

# The American College of Obstetricians and Gynecologists (ACOG)

“ACOG Report: Turning Recommendations into Routine Practice for Patient Outreach and Messaging”

Patient Outreach Work Group Panel

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**Wednesday May 14<sup>th</sup>, 2014**

[www.ImmunizationForWomen.org](http://www.ImmunizationForWomen.org)



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## American College of Obstetricians and Gynecologists (ACOG)

- ACOG is a non-profit corporation 501C3, tax-exempt charitable, educational organization
- ACOG is a medical specialty society
- 95 % of board-certified ob-gyns are members of ACOG (a total of 58,000 members)
- Ob-gyns are a major source of ambulatory care for women in the U.S.
- 85% of deliveries attended by ob-gyns

## Background

- Current data demonstrate that a strong HCP vaccine recommendation is a major contributor to a successful adult vaccine program
- Numerous surveys indicate that ob-gyns depend on ACOG for practice guidance, education and resource support
- All ACOG patient resources are derived from ACOG's clinical guidelines for ob-gyns
- Information to follow reviews ACOG patient education resources and initiatives

## Ob-Gyns Refer to ACOG Guidelines as Primary Source

- ACOG survey found that 98% of ob-gyns were aware of ACOG guidelines and 96% had used those guidelines over previous 5 years\*
- 61% said ACOG guideline changed their practice within last 2 years\*
- Survey\*\* found that to stay informed about advances in ob-gyn, ob-gyns refer to:
  - --1<sup>st</sup> to ACOG Practice Bulletins
  - --2<sup>nd</sup> to ACOG Committee Opinions
  - --3<sup>rd</sup> to other sources
- \*Farquhar C, Kofa E, Power M, Zinberg S, Schulkin J. Clinical practice guidelines as educational tools for obstetrician-gynecologists. J Repro Med 2002; 47(11):897-902.
- \*\*Wilkins-Haug L, Hill LL, Schmidt L, Holzman GB, Schulkin J. Genetics in obstetricians' office: a survey study. Obstet Gynecol 1999;93:642-7.

# ACOG Patient Resources Development

- Based on ACOG’s clinical guidelines
- Developed by ACOG’s Committees on Gyn Practice, Ob Practice, Adolescent Health Care, Health Care for Underserved Women
- Reviewed by ACOG’s Immunization Expert Work Group
- Patient Education Editorial Board review
- Patient literacy medical writer review for print and on-line resources and immunization website

# Immunization for Women Website



www.immunizationforwomen.org

# Recent Google Analytics

- #1 on Google search since launch in 2011. April 2014 stats:

Google Analytics		
Site Visitors	2, 601	87.4% new 12.6% returning
Mobile vs. Desktop Traffic	Desktop	1,785
	Mobile	807
	Tablet	274
Popular Pages (in order of popularity)	Pertussis Pregnant/Breastfeeding FAQs – Tdap Tetanus/Diphtheria Affordable Care Act Resources	
Google Placement	When search terms “immunize women, immunization women, women and immunization” are used in Google, the Immunization for Women website is the first website result.	

# Dedicated ACOG immunization website for Ob-Gyns & Patients

**Immunization for Women**  
 Immunization Information for Ob-Gyns and Their Patients  
 The American College of Obstetricians and Gynecologists

Home | Contact Us

Search by keyword

ABOUT US | IMMUNIZATION FACTS | **PRACTICE MANAGEMENT** | VACCINE SAFETY | NEWS & MEDIA | RESOURCES | FAQs

**PRACTICE MANAGEMENT**

- Practice Management
- Office-based vaccine program**
- Coding
- Financing
- Supply
- Liability
- Refusal
- Communicating with Patients
- Office Immunization Rates
- Storage and Handling
- Health Care Workers

**E-Mail Sign-up**  
 Stay up-to-date with critical immunization for women topics by signing up for our newsletter and alert service.

**Setting up an office-based vaccine program**

Women are more likely to receive immunizations following the recommendation from their doctor. Setting up an office-based immunization program allow you to offer your patients, their families and your community protection from diseases. The most important aspect of an immunization program in the office is the designation of a vaccination coordinator. The coordinator will have the responsibility for ordering and maintaining vaccines, syringes, and other supplies. Other duties include the development or procurement of medical protocols for vaccination and assuring the competence of the staff. Proper vaccine/diluent storage and proper vaccination record keeping by all staff should be periodically verified by the vaccination coordinator. The coordinator should have a back-up person trained in all of these duties.

One of the first duties of the coordinator will be to gain support and to ensure that all staff has access to the same information while an immunization program is incorporated into the practice. All staff, especially medical and clerical particularly will be heavily impacted by changes in office procedure, and it is imperative they understand and endorse the importance of new or expanded vaccine services.

As part of initial planning, the clinic should decide where vaccinations will be given. Basic considerations such as adequate lighting, ventilation, a hand washing sink, telephone access, and location of refrigerator that stores vaccines should be addressed. The vaccination area must have adequate space for sharps containers, dry storage, forms for record-keeping, and informational materials. Adequate space for patients to sit or recline should be available.

The refrigerator/freezer designated for vaccine storage must be used exclusively for the storage of pharmaceuticals and biological products. The unit should be large enough to hold the largest month's vaccine inventory, typically the November influenza vaccine order. Dorm style or bar-style refrigerators are never acceptable for vaccine storage, due to their inability to reach or maintain

[www.immunizationforwomen.org](http://www.immunizationforwomen.org)

## Patient Specific Vaccination Information

Vaccine Preventable Diseases including:

- Seasonal Influenza (Flu)
- Pertussis
- Human Papillomavirus (HPV)
- Pneumococcus
- Varicella
- Meningococcus
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Tetanus/Diphtheria
- Measles, Mumps, and Rubella
- Poliomyelitis (Polio)

Special Populations:

- Pregnant/Breastfeeding
- Adolescents
- Ethnic and Racial Groups
- Medical Conditions
- Seniors
- Travelers



## Patient Friendly Website

- Patient tabs and Ob-Gyn tabs on every section and page
- Pregnant, nonpregnant, adolescents, ethnic groups, older
- Patient literacy medical writer reviews all content and rewrites to be user and reader friendly eg 6<sup>th</sup>-8<sup>th</sup> grade reading level
- Daily updates and monthly sweep of entire website for any clinical updates and revisions needed with guidelines
- Based on Google analytics 1/3 of searches are from mobile websites, ACOG is developing a mobile platform for its Immunization for Women website

# Patient Specific Frequently Asked Question Section

## Topics Include:

- Seasonal influenza
- Tdap
- HPV
- Measles, Mumps, and Rubella (MMR)
- Herpes Zoster (Shingles)
- Varicella
- Meningococcus
- Hepatitis A



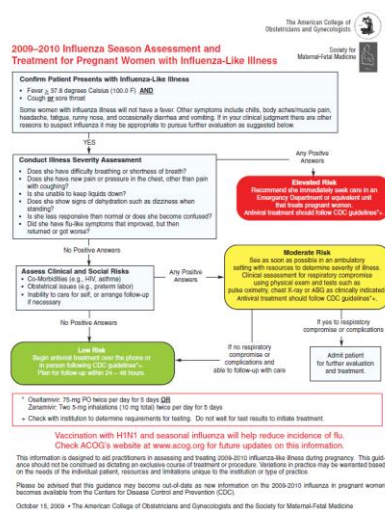
# ACOG's Response to H1N1

- Pregnant women had 6 xs morbidity and mortality
- Increased hospitalizations
- ACOG mobilized rapid response and resources to ob-gyns, patients and public
- E-communication and web-based guidance
- Collaborated closely with CDC

# H1N1 cont'd

- Pregnant Women and the Flu patient tear pad (endorsed by AMA and SMFM). On-line and hard-copy.
- ACOG developed assessment and treatment algorithm to triage pregnant women with ILI symptoms
- H1N1 resources sent to all 35,000 ob-gyns in practice in U.S.
- Email blasts
- H1N1 webpage
- CDC and DHHS reported ob-gyns were most active HCP

# H1N1 Influenza Pregnancy Assessment and Treatment



# H1N1 Patient FAQ Fact Sheet

Endorsed by AMA and Society for Maternal Fetal Medicine

## Pregnant Women and the Flu

This 2009–2010 influenza season, there are two different types of flu to avoid—2009 H1N1 (“swine flu”) and seasonal flu. If you are pregnant, the flu can be very serious for both you and your baby. Some pregnant women sick with H1N1 flu have had early labor and severe pneumonia. Some have been hospitalized and some have died.

**Signs and symptoms of the flu.** Symptoms include fever (100°F or higher), cough, or sore throat. Other symptoms include: fatigue, muscle aches, body aches, chills, headache, fatigue, and occasionally diarrhea and vomiting.

**The best way to prevent the flu.** Get vaccinated for both H1N1 flu and seasonal flu. Both protect your newborn from getting the flu. Babies younger than 6 months old cannot get the flu shot.

**If you think you have the flu.** If you have the symptoms, take it very seriously. Contact your pregnancy care provider immediately so that the medications can be started and further instructions given by your provider. If you have a fever, you should begin taking acetaminophen (Tylenol) right away and follow instructions from your pregnancy care provider.

**Go immediately to the emergency room if you have any of these signs:**

- You have difficulty breathing.
- You have pressure or pain in your chest, other than pain when you cough.
- You are unable to keep liquids down.
- You were recovering from the flu and are now sicker.
- Others think you are becoming confused or less alert.
- You are dizzy when standing.

**If you come in close contact with someone who has the flu.** Contact your pregnancy care provider right away. You may need medicine to reduce your chances of getting the flu.

**How to prevent getting sick.** Wash your hands often with soap and water. If soap and water are not available, use alcohol-based hand rubs. Avoid touching your nose, mouth, or eyes. Cough or sneeze into a tissue or sneeze into your sleeve. Throw the tissue in the trash. Stay away from sick people. Have a plan for someone else to take care of a sick family member.

Additional information and updates regarding pregnant women and the flu are available at:

**ACOG**  
[www.acog.org/patientresources/topic-center/flu.aspx](http://www.acog.org/patientresources/topic-center/flu.aspx)

**AMA**  
[www.ama-assn.org/speical/h1n1](http://www.ama-assn.org/speical/h1n1)

**Society for Maternal-Fetal Medicine**  
[www.sfmfm.org](http://www.sfmfm.org)

October 26, 2009 The American College of Obstetrics and Gynecologists  
 The American Medical Association  
 Society for Maternal-Fetal Medicine

The American College of Obstetrics and Gynecologists



Society for Maternal-Fetal Medicine

## Safety of Flu Vaccines

Some pregnant women are concerned about the safety of the 2009 H1N1 flu and seasonal flu vaccines. Both flu vaccines are safe. Vaccination is one of the most important things that you can do for your self and your baby. Vaccination is safe for you and your baby. Both shots protect your baby from getting the flu. Your baby cannot get the flu shot until 6 months of age. The seasonal flu vaccine has been given safely to millions of pregnant women over the past 45 years. Flu shots have not been shown to cause harm to pregnant women or their babies. The 2009 H1N1 flu vaccine is made the same way as the seasonal flu vaccine. The type of mercury used in some vaccines has not been shown to be harmful to a pregnant woman or her unborn baby. Mercury has not been found to cause autism. However, if you are still concerned, there is an H1N1 shot without mercury (may or may not be available in your area). The risk for a pregnant woman and her unborn baby of getting sick with the flu is far greater than being vaccinated.

If you did not get the flu vaccines during pregnancy, you should still get them even if you are breastfeeding. This will help protect you and your baby from getting the flu.

## Who Should Not Be Vaccinated

There are some people who should not get any flu vaccine without first consulting a physician. These people include:

- people who have a severe allergic reaction to an influenza vaccine
- people who have had a severe reaction to an influenza vaccine
- people who develop Guillain-Barre syndrome previously as a result of getting an influenza vaccine
- children younger than 6 months of age (influenza vaccine is not approved for this age group)
- people who have a medical condition that makes it difficult for them to get vaccinated

# Immunization Tool Kits



## Influenza Immunization During Pregnancy

- August 2012
  - Distributed to 35,000 active Fellows and Jr. Fellows in practice; residency directors
- ## Immunization Resources for Obstetrician-Gynecologists

- May 2013
  - Distributed to 35,000 active Fellows and Jr. Fellows in practice; residency directors
- ## Tdap Immunization

- September 2013
- Distributed to 35,000 active Fellows and Jr. Fellows in practice; residency directors

# Evidence-based Toolkit Mailings with Patient Materials

## Seasonal Influenza (Flu) 2011-2012:

- Flu Vaccine FAQ tear pad for patients
- Physician script for introducing topic to patient
- Vaccine Information Statement
- ACOG clinical guidelines



# Evidence-based Toolkit Mailings with Patient Materials, cont.

## Seasonal Influenza 2012-2013:

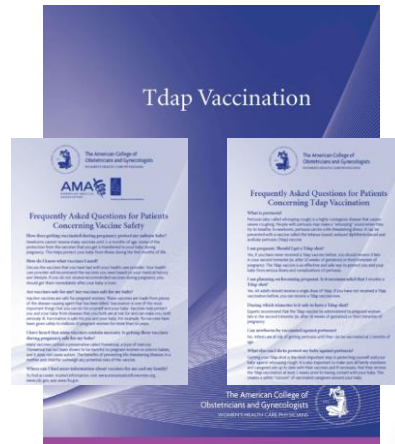
- Flu Vaccine FAQ tear pad for patients
- Vaccine Safety FAQ tear pad for patients
- Physician script for introducing topic to patients
- Vaccine Information Statement
- ACOG clinical guidelines



# Evidence-based Toolkit Mailings with Patient Materials, cont.

## Tdap May 2012:

- Tdap FAQ tear pad for patients
- Vaccine Safety FAQ tear pad for patients
- Physician script for introducing topics to patients
- Vaccine Information Statement
- ACOG clinical guidelines



# Updated Tdap Tool Kit: September 2013

- Distributed to over 35,000 practicing ob-gyns in the US
  - Joint letter from ACOG and Every Child By Two (ECBT)
  - Frequently Asked Questions tear pad for patients
  - Physician Script
  - Laminated coding guide
  - Updated ACOG Tdap Committee Opinion based on new ACIP recs
  - **1<sup>st</sup> to include patient scenarios**
  - ECBT Fact Sheet
  - ECBT Poster
- Tool kit is available electronically on the [Immunization for Women](#) website!



# Evidence-based Toolkit Mailings with Patient Materials, cont.

## Routine Practice Immunization Tool Kit Mailing, Summer 2013:

- Frequently Asked Questions for Patients Concerning Vaccine Safety
- Physician Scripts
- Adult Immunization Record
- Text4Baby Patient Material
- Spanish language Patient Frequently Asked Questions
- ACOG clinical guidelines



# Adult & Pregnancy Immunization Record Card

**Adult Immunization Record**

Vaccine	Type given	Date given	Health care professional or clinic name	Date next dose due	Lot #	Route
Tetanus, toxoids, and pertussis (Td/TdP, Td, or Tdap)						
Hepatitis B						
Hepatitis A*						
Influenza*						

\*For pregnant women, see the separate pregnancy immunization record card.  
 \*For immunization in pregnancy, see the separate pregnancy immunization record card.

Adult Vaccines (continued)							Vaccines indicated in pregnancy						
Vaccine	Type given	Date given	Health care professional or clinic name	Date next dose due	Lot #	Route	Vaccine	Type given	Date given	Health care professional or clinic name	Date next dose due	Lot #	Route
Hepatitis B							Diphtheria, tetanus, and pertussis (Tdap preferred)						
Meningococcal							Hepatitis B*						
Pneumococcal							Hepatitis A*						
Zoster							Meningococcal*						
							Influenza (given annually while in any trimester)						

\*For immunization in pregnancy, see the separate pregnancy immunization record card.

# Patients FAQ Tear Pads

## Endorsed by AMA and Society for Maternal Fetal Medicine

**Frequently Asked Questions for Patients Concerning Vaccine Safety**

**Have I been getting vaccinated during pregnancy or just before my delivery?**  
 Mothers should receive many vaccines prior to or shortly after their pregnancy. The tetanus and diphtheria (Tdap) vaccine is one of the most important vaccines you should get immediately after your pregnancy.

**How do I know what vaccines I need?**  
 Discuss the vaccines that you should get with your obstetrician or midwife. If you do not remember what you got, they can help you figure out what you need.

**Are vaccines safe for me and my baby?**  
 Vaccines are one of the most important ways to protect you and your baby. For example, flu vaccines have been shown to be safe for you and your baby.

**I have heard that some vaccines aren't safe during pregnancy. Is that true?**  
 Yes, some vaccines are not safe during pregnancy. However, the benefits of getting vaccinated during pregnancy often outweigh the risks.

**Where can I find more information?**  
 Visit [www.ama-assn.org](http://www.ama-assn.org) for more information.

**Flu Shot for Pregnant Patients Frequently Asked Questions**

**Is the flu shot safe for me and my baby?**  
 Yes, the flu shot is safe for you and your baby. It is made from inactivated virus particles and does not contain any live virus. It is one of the most important ways to protect you and your baby.

**When should I get the flu shot?**  
 You should get the flu shot during your pregnancy, ideally between the 3rd and 6th months. It is safe to get the flu shot at any time during your pregnancy.

**What are the benefits of getting the flu shot?**  
 Getting the flu shot can help protect you and your baby from the flu. It can also help reduce the risk of complications from the flu, such as pneumonia and hospitalization.

**Are there any risks to getting the flu shot?**  
 The risk of getting the flu shot is very low. The most common side effect is a sore arm at the injection site. Serious side effects are extremely rare.

**How do I know if I have an allergy to any of the ingredients in the flu shot?**  
 Tell your doctor if you have any allergies to eggs, gelatin, or antibiotics. The flu shot is safe for most people, but there are some exceptions.

**Preguntas frecuentes para los pacientes sobre la seguridad de las vacunas**

**¿He estado recibiendo vacunas durante el embarazo o justo antes de mi parto?**  
 Las mujeres deben recibir muchas vacunas antes o durante su embarazo. La vacuna contra el tétanos y la difteria (Tdap) es una de las más importantes que debe recibir inmediatamente después de su embarazo.

**¿Cómo sé qué vacunas necesito?**  
 Discuta con su médico las vacunas que debe recibir. Si no recuerda qué vacunas recibió, puede ayudarlo a averiguarlo.

**¿Las vacunas son seguras para mí y mi bebé?**  
 Las vacunas son una de las formas más importantes de proteger a usted y a su bebé. Por ejemplo, las vacunas contra la gripe han demostrado ser seguras para usted y su bebé.

**He escuchado que algunas vacunas no son seguras durante el embarazo. ¿Es cierto?**  
 Sí, algunas vacunas no son seguras durante el embarazo. Sin embargo, los beneficios de vacunarse durante el embarazo a menudo superan los riesgos.

**¿Dónde puedo encontrar más información?**  
 Visite [www.ama-assn.org](http://www.ama-assn.org) para obtener más información.

**La vacuna contra la gripe para pacientes embarazadas: preguntas frecuentes**

**¿Es segura la vacuna contra la gripe para mí y mi bebé?**  
 Sí, la vacuna contra la gripe es segura para usted y su bebé. Está hecha de partículas inactivadas del virus y no contiene ningún virus vivo. Es una de las formas más importantes de proteger a usted y a su bebé.

**¿Cuándo debo recibir la vacuna contra la gripe?**  
 Debe recibir la vacuna contra la gripe durante su embarazo, idealmente entre el tercer y el sexto mes. Es seguro recibir la vacuna contra la gripe en cualquier momento durante su embarazo.

**¿Cuáles son los beneficios de recibir la vacuna contra la gripe?**  
 Recibir la vacuna contra la gripe puede ayudar a proteger a usted y a su bebé de la gripe. También puede ayudar a reducir el riesgo de complicaciones de la gripe, como la neumonía y la hospitalización.

**¿Hay algún riesgo de recibir la vacuna contra la gripe?**  
 El riesgo de recibir la vacuna contra la gripe es muy bajo. El efecto secundario más común es un dolor en el brazo en el sitio de la inyección. Los efectos secundarios graves son extremadamente raros.

**¿Cómo sé si tengo una alergia a alguno de los ingredientes de la vacuna contra la gripe?**  
 Dígale a su médico si tiene alguna alergia a los huevos, la gelatina o los antibióticos. La vacuna contra la gripe es segura para la mayoría de las personas, pero hay algunas excepciones.

# Text4Baby Materials



**Your baby has you. You have text4baby.**

Text BABY to 511411

**text4baby**

**What is text4baby?** Text4baby makes it easy to get important information - and it's free! If you're pregnant or have a baby under age one, you can sign up for FREE text messages about health and safety from text4baby. You'll receive three text messages each week, timed to your due date or baby's birth date, throughout pregnancy and up until baby's first birthday. You'll get information on labor signs and symptoms, prenatal care, urgent alerts, developmental milestones, immunizations, nutrition, birth defect prevention, safe sleep, safety, and more.

**Text4baby messages are totally free!** Thanks to the support of CTIA - The Wireless Foundation, even if you don't have a texting plan or if you have limited texts per month, you can get these messages at no cost. Participating cell companies: AT&T, Bluegrass Cellular, Boost Mobile, C-Spire, Cincinnati Bell, Cricket, MetroPCS, n-Net, Nextel, Nextel Wireless, Sprint Nextel, T-Mobile, U.S. Cellular, Verizon Wireless, and Virgin Mobile USA.

**Text4baby protects your privacy.** Information collected from you when you sign up is only used to send text messages. We don't sell your information, so you won't get any spam messages or mailings because of text4baby.

Learn more at [www.text4baby.org](http://www.text4baby.org)  
 Follow us on Facebook & Twitter @text4baby  
**Text BABY for BEBE for Spanish to 511411 now!**  
 For more info visit [www.text4baby.org](http://www.text4baby.org) Text 511411 to download messages in 140P for 14P.

**Supporting Your Patients**

**About Text4Baby**  
 Text4Baby is a free service that provides pregnant and postpartum women with important information about their pregnancy and newborn care. The service is available in English and Spanish. Text4Baby is a free service that provides pregnant and postpartum women with important information about their pregnancy and newborn care. The service is available in English and Spanish.

**How to Patients Sign Up**  
 To sign up for Text4Baby, visit [www.text4baby.org](http://www.text4baby.org) or call 1-800-458-5233. You will need to provide your phone number and create a password.

**Text4Baby is the largest national health text messaging service in the U.S., providing free health tips and resources to pregnant women, times to read due dates.**

**Ask your OB/GYN about text4baby.** Get free health tips on your mobile phone, timed to your due date. To sign up, text "BABY" to 511411 (Sponsored by CTIA).

**text4baby**

# Text4baby Ob-Gyn customized flyer

## Evidence-based

- Individual patient immunization text messaging based on their response why they didn't get immunized
- Highlights efficacy of Text4baby to increase immunization rates based on 2011-12 flu data

## For Ob-gyns and Patients

**text4baby** Supporting Your Patients  
text4baby.org

This influenza season encourage your patients to enroll in text4baby. This free service, endorsed by the College, encourages women to make healthy lifestyle choices during pregnancy and postpartum. Text4baby provides multiple resources for your patients to ask you for the flu shot, as well as encourage family members to get the flu shot.

A study conducted by the National Cancer Research Center at California State University, San Marcos and the University of California San Diego Center for Prevention of Disease and Health Promotion concluded that text4baby is increasing your health knowledge, fostering interaction with health providers, increasing adherence to appointments and immunizations, and strengthening patient health services. Their findings included:

- 87% of respondents reported that text4baby helped them remember an appointment or immunization.
- 80.8% reported that text4baby helped them understand the importance of immunization.
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**Helping Your Job Enter**  
Text4baby supports you as a physician by providing accurate health information to your patients in a format they know and use – texting. Clear the clutter by being able to discuss more health topics, available in an convenient format to enhance the patient observation process. The American College of Obstetricians and Gynecologists is a key content reviewer of the program's text messages.

Text4baby has helped over 200,000 women in the U.S. care for their own health and get their babies off to a healthy start in life. It can also be used help in a busy obstetrical office, as a better informed patient is good for your practice. Text4baby is a free, reliable resource, and we are proud to be a part of the innovative program.

—James M. Martin, MD, Immediate Past President  
The American College of Obstetricians and Gynecologists

**How do patients sign up?**  
Patients sign up by texting 4BABY or 8882 to 824663. They can cancel the service at any time.

**About Text4baby**  
-Sends three text messages each week with relevant health information through pregnancy and baby's first year.  
-Standard text messages fees have been waived so even moms without text plans can get these messages for free.  
-Messages are limited to mom's due date or baby's birthday, so information is directly relevant.

For more information about text4baby, visit [www.text4baby.org](http://www.text4baby.org)



# HPV Vaccination Patient Resources

**The American College of Obstetricians and Gynecologists**  
WOMEN'S HEALTH CARE PHYSICIANS

## Frequently Asked Questions for Patients Concerning HPV Vaccination

**What is HPV?**  
Human papillomavirus (HPV) is a group of more than 100 different viruses. Some types of HPV are primarily sexually transmitted. One person can spread HPV to another person by genital-genital contact, oral-genital contact, or sexual intercourse. The oral, anal, or genital areas of men and women can become infected. Human papillomavirus types 6 and 11 cause 90% of genital warts. However, 13 additional serious types of HPV have been shown to cause cervical cancer. Of these, HPV types 16 and 18 cause about 70% of all cases of cervical cancer.

**Will I know if I have HPV?**  
Genital warts are a sign of HPV infection. However, an infection of the cervix usually has no symptoms. With no symptoms, an infected person can spread HPV to another person without knowing.

**How long do HPV infections last?**  
The immune system fights most HPV infections and clears them from the body in a few years. Infections that are not cleared from the body are called persistent infections. They may cause precancerous cells and cancer.

**Do all women with HPV infection get cervical cancer?**  
No. In most women, HPV infections are cleared from the body in a few years. For women with persistent infections, regular screening is done with Pap tests. The Pap test looks for cells in the cervix that could be precancerous. This early detection and treatment of precancerous cells can prevent cervical cancer deaths.

**What HPV vaccines are currently available?**  
There are two types of HPV vaccines: bivalent and quadrivalent. The bivalent HPV vaccine is indicated to prevent cervical cancer and cervical intraepithelial neoplasia caused by HPV types 16 and 18. The quadrivalent HPV vaccine is indicated to prevent cancer and intraepithelial neoplasia and genital warts associated with HPV types 6, 11, 16, and 18.

**Who should get vaccinated?**  
Human papillomavirus vaccination is recommended for girls and boys aged 9 years or 12 years. However, the vaccine can be given to children as young as age 9 years. Those who were not vaccinated at the target age can be vaccinated from ages 13 years to 26 years.

(see reverse)

**The American College of Obstetricians and Gynecologists**  
WOMEN'S HEALTH CARE PHYSICIANS

## Physician Script Concerning HPV Vaccination

Human papillomavirus (HPV) vaccination is recommended for all female and male patients aged 9-26 years with a target age for vaccination at age 9 years to 12 years. Two HPV vaccines are currently available. These vaccines are bivalent, which is approved for use in girls and protects against HPV types 16 and 18 (the most common cause of cervical cancer) and quadrivalent, which is approved for use in boys and girls and protects against HPV types 6 and 11 as well as HPV types 16 and 18 (associated with genital warts).

The vaccines are highly effective and produce a robust immune response and persistent immune memory. Studies of both HPV vaccines have shown that among participants who had not been exposed to the vaccine genotypes, the vaccines are nearly 90% effective in preventing cervical intraepithelial neoplasia (CIN 2+) related to the HPV types 16 and 18. The quadrivalent vaccine has also shown to be nearly 90% effective in preventing genital and vulva intraepithelial neoplasia and genital warts caused by HPV genotypes 6 and 11. These vaccines can prevent significant amounts of serious health problems when given to a patient who has not been exposed to HPV because 70% of cervical cancer is associated with HPV types 16 and 18 and 90% of genital warts are associated with HPV types 6 and 11. Included in the quadrivalent vaccine, in the United States, cervical cancer is the seventh leading cause of mortality among women, and there are approximately 1 million cases of precancerous cells or lesions and 360,000 cases of genital warts each year.

The vaccines are not recommended during pregnancy. If inadvertently administered during pregnancy, HPV vaccination has not shown to be harmful. It is safe to administer postpartum, during breastfeeding, and to family members. Pregnancy testing is not required prior to vaccination.

It is required by law for you to give your patients a Vaccine Information Statement upon receiving an immunization. Vaccine Information Statement forms can be found in multiple languages at [www.immunize.org/vis](http://www.immunize.org/vis).

Multiple studies show that the most effective way to increase your patients' vaccination acceptance rate is for you to directly recommend and provide the vaccine. Talk to your patients or their parents about HPV vaccination today. Here is a script for your consideration when talking to a parent with a child in the target age range or age-eligible female:

"I strongly recommend human papillomavirus vaccination to all of my patients who are 9- to 26 years-old. I also recommend it to my patients who have children or grandchildren in that age range. Vaccination reduces the chances of cervical, vaginal, vulvar, anal, and oral cancer in females and penile, anal, and oral cancer in males. It also reduces the number of abnormal Pap test results, which saves women from having examinations they do not need. Human papillomavirus is extremely common—80% of people are exposed to the virus during their lifetime. Even having only one lifetime partner can expose you to the virus and put you at risk. This is why prevention is so important. Both HPV vaccines are safe and effective. I recommend vaccination at age 9 years to 12 years if that doesn't happen, I recommend 'catch-up' vaccination for up to age 26 years."

**RESOURCES**  
The American College of Obstetricians and Gynecologists  
Human papillomavirus vaccination, Committee Opinion No. 588. American College of Obstetricians and Gynecologists. Obstet Gynecol 2012;120(2):418-9.  
Center for Disease Control and Prevention  
[cdc.gov/vaccines/imz/immun/HPV/index.html](http://cdc.gov/vaccines/imz/immun/HPV/index.html)

# Ob-gyns' Response to Tool-kits

- Numerous requests for FAQs for patients
- Depleted ACOG inventory
- Prompted ob-gyns to institute immunization practices
- For example, following Tdap toolkit, an ob-gyn practice requested 200 Tdap packets per month to begin Tdap vaccine program and put in “new ob patient pack” as part of routine practice for all new ob patients
- Resources/toolkits have greatest hits on Immunization for Women website after toolkit distribution and promotion
- High demand for Vaccine Safety FAQs and Influenza Vaccination FAQs

# New On-line FAQs for Ob-Gyns

## Tdap and HPV

- Tdap and HPV FAQs for ob-gyns on website
- Most common patient clinical cases and questions
- Based on new CDC and ACOG guidance to assist ob-gyns in implementing and interpreting new ACIP recs and increase vaccination rates

## On-line MD FAQs

### FAQs for Ob-Gyns: Tdap (Tetanus, Diphtheria and Acellular Pertussis)

#### Need

#### What is the Tdap vaccine?

Tdap is a combination vaccine that protects against 3 separate pathogens in a single injection. The Td components provide protection against tetanus and diphtheria infections and the ac component provides protection against pertussis infection. There is no live vaccine component so it is safe to give during pregnancy. This vaccine has been recommended since 2005 for adolescents and adults. The College's Committee Opinion on Tdap Vaccination During Pregnancy was released March 2012.

#### Has Tdap vaccine been given to pregnant and postpartum women before and why?

Since 2005 a dose of Tdap vaccine has been recommended for any previously unvaccinated postpartum women and all household members who come into contact with newborns to protect newborns from neonatal pertussis (“whooping cough”), a serious and potentially fatal disease that continues to affect infants in the US. This approach, which also protects the mother herself, has been referred to as “cocooning,” since it provides a protective “cocoon” around the newborn by preventing pertussis in mothers and other household members, who, it has been shown, are the individuals most likely to transmit this infection to the baby.

Pregnancy was never considered a contraindication for Tdap. In special situations, such as maternal exposure to pertussis during pregnancy and outbreak situations, many pregnant women received Tdap under these circumstances.

#### Why is it now necessary to vaccinate pregnant women?

Cocooning programs have proven difficult to implement, and infant pertussis continues to cause morbidity and mortality. Even with previous maternal vaccination, the most significant challenge of cocooning is the obstacle represented by unimmunized family members, which leaves the neonate vulnerable to infection.

In June 2011, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention reviewed the available data regarding the impact of infant pertussis, the barriers to implementation and effectiveness of cocooning programs, the safety of Tdap vaccine given to pregnant women, the potential benefits of transplacental antibody from mother to fetus to provide direct passive protection to the neonate, and the cost effectiveness of maternal immunization. (Eliminating pregnant women for the benefit of themselves and their fetus/newborn) and updated the recommendation. **The revised and current recommendation is that all pregnant women who have not yet received a dose of Tdap should be given Tdap, regardless of the interval since the last tetanus toxoid-containing booster. Tdap should be administered prenatally, preferably in the late 2nd trimester (after 20 weeks) of gestation, or during the 3rd trimester.**

# ACOG Immunization App

## Smartphone App

- Apple and Android
- Launched 2013
- Free for public
- Interactive Applet in ACOG's App
- Patient profile
- FAQs, resources, alerts
- 14,500 downloads as of March 2014



## ACOG App & Immunization Applet



# Social Media

- Webinars
  - --Joint with ASTHO and AIM
  - --SHD Linkages
  - --Pregnancy and Flu
  - --Adult Vaccines
- Twitter chats
  - --HPV
  - --Flu
  - --Adult Vaccines Nov. 2012
    - 280,000 Followers
    - 548,000 Impressions
- Facebook

## Program Evaluation

- PRAMS data in 29 states in 2009-10 found influenza/H1N1 immunization rates for pregnant women increased from 15% to 47%/40%.\*
- 50% Rate maintained in 2010-11, 2011-12 flu seasons\*\*†
- 63% of pregnant women received a provider recommendation for influenza vaccination in 2011-12 flu season‡
- 51% of pregnant women were immunized for influenza during the 2012-2013 flu season§

\*CDC. Influenza Vaccination Coverage Among Pregnant Women—29 States and New York City, 2009-10 Season. MMWR 2012;61:113-118

\*\*CDC. Influenza vaccine Coverage Among Pregnant Women—US—2010-2011 Influenza Season. MMWR 2011; 60: 1078-1082

†<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6138a2.htm>

‡MMWR September 28, 2012;61(8):758-763

§[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6238a3.htm?s\\_cid=mm6238a3\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6238a3.htm?s_cid=mm6238a3_e)

## Immunization Activity Evaluation

- Pre-Survey to Fellows
  - National randomized survey January 2013 to help determine:
    - If practices are receiving and reviewing ACOG immunization materials
    - How many practices offer flu/Tdap
    - Usefulness of ACOG materials
    - What are the barriers to immunization?
- Post-Survey to Fellows
  - After mailing
    - Did you receive the mailing?
    - Did it meet your expectations?
    - Did it provide useful materials to increase vaccination at your practice?
    - What can we do moving forward?

## Focus Group: ACM May 2012

Received feedback on print mailings from focus group of ACOG members

- How many provide patient education around immunization? 100%
- How many provide printed material to your patients on immunization? 100%
- How many remember receiving either of the two immunization educational materials' mailings? 86%
- Would you use these materials in your practice?  
Yes 100%

## Focus Groups ACM May 2013

Through these focus groups ACOG explored the type of materials members wanted and the usefulness of recent ACOG initiatives

### Immunizers

- 25% of respondents want printed materials for themselves.
- 75% of respondents want printed materials for their patients.
- 75 % of respondents are familiar with the ACOG's immunization toolkits.
- 50% of respondents have read the materials in the toolkits.
- General Consensus: printed materials are useful for patients but not for providers. Providers want access online and the option to print off-line if they want.

### Non-Immunizers

- 100% of participants remember getting the immunization toolkits;
- 2/3 of participants read the tool kits
- Participants have found that the toolkits are simple to follow, and easy for their patient population to read.
- Participants do not like that they have to pay for additional materials (tear pads etc).
- 100% of respondents would like to have staff training around immunization, and have it tied into SCOPE certification. The suggestion was made that this training could be offered as a webinar.

# ACOG'S Immunization Dept Contact Information

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