

IMMUNIZATION PROGRAM INFORMATION

Name of Person Submitting: Elizabeth Rausch-Phung
Email address: Elizabeth.Rausch-Phung@health.ny.gov
Program Location: New York State

Does AIM have permission to share this information on the publicly accessible AIM website? *All materials submitted, including contact information, will be posted on the AIM website.* Yes No

BULL'S EYE INFORMATION

Title
 Centralized HPV Reminder/Recall for 11-13 Year Olds in New York State

Keywords (up to 5 main terms/phrases that describe the initiative)
 HPV, Reminder, Recall, IIS

Is this initiative Evidence / Guideline Based? *(if yes, please include reference below)* Yes No

Reference: The Community Guide, <http://www.thecommunityguide.org/vaccines/clientreminder.html>

Background (scope of the immunization need or problem)
 Human papillomavirus (HPV) vaccine coverage of adolescents lags far below Healthy People 2020 targets. In 2013, only 60% of girls and 33% of boys in New York State (NYS) outside of New York City (NYC) and initiated the 3-dose HPV vaccine series and only 46% of girls and 12% of boys had completed the series. The NYS Department of Health (NYSDOH) was awarded a Prevention and Public Health Fund (PPHF) HPV vaccine grant in 2013 to conduct activities to improve vaccination of adolescents in NYS outside of NYC.

Description
Describe the initiative's goals and objectives.

The goal of the HPV reminder/recall letters was to improve HPV vaccine initiation and completion in NYS outside of NYC. The objective was to achieve a statistically significant increase in HPV vaccine receipt among letter recipients vs. controls who either did not receive the letter or received the letter after a delay.

What were the main implementation activities?

Centralized reminder/recall letters were mailed statewide (excluding NYC) to parents and guardians of boys and girls 11 through 13 years of age who had either initiated but not yet completed the HPV vaccine series (Round 1) or who had not yet initiated the HPV vaccine series (Rounds 2 and 3). Immunization status and mailing addresses were determined using New York State Immunization Information System (NYSIIS) data, and addresses were validated using LexisNexis. Letters were not mailed to parents and guardians of children with no known mailing address or whose address could not be verified. Receipt of vaccine was monitored in NYSIIS.

Where and when did the initiative take place?
 Letters were mailed statewide for NYS excluding NYC.

Round 1 letters were mailed in February 2015; Round 2 letters were mailed in May 2015; Round 3 letters will be mailed in December 2015.

How much staff time was involved?

This project required staff to establish and oversee contracts with LexisNexis and with the printing and mailing vendor, 40 hours; coding to extract data from NYSIIS, submit to LexisNexis and format for the mail merge, 40 hours; and for administrative staff to handle returns, 5-10 hours. Mailing to only valid addresses minimized the administrative burden associated with returned undeliverable letters.

What were the costs associated with the activity? What was the funding source?

The total costs of address verification, printing and mailing for all three rounds was \$122,558. This is about \$0.70 per letter mailed.

This project was supported by PPHF HPV Vaccine grant #3H23IP000758-01S1 from the Centers for Disease Control and Prevention.

Identify the target population that the initiative affected.

Parents and guardians of adolescents 11 through 13 years of age who had not yet initiated or complete the HPV vaccine series were targeted for receipt of reminder/recall letters.

If partners were involved, include who was involved, and how.

No partners were involved.

Timeframe of Implementation (Start and Stop Dates)

09/30/2013 – 12/29/2015

Evaluation Data: Was the implementation and/or effectiveness of this initiative assessed? (if “yes” or “limited,” provide any data that is available) Yes No Limited

Data:

We assessed the impact of the reminder/recall letters using a combination of NYSIIS data and parental surveys. In addition, we monitored the LexisNexis address validation rate and the percent of undeliverable letters. All letters went to parents of children 11 to 13 years of age

12,641 letters were mailed for Round 1 to parents of children that had initiated but not completed the HPV series, and 85,484 letters were mailed in Round 2 to parents of children that have not yet started the HPV series. 44% of addresses for Round 1 and 56% of Round 2 and 3 addresses could be validated by LexisNexis. 3% of Round 1 letters and 1.7% of Round 2 letters were returned undeliverable. The third and final round will be mailed to parents of children that have not yet started the HPV series in December 2015.

We compared HPV immunization histories for letter recipients with non-recipients in the six month period following the mailing of reminder letters. The non-recipient, control, groups consisted of either children with no valid address or randomly selected controls. We planned random controls for Round 2, mailed to parents of children that have not yet started the HPV vaccine series. Data is currently available for the first 3 months of the follow-up period for this second round.

In three months after letters were mailed, letter recipients were approximately 21 percent more likely to initiate the HPV series than randomly selected controls. In the six months after letters were mailed, letter recipients who had already received a first dose were 35 percent more likely to receive a second dose and letter recipients who had previously received two doses were 20 percent more likely to complete the series than controls with no valid NYSIIS address. Among those who had received one doses before receiving the letter, the effect appeared slightly stronger for 13 year olds than for 11 or 12 year olds. For those that had not yet started the series, the effect of the letter appeared stronger for 11 year olds than 12 year olds and 13 year olds. The age differences were not significant for those that had received two doses before letters were sent. No significant differences were seen for gender comparisons.

The first two mailings with the analysis to date have resulted in additional immunization of 1,497 children that had not previously initiated the HPV series, 1,077 children that already had one dose and 244 children that had already received two doses. In this period, at least 434 additional children completed the HPV series. We observed a spike in NYSIIS recording of previously administered doses immediately following the letter that was sent to parents of children that already had one or two doses recorded in NYSIIS. This was not seen for the mailing to children that had not yet started the series.

We sent a survey to 5,000 letter recipients to evaluate the impact of the mailing on parental HPV vaccine beliefs and on the likelihood of vaccine recipients to be vaccinated. Survey recipients were randomly selected from the group of parents of children that had not yet initiated the HPV series. Data collection for the parent survey is ongoing.

Conclusions / Lessons Learned / Key Factors for Success

A centralized reminder/recall HPV vaccine letter mailing improves HPV vaccination as well as IIS reporting of doses previously administered. Use of LexisNexis to validate addresses prior to mailing saved mailing costs and reduced the number of letters returned undeliverable. The approval process for the mailings took longer than initially anticipated in part due to concerns about parental reactions to the letters. However, very few emails, phone calls or letters were received from parents in response to either Round 1 or Round 2 of the reminder/recall letters, and response to parent emails, phone calls and letters were easily managed by a single staff member. The most common complaint was about an error in the Round 2 mailing in which envelopes were inadvertently addressed to children rather than their parents or guardians. This error was corrected prior to the Round 3 mailing. This was the first time that New York had implemented a centralized reminder/recall mailing. Despite the political sensitivity of HPV, the public response was easily manageable and the initiative was successful in improving vaccine uptake.

Check if any of the following are being submitted to complement your submission:

(All materials will be posted on the AIM website)

- | | |
|--|--|
| <input type="checkbox"/> Testimonials | <input type="checkbox"/> Project photo(s) |
| <input type="checkbox"/> Quote from partner/participant | <input type="checkbox"/> Publication (e.g., news story, journal article) |
| <input checked="" type="checkbox"/> Sample of materials produced | <input type="checkbox"/> Video/audio clip |
| <input type="checkbox"/> Press release | <input type="checkbox"/> Website URL |
| <input type="checkbox"/> Promotional materials | <input type="checkbox"/> Tables or graphs |
| | <input type="checkbox"/> Other — Explain: _____ |



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Date

Dear Parents or Guardians of (child's full name):

As part of our ongoing effort to improve the health of all New Yorkers, we want to make you aware that (Child's first name) might be overdue for the vaccine that protects against human papillomavirus (HPV).

Please talk with (child's first name) health care provider about getting the HPV vaccine. The vaccine is the best way to protect your child and prevent most cancers and diseases caused by HPV.

If (child's name) has already begun the three-dose vaccine series, please ask your health care provider to update her/his records in the New York State Immunization Information System (NYSIIS). NYSIIS is a secure, confidential, computerized system that helps parents, health care providers, schools, and public health specialists maintain up-to-date immunization records for all children under age 19 in New York State.

The HPV vaccine is recommended for girls and boys at 11 or 12 years old. It is given in three doses over a six-month period and protects against HPV, which can cause some forms of cancer in both males and females, including cervical cancer. Getting the vaccine at an early age, before exposure to the virus, can prevent these types of HPV-associated cancers later in life. **It is very important to have all three doses of the vaccine in order to be fully protected from HPV.** Studies have shown the HPV vaccine to be very safe and effective.

For more information on the HPV vaccine, please see the attached sheet, "HPV Vaccine for Preteens and Teens," or visit [\(webpage\)](#). If you have any questions, please email [\(email address\)](#).

Sincerely,

Program Director Name and Title

Attachment



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Date

Dear Parents or Guardians of (child's full name):

As part of our ongoing effort to improve the health of all New Yorkers, we want to make you aware that (child's first name) might be overdue for the next dose of the vaccine that protects against human papillomavirus (HPV).

Please talk with (child's name) health care provider about getting the next dose of the HPV vaccine. **It is very important to have all three doses of the vaccine in order to be fully protected from HPV.** Studies have shown the HPV vaccine to be very safe and effective for preventing certain forms of cancer in both males and females. (Child's first name) can get the next dose even if it has been longer than six months since the first.

If (child's name) has already had all three doses of the HPV vaccine, please ask your health care provider to update his/her records with the New York State Immunization Information System (NYSIIS). NYSIIS is a secure, confidential system that helps parents, health care providers, schools, and public health specialists maintain up-to-date immunization records for all children under age 19 in New York State. Since 2008, your child's health care provider has been required to report all of your child's immunizations to NYSIIS to assure quality of care. Your provider should have informed you of this when your child was first enrolled in the system.

If you have any questions, please email (webpage). For additional information about the HPV vaccine, please see the attached sheet, "HPV Vaccine for Preteens and Teens," or visit (email address).

Sincerely,

Program Director Name and Title

Attachment

HPV Vaccine for Preteens and Teens

Last updated March 2012

Why does my child need HPV vaccine?

This vaccine is for protection from most of the cancers caused by human papillomavirus (HPV) infection. HPV is a very common virus that spreads between people when they have sexual contact with another person. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical cancer in women and penile cancer in men. HPV can also cause anal cancer, throat cancer and genital warts in both men and women.

When should my child be vaccinated?

The HPV vaccine is recommended for preteen boys and girls at age 11 or 12 so they are protected before ever being exposed to the virus. If your teen hasn't gotten the vaccine yet, talk to their doctor about getting it for them as soon as possible.

The HPV vaccine is given in 3 shots. The second shot is given 1 or 2 months after the first shot. Then a third shot is given 6 months after the first shot. Be sure that your child gets all 3 shots for full protection.

What else should I know about HPV vaccine?

There are two HPV vaccines. Girls and young women should get either HPV vaccine to prevent cervical cancer.

One of the HPV vaccines also protects against genital warts and anal cancer in both females and males. Boys should get this HPV vaccine to prevent anal cancer and genital warts. Girls can get this vaccine to prevent cervical cancer, anal cancer and genital warts.

Both HPV vaccines have been studied very carefully. These studies showed no serious safety concerns. Common, mild

adverse events reported during these studies include pain in the arm where the shot was given, fever, dizziness and nausea.

Some preteens and teens might faint after getting the HPV vaccine or any shot. Preteens and teens should sit or lie down when they get a shot and stay like that for about 15 minutes after the shot. This can help prevent fainting and any injury that could happen while fainting.

Serious side effects from the HPV vaccine are rare. It is important to tell the doctor or nurse if your child has any severe allergies, including an allergy to latex or yeast. HPV vaccine is not recommended for anyone who is pregnant.

HPV vaccination is recommended by the Centers for Disease Control and Prevention (CDC), the American Academy of Family Physicians, the American Academy of Pediatrics, and the Society for Adolescent Health and Medicine.

How can I get help paying for these vaccines?

The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are not insured or under-insured, Medicaid-eligible, American Indian or Alaska Native. You can find out more about the VFC program by going online to www.cdc.gov and typing VFC in the search box.

Where can I learn more?

For more information about HPV vaccines and the other vaccines for preteens and teens, talk to your child's doctor or nurse. More information is also available on CDC's Vaccines for Preteens and Teens website at www.cdc.gov/vaccines/teens.



Department
of Health



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention