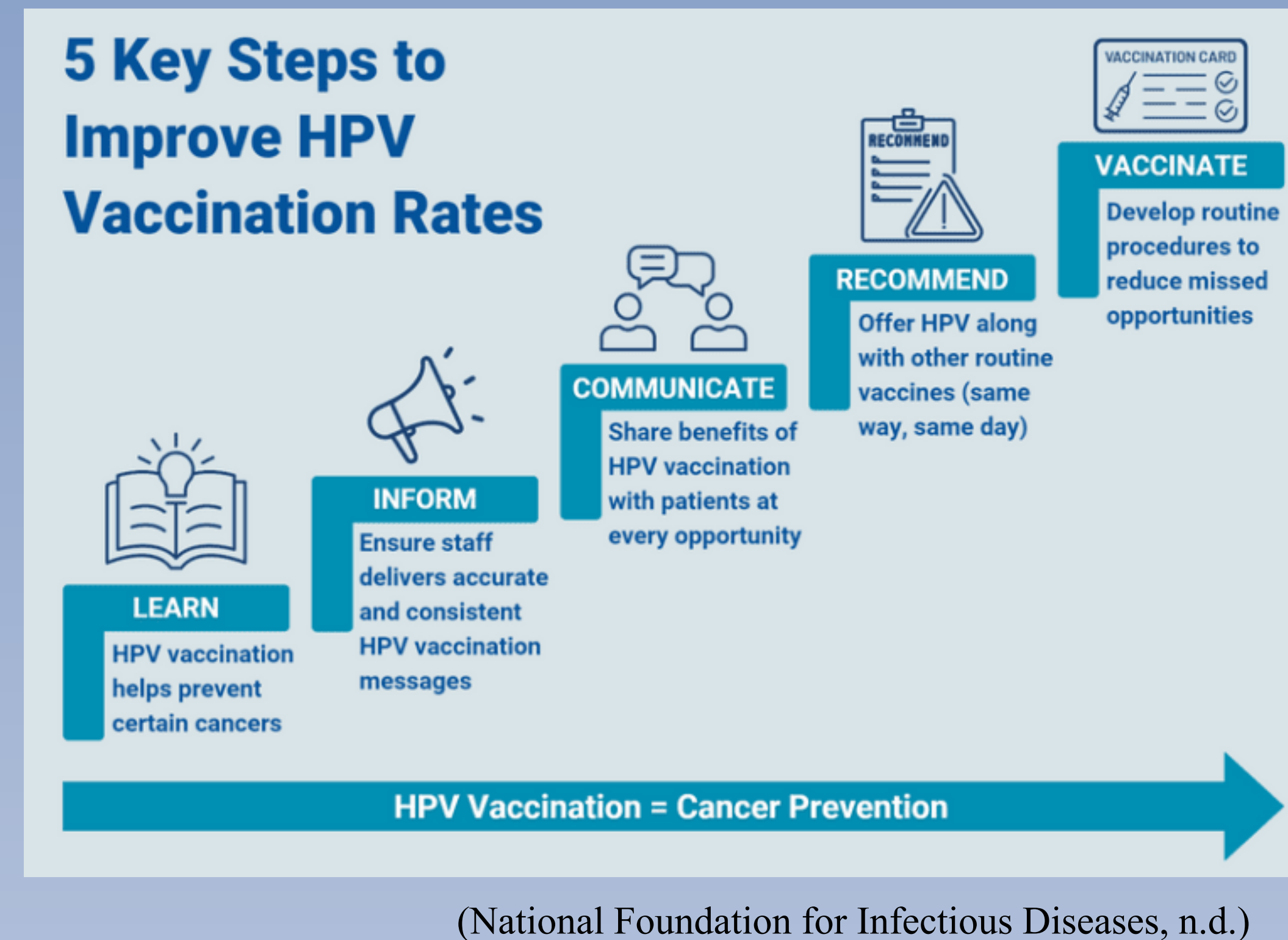


Human Papillomavirus Vaccine Campaign to Increase Vaccination Rates at VA Portland Health Care System (VAPORHCS)

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Introduction

- HPV is the most common sexually transmitted infection worldwide that can spread through skin-to-skin contact during sexual activity (Centers for Disease Control and Prevention (CDC), n.d.).
- About 85% of people will get HPV infection in their lifetime.
- HPV vaccination can prevent genital warts and over 90% of cancers caused by HPV, including cervical, vaginal, vulvar, anal, penile, and oropharyngeal cancers (CDC, n.d.).
- HPV vaccination is routinely recommended at age 11 or 12 years. In 2019, the Advisory Committee on Immunization Practices (ACIP) published updated recommendations for catch up HPV vaccination through age 26 for all persons. ACIP also recommended shared clinical decision-making for inadequately vaccinated adults ages 27-45 years, recognizing that some in this group could benefit from HPV vaccination (Meites, 2019).



(National Foundation for Infectious Diseases, n.d.)

Background

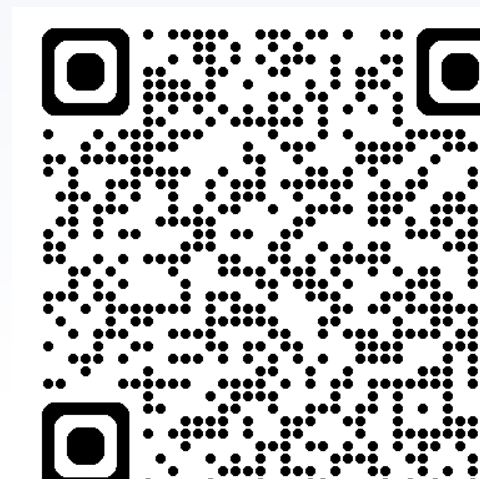
- HPV vaccination rates among Veterans are lower than those of the general population (Chidambaram et al., 2023).
- Veterans Health Administration (VHA) recommends HPV vaccination to Veteran ages:
 - 18-26
 - 27-45 with shared clinical decision-making.

Methods

Several nurses and nursing students conducted stakeholder interviews with staff, a literature review, and designed educational materials including a patient trifold brochure, facility flyer, and a PowerPoint presentation for staff. Patient resources and staff education was provided at Primary Care staff meetings. Primary Care stakeholders collaborated with pharmacy to stock HPV vaccine at VAPORHCS's Primary Care clinics that offer vaccinations.



VAPORHCS HPV Vaccine
Trifold brochure



CDC - HPV vaccination
recommendations

Results

June-September 2024:

- Presentation informed staff about HPV and current HPV vaccination recommendations.

August 2024:

- Trifold brochures, flyers and PowerPoint slide displayed on TV in waiting areas with HPV vaccine education promoted conversation between Veterans and their health care team.
- Stocking HPV vaccine in clinics made same day vaccination possible. Previously, staff ordered HPV vaccine from central pharmacy, and the Veteran would need to come back to the clinic.

Age range	February 2024	June 2024	September 2024	December 2024
18-26	11.91%	13%	14.1%	17.16%
27-45	2.66%	2.9%	3.2%	3.42%
18-45	3.12%	3.4%	3.7%	4.07%

Percentage of fully HPV vaccinated Veterans assigned to Primary Care before and after campaign (VHA Support Service Capital Assets (VSSC) Immunization by Patient Aligned Care Team (PACT) Report). A very small increase was seen vaccination rates among Veterans ages 27-45, but in age group 18-26, pre and post intervention vaccination rates were 11.91% and 17.16%, respectively.

Conclusion

Improved HPV vaccination rates could reduce risk of HPV-related complications such as cancer and the associated costs of diagnostics and treatment.

Addressing knowledge barriers through an educational campaign for staff and Veterans and making HPV vaccine available at the point of care in clinics are feasible strategies that can improve vaccination rates in the Primary Care setting.

HPV vaccination rates among Veterans ages 18-26 assigned to Primary Care increased by 5.25% at VAPORHCS. Change in vaccination rates among the 27-45 age group who may benefit from HPV vaccination was minimal.

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This project was reviewed by VA Portland Health Care System Research and Development Services, and it was determined to not be research. No further research approvals were required.

The contents of this presentation do not represent the views of the U.S. Department of Veterans Affairs or the United States Government.

Discussion

Presenting education to all Primary Care clinics was not feasible due to scheduling, but sending the PowerPoint presentation electronically gave staff the opportunity to view content. We recommend getting leadership support and placing requests in advance for time on meeting agendas to share education with clinics.

Support to collect and monitor vaccination rates is needed. A data dashboard displaying HPV vaccination rates that displays trends would allow for improved monitoring of effectiveness of interventions.

Continued process improvement is needed. VAPORHCS is working to implement HPV vaccine standing orders and activate a reminder in the electronic health record that will help identify Veterans ages 18-26 who are inadequately vaccinated. If HPV vaccine is given to a Veteran ages 27-45 after shared clinical decision-making, the reminder will come on at appropriate times for dose 2 and 3 to complete the vaccine series.

References

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