

CDC *Vital Signs* Town Hall Teleconference
Q&A

Cervical Cancer Prevention: State Perspectives on Screening and HPV Vaccination
November 14, 2014
2:00 pm (EDT)

Steve Reynolds: Thank you so much, thank you for those outstanding presentations. This is our opportunity now to have a dialogue and to ask questions and to talk. There are nearly 300 callers on our conference today, so that's an outstanding number, so those of you on the call, remember you can get in the queue to ask a question, or even if you want to make a comment or add on to the presentations you've heard today, please go - please press star 1, say your name when prompted.

You'll be announced into the conference by the operator when it's your turn. I take - I fully encourage you to take advantage of this opportunity, and like I said, even if it's not a question for one of the presenters, even if it's a comment or something you'd like to add on, please be prepared to do that. So at this point, Adrienne, I believe we have a couple questions in the queue. Could we go straight to the callers, please?

Coordinator: Yes, thank you. Our first question comes from Christianne Jansen, your line is open.

Christianne Jansen: Yes, this question is for Cheley. Can you hear me? Hello?

Cheley Grigsby: Yes, I can hear you. Okay.

Christianne Jansen: Could you just tell us a little more about the uniform data system, the UDS?

Cheley Grigsby: Well, I - that is something that the health centers have, and actually if you Google that information you'll be able to find it. There's also some websites, you know, if you send me an email I will send you the links that I have to get that data. Okay?

Christianne Jansen: Okay. Thank you.

Coordinator: Our next question comes from Boyce Sanders. Your line is open. You can unmute your line, Mr. Sanders. Your line is open. Our next question is from Dr. Joan Walker. Your line is open.

Dr. Joan Walker: Hi, yes, I am interested in the competition issue. I have noticed in my cancer center that physicians' behavior changes with revealing the percentage of people who do the right thing, and so I wanted to see if you have given personalized vaccination rates to physicians and to clinics and to insurers and to try to see if competition amongst parties helps vaccination rates. Did you hear me? Hello?

Steve Reynolds: Yes, I'm sorry, this is Steve Reynolds. Vickie, are you...

Dr. Vickie Bernard: Hello, there. There you are. Was your question about screening or about vaccinations?

Dr. Joan Walker: Vaccinations is what I'm mainly worrying about, but screening we do also, yes. I think HPV vaccination rates per physician should be communicated and

they should know what their colleagues are doing and see if they can compete with each other.

Heather Hirsch: So this is Heather from Minnesota. So that's - that relates to our strategy around getting it as a clinic-reported measure. It doesn't get down to the physician level like you're suggesting, but I think you're right that as providers that we've worked with generally think that they're doing much better than they are, so even the simple fact of showing each provider what their rate is has been an educational opportunity for us to work on, and I agree with you. I think that you know, putting them in competition with their colleagues is not a bad thing. And at a clinic level that's what we're definitely working towards in Minnesota.

Dr. Joan Walker: Have you talked to insurers to see if they're willing to help you with that?

Heather Hirsch: We have been working with insurers, you know, as the HPV vaccine is part of the HEATUS measure, but since it's not - because it's not a clinic reported measure yet in Minnesota, it is something that we're still working on.

Cheley Grigsby: This is Cheley also. When it came to competition with the providers at Anchorage Neighborhood Health Center, they all work for the same place, and they tried to make the competition fun, so it was a positive thing for them, but I can say as the program director for BCHC when we've tried to notify all of our different contracts of where they were with screening rates, that wasn't such a positive thing. So it may - it's a tough thing to do.

Steve Reynolds: Operator, can we go to the next question please?

Coordinator: Our next question comes from Anna Osborne. Your line is open.

Anna Osborne: Hi, good afternoon. I really appreciate the information. I do have a couple questions about evaluation. For instance the statewide reminders is something we've been really interested in, in the Texas Breast and Cervical Cancer Program, but when we're requesting funding unless we can propose a method of evaluation, we're not getting much response, so do you have any thoughts about how to measure the efforts?

Heather Hirsch: Are you asking about doing reminders for cervical cancer screening or for vaccines?

Anna Osborne: Specifically about the HPV vaccine reminder where the - you sent out 123,000 mail-outs.

Heather Hirsch: Okay. So we sent those out earlier this year, so we haven't had a full year to really look at whether the rates have changed but we are tracking ordering rates for the vaccine for children program, and vaccines that are recorded in the state immunization system, and we're hoping to see an increase based on those 123,000 postcards that went out, and reminder recall - reminder postcards is an evidence-based strategy for vaccines, for increasing vaccination rates.

But right now, as of right now it's only been about six months into the mailing, so we don't have data that suggests whether or not it was successful yet.

Anna Osborne: Okay. Thank you.

Coordinator: Our next question is from Belmonte Jefferson, your line is open.

Belmonte Jefferson: Yes, Dr. Bernard, in your data you talked about cervical cancer incidence rates and the death rates, and in your slides you showed how, unfortunately, it's happening in the south in terms of those rates, and I was just wondering what type of efforts are happening in the southern states to address that.

Dr. Vicki Bernard: Yes, thank you, that's a great question. We do have a National Breast and Cervical Cancer Early Detection Program which is throughout all of the United States, and we do have outreach efforts that are trying to reach - unfortunately cervical cancer occurs mainly in low resource, under-served regions and it's linked to poverty, race, ethnicity, and as well as other health disparities.

So we are - we do have interventions here that we've developed at CDC as well as outside of CDC that our programs use to try to reach that never or rarely screened specifically in the south.

Heather Hirsch: I would also say to follow up on that, the Alabama Immunization Program does birthday card reminders too - I'm not sure if it's 11 or 12 years olds, one of those ages, about the HPV vaccine as a further prevention method.

Coordinator: Our next question is from Aubrey Zillalobos. Your line is open.

Aubrey Zillalobos: Hi, yes, this question is specifically to Cheley. I was wondering if you could talk a little bit more about how you worked with the YWCA. Am I understanding this right that you released patient names to them for them to do outreach to the patients? And if you could talk about sort of the process that you went through for either IRB or HIPAA or any challenges you may

have encountered there and what else you learned besides what you already shared?

Cheley Grigsby: Yes, it's - we didn't, not the Breast and Cervical Health Check, but what we did was we put ANHC in touch with the YWCA because the Y does outreach in the community and enrolls women in BCHC so we thought maybe ANHC could use them in a similar way. So what they did was they did an MOA with YWCA and they provided space for them at the clinic where they could go in for a couple hours a day, and they would have a patient's name and phone number and that's all they had.

And they would call the patient and just basically say that you know, I have you on a list here and was hoping that we could maybe schedule an appointment for your Pap test. So they didn't have all the information, all the clinical information, they just were given a list of names and numbers. A lot of those women were very transient and so that was part of the problem that they had, and others simply just didn't want to be contacted. So - and you know, that's just the rarely are screened population, so that's pretty common. Does that answer your question?

Aubrey Zillalobos: Yes, thank you, I - yes, it sounded earlier like they had maybe received, you know, the medical charts or something like that so I was just curious, but that does seem to make sense to have them just having the names and phone numbers. Thank you.

Coordinator: Our next question comes from Dr. Joan Walker. Your line is open.

Dr. Joan Walker: Hi. We wanted to see if interventions work better in the locations where the screening and vaccination rates are the worst and if you could help us to

understand whether the worst vaccination rates are in private practice pediatrician's offices or in family physicians or in health departments or the clinics that are federally funded, or in Medicaid or uninsured populations. Do you have information as to which are the worst screened and which are the worst vaccinated and which interventions work in which locations?

Dr. Vicki Bernard: Hi, this is Vicki Bernard and we don't - I don't have that currently, but we do work directly with the National Center for Immunizations, NCIRD, here at CDC who would have all of that information, and if you want to contact me I can link you directly to them to - that talks about their interventions, what they've already done to date as well as where there seems the most uptake. So I'd be happy to get you that information.

Dr. Joan Walker: Fabulous.

Heather Hirsch: This is Heather. So I can say from working with clinics in Minnesota, we generally find that pediatricians have better rates than family practice, but that's not an absolute and we don't have - I mean, it's the clinics that we've worked with where they're solely pediatricians versus family practice. They tend to have better rates, and we tend to have better rates in our metro areas versus our rural areas, but again we don't have clinic level data in Minnesota to really say that that is across the board. It's really just with clinics that have - that we've worked with, so - and there's a lot of reasons.

There's a lot of hesitancy from providers to talk about it, especially in the rural communities where they may be one of two physicians, and then I'd be happy to share with you some surveying of physicians that I'd be happy to share that with you if you contacted me as well.

Dr. Joan Walker: We were also interested in an intervention where OBGYNs talking to women asked them to bring their kids in to be vaccinated. Have you seen anybody try an intervention through OBGYNs to bring their children?

Heather Hirsch: This is Heather. We have not, we've not seen that, no. It is an interesting idea, though.

Gia Simon: This question is for Dr. Bernard. Can you explain why HPV testing combined with PAP tests isn't recommended until age 30?

Dr. Vicki Bernard: Yes, so as I showed in the graphs in one of my slides, HPV infection occurs in early 20s, very high for HPV infection, but most of that HPV infection will clear or spontaneously go away by itself within two years. So up to 90% will clear and only 10% will then progress and go on. So for if we looked at HPV in women under 30 then we're going to see a lot of high - a lot of HPV positivity that will just go away on its own without intervening. So that's why the guidelines say to wait until woman's 30 and have that with the Pap test for co-testing or for cervical cancer screening.

Steve Reynolds: Thank you. Let me remind everyone that if you want to ask a question or to even make a comment or tell us a little bit about your program, you can press star 1. We still have well over 240 callers, so please press star 1 to get into the queue. And state your name and we'll send you for a question. But I do have a quick question for Cheley. Cheley, did you use only Pap testing or did you offer a co-test as well?

Cheley Grigsby: No, they were just looking at Pap testing at that time.

Steve Reynolds: Okay.

Cheley Grigsby: So they weren't - if they were doing HPV co-testing at the time, they were not including that in the evaluation piece. Like, I really can't speak to that. We can ask Dr. Heidi Banes about that, though.

Steve Reynolds: So we were just curious, thank you very much. Adrienne, let's go to the queue.

Coordinator: Our next question is from Beth Pallo. Your line is open.

Beth Pallo: Hello, hi. This is Beth. I have a couple questions. The first is about shifting the conversation of HPV as an STI to cancer prevention, and I was just wondering do you still feel it's important to educate people about the transmission of the virus, and you know, how do you shift the conversation without forgetting, or without you know, losing the importance of you know, education and so people understand how the virus is transmitted?

Heather Hirsch: So this is Heather. I can answer that a little bit. So we're talking about giving the vaccine to 9, 10, or 11 to 12-year-olds, and so at that point we really are talking to parents about why it's important to get the vaccine for - why it's important to consent to have their child vaccinated, and we really felt that when providers started the conversation with well it's an STD and they're going to get it from sex or sexual behaviors, that really turned parents off.

And the reason we want them to get it that young is because their bodies can best handle the vaccine and produce the right amount of vaccine, or produce the right response to have the best coverage in terms of preventing cervical cancer or other HPV-associated cancers. And so we really wanted to shift it at that age of 9, 10, 11, 12, to this is a cancer prevention vaccine for your child.

When they're older and they're getting it obviously we want the pediatricians or family practice docs to be talking about transmission of sexually transmitted diseases, but I don't know how often that happens when the parent is in the room. And so I think that that's like different practices handle that a little bit differently, and I want to emphasize the videos that I mentioned before, and you can view the videos that we - VAX, www.vaxteens.org.

And you can see the provider videos and the other resources we've developed for providers and help frame the conversation when a parent does ask about transmission and how a provider can talk about it in a way that's appropriate for the patient in the room who is likely to, like I said, an 11 to 12 year old and the parent, because you're right, we don't want to discount how the disease is transmitted or the importance of you know, practicing safe sex, but that's not what the conversation is - that we'd want it to be about.

Beth Pallo: Yes, yes, I understand that. I just - I also feel that a lot of people have a lot of misconceptions about HPV and a lot of people, even adults aren't even aware of what the virus is and how it's transmitted, so you know, as parents just to make sure that you know, you want them to have that background information as well.

Heather Hirsch: Definitely, and even when they're getting the vaccine, they're provided with the vaccine information sheet from CDC which does talk about HPV as a virus as well, so hopefully they're reading that too.

Beth Pallo: Okay, and I did have one other question. So I've heard stories from people who have told me that they've had their physician recommend that their daughter not get the HPV vaccine until they start menstruating and I was wondering if this was standard practice or if this is something you know, that physicians are recommending.

Heather Hirsch: From everything I know, that is completely false. The best age for adolescents to react to the vaccine and get the most benefit from it is from 11 to 12 and it's approved beginning at age 9. Right? The younger they get it before they've been exposed, the better the virus...

Dr. Vicki Bernard: And this is Vicki, I just also wanted to say we also have a lot of materials on the CDC website for NCIRD, National Center for Immunization and Respiratory Disease, and they specifically have a big educational tools and videos for providers called *You Are the Key*, and it really talks about - a lot about what all you're bringing up and how important it is to talk about the vaccine with the other vaccines that are recommended at that age group.

Beth Pallo: Okay. Thank you.

Coordinator: Our next question is from Dalia Walter. Your line is open. Ms. Walter, you may unmute your phone. Your line is open.

Dalia Walter: Hi, thank you so much. This is Dalia Walter. I work with the South Carolina Department of Health and the Environment, and my question or comment sort of falls on what Vicki has just mentioned. I know at the Comprehensive Cancer Control meeting in Atlanta in August there was a very strong session talking about focus groups and what messages parents wanted to hear or didn't want to hear around the vaccination of HPV vaccine etcetera.

And I was, Vicki, glad that you reflected that those materials are available online, because as I recall from that session, you know the framing it as one of the vaccines that your child needs at this time had a lot more resonance and works better with parents with time restraints and everything else. And then of course you provide the information in a handout that they would take with them, but don't put it up front or offer it as well, this is another one you might want to think about.

That was more of a comment than a question, but thank you, Vicki, for - and will you tell us that slide again, or is that where the help communication on the HPV that website that you mentioned, the National Immunization website, those resources could be found?

Dr. Vicki Bernard: Yes, you can email me directly for that exact site, but if you go to CDC and look under NCIRD you'll find it. Thank you so much.

Coordinator: Our next question is from Tom Collins. Your line is open.

Tom Collins: Hello, everyone. I'm with the University of Kentucky's Rural Cancer Prevention Center which is one of the CDC's Prevention Research Centers. In response to one of the earlier questions about what is being done in the south to deal with HPV vaccinations and also Pap screening, we have conducted two different research studies, one which involved the development of a 13-minute DVD that was presented to young women after receiving dose one of the vaccine, concentrating on completion of the full vaccine series.

And we found that young women who were randomized to our experimental condition were 2 ½ times more likely to actually complete the vaccine series. We have also since then developed a version of this DVD that targets young women who have not yet initiated the vaccine series. We have this available now for dissemination. We have duplicated it in West Virginia and also currently duplicating in North Carolina.

The videos for those two states as well as the two versions that we have used in Kentucky are available at our website, which if you just Google U-K-R-C-P-C, you'll be able to see all of those versions of that DVD intervention. And then also in regards to older women who - I shouldn't see older women, but women of the age that should be receiving Pap tests, we conducted - we collaborated with local health departments in the rural Appalachian region of our state to reach out to women in particular communities and do a lot of advertising in those communities for Women's Health Days at those health departments, particularly just to bring in women who have never had or are beyond the recommendations for a Pap test.

And we are currently analyzing the data to see how we did at actually getting women who have rarely or never screened in to get those Pap tests. Thank you.

Steve Reynolds: Tom, thank you so much for that information is great and I'm glad there's many, many callers on this who will hopefully take advantage of the information you provided and the videos that you talked about. Adrienne, can we go to the next caller, please?

Coordinator: Yes, our next question comes from Jill Roark. Your line is open.

Jill Roark: Hi, everyone, this is Jill Roark from the CDC's National Center for Immunization and Respiratory Diseases, and I just wanted to take a quick moment to answer a couple of the questions that folks have had about HPV vaccination rates. We do see that pediatricians are usually better vaccinators, especially for HPV vaccination, than family physicians.

In terms of rural versus other areas or other Medicaid patients, the Vaccines for Children Program is the program that pays for vaccines for kids who are from birth through age 18 who are Medicaid eligible, uninsured, or American Indian and Alaskan Native, and for those kids that are in the Vaccines for Children Program are better vaccinated especially for HPV vaccine, than those who receive vaccine under private insurance, especially from the little bit of data that we have about who's receiving HPV vaccines.

About the question about working with OBGYNs in terms of getting kids vaccinated, while we're not currently working with OBGYNs through ACOG for that per se what we are doing is asking that OBGYNs talk to moms of pre-teens about the importance of HPV vaccination for the prevention of infection of HPV. And then finally I believe there was a question about where to find our resources. You can do that one of two ways. Either go to www.cdc.gov and in the search box you can type in "You Are the Key" or you can go to www.cdc.gov/vaccines/youarethekey, and vaccines is plural. That's what I've got, thanks.

Steve Reynolds: Thank you, Jill; that was great. And thank you for participating and calling in. Before - I think at this point we're about five minutes before the close and we'll go ahead and close at this point. You can let us know how we can improve the teleconferences. Email your suggestions to

OSTLTSfeedback@cdc.gov. That's O-S-T-L-T-S feedback, all one word at cdc dot gov.

We hope you'll be able to join us for the next month's town hall on Tuesday December 2nd when we will focus on HIV continuum of care. Thank you to the presenters and thank you to everyone who participated today. It's been a wonderful robust discussion and we hope that you can join us for our next town hall. That's the end of today's call. Thank you very much. Goodbye.

Coordinator: Thank you for your participation. This concludes today's conference and you may disconnect at this time.