations in clinic visits
- Model recognized in 2020 AACR poster and 2022 peer-reviewed publication



Sustaining HPV Prevention in Rural and Native Communities

Build on success: Expand reminder models like the birthday postcard initiative across all NVIH sites.

Maintain education: Continue provider, staff, and community HPV vaccine education and outreach.

Track data: Monitor initiation and completion rates through CQI and EHR dashboards.

Partnership matters: Sustain collaboration between NVIH, UC Davis, and local partners to strengthen impact.

Health equity lens: Ensure culturally grounded approaches that honor Native community voices and experiences. Mobile medical clinics.

“Partnerships grounded in culture and community create pathways to lasting health.”

Thank you. We appreciate your time and partnership in advancing HPV presentation efforts.

Northern Valley Indian Health – NVIH.org
Terri Martens, MSN, RN – Community Health & Outreach Director
teresa.martens@nvih.org

UC Davis Comprehensive Cancer Center
Julie T. Dang, PhD, MPH — Executive Director, Office of Community Outreach & Engagement
jtdang@health.ucdavis.edu

Together, we continue to promote health equity and prevention in our communities.

RESOURCES

American Cancer Society

For parents of adolescents:

- Don't Wait to Vaccinate Flyer
- Protecting our Children from HPV Cancers
- Prevention Matters! Flyer

For young adults:

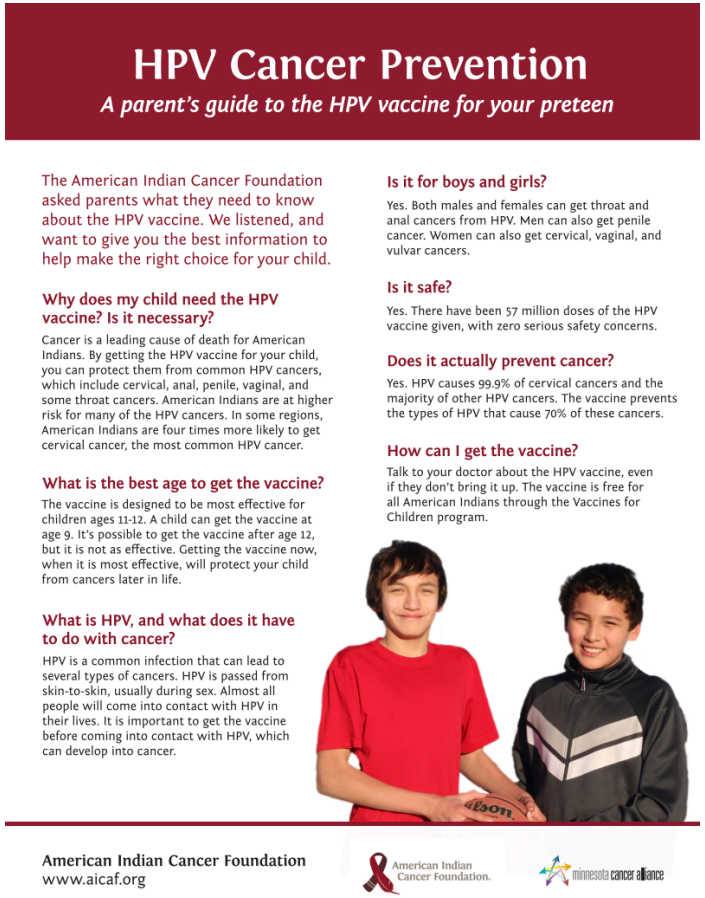
- For Young Men and Teens: You Can Help Decrease Your Odds of Getting Cancer (English and Spanish)
- For Young Women and Teens: You Can Help Decrease Your Odds of Getting Cancer (English and Spanish)

For health care professionals:

- Evidence-Based Interventions Guide
- ACS HPVRT Age 9 Resources

Resources from American Indian Cancer Foundation

Download at aicaf.org



HPV Cancer Prevention

A parent's guide to the HPV vaccine for your preteen

The American Indian Cancer Foundation asked parents what they need to know about the HPV vaccine. We listened, and want to give you the best information to help make the right choice for your child.

Why does my child need the HPV vaccine? Is it necessary?

Cancer is a leading cause of death for American Indians. By getting the HPV vaccine for your child, you can protect them from common HPV cancers, which include cervical, anal, penile, vaginal, and some throat cancers. American Indians are at higher risk for many of the HPV cancers. In some regions, American Indians are four times more likely to get cervical cancer, the most common HPV cancer.

What is the best age to get the vaccine?

The vaccine is designed to be most effective for children ages 11-12. A child can get the vaccine at age 9. It's possible to get the vaccine after age 12, but it is not as effective. Getting the vaccine now, when it is most effective, will protect your child from cancers later in life.

What is HPV, and what does it have to do with cancer?

HPV is a common infection that can lead to several types of cancers. HPV is passed from skin-to-skin, usually during sex. Almost all people will come into contact with HPV in their lives. It is important to get the vaccine before coming into contact with HPV, which can develop into cancer.

Is it for boys and girls?

Yes. Both males and females can get throat and anal cancers from HPV. Men can also get penile cancer. Women can also get cervical, vaginal, and vulvar cancers.

Is it safe?

Yes. There have been 57 million doses of the HPV vaccine given, with zero serious safety concerns.

Does it actually prevent cancer?

Yes. HPV causes 99.9% of cervical cancers and the majority of other HPV cancers. The vaccine prevents the types of HPV that cause 70% of these cancers.

How can I get the vaccine?

Talk to your doctor about the HPV vaccine, even if they don't bring it up. The vaccine is free for all American Indians through the Vaccines for Children program.

American Indian Cancer Foundation
www.aicaf.org

American Indian Cancer Foundation.

minnesota cancer alliance

Protecting our Young Relatives

Cervical Health & HPV

Honoring our ancestors by protecting our future

Getting the HPV vaccine before individuals become sexually active enhances protection against five types of HPV-related cancers.

HOW TO USE THIS RESOURCE

This resource, along with the questions below, is designed to guide conversations with your health care provider, empowering you to feel informed and confident in advocating for your young relatives cervical health.

Cervical Health

- When should my child start having cervical health screenings?
- Do you have any resources or educational opportunities to help me better understand HPV and cervical health?
- What steps can I take to promote good cervical health for my child as they grow?
- Are there any other vaccines or preventive measures I should consider for my child's overall health?

HPV Vaccine

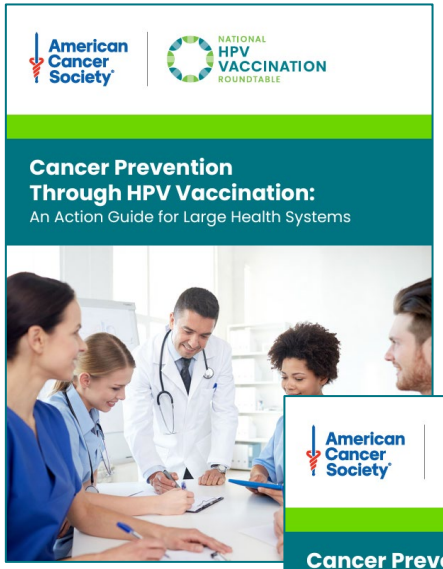
- Is the HPV vaccine recommended for children of all ages?
- How many doses of the HPV vaccine are needed? What happens if the schedule is interrupted?
- Why is this HPV vaccine so important when my child isn't sexually active?
- Are there any medical conditions that might prevent my child from receiving the HPV vaccine?

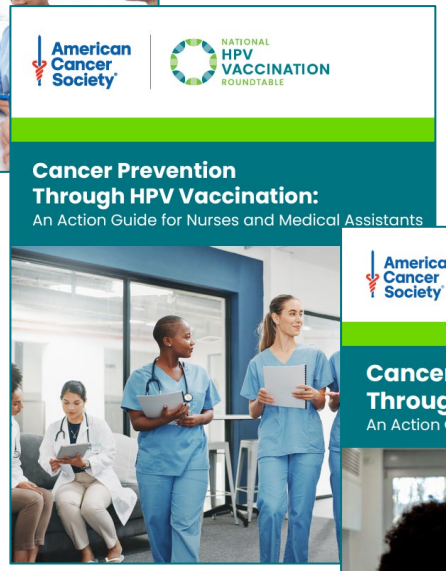
ADDITIONAL CONSIDERATIONS

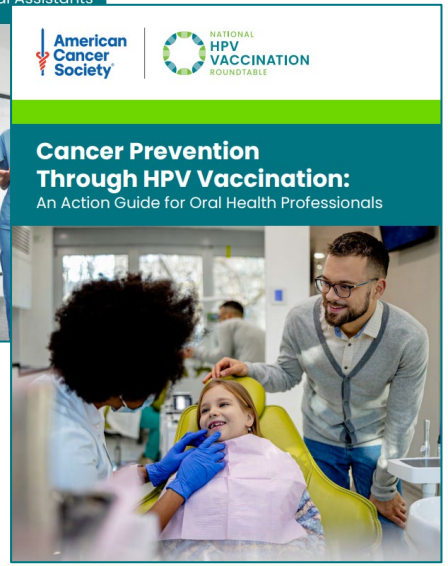
- ❑ Vaccination Side Effects
- ❑ Additional youth resources
- ❑ Talking to your young relatives about HPV and cervical health

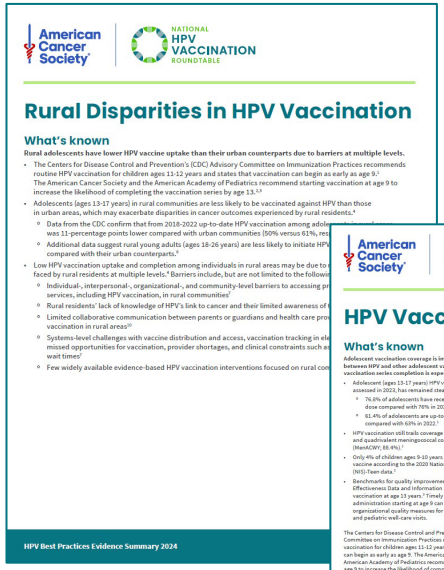
Educate, Prevent, and Advocate for Cervical Health.
For more information visit: AICAF.org

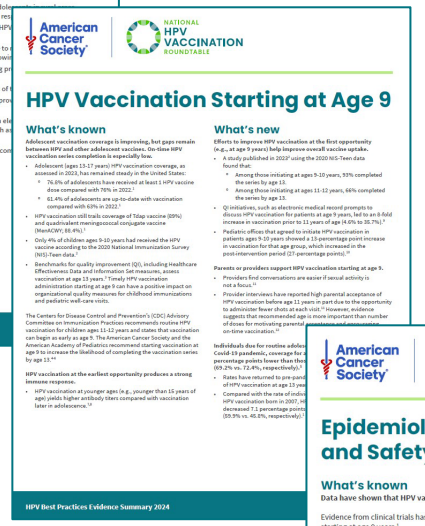
ACS National HPV Vaccination Roundtable Action Guides & Evidence Summaries

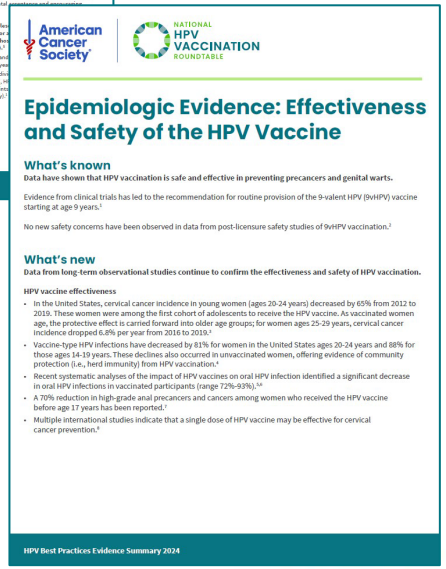








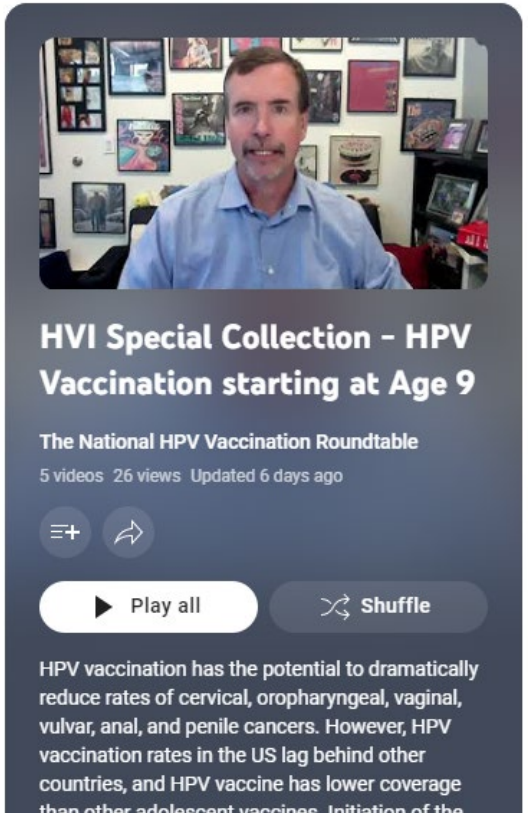




National HPV Vaccination Roundtable Evidence Around Starting At Age 9

Articles include research that:

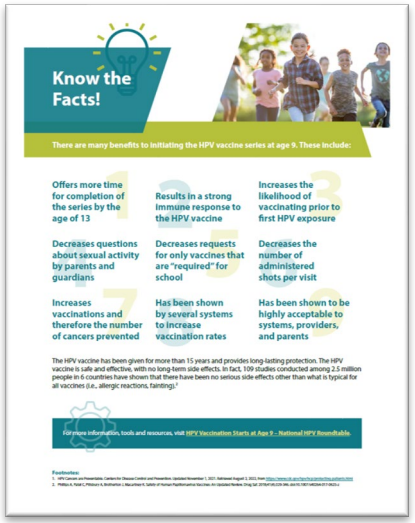
- Considers benefits to subpopulations
- Compares rates by age and demographics
- Describes implementation and/or QI initiatives
- Describes parent experiences
- Describes healthcare provider experiences



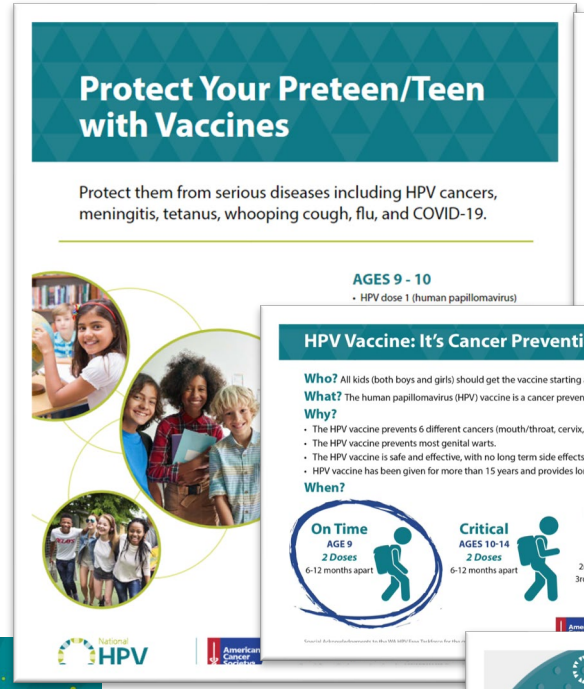
Article collection: HPV Vaccination Starting at Age 9 (tandfonline.com)

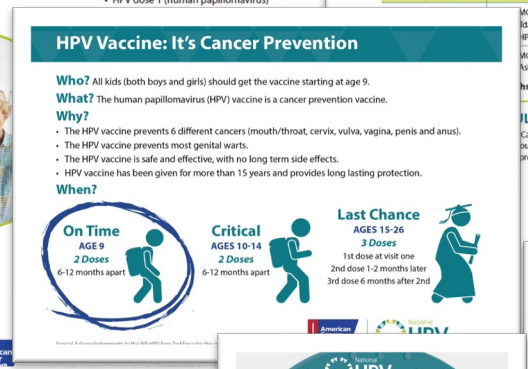
YouTube Video Abstracts Playlist

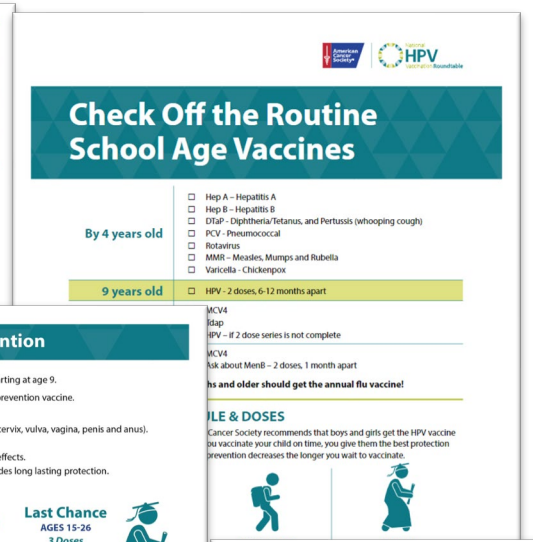
National HPV Vaccination Roundtable Start at Age 9 Campaign

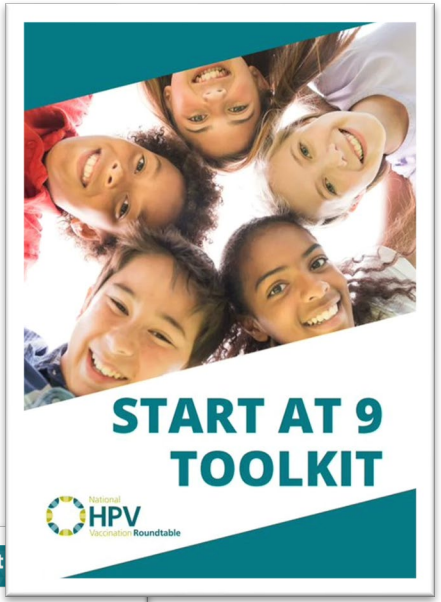


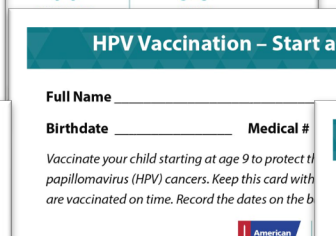
Age 9 Sell Sheet

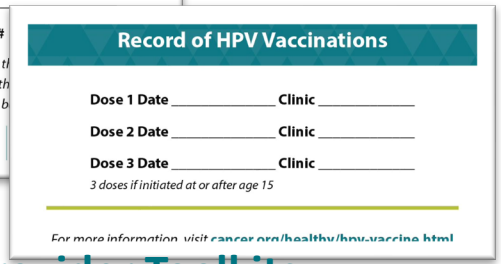




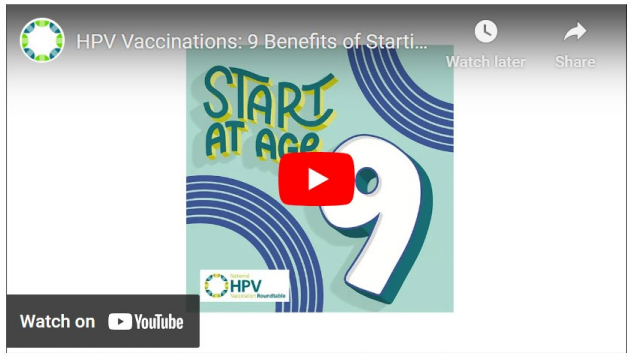








Age 9 Provider Toolkits



9 for 9 Video

https://hpvroundtable.org/start-hpv-vaccination-at-age-9/

CALIFORNIA HPV VACCINATION ROUNDTABLE
Working to prevent HPV cancers

California HPV Vaccination Roundtable

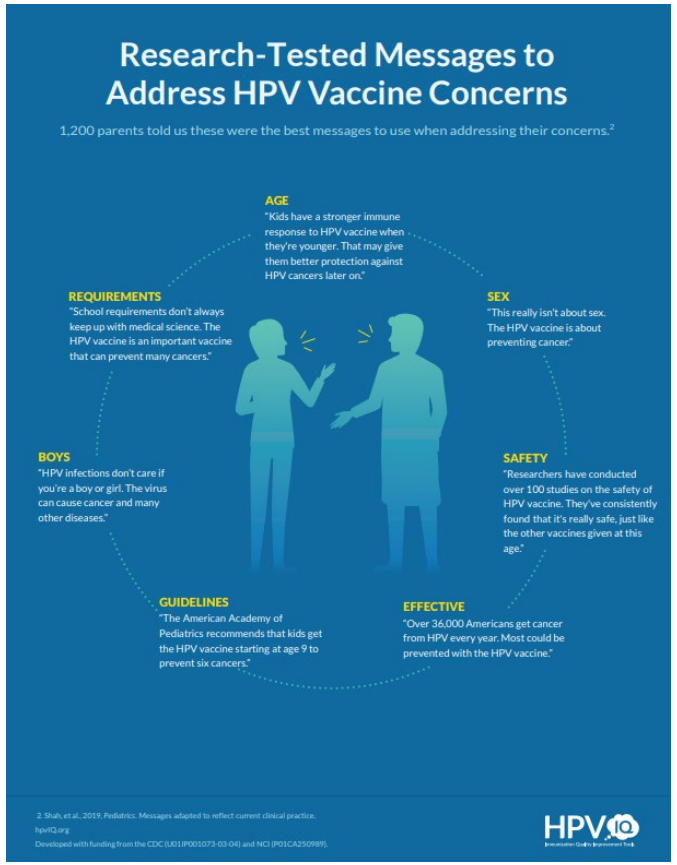
The California HPV Vaccination Roundtable is a coalition of diverse stakeholders with a mission to work together to prevent HPV-associated cancers and pre-cancers by increasing HPV vaccination rates in California.

- Become a member at www.cahpvroundtable.org or email info@cahpvroundtable.org

- 2025 Annual Meeting on December 10th in Downtown Los Angeles

CA HPV Vaccination Roundtable Offers Announcement Approach Training

- Presents strategies for recommending the HPV vaccine to promote vaccine acceptance and save clinical time
- Designed for providers interacting with parents
- 1-hour online interactive training
- **CME Credits now available!**
- Email info@cahpvroundtable.org to learn more/ request a training for your organization



https://www.hpviq.org/resources/training-tools

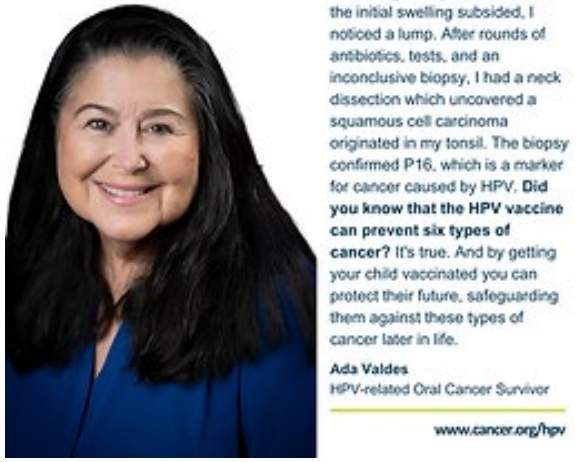
CA HPV Vaccine Week

Annual Observance: First week of August

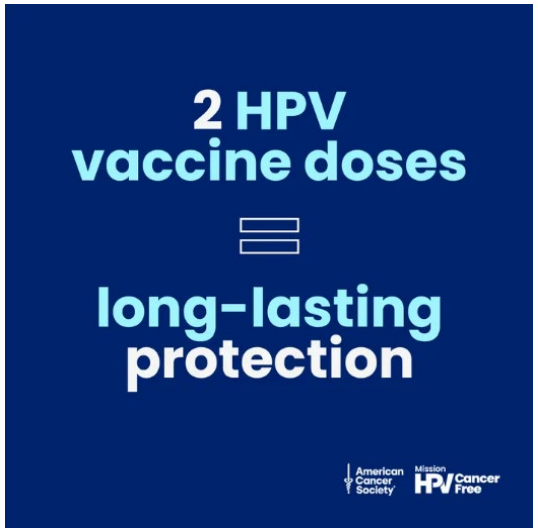
CALIFORNIA HPV VACCINATION ROUNDTABLE
Working to prevent HPV cancers

[CA HPV Vaccine Week campaign guide] contains physician and survivor testimonials for social media, as well as other suggested content.

- ***Would love to include American Indian/Alaska Native testimonials in future campaigns!***



ACS 2025 HPV Vaccination Social Media Toolkit



Resources available in English & Spanish!

New ACS Documentary Series
Real Lives: Cancer Stories of Indigenous People

- Highlights the cancer journeys of Indigenous individuals, their caregivers, and communities
- Goal to shed light on the social, economic, and geographic barriers that continue to perpetuate health disparities in native communities

You only have to vaccinate 200 kids (compared to never vaccinating them) to prevent one HPV cancer.

Thank you for being champions for HPV vaccination!