



**P1 / THANK YOU**

We couldn't have done it without you. We appreciate your ongoing support



**P2 / NOW REPORTABLE &**

**A SNAPSHOT OF HPV-IMPACT**  
Cervical pre-cancer now reportable in Alameda County



**P3 & INSERT / HPV**

**VACCINE IN THE NEWS**  
Decrease in genital warts and vaccine-type prevalence



**P4 / WHO SHOULD GET**

**THE VACCINE & HOW YOU CAN HELP**  
Improving for the future

# HPV-IMPACT

## Update

ISSUE 5 / WINTER EDITION 2014



### A Unique Collaboration

The California HPV-Impact team would like to extend our appreciation to our many partners who have supported this national public health endeavor over the past 5 years

Left to right: Erin Whitney—Surveillance Coordinator, Dr. Ina Park—Principal Investigator, Dr. Heidi Bauer—Co-Investigator, Ashley Williamson—Operations Officer, Nancy Pham—Research Assistant

HPV-Impact is a collaboration between the California Department of Public Health (CDPH), Sexually Transmitted Diseases (STD) Control Branch, the California Emerging Infections Program (CEIP), the Alameda County Public Health Department (ACPHD) and the Centers for Disease Control and Prevention (CDC).

The goal of HPV-Impact is to establish ongoing population-based surveillance of

high-grade cervical pre-cancer, specifically cervical intraepithelial neoplasia (CIN) grades 2 and 3 and adenocarcinoma in situ (AIS) and to monitor the impact of the HPV vaccines over time. The catchment area for the surveillance is Alameda County. Currently, 18 laboratories are providing surveillance case data.

The support of histopathology laboratories and medical providers serving

Alameda County residents is vital for the success of this project. Full reporting provides a complete picture of the burden of cervical pre-cancer; HPV typing of cervical tissue tells us about circulating strains of the virus; and recording vaccine history tracks impact on disease.



# HPV-IMPACT ANNOUNCEMENT

## Cervical pre-cancer now reportable in Alameda County

Beginning September 2013, CIN2/3/AIS became a reportable condition in Alameda County. With the help of labs and providers, we will continue to capture the data necessary to understand the impact of the HPV vaccines.

### ROLE OF LABORATORIES

- ◆ Coordinate reporting method with HPV-Impact Surveillance Unit: electronic or paper-based
- ◆ Report any cases of high-grade CIN or AIS among Alameda County residents over 18 years of age
- ◆ Provide fixed cervical tissue specimens upon request for HPV typing by CDC

### ROLE OF PROVIDERS

- ◆ Provide missing demographic data, HPV vaccination history, and cervical cancer screening history
- ◆ Record patient HPV vaccine history
- ◆ Encourage HPV vaccination and completion of the 3-dose series

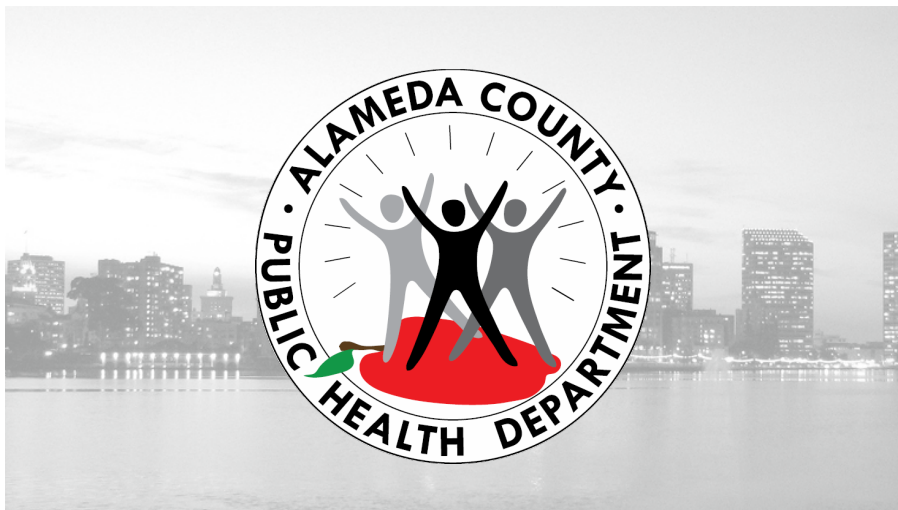


image via flickr; Darin Marshall

### FAQS

#### Q. Is this reportable elsewhere?

A. Yes: Los Angeles County, Connecticut, Oregon, Michigan, Kentucky, and Tennessee

#### Q. Can someone help us with a reporting mechanism?

A. Yes. Resources may be available to assist with reporting. Please call (510) 620-2379 or visit <http://ceip.us/projects/hpv-impact/>

#### Q. Will providers receive HPV typing results for clinical care?

A. No. All typing data is provided in aggregate. The long delay in obtaining and receiving typing data makes it no longer clinically relevant.

#### What to Report

CIN 2, 2/3, 3  
AIS  
HSIL  
Moderate or Severe Dysplasia  
ICD-9 Codes 622.12, 233.1

## SNAPSHOT THE CALIFORNIA HPV-IMPACT PROJECT



## Minors may consent for STD prevention services

On January 1, 2012, California Law AB499 permits adolescents 12-17 years old to consent to confidential services for the *prevention* of sexually transmitted diseases without parental consent.

Prevention services could include:

- ◆ Human papillomavirus vaccination
- ◆ Hepatitis B vaccination
- ◆ HIV pre- and post-exposure medication

>> Get the FAQs: <http://www.cdph.ca.gov/programs/std/Documents/AB-499-Fact-Sheet.pdf>

GOAL	WHEN	WHO	HOW
Conduct population-based surveillance of high grade cervical pre-cancer to monitor the impact of the HPV vaccines	Surveillance began Jan 1 2008 and is expected to continue until at least 2018	Female Alameda County residents over 18 years of age	Cases identified by any local or national pathology lab processing cervical tissue specimens

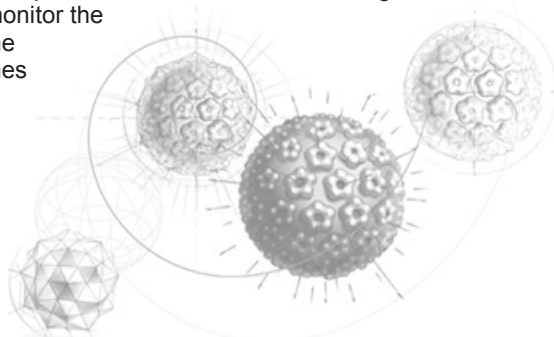




image via flickr, Queens University

# HPV VACCINE *in the news*

## HPV vaccines working but US vaccination rates stall in 2012

In CDC's July 2013 Mortality and Morbidity Report (MMWR), data from the 2012 National Immunization Survey (NIS) of teens showed HPV vaccination rates among 13- to 17-year-old girls remained unchanged from 2011. Numerous missed opportunities were found where a teen received at least one other recommended vaccination, but not the HPV vaccine. **If HPV vaccine had been administered at the time of administration of other vaccines, vaccination coverage for  $\geq 1$  dose could be nearly 93% rather than 54%.** Similar to 2011, only 1/3 of teenage girls have been fully vaccinated with all three doses.

## HPV vaccine may shield against throat cancer

A randomized clinical trial conducted in Costa Rica among 5,840 women ages 18-25 years old found that the bivalent vaccine provided 93% protection against HPV infections in the oral cavity compared

Even with low vaccination rates, the vaccine is having an impact on HPV infections. In the June 2013 issue of *The Journal of Infectious Diseases*, Markowitz et al. looked at HPV infections in girls and women before and after the introduction of the HPV vaccine in 2006. Using the National Health and Nutrition Examination Survey (NHANES) data, they found a larger than expected 56% decrease in vaccine-type HPV prevalence among female teenagers.

CDC Director Tom Frieden, MD, MPH noted, "This report shows that HPV vaccine works well, and the report should be a wake-up call to our nation to protect the next generation by increasing HPV vaccination rates."

to those who were not vaccinated. Therefore, the HPV vaccine may protect against HPV-related throat cancers. About 70% of oropharyngeal cancers are now caused by HPV, up from 16% in the 1980s. (Herrero et al., PLOS One)

>> Read the study: <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0068329>

## Dramatic decrease in new genital warts cases

The quadrivalent HPV vaccine is highly effective in reducing genital warts in Australia. In 2007, Australia implemented a nationally funded program to provide free quadrivalent HPV vaccinations to girls 12-13 years old. Five years into Australia's HPV vaccination program, Hammad and colleagues found a 59% decline of genital warts in young women, with the near disappearance in females under 21 (93% decline).

Genital wart cases among young heterosexual males also dropped by 39%, despite males not being part of the vaccination program. This is likely due to herd immunity, indirect protection of those who remain susceptible owing to a reduced prevalence of infections.



image via Carlos Reusser Monsalvez

>> Read the study here: [www.bmj.com/content/346/bmj.f2032](http://www.bmj.com/content/346/bmj.f2032)

## CDC tips for talking with parents about HPV vaccine

A strong recommendation from the provider is the single best predictor of vaccination. Straightforward messages recommending the vaccine work with parents. **CDC recommends that providers encourage HPV vaccination in the same way as other adolescent vaccines.**

>> DOWNLOAD THE TOOLKIT

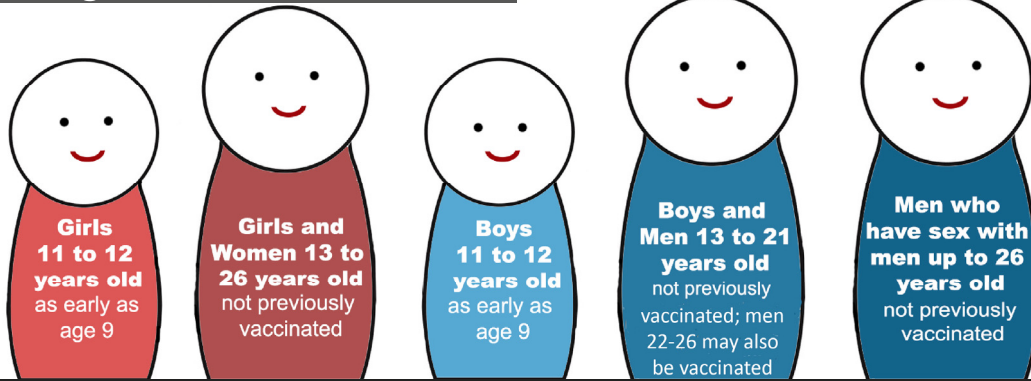
<http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf>



# ACIP recommendations

The Advisory Committee on Immunization Practices: Human Papillomavirus Vaccine

## Who should get the HPV vaccine?



For girls and women, recommend either Cervarix®: prevents cervical cancer  
Gardasil®: prevents cervical, vulvar, vaginal, anal cancers and genital warts

For boys and men, recommend Gardasil® only: prevents anal cancers and genital warts

Note: The vaccinations are administered as 3 injections over a 6-month period, irrespective of sexual history.

## HOW TO HELP collect HPV vaccine history

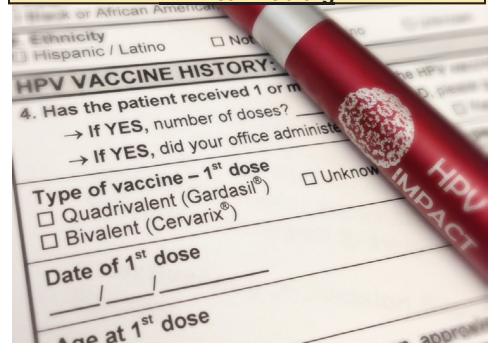
To address low vaccine uptake, accreditation agencies have added HPV vaccination as a performance measure and health plans will be recognized for efforts to improve vaccination rates.

Documenting HPV vaccine history will be critical to these efforts and is an important part of providing good quality care. In 2012, only 12% of surveillance cases had HPV vaccine history in their medical record. We encourage women's health providers to take steps to improve vaccine documentation:

- 1) incorporate HPV vaccine history into intake, clinical assessment, and/or colposcopy forms,
- 2) institute chart prompts (electronic or manual) to remind staff to collect vaccination information or if vaccination status is missing,
- 3) use the CA Immunization Registry (CAIR) to record and look up vaccine history.

We may be able to help you with intake forms or tools for vaccine history documentation. For assistance, please contact us.

Learn more about the program and federal electronic medical record (EMR) incentives  
Contact **Marcia Santillan** at (510) 495-9729  
[www.cairweb.org](http://www.cairweb.org)



<b>January 2014</b>	<b>February 9-15, 2014</b>	<b>April 2014</b>
<b>Cervical Cancer Awareness Month</b>	<b>Preteen Vaccine Week</b>	<b>STD Awareness Month</b>
<p>Download free resources</p> <ul style="list-style-type: none"> <li>• Fact sheets</li> <li>• Booklets</li> <li>• Guides</li> </ul> <p><a href="http://www.nccc-online.org">http://www.nccc-online.org</a></p>	<p>Preteen campaign kit available <a href="http://www.cdph.ca.gov/programs/immunize/Pages/PreteenVaccineWeek.aspx">http://www.cdph.ca.gov/programs/immunize/Pages/PreteenVaccineWeek.aspx</a></p>	<p>An estimated 19 million new STDs occur in the US each year. Provide patients with a Pocket Guide to STIs from <a href="http://www.ashasexualhealth.org/april-is-std-awareness-month.html">http://www.ashasexualhealth.org/april-is-std-awareness-month.html</a></p>



**We would love to hear from you**

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Visit our site  
<http://ceip.us/projects/hpv-impact/>