



**YOU ARE THE KEY TO
CANCER PREVENTION**

GUAM HEALTH PROVIDER TOOLKIT

**CERVICAL CANCER, CERVICAL CANCER
SCREENING, HPV, AND HPV VACCINE**

JULY 2018





This Toolkit provides you with resources (as well as references and links to available resources) to learn more about cervical cancer, cervical cancer screening, HPV, and HPV vaccine. We hope that you will find it useful in your practice and encourage you to share this information with your colleagues and your patients.

This Toolkit was prepared under the leadership and coordination of the Community Outreach Core of the University of Guam Cancer Research Center in collaboration with its partners: the Guam Comprehensive Cancer Control Coalition, American Cancer Society [Guam office], Department of Public Health and Social Services (Guam Breast and Cervical Cancer Early Detection Program, Guam Immunization Program, Guam Comprehensive Cancer Control Program, Guam Community Health Centers), Guam Cancer Care Organization, and Guam Regional Medical City.








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Improving Cervical Cancer Prevention and Control in Guam

Background

Cervical cancer is a major health problem. In Guam, it is the fifth leading cause of new cancer cases in women. During the years 2008-2012, the Guam Cancer Registry reported that 130 women were diagnosed with cervical cancer, and 9 women died of this disease. This number, 130, represents 13.4% of all Guam women who were diagnosed with cancer during this five-year period. Moreover, 47% of all new cases among female adolescents and young adults (15 – 24 years of age) were cervical cancer “*in situ*”. In addition, more than a third of the women who were diagnosed with cervical cancer during the 2008-2012 period were in the late stage of cancer when it was more difficult to treat. If detected early via regular screening such as the Pap test and human papillomavirus (HPV) test, cervical cancer is highly treatable.

Commitment

Today, our organization pledges to join hands with other local health care organizations in a commitment to help eliminate cervical cancer as a major health problem in Guam. We are committed to supporting the Guam Comprehensive Cancer Control Coalition’s Cervical Cancer Prevention and Control Initiatives to include, but not limited to:

- Improving services and increasing cervical cancer screening rates among our women through evidenced based practices;
- Improving services and increasing HPV Vaccination rates among the youth;
- Reducing health disparities such as access to care; and
- Eliminating structural barriers that hinder Guamanians from receiving care.

We are committed to collaborating with stakeholders and partners that will lead to quality of care in cervical cancer prevention and control in Guam.

Pledge

_____ (Organization Name) is committing to support the Guam Comprehensive Cancer Control Coalition in our shared objectives of improving the quality of care provided to Guamanians as it relates to cervical cancer prevention and control.

Approved by: _____

Date: _____



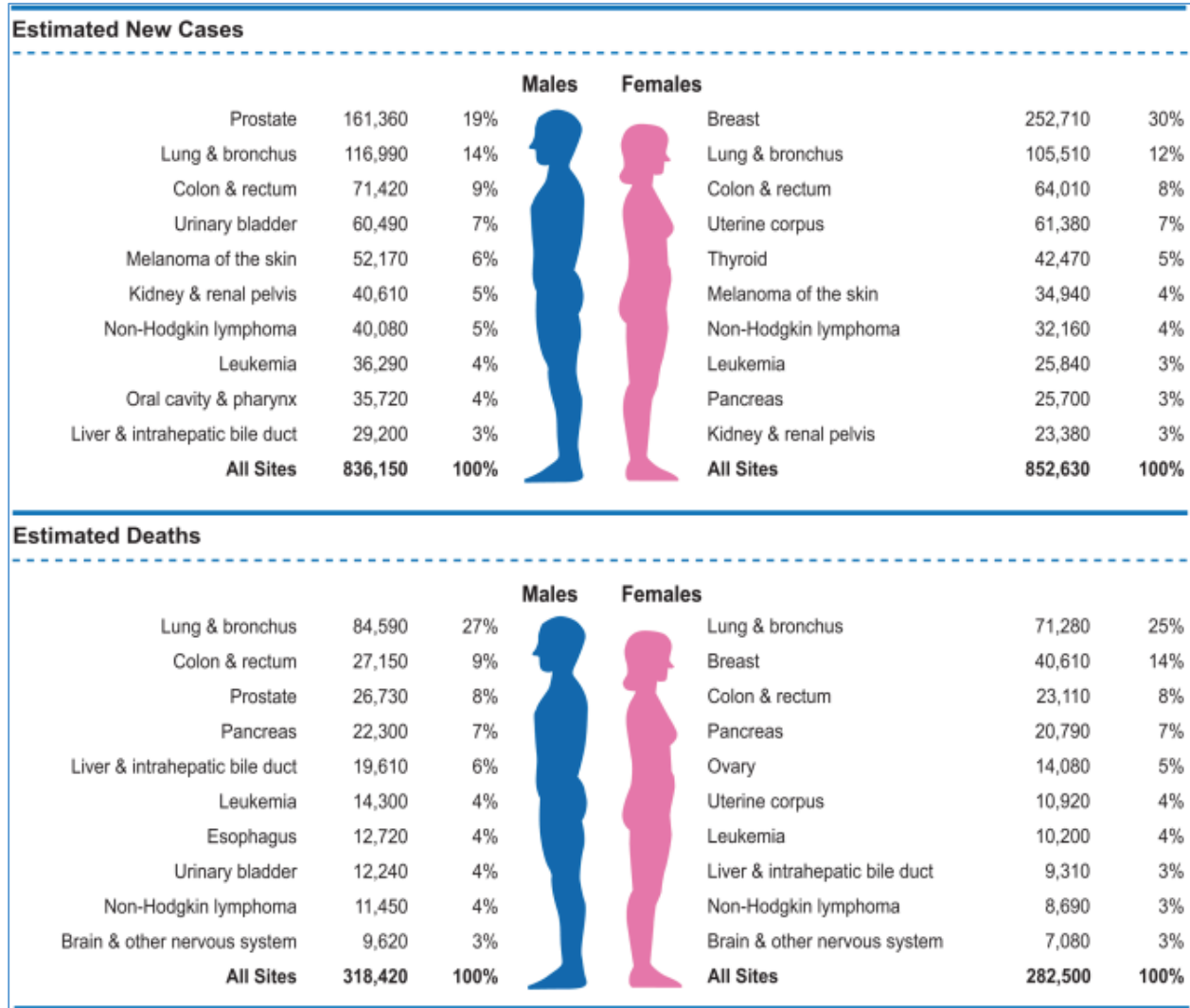
SECTION 1

**HPV AND CERVICAL CANCER
DATA, SCREENING RATES, &
PREVENTABLE RISK FACTORS**

I. Cancer Projections in the US

According to the American Cancer Society, in the US an estimated 852,630 females and will be diagnosed with cancer in 2017 and 282,500 will die from it. Refer to Figure 1 below. Of this total, 12,820 new cases of cervical cancer and 4,210 deaths from the disease are projected.ⁱ We do not have current projections for Guam, but have data on reported cancer cases and deaths for the period 2008 – 2012.

Figure 1. Cancer statistics, USA: 2017



Source: **CA: A Cancer Journal for Clinicians**
 Volume 67, Issue 1, pages 7-30, 5 JAN 2017 DOI: 10.3322/caac.21387
<http://onlinelibrary.wiley.com/doi/10.3322/caac.21387/full#caac21387-fig-0001>

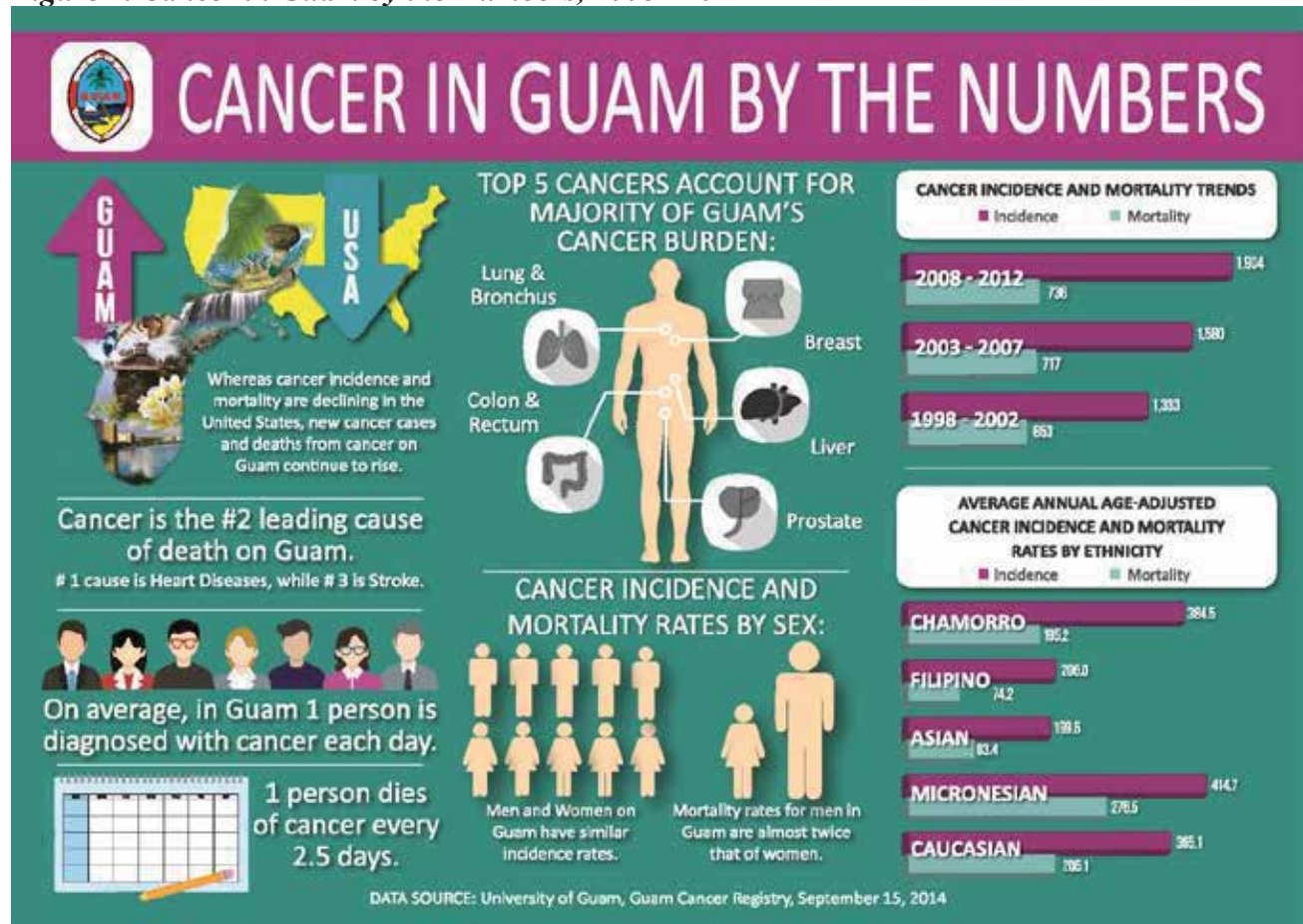
II. Cancer Incidence and Mortality in Guam

Cancer continues to be the second leading cause of deaths. Refer to Figure 2 for a summary of the statistics. The overall cancer burden on Guam for the period 2008 – 2012 is detailed in the [Guam Cancer Facts and Figures 2008- 2012](#). This document can be accessed at:

<<https://drive.google.com/folderview?id=0B9-YZDTXKUXCU05IWUEtMFJqazQ&usp=sharing>>.


While cancer incidence and mortality has been steadily decreasing in the US, this is not the case for Guam, where cancer rates have continued to rise. There were 1,904 cancer cases and 736 cancer deaths reported during this period.

Figure 2. Cancer in Guam by the Numbers, 2008 - 2012



Figures 3 and 4 that follow, show the top cancer incidence and mortality sites for males and females during the five year period.

Figure 3. Top Ten Cancer Sites By Sex, Guam: 2008 - 2012

Top Ten Cancer Sites by Sex, Guam: 2008 - 2012							
Male Incidence (New Cases)				Female Incidence (New Cases)			
Site	Count	Percent		Site	Count	Percent	
Prostate	201	21.6%	Breast	292	30.0%		
Lung and Bronchus	193	20.7%	Cervix	130	13.4%		
Colon, Rectum & Anus	115	12.4%	Lung and Bronchus	88	9.0%		
Liver	90	9.7%	Colon, Rectum & Anus	75	7.7%		
Leukemia	36	3.9%	Thyroid	74	7.6%		
Urinary Bladder	29	3.1%	Uterus	70	7.2%		
Kidney and Ureter	28	3.0%	Leukemia	32	3.3%		
Non-Hodgkin Lymphoma	27	2.9%	Non-Hodgkin Lymphoma	28	2.9%		
Oral Cavity	25	2.7%	Ovary	26	2.7%		
Nasopharynx	25	2.7%	Stomach	19	2.0%		
Stomach	21	15.1%					

Note: Percentages don't add to 100% as they exclude remaining cancer sites beyond top 10.


III. Cervical Cancer in Guam

Cervical cancer, for the period 2008-2012, was the second leading cause of new cancer cases in women, and fifth leading cause of women's cancer deaths (see Figures 3 and 4). **Note: Cervical cancer incidence (new cases) included CIN3 and "in situ" (early stage) as well as invasive cancer.** The Guam Cancer Registry reported that from 2008 to 2012, 130 women were diagnosed with cervical cancer, and 9 women died of this disease.ⁱⁱ This number, 130, represents 13.4% (130/973) of all Guam women who were diagnosed with cancer during this five-year period. Almost half (47%) of all new cases among female adolescents and young adults (15 – 24 years of age) were cervical cancer "in situ". In addition, more than a third of the women who were diagnosed with cervical cancer during this period were in the late stage of cancer when it was more difficult to treat.

Between 2008-2012, on Guam, 1.3 in 10 females (130/973 = 13.4%) and nearly 1 in 2 (17/36 cases = 47%) young girls (15-24 years old) who were diagnosed with cancer, had cervical cancer.

(All Female Cancer Cases = 973)

Figure 4. Top Ten Sites of Cancer Mortality By Sex, Guam: 2008 - 2012

Top Ten Cancer Deaths by Sex, Guam 2008 - 2012						
Male Mortality (Deaths)				Female Mortality (Deaths)		
Site	Count	Percent		Site	Count	Percent
Lung and Bronchus	141	30.0%	Lung and Bronchus	72	27.1%	
Liver	67	14.3%	Breast	37	13.9%	
Colon, Rectum & Anus	50	10.6%	Colon, Rectum & Anus	28	10.5%	
Prostate	40	8.5%	Liver	14	5.3%	
Leukemia	21	4.5%	Uterus	14	5.3%	
Non-Hodgkin Lymphoma	18	3.8%	Thyroid	14	5.3%	
Oral Cavity	15	3.2%	Leukemia	14	5.3%	
Pancreas	15	3.2%	Pancreas	9	3.4%	
Nasopharynx	13	2.8%	Cervix	9	3.4%	
Stomach	13	2.8%	Stomach	8	3.0%	
Esophagus	11	2.3%	Non-Hodgkin Lymphoma	8	3.0%	
Kidney and Ureter	11	2.3%	Ovary	7	2.6%	
Urinary Bladder	10	2.1%	Naso-pharynx	6	2.3%	
			Other Digestive	5	1.9%	
			Brain	4	1.5%	
			Multiple Myeloma	4	1.5%	

Note: Percentages don't add to 100% as they exclude remaining cancer sites beyond top 10.

Cancer health disparities exist especially among **'Chamorro'** and **'Other Micronesian'** people on Guam. The following Table 1 shows cervical cancer incidence and mortality rates per 100,000 women, by ethnicity. Of note, is that Guam's women overall had nearly two times the cervical cancer (invasive cases only) incidence rate (13.4) compared to the U.S. (7.6). Data from the *Guam Cancer Facts and Figures 2008-2012* showed that invasive cervical cancer incidence (new cases) rates for Micronesian women (39.8 per 100,000) was five times higher, and for Chamorro women (14.34 per 100,000) two times higher than the U.S. rate (7.6 per 100,000). [Data Source: Guam Cancer Registry data from 2008-2012, as of Sept. 15, 2014.]

Table 1. Cervical Cancer Incidence and Mortality Rates, Guam (CY 2008-2012) and U.S. (2010)

	Cervical Cancer Incidence (New Cases) Rates		
Cervical Cancer	Guam - Overall Average Annual Cervical Cancer Incidence Rate (includes invasive, CIN3 and 'in situ' cases)	Guam - Overall Average Annual Cervical Cancer Incidence Rate (invasive only)	U.S. – (2010) Overall Cervical Cancer Incidence Rate¹ (invasive only)
Rate per 100,000 females	35.8 per 100,000 [invasive: n = 45; CIN3: n = 78, 'In situ': n = 7]	13.4 per 100,000	7.6 per 100,000
Ethnicity	Guam - Cervical Cancer Incidence Rates by Ethnicity (includes invasive, CIN 3 and 'in situ' cases)	Guam - Cervical Cancer Incidence Rates by Ethnicity (invasive only)	U.S. – (2010) Cervical Cancer Incidence Rate (invasive only)
Other Micronesia	43.2 per 100,000	39.8 per 100,000	N/A
Chamorro	24.8 per 100,000	14.34 per 100,000	N/A
Caucasian	24.4 per 100,000	*	N/A
Asian	17.4 per 100,000	*	N/A
Filipino	5.2 per 100,000	*	N/A
	Cervical Cancer Mortality (Deaths) Rates		
Cervical Cancer Mortality	Guam - Overall Cervical Cancer Mortality Rate		U.S. – (2010) Overall Cervical Cancer Mortality Rate
Rate Per 100,000 females	2.46 per 100,000		2.3 per 100,000
Ethnicity	Cervical Cancer Mortality Rates by Ethnicity (Invasive and in situ)		U.S. – (2010) Overall Cervical Cancer Mortality Rate
Other Micronesia	*		N/A
Chamorro	*		N/A
Caucasian	*		N/A
Asian	*		N/A
Filipino	*		N/A

* Rates were suppressed if fewer than 5 cases were recorded.

¹ Note that the US cervical cancer incidence rate is computed using *only invasive* cervical cancer.

IV. Cervical Cancer Risk Factors

HPV is the main cause of cervical cancer in women. Other risk factors for cervical cancer include:

- Smoking,
- Having HIV (the virus that causes AIDS) or another condition that makes it hard for your body to fight off health problems,
- Poor nutrition and overweight and obesity,
- Having given birth to three or more children,
- Having several sexual partners, and
- Using birth control pills for a long time (five or more years).ⁱⁱⁱ

The Chronic Disease Indicators compiled by the US Centers for Disease Control and Prevention presented data on two of the risk factors for cervical cancer. When comparing the two sites (Guam and the overall US) for *'current cigarette smoking among women aged 18 – 44 years'*, Guam had a higher smoking rate of **26.3%** versus **19.2%** for the US (BRFSS 2014).^{iv} Guam's *'overweight and obesity rate for women 18 – 44 years of age'* was **56.4%**, slightly higher than the US rate of **52.8%**.^v

RISK FACTORS – RATES FOR SMOKING & OVERWEIGHT and OBESITY AMONG GUAM WOMEN

*For 'current cigarette smoking among women aged 18 – 44 years', Guam had a higher smoking rate of **26.3%** versus **19.2%** for the US.*

*Guam's 'overweight and obesity rate for women 18 – 44 years of age' was **56.4%**, slightly higher than the US rate of **52.8%**.*

V. Cervical Cancer Screening

Cervical cancer can be detected early by having a Pap test and human papillomavirus (HPV) test. Since the Pap test's use for screening began more than 50 years ago, cervical cancer deaths in the US have been greatly reduced. However, only 6.6 out of 10 women on Guam got a Pap test within the previous three-year period (BRFSS 2016).

Papanicolaou smear (Pap Test) use among adult women aged 21-65 years:

*Guam rate: **65.7%** versus US: **79.8%**.^{vi}*

Research studies have found that lack of awareness of cervical cancer and knowledge of the Pap test, along with cultural barriers and feelings of shame and embarrassment may prevent many Pacific Islander women from being screened.

VI. Human Papillomavirus (HPV) and Cancer

Many men and women do not know that human papillomavirus (HPV) has been detected in 90% to 100% of all cervical cancer cases. In the US, approximately 79 million people are currently infected with HPV, and an estimated 14 million will get new genital HPV infections each year.

Between 2014 to 2016, there were 104 HPV cases reported to Guam Department of Public Health and Social Services (21 in CY2014; 46 in CY 2015; and 37 in CY2016).^{vii}

According to the Centers for Disease Control and Prevention, most sexually active men and women will acquire a genital HPV infection at some point in their lives. By the time a woman reaches age 50, at least 80% will have contracted a genital HPV infection.

HPV infection isn't cancer but can cause changes in the body that lead to cancer. HPV infections usually go away by themselves but having an HPV infection can cause certain kinds of cancer to develop. HPV is the main cause of cervical cancer in women. Other cancers include penile cancer in men, and anal cancer in both women and men. HPV can also cause cancer in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancer). All of these cancers are caused by HPV infections that did not go away. Every year in the US, approximately 17,600 women and 9,300 men are affected by cancers caused by HPV.

The connection between HPV and the potential risk of cervical cancer (and other cancers) is not clearly communicated between the provider and the patient.

Despite the fact that HPV infections are extremely common, the message that there is a definite connection between HPV and the potential risk of cervical cancer (and other cancers) is not clearly communicated between the provider and the patient.^{viii} Even more disconcerting is the higher rate of cervical cancer found within Pacific Islander communities, i.e., Chamorro and Other Micronesian women on Guam.

VII. HPV Vaccine

HPV vaccine protects against cancers and other disease caused by human papillomavirus (HPV). This vaccine can prevent certain HPV types that are most often responsible for cervical cancer in women, and can prevent other types of cancer in both men and women. Refer to Part 2 Provider Resources for information on the HPV vaccines and the types of HPV the vaccine protects against.

The Centers for Disease Control and Prevention (CDC) now recommends 11 to 12 year olds get **two doses of HPV vaccine**—rather than the previously recommended three doses—to protect against cancers caused by HPV. The second dose should be given 6-12 months after the first dose.

For more information on the updated recommendations, read the MMWR:
<https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm>.

You can also download the CDC “HPV Two-Dose Decision Tree” at:
<https://www.cdc.gov/hpv/downloads/hpv-2-dose-decision-tree.pdf>.

In the 2015 National Immunization Survey (NIS-Teen), Guam's HPV vaccine 3-dose completion rate for females (13-17 years of age) was 37.0% vs. 41.9% for the US overall, and for males (13-17 years of age) 22.4% vs. the US rate of 28.1% . Guam's Tdap (Tetanus, diphtheria, pertussis) rate was 79.6%, and for MenACWY (Meningococcal) 76.2%. Whereas, the HPV ≥ 1 dose completion rate for females was 68.9%, and for males 52.2%. The significantly higher completion rates for Tdap and MenACWY, reflect the missed opportunities to co-administer the HPV vaccine along with the two other recommended adolescent immunizations. Refer to Table 2.

Table 2. Estimated vaccination coverage with selected vaccines and doses* among adolescents aged 13–17 years for Regions IX and X, and Territory of Guam, Puerto Rico and US Virgin Islands – National Immunization Survey – Teen, United States, 2015

HHS Region/State/Territory	All adolescents (n = 21,875)				Females (n = 10,508)				Males (n = 11,367)			
	≥1 Tdap [§] % (95% CI) ^{¶¶}	≥1 MenACWY [¶] % (95% CI)	≥1 HPV ^{**} % (95% CI)	≥2 HPV ^{††} % (95% CI)	≥3 HPV [§] % (95% CI)	≥1 HPV ^{**} % (95% CI)	≥2 HPV ^{††} % (95% CI)	≥3 HPV [§] % (95% CI)	≥1 HPV ^{**} % (95% CI)	≥2 HPV ^{††} % (95% CI)	≥3 HPV [§] % (95% CI)	
Utah	82.0 (±5.2)	71.5 (±5.8)	47.8 (±9.4)	35.9 (±8.8)	24.6 (±7.7)	40.9 (±8.9)***	33.7 (±8.7)***	24.6 (±7.7)	40.9 (±8.9)***	33.7 (±8.7)***	19.9 (±7.6)	
Wyoming	87.9 (±4.1)	58.7 (±6.4)	47.7 (±9.6)	37.6 (±9.4)	26.5 (±8.7)	37.1 (±8.8)	30.8 (±8.5)***	26.5 (±8.7)	37.1 (±8.8)	30.8 (±8.5)***	18.8 (±6.9)	
Region IX	83.3 (±4.4)	78.7 (±4.6)	67.3 (±7.6)	59.2 (±7.8)	47.6 (±7.8)	56.8 (±7.7)	41.3 (±7.6)	47.6 (±7.8)	56.8 (±7.7)	41.3 (±7.6)	29.0 (±7.1)	
Arizona	86.6 (±3.8)	87.6 (±3.8)	68.3 (±7.4)	56.1 (±8.1)	44.2 (±8.3)	51.3 (±8.2)	40.6 (±8.2)***	44.2 (±8.3)	51.3 (±8.2)	40.6 (±8.2)***	27.0 (±7.3)***	
California	82.5 (±5.6)	77.2 (±5.9)	66.7 (±9.6)	59.7 (±9.9)	48.4 (±9.9)	58.5 (±9.8)	41.8 (±9.7)	48.4 (±9.9)	58.5 (±9.8)	41.8 (±9.7)	29.5 (±9.0)	
Hawaii	79.6 (±4.9)	78.7 (±5.0)	71.3 (±8.0)	64.1 (±8.4)***	52.4 (±8.8)***	62.5 (±8.0)	50.2 (±8.4)	52.4 (±8.8)***	62.5 (±8.0)	50.2 (±8.4)	36.2 (±8.1)	
Nevada	88.3 (±4.3)	78.0 (±5.3)***	72.0 (±7.8)***	57.6 (±9.0)***	42.5 (±9.2)	44.5 (±8.8)	31.9 (±8.1)	42.5 (±9.2)	44.5 (±8.8)	31.9 (±8.1)	23.7 (±7.2)	
Region X	85.3 (±2.7)	75.1 (±3.2)	65.3 (±5.0)	53.4 (±5.2)	43.6 (±5.2)	49.5 (±5.0)	41.9 (±5.0)***	43.6 (±5.2)	49.5 (±5.0)	41.9 (±5.0)***	29.5 (±4.6)***	
Alaska	69.7 (±5.8)	55.7 (±6.2)	57.0 (±8.7)	46.3 (±8.7)	36.9 (±8.4)	41.6 (±8.5)	30.3 (±7.8)	36.9 (±8.4)	41.6 (±8.5)	30.3 (±7.8)	18.8 (±6.4)	
Idaho	82.5 (±5.2)***	81.4 (±5.2)	57.3 (±8.9)	43.5 (±9.0)	30.3 (±8.2)	44.2 (±8.9)	36.4 (±8.6)***	30.3 (±8.2)	44.2 (±8.9)	36.4 (±8.6)***	26.4 (±7.9)	
Oregon	89.4 (±3.8)	75.2 (±5.5)	70.0 (±8.1)	55.4 (±9.0)	48.9 (±9.0)	58.6 (±8.4)***	48.2 (±8.7)***	48.9 (±9.0)	58.6 (±8.4)***	48.2 (±8.7)***	35.7 (±8.5)***	
Washington	85.3 (±4.5)	75.4 (±5.1)	65.8 (±8.1)	55.8 (±8.4)	45.1 (±8.4)	46.8 (±8.0)	41.2 (±7.8)	45.1 (±8.4)	46.8 (±8.0)	41.2 (±7.8)	28.0 (±7.1)	
Range ^{§§§}	(69.7–97.1)	(55.3–97.7)	(47.7–87.9)	(35.9–77.9)	(24.4–68.0)	(34.8–80.6)	(25.2–66.6)	(24.4–68.0)	(34.8–80.6)	(25.2–66.6)	(16.0–58.1)	
Territory												
Guam	79.6 (±4.6)	76.2 (±4.8)	68.9 (±7.8)	50.5 (±8.3)	37.0 (±7.9)	52.2 (±7.8)	38.0 (±7.6)	37.0 (±7.9)	52.2 (±7.8)	38.0 (±7.6)	22.4 (±6.4)	
Puerto Rico	82.5 (±5.2)	87.9 (±4.3)	77.4 (±7.8)	52.7 (±9.7)	42.0 (±9.4)	68.1 (±8.6)	44.3 (±9.1)	42.0 (±9.4)	68.1 (±8.6)	44.3 (±9.1)	30.8 (±8.7)	
U.S. Virgin Islands	82.0 (±4.0)	56.0 (±5.4)	40.4 (±7.7)	25.8 (±6.9)	16.4 (±5.9)	35.5 (±7.1)	18.6 (±5.5)	16.4 (±5.9)	35.5 (±7.1)	18.6 (±5.5)	11.8 (±4.6)	

Abbreviations: CI = confidence interval; HHS = U.S. Department of Health and Human Services; HPV = human papillomavirus; MenACWY = quadrivalent meningococcal conjugate vaccine; MMR = measles, mumps, rubella vaccine; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine.

* Estimates for additional measures, including MMR, hepatitis B, and varicella vaccines are available (<http://www.cdc.gov/vaccines/vaxview/teenaxview/>).

† Adolescents (n = 21,875) in the 2015 NIS-Teen were born during January 1997–February 2003.

§ ≥1 dose Tdap at or after age 10 years.

¶ ≥1 dose of MenACWY or meningococcal-unknown type vaccine.

** ≥1 dose of HPV vaccine, 9-valent (9vHPV), quadrivalent (4vHPV), or bivalent (2vHPV). Percentages are reported separately for females only (n = 10,508) and males only (n = 11,367). 9vHPV, 4vHPV, or 2vHPV are recommended for females, and 9vHPV or 4vHPV are recommended for males.

†† ≥2 doses of HPV vaccine, including 9vHPV, 4vHPV or 2vHPV.

§§ ≥3 doses of HPV vaccine, including 9vHPV, 4vHPV or 2vHPV. Some adolescents might have received more than the 3 recommended HPV vaccine doses.

¶¶ Estimates with 95% CI half-widths > 10 might not be reliable.

*** Statistically significant (p < 0.05) percentage point increase from 2014.

††† Statistically significant (p < 0.05) percentage point decrease from 2014.

§§§ Range excludes all selected local areas and territories.

VIII. YOU are the Key to Cancer Prevention



Studies consistently show that a strong recommendation from **YOU** is the single best predictor of vaccination for any vaccine, including HPV vaccine. In the 2014 NIS-Teen nearly 15% of parents who said that they would not be getting their child vaccinated against HPV in the next 12 months, stated not receiving a recommendation as one of the top reasons. Here's an excerpt from the more recent article published in the CDC Morbidity and Mortality Weekly Report:

“Strong clinician recommendations for HPV vaccination, and coadministration of the first HPV vaccine dose with Tdap and MenACWY vaccine at age 11–12 years during the same visit, would improve HPV vaccination coverage. Reasons for low HPV vaccination coverage, particularly among younger adolescents, include lack of a strong clinician recommendation for HPV vaccine at age 11–12 years, recommending vaccination inconsistently based on perceived risk for adolescents' HPV exposure, or not recommending coadministration of routine vaccines. Clinicians also might overestimate parental concerns and underestimate HPV vaccine demand. Resources for clinicians to facilitate optimal communication with parents and adolescents regarding HPV and other recommended vaccines are available at <http://www.cdc.gov/hpv/>.”^x

CDC recommends that you use every opportunity to speak to parents of your preteen and teen patients about HPV vaccine as you would all of the adolescent vaccines.

“PARENTS TRUST YOUR OPINION MORE THAN ANYONE ELSE’S WHEN IT COMES TO IMMUNIZATIONS.”

Take action by:

1. Avoiding missed opportunities to administer HPV vaccine—effectively recommend the HPV vaccine the same way and on the same day that you recommend other adolescent vaccines (for 11-12 year olds), i.e., Tdap (Tetanus, diphtheria, pertussis), Flu (influenza), HPV (Human papillomavirus), and MenACWY (Meningococcal).

[NOTE: Refer to the CDC link on “Information for Parents, 2017 Recommended Immunizations for children 7 – 18 Years Old”,
<https://www.cdc.gov/vaccines/schedules/downloads/teen/parent-version-schedule-7-18yrs.pdf>.]

2. Educating parents about the diseases that can be prevented by adolescent vaccines and talking about HPV vaccination in terms of cancer prevention.
3. Learning how to communicate successfully about HPV vaccination and how to answer a variety of questions from parents about HPV vaccine.

This Toolkit that we have prepared provides you with the resources (as well as references and links to available resources) about cervical cancer screening, HPV, and HPV Vaccine. We have included provider and patient education resources that cover a number of topic areas related to cervical cancer, cervical cancer screening, human papillomavirus (HPV) and cancer, and HPV vaccine. Some PDFs of actual flyers, posters, and brochures are included, along with links to additional resources.

References to educational materials are grouped by:

- **Cervical Cancer and Screening Tests;**
- **HPV and Cancer;**
- **HPV Vaccine;**
- **Multilingual Resources** (when available);
- **Community Resources;** and
- **National Resources.**

We hope that you will find it useful in your practice and encourage you to share this information with your colleagues and your patients.



SECTION 2

CERVICAL CANCER & SCREENING EDUCATIONAL RESOURCES

I. PROVIDER RESOURCES

A. Cervical Cancer Screening Guidelines Summary – Pap and HPV Testing

<https://www.uspreventiveservicestaskforce.org/Home/GetFile/1/265/cervcancersum/pdf>



SCREENING FOR CERVICAL CANCER CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION

Population	Women ages 21 to 65	Women ages 30 to 65	Women younger than age 21	Women older than age 65 who have had adequate prior screening and are not high risk	Women after hysterectomy with removal of the cervix and with no history of high-grade precancer or cervical cancer	Women younger than age 30
Recommendation	Screen with cytology (Pap smear) every 3 years. Grade: A	Screen with cytology every 3 years or co-testing (cytology/HPV testing) every 5 years Grade: A	Do not screen. Grade: D	Do not screen. Grade: D	Do not screen. Grade: D	Do not screen with HPV testing (alone or with cytology) Grade: D

Risk Assessment	Human papillomavirus (HPV) infection is associated with nearly all cases of cervical cancer. Other factors that put a woman at increased risk of cervical cancer include HIV infection, a compromised immune system, in utero exposure to diethylstilbestrol, and previous treatment of a high-grade precancerous lesion or cervical cancer.					
Screening Tests and Interval	Screening women ages 21 to 65 years every 3 years with cytology provides a reasonable balance between benefits and harms. Screening with cytology more often than every 3 years confers little additional benefit, with large increases in harms. HPV testing combined with cytology (co-testing) every 5 years in women ages 30 to 65 years offers a comparable balance of benefits and harms, and is therefore a reasonable alternative for women in this age group who would prefer to extend the screening interval.					
Timing of Screening	Screening earlier than age 21 years, regardless of sexual history, leads to more harms than benefits. Clinicians and patients should base the decision to end screening on whether the patient meets the criteria for adequate prior testing and appropriate follow-up, per established guidelines.					
Interventions	Screening aims to identify high-grade precancerous cervical lesions to prevent development of cervical cancer and early-stage asymptomatic invasive cervical cancer. High-grade lesions may be treated with ablative and excisional therapies, including cryotherapy, laser ablation, loop excision, and cold knife conization. Early-stage cervical cancer may be treated with surgery (hysterectomy) or chemoradiation.					
Balance of Benefits and Harms	The benefits of screening with cytology every 3 years substantially outweigh the harms.	The benefits of screening with co-testing (cytology/HPV testing) every 5 years outweigh the harms.	The harms of screening earlier than age 21 years outweigh the benefits.	The benefits of screening after age 65 years do not outweigh the potential harms.	The harms of screening after hysterectomy outweigh the benefits.	The potential harms of screening with HPV testing (alone or with cytology) outweigh the potential benefits.
Other Relevant USPSTF Recommendations	The USPSTF has made recommendations on screening for breast cancer and ovarian cancer, as well as genetic risk assessment and BRCA mutation testing for breast and ovarian cancer susceptibility. These recommendations are available at http://www.uspreventiveservicestaskforce.org/ .					

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org/>.

B. Cervical Cancer Resources for Health Professionals

○ National Cancer Institute

❖ **Cervical Cancer Prevention (PDQ®)**

<https://www.cancer.gov/types/cervical/hp/cervical-prevention-pdq>

This document provides an overview of cervical cancer, who is at risk, Factors with description of evidence of increased risk of cervical cancer and decreased risk of cervical cancer, and Interventions.

❖ **Cervical Cancer Screening (PDQ®)**

<https://www.cancer.gov/types/cervical/hp/cervical-screening-pdq>

This document provides an overview of the screening tests (Pap test and HPV test), screening with the Pap Test benefits and harms, screening with the HPV DNA test benefits and harms, co-testing benefits and harms, and screening women without a cervix.

❖ **Cervical Cancer Treatment (PDQ®)**

www.cancer.gov/cancertopics/pdq/treatment/cervical/healthprofessional

A cervical cancer summary document covering general information about cervical cancer, HPV and cervical cancer, cellular classification of cervical cancer, stage information, treatment options, recurrent cervical cancer. Multiple links to additional cervical cancer resource sites.

○ Centers for Disease Control and Prevention

❖ **CDC – Cervical Cancer Statistics**

<https://www.cdc.gov/cancer/cervical/statistics/>

An informational document focusing on the various statistics of cervical cancer in the US, which include ethnic disparities.

○ American Cancer Society

❖ **Cervical Cancer fact sheet**

<https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/cervical-cancer-fact-sheet.pdf>

This single page, front-and-back PDF flyer offers the latest figures and trends about cervical cancer and its risk factors.

❖ **Cervical Cancer Presentation (Powerpoint)**

<https://www.cancer.org/health-care-professionals/resources-for-professionals/cancer-presentations.html>

These materials are available for professionals to use in giving presentations to the public on cervical cancer using the latest information from the American Cancer Society. Powerpoint slides and presenters notes are available via the link.

❖ **CA Journal**

cacancerjournal.com

Free access online. *CA* is a peer-reviewed journal of the American Cancer Society that publishes the latest American Cancer Society guidelines, as well as review articles covering many areas of oncology. *CA* enables clinicians and healthcare professionals to offer patients evidence-based advice for cancer prevention and early detection. *CA* offers a host of additional resources that enable readers to stay abreast of the latest facts, figures, and information that are essential to healthcare professionals.

- **Guam Regional Medical City**
Refer to “Community Resources” Section of this toolkit.
- **Guam Cancer Care**
Refer to “Community Resources” Section of this toolkit.

C. On Line Clinician Training Resources

- **Centers for Disease Control and Prevention**
 - ❖ **Gynecological Cancer Curriculum – Provider Continuing Education**
<https://www.cdc.gov/cancer/knowledge/provider-education/index.htm>

The Gynecological Cancer Curriculum is intended for primary health care providers. CDC’s Division of Cancer Prevention and Control developed this curriculum to inform health care providers about gynecologic cancers. This project is part of CDC’s Inside Knowledge: Get the Facts about Gynecologic Cancer (Inside Knowledge) campaign, which raises awareness of the five main types of gynecologic cancer: cervical, ovarian, uterine, vaginal, and vulvar.

This material was developed specifically for and tested with internal medicine resident physicians, but the target audience for this material is any primary health care provider who treats adult female patients. This material could apply to primary care physicians (those practicing and in training) in internal medicine, family medicine, or obstetrics and gynecology, as well as nurses and physician assistants. However, because the modules were tested with internal medicine residents, other providers should consider their specific needs and approaches. The curriculum consists of 6 modules.

Continuing education is available for completion of this activity. Refer to the above link for the curriculum and learn more about this curriculum.

Accreditation Statements

CME: The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Continuing Medical Education (ACCME®) to provide continuing medical education for physicians. The Centers for Disease Control and Prevention designates this **enduring** activity for a maximum of 1.5 AMA PRA Category 1 Credits.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CNE: The Centers for Disease Control and Prevention is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. This activity provides 1.3 contact hours.

CPH: The Centers for Disease Control and Prevention is a pre-approved provider of Certified in Public Health (CPH) recertification credits and is authorized to offer **2.0** CPH recertification credits for this program.

CDC is an approved provider of CPH Recertification Credits by the National Board of Public Health Examiners. Effective October 1, 2013, the National Board of Public Health Examiners (NBPHE) accepts continuing education units (CEU) for CPH recertification credits from CDC. Please select CEU as your choice for continuing education when registering for a course on TCEOnline. Learners seeking CPH should use the guidelines provided by the NBPHE for calculating recertification credits. For assistance please contact [NBPHE](#).

Continuing Education

Origination Date: October 26, 2015

Renewal Date: October 26, 2017

Expiration Date: October 26, 2019

URL: www.cdc.gov/cancer/knowledge/provider-education

Hardware/Software: Computer-Internet

Materials: None

Target Audience: Any primary health care provider who treats adult female patients

Prerequisites: None

Format: Web-based

Contact Information: Division of Cancer Prevention and Control (800) CDC-INFO (800-232-4636)

Fees: No fees are charged for CDC's CE activities.

II. PATIENT RESOURCES

➤ Cervical Cancer Resources for Patients

A. Centers for Disease Control and Prevention

❖ **Cervical Cancer**

https://www.cdc.gov/cancer/cervical/pdf/cervical_facts.pdf

This one-page (two-sided) fact sheet what cervical cancer is, who gets cervical cancer, the symptoms of cervical cancer, screening tests, when women should be tested, risks for cervical cancer, and ways to prevent it.

❖ **Get the *Inside Knowledge!* Poster**

https://www.cdc.gov/cancer/knowledge/pdf/cdc_ik_chart_diagram_poster_11x17.pdf

This poster is part of the CDC 'Inside Knowledge' campaign. It describes the warning signs and symptoms of gynecological cancers that women should know about. It encourages them to see their doctor if they have any of these symptoms for two weeks or longer.

❖ **Are You Listening? Poster**

https://www.cdc.gov/cancer/knowledge/pdf/cdc_ik_photos_chart_poster_hisp_11x17.pdf

This poster is part of the CDC 'Inside Knowledge' campaign. It stresses that gynecological cancers have symptoms. Learn the signs. If you have vaginal bleeding that's not normal for you, see your doctor right away.

❖ **What Should I Know About Screening?**

https://www.cdc.gov/cancer/cervical/basic_info/screening.htm

This document at the CDC website provides information on cervical cancer screening tests, when to get screened, test results, and screening guidelines.

❖ **Cervical cancer screening with the HPV Test and the Pap test in women ages 30 and older, when to get tested and how to make sense of your test results**

https://www.cdc.gov/cancer/cervical/pdf/hpv_testing_2012_english.pdf

This 24-page booklet provides information on cervical cancer, HPV basics, screening test, meaning of Pap and HPV test results, how to prevent cervical cancer, common questions about HPV, other resources, questions to ask your doctor.

❖ **Prevent Cervical Cancer**

https://www.cdc.gov/cancer/cervical/basic_info/infographic.htm

B. MedlinePlus, U.S. National Library of Medicine

❖ **Cervical Cancer Screening**

<https://medlineplus.gov/cervicalcancerscreening.html>

C. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion

❖ **Get Tested for Cervical Cancer**

<https://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-tested-for-cervical-cancer>

D. University of Guam Cancer Research Center

❖ **Posters: Support Our Women – Screen for Life**

Link: www.guamcrc.org

A series of three posters (11" x 17"), each featuring local Guam women (posters #1 and #3) and a Guam family (poster #2), for display in health care settings. The Posters highlight the importance of screening, the screening guidelines, and prevention.

○ **Poster #1 – Prevent Cervical Cancer with the Right Test at the Right Time**

- Highlights the screening tests (Pap Test and HPV test), describes HPV as the main cause of cervical cancer, and the screening guidelines for when and how often to be screened. Adapted from CDC poster.

○ **Poster #2 – Support Our Women – Screen for Life**

- Highlights need to have families support their women to screen for cervical cancer, includes some Guam data, emphasizes the Pap test and HPV test and guidelines for screening at the right time, shares key ways to prevent cervical cancer, and promotes HPV vaccination.
- **Poster #3 – Cervical Cancer – Screen for Life – Support Our Women**
 - Highlights women supporting each other and how getting screened helps not just oneself but also their family, identifies cervical cancer screening tests, getting the right test at the right time, and prevention.

❖ **Flyer/Info Sheet: Cervical Cancer, What You Need to Know**

Link: www.guamcrc.org

A two-page information sheet (8" x 11") that provides information on what cervical cancer is, the tests to detect cervical cancer, how to prevent it, and when to get tested. It also includes five reasons to get screened, and local Guam data on cervical cancer. Adapted from CDC brochure.

❖ **Booklet: Understanding Cervical Changes, A Health Guide for Women**

Link: www.guamcrc.org

A 15-page booklet (9" x 12") explaining cervical changes, risk factors and symptom of cervical cancer, screening tests, screening guidelines, follow-up and treatment. Adapted from NCI booklet of the same title.

❖ **Flip Chart: Support Our Women – Screen for Life: Cervical Cancer Screening**

Link: www.guamcrc.org

- ❖ Cervical Cancer Screening Film Clip – ‘**Hope is Cervical Cancer Screening for Life – Anje’s Story**’ – 4-minute film clip on cervical cancer screening
- ❖ 60-second film clip on cervical cancer prevention
- ❖ 60-second film clip on cervical cancer screening guidelines
- ❖ 60-second film clip on cervical cancer screening [finances and living proof]

E. Guam Regional Medical City (GRMC)

- ❖ E-Brochure on Cervical Cancer

<http://www.grmc.gu/patienteducation/>



SECTION 3

HUMAN PAPILOMAVIRUS (HPV) AND CANCER EDUCATIONAL RESOURCES

I. PROVIDER RESOURCES

Human Papillomavirus (HPV) Resources

A. National Cancer Institute

❖ **Human Papillomavirus (HPV) and Cancer**

<https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-fact-sheet>

This document provides information on human papillomaviruses, which cancers are caused by HPV, who gets HPV infections, prevention of HPV, treatment options, the how high-risk HPV causes cancer, and references for people to learn more about HPV.

❖ **Anal Cancer Prevention**

<https://www.cancer.gov/types/anal/hp/anal-prevention-pdq>

HPV infection is the strongest risk factor for anal cancer. This document describes who is at risk, factors associated with increased risk of anal cancer, interventions associated with a decreased risk of anal cancer, and interventions with inadequate evidence as to whether they reduce the risk of anal cancer.

❖ **Oral Cavity and Oropharyngeal Cancer Prevention**

<https://www.cancer.gov/types/head-and-neck/hp/oral-prevention-pdq>

Human papillomavirus (HPV) 16 is a sufficient, but not necessary, cause of oropharyngeal cancer.[5] This document provides information on who is at risk, factors with adequate evidence of an increased or reduced risk of oral cavity and oropharyngeal cancer, and interventions with adequate or inadequate evidence of increased or reduced risk of oral cavity and oropharyngeal cancer.

II. PATIENT RESOURCES

HPV and Cancer

A. Centers for Disease Control and Prevention

❖ **Cancers Associated With Human Papillomavirus (HPV)**

https://www.cdc.gov/cancer/hpv/basic_info/cancers.htm

This document at the CDC website provides basic information about HPV and the cancers associated with HPV. The most common HPV-associated cancer is cervical cancer. Some cancers of the vulva, vagina, penis, anus, and oropharynx are also HPV-associated.

❖ **Preventing HPV-Associated Cancers**

https://www.cdc.gov/cancer/hpv/basic_info/prevention.htm

This document at the CDC website provides information on preventing HPV-Associated cancers and links to other resources on HPV vaccine.

❖ **HPV and Men – Fact Sheet**

<https://www.cdc.gov/std/hpv/HPVandMen-FS-July-2017-print.pdf>

This 3-page fact sheet describes HPV, how men get HPV, the symptoms, how common HPV-related cancers are in men, ways to lower chances of getting HPV, HPV vaccine and other related facts.

❖ **Genital HPV Infection – CDC Fact Sheet**

<https://www.cdc.gov/std/hpv/HPV-FS-July-2017.pdf>

This 3-page CDC Fact Sheet describes HPV, how it's spread, health problems, potential for HPV to cause cancer, how to avoid HPV and the health problems it can cause, who should get HPV vaccinated, how common HPV is, its effect on pregnancy, and treatment for HPV or health problems caused by HPV.

B. Center for Young Women's Health

❖ **Human Papillomavirus (HPV)**

<https://youngwomenshealth.org/2012/07/05/hpv/>

C. Center for Young Men's Health

❖ **Human Papillomavirus (HPV)**

<http://youngmenshealthsite.org/guides/hpv/>

D. MedlinePlus, U.S. National Library of Medicine

❖ **HPV**

<https://medlineplus.gov/hpv.html>

E. Guam Regional Medical City (GRMC)

❖ **E-Brochure on Cervical Cancer**

<http://www.grmc.gu/patienteducation/>

F. Guam Cancer Care (GCC)

Resources available at their office in Tamuning. Refer to Community Resources Section for more information.



SECTION 4
HPV VACCINE
EDUCATIONAL RESOURCES

I. PROVIDER RESOURCES

HPV Vaccine Resources

A. American Cancer Society

- ❖ **Steps for Increasing HPV Vaccination in Practice, An Action Guide to Implement Evidence-Based Strategies for Clinicians**
<https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/Lists/Clearinghouse/Attachments/217/Steps%20for%20Increasing%20HPV%20Vaccination%20in%20Practice.pdf>

This 8-page booklet provides tips on implementing evidence-based strategies to increase HPV vaccination in your clinical practice.

- ❖ **HPV Vaccine – Just the Facts**
<https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/Lists/Clearinghouse/Attachments/320/HPV%20Vaccine%20-%20Just%20the%20Facts%203.9.2016.pdf>

This 3-page (two-sided) information sheet includes 8 facts about HPV vaccine and talking points for the clinician to use with parents and patients addressing each of the facts. HPV vaccine Facts – The HPV vaccine is safe; it does not cause fertility issues; it does not contain harmful ingredients; it's necessary regardless of sexual activity; it's for both boys and girls; it's effective and prevents cancer; many parents don't know about the vaccine; and its effectiveness doesn't decrease over time.

B. Centers for Disease Control and Prevention

- ❖ **HPV and HPV Vaccine – Information for Clinicians**

<https://www.cdc.gov/hpv/hcp/index.html>

Human Papillomavirus (HPV) – For Clinicians

CDC website with information about the Human Papillomavirus (HPV).

- ❖ **Clinician Factsheets and Guidance**

<https://www.cdc.gov/hpv/hcp/clinician-factsheet.html>

Resources to help you make effective recommendation and answer questions to help parents overcome HPV vaccine hesitancy.

- ❖ **2 Dose Decision Tree**

<https://www.cdc.gov/hpv/downloads/hpv-2-dose-decision-tree.pdf>

The decision tree is an easy to follow chart that can help you determine whether your patient needs two or three doses of HPV vaccine.

- ❖ **MMWR: Use of a 2-Dose Schedule for Human Papillomavirus Vaccination**

<https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm>

- ❖ **Clinician FAQ: CDC Recommendations for HPV Vaccine 2-Dose Schedules**

<https://www.cdc.gov/hpv/downloads/HCVG15-PTT-HPV-2Dose.pdf>

This resource helps explain the reasons for changing the HPV vaccine recommendation, and provides tips for talking with parents of your patients about the change.

❖ **HPV Vaccine Information for Clinicians**

<https://www.cdc.gov/hpv/hcp/need-to-know.pdf>

This resource provides information about the background of HPV vaccine, recommendations, safety, effectiveness, and duration of protection. It also provides information on dosing schedules around the 2-dose recommendation.

❖ **Top 10 Ways to improve HPV vaccination rates in your practice**

<https://www.cdc.gov/hpv/downloads/Top10-improving-practice.pdf>

❖ **Tips and Timesavers for talking with parents about HPV vaccine**

<https://www.cdc.gov/hpv/hcp/for-hcp-tipsheet-hpv.pdf>

Use this resource to find effective ways to answer the questions that parents have about HPV vaccination.

❖ **Supplemental information and guidance for vaccination providers regarding use of 9-valent HPV**

<https://www.cdc.gov/hpv/downloads/9vhpv-guidance.pdf>

This resource provides background on 9-valent HPV vaccine as well as how to move forward with using it in your practices.

❖ **Vaccines for Children Program (VFC)**

<https://www.cdc.gov/vaccines/programs/vfc/index.html>

The Vaccines For Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees—i.e., state health departments and certain local and territorial public health agencies—which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. Children who are eligible* for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

❖ **Human Papillomavirus (HPV) Vaccination Information for Clinicians**

<https://www.cdc.gov/vaccines/vpd/hpv/hcp/index.html>

CDC website with information about the HPV vaccines, recommendations, vaccine safety and effectiveness, administering the vaccine, paying for the vaccine, and resources, education and references for the HPV vaccine.

❖ **You Are the Key Slides for Clinician Audience**

https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/Lists/Clearinghouse/Attachments/273/YouAreTheKey_60Min-Clinical-Audience_AUG2015.pptx

- ❖ **Talking to Parents about HPV Vaccine**
<https://www.cdc.gov/hpv/hcp/for-hcp-tipsheet-hpv.pdf>

C. American Academy of Pediatrics

- ❖ **HPV Vaccine Schedule Insert**
https://www.aap.org/en-us/Documents/HPV_ChampionTipIn_Oct_2015.pdf
- ❖ **AAP Immunization Resources, Immunization Reminder & Recall Systems**
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/reminder-recall-systems.aspx>
Use phone, mail, e-mail, text, or a patient portal to remind patients to come in or to recall them after a missed appointment.
- ❖ **Standing Orders**
<http://www.immunize.org/standing-orders/>
These written protocols can be used to increase adolescent vaccine rates.
- ❖ **Changing the Future: Preventing HPV Cancers for Nurses**
<https://www.aap.org/en-us/Documents/NursingTipSheet-Print.pdf>
This two-sided information sheet provides tips for nurses to use in discussing the HPV vaccine with parents of pre-teens and teens.
- ❖ **Changing the Future: Preventing HPV Cancers for Medical Assistants**
<https://www.aap.org/en-us/Documents/COMP-ChangingTheFuture.pdf>
This two-sided information sheet provides tips for primary care medical assistant personnel to use in discussing the HPV vaccine with parents of pre-teens and teens.
- ❖ **Be A Champion for HPV Vaccination**
https://www.aap.org/en-us/Documents/HPV_ChampionTipIn_Oct_2015.pdf
This brochure provides tips for pediatricians on responding to parents' questions about the HPV vaccine, how to improve vaccine rates in your practice, what's working for other pediatricians.

D. National HPV Vaccination Roundtable

- ❖ **National HPV Vaccination Clearinghouse of Resources and Education**
<https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/SitePages/Home.aspx>
Here you can find effective resources to support your implementation of strategies to increase HPV vaccination. You can also find HPV vaccine online webinars, and CMEs, and presentation slides.

E. On Line Clinician Training Resources

- ❖ **HPV Vaccine Courses through the CDC**

<p>You Are the Key to HPV Cancer Prevention – Train the Trainer</p>	<p>CE activity for immunization providers. Low HPV vaccination rates are leaving another generation of boys and girls vulnerable to devastating HPV cancers. Vaccination could prevent most of these cancers. CDC is looking to you to make an effective recommendation for HPV vaccination when kids are 11 and 12 years old. Provided in this presentation is up-to-date information on HPV infection/disease, HPV vaccine, ACIP recommendations, and ways to successfully communicate with patients and their parents about HPV vaccination. Find out how to reduce missed opportunities by recommending HPV vaccine the same way and same day you recommend other routinely recommended adolescent vaccines.</p> <p>Posted: Oct 2017 Link: https://www.cdc.gov/vaccines/ed/courses.html#hpv</p> <p>Target Audience: Immunization Providers (Physicians, Nurses, Nurse Practitioners, Pharmacists, Physician’s Assistants, DoD Paraprofessionals, Medical Students, etc.)</p> <p>Description: Low HPV vaccination rates are leaving another generation of boys and girls vulnerable to devastating HPV cancers. Vaccination could prevent most of these cancers. CDC is looking to you to make an effective recommendation for HPV vaccination when kids are 11 and 12 years old. Provided in this presentation is up-to-date information on HPV infection/disease, HPV vaccine, ACIP recommendations, and ways to successfully communicate with patients and their parents about HPV vaccination. Find out how to reduce missed opportunities by recommending HPV vaccine the same way and same day you recommend other routinely recommended adolescent vaccines.</p> <p>Learning Objectives</p> <ul style="list-style-type: none"> • Describe why HPV vaccination is important for cancer prevention. • Identify the appropriate HPV vaccination schedule based on patient age. • Describe effective HPV vaccine recommendations for patients age 11 or 12, and age 13 and older. • Recognize self-efficacy in delivering effective HPV vaccination recommendations. • Identify reassuring, confident, and concise responses to parental questions about HPV vaccination. • Implement disease detection and prevention health care services (e.g., smoking cessation, weight reduction, diabetes screening, 	<p>Webcast – about 65 minutes</p>
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	<p>blood pressure screening, immunization services) to prevent health problems and maintain health.</p> <p>CME: Valid through October 26, 2019.</p> <p>Video, Transcript, and CE Details: HPV course #WD2911</p>	
<p><u>“You Call the Shots” CDC Web Course</u></p>	<p>https://www.cdc.gov/vaccines/ed/youcalltheshots.html</p> <p>You Call the Shots is an interactive, web-based immunization training course. It consists of a series of modules that discuss vaccine-preventable diseases and explain the latest recommendations for vaccine use. Each module provides learning opportunities, self-test practice questions, reference and resource materials, and an extensive glossary.</p> <p>The course is available free of charge on the CDC Vaccines and Immunizations website at:</p> <p>www.cdc.gov/vaccines/ed/youcalltheshots.htm. Audience: The course is intended for nurses, nursing students, medical assistants, pharmacists, and other health professionals who provide</p> <p>Questions or comments about the course may be e-mailed to pinfo@cdc.gov.immunizations.</p>	
<p><u>Immunization: You Call the Shots-Module Eight-HPV, 2016 (WB2659)</u></p>	<p>https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/hpv/ce.asp</p> <p>(Note: This module was updated in February 2017 to reflect October 2016 ACIP vote. No other content was changed, so no additional continuing education credit can be issued for retaking this course.)</p> <p>PROGRAM DESCRIPTION:</p> <p>This module is the eighth in a series titled Immunization: You Call the Shots and focuses on HPV and its related vaccines. The series has been available since the mid-nineties in various formats. Previously available as a CDrom, it is now presented in web-based format. The series is designed to provide key immunization knowledge in a very basic step-by-step manner. It presents practice-oriented content about immunization. It does not discuss the denser more complex material regarding epidemiology, disease transmission, etc.</p> <p>It addresses an important audience for immunization training: the new provider or the medical or nursing student. It is also an excellent review for a seasoned healthcare provider. It has often</p>	

been used by nursing schools to introduce their students to the comprehensive core knowledge about immunization. Since it presents a simpler version of the core knowledge about immunization it is a needed alternative to the faster-paced denser core course that NCIRD provides, titled Epidemiology and Prevention of Vaccine-Preventable Diseases. It is a multi-session course of 12 to 15 hours. Evaluation of that course revealed that immunization providers sought a primer or more basic course for newcomers to the immunization field. The You Call The Shots series directly responds to that evaluation feedback.

OBJECTIVES:

At the conclusion of the session, the participant will be able to:

1. For HPV, describe this disease, including the causative agent.
2. For HPV, list the groups at highest risk.
3. For HPV, identify those for whom routine immunization is recommended.
4. For HPV, describe characteristics of the vaccine used to prevent this disease. (Characteristics may include schedule, contraindications, and/or adverse reactions.)
5. Locate resources relevant to current immunization practice.
6. Implement disease detection and prevention health care services (e.g., smoking cessation, weight reduction, diabetes screening, blood pressure screening, immunization services) to prevent health problems and maintain health.

FACULTY/CREDENTIALS:

Dale Babcock, BS, Technical Information Specialist, CDC/NCIRD
Jennifer Hamborsky, MPH, MCHES, Health Education Specialist, CDC/NCIRD

M. Suzanne Johnson-DeLeon MPH; Health Education and Information Specialist, CDC/NCIRD

Raymond Strikas, MD, MPH, Medical Officer, CDC/NCIRD

Donna Weaver, RN, MN, Nurse Educator, CDC/NCIRD

ORIGINATION DATE: 01/27/16

RENEWAL DATE: 1/27/2018

EXPIRATION DATE: 1/27/2020

URL: <https://www.cdc.gov/vaccines/ed/youcalltheshots.html>

HARDWARE/SOFTWARE: Computer Hardware; Internet connection; Browser

MATERIALS: None

TARGET AUDIENCE: Administrators, CHES certified health educators, Physicians, Epidemiologists, LPNs, LVNs, Medical

assistants, medical students, NPs, nurse technicians, other health educators, Pharmacists, Pas, program managers RNs

PREREQUISITES: Participants should have a basic educational background in science including general knowledge in the subject areas of biology, immunization and vaccine-preventable diseases.

FORMAT: This course is Enduring material.

CONTACT INFORMATION: For content-related questions, please contact NIPInfo@cdc.gov

For CE-related questions, contact MBarnett2@cdc.gov

ACCREDITATION STATEMENTS:

CME: The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Continuing Medical Education (ACCME®) to provide continuing medical education for physicians.

The Centers for Disease Control and Prevention designates this **Enduring material** for a maximum of **1.25 AMA PRA Category 1 Credits™**. Physicians *should claim only the credit commensurate with the extent* of their participation in the activity.

CNE: The Centers for Disease Control and Prevention is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides 1.1 contact hours.

CEU: The Centers for Disease Control and Prevention is authorized by IACET to offer **0.1** CEU's for this program.

DISCLOSURE: In compliance with continuing education requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters as well as any use of unlabeled product(s) or product(s) under investigational use.

CDC, our planners, content experts, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters. Planners have reviewed content to ensure there is no bias. Content will not include any discussion of the unlabeled use of a product or a product under investigational use with the exception of the content experts' discussion on HPV Vaccine. The

	<p>content experts will be discussing use of HPV vaccine in a manner recommended by the Advisory Committee on Immunization Practices, but not approved by the Food and Drug Administration.</p> <p>CDC did not accept commercial support for this continuing education activity.</p> <p>To receive continuing education (CE): Complete the activity Complete the Evaluation at www.cdc.gov/TCEOnline</p> <p>FEES: No fees are charged for CDC’s CE activities.</p>	
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II. PATIENT RESOURCES

❖ HPV VACCINE RESOURCES

A. National HPV Vaccination Roundtable

<https://www.cancer.org/health-care-professionals/national-hpv-vaccination-roundtable.html>

The National HPV Vaccination Roundtable, established by the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC) in 2014, is a national coalition of public organizations, private organizations, voluntary organizations, and invited individuals dedicated to reducing the incidence of and mortality from HPV-associated cancer in the U.S., through coordinated leadership and strategic planning.

B. HPV Vaccination Resource Clearinghouse

<https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/SitePages/Home.aspx>

The National HPV Vaccination Roundtable Provider Training Task Group built and maintains the HPV Vaccination Resource Clearinghouse. The clearinghouse features patient and provider education tools to increase HPV vaccination awareness and uptake. These tools include:

- Printable educational materials
- Vaccine information statements
- Toolkits
- Multimedia

C. Centers for Disease Control and Prevention

❖ Diseases and the Vaccines That Prevent Them: HPV

<https://www.cdc.gov/vaccines/parents/diseases/teen/hpv-indepth-color.pdf>

This two-sided fact sheet aimed at parents of pre-teen boys and girls includes information on HPV and cancer, HPV vaccination and information on safety, and why children need the vaccination.

❖ HPV Vaccine: What You Need To Know – Vaccine Information Statement

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.pdf>

This two-sided vaccine information statement includes information for patients on why get HPV vaccination, who should get vaccinated, some exceptions for people who should not get the vaccine, risks of vaccine reaction, what to look for and what to do if there is a serious reaction, and information on the National Vaccine Injury Compensation Program.

❖ You Are the Key – 10 Things You Should Know About HPV

https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/Lists/Clearinghouse/Attachments/623/YouAreTheKey_2017_parents-or-nonmedicalstaff.pptx

Powerpoint designed to educate parents or non-medical audience and covers why HPV vaccine is cancer prevention, plus the efficacy of the vaccine.

CDC Vaccine Flyers: <https://www.cdc.gov/vaccines/partners/teens/posters.html>

- **If There Were a Vaccine for Cancer**

<https://www.cdc.gov/vaccines/partners/teens/posters.html>

- **If There Were a Vaccine for Cancer: Soccer Player Boy**

<https://www.cdc.gov/vaccines/partners/downloads/teens/vaccine-cancer-boy-soccer-f.pdf>

- **HPV Vaccine – Cancer Prevention for Girls/Everyday (girl with earphones)**

<https://www.cdc.gov/vaccines/partners/downloads/teens/p-ai-girl1-color.pdf>

- **HPV Vaccine – Cancer Prevention for Boys/Everyday (boy with flannel shirt)**

<https://www.cdc.gov/vaccines/partners/downloads/teens/p-an-boy1-color.pdf>

❖ 2017 Recommendation Immunizations for Children 7-18 Years Old

<https://www.cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf>

<https://www.cdc.gov/vaccines/schedules/easy-to-read/preteen-teen.html> (For Printing)

❖ HPV Vaccine for Preteens and Teens

<https://www.cdc.gov/vaccines/parents/diseases/teen/hpv-basics-color.pdf>

❖ What Parents Should Know About HPV Vaccine Safety and Effectiveness

<https://www.cdc.gov/vaccines/partners/downloads/teens/vaccine-safety.pdf>

D. American Cancer Society

- ❖ **HPV Vaccine Parent Handout ‘Take a Shot at Cancer!’**
<https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/Lists/Clearinghouse/Attachments/620/HPV%20Vaccine%20Parent%20Handout.pdf>
 This is a two-sided info sheet aimed at parents to get their child the HPV vaccine to help prevent HPV cancers.
- ❖ **2 HPV Shots Instead of 3 OK for Ages 9-14**
<https://www.cancer.org/latest-news/american-cancer-society-2-hpv-shots-instead-of-3-ok-for-ages-9-14.html>
- ❖ **HPV VACs Vaccinate Adolescents against Cancers – Just the Facts**
<https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/Lists/Clearinghouse/Attachments/320/HPV%20Vaccine%20-%20Just%20the%20Facts%203.9.2016.pdf>

E. Center for Young Women’s Health

- ❖ **HPV Vaccine**
<https://youngwomenshealth.org/2012/07/03/hpv-vaccine/>

F. Center for Young Men’s Health

- ❖ **HPV Vaccine**
<http://youngmenshealthsite.org/guides/hpv-vaccine/>

G. National HPV Vaccination Roundtable

- ❖ **Middle School Health Starts Here: A Shot at Good Health**
http://www.middleschoolhealth.org/wp-content/uploads/2016/10/MiddleSchoolHealthStartsHere-parents_PDF-WEB.pdf

H. University of Guam Cancer Research Center

Website: www.guamcrc.org

- ❖ **HPV Brochure - ‘HPV Vaccine is Cancer Prevention’**
- ❖ **HPV Vaccine Poster – ‘3 things Parents Should Know’ – [English]**
- ❖ **HPV Vaccine Poster – ‘3 Things Parents Should Know’ – [Chamorro translation]**
- ❖ **HPV Vaccine Poster – ‘You Would do Anything to protect your child from cancer’ [Girl]**
- ❖ **HPV Vaccine Poster – ‘If there were a vaccine against cancer, wouldn’t you get it for your kids?’ [Boy]**
- ❖ **HPV Vaccine Info Sheet – ‘6 Reasons to Get HPV Vaccine for your Child’**
- ❖ **HPV Vaccine Flip Chart - ‘HPV and the HPV Vaccine: What You Need To Know’**
- ❖ **HPV Vaccine film clip – 3-minute film clip**

I. Guam Regional Medical City (GRMC)

- ❖ **E-Brochure on HPV**
<http://www.grmc.gu/patienteducation/>

J. Guam Cancer Care (GCC)

Website: www.guamcancercare.org

Resources available at the office located in Tamuning. Refer to Community Resources Section for more information.



SECTION 5
MULTILINGUAL
EDUCATIONAL RESOURCES

MULTILINGUAL EDUCATIONAL RESOURCES

A. Centers for Disease Control and Prevention

- ❖ **Cervical Cancer Screening Infographic - *Infografía “Prevenga el cáncer de cuello uterino”*** in Spanish
https://www.cdc.gov/spanish/cancer/cervical/basic_info/infographic.htm
- ❖ **Cervical Cancer Screening in Women ages 30 and Older/*Prueba de detección del cuello uterino en mujeres de 30 años o mas*** in Spanish
https://www.cdc.gov/spanish/cancer/cervical/pdf/hpv_brochure_es.pdf
- ❖ **HPV Vaccines for Preteens and Teens – ‘*Las vacunas para preadolescents: Que’ es lo que deben saber los padres’*** in Spanish
<https://www.cdc.gov/vaccines/parents/diseases/teen/hpv-sp.html>

B. American Cancer Society

- ❖ **It’s A Simple Test, Pap Test – in English**
<https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/its-a-simple-test-english.pdf>
- ❖ **It’s A Simple Test, Pap Test in Korean**
<https://www.cancer.org/content/dam/cancer-org/cancer-control/ko/booklets-flyers/its-a-simple-test-cervical-cancer-screening-korean.pdf>
- ❖ **It’s a Simple Test, Pap Test – in Chinese**
<https://www.cancer.org/content/dam/cancer-org/cancer-control/zh/booklets-flyers/its-a-simple-test-cervical-cancer-screening-chinese.pdf>
- ❖ **It’s a Simple Test, Pap Test – in Vietnamese**
<https://www.cancer.org/content/dam/cancer-org/cancer-control/vi/booklets-flyers/its-a-simple-test-cervical-cancer-screening-vietnamese.pdf>

C. University of Guam Cancer Research Center

- ❖ **HPV Vaccine Poster – ‘3 Things Parents Should Know’ – [Chamorro translation]**
Website: www.guamcrc.org



SECTION 6

COMMUNITY CANCER EDUCATIONAL RESOURCES

➤ GUAM Community Resources



The American Cancer Society (Guam office) is here to help you in your fight with cancer. We offer programs and services for those who have been diagnosed with cancer, free of charge. The Guam Field Office can be reached at 477-9451 Monday – Friday from 8:30 AM – 4:00 PM. Trained cancer information specialists are available 24 hours a day, seven days a week to answer questions about cancer, link callers with resources in the community, and give information on local events: Call 1-800-227-2345.

- **Location:** 250 Route 4, Suite 204, Nanbo Guahan Building, Hagatna, Guam 96910, (across Guam Public Library)
- **Phone:** (671) 477-9451/ 1-800-227-2345
- **Fax:** (671) 477-9450
- **Website:** www.cancer.org



Guam Breast and Cervical Cancer Early Detection and Screening Program, Department of Public Health and Social Services

The Guam Breast and Cervical Cancer Early Detection Program (GBCCEDP) offers FREE Mammogram and Pap test to eligible women ages 21 - 64 years old. It's located at the Mangilao Central Public Health, 1st floor, Room 160 near the Dental Clinic and opens from 8:00am to 5:00pm except on weekends, and GovGuam holidays. To contact, please call 735-0671/2/5 to learn if you are eligible. GBCCEDP is a 100% Federally Funded Program. Early detection is your best protection, because no woman deserves to have cancer.

- **Location:** Central Public Health, 123 Chalan Kareta, Mangilao, Guam
- **Phone:** (671) 735-0671/72/75
- **Website:** www.dphss.guam.gov/content/breast-and-cervical-cancer-early-detection-program



Guam Cancer Care, Cancer Screening Program

Guam Cancer Care takes a stand against cancer and encourages a proactive approach to health through screening. By implementing the Cancer Screening Program, Guam Cancer Care works collaboratively with the Guam Comprehensive Cancer Control Coalition (GCCC), Guam Breast and Cervical Cancer Early Detection Program (GBCCEDP), the Non-Communicable Disease Consortium (NCD), and local primary clinics and physicians to conduct an all year round screening program for the residents of Guam. The program also collaborates with local health insurance companies, businesses, and schools to conduct Health Fairs for their employees and family members to encourage the importance of screening and to live a healthy lifestyle.

- **Location:** 341 S. Marine Corps Drive, RK Plaza Suite 102, Tamuning, Guam 96913
- **Phone:** (671) 969-2223 Office
- **Fax:** (671) 969-3222 Fax
- **Email:** nperez@guamcancercare.org
- **Website:** www.guamcancercare.org



The **Guam Community Health Centers**, Federally Qualified Centers, are multi-specialty primary care clinics. The Southern Region Community Health Center (SRCHC) has been in existence for 27 years, first opening its doors in 1984, and the Northern Region Community Health Center (NRCHC) was established in 1998.

The Southern and Northern Region Community Health Centers of the Department of Public Health and Social Services provide primary healthcare, acute outpatient care, and preventive services to the community. Family practitioners, pediatricians, internists, nurse practitioners, and other health professionals provide a full range of essential primary care services.

- **Location:** Northern Region CHC: 520 Santa Monica Avenue, Dededo, Guam
- **Phone:** (671) 635-7464/7424
- **Location:** Southern Region CHC: 162 As Abman Drive, Inarajan, Guam
- **Phone:** (671) 828-7515/7516
- **Website:** www.dphss.guam.gov



The **Guam Comprehensive Cancer Control (GCCCC) Coalition** is a collaborative process through which a community pools resources to reduce the burden of cancer that results in risk reduction, early detection, better treatment, and enhanced survivorship. This program focuses on bringing representatives from the cancer network on Guam (public, private, and non-profit organizations as well as individuals) together to address prevention, early detection and treatment, survivorship, data and research, and policy and advocacy issues faced by cancer patients, survivors, caregivers and families on Guam.

- **Location:** DPHSS, 123 Chalan Kareta, Mangilao 96913-6304
- **Phone:** (671)735-7335/0670
- **Social Media:** Facebook/Instagram @GuamCCC; Twitter @GCCCCP



Guam Immunization Program

The Guam Department of Public Health and Social Services, Immunization Program protects, improves, and promotes the health of every Guamanian through immunizations and active community partnerships. The program prevents and controls transmission of vaccine-preventable diseases with particular emphasis on accelerating interventions to improve the immunization coverage rate of children less than 2 years old, adolescents, and high-risk adults. The Vaccines for Children (VFC) program is a federally funded program that provides vaccines at no cost to eligible children (Medicaid, MIP, or No Insurance) who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees - i.e., state health departments and certain local and territorial public health clinics enrolled as VFC providers. Children who are eligible for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

Program Services: Prevention, response/ epidemiological-investigation, control, and surveillance of Class I and II reportable Vaccine-Preventable Diseases (VPDs); Vaccine management (ordering, distribution, and storage); **Vaccines for Children Program**; Perinatal Hepatitis B Program; WIC and Daycare Assessment; School Assessment; Adolescent Vaccination Program; Adult Vaccination Program; Community Assessment; Immunization Registry; Mass Immunization Processing; Immunization training and in-service; and Public education/awareness.

- **Location:** Department of Public Health and Social Services Immunization Program is located Castle Mall, Room 9, University Drive, Mangilao, Guam
- **Phone:** 671-735-7143
- **Fax:** 671-734-1475



GUAM REGIONAL MEDICAL CITY (GRMC) PATIENT EDUCATION DEPARTMENT:

The GRMC's Patient and Family Education program is here to help improve your experience of care. Through a team-based approach, we ensure that most of your health questions are answered and your learning needs met— whether you are an inpatient, outpatient, family member, friend, or visitor. When providing educational services, the Patient and Family Education provide the right health information that will help you understand more about your health and illness, understand your treatment choices, help you make better decisions about your health and those close to you, and communicate better with your healthcare providers.

- **Location:** 133 Route 3, Dededo, Guam 96929
- **Phone:** (671) 645-5500 x 3685, 3687, 5688
- **Website:** www.grmc.gu



The **University of Guam Cancer Research Center (UOG CRC)** was established in 2003 to lay the foundation for promoting and sustaining cancer research in our region. The University of Hawaii Cancer Center and the UOG CRC formed a partnership with funding from the National Cancer Institute to advance cancer health equity in Pacific Islanders. The Community Outreach Core (COC) of the UOG CRC was organized as a community based approach to raise awareness of cancer, promote cancer prevention and screening in our communities. One of COC's aims is to provide targeted cancer prevention outreach to primary care physicians who serve Micronesian populations. To accomplish this aim, the COC has partnered with local stakeholder organizations to fill a need for health provider education on cervical cancer screening and HPV vaccine.

- **Location:** University of Guam #7 Dean's Circle, Mangilao 96923
- **Phone:** (671)735-3036
- **Website:** www.guamcrc.org
- **FaceBook:** @UOGCANCERRESEARCH



SECTION 7

NATIONAL RESOURCES

NATIONAL RESOURCES

National Cancer Institute (NCI)

NCI has comprehensive research-based information on cervical cancer prevention, screening, diagnosis, treatment, genetics and supportive care. NCI's information specialists can answer your questions and help you find information. You can contact them by phone, online chat, or email.

- Phone: 1-800-422-6237 (1-800-4-CANCER)
- Email: cancergovstaff@mail.nih.gov
- On-line chat: livehelp.cancer.gov
- Website: www.cancer.gov

Agency for Healthcare Research and Quality (AHRQ)

The United States Preventive Services Task Force (USPSTF), uses a rigorous process to develop recommendations for many prevention interventions, including cervical cancer screening.

- Phone: 1-301-427-1104
- Website: www.uspreventiveservicestaskforce.org

Centers for Disease Control and Prevention (CDC)

The CDC's **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)** helps women who have low income or do not have health insurance get Pap tests, pelvic exams, diagnostic tests, and referrals. The CDC website also has information about the human papillomavirus (HPV).

- Phone: 1-800-232-4636 (1-800-CDC-INFO)
- Website: www.cdc.gov

The **Vaccines For Children (VFC) program** is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees—i.e., state health departments and certain local and territorial public health agencies—which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. Children who are eligible* for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

For more information: <http://www.cdc.gov/vaccines/programs/vfc/index.html>

National Library of Medicine (NLM)

MedlinePlus is the NLM's site for patients and their families and friends. It has information about HPV and other cervical cancer screening-related topics, including the latest treatments, medical videos, and links to medical research.

- Phone: 1-888-346-3656 (1-888-FIND-NLM)
- Website: [www.https://medlineplus.gov](https://medlineplus.gov)

National HPV Vaccination Roundtable

The National HPV Vaccination Roundtable, established by the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC) in 2014, is a national coalition of public organizations, private organizations, voluntary organizations, and invited individuals dedicated to reducing the incidence of and mortality from HPV-associated cancer in the U.S., through coordinated leadership and strategic planning.

Website: <https://www.cancer.org/health-care-professionals/national-hpv-vaccination-roundtable.html>

ⁱ American Cancer Society, Cancer Statistics Center. Website: <https://cancerstatisticscenter.cancer.org/#/>. Last accessed May 11, 2017.

ⁱⁱ University of Guam Cancer Research Center, “Guam Cancer Facts and Figures 2008 – 2012, A Community Collaborative Effort”, April 2015.

ⁱⁱⁱ Ibid, p. 25.

^{iv} Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Chronic Disease Indicators (CDI) Data [online]. 2016 [accessed May 16, 2017]. URL: <https://nccd.cdc.gov/cdi>.

^v Ibid.

^{vi} Ibid.

^{vii} Department of Public Health and Social Services, Government of Guam. Guam Epidemiological Annual Reports for 2014, 2015, 2016.

^{viii} California Medical Association Foundation, “Cervical Cancer/HPV Project, Screen Yourself & Vaccinate Your Daughter Toolkit”, 2006.

^{ix} US Department of Health and Human Services/Centers for Disease Control and Prevention. “MMWR (Morbidity and Mortality Weekly,” August 26, 2016, Vol. 65, No. 33, p. 856.



APPENDICES

HPV VACCINE IS CANCER PREVENTION



HPV VACCINE IS CANCER PREVENTION

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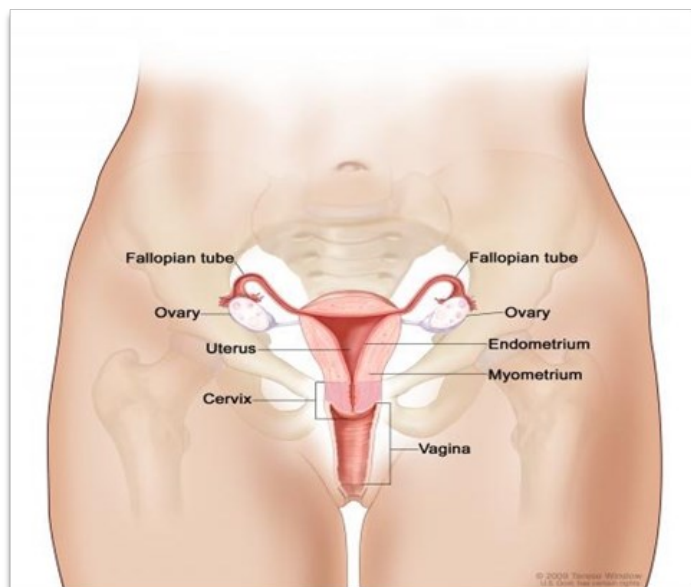
CERVICAL CANCER (CANCER IN THE CERVIX)

WHERE IS THE CERVIX?

- The cervix is the lower part of the uterus or womb of a woman
- It is in the lower part of the pelvis

WHAT IS CERVICAL CANCER?

- Cells in the cervix divide and make new cells to replace the dying, old and damaged cells.
- Sometimes new cells are formed when the body does not need them, or the old cells do not die as they should. The buildup of extra cells form a mass of tissue called a “tumor”.
- There are two types of tumors
 1. Benign — not cancer (polyps, cysts, warts)
 - does not spread to other parts in the body
 - usually does not cause death
 2. Malignant — cancer
 - may spread to other parts in the body
 - may cause death, if not treated correctly
- Guam has high rates of cervical cancer, which is 35.8 per 100,000 women
 - Chamorro — 24.8 per 100,000
 - Micronesia — 43.2 per 100,000



HOW DO I KNOW IF I HAVE CERVICAL CANCER?

- There are no warning signs of cervical cancer, and this is why you need to be screened
- Cancer that is developed over a long time may show bleeding that is not normal
- Bleeding between regular menstrual periods
- Biopsy of the cervix shows cells that are malignant

WHAT IS THE TREATMENT FOR CERVICAL CANCER?

- If a biopsy is taken and shown to have cancer cells, more tests will be done to see if it has spread to other parts of the body
- Depending on the stage of cancer the treatment may include:
 - Surgery — remove the tumor (cancer cells)
 - Radiation — strong x-rays to shrink tumor and kill cancer cells
 - Chemotherapy — drugs used to kill cancer cells or stop them from growing
 - Combination of the above treatments

CERVICAL CANCER (CANCER IN THE CERVIX)

WHAT CAN I DO TO PREVENT CERVICAL CANCER?

- Get checked every 2 to 3 years (doctor checks inside private area)
 - Pap test — test for different kinds or changes in cervical cells. About 90% of Pap tests are normal.
 - HPV (or human papilloma virus) test — test for the human papilloma virus (HPV) that causes changes in cells in the cervix. Many types of HPV infection will go away on its own. Your body fights the infection.
- Get HPV vaccine if you are between the ages of 9 to 26 years
 - You get a series of 2 to 3 shots in a 6-month period
- Stop smoking
- Use condoms during sex (still it does not provide complete safety from virus)
- Limit the number of sexual partners
- Eat healthy
 - Eat the right amount of calories to maintain your weight
 - Eat enough protein to keep up your strength
- Lose weight if overweight or obese

SOURCES:

1. <https://www.cancer.gov/publications/patient-education/cervix.pdf>. Revised January 2012.
2. http://cdn2.bigcommerce.com/server2900/1cc22/product_images/uploaded_images/cervixillustration.jpg?t=1461307251.
3. Guam DPHSS, Annual Summary of Notifiable Diseases, Guam. July 2013.
4. <http://www.kristeneve.org/pdf/ProviderToolkit.pdf>. Published October 2003.
5. <https://www.cdc.gov/vaccines/parents/diseases/teen/hpv-indepth-color.pdf>. Updated December 2016.
6. https://www.cdc.gov/cancer/cervical/pdf/cervical_facts.pdf. Revised December 2016.

HPV VACCINE (VACCINE AGAINST HUMAN PAPILLOMAVIRUS [OR HPV])

WHAT IS HPV?

- HPV is short for human papillomavirus.
- HPV is a virus.
 - HPV is not the same as HIV (virus that causes AIDS)
 - HPV is not the same as HSV (virus that causes cold sores or herpes in the private area)
 - Most people do not know they have it, because it does not have warning signs
- HPV is known to cause warts in the private areas on both men and women.
- HPV is the main cause of cervical cancer in women.
- HPV may also be the cause of cancer in the vagina and vulva in women, penis in men, and the anus and the back of the throat in both men and women.
- There is no cure for HPV.

HOW DO PEOPLE GET HPV?

- HPV is passed from person-to-person during sex and any kind of sex play.
- Direct skin-to-skin contact with the private area of another person.
- There are no symptoms, so a person with HPV may not know they are infected with HPV.

HOW CAN YOU AVOID HPV AND THE HEALTH PROBLEMS IT CAN CAUSE?

- Get the HPV vaccine
 - The vaccine does not give you the virus, and it cannot cause cancer or HPV infection.
 - Protects against two types of HPV that cause 70% of cervical cancers
 - Does not protect against current HPV infections
 - Antibiotics do not work against HPV
- Stop smoking
- Take multi-vitamins to boost the body's immune system
- The only sure way to prevent HPV is to stay away from all sex acts.
- If you are sexually active
 - Being faithful to one sexual partner (have sex only with someone who only has sex with you).
 - Limit number of sex partners.
 - If there is more than one partner, use condoms; but condoms do not protect you completely from HPV.



WHO SHOULD GET THE HPV VACCINE?

- All girls and boys ages 11 or 12 should get vaccinated.
- The advice of the American Cancer Society is to be given prior to exposure to the virus ...
- The ACIP [Advisory Committee on Immunization Practices] recommends the following:
 - girls ages 11 to 26 be given the HPV vaccine
 - boys ages 11 to 21 be given the HPV vaccine
 - can be given to girls and boys as young as 9
- HPV vaccine is given in a 2 to 3-shot series.
 - 11 to 12-year-olds get a 2-shot series at 6 months apart
 - Age 15 or older and those with weakened immune system get a 3-shot series
- It is best to have at least 2 vaccines before one becomes sexually active/the act of sex begins.

CERVICAL CANCER (CANCER IN THE CERVIX)

WHO SHOULD NOT GET THE HPV VACCINE?

- Men and women who have severe reaction to latex or yeast.
- Women who are pregnant.

WHY DO BOYS NEED TO GET THE HPV VACCINE?

- Boys that are infected can spread the virus to others.
- It will help decrease the risk of penile, anal, and oral cancers.

WHERE CAN I GET THE HPV VACCINE?

- Check with your primary doctor; most doctor's offices give the vaccine.
- The Department of Public Health and Social Services have times during the year that the immunization is given in the community. Call them at 735-7143 (DPHSS Immunization Program).

HOW MUCH DOES THE HPV VACCINE COST?

- Check with your insurance, but most insurances will cover the vaccine if given according to the national guidelines.
- The vaccine for children program (VFC) provides free vaccines for children and teens who don't have Insurance (see Guam Resources under DPHSS Immunization).

WHAT ARE THE SIDE EFFECTS OF THE HPV VACCINE?

- Pain and redness where the shot was given
- Maybe fever, dizziness, nausea
- Rarely fainting

SOURCES:

1. <https://www.cdc.gov/hpv/parents/questions-answers.html>. Updated November 28, 2016.
2. <https://www.cancer.org/latest-news/who-should-get-the-hpv-vaccination-and-why.html>. January 6, 2017.
3. <http://sexualhealth.gov.mt/content/sais/prevention-hpv>.
4. <http://colposcopycourses.com/wp-content/uploads/2015/01/hpv-vaccine.jpg>
5. <http://www.kristeneve.org/pdf/ProviderToolkit.pdf>. Published October 2003.
6. <https://www.cdc.gov/vaccines/parents/diseases/teen/hpv-indepth-color.pdf>. Updated December 2016.
7. <http://dphss.guam.gov/article/2014/04/09/guam-child-immunization-week>
8. Meites E, Kempe A, Markowitz LE. Use of a 2-Dose Schedule for Human Papillomavirus Vaccination — Updated Recommendations of the Advisory Committee on Immunization Practices. *MMWR*. 2016;65(49);1405-8. Accessed May 22, 2017: <https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm>

VACCINE INFORMATION STATEMENT

HPV (Human Papillomavirus) Vaccine: What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de Información Sobre Vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

HPV vaccine prevents infection with human papillomavirus (HPV) types that are associated with many cancers, including:

- cervical cancer in females,
- vaginal and vulvar cancers in females,
- anal cancer in females and males,
- throat cancer in females and males, and
- penile cancer in males.

In addition, HPV vaccine prevents infection with HPV types that cause genital warts in both females and males.

In the U.S., about 12,000 women get cervical cancer every year, and about 4,000 women die from it. HPV vaccine can prevent most of these cases of cervical cancer.

Vaccination is not a substitute for cervical cancer screening. This vaccine does not protect against all HPV types that can cause cervical cancer. Women should still get regular Pap tests.

HPV infection usually comes from sexual contact, and most people will become infected at some point in their life. About 14 million Americans, including teens, get infected every year. Most infections will go away on their own and not cause serious problems. But thousands of women and men get cancer and other diseases from HPV.

2 HPV vaccine

HPV vaccine is approved by FDA and is recommended by CDC for both males and females. It is routinely given at 11 or 12 years of age, but it may be given beginning at age 9 years through age 26 years.

Most adolescents 9 through 14 years of age should get HPV vaccine as a two-dose series with the doses separated by 6-12 months. People who start HPV vaccination at 15 years of age and older should get the vaccine as a three-dose series with the second dose given 1-2 months after the first dose and the third dose given 6 months after the first dose. There are several exceptions to these age recommendations. Your health care provider can give you more information.

3 Some people should not get this vaccine

- Anyone who has had a severe (life-threatening) allergic reaction to a dose of HPV vaccine should not get another dose.
- Anyone who has a severe (life threatening) allergy to any component of HPV vaccine should not get the vaccine.

Tell your doctor if you have any severe allergies that you know of, including a severe allergy to yeast.

- HPV vaccine is not recommended for pregnant women. If you learn that you were pregnant when you were vaccinated, there is no reason to expect any problems for you or your baby. Any woman who learns she was pregnant when she got HPV vaccine is encouraged to contact the manufacturer's registry for HPV vaccination during pregnancy at 1-800-986-8999. Women who are breastfeeding may be vaccinated.
- If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get HPV vaccine do not have any serious problems with it.

Mild or moderate problems following HPV vaccine:

- Reactions in the arm where the shot was given:
 - Soreness (about 9 people in 10)
 - Redness or swelling (about 1 person in 3)
- Fever:
 - Mild (100°F) (about 1 person in 10)
 - Moderate (102°F) (about 1 person in 65)
- Other problems:
 - Headache (about 1 person in 3)



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Control and Prevention

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/.

5 What if there is a serious reaction?

What should I look for?

Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/hpv

Vaccine Information Statement
HPV Vaccine

12/02/2016

42 U.S.C. § 300aa-26

Office Use Only



SHOT AT GOOD HEALTH

Vaccinations don't just give your middle schooler protection against preventable diseases, they're often recommended before your child can start class! Give your middle schooler a shot at good health with these vaccines:

- Tdap** - Get 1 booster at 11 or 12 years old to protect your child against three illnesses in one mighty shot!
 - Diphtheria* - serious respiratory illness that can be deadly for children.
 - Tetanus* - bacterial disease that affects your nervous system, commonly called lockjaw.
 - Pertussis* - serious respiratory illness that can be deadly to infants.
- HPV** - It literally prevents cancer! Both boys and girls need complete the HPV vaccine series to prevent HPV infections that are known to cause cancer.
- Meningococcal ACWY** - First shot at age 11 or 12 will help protect against four strains of meningococcal bacteria, which causes infections of the lining of the brain and spinal cord. Your child will need a second dose when they go off to college.
- Flu** - Get this shot annually to help avoid this nasty illness.

It's NEVER Too Late

It is never too late to get up to date on all vaccines. Just ask your health care provider to catch up your tween!

- Pneumococcal**
- Hepatitis A**
- Hepatitis B**
- Polio**
- Measles, Mumps and Rubella (MMR)**
- Chickenpox**



Get more information online:

Teen Vaccine Schedule →

<http://www.cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf>

How important is the HPV Vaccine? →

<https://drive.google.com/file/d/0B7VnhgvtID0NDhSQ1ZQa1BRdHc/view?pref=2&pli=1>

HPV Vaccine:

▪ Basics →

<http://www.cdc.gov/vaccines/parents/diseases/teen/hpv-basics-color.pdf>

▪ In-Depth →

<http://www.cdc.gov/vaccines/parents/diseases/teen/hpv-indepth-color.pdf>

Flu Vaccine →

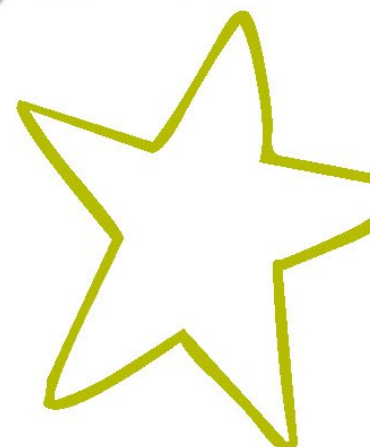
<http://www.cdc.gov/vaccines/parents/diseases/teen/flu-basics-color.pdf>

Meningococcal Vaccine →

<http://www.cdc.gov/vaccines/parents/diseases/teen/mening-basics-color.pdf>

Tdap Vaccine →

<http://www.cdc.gov/vaccines/parents/diseases/teen/tdap-basics-color.pdf>



INFORMATION FOR PARENTS 2017 Recommended Immunizations for Children 7-18 Years Old

Talk to your child's doctor or nurse about the vaccines recommended for their age.

	Flu <i>Influenza</i>	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Inactivated Polio	MMR Measles, mumps, rubella	Chickenpox <i>Varicella</i>
				MenACWY	MenB						
7-8 Years	Shaded Green	Shaded Orange				Shaded Purple	Shaded Orange			Shaded Orange	Shaded Orange
9-10 Years	Shaded Green	Shaded Orange	Shaded Purple	Shaded Orange		Shaded Purple	Shaded Orange			Shaded Orange	Shaded Orange
11-12 Years	Shaded Green	Shaded Orange	Shaded Green	Shaded Orange	Shaded Green	Shaded Purple	Shaded Orange			Shaded Orange	Shaded Orange
13-15 Years	Shaded Green	Shaded Orange	Shaded Orange	Shaded Orange	Shaded Orange	Shaded Purple	Shaded Orange			Shaded Orange	Shaded Orange
16-18 Years	Shaded Green	Shaded Orange	Shaded Orange	Shaded Orange	Shaded Orange	Shaded Purple	Shaded Orange			Shaded Orange	Shaded Orange

More information:

Preteens and teens should get a flu vaccine every year.
 Preteens and teens should get one shot of Tdap at age 11 or 12 years.
 All 11-12 year olds should get a 2-shot series of HPV vaccine at least 6 months apart.
 A 3-shot series is needed for those with weakened immune systems and those age 15 or older.
 All 11-12 year olds should get a single shot of a quadrivalent meningococcal conjugate vaccine (MenACWY). A booster shot is recommended at age 16.
 Teens, 16-18 years old, may be vaccinated with a MenB vaccine.



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/acip-list.htm.



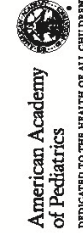
These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.



This shaded box indicates the vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.



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STRONG MEDICINE FOR AMERICA

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Diphtheria (Can be prevented by [Tdap vaccination](#))

Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the bacteria can produce a toxin (poison) in the body that can cause a thick coating in the back of the nose or throat that makes it hard to breathe or swallow. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In serious cases, the illness can cause coma, paralysis, and even death.

Hepatitis A (Can be prevented by [HepA vaccination](#))

Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms can include fever, tiredness, poor appetite, vomiting, stomach pain, and sometimes jaundice (when skin and eyes turn yellow). An infected person may have no symptoms and may have mild illness for a week or two, may have severe illness for several months, or may rarely develop liver failure and die from the infection. In the U.S., about 100 people a year die from hepatitis A.

Hepatitis B (Can be prevented by [HepB vaccination](#))

Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. Symptoms of acute hepatitis B include fever, fatigue, loss of appetite, nausea, vomiting, pain in joints and stomach, dark urine, grey-colored stools, and jaundice (when skin and eyes turn yellow).

Human Papillomavirus (Can be prevented by [HPV vaccination](#))

Human papillomavirus is a common virus. HPV is most common in people in their teens and early 20s. It is the major cause of cervical cancer in women and genital warts in women and men. The strains of HPV that cause cervical cancer and genital warts are spread during sex.

Influenza (Can be prevented by [annual flu vaccination](#))

Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

Measles (Can be prevented by [MMR vaccination](#))

Measles is one of the most contagious viral diseases. Measles virus is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just

being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and red, watery eyes. Fever can persist, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

Meningococcal Disease (Can be prevented by [meningococcal vaccination](#))

Meningococcal disease is caused by bacteria and is a leading cause of bacterial meningitis (infection around the brain and spinal cord) in children. The bacteria are spread through the exchange of nose and throat droplets, such as when coughing, sneezing or kissing. Symptoms include sudden onset of fever, headache, and stiff neck. Meningococcal bacteria also cause blood infections. About one of every ten people who get the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

Mumps (Can be prevented by [MMR vaccination](#))

Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes swollen salivary glands under the ears or jaw, fever, muscle aches, tiredness, abdominal pain, and loss of appetite. Severe complications for children who get mumps are uncommon, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely results in decreased fertility.

Pertussis (Whooping Cough) (Can be prevented by [Tdap vaccination](#))

Pertussis is caused by bacteria spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About half of children under 1 year of age who get pertussis must be hospitalized.

Pneumococcal Disease (Can be prevented by [pneumococcal vaccination](#))

Pneumonia is an infection of the lungs that can be caused by the bacteria called pneumococcus. This bacteria can cause other types of infections too, such as ear infections, sinus infections, meningitis (infection of the covering around the brain and spinal cord), and bacteremia (bloodstream infection). Sinus and ear infections are usually mild and are much more common than the

more serious forms of pneumococcal disease. However, in some cases pneumococcal disease can be fatal or result in long-term problems, like brain damage and hearing loss. Pneumococcal disease spreads when people cough or sneeze. Many people have the bacteria in their nose or throat at one time or another without being ill—this is known as being a carrier.

Polio (Can be prevented by [IPV vaccination](#))

Polio is caused by a virus that lives in an infected person's throat and intestines. It spreads through contact with the stool of an infected person and through droplets from a sneeze or cough. Symptoms typically include sore throat, fever, tiredness, nausea, headache, or stomach pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, about 2 to 10 children out of 100 die because the virus affects the muscles that help them breathe.

Rubella (German Measles) (Can be prevented by [MMR vaccination](#))

Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

Tetanus (Lockjaw) (Can be prevented by [Tdap vaccination](#))

Tetanus is caused by bacteria found in soil, dust, and manure. The bacteria enters the body through a puncture, cut, or sore on the skin. When people are infected, the bacteria produce a toxin (poison) that causes muscles to become tight, which is very painful. Tetanus mainly affects the neck and belly. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. One to two out of 10 people who get tetanus die from the disease.

Varicella (Chickenpox) (Can be prevented by [varicella vaccination](#))

Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough, sneeze. It can also spread from the blisters on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

If you have any questions about your child's vaccines, talk to your healthcare provider.



American Cancer Society: 2 HPV Shots Instead of 3 OK for Ages 9-14

Written By: [Stacy Simon](#) Senior Editor, News
Feb 7, 2017



The American Cancer Society is endorsing a recommendation from the Advisory Committee on Immunization Practices (ACIP) that says boys and girls who start receiving the human papilloma virus (HPV) vaccine between ages 9 and 14 can get 2 doses instead of 3. Most cervical cancer is caused by HPV. The virus has also been linked to cancers of the vulva, vagina, penis, anus, and throat.

Even though the vaccine has been proven to be safe and effective in preventing cancer, vaccination rates in the US remain low. According to the Centers for Disease Control and Prevention, in 2015 only 28% of boys and 42% of girls ages 13 to 17 had completed the vaccination series. ACS experts say cutting down on the doses could make it easier for people to complete the vaccination.

“In the past several years, studies have shown the vaccine is even more effective than expected,” said Debbie Saslow, PhD, Senior Director, HPV Related and Women's Cancers for the American Cancer Society. “This new two-dose regimen is easier to follow, and we now know is very effective in preventing HPV, which is linked to a half dozen types cancer.”

The Update

The ACS based its decision on a review of published and unpublished data from clinical trials, which showed that 2 doses protected boys and girls ages 9 to 14 from HPV infection. The review article was published February 7 in *CA: A Cancer Journal for Clinicians*.

The updated recommendation is:

- 2 doses of HPV vaccine for children starting the series before their 15th birthday
- The second dose given 6 to 12 months after the first dose
- 3 doses for those starting the series from ages 15 to 26

Age 11 or 12 is Best

Although HPV vaccination can be started as early as age 9, the American Cancer Society recommends it for boys and girls starting at age 11 or 12 because the vaccines produce the strongest immune responses at this age, and because this is also an age when children still will be seeing their doctor regularly and getting other vaccinations.

The vaccine becomes less effective as people reach their 20s, and it has not been studied in those older than 26.



The American Cancer Society medical and editorial content team
Our team is made up of doctors and master's-prepared nurses with deep knowledge of cancer care as well as journalists, editors, and translators with extensive experience in medical writing.

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 today to help protect him from meningitis, HPV cancers, and pertussis.”* Remind parents of the follow-up shots their child will need and ask them to make appointments before they leave.

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 series today.

Is my child really at risk for HPV?

HPV is a very common infection in women and men that can cause cancer. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.

Why do they need HPV vaccine at such a young age?

Like all vaccines, we want to give HPV vaccine earlier rather than later. If you wait, your child may need three shots instead of two.

I’m worried about the safety of HPV vaccine. Do you think it’s safe?

Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That’s normal for HPV vaccine too and should go away in a day or two.

Sometimes kids faint after they get shots and they could be injured if they fall from fainting. We’ll protect your child by having them stay seated after the shot.

Would you get HPV vaccine for your kids?

Yes, I gave HPV vaccine to my child (or grandchild, etc.) when he was 11, because it’s important for preventing cancer.

Why do boys need HPV vaccine?

HPV vaccination can help prevent future infection that can lead to cancers of the penis, anus, and back of the throat in men.

What diseases are caused by HPV?

Some HPV infections can cause cancer—like cancer of the cervix or in the back of the throat—but we can protect your child from these cancers in the future by getting the first HPV shot 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.

I’m worried my child will think that getting this vaccine makes it OK to have sex.

Studies tell us that getting HPV vaccine doesn’t make kids more likely to start having sex. I recommend we give your child her first HPV shot today.

Can HPV vaccine cause infertility in my child?

There is no known link between HPV vaccination and the inability to have children in the future. However, women who develop an HPV precancer or cancer could require treatment that would limit their ability to have children.

What vaccines are actually required?

I strongly recommend each of these vaccines and so do experts at the CDC and major medical organizations. 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.



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

**HPV VACCINE
IS CANCER PREVENTION**

HPV
also known as Human Papillomavirus

As parents, you do everything you can to protect your children's health for now and for the future. Today, there is a strong weapon to prevent several types of cancer in our kids: the HPV vaccine.

HPV and Cancer

HPV is short for Human Papillomavirus, a common virus. In the United States each year, there are about 17,500 women and 9,300 men affected by HPV-related cancers. Many of these cancers **could be prevented with vaccination.** In both women and men, HPV can cause anal cancer and mouth/throat (oropharyngeal) cancer. It can also cause cancers of the cervix, vulva and vagina in women; and cancer of the penis in men.

For women, screening is available to detect most cases of cervical cancer with a Pap smear. Unfortunately, there is no routine screening for other HPV-related cancers for women or men, and these cancers can cause pain, suffering, or even death. **That is why a vaccine that prevents most of these types of cancers is so important.**

More about HPV

HPV is a virus passed from one person to another during skin-to-skin sexual contact, including vaginal, oral, and anal sex. HPV is most common in people in their late teens and early 20s. Almost all sexually active people will get HPV at some time in their lives, though most will never even know it.

Most of the time, the body naturally fights off HPV, before HPV causes any health problems. But in some cases, the body does not fight off HPV, and HPV can cause health problems, like cancer and genital warts. Genital warts are not a life-threatening disease, but they can cause emotional stress, and their treatment can be very uncomfortable. About 1 in 100 sexually active adults in the United States have genital warts at any given time.

HPV vaccination is recommended for preteen girls and boys at age 11 or 12 years

All preteens need HPV vaccination so they can be protected from HPV infections that cause cancer. Teens and young adults who didn't start or finish the HPV vaccine series also need HPV vaccination. Young women can get HPV vaccine until they are 27 years old and young men can get HPV vaccine until they are 22 years old. Young men who have sex with other men or who have weakened immune systems can also get HPV vaccine until they are 27.

HPV vaccination is a series of shots given over several months. The best way to remember to get your child all of the shots they need is to make an appointment for the remaining shots before you leave the doctor's office or clinic.

Is the HPV vaccine safe?

Yes. HPV vaccination has been studied very carefully and continues to be monitored by CDC and the Food and Drug Administration (FDA). No serious safety concerns have been linked to HPV vaccination. **These studies continue to show that HPV vaccines are safe.**

The most common side effects reported after HPV vaccination are mild. They include pain and redness in the area of the arm where the shot was given, fever, dizziness, and nausea. Some preteens and teens may faint after getting a shot or any other medical procedure. Sitting or lying down for about 15 minutes after getting shots can help prevent injuries that could happen if your child were to fall while fainting. ▶



Why does my child need this now?

HPV vaccines offer the best protection to girls and boys who complete the series and have time to develop an immune response **before** they begin sexual activity with another person. This is not to say that your preteen is ready to have sex. In fact, it's just the opposite—it's important to get your child protected before you or your child have to think about this issue. The immune response to this vaccine is better in preteens, and this could mean better protection for your child. ❖

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Serious side effects from HPV vaccination are rare. Children with severe allergies to yeast or latex shouldn't get certain HPV vaccines. Be sure to tell the doctor or nurse if your child has any severe allergies.

Help paying for vaccines

The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger who are uninsured, Medicaid-eligible, or American Indian/Alaska Native. Learn more about the VFC program at www.cdc.gov/Features/VFCprogram/

Whether you have insurance, or your child is VFC-eligible, some doctors' offices may also charge a fee to give the vaccines. ■

Jacquelyn's story: "I was healthy—and got cervical cancer."

When I was in my late 20's and early 30's, in the years before my daughter was born, I had some abnormal Pap smears and had to have further testing. I was told I had the kind of HPV that can cause cancer and mild dysplasia.

For three more years, I had normal tests. But when I got my first Pap test after my son was born, they told me I needed a biopsy. The results came back as cancer, and my doctor sent me to an oncologist. Fortunately, the cancer was at an early stage. My lymph nodes were clear, and I didn't need radiation. But I did need to have a total hysterectomy.

My husband and I have been together for 15 years, and we were planning to have more children. We are so grateful for our two wonderful children, but we were hoping for more—which is not going to happen now.

The bottom line is they caught the cancer early, but the complications continue to impact my life and my family. For the next few years, I have to get pelvic exams and Pap smears every few months, the doctors measure tumor markers, and I have to have regular x-rays and ultrasounds, just in case. I have so many medical appointments that are taking time away from my family, my friends, and my job.

Worse, every time the phone rings, and I know it's my oncologist calling, I hold my breath until I get the results. I'm hopeful I can live a full and healthy life, but cancer is always in the back of my mind.

In a short period of time, I went from being healthy and planning more children to all of a sudden having a radical hysterectomy and trying to make sure I don't have cancer again. It's kind of overwhelming. And I am one of the lucky ones!

Ultimately I need to make sure I'm healthy and there for my children. I want to be around to see their children grow up.

I will do everything to keep my son and daughter from going through this. I will get them both the HPV vaccine as soon as they turn 11. I tell everyone—my friends, my family—to get their children the HPV vaccine series to protect them from this kind of cancer. ❖



What about boys?

HPV vaccine is for boys too! This vaccine can help prevent boys from getting infected with the types of HPV that can cause cancers of the mouth/throat, penis and anus. The vaccine can also help prevent genital warts. HPV vaccination of males is also likely to benefit females by reducing the spread of HPV viruses.

Learn more about HPV and HPV vaccine at www.cdc.gov/hpv

For more information about the vaccines recommended for preteens and teens:

800-CDC-INFO (800-232-4636)
www.cdc.gov/vaccines/teens



HPV Vaccine for Preteens and Teens

Last updated JULY 2015

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, vaginal, and vulvar cancers 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. HPV vaccine also produces a higher immune response in preteens than in older adolescents. If your teen hasn't gotten the vaccine yet, talk to their doctor about getting it for them as soon as possible.

HPV vaccination is a series of shots given over several months. The best way to remember to get your child all of the shots they need is to make an appointment for the remaining shots before you leave the doctor's office or clinic.

What else should I know about HPV vaccine?

Girls need HPV vaccination to prevent HPV infections that can cause cancers of the anus, cervix, vagina, vulva, and the mouth/throat area. Boys need HPV vaccination to prevent HPV infections that can cause cancers of the anus, penis, and the mouth/throat area. HPV vaccination can also prevent genital warts.

HPV vaccines have been studied very carefully. These studies showed no serious safety concerns. Common, mild adverse events (side effects) 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, 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.

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Health and Human Services**
Centers for Disease
Control and Prevention



What Parents Should Know About HPV Vaccine Safety and Effectiveness

Last updated JUNE 2014

HPV vaccines prevent cancer

About 14 million people, including teens, become infected with human papillomavirus (HPV) each year. When HPV infections persist, people are at risk for cancer. Every year, approximately 17,600 women and 9,300 men are affected by cancers caused by HPV. HPV vaccination could prevent many of these cancers.

HPV vaccines are safe

There are two vaccines licensed by the Food and Drug Administration (FDA) and recommended by CDC to protect against HPV-related illness. All vaccines used in the United States are required to go through extensive safety testing before they are licensed by FDA. Once in use, they are continually monitored for safety and effectiveness.

Numerous research studies have been conducted to make sure HPV vaccines were safe both before and after the vaccines were licensed. No serious safety concerns have been confirmed in the large safety studies that have been done since HPV vaccine became available in 2006. CDC and FDA have reviewed the safety information available to them for both HPV vaccines and have determined that they are both safe.

The HPV vaccine is made from one protein from the HPV virus that is not infectious (cannot cause HPV infection) and non-oncogenic (does not cause cancer).

HPV vaccines work

The HPV vaccine works extremely well. In the four years after the vaccine was recommended in 2006, the amount of HPV infections in teen girls decreased by 56%. Research has also shown that fewer teens are getting genital warts since HPV vaccines have been in use. In other countries such as Australia, research shows that HPV vaccine has already decreased the amount of pre-cancer of the cervix in women, and genital warts have decreased dramatically in both young women and men.

HPV vaccines provide long-lasting protection

Data from clinical trials and ongoing research tell us that the protection provided by HPV vaccine is long-lasting. Currently, it is known that HPV vaccine works in the body for at least 10 years without becoming less effective. Data suggest that the protection provided by the vaccine will continue beyond 10 years.

HPV vaccine is recommended and safe for boys

One HPV vaccine (Gardasil) is recommended for boys. This vaccine can help prevent boys from getting infected with the HPV-types that can cause cancers of the mouth/throat, penis and anus as well as genital warts.

Like any vaccine or medicine, HPV vaccines might cause side effects

HPV vaccines occasionally cause adverse reactions. The most commonly reported symptoms among females and males are similar, including injection-site reactions (such as pain, redness, or swelling in the area of the upper arm where the vaccine is given), dizziness, fainting, nausea, and headache.

Brief fainting spells and related symptoms can happen after many medical procedures, including vaccination. Fainting after getting a shot is more common among adolescents. Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries that can be caused by falls.

When fainting was found to happen after vaccination, FDA changed prescribing information to include information about preventing falls and possible injuries from fainting after vaccination. CDC consistently reminds doctors and nurses to share this information with all their patients. Tell the doctor or nurse if your child feels dizzy, faint, or light-headed.

HPV vaccines don't negatively affect fertility

There is no evidence to suggest that HPV vaccine causes fertility problems. However, not getting HPV vaccine leaves people vulnerable to HPV cancers. If persistent high-risk HPV infection in a woman leads to cervical cancer, the treatment of cervical cancer (hysterectomy, chemotherapy, or radiation, for example) could leave a woman unable to have children. Treatment for cervical pre-cancer could put a woman at risk for problems with her cervix, which could cause preterm delivery or other problems.

How can I get help paying for these vaccines?

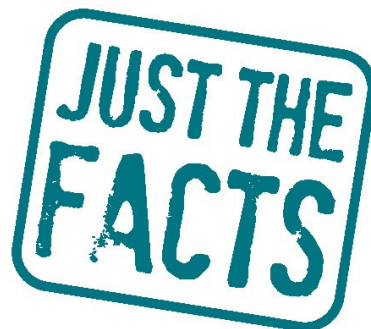
The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are not insured, Medicaid-eligible, American Indian or Alaska Native. You can find out more about the VFC program by going online to www.cdc.gov and typing VFC in the search box.

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HPV VACCs



Vaccinate Adolescents against Cancers

FACT 1 *The HPV vaccines are 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.¹

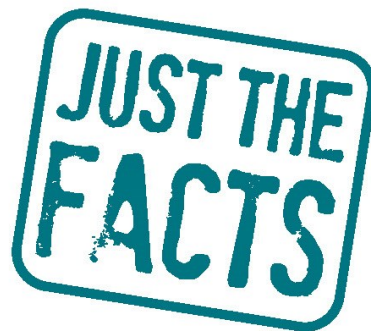
TALKING POINT: More than 270 million doses of vaccine have been distributed worldwide, with more than 90 million doses in the US. Like with all vaccines, HPV vaccine safety is constantly monitored, and these studies continue to show that HPV vaccination is very safe. All medications and vaccines can have side effects. The most common side effects seen with HPV vaccination are mild and are very similar to the reactions from other vaccines.^{1,2}

FACT 2 *The HPV vaccine does NOT cause fertility issues.*

Claims of HPV vaccine-induced infertility are anecdotal and not backed by research or clinical trials. The HPV vaccine 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.³

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.³

HPV VACCS



Vaccinate Adolescents against Cancers

FACT 3 *The HPV vaccine does NOT contain harmful ingredients.*

HPV vaccines contain ingredients that have been proven to be safe. Like the hepatitis B and Tdap vaccines, HPV vaccines contain aluminum, which boosts the body's immune response to the vaccine. In addition to certain vaccines, aluminum is found in breast milk, infant formula, antacids, and numerous foods and beverages, including fruits and vegetables, seasonings, flour, cereals, nuts, dairy products, and honey. Typical adults ingest 7 to 9 milligrams of aluminum per day, whereas the HPV vaccines contain no more than .5 milligrams of aluminum per dose.⁴ These vaccines, like other vaccines for children and adolescents, do not contain thimerosal (a preservative that contains mercury).⁵

TALKING POINT: People are exposed to aluminum every day through food and cooking utensils. Aluminum-containing vaccines have been used for decades and have been given to more than **1 billion people without problems**. In spring 2000, the National Vaccine Program Office reviewed aluminum exposure through vaccines and determined that no changes to vaccine recommendations were needed based on aluminum content. The Global Advisory Committee on Vaccine Safety, part of the World Health Organization, has also reviewed studies and found no evidence of health risks that would require changes to vaccine policy.⁴

FACT 4 *The HPV vaccine is necessary, regardless of sexual activity.*

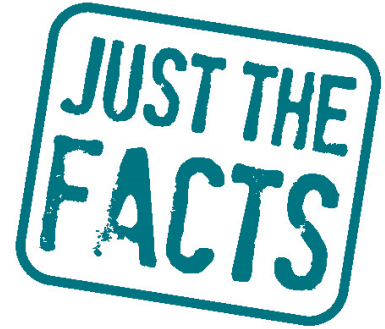
Vaccines are for prevention, not treatment, so they only work if given before coming in contact with a virus. Research shows that cancer protection decreases as age at vaccination increases.⁶ Studies have shown that HPV vaccination is not associated with changes in sexual behavior. Age of onset of sexual activity, incidence of STIs, and rates of pregnancy have all been shown to be similar in vaccinated girls compared to unvaccinated girls.^{7,8,9}

TALKING POINT: People are vaccinated well before they're exposed to an infection – just like measles or pneumonia. Similarly, they should be vaccinated before they are exposed to HPV. Vaccinating children at age 11 or 12 offers the most HPV cancer prevention.²

HPV is so common that almost everyone will be exposed at some point in their lives. So even if your child delays sexual activity until marriage, or only has one partner in the future, they could still be exposed if their partner has been exposed.^{10,11}

Studies have shown there's no correlation between receiving the HPV vaccine and increased rates of, or earlier engagement in, sexual activity.⁸

HPV VACCs



Vaccinate Adolescents against Cancers

FACT 5 *The HPV vaccine is for boys and girls.*

Both males and females can get HPV. It's very common; the CDC estimates that between 80-90% of people will be infected with at least one type of HPV in their lifetime.¹¹

Although cervical cancer is currently the most common type of cancer caused by HPV, persistent infection also causes cancers of the base of the tongue and tonsils. These cancers are becoming more common, especially among men, and may be more common than cervical cancer by 2020. HPV can also cause penile and anal cancers in men. HPV vaccination helps prevent infection with the types of HPV that cause most HPV cancers in men.¹⁰

TALKING POINT: HPV vaccination is strongly recommended for boys and girls. Vaccination helps protect boys from getting infected with the most common types of HPV that can cause cancers of the throat, penis, and anus.¹⁰

FACT 6 *The HPV vaccine is effective and helps prevent cancer.*

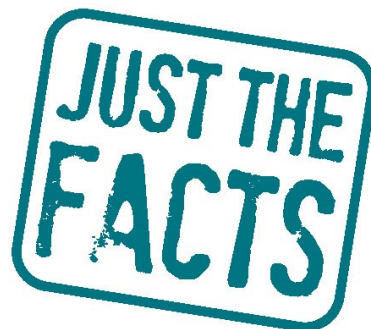
In studies that led to the approval of HPV vaccines, the vaccines provided nearly 100% protection against persistent cervical infections with HPV types 16 and 18, plus the pre-cancers that those persistent infections can cause. In addition, a clinical trial of HPV vaccines in men indicated that they can prevent anal pre-cancers caused by persistent infection.¹⁰

HPV cancers can take decades to develop, and the vaccines have not been in use long enough to produce studies comparing cancer rates. Advanced pre-cancers are universally accepted markers for cancers.

TALKING POINT: The vaccine has been proven, through numerous studies, to prevent the infections that can cause multiple HPV cancers.

In addition, population studies in the US and other countries that have introduced the HPV vaccine have shown a significant reduction in abnormal Pap test results^{12,13} and genital warts.^{14,15}

HPV VACs



Vaccinate Adolescents against Cancers

FACT 7 *An effective recommendation from a clinician matters.*

An effective clinician recommendation – recommending the HPV vaccine in the same way and on the same day as other adolescent vaccines – is the number one reason parents choose to vaccinate their children.¹⁶ Recent studies show that a patient who receives a recommendation from a provider is four to five times more likely to receive the HPV vaccine.^{17,18} Studies have also shown that parents value the HPV vaccine equally with other adolescent vaccines.¹⁹ In addition, parents want to prevent cancer in their children.

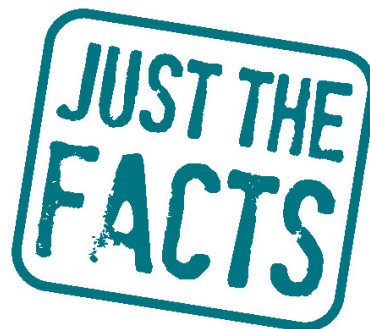
TALKING POINT: Try this effective recommendation: *Your child needs three vaccines today to protect against meningitis, HPV cancers, and pertussis.*

FACT 8 *The effectiveness of the HPV vaccine does not decrease over time.*

Ongoing studies have found that those who received the HPV vaccine continue to have antibodies to the virus, providing long-term protection against infections and pre-cancers. There is no indication that they will decrease over time. Studies will continue to monitor the duration of protection.²⁰

TALKING POINT: Studies continue to monitor how long the vaccine protects against HPV infections and cancer. Protection has been shown to last at least 10 years with no signs of the protection weakening.

HPV VACCs

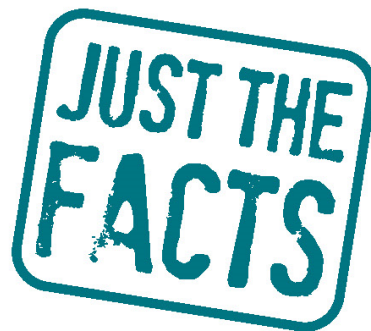


Vaccinate Adolescents against Cancers

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HPV VACCs



Vaccinate Adolescents against Cancers

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PATIENT RESOURCES FOR HPV AND CANCER

GRMC e-brochure on HPV: <http://www.grmc.gu/patienteducation/>

Talking to Parents about HPV Vaccine: <https://www.cdc.gov/hpv/hcp/for-hcp-tipsheet-hpv.pdf>

HPV Vaccine – Diseases and the Vaccines That Prevent Them:
<https://www.cdc.gov/vaccines/parents/diseases/teen/hpv-indepth-color.pdf>

HPV VACs Vaccinate Adolescents against Cancers – Just the Facts:
<https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/Lists/Clearinghouse/Attachments/320/HPV%20Vaccine%20-%20Just%20the%20Facts%203.9.2016.pdf>

CDC HPV Information: www.cdc.gov/hpv/

CDC Vaccine Flyers: <https://www.cdc.gov/vaccines/partners/teens/posters.html>

If There Were a Vaccine for Cancer: <https://www.cdc.gov/vaccines/partners/teens/posters.html>

If There Were a Vaccine for Cancer: Soccer Player Boy

<https://www.cdc.gov/vaccines/partners/downloads/teens/vaccine-cancer-boy-soccer-f.pdf>

HPV Vaccine – Cancer Prevention for Girls/Everyday (girl with earphones)

<https://www.cdc.gov/vaccines/partners/downloads/teens/p-ai-girl1-color.pdf>

HPV Vaccine – Cancer Prevention for Boys/Everyday (boy with flannel shirt)

<https://www.cdc.gov/vaccines/partners/downloads/teens/p-an-boy1-color.pdf>

[Medline Plus HPV: https://medlineplus.gov/hpv.html](https://medlineplus.gov/hpv.html)

HPV VACCINE IS CANCER PREVENTION

PATIENT RESOURCES ON HPV VACCINE

GRMC e-brochure on HPV: <http://www.grmc.gu/patienteducation/>

HPV Vaccine Information Statement: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html>

Middle School Health Starts Here: A Shot at Good Health:
http://www.middleschoolhealth.org/wp-content/uploads/2016/10/MiddleSchoolHealthStartsHere-parents_PDF-WEB.pdf

2017 Recommendation Immunizations for Children 7-18 Years Old:
<https://www.cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf>
<https://www.cdc.gov/vaccines/schedules/easy-to-read/preteen-teen.html> (For Printing)

American Cancer Society: 2 HPV Shots Instead of 3 OK for Ages 9-14:
<https://www.cancer.org/latest-news/american-cancer-society-2-hpv-shots-instead-of-3-ok-for-ages-9-14.html>

Talking to Parents about HPV Vaccine: <https://www.cdc.gov/hpv/hcp/for-hcp-tipsheet-hpv.pdf>

HPV Vaccine – Diseases and the Vaccines That Prevent Them:
<https://www.cdc.gov/vaccines/parents/diseases/teen/hpv-indepth-color.pdf>

HPV Vaccine for Preteens and Teens:
<https://www.cdc.gov/vaccines/parents/diseases/teen/hpv-basics-color.pdf>

What Parents Should Know About HPV Vaccine Safety and Effectiveness:
<https://www.cdc.gov/vaccines/partners/downloads/teens/vaccine-safety.pdf>

HPV VACs Vaccinate Adolescents against Cancers – Just the Facts:
<https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/Lists/Clearinghouse/Attachments/320/HPV%20Vaccine%20-%20Just%20the%20Facts%203.9.2016.pdf>

Medline Plus HPV Vaccine: <https://medlineplus.gov/ency/article/007436.htm>

CDC Vaccine Flyers: <https://www.cdc.gov/vaccines/partners/teens/posters.html>

If There Were a Vaccine for Cancer: <https://www.cdc.gov/vaccines/partners/teens/posters.html>

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HPV Vaccine – Cancer Prevention for Boys/Everyday (boy with flannel shirt)

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HPV VACCINE IS CANCER PREVENTION

GUAM RESOURCES

AMERICAN CANCER SOCIETY (GUAM OFFICE):

The American Cancer Society is here to help you in your fight with cancer. We offer programs and services for those who have been diagnosed with cancer, free of charge. The Guam Field Office can be reached at 477-9451, Monday—Friday from 8:30am—4:00pm. Trained cancer information specialists are available 24 hours a day, seven days a week to answer questions about cancer, link callers with resources in the community, and give information on local events: Call 1-800-227-2345

Location: 250 Route 4, Suite 204, Nanbo Guahan Building, Hagatna, Guam 96910, (across Guam Public Library)
Phone: (671) 477-9451 / 1-800-227-2345 Fax: (671) 477-9450
Website: www.cancer.org

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES:

GUAM BREAST AND CERVICAL CANCER EARLY DETECTION AND SCREENING PROGRAM

The Guam Breast and Cervical Cancer Early Detection Program (GBCCEDP) offers FREE Mammograms and Pap test to eligible women ages 21-64 years old. It is located at the Mangilao Central Public Health, 1st floor, Room 160 near the Dental Clinic and opens from 8:00am—5:00pm except weekends, and GovGuam holidays. To contact, please call 735-0671/2/5 to know if you are eligible. GBCCEDP is a 100% Federally Funded Program. Early detection is your best protection, because no woman deserves to have cancer.

Location: Central Public Health, 123 Chalan Kareta, Mangilao, Guam
Phone: (671) 735-0671/1/75
Website: www.dphss.guam.gov/content/breast-and-cervical-cancer-early-detection-program

IMMUNIZATION PROGRAM

The Immunization Program prevents and controls transmission of vaccine-preventable diseases with particular emphasis on accelerating interventions to improve the immunization coverage of children.

Location: Central Office & Health Center, Mangilao, Guam
Phone: (671) 735-7143
Website: <http://dphss.guam.gov/content/immunization-program>

GUAM CANCER CARE:

Guam Cancer Care takes a stand against cancer and encourages a proactive approach to health through screening. By implementing the Cancer Screening Program, Guam Cancer Care works collaboratively with the Guam Comprehensive Cancer Control Coalition (GCCC), Guam Breast and Cervical Cancer Early Detection Program (GBCCEDP), the Non-Communicable Disease Consortium (NCD), and local primary clinics and physicians to conduct an all year round screening program for the residents of Guam. The program also collaborates with local health insurance companies, businesses, and schools to conduct Health Fairs for their employees and family members to encourage the importance of screening and to live a healthy lifestyle.

Location: 341 S. Marine Corps Drive, RK Plaza Suite #102, Tamuning, Guam 96913
Phone: (671) 969-2223 Fax: (671) 969-3222
Website: www.guamcancercare.org

HPV VACCINE IS CANCER PREVENTION

GUAM RESOURCES

GUAM COMPREHENSIVE CANCER CONTROL COALITION:

Guam Comprehensive Cancer Control Coalition (GCCCC) is a collaborative process through which a community pools resources to reduce the burden of cancer that results in risk reduction, early detection, better treatment and enhanced survivorship. This program focuses on bringing representatives from the cancer network on Guam (public, private and non-profit organizations as well as individuals) together to address prevention, early detection and treatment, survivorship, data and research, and policy and advocacy issues faced by cancer patients, survivors, caregivers, and families on Guam.

Location: Central Public Health, 123 Chalan Kareta, Mangilao, Guam
Phone: (671) 735-7335, 735-0670
Social Media: Facebook/Instagram @ GUAMCCC; Twitter @ GCCCP

GUAM REGIONAL MEDICAL CITY PATIENT EDUCATION DEPARTMENT:

Guam Regional Medical City's Patient and Family Education program is here to help improve your experience of care. Through a team-based approach, we ensure that most of your health questions are answered and your learning needs met—whether you are an inpatient, outpatient, family member, friend, or visitor. When providing educational services, the Patient and Family Education provide the right health information that will help you understand more about your health and illness, understand your treatment choices, help you make better decisions about your health and those close to you, and communicate better with your healthcare providers.

Location: 133 Route 3, Dededo, Guam 96929
Phone: (671) 645-5500 x 3685, 3687, 5688
Website: www.grmc.gu

UNIVERSITY OF GUAM CANCER RESEARCH CENTER:

The University of Guam Cancer Research Center was established in 2003 to lay the foundation for promoting and sustaining cancer research in our region. The University of Hawaii Cancer Center and the UOG CRC formed a partnership with funding from the National Cancer Institute to advance cancer health equity in Pacific Islanders. The Community Outreach Core (COC) of the UOG CRC was organized as a community based approach to raise awareness of cancer, promote cancer prevention and screening in our communities. One of COC's aims is to provide targeted cancer prevention outreach to primary care physicians who serve Micronesian populations. To accomplish this aim, the COC has partnered with local stakeholder organizations to fill a need for health provider education on cervical cancer screening and HPV vaccine.

Location: University of Guam #27 Dean's Circle, Mangilao, Guam 96923
Phone: (671) 735-3036
Website: www.guamcrc.org
Social Media: Facebook @ UOGCANCERRESEARCH



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