

Talking Points for HPV Vaccination

Are HPV vaccinations required?

No, HPV vaccinations are not required, but they are highly recommended for anyone 11 to 26 years of age. The HPV vaccine is very important because it **prevents cancer**. A new study in *The Journal of Infectious Diseases* showed that since the introduction of the HPV vaccine in 2006, vaccine-type HPV prevalence has decreased 56% among female teenagers age 14 to 19.

Why do we vaccinate children against HPV at such a young age?

Like all vaccine preventable diseases, our goal is to vaccinate before there is a risk of exposure to a disease. This gives us the best chance of prevention. We want to vaccinate children well before they are ever exposed to HPV. Research has shown that getting the HPV vaccine does not make adolescents more likely to be sexually active or start having sex at a younger age. HPV is so common that almost everyone will be infected at some point in their lifetime. Even if your son/daughter waits until marriage to have sex, or only has one partner in the future, he/she could still be exposed.

Per the Centers for Disease Control and Prevention (CDC): The HPV Vaccine is recommended at ages 11 or 12 years. “For the HPV vaccine to work best, it is very important for preteens to get two doses before their 15th birthday long before sexual activity with another person begins. It is possible to be infected with HPV the very first time they have sexual contact with another person.” <https://www.cdc.gov/hpv/>

Adolescents younger than age 15 only need two doses of HPV vaccine. Adolescents ages 15 and older need three doses of the vaccine, so it is better to start the vaccine series at a younger age, so less doses are needed. Additionally, younger children have a better immune response to the HPV vaccine than older teens and adults.

Will my child need more than one HPV shot?

For adolescents who start the series before their 15th birthday, the HPV vaccine series requires two shots that are 6-12 months apart. Adolescents starting the HPV vaccine series at ages 15 or older will need three doses. Getting all of the recommended doses of the HPV vaccine will give your child the best possible **protection from cancer** caused by HPV.

How can we increase our uptake and series completion?

The most important thing we can do to increase the uptake of the HPV vaccine is to be sure we are communicating with parents and patients about the vaccine in the same manner that we would other adolescent vaccines: “Today your child will be receiving vaccines to prevent tetanus, diphtheria, pertussis, HPV, and meningitis.”

To increase the number of patients finishing the two/three-dose HPV immunization series, make the follow-up appointment for the next dose before the patient leaves the clinic and make reminder phone calls three to five days prior to the appointment. Send recall phone calls, emails,

or letters to patients who haven't received the HPV vaccine or are behind on their subsequent doses.

Providers should be sure to give all adolescent vaccines during high school activity physicals.

Where can my child receive the HPV vaccine?

A primary care provider, whether it is a pediatrician or family practitioner, can administer the HPV vaccine. Clinics, public health units and some pharmacies carry and have the authority to give the HPV vaccine.

This vaccine is expensive and we do not have insurance to cover the cost. What can we do?

Many providers in North Dakota are enrolled in the Vaccines For Children (VFC) Program, including all local public health units. This means that they carry a supply of the vaccine that is specifically for Medicaid eligible, uninsured, underinsured, and American Indian children ages 0 to 18 years of age. The cost is allowed to be \$20.99 per dose, but no enrolled provider can turn a client away for the inability to pay, and no balances can be forwarded to collections. When presenting to a provider, it is important to inform the registrar of what the insurance status is for the child and present the appropriate insurance or Medicaid identification cards if applicable. The cost of the appointment is separate and is not subject to the same rules as the VFC-supplied vaccine.

Some local public health units hold immunization clinics in schools to make it easier to get children vaccinated. Contact your local public health unit to find out if they will be holding any school clinics where your child attends or look for any consent forms that could come home with your child.

Is HPV Vaccine safe?

The HPV vaccine is very safe and effective. To monitor safety, the CDC uses the Vaccine Adverse Event Reporting System (VAERS) and tracks trends in real time. If any lot of the HPV vaccine or any vaccine has a concern of viability or safety based on VAERS, the vaccine lot will be recalled immediately. This system helps the CDC and the Food and Drug Administration (FDA) track new, or unexpected trends. More than 86 million doses of HPV vaccine has been distributed in the United States. VAERS has received reports of 22,000 adverse events – 92 percent of which were classified as non-serious: pain, swelling, redness at the injection site, fainting, nausea, headache, and fever. The reports peaked in 2008 and have decreased each year since.

VAERS reports that were coded as serious included reactions of headache, nausea, vomiting, fatigue, dizziness, fainting and generalized weakness. If coded as “serious,” it means that the event resulted in hospitalization, prolongation of an existing hospitalization, permanent disability, life-threatening illness or death. Of all deaths reported (85) after receiving HPV vaccine, none were able to be attributed to receiving the vaccination. There is no pattern with respect to time after vaccination, no consistent vaccine dose number or combination of vaccines given, and no diagnosis at the time of death that can suggest that the vaccine caused the death.

<https://www.cdc.gov/hpv/parents/vaccinesafety.html>

Why should I/my child get the vaccine if it doesn't protect against all HPV strains?

There are many strains of HPV. The Gardasil®9 vaccine protects against the nine most common strains of HPV, which in turn offers protection against the strains that cause 90 percent of all cervical cancer cases. While most HPV infections will resolve on their own over time, some will cause cervical, anal, vaginal, vulvar, penile, and oropharyngeal cancers. HPV is also the leading cause of new oropharyngeal cancer cases in the United State, affecting up to 4 times as many men as women. In addition to cancer, HPV causes genital warts that are not life threatening, but treatment can be very uncomfortable. Receiving the full series of HPV vaccine will prevent the most common strains linked to cervical and other cancers as well as the common types of genital warts caused by HPV.

Why should my son get the HPV vaccine if it only prevents cervical cancer?

This is a common misconception. HPV causes cervical, anal, vaginal, vulvar, penile, and oropharyngeal cancers and genital warts. Males that are exposed and infected with any strain of HPV can pass it to their partner. Many males, when asked if they would be vaccinated if they knew they could prevent passing a potentially cancer causing virus to their current or future partners, agreed that they would get vaccinated. The prevention of HPV transmission is not only a female responsibility. HPV affects millions of males annually, and they can help prevent transmission.

Sources to develop this document include:

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

<http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>

<http://www.cdc.gov/media/releases/2013/p0619-hpv-vaccinations.html>

<http://www.cdc.gov/features/vfcprogram/>

This document was developed in partnership by the North Dakota Cancer Coalition HPV Workgroup and North Dakota Department of Health Disease Control Program.