### Problem Statement
Low usage of the HPV vaccine in the 11-26 year old population of Brevard County

### Root Causes
1. Health history does not specifically address HPV only vaccinations in general.
2. Lack of community provider staff education to enable providers to be a strong proponent of the HPV vaccine.
3. Lack of community awareness of vaccination need and availability.
4. Lack of resources and information to underscore the importance of the vaccine recommendations apart from school requirements.
5. Inadequate recall systems within various vaccinating practices.

### Data

<table>
<thead>
<tr>
<th>Month</th>
<th>Titusville</th>
<th>Melbourne</th>
<th>Viera</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 August</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>2015 August</td>
<td>20%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>2016 August</td>
<td>30%</td>
<td>40%</td>
<td>35%</td>
</tr>
</tbody>
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### Aim Statement
An opportunity exists to improve vaccination rates 11-26 year olds with the HPV vaccine in Brevard County. Success will be measured by an increase in HPV vaccination and series completion in the 11-26 year olds in Brevard County. Success will be measured by a 20% increase in previous years numbers vaccinated. The scope of this project pertains to developing a plan to increase the acceptance of the vaccine and improve the completion of the series.

### Improvement Actions
1. Contact local Brevard County Services to access information displays around the city: Parks and Recs, libraries.
2. Meet with Medical Records Supervisors of each clinic to discuss how best to implement the extra step.
3. Education of staff about the HPV disease and resultant cancers, the HPV vaccine and the age recommendations.
4. Encourage providers to attend the Immunization Summitt February 2017
5. Create a stamp to place in front of the client’s folder to document that the HPV vaccine was offered, accepted or declined, and date doses were given.
6. Provide several methods of education: direct in-services, on line webinars that can be done at any time and educational handouts
7. Create an education folder for HPV in the DOH Brevard Share Drive Immunization site that nurses are already utilizing and use to navigating to.
8. Contact pharmaceutical representative to ask for unbranded client education resources for the three clinic sites: 6 triage rooms, family planning, teen clinic, dental clinic
9. Place special request with pharmaceutical company.
10. Simplify card so only dates need to be written.

### Results
DOH Brevard saw significant increases in the acceptance of the HPV vaccine in both our 11-18 year olds through the VFC Immunization program and 19-26 year olds in our Family Planning Clinics. We saw an increase in acceptance of the HPV vaccine for our 11-18 year olds in all clinic sites the largest jump being Melbourne with a 33% increase. Our Family Planning file review showed that 2 months after implementing new documentation the acceptance rate of clients went from 1-5% to 30-55%.

### Lessons Learned
1. The nurses were more invested in the teen vaccines after the in-service and group discussion.
2. We had such a success with offering the HPV and with the Menactra vaccine as part of the Teen package of vaccines with the back to school required Tdap that we ran out of our supply and were without the HPV and Menactra Vaccine for one day in two of our clinics during the back to school period so this impacted our numbers.
3. It was difficult to extrapolate measurable data, looking only at numbers of vaccine given did not work as our client population has dropped over the past few years so we had to look at percentages of clients receiving HPV.
4. As we improve the success rate of vaccination in the teens we should see a decrease in vaccination rates in Family Planning as these clients should already have received the vaccine.
5. Printing out the Immunization History for Family Planning clients and clear documentation of HPV vaccination in the file helped remind nurses to offer the HPV vaccine to clients and follow up on remaining doses required.
6. We tried to utilize a form to gather data in triage for nurses to fill out a count for each client that came in aged 11-18 who was offered the HPV vaccine, declined or already revived the vaccine. This did not work as the nurses forgot to fill it out thereby distorting the numbers.

### Next Steps: Adopt
Family Planning: 1. Immunization history printed out and placed into clients chart. 2. Red HPV stamp placed on inside of file
Clinic Triage: 1. Teen vaccines routinely offered by staff: HPV, Meningococcal and Tdap. 2. Immunization history printed highlighting next due date for HPV vaccine. 3. Continue to provide literature for clients focusing on HPV and teen vaccines.
Community: 1. Continue outreaches to provide education. 2. Provide support to private practices to improve HPV outcomes. 3. Continue working with School Health to promote teen vaccines in school clinic sites.
Adapt: CDC and ACIP (10/19/2016) have come out with a new two schedule recommendation for HPV for persons initiating vaccination before the 15th birthday. Our immunization policy and procedure has been rewritten to reflect this change.

### Team Members
Bruce Pierce, Maria Stahl, Barry Inman, Phoebe Griffin, John Davis, Patti Seibert,

### Contact Information
Helen Medlin 321-634-6335
Helen.Medlin@flhealth.gov