KEY STAKEHOLDERS

- Programs
  - Immunization programs
- Vaccine providers
  - Primary care physicians, adult health care clinicians
SURVEY DATA

- **Harmonization of upper age catch-up recommendations across genders**
  1. Harmonization survey, 2018: programs
  2. Harmonization survey, 2018: primary care physicians

- **Individual decision making**
  3. Individual decision making survey, 2019: programs
    - Mid-adult HPV vaccination
  4. Individual decision making survey, 2016: primary care physicians
    - Category B for MenB
HARMONIZATION SURVEY, 2018: PROGRAMS

- Immunization program survey:
  - 51 of 64 programs responded (80%)
    - 73% purchased adult HPV vaccine through the CDC contract
    - 73% provided adult HPV vaccine to any health department clinic

Unpublished data, Association of Immunization Managers (AIM) January-February 2018
HARMONIZATION SURVEY, 2018: PROGRAMS

- 96% of programs were aware that catch-up recommendations differ between males and females
- 59% of programs stated current recommendations cause challenges/confusion
- 98% of programs were in favor of harmonizing the recommended age for catch-up vaccination to include everyone through age 26 years

Unpublished data, Association of Immunization Managers (AIM), January–February 2018
Reasons 50 of 51 programs were in favor of harmonization:

- Easier to implement: 46
- Easier to explain to patients: 44
- Will simplify Health Department recommendations and guidelines: 42
- Easier to explain to providers: 42
- Facilitate reaching high-risk populations: 42
- To create equity between genders: 39
- Reduce burden on health care providers: 38
- Other (please specify): 4
HARMONIZATION SURVEY, 2018: PROVIDERS

- Primary care physician survey:
- 820 of 1383 physicians, including pediatricians, family physicians, and internal medicine physicians, responded (59%)
  - 58% were aware of the difference in the recommendation for males compared to females for HPV
  - 27% agreed that current catch-up recommendations with different upper ages for females and males have caused challenges/confusion
  - 93% were in favor of a change to harmonize the recommended age for catch-up vaccinations to include everyone through age 26 years

Unpublished data, Children’s Outcomes Research, University of Colorado, 2018
HARMONIZATION SURVEY, 2018: PROVIDERS
Favoring Harmonization

Reasons why physicians favor harmonization (n=713)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simplify the vaccination schedule</td>
<td>99%</td>
</tr>
<tr>
<td>Easier to implement</td>
<td>97%</td>
</tr>
<tr>
<td>Easier to explain to patients</td>
<td>96%</td>
</tr>
<tr>
<td>Facilitate reaching high-risk populations</td>
<td>88%</td>
</tr>
<tr>
<td>Reduce burden on health care providers</td>
<td>80%</td>
</tr>
<tr>
<td>To create equity between genders</td>
<td>61%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>

Unpublished data, Children's Outcomes Research, University of Colorado, 2018
HARMONIZATION SURVEY, 2018: PROVIDERS Not Favoring Harmonization

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don't have a problem with the current recommendation</td>
<td>92%</td>
</tr>
<tr>
<td>Vaccination is less cost-effective in older age groups</td>
<td>53%</td>
</tr>
<tr>
<td>I don't think HPV vaccine should be administered to all males over age 21 years</td>
<td>52%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

Unpublished data, Children's Outcomes Research, University of Colorado, 2018
INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

- Immunization program survey:
- 45 of 64 immunization programs responded (64%)
INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

Question 1

- If there is a recommendation for *individual decision making* for vaccination of mid-adults, how challenging would it be for your immunization program to communicate the recommendation to vaccine providers in your jurisdiction?

![Bar graph showing the number of programs by level of challenge.]

- Number of programs:
  - Very challenging: 5
  - Somewhat challenging: 22
  - Not challenging: 16
  - Other: 2

Unpublished data, Association of Immunization Managers (AIM), January–February 2019
INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

Question 2

- If there is a recommendation for *individual decision making* for vaccination of mid-adults, how easy would it be for vaccine providers to determine patients in this age group who might benefit from vaccination?

![Graph showing number of programs by ease of decision making]

Unpublished data, Association of Immunization Managers (AIM), January–February 2019
INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

Question 3

- Do you anticipate any challenges to implementing such a recommendation?

Unpublished data, Association of Immunization Managers (AIM), January–February 2019
INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

Reasons *individual decision making* could be implemented

- FDA already announced licensure of HPV vaccine through age 45 years
- Some immunization programs (not all) already have mechanisms in place to communicate new recommendations to adult immunization providers in their jurisdiction
- Easy to identify patients in the mid-adult age range using EHR (electronic health record)
- Identifying patients most likely to benefit might be easier for certain provider types, e.g., clinicians who are already regularly vaccinating adults and assessing sexual history

Unpublished data, Association of Immunization Managers (AIM), January–February 2019
INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

Reasons *individual decision making* could be challenging

- Primary focus of HPV program is to vaccinate children and adolescents; expanding the age range could distract from this main goal
- HPV vaccine messaging should remain focused on disease prevention, not transmission; individual decision making could undermine communication of prevention messages for adolescents by reinforcing transmission messages for adults
- IIS (Immunization Information Systems) are unable to forecast for individual decision making; would have to prompt all or none in the mid-adult age group to have a conversation
- Not all vaccine providers assess sexual history and not all patients disclose
- Might be too complex, confusing, or time-consuming for vaccine providers
- Little funding for adult vaccine programs; 317 funds are already spread thin

Unpublished data, Association of Immunization Managers (AIM), January–February 2019
INDIVIDUAL DECISION MAKING SURVEY, 2016: PROVIDERS

- Primary care physicians answered questions about category B recommendations as part of a larger survey on issues related to MenB.
- 660 of 916 pediatricians and family physicians responded (72%).
  - 89% needed additional guidance on how to tell patients what a category B recommendation is.
  - 69% felt that vaccines with a category B recommendation require more discussion with patients than category A recommendations.
  - 45% did not know that private insurance companies routinely cover category B vaccination recommendations.

Kempe et al Knowledge and Attitudes Regarding Category B ACIP Recommendations, Acad Pediatr, 2018;18: 763768.
SUMMARY

- **Harmonization would likely be acceptable** to key stakeholders:
  - 98% of programs favored harmonization
  - 93% of physicians favored harmonization

- **Individual decision making might be acceptable** to key stakeholders:
  - Majority anticipated challenges communicating such a recommendation
  - Almost half thought it would be easy or somewhat easy for providers to determine who might benefit from vaccination
  - About a third anticipated no challenges with implementation

- Data will be incorporated into the Evidence to Recommendations framework
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.