Disclosure: Session L6

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CDC did not accept commercial support for this continuing education activity.
Increasing HPV immunizations among Asian immigrant adolescents: What worked

Mary Koslap-Petraco DNP, PNPPC-BC, CPNP, FAANP
Stony Brook University School of Nursing
Every Child By Two
Nurse Consultant Immunization Action Coalition
Pediatric Nurse Practitioner House Calls Amityville, NY

48th National Immunization Conference
Atlanta, GA
HPV immunization is still low among adolescents

Several evidence-based interventions have been instituted to increase those rates in various populations

Most recently arrived Asian adolescents had not received HPV vaccine
  - Many were not aware of HPV vaccine
  - Others said it was not available in their home countries
Background

* Some were fearful because of what they had heard about the vaccine
* Some had negative reactions because of what they had seen on internet
* They knew not to believe everything they saw on the internet
  * Students were not aware of antivaccine sites that looked legitimate
Parochial high schools in Suffolk County NY

Health care is provided in the schools by a PNP

- Physicals
- Immunizations
- Sick visits

Plenty of opportunities to speak with each student
Asian students who had recently arrived in US
Countries students came from
  * China
  * South Korea
  * Viet Nam
  * Students ranged in age from 14-18 years of age
Population consisted of both girls and boys
Letter was drafted by the PNP and sent to parents
  * Explained benefits of HPV immunization
  * Sent to parents of all of students at beginning of school year
* Contact information for the PNP was included in letter
  * Parents were encouraged to contact PNP with questions
* Letter was to be translated into parents’ native language
Parents were asked to email or text their consent for the vaccine

None of the parents agreed to HPV immunization following receipt of the letter

PNP then decided to discussed the benefits and the risks of HPV immunization

During each physical exam for the adolescents as part of the conversation
PNP talked about prevention of cancer of cervix, head and neck and effects of HPV infection on fertility
  * NP recanted stories of HPV infection in her own family
  * Adolescents were given the opportunity to ask questions
  * Most of the adolescents expressed interest in ‘a vaccine that could prevent cancer’
  * Students agreed to discuss what they had learned and ask their parents to agree to the administration of HPV vaccine
Results/Lessons Learned

* The adolescents were receptive to discussing HPV vaccine
* HPV vaccine rates went from zero to 30% among the adolescent girls but remained at zero for the boys
* So what was different between the boys and girls?
* Just discussing cancer of head and neck and warts was not effective for boys
Results/Lessons

- Data was collected from New York State Immunization Information System (Registry) (NYSIIS)
- Collection dates 1/2/17-4/20/18
- More adolescents are accepting HPV immunization at each visit

<table>
<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>156</td>
<td>229</td>
</tr>
<tr>
<td>46 Received HPV vaccine</td>
<td>10 Received HPV vaccine</td>
</tr>
</tbody>
</table>
In a large Asian population the PNP wanted to be culturally sensitive to both boys and girls.

- A consult was made with an Asian American man whose parents were born in China.
- The Asian American man advised discussion of cancer of male body parts as key.
- PNP began to include discussion of cancer of the penis.
Results/Lessons Learned

Before Intervention

After Intervention

Girls

Boys
Results/ Lessons Learned

- With each subsequent visit more boys are presenting permission to receive HPV vaccine
- The one on one approach proved to be much more effective than letters to the parents
- The approach to the boys needed to be different than the approach to the girls
It is too soon since the updated intervention for the boys was implemented to determine the percentage for HPV acceptance.
References

MMWR 2014; 63(29);625-633
Missed opportunity: Healthcare encounter when some, but not all ACIP-recommended vaccines are given. HPV-1: Receipt of at least one dose of HPV. MMWR. 63(29);620-624.


ADDRESSING HEALTH BELIEFS AS PART OF HEPATITIS A HEALTH EDUCATION EFFORTS

Kimberly C. Pettiford, M.P.H.
San Diego County Immunization Program
Epidemiology and Immunization Services Branch

48th National Immunization Conference
Atlanta, Ga
May 17, 2018
Background

- San Diego County experienced the third largest hepatitis A outbreak nationwide since 1995
- Outbreak detected in early March 2017, with cases traced back to November 2016
- 588 cases and 20 deaths reported thru May 2018
- Resulted in declaration of a local health emergency on September 1, 2017 and ended on January 23, 2018
Outbreak Management

- Three-pronged approach
  - Vaccinate
  - Sanitize
  - Educate

Approach served as the foundation for outbreak operations and risk communications efforts
PRIORIT POPULATIONS

SPECIFIC TO THE SAN DIEGO OUTBREAK

- Homeless persons and/or those with unstable living conditions
- Users of illicit drugs
- Gay and bisexual men and men who have sex with men
- Persons with chronic liver disease such as cirrhosis, hepatitis B or hepatitis C.
- Persons with close, ongoing contact with homeless persons and/or illicit drug users or their environment via employment or regular volunteer activities
- *Food handlers catering to adult populations
RISK COMMUNICATION STRATEGY

CALL TO ACTION

1. GET VACCINATED, IF AT RISK OR IN CDC-RECOMMENDED GROUP

2. WASH HANDS/SANITIZE

3. EDUCATE
COMMUNITY EDUCATION AND OUTREACH PRESENTATIONS

- Delivered in-person or via video conferencing
- Standardized slide set
- 20 minutes
- Education began in April 2017 and continues
- Internal and external audiences
- 20+ health education specialists trained
- Over 10,000 participants reached via 220+ presentations
PRESENTATION AUDIENCE

- County family resource center staff
- County probation department staff
- County behavioral health services staff and contractors
- City municipalities
- Members of the vulnerable population
- Vulnerable population service providers
- Volunteer, service, and faith based organizations
- Utility companies
- Private Businesses
OVERVIEW OF THE HEALTH BELIEF MODEL (HBM)

Individual Perceptions  Modifying Factors  Likelihood of Action

Perceived susceptibility of seriousness of disease  Age, Sex, Ethnicity Personality, Socio-economics, Knowledge  Perceived benefits versus barriers to behavioral change

Perceived threat of disease

Cues to action:
- education
- symptoms
- media information

Likelihood of behavioral change
OVERALL VIEW OF THE HBM AND THE HEPATITIS A PRESENTATION

Individual Perceptions

Belief that they would contract Hepatitis A

Modifying Factors

Homelessness, unstable living conditions, those with close, ongoing contact

Perceived threat of Hepatitis A

Cues to action:
* presentation
* symptoms
* know someone with disease
* media alerts
* vaccine clinics/foot teams

Likelihood of Action

Perceived benefits of being vaccinated versus barriers to receiving vaccine

Likelihood of getting vaccine
ADDRESSING HBM IN THE STANDARD PRESENTATION

TOPIC ALIGNMENT WITH HBM CONCEPTS

**Perceived Susceptibility**
- Modes of transmission
- At-risk populations
- Contagiousness
- Disease symptoms

**Perceived Severity**
- Consequences of having disease/symptoms
- No cure available
- Contagiousness

**Perceived Barriers**
- Government Distrust
- Vaccine hesitancy
- At-risk group stigmatization

**Perceived Benefits**
- Not contracting the disease
- Efficacy of vaccine
- Increased level of knowledge about the disease
PRESENTATION TAILORING TO MEET THE HEALTH BELIEFS OF DIFFERENT AUDIENCES

- At-risk population
- Persons with a history of ongoing, direct contact with the at-risk populations
- Persons with intermittent direct contact with the at-risk populations
- Persons without direct contact with the at-risk Populations, seeking awareness only
FOCUS WAS PLACED ON ALL CONCEPTS OF THE HBM MODEL

**Perceived Susceptibility**
- Modes of transmission
- At-risk populations
- Contagiousness
- Disease symptoms

**Perceived Severity**
- Consequences of having disease/symptoms
- No cure available
- Contagiousness

**Perceived Barriers**
- Partnership with trusted organizations
- Vaccine efficacy
- Availability of free vaccine in region

**Perceived Benefits**
- Prevention
- Vaccination
- Proper sanitation
- Education
PERSONS WITH A HISTORY OF ONGOING, DIRECT CONTACT WITH THE AT-RISK POPULATIONS

FOCUS WAS PLACED ON THREE CONCEPTS OF THE HBM MODEL

**Perceived Susceptibility**
- Modes of transmission
- At-risk populations
- Contagiousness
- Disease symptoms

**Perceived Severity**
- Consequences of having disease/symptoms
- No cure available
- Contagiousness

**Perceived Barriers**
- Partnership with trusted organizations
- Vaccine efficacy
- Availability of free vaccine in region

**Perceived Benefits**
- Prevention
- Vaccination
- Proper sanitation
- Education
PERSONS WITH INTERMITTENT DIRECT CONTACT WITH THE AT-RISK POPULATIONS

FOCUS WAS PLACED ON TWO COMPONENTS OF THE HBM MODEL

**Perceived Susceptibility**
- Modes of transmission
- At-risk populations
- Contagiousness
- Disease symptoms

**Perceived Severity**
- Consequences of having disease/symptoms
- No cure available
- Contagiousness

**Perceived Barriers**
- Partnership with trusted organizations
- Vaccine efficacy
- Availability of free vaccine in region

**Perceived Benefits**
- Prevention
- Vaccination
- Proper sanitation
- Education
**Perceived Susceptibility**
- Modes of transmission
- At-risk populations
- Contagiousness
- Disease symptoms

**Perceived Severity**
- Consequences of having disease/symptoms
- No cure available
- Contagiousness

**Perceived Barriers**
- Partnership with trusted organizations
- Vaccine efficacy
- Availability of free vaccine in region

**Perceived Benefits**
- Prevention
- Vaccination
- Proper sanitation
- Education

Focus was placed on three components of the HBM model.
EMPHASIZED TOPICS EXAMPLES:

- Clarification of at-risk populations
- Partnering with locally known and trusted organizations for the homeless populations
- History of the vaccine, safety, and effectiveness
- Clarification of person-to-person spread of the virus is spread. (Not airborne)
- Widespread availability of vaccine via on-site clinics, community clinics, and vaccine events
- Effective handwashing techniques and sanitizing guidelines
RESULTS/LESSONS LEARNED

- The audiences' experience with the at-risk population influenced their health beliefs about hepatitis A.
- The more audience experience/contact with the at-risk population, the more information was needed in all four concepts of the health belief model.
- Adaptation to delivery of messages was completed based upon that experience.
- Feedback from the audience was built into talking points and information shared with all health education specialists for future presentations.
- Lessons learned from this Hep A outbreak is being used to deliver health education and communication efforts to other audiences for other vaccine preventable diseases.
THANK YOU

- Public Health Officer: Wilma J. Wooten, M.D., M.P.H.
- Deputy Public Health Officer: Sayone Thihalolipavan, M.D., M.P.H.
- Epidemiology and Immunization Services Branch Medical Director: Eric McDonald, M.D., M.P.H.
- Epidemiology and Immunization Services Branch Chief: Karen Waters-Montijo, M.P.H.
- Immunization Health Promotion and Education Staff Lead: Kimberly C. Pettiford, M.P.H.
- Health and Human Services Agency Regional Health Promotion Staff