



CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:
PP120150

Project Title:
Prenatal education and postpartum administration of HPV vaccine:
Strategies to increase initiation and series completion among low income
women

Award Mechanism:
Evidence-Based Prevention Programs and Services

Principal Investigator:
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Entity:
The University of Texas Medical Branch at Galveston

Lay Summary:

Human papillomavirus (HPV) is the main cause of cervical cancer. In the last few years, a new vaccine that is very effective has been developed against this virus. This 3-shot series is recommended for women 11–12 years of age, with catch-up vaccination recommended for those up to age 26. Unfortunately, uptake and completion rates of this vaccine have been far less than expected in Galveston County. This is a serious problem for Hispanic women who have almost twice the risk of cervical cancer as compared with whites (15.3 vs 8.4 cases/100,000 women, respectively). UTMB serves pregnant, low-income women from this area, of which 70% are Hispanic, through its Regional Maternal and Child Health Program (RMCHP). Baseline data collected on pregnant women seen in these clinics show that this underserved population has HPV vaccination rates far lower than those reported by the Centers for Disease Control (CDC). Reasons for this low rate include a lack of awareness about the vaccine, limited access to a vaccination site, and the high cost of the vaccine itself. In this project, we will address all 3 of these barriers. We will address awareness by educating pregnant women before and immediately after delivery about the HPV vaccine. Educational materials developed by the CDC will be distributed in Spanish and English, and bilingual personnel will address patient questions on the postpartum unit. The initial vaccine dose will be given after delivery through the use of standing orders in the Electronic Medical Record, eliminating the access issue. Many patients will have Medicaid coverage for 6 weeks after delivery, which will cover much of the cost. We anticipate that this innovative system change will allow us to initiate this vaccination series in 900 women over 2 years. Many women who initiate the HPV vaccine do not return for the second or third dose. This is a significant problem, as receiving less than 3 doses may not provide complete protection against cervical cancer. To address this, we have developed a partnership among the obstetric clinics which see women for postpartum visits, 3 pediatric clinics, 6 school-based clinics, and the Galveston County Health District. This will allow us to coordinate the timing of their subsequent doses with their postpartum visits, their children's visits to their pediatricians, or their school schedules. In addition, we will use phone and text reminders to help patients remember and keep their upcoming appointments. Finally, we will conduct surveys and qualitative interviews among providers to assess how well this vaccination strategy has been accepted and embedded into everyday clinical work. We anticipate that this prevention project will show that standing orders for postpartum HPV

vaccination are effective and that follow-up injections should be given at postpartum or infant visits. Overall, our plan will reduce the number of women in Texas who experience cervical cancer and its devastating consequences.