Session L4

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Overview and findings of two evaluations to improve HPV vaccination conducted by CDC and 61 CDC-funded state and local immunization programs, 2016-2018
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Summary of Topic:
During 2016-2018, CDC and 61 CDC-funded state and local immunization programs are conducting two evaluations (as part of CDC’s Immunization Program Evaluation (IPE) requirement) aimed at improving HPV vaccination coverage. One evaluates Assessment, Feedback, Incentives and eXchange (AFIX) – a quality improvement program; the second evaluates school HPV vaccination campaigns.

Description of Session:
Presentation #1:
Title: Overview of a 2016-2018 evaluation focused on CDC’s AFIX program and its impact of HPV vaccination coverage
Presenter: Suchita A. Patel, Medical Officer
Description: Fifty-five immunization programs are participating in a CDC-led evaluation focused on the impact of AFIX on HPV vaccination coverage among healthcare providers who participate in the Vaccines for Children (VFC). The evaluation started with a survey to assess programs’ 2016 AFIX activities and policies, including those related to HPV vaccination. The evaluation includes assessment of program and provider staff’s experience, attitudes, and beliefs about AFIX activities, including challenges and facilitators.

Presentation #2:
Title: Description of 55 immunization programs’ 2016 AFIX activities and policies
Presenter: Stephen McGruder, Contractor
Description: In January 2017, 55 immunization programs completed a survey describing their programs’ AFIX activities and policies. Results revealed variability in policies and procedures across programs. Twenty-five (>50%) programs conducted both combined VFC/AFIX and AFIX-only visits. The main criterion used in selecting a provider office for an AFIX visit was the projected due date for either a VFC/AFIX or AFIX visit (n=22). Most programs (n=43) did not have specific guidance for staff who conduct site visits about sharing coverage reports or sending the assessment questionnaire (n=28) prior to the visit. Programs recommended or required that staff who conduct visits conduct follow-up visits either by phone (n=49), in-person (n=40) or by email (n=34). Forty-one programs (75%) provided some type of incentive to motivate providers.

Presentation #3:
Title: HPV-related activities conducted by 55 immunization programs’ as part of their 2016 AFIX program

Presenter: Tosin Ariyo, ORISE Fellow

Description: Although 15 programs selected HPV vaccination coverage levels as a criterion for selecting a provider to receive an AFIX visit, none indicated that it was their most important criterion. About a quarter (n=15) of programs currently use CDC-developed HPV resources in their AFIX activities, and 11 programs stated a need for additional HPV-specific tools and materials. About 14% of programs require or recommend the discussion of HPV vaccination reports or resources during AFIX visit, and 38 (67%) programs provided guidance to reviewers about conducting additional quality improvement activities focused on improving HPV vaccination coverage.

Presentation #4:

Title: Description of 2016 school HPV vaccination campaigns in 6 Pacific Island jurisdictions

Presenter: Helen Fisun, Contractor

Description: The first survey of six island programs assessed activities, beliefs, practices, and challenges related to HPV vaccination. All programs administer HPV vaccine through school located vaccination (SLV) (n=6); one requires HPV vaccination for school attendance. Programs believe main barriers to HPV vaccination are vaccine safety concerns and lack of education among providers. Among the public, programs believe main barriers include: fear of promoting sexual information, vaccine safety concerns and lack of education. Limited staff within the Immunization Program was also listed as a barrier to improving HPV vaccination rates. Evaluation needs identified by programs include: assessing barriers to low consent for SLVs, assessing parents’ and providers’ beliefs around HPV vaccination.