



HPV in Vermont - Updates

VTAAC HPV Taskforce Meeting

September 18, 2024

Sharon Mallory, Comprehensive Cancer Control Program Director

2025 Vermont Cancer Plan Goals

Health Equity

Ensure that all Vermonters have a fair and just opportunity to be healthy.

Cancer Prevention

FOCUS AREAS: Tobacco, Physical Activity and Nutrition, Human Papillomavirus (HPV) and Environmental Hazards

Cancer Early Detection

FOCUS AREAS: Colorectal, Cervical, Breast, Lung and Prostate Cancers.

Cancer Directed Therapy & Supportive Care

FOCUS AREAS: Cancer Directed Therapy, Integrative Medicine and Palliative Care.

Survivorship & Advanced Care Planning

FOCUS AREAS: Optimal Physical and Emotional Health, Hospice Care and Advanced Care Planning



Goal: Health Equity

Ensure that all Vermonters have a fair and just opportunity to be healthy

Populations of Focus

- Black, Indigenous and people of color (BIPOC)
- Lesbian, gay, bisexual, transgender and queer (LGBTQ) Vermonters
- Vermonters living with disabilities
- Low-income Vermonters

EQUALITY:

Everyone gets the same – regardless if it's needed or right for them.



EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



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2025 Vermont Cancer Plan Goal

Cancer Prevention

Goal 4. Prevent Human Papillomavirus (HPV) infections in young Vermonters.

Objectives	Measures BASELINE (YEAR)	TARGET (2025)
4.1 Increase % of youth ages 13–17 who have completed the HPV vaccine series (IMR [§]).	59% (2021)	62%
4.2 Decrease incidence rate of HPV-associated cancers (Per 100,000 persons) (VCR [‡]).	9.3 (2014–2018) ^{17,18}	8.8

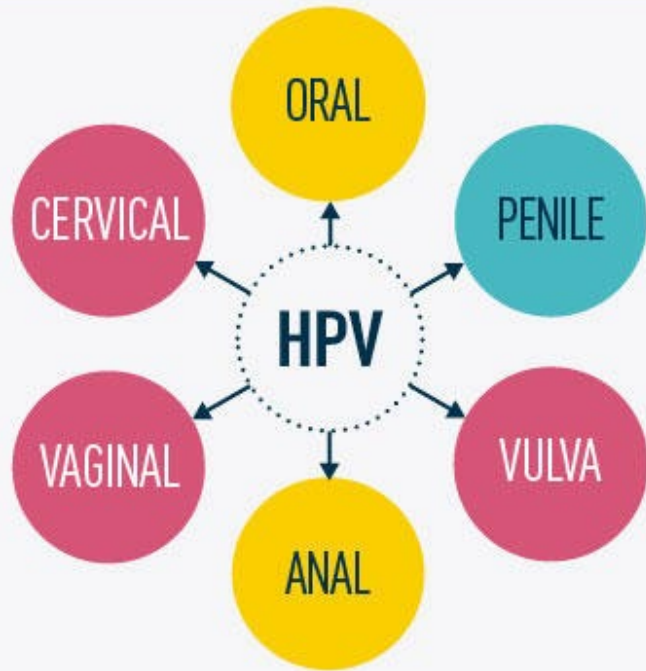


Strategies

- **[HEALTH EQUITY]** Assess barriers contributing to lower HPV vaccination rates among populations of focus: BIPOC, LGBTQ+ Vermonters, people living with disabilities and low-income Vermonters.
- Provide training options to support providers in strongly promoting the HPV vaccine as a cancer prevention vaccine.
- Educate parents of youth (ages 13–17) around the importance of HPV vaccination and all of the cancers associated with HPV.
- Educate Vermont youth (ages 13–17) about the importance of HPV vaccination and all of the cancers associated with HPV.
- Assist primary care providers in implementing patient reminder systems, clinic-based education, provider assessment and feedback, provider reminders or standing orders to begin and complete the HPV vaccination series.
- Educate oral health providers about the need to include HPV vaccination as part of their preventive health recommendations.

[§]Immunization Registry [‡]Vermont Cancer Registry [†]Youth Risk Behavior Survey
17. Measure is age adjusted to the 2000 U.S. standard population.
18. 2018 data are provisional.

HUMAN PAPILLOMAVIRUS CAN CAUSE SEVERAL TYPES OF CANCER



cancer.gov/hpv


Estimates: Cancers Caused by HPV

- Over 90% of anal cancer
- Virtually all cervical cancer
- 70% of oropharyngeal cancer
- 63% of penile cancer
- 75% of vaginal cancer
- 69% of vulvar cancer
- <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-and-cancer#what-cancers-are-caused-by-hpv-infection>

36% of 2025 Vermont Cancer Plan targets have been met.

Of the 40 Cancer Plan Objectives:

- 55% (22) have **improved**
- 30% (12) have **worsened**
- 13% (5) have **no change/trend data**
- 2% (1) is a developmental objective



2025 Vermont Cancer Plan Status Report 2

Progress as of August 2024

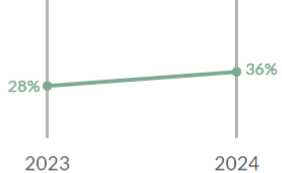
The [2025 Vermont Cancer Plan](#) outlines the five-year shared goals, objectives, and strategies chosen to reduce the burden of cancer in Vermont. Measurable objectives were selected along the cancer continuum, including [Health Equity](#), [Cancer Prevention](#), [Early Detection](#), [Cancer Directed Therapy & Supportive Care](#), and [Survivorship & Advanced Care Planning](#).

The statewide progress made toward achieving the measurable objectives laid out in the 2025 Vermont Cancer Plan is summarized in the pages below.



Reducing the burden of cancer is best achieved through the collective effort of many individuals and organizations. The Vermont Department of Health's Comprehensive Cancer Control Program, Vermont's statewide cancer coalition, Vermonters Taking Action Against Cancer (VTAAC), and a network of community, clinical and nonprofit partners together use the 2025 Vermont Cancer Plan and the Cancer Plan Status Report to guide this work.

Find a list of data source abbreviations on [page 12](#) and an At-A-Glance Status Report on [page 13](#).

Summary of Progress Targets Met



Year	Targets Met
2023	28%
2024	36%



2025 Vermont Cancer Plan Status Report 2

Progress as of August 2024

Cancer Prevention

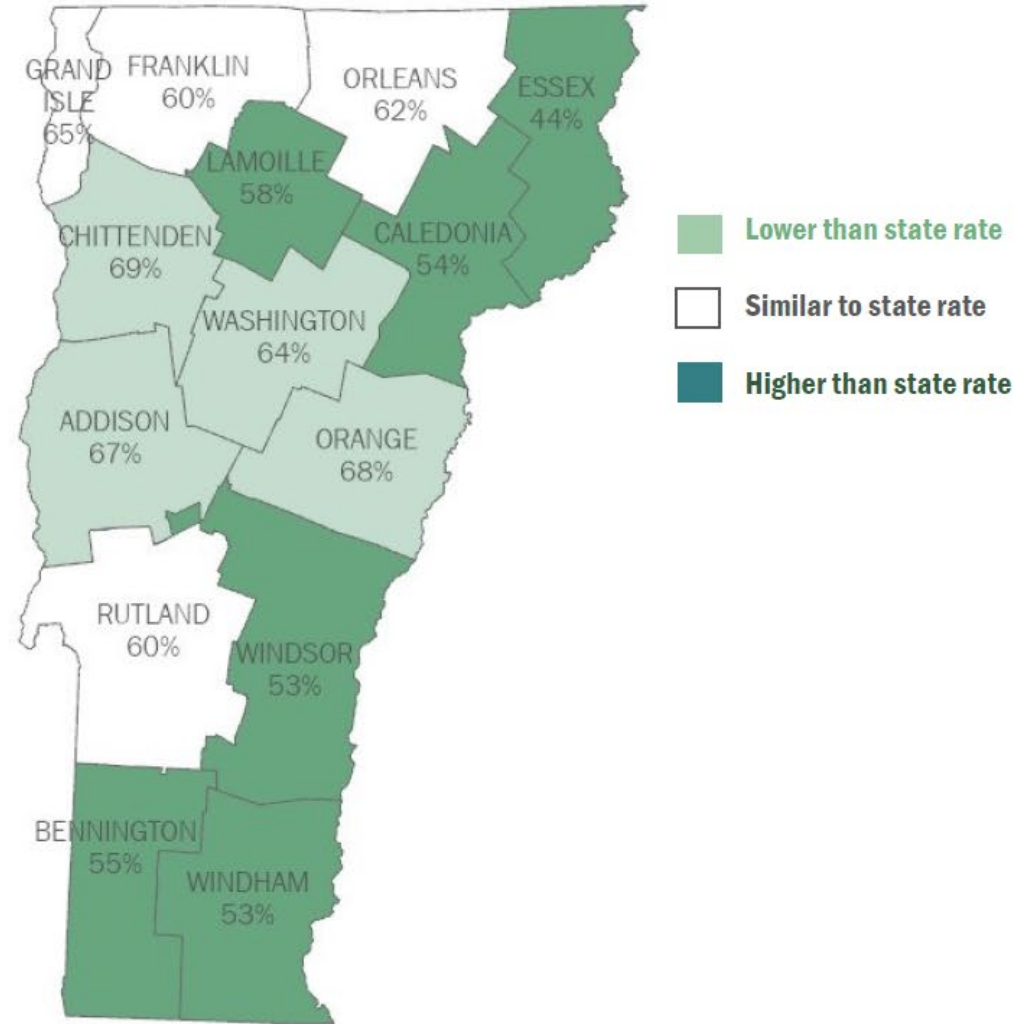
Goal 4. Prevent Human Papillomavirus (HPV) infections in young Vermonters.

Objectives (Data source)	BASELINE	COMPARISON TO TARGET	TREND	MET TARGET
		current ◆ target ■ target met ■		☐ no new data
4.1 Increase % of youth ages 13–17 who have completed the HPV vaccine series (IMR 2021-2024).	59% (2021)		Improved	✓
4.2 Decrease incidence rate of HPV-associated cancers (Per 100,000 persons) (VCR 2015-2020).	9.3 (2014-2018)		Worsened	✗

HPV Vaccination, Ages 13-17

The rate of adolescents who have completed the HPV vaccine series varies widely across the state, with six counties falling under the statewide rate.

Having completed the HPV vaccine series requires adolescents who received the first dose before their 15th birthday to receive two doses, and those that received the first dose after their 15th birthday to receive 3 doses.

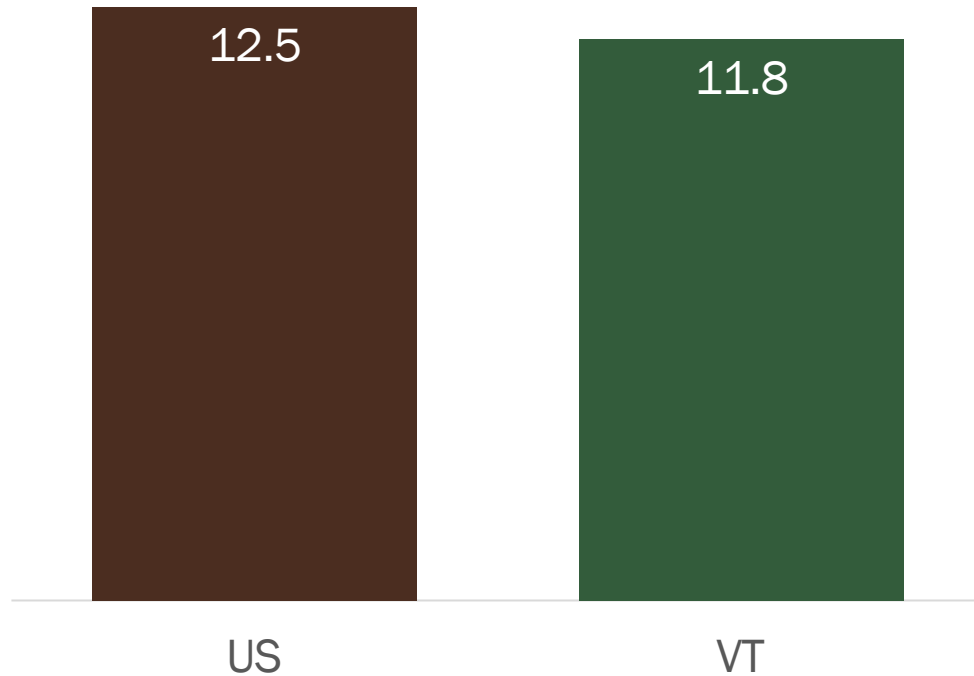


Human papillomavirus (HPV)-Associated Cancers⁺

⁺See [page 47](#) for list of HPV-associated cancers.

The incidence rate of HPV-associated cancers in Vermont is similar to that of the US.

Incidence Rate per 100,000 people



*** Sample size too small to report.

All counties with reportable estimates have an incidence rate of HPV-associated cancers like the state rate.

Note: Cervical cancers diagnosed as in situ are not reported to the Cancer Registry and are therefore not included in this chart.

Vermont Department of Health Source: Vermont Cancer Registry 2016-2020

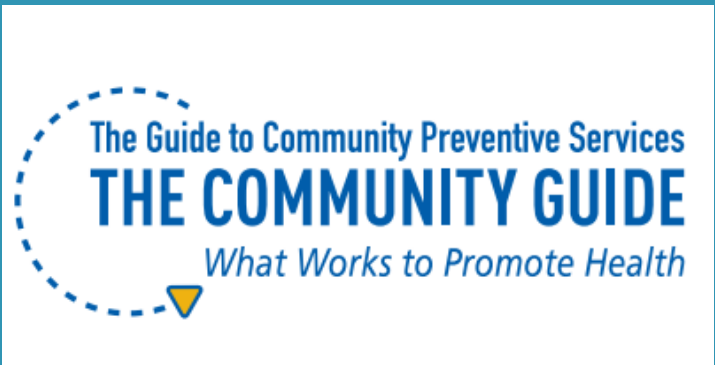
All estimates are age-adjusted to the 2000 U.S. standard population.

What works to increase HPV immunization rates?

What activities are happening/should we focus on?

Where can you find Evidence-Based Interventions?

- The Community Guide (for preventive services)
- Cochrane Database
- What Works for Health
- SAMHSA Evidence-Based Practices Resource Center
- Evidence-Based Cancer Control Programs (EBCCP) formerly RTIPs
- Journal articles (via PubMed, Google Scholar)



Evidence-Based Interventions (EBI) Recommendations

<https://www.thecommunityguide.org/>

The screenshot shows a web browser at the URL thecommunityguide.org/pages/about-community-guide.html. The page has a dark teal header with the site name and navigation menu. Below is a search bar. The main content area is titled "About The Community Guide" and includes a "Print" link, a paragraph about the gold standard of recommendations, and three featured sections: "New from The Community Guide" (with a smartphone image), "Systematic Review Methodology" (with a flowchart image), and "Success Stories" (with a map of the US).

thecommunityguide.org/pages/about-community-guide.html

Welcome to The Community Guide! Let us know what you think of the website by completing this [quick survey](#).

The Community Guide Topics CPSTF Publications & Resources About

Search The Community Guide Search the Guide Search

About The Community Guide

[Print](#)

Recommendations in The Community Guide are the gold standard for what works to protect and improve population health.

When communities need to know how to protect and improve their population's health, they turn to The Community Guide, a collection of evidence-based [recommendations and findings](#) from the [Community Preventive Services Task Force \(CPSTF\)](#). CPSTF makes evidence-based recommendations about the effectiveness and economic impact of public health programs, services, and other interventions used in real-world settings such as communities, worksites, schools, faith-based organizations, military bases, public health clinics and departments, and integrated healthcare systems.

New from The Community Guide

Read the latest news from The Community Guide or search for updates by topic or release date.

Systematic Review Methodology

Learn about Community Guide methods used to evaluate the effectiveness and economic evidence for community-based programs, services, and policies.

Success Stories

Read Community Guide in Action stories to learn how other communities have used CPSTF recommendations to improve population health.

Evidence-based interventions (EBIs) to increase Vaccination.



<https://www.thecommunityguide.org/>


INTERVENTION	CPSTF FINDING
ENHANCING ACCESS TO VACCINATION SERVICES	
Home visits to increase vaccination rates	●
Reducing client out-of-pocket costs	●
Vaccination programs in schools and organized child care centers	●
Vaccination programs in WIC settings	●
INCREASING COMMUNITY DEMAND FOR VACCINATIONS	
Client-held paper immunization records	◆
Client or family incentive rewards	●
Client reminder and recall systems	●
Clinic-based education when used alone	◆
Community-based interventions implemented in combination	●
Community-wide education when used alone	◆
Monetary sanction policies	◆
Vaccination requirements for child care, school, and college attendance	●
PROVIDER- OR SYSTEM-BASED INTERVENTIONS	
Health care system-based interventions implemented in combination	●
Immunization information systems	●
Provider assessment and feedback	●
Provider education when used alone	◆
Provider reminders	●
Standing orders	●

Legend for CPSTF Findings: ● Recommended ◆ Insufficient Evidence ▲ Recommended Against

Past and Current VTAAC and Partner HPV Activities

(not a comprehensive list)

Vermont “Start at 9” Campaign to Prevent HPV Cancers



September 2023

VT organizations that have endorsed starting the HPV vaccine series at age 9:

- American Cancer Society
- Bi-State Primary Care Association
- Central Vermont Medical Center
- Dartmouth Cancer Center
- Northern New England Clinical & Translational Research Network
- People’s Health and Wellness Clinic
- Southwestern Vermont Medical Center
- UVM Cancer Center
- UVM Children’s Hospital
- UVM Health Network
- Vermonters Taking Action Against Cancer
- Vermont Dental Hygienists’ Association
- Vermont State Dental Society

Vermont is partnering with NH, CT, VA, WV, DC, PA, OH, MD, and DE, in a multi-state *Call to Action* to increase HPV vaccination through strong and consistent provider recommendations and the initiation of HPV vaccination starting at age 9. HPV vaccination is cancer prevention!

Please review the Provider Call to Action steps below as well as the resources and links at the end of the letter. Vermont’s Cancer Coalition, Vermonters Taking Action Against Cancer (VTAAC), is actively supporting this effort through its HPV Taskforce. For more information on how you can be involved in this initiative, please go to www.vtaac.org or email Coordinator@VTAAC.org.

Thank you for all that you do to improve the health of your patients. We appreciate your support for this important effort to prevent cancer by increasing HPV vaccination in Vermont.

Recommend starting HPV Vaccination at age 9!

Activity	When	EBI
SVMC/ACS/VTAAC HPV QI project <ul style="list-style-type: none"> • (patient reminders, patient education, provider reminders, provider education, EMR upgrade, bi-directional interface with IZ registry) 	2024-2025	Client reminder, IZ Info systems, provider reminders, provider education*
12 VDH local offices IZ Designees work with family/pediatric practices on IZ action plans <ul style="list-style-type: none"> • (provider assessment/feedback, provider training, strong vaccine recommendation) 	Continuous	Provider assessment and feedback, provider education*
VTAAC Start at 9 campaign for healthcare and dental providers <ul style="list-style-type: none"> • (letters to providers, building on similar work in other States. Other promotion through partners) 	2023	Provider education**
Develop and distribute Oral health HPV toolkit with UVM & CVMC, training dental hygienists <ul style="list-style-type: none"> • (included practice policy push) 	2019-2022	Provider education**
VDH & Bi-State Primary Care – “You are the Key” screenings (4) <ul style="list-style-type: none"> • (and initial work to develop FQHC practice dashboard with cancer screening & HPV IZ rates) 	2019-2022	Provider education, community education, provider assessment and feedback.* *

* Health care system-based interventions implemented in combination (some interventions not proven to work on their own).

** This activity is not a proven EBI used alone but can be effective in combination with other actions.

Things to Consider

- What additional data are needed?
- Which regions or populations to target?
- What other projects/opportunities can we be part of?
- What should VTAAC's next priorities (EBIs) be?





Thank you!

Let's stay in touch.

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Web: healthvermont.gov

Human Papillomavirus (HPV) Immunization Recommendations*

HPV vaccination traditionally routinely recommended at age 11–12 years but can start at age 9.

Age at Initial Vaccination	Dosing
9 – 14 years	2-dose series (<i>2nd dose 6-12 months after 1st</i>)
15 – 26 years	3-dose series (<i>2nd dose 1-2 months after 1st; 3rd dose 6 months after 1st</i>)
27 – 45 years	Not recommended for all adults aged > 26 years. Some adults may benefit. Recommends shared clinical decision-making between patient & provider.
> 45 years	Not recommended

* Based on current recommendations of the Advisory Committee on Immunization Practices (ACIP, 2019)