

*The Art of Motivational Interviewing  
to Increase HPV Vaccination*



# Your American Cancer Society Presenters

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## Disclosures

The American Cancer Society would like to **thank Delta Dental** for their generous financial support via a grant for the delivery of professional education and supplying materials to help promote HPV vaccination in Kentucky.

## Learning Objectives:

By the end of today's session, participants will be knowledgeable on

### Objective 1

Participants will learn strategies to communicate with parents about HPV vaccination acceptance

### Objective 2

Participants will understand the basics of Motivational Interviewing including applicable techniques for vaccine promotion

### Objective 3

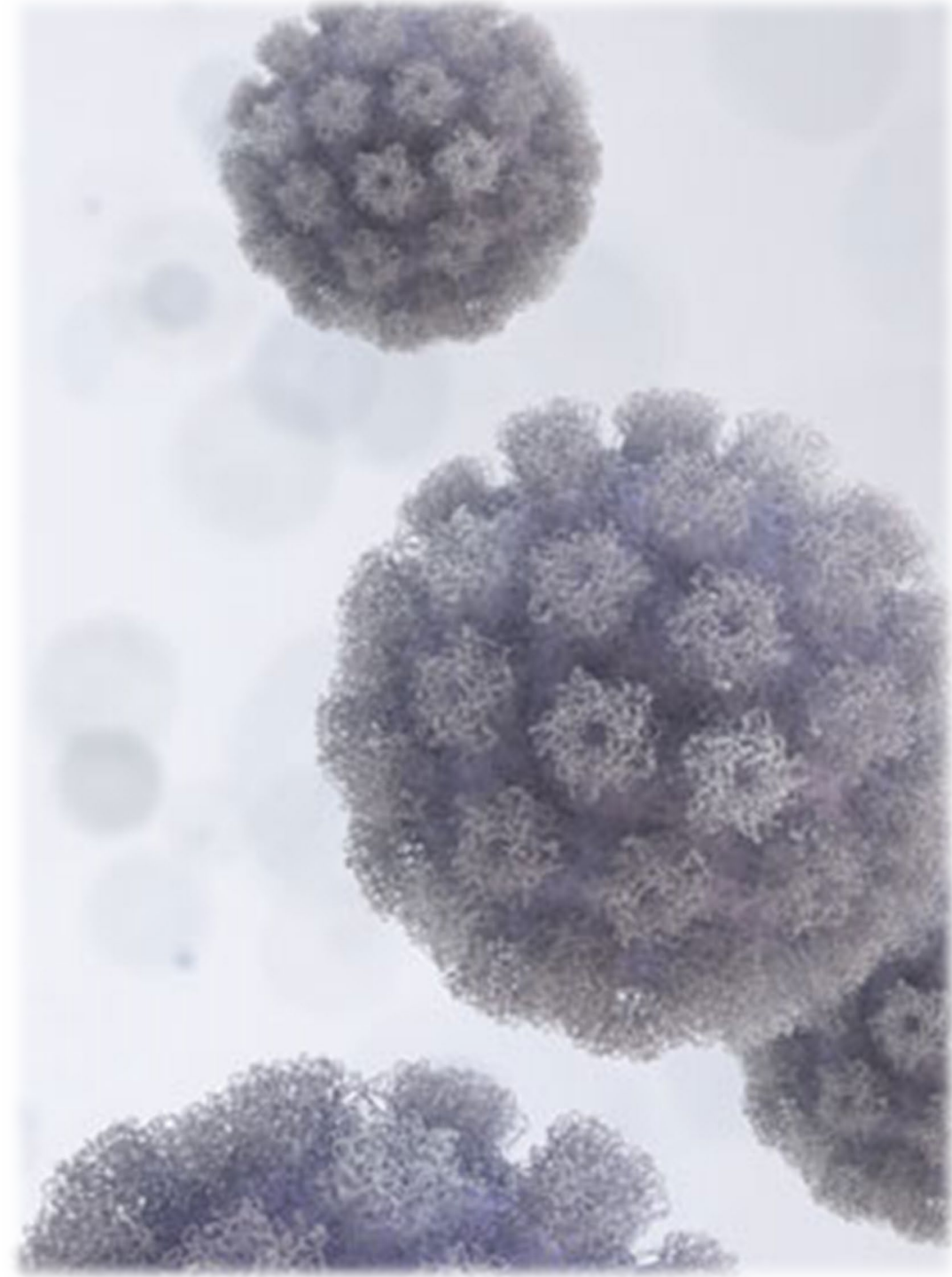
Participants will strengthen their ability to elicit change talk and commitment to change language from parents/patients



# What is HPV?

## Human Papillomavirus

- >150 types of HPV
- About 15 types of HPV can cause cancer
- HPV is VERY common



# Why Focus on HPV?

- 1 HPV can cause 6 types of cancer.
- 2 We have a vaccine that prevents HPV-related cancers.
- 3 We need to vaccinate more kids.
- 4 Success is achievable.



# HPV Vaccination is Cancer Prevention

We need to focus on prevention.

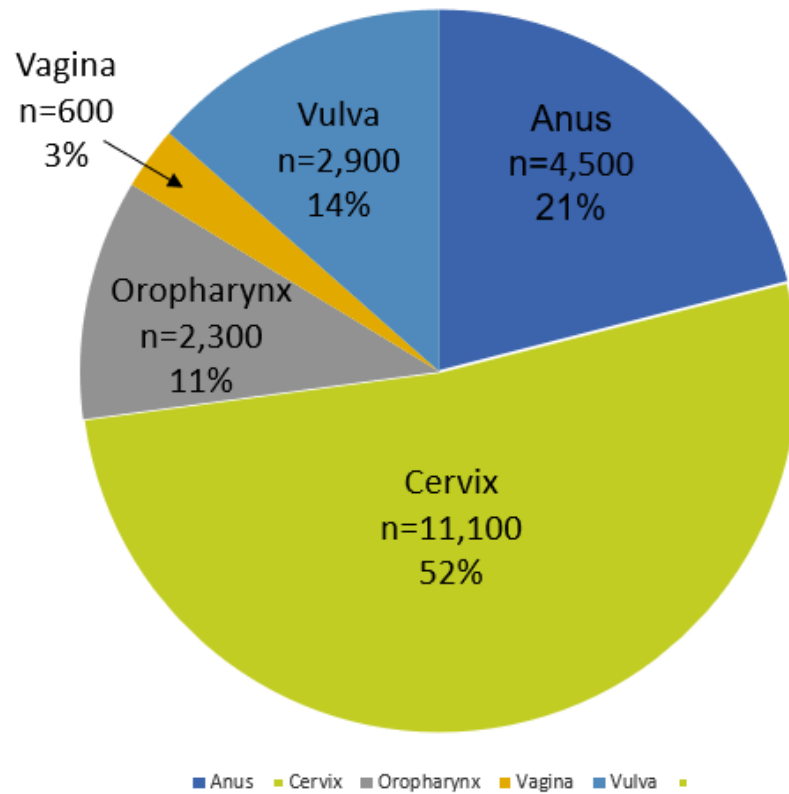
CANCER	ROUTINE SCREENING
Cervical	Yes
Anal	No
Penile	No
Throat	No
Vaginal	No
Vulvar	No



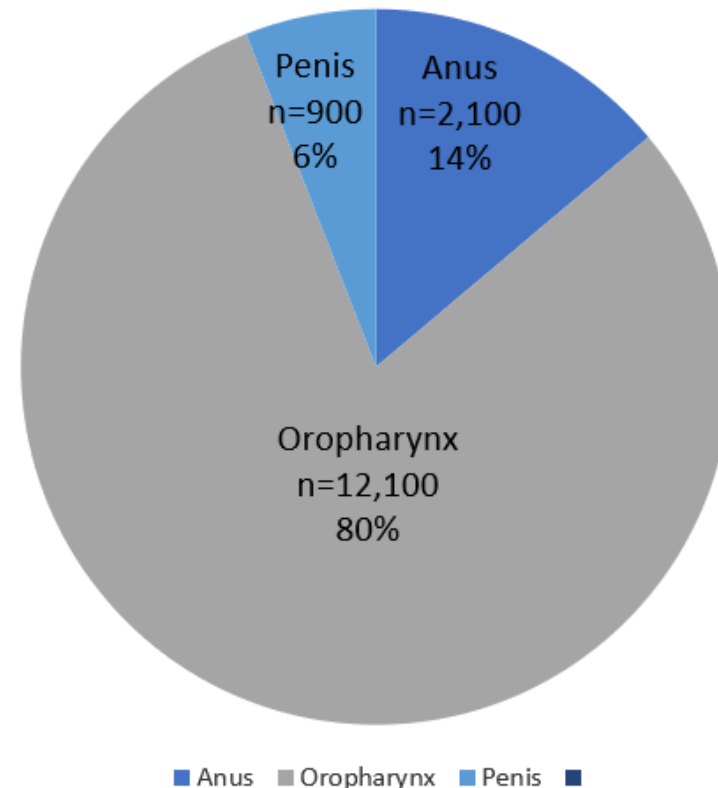


# Average Number of New Cases of the 6 Known HPV Cancers by Gender

United States 2014-2018



Female (n=21,400)



Male (n=15,100)



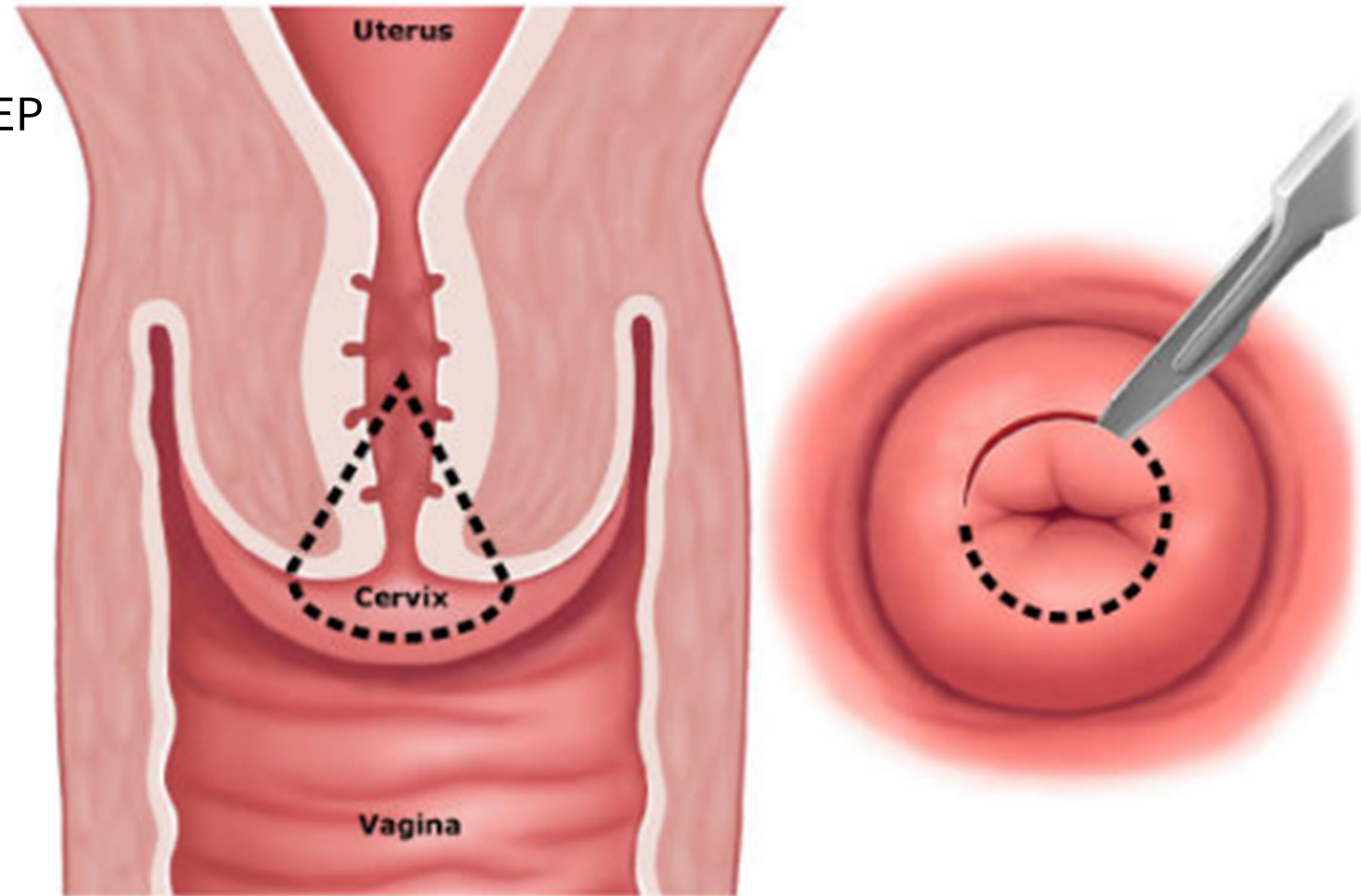
# Cervical Pre- Cancers: One Million+ Affected Each Year

- Up to 1 million new cases of low-grade cervical dysplasia
- 196,000 estimated new cases of high-grade cervical dysplasia (also known as “pre-cancer”)



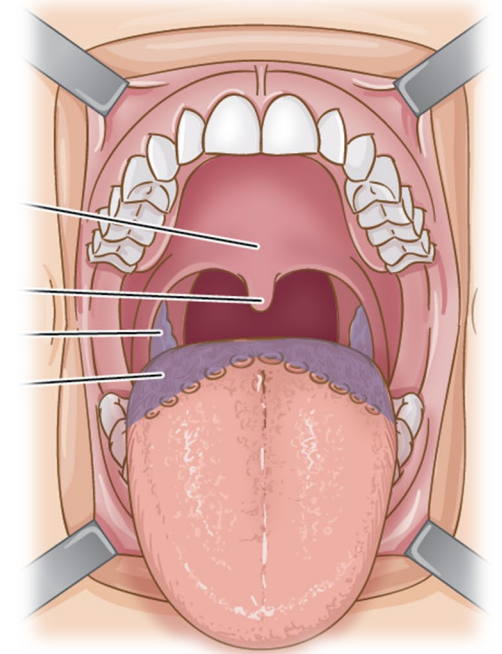
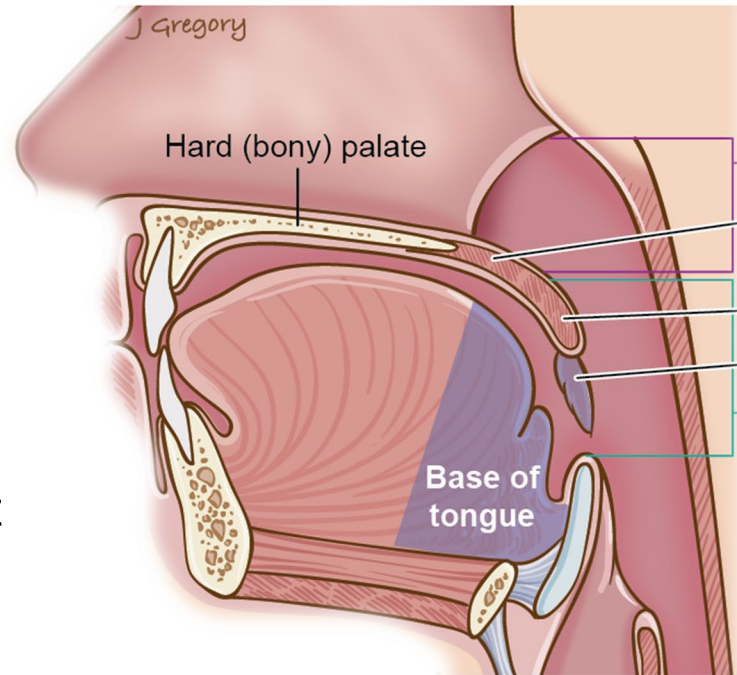
# Implications of Pre-Cancerous Lesions

- Treatment with cervical conization or LEEP (loop electrosurgical excision procedure)
- May be associated with adverse
  - Obstetric morbidity
  - Preterm delivery
  - Low birth weight
- Financial costs of care
- HPV vaccination prevents precancer as well as six types of cancer



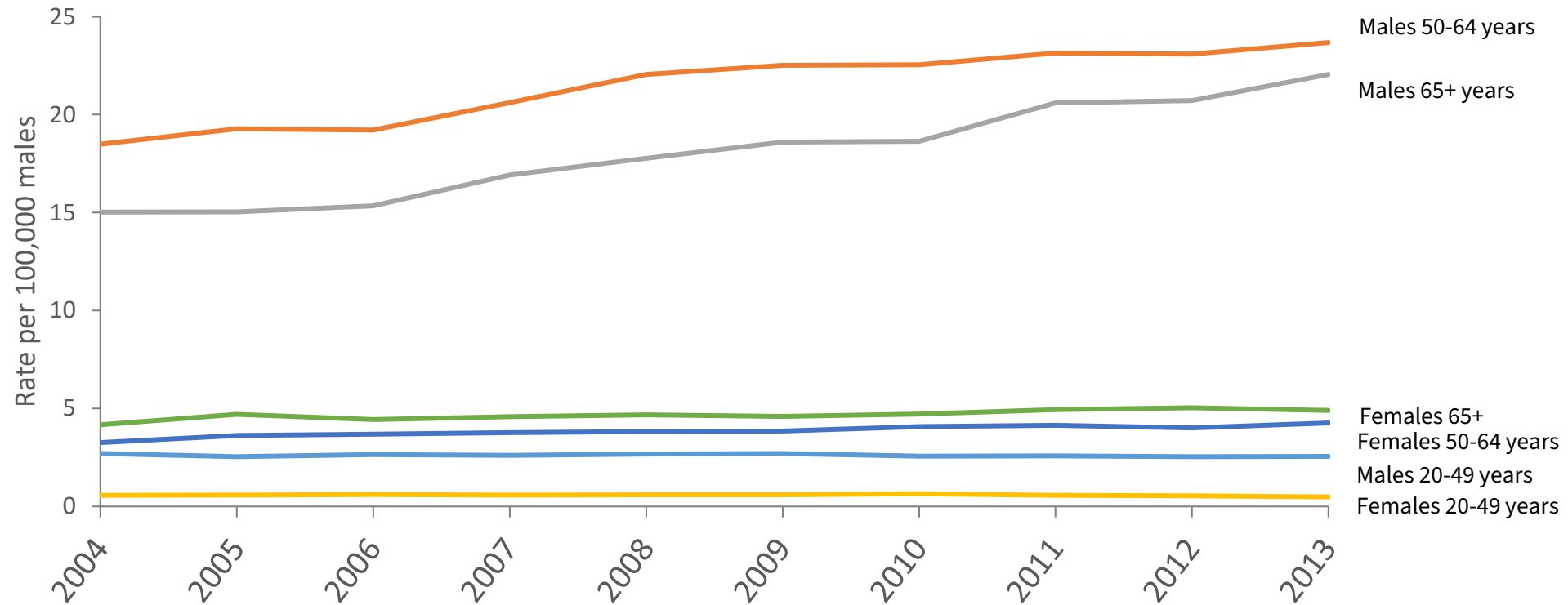
# HPV-Related Oropharyngeal Cancer

- 14,400 cases annually, 12,100 in men
- Has surpassed cervical cancer as the **most common HPV-related cancer**
- HPV-related oropharyngeal cancers have more than doubled in the past three decades
- Rise in incidence and changing patient demographics due to HPV
- **No screening test**
  - No endpoint in clinical trials
  - Late-stage diagnosis



# HPV-Associated Oropharyngeal Cancer

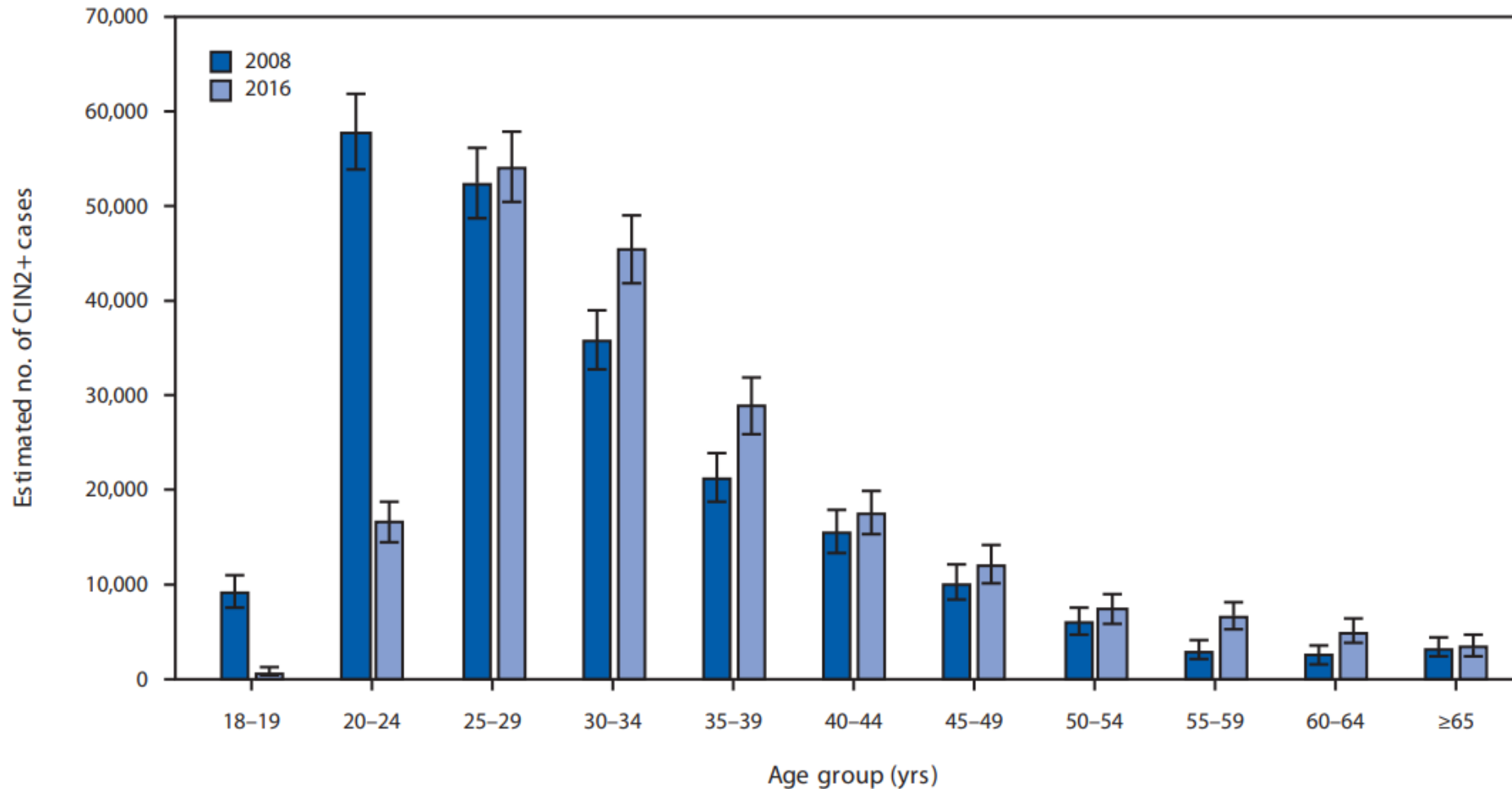
## Increasing Incidence



# The Science: HPV Vaccination Effectiveness

# HPV Vaccination Effectiveness

Dramatic decrease in high-grade cervical lesions among US women



# Impact of Age at Vaccination

Dramatic decrease in high-grade cervical lesions among US women

AGE AT VACCINATION	EFFECTIVENESS (AGAINST CIN3+)
12-13	86%
17	51%
18-21	15%

## RESEARCH



OPEN ACCESS



Prevalence of cervical disease at age 20 after immunisation with bivalent HPV vaccine at age 12-13 in Scotland: retrospective population study

Tim Palmer,<sup>1</sup> Lynn Wallace,<sup>2</sup> Kevin G Pollock,<sup>3,4</sup> Kate Cuschieri,<sup>5</sup> Chris Robertson,<sup>3,6,7</sup> Kim Kavanagh,<sup>7</sup> Margaret Cruickshank<sup>8</sup>



# On-Time Vaccination

## More Effective

Age at Vaccination	Effectiveness Against CIN3+	Effectiveness Against Cervical Cancer
12-13	97%	87%
14-16	75%	62%
16-18	39%	34%

## THE LANCET

ARTICLES | VOLUME 398, ISSUE 10316, P2084-2092, DECEMBER 04, 2021

The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study

Milena Falcaro, PhD · Alejandra Castañon, PhD · Busani Ndlela, PhD · Marta Checchi, MSc · Kate Soldan, PhD · Jamie Lopez-Bernal, PhD · et al. [Show all authors](#)

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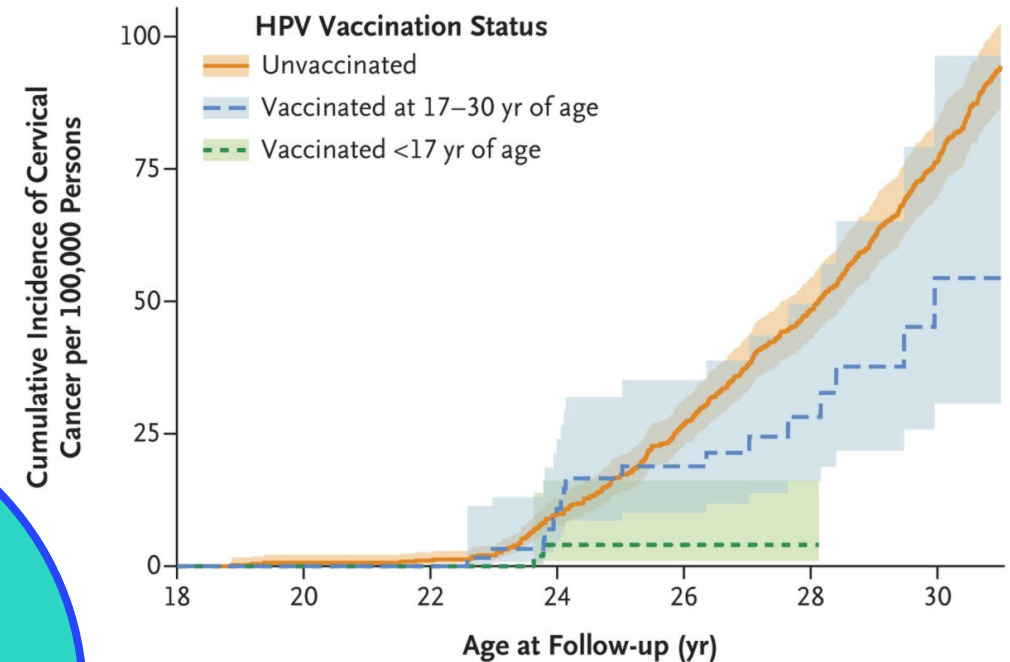


# HPV Vaccination is Cancer Prevention

## Sweden, 2006–2017

- 1.7 million females ages 10-30
- 538 cases in 528,000 unvaccinated
- 19 cases in 518,000 vaccinated
  - 2 cases in 439,000 vaccinated between ages 10-16
  - 17 cases in 90,000 vaccinated between ages 17-30

88% protection  
against  
invasive  
cervical cancer  
when  
vaccinated  
before age 17



# HPV Vaccine Effectiveness

Zero cases of HPV-related cancers in vaccinated women in Finland through 11-year study

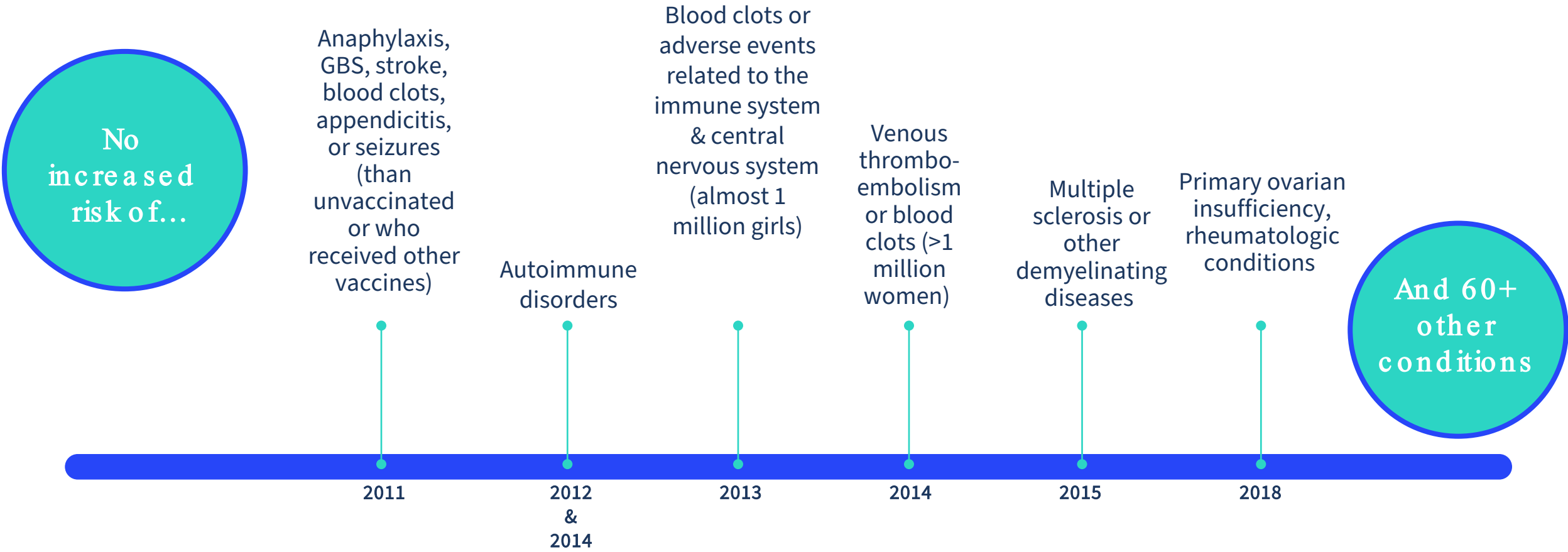
Malignancy	HPV Vaccinated Women 3,341 participants		Non-Vaccinated Women 16,526 participants	
	N	Rate (95% CI)	N	Rate (95% CI)
Cervix	0	-	14	8 (4.8 to 13.6)
Vulva	0	-	1	0.6 (0.1 to 4.1)
Oropharyngeal	0	-	1	0.6 (0.1 to 4.1)
Vagina	0	-	1	0.6 (0.1 to 4.1)
All HPV associated cancers	0		17	9.8 (6.1 to 15.7)

This corresponds to vaccine effectiveness of 100%



# HPV Vaccination Long-Term Safety Data

If a parent asks about safety, first find out their concern, then ask permission to share your knowledge, and discuss both safety of vaccine and danger of HPV infection.



109 studies of 2.5 million people in 6 countries have shown: NO serious side effects, other than what's typical for all vaccines (i.e., allergic reactions, fainting).

# The Science: HPV Vaccination Recommendations

# ACS 2020 Guideline Recommendations for HPV Vaccination

1. Girls and boys should get 2 doses of the HPV vaccine at [ages 9 to 12 years](#).
2. Children and young adults [up to age 26 years](#) who have not received the HPV vaccine should get vaccinated. Vaccination of young adults will not prevent as many cancers as vaccination of children and teens.
3. The ACS does not recommend HPV vaccination for persons older than 26 years.



Find the full updated guideline published in *CA: A Cancer Journal for Clinicians*:  
<https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21616>

# On-Time Vaccination

## More Effective

Age at Vaccination	Effectiveness Against CIN3+	Effectiveness Against Cervical Cancer
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# The Science: Protecting More Kids

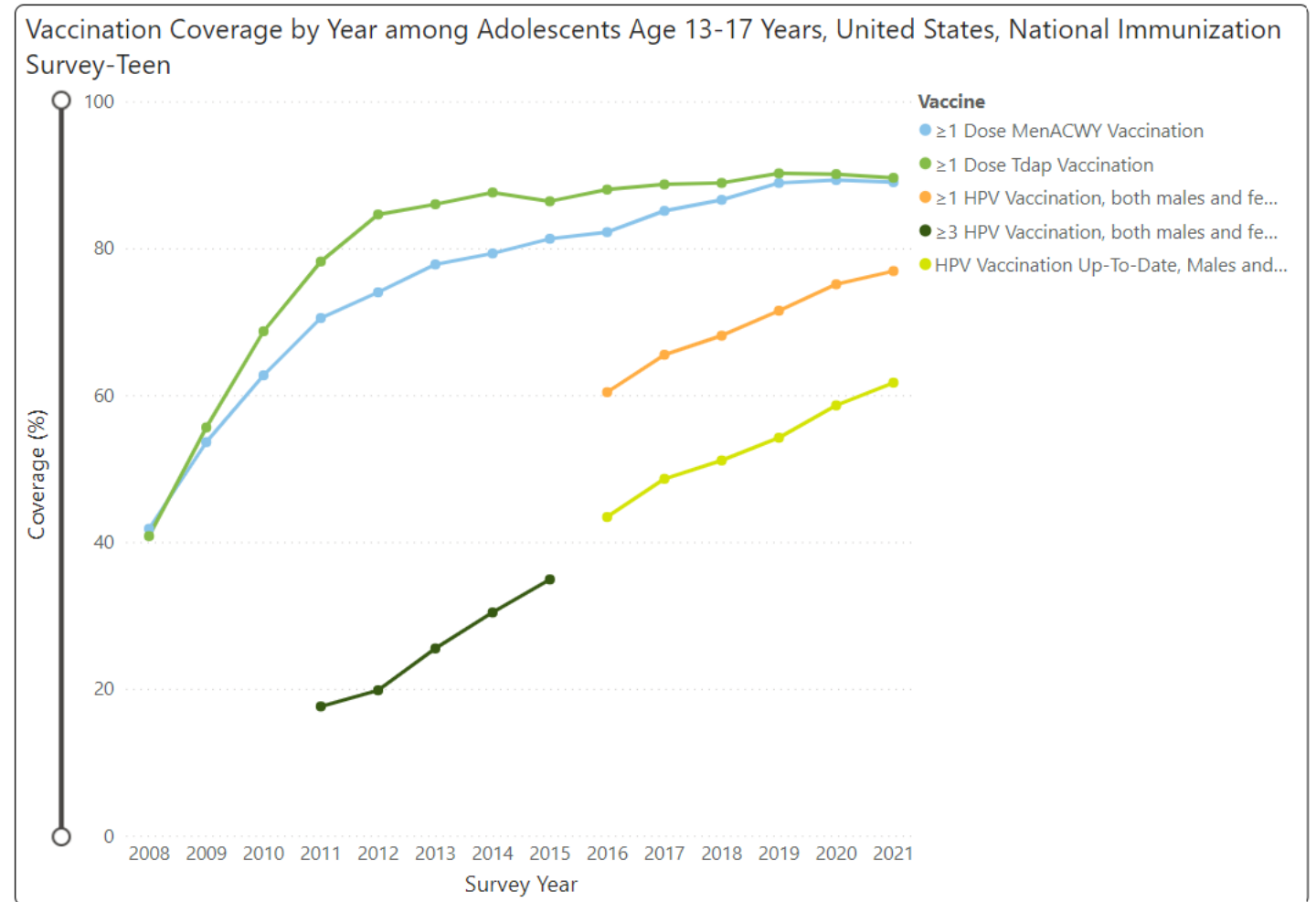
# HPV Vaccination is *finally* the new normal in the U.S.

- 75% of US adolescents started the HPV vaccine series
- 58% fully vaccinated
- Don't leave your patients unprotected!



# NIS-Teen Data 2008-2021

- 76.9% of US adolescents started the HPV vaccine series
- 61.7% fully completed the series



# The Art of Motivational Interviewing



# Talking about HPV Vaccination

- Always start with **cancer prevention** and not transmission
  - HPV is so common that it's far more important to discuss why to vaccinate, than how it's spread.
- Preventing cancer is a strong motivator
- Normalize the HPV vaccine
  - Use a presumptive approach
- Connect - empathy, advice, and real stories about the risks of not vaccinating
- Discuss recommended vaccines
- Remember – the goal of conversation is action: create a plan for next steps that includes follow-up

Truth:  
A Strong Recommendation for  
the HPV Vaccine Matters

# Make an Effective Recommendation

## HPV vaccine initiation rates:

23% if no recommendation

53% if low quality recommendation

73% if high-quality recommendation

## Same way:

Recommend all vaccination in the same way, with the same confidence.

## Same day:

Recommend HPV vaccine *today*.



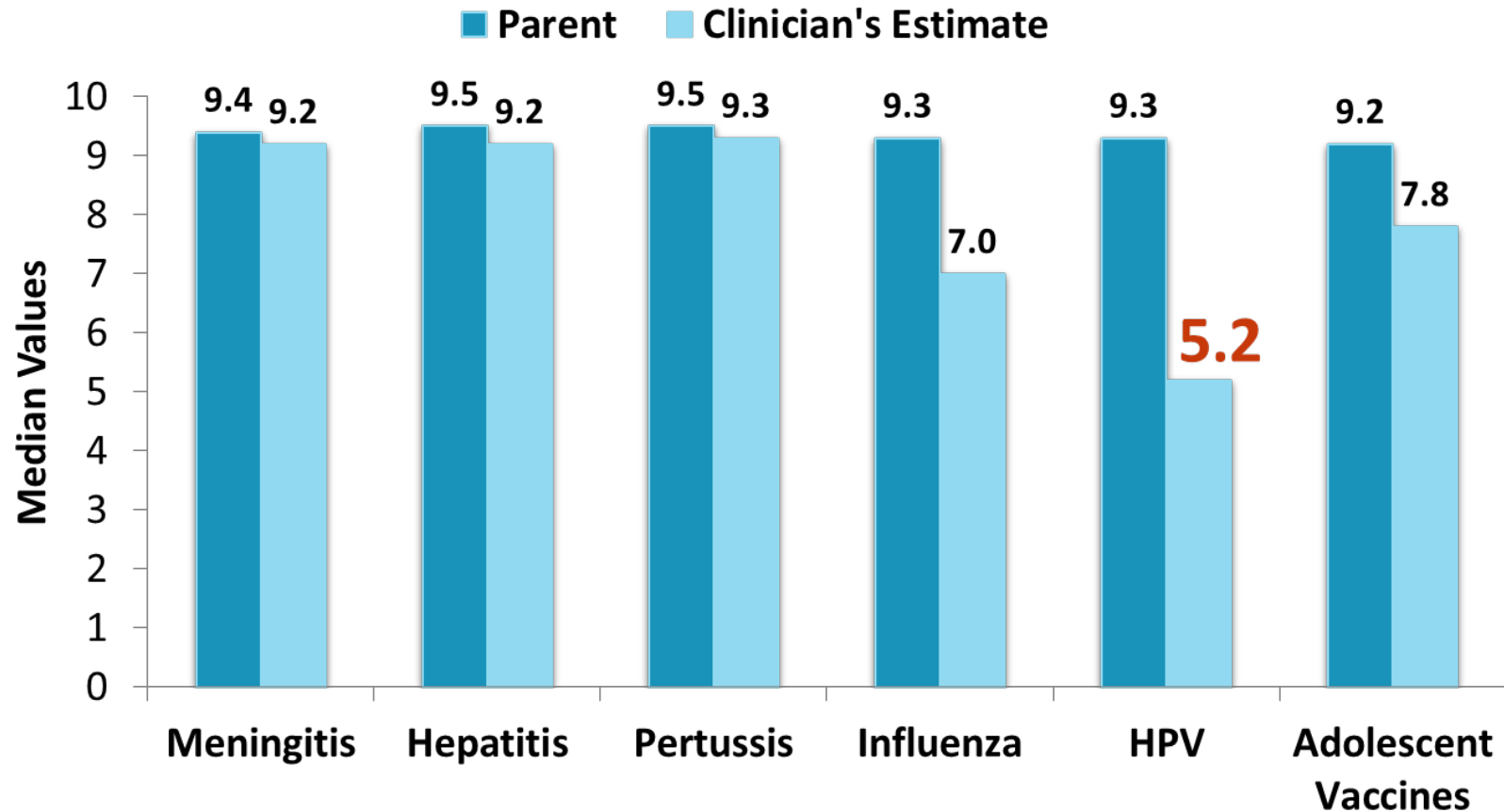
# RECOMMENDATIONS MATTER

The **best predictor** of vaccination uptake for both hesitant and non-hesitant parents **was how the provider started the conversation.**





# Clinicians Underestimate the Value Parents Place on HPV Vaccine



## However, some parents need reassurance

- Traditionally, when a provider recommends the HPV vaccine, the parent/caregiver responds in 1 of 3 ways;
  - **“Yes”** (acceptance of the recommendation) and the vaccine is given.
  - **“No”** (resistance to the recommendation) OR **“Not Sure”** (hesitancy/ambivalence about the recommendation)
    - Provider may ask why the vaccine is not wanted or why there is hesitation
    - Parent will likely state the reasons he/she does not want the child to be vaccinated.
    - This prevents parents from being more open to the possibility of vaccination and possibly strengthens his/her argument against it by voicing these concerns.
- Many parents simply accept this recommendation
- Some parents may be interested in vaccinating, yet still have questions. Interpret a question as they need additional reassurance from YOU, the clinician they trust with their child’s health care
- Ask parents about their main concern (be sure you are addressing their real concern)

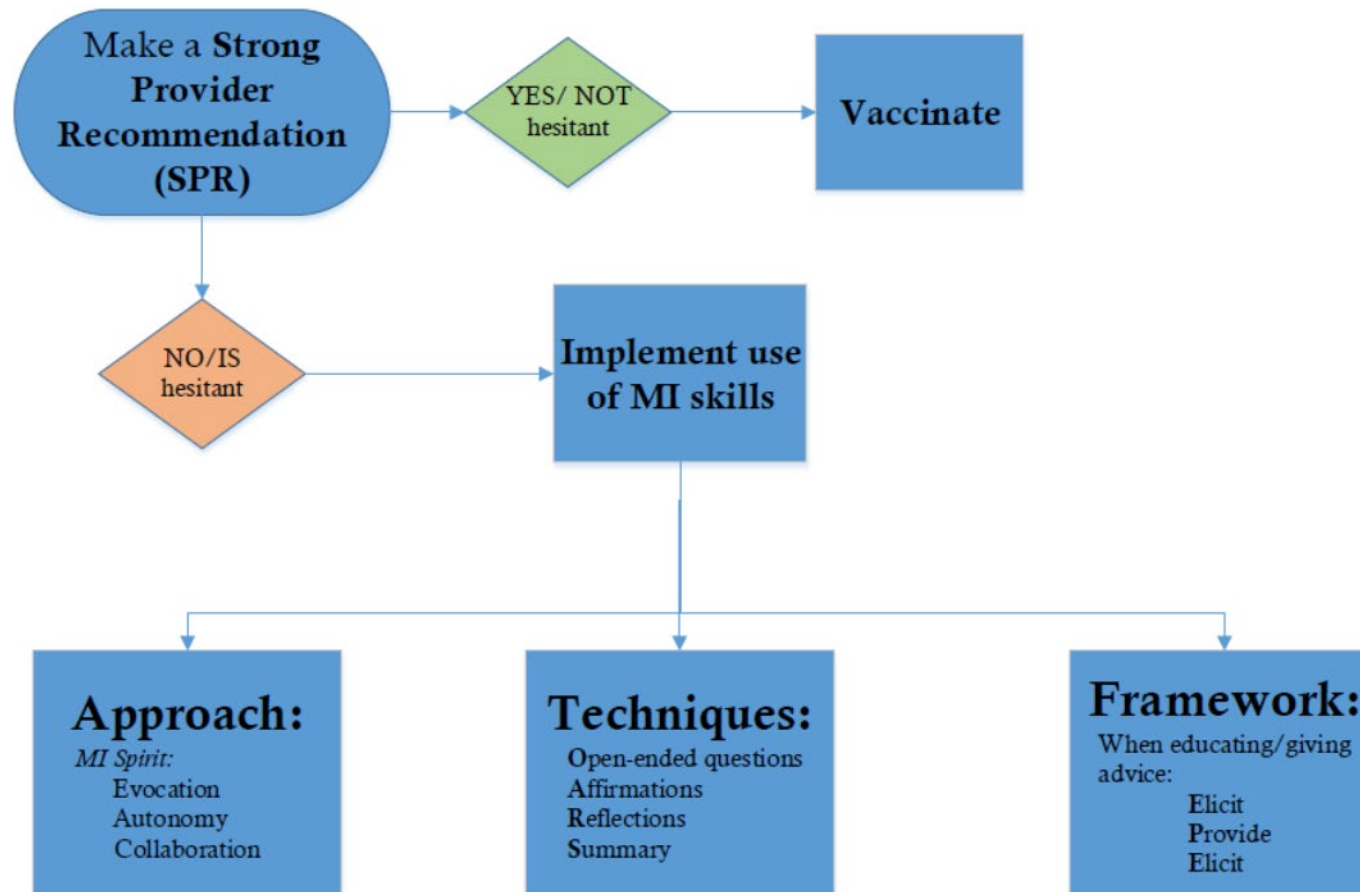
# Overcoming Barriers for Parents

- Change systems and processes first.
- Make an effective, presumptive recommendation.
- Recommend the same way, same day as other vaccines.
- Talk about HPV vaccination as cancer prevention.
- Offer empathy, advice, and real stories about the risks of not vaccinating.
- Use Motivational Interviewing strategies.



# Where does motivational interviewing fit in?

## HPV Vaccine Provider Communication Flow Sheet



# What is motivational interviewing?



Motivational Interviewing is an evidence-based approach that can be easily implemented into daily practice. It is a collaborative conversation style for strengthening a person's own motivation and commitment to change



It's a way of BEING versus a way of DOING

# Persuasion

- Explain why person should make this change
- Give at least 3 specific benefits that would result from the change
- Tell the person how to make the change
- Emphasize how important it is for them to change- including negative consequences of not doing it
- Tell/persuade the person to do it
- If you encounter resistance, repeat above, more emphatically



*DOES THIS WORK?*

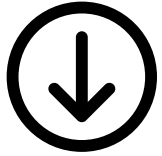
# The key & primary goal to motivational interviewing:

- Adopt the right “heart-set”. This includes:
  - *Partnership*
    - *Active collaboration*
  - *Acceptance*
    - *Non-judgmental*
  - *Compassion*
    - *Focus on well-being*
  - *Evocation*
    - *Strengths and resources*

**Primary goal:** Interact with a person in a way that increases motivation to change and evoke change talk

**Change talk** is a person’s own statement that favors change

# The Processes of Motivational Interviewing



Engaging

Focusing

Evoking

Planning





# The Four Processes in MI: Engaging

The process of positive engaging involves:

1. Establishing a trusting and mutually respectful working relationship
2. Agreement on the treatment goals
3. Collaboration on ways to achieve these goals



# To Get Moving, We Need “OARS”

*The goal is to understand  
where your patient is coming  
from!*



O

Open Questions

A

Affirm

R

Reflect

S

Summarize



# Open Questions



Difficult to answer with brief replies or simple “yes” or “no” answers



Allows for a fuller, richer discussion



Conversational door-openers that encourage people to talk, using their own words



Keeps conversation focused on the individual

# Closed Questions

Do you want your child to be healthy?

“Tell me what you are doing now to keep your child healthy.”

You do know that boys need the HPV vaccine too?

“How familiar are you with the recommendations for HPV vaccination for boys and girls?”

Are you going to get all the vaccines today, as I've recommended?

“What other information (about the HPV vaccine) would help you today?”

*Minor changes in phrasing will change these questions from "closed" to "open" question?*

# Affirmations

Statements or gestures that recognize a person's strengths

Lead in the direction of positive change

Confidence-builders

Must be genuine and congruent

Use sparingly - a little goes a long way

# Examples of Affirmations

“You are making the best choice for your child.”

“You are doing an excellent job.”

“You want the best for your child.”

“Your commitment to your child’s healthy is obvious.”

“You are thoughtful in your decision-making.”

# Reflections

- **Reflective Listening:**

- Is listening to the words that are said and the meaning behind them
- Keeps people thinking and talking
- Demonstrates that you seek to understand what has been shared
- Forces you to listen carefully- you can't reflect if you are not paying attention!

- **Reflections allow the person to:**

- Voice thoughts or feelings they may not have talked about before
- Feel understood
- Feel accepted without judgement
- Hear their thoughts and feelings restated



# What do reflective statements look like?

“I know that my daughter will get the HPV vaccine, but not today. She’s too young and I’m not ready to start thinking about any of that right now.”

What reflection statement could you respond with?

*Example: “It’s obvious to me that you prioritize your daughter’s health, and you want to make sure that the timing is right for the vaccine. May I share some information with you as to why it may make sense to do it sooner rather than later?”*





## Summarizing

Allows people to:

1

Recall the conversation

2

Think of new ideas

3

Transition from one theme to another

4

Plan their next steps

5

Feel more confident moving forward





**Let's  
Practice!**



# Check Your “MI” Skills



- What are the issues?
- How did you respond?
- Did you try Open Questions?
- Did you use an Affirmation?
- Or use a Reflection?
- How did you Summarize the interaction?

# The Processes of Motivational Interviewing



Engaging

Focusing

Evoking

Planning



# The Four Processes in MI: Focusing



Focusing in MI is an ongoing process of seeking and maintaining direction



Focusing helps you to find what the client wants

# Avoid premature focus traps

Clients often have a “menu” of issues

Help them to identify importance of the issue

Assess their readiness to focus on the main issue

# Why is there hesitancy around the HPV vaccine?

Safety

Pain

Concern about fostering sexual promiscuity & belief that child won't ever have sex

Gender (boys vs. girls)

Age (too young)

Vaccine too much for immune system when given with other recommended vaccines

Parents say physician did not recommend the vaccine

What others have you heard?

# The Processes of Motivational Interviewing



Engaging

Focusing

Evoking

Planning





# The Four Processes in MI: Evoking



Evoking is the process of eliciting a person's own motivation for change by resolving **ambivalence to change**



The process can help to determine **importance of the issue** to the patient.



The evoking process helps the patient voice **how confident** they are about the change.

# Strategies for evoking importance:

## Strategies for evoking confidence:

### Review past success

- In the past, what has helped you make your mind up when you were uncertain?

### Personal strengths/supports

- What supports do you have that can help you make a decision?

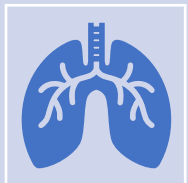
### Hypothetical change

- Suppose you opt for the recommended vaccines today. Looking forward, what might you see as the benefits for her?

# Putting it together



Evoking the **importance** of making this change to the patient



Evoking the **patient's confidence** that they can make the change



**Let's  
Practice!**



# The Processes of Motivational Interviewing



# The Four Processes in MI: Planning



Planning involves commitment to change and the formulation of a concrete change plan



For HPV vaccination, this may “simply” be agreeing to have the child vaccinated, and to plan for coming back for second shot (series completion)

# Signs of readiness for planning

Increased change talk

“I’m open to getting the vaccine.”

Taking steps

“I’ll talk about the HPV vaccine with my husband”

Diminished sustain talk

“I would like my child to be healthier.”

Resolve

“I really want to do all we can to prevent cancer.”

Envisioning

“When the time comes for him to engage in intimate relationships, he will be protected.”

Questions about change

“What’s the best way to explain this to my husband?”



# Recognizing change talk– the heart of Motivational Interviewing

## Darn Cat

- D – DESIRE (I wish, I want, I like)
  - A – ABILITY (I think I can or could)
  - R – REASON (I'd feel better, then)
  - N – NEED (I have to, I've got to)
- 
- C- COMMITMENT (intent, decision)
  - A – ACTION (ready, willing)
  - T- TAKE NEXT STEPS (I will..)



## Responding to change talk

Use your OARS as support!



O

Open Questions: Ask for more detail, in what ways, specific examples

A

Affirm: Comment positively on the person's statement

R

Reflect: Continue the feedback paragraph

S

Summarize: Collecting the bouquets of change talk



# Incorporate Motivational Interviewing into HPV Vaccination conversations

# Suggested Conversation Styles

## Make a personalized, strong provider recommendation

- *“Your child is due for the HPV vaccine today. It’s an important vaccine to prevent HPV cancers. I recommend getting the first dose today (at age 9 or 10) and the final dose at your checkup next year.”*
- *“So, I see that Tabitha has just turned 10 and is here for her Well Child Visit. You are doing a great job staying on schedule to insure Tabitha’s health. At her age, we strongly recommend she start the series for HPV vaccine for cancer prevention. Additionally, let’s plan to have give her Tdap and Meningococcal at her 11-year-old visit. What questions, if any, do you have about the recommended vaccines?”*
- *“Hi Chase, how is that arm of yours? Mom/Dad, you are to be commended for keeping up on the follow up after his injury. I am sure you were concerned, but it seems his arm is healing very well. Since you’re here, this would be a great time for him to get the HPV vaccine which is recommended at his age. How familiar are you with the recommended vaccines for boys and girls? What questions, if any, do you have?”*
- *“I see that Emma’s asthma is better! Congratulations on taking such good care of your health. I bet Mom/Dad have been focused on it as well. Since you’re here, I wanted to remind you about your second HPV vaccine which is now due. Understandably you have had other things on your mind with the asthma, but it is important to complete the series for more cancer prevention. An added benefit is that you can get the series done with just the 2 shots and not need a third. What questions, if any, do you have?”*

# Continue the conversation using MI

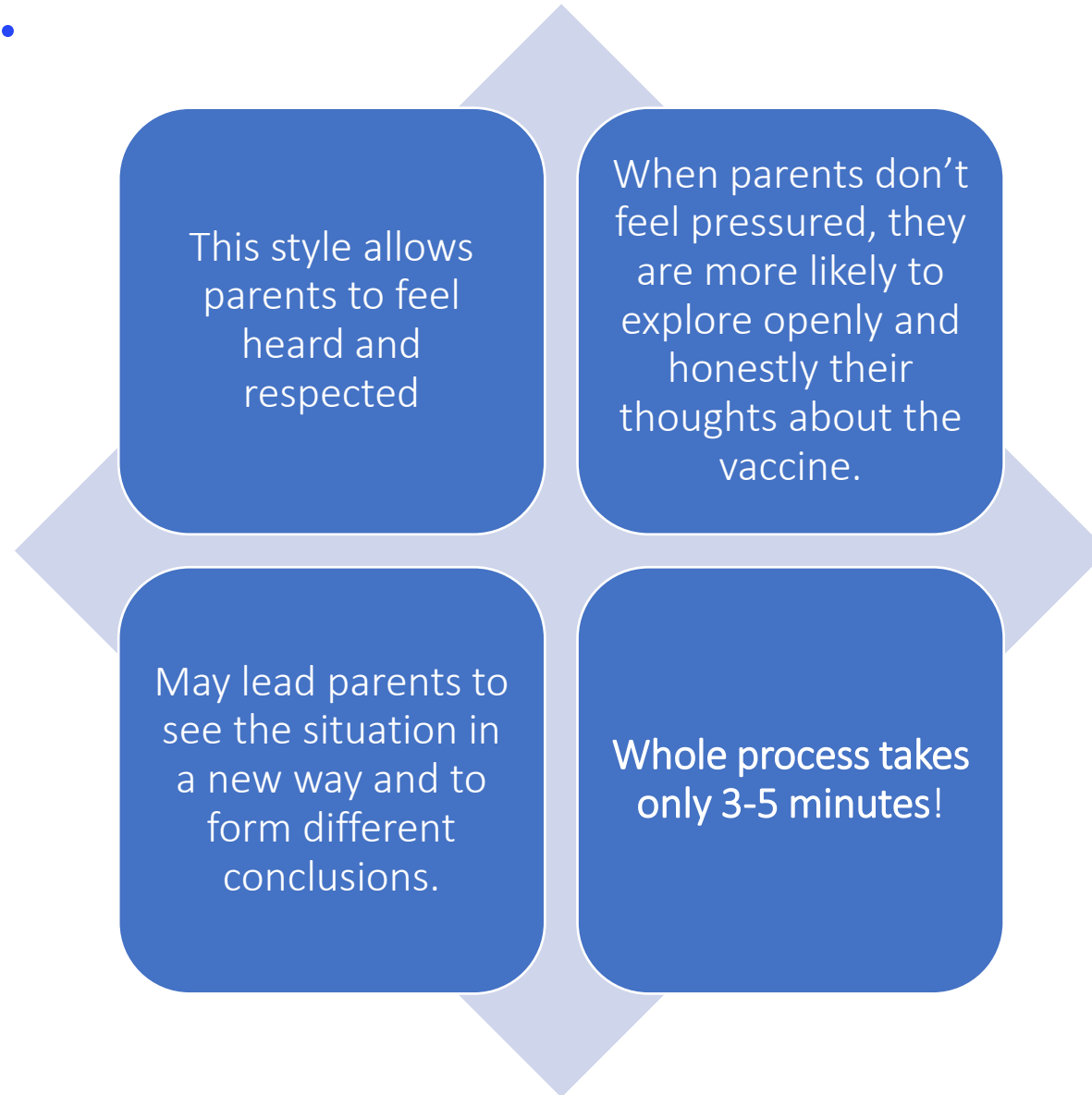
The parent/caregiver responds in 1 of 3 ways:

# Closing the conversation, the MI way

- Summarize all you have heard and then ask the key open-ended question: “*So where are you now?*”
  - *Parent is ready now: Vaccinate today*
  - *Parent is ready but not now: Pick a date and schedule the first appointment*
  - *Parent is still unsure: They may still need more time to think things over.*
  - *Parent does not want the vaccine: Reinforce collaborative approach and encourage them to reconsider at the next visit.*



## In summary....



## Key Takeaways:

It doesn't matter your role; we should all be cancer prevention advocates!

You are trusted to give recommendations.

Advocate for HPV Vaccine during any clinic opportunity (i.e., sick visits, sports physicals)

Recommend vaccine to all children 9 y/o and older.



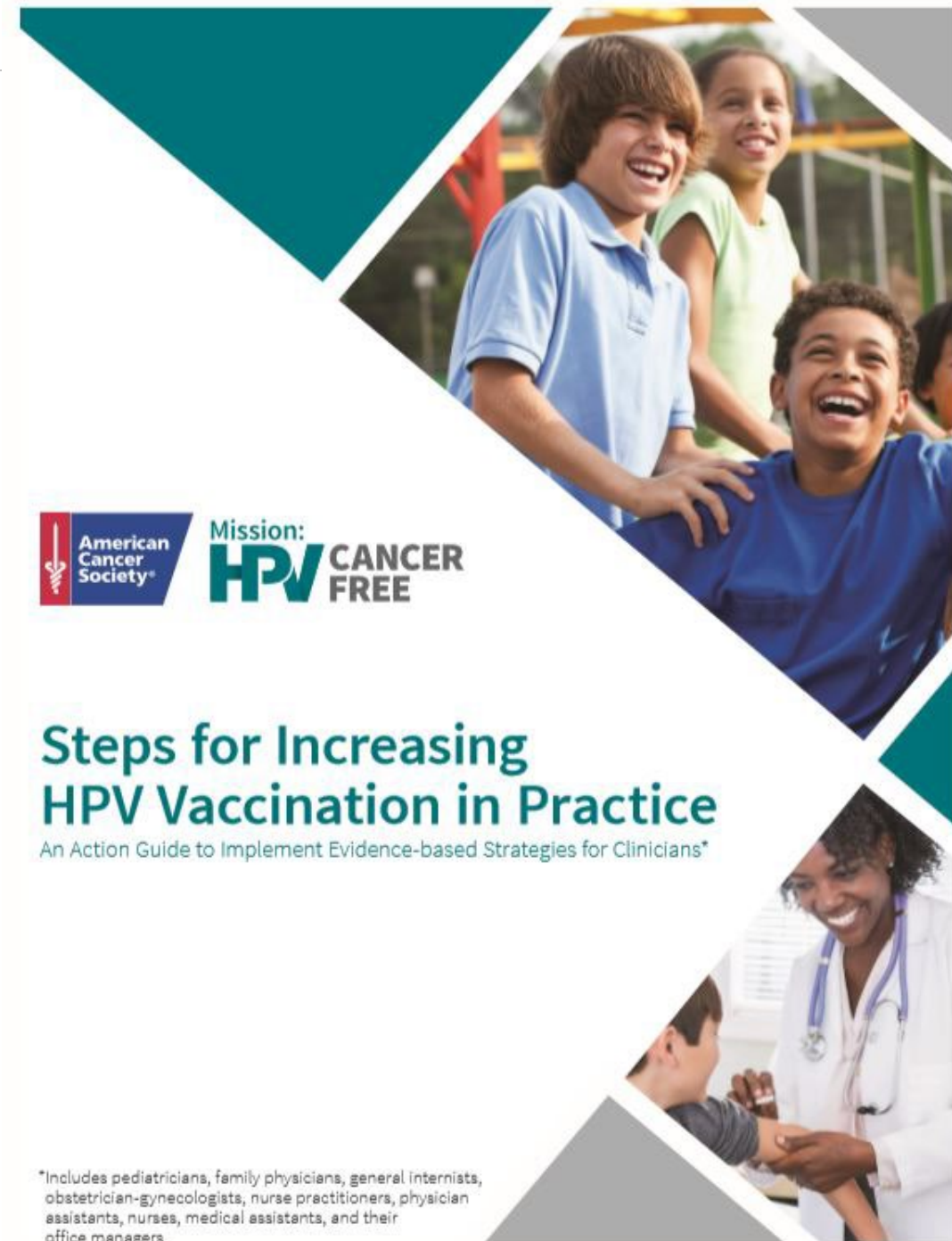
# Resources

# Steps Guide

An action guide to implement evidence-based interventions in clinical practice

## [Steps Guide Link](#)

- Toolkit +
- Road map
- Portal to resources
- Launched June 2015
- Tested and improved by over 80 FQHC clinic-level intervention projects



American Cancer Society<sup>®</sup> Mission: **HPV** CANCER FREE

## Steps for Increasing HPV Vaccination in Practice

An Action Guide to Implement Evidence-based Strategies for Clinicians\*

\*Includes pediatricians, family physicians, general internists, obstetrician-gynecologists, nurse practitioners, physician assistants, nurses, medical assistants, and their office managers.



# American Cancer Society

Download the materials below for more detailed information about the HPV vaccine and how it can help protect your kids.



Take a shot at cancer! [PDF]



Protecting Our Children From HPV Cancer [PDF]



Don't Wait to Vaccinate [PDF]



HPV Vaccination: Just the Facts [PDF]



HPV (Human Papillomavirus)



What Parents Should Know About the HPV Vaccine



HPV Vaccines

**Take a shot at cancer!**  
Get your child the HPV vaccine to help prevent HPV cancers.

**HPV is a serious problem.**  
The human papillomavirus, or HPV, can cause several cancers. HPV vaccination protects against this virus and the cancers it can cause.

**HPV is VERY COMMON.**  
Eight out of 10 people will get HPV at some point in their lives.

**HPV VACCINATION IS CANCER PREVENTION.**  
HPV vaccination can prevent more than 90% of HPV cancers when given at the recommended ages.

**PREVENTION MATTERS!**  
HPV infection has no treatment, but a vaccine can help prevent it.

**HPV VACCINATION CAN PREVENT MOST OF THESE CANCERS.**

- Cervical, vaginal, and vulvar cancers in women
- Penile cancer in men
- Anal cancer in men and women
- Throat cancers in men and women

Almost 35,000 men and women get HPV cancers in the United States each year. Don't let your child be one of them.

The virus is so common that it will infect most people at some point in their lives. Most infected people do not know it. The best way to help prevent HPV infection is to get vaccinated. Most HPV infections go away on their own without lasting health problems. However, there is no way to know which infections will turn into cancer. That is why it is important that all children get vaccinated against HPV.

Prevent more than 90% of HPV cancers

cancer.org | 1.800.227.2345

**Protecting Our Children from HPV Cancers**

**HPV vaccination is cancer prevention.**  
We can help reduce the risk of cancer in our children by helping them make a lifetime of healthy choices.

**Healthy diet** **Physical activity** **Sunscreen** **No tobacco**

We can also help prevent most HPV cancers by getting our children the HPV vaccine between ages 9 and 12. Teens who start the series late may need 3 shots.

**The HPV vaccine is for both boys and girls.**  
HPV vaccination helps prevent 6 types of cancers.

**Don't wait to vaccinate.**  
The American Cancer Society recommends that boys and girls get the HPV vaccine between ages 9 and 12. Teens who start the series late may need 3 shots.

**Age matters.** When you vaccinate your child on time, you give them the best protection from HPV cancers. In fact, HPV cancer prevention decreases the longer you wait to vaccinate.

**HPV vaccination provides safe, effective, and long-lasting protection.**

Scientists and health organizations around the world closely monitor HPV vaccine safety and have found it to be safe and effective.

HPV vaccination can prevent more than 90% of HPV cancers when given at the recommended ages.

Learn more at [cancer.org/hpv](https://cancer.org/hpv), and talk to your child's doctor about the HPV vaccine.

**HPV VACS** **JUST THE FACTS FOR PROVIDERS**

Vaccinate Adolescents against Cancers

**FACT 1** HPV vaccination is safe.

Scientists from the CDC, the FDA, and other organizations in the US and around the world continue to monitor and report any adverse events and side effects related to HPV vaccines. Monitoring in 2009 revealed that most side effects related to HPV vaccines were mild and were similar to those seen with any other vaccine. Several studies from 2011-2015 looking at more than four million women and girls who were vaccinated show that there is no relationship between HPV vaccines and autoimmune disorders, blood clots, or other serious disorders.

**TALKING POINT:** More than 270 million doses of vaccine have been distributed worldwide, with more than 120 million doses in the US. Like with all vaccines, HPV vaccine safety is constantly monitored, and these studies continue to show that HPV vaccination is safe. All medications and vaccines can have side effects. Common side effects from the HPV vaccine are mild and can include headache, pain, and soreness in the arm where the vaccine was given.<sup>1</sup>

**FACT 2** HPV vaccination does NOT cause fertility issues.

There is no evidence that HPV vaccination causes fertility or reproductive problems. HPV vaccination can actually help protect fertility by preventing gynecological problems related to the treatment of cervical cancer. It's possible that the treatment of cervical cancer could leave a woman unable to have children. It's also possible that treatment for cervical pre-cancer could put a woman at risk for problems with her cervix, which could cause preterm delivery or other problems.<sup>2</sup>

**TALKING POINT:** There are no data to suggest that getting the HPV vaccine will have a negative effect on future fertility. In fact, getting vaccinated and protecting against cervical cancer can help ensure a woman's ability to get pregnant and have healthy babies.<sup>3</sup>

# Centers for Disease Control and Prevention (CDC)



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## Vaccines and Preventable Diseases

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Vaccines & Preventable Diseases Home

Vaccines by Disease +

Recommended Vaccines Needed by Age

Related Links

[Vaccines & Immunizations](#)

## Human Papillomavirus (HPV) Vaccination Information for Clinicians

CDC recommends HPV vaccination for children at ages 11 or 12 years to protect against HPV infections that can cause some cancers later in life. Vaccination can be started at age 9 and is recommended through age 26 years for those who did not get adequately vaccinated when they were younger. Research shows that healthcare professionals are parents' most trusted source of information about the HPV vaccine. CDC encourages healthcare professionals to [recommend HPV vaccination in the same way and on the same day](#) that they recommend other vaccines for adolescents.

### HPV Vaccine Recommendations

ACIP recommendations, general precautions and contraindications, pregnancy precautions, safety of HPV vaccine

### About HPV Vaccines

HPV vaccine composition, immunogenicity, and efficacy

### Storage and Handling

Best practices for HPV vaccine

[Ways to boost your HPV vaccination rates \[1 page\]](#)



### You Call the Shots



[You Call the Shots](#) is an interactive, web-based immunization training course. It

### Talking to Parents about HPV Vaccine

Recommend HPV vaccination in the same way and on the same day as all adolescent vaccines. You can say, "Now that your son is 11, he is due for vaccinations to help protect him from preventable HPV cancers and infections. Do you have any questions?" Taking the time to listen and understand parents' concerns can help you respond to their concerns more effectively.

- Why does my child need HPV vaccine?** HPV vaccine is important because it prevents infections that can cause cancer. That's why we need to start the shot early today.
- How do you know the vaccine works?** Studies continue to prove HPV vaccination works extremely well, decreasing the number of infections and HPV precancers in young people since it has been available.
- Why do they need HPV vaccine at such a young age?** Vaccines protect your child before they are exposed to a disease. That's why we give the HPV vaccine earlier rather than later, to protect them long before they are ever exposed. Also, if your child gets the shot now, they will only need two shots. If you wait until your child is older, they may end up needing three shots.
- Why do boys need the HPV vaccine?** HPV vaccination can help prevent some infections that can lead to cancers of the penis, anus, and back of the throat in men.
- Are all of these vaccines actually necessary?** HPV vaccination is very safe. Like any medication, vaccines can cause side effects including pain, swelling, or soreness where the shot was given. That's normal for HPV vaccine and should go away in a day or two. Sometimes kids feel after the shot that they could be injured if they had been hitting. We have your child's safety as our top priority. School entry requirements are developed for public health and safety, but don't always reflect the most current medical recommendations for your child's health.
- Can HPV vaccine cause sterility in my child?** There is no evidence available to suggest that getting HPV vaccine will have an effect on future fertility. However, someone who develops an HPV precancer or cancer could have treatment that would limit their ability to have children.

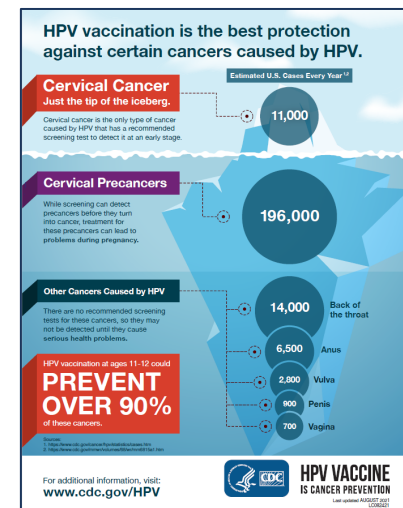
For more information, visit [cdc.gov/vaccines/conversations](http://cdc.gov/vaccines/conversations)

### HPV Vaccine Safety and Effectiveness

HPV vaccination provides safe, effective, and long-lasting protection against cancers caused by HPV.

- HPV vaccination prevents cancer** Human papillomavirus (HPV) infects about 13 million people, including teens, each year. While most HPV infections go away on their own, infections that don't go away can lead to certain types of cancer. Every year, about 36,000 men and women develop a cancer caused by HPV. HPV vaccination could prevent more than 90% of these cancers from ever developing. The vaccine is made from one protein from the virus and is not infectious, meaning it cannot cause HPV infection or cancer.
- HPV vaccination is safe** More than 150 million doses distributed in the United States, HPV vaccine has a reassuring safety record that is backed by over 15 years of monitoring and research. As with all approved vaccines, CDC and FDA closely monitor the safety of HPV vaccines. Any observed safety concerns are reported to health officials, healthcare professionals, and the public. Data continue to show that HPV vaccination is safe and effective.
- HPV vaccination works** Like any vaccine or medicine, HPV vaccination can have side effects. The most common side effects are mild and include pain, redness, or swelling in the arm where the shot is given, dizziness, lightheadedness, and headache. Fainting after any vaccine, including HPV vaccine, is more common among adolescents. To prevent fainting and issues from fainting, anyone receiving HPV vaccine should be seated or lying down during vaccination and for 15 minutes after getting the shot.
- HPV vaccination provides long-lasting protection** Studies show that the protection provided by HPV vaccine is long lasting. People who received HPV vaccination remained protected from the virus for more than 10 years, with no evidence of the protection decreasing over time.
- HPV vaccination can have side effects** Like any vaccine or medicine, HPV vaccination can have side effects. The most common side effects are mild and include pain, redness, or swelling in the arm where the shot is given, dizziness, lightheadedness, and headache. Fainting after any vaccine, including HPV vaccine, is more common among adolescents. To prevent fainting and issues from fainting, anyone receiving HPV vaccine should be seated or lying down during vaccination and for 15 minutes after getting the shot.
- HPV vaccination doesn't negatively affect fertility** HPV vaccine does not cause fertility problems. However, not getting HPV vaccine leaves people vulnerable to HPV cancers and precancers. People who develop a cancer caused by HPV will need treatment that can sometimes limit their ability to have children, such as hysterectomy, chemotherapy, or radiation. Treatment for cervical precancer could also put women at risk for problems with their cervix, which can sometimes cause fertility issues.

**How can I get help paying for vaccines?**  
The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are uninsured, Medicaid-eligible, American Indian or Alaska Native. Learn more at [www.cdc.gov/vaccines/programs/vfc/parents/vfc-detailed.html](http://www.cdc.gov/vaccines/programs/vfc/parents/vfc-detailed.html)



# National HPV Vaccination Roundtable

## Resource Library

**Resource Library**

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- Newest Added

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- HPV Roundtable Product

Audience

- Cancer Control

**2022 Teen Vaccine Clinic Flyer**

This flyer is intended for use by clinicians in your waiting rooms. We have several versions to best suit your printing needs.

HPV Roundtable 2022 Poster (PRINT with CROP MARKS)

HPV Roundtable 2022 Poster (PRINT)

HPV Roundtable 2022 Poster (WEB)

Organization: The National HPV Vaccination Roundtable

[View This Resource](#) HPV Roundtable Product

## Clinic Posters

### Protect Your Preteen/Teen with Vaccines

Protect them from serious diseases including HPV cancers, meningitis, tetanus, whooping cough, flu, and COVID-19.

**AGES 9 - 10**

- HPV dose 1 (human papillomavirus)
- HPV dose 2 (6 - 12 months after dose 1)

**AGES 11 - 12**

- Meningitis dose 1 (MenACWY)
- Tdap (tetanus, diphtheria, pertussis)
- HPV (if 2 doses haven't been given)

**AGE 16**

- Meningitis dose 2 (MenACWY)
- Meningitis B series (MenB)

**YEARLY**

- Flu (seasonal influenza)

*Preteens and teens should stay up-to-date with COVID-19 vaccine to help protect them from COVID-19.*

National HPV Vaccination Roundtable

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## Action Guides

Clinician & Support Staff Guides

Cancer Prevention Through HPV Vaccination in Your Practice: An Action Guide for Physicians, Physical Assistants, and Nurse Practitioners

Cancer Prevention Through HPV Vaccination in Your Practice: An Action Guide for Nurses and Medical Assistants

Cancer Prevention Through HPV Vaccination in Your Practice: An Action Guide for Dental Health Care Providers

Cancer Prevention Through HPV Vaccination in Your Practice: An Action Guide for Office Administrative Staff

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# Scenario 1

You are seeing Todd in your office for a follow-up visit to check on how a new medication is working. During the visit, Todd's mom shares that she has been seeing a lot of commercials on TV for the HPV vaccination.

She makes a statement that she "sure is glad that Todd is a boy and doesn't need the vaccine".

How do you respond?

## Scenario 2

Cindy is in the office today because of seasonal allergies. Her dad Charlie has brought her to the office. In reviewing her chart, you see that Cindy has just turned 9 and should initiate the HPV series. You make a presumptive statement to Charlie about vaccinating Cindy today for HPV.

Charlie shares with you that he has been reading up on the vaccine but thinks it would be better to wait until Cindy is 12 and her mom can bring her.

What do you say in response?



## Scenario 4

Dawnette and her mom are in the office for a routine visit. You bring up the subject that it is time to vaccinate Dawnette for HPV and recommend we vaccinate today.

Dawnette's mom says, "I don't know much about the vaccine, but I have heard that there have been a lot of problems. What I have read makes it seem like the side-effects and the risks are just as bad or worse than what the shot is trying to prevent."

What do you say to assure Dawnette's mom about the safety of the vaccine?

## Scenario 5

Alexis is a new patient to your practice and is 12 years old. From reviewing her chart, you realize that she has not had any vaccinations for HPV, so you suggest starting today.

In response, Mom says, "I am really unsure about this. Her previous pediatrician didn't say anything and if she didn't bring it up, I am not sure we need to be in a hurry. Plus, I don't want to give her permission to become sexually active."

What do you say?

## Scenario 6

You've been talking with Martin's mom about getting ten-year-old Martin fully vaccinated for HPV. You can tell that she is on the fence as she says, "I was one of the first to get Martin the COVID vaccine when it was available, and it made him really sick. Are you sure that this vaccine is safe? Are you giving it to your kids? I have heard some negative things."

What do you do say?