



VACCINATION REQUIRES COLLABORATION

DR. VIVIEN BROWN MDCM, CCFP, FCFP, NCMP / DR. CHRISTINE PALMAY, MD, CFPCC

“Alone, we can do so little; together, we can do so much.”

– Helen Keller

OVER THE LAST YEAR WE DISCUSSED VARIOUS ASPECTS OF VACCINATION AND HPV. This included looking at the issues of HPV vaccination during the time of COVID-19, reviewing local challenges and the global mandate from WHO on the need to eliminate cervical cancer, the impact of HPV on males, and the impact of vaccine hesitancy, which continues to be part of the vaccine discussion globally.

Our last newsletter was aimed at the partnership with pharmacists and the role of shared care and shared responsibility. This theme of collaboration continues today as we want to engage other partners, including nurses, nurse practitioners, and parents. Furthermore, the sphere of vaccine engagement calls upon the participation of public health, industry, business and government. Our aim is to have everyone at the table. Collaboration with a unifying message, a unified goal and a clear and valued outcome, suggests we will have optimal uptake of HPV vaccine as we move forward.

LET'S LOOK AT NURSES AND THE SCHOOL PROGRAMS AS AN EXAMPLE OF COLLABORATION.

In the article [Engaging Parents and Schools Improves Uptake of the Human Papillomavirus \(HPV\) Vaccine: Examining the Role of the Public Health Nurse^{\(1\)}](#), the authors found that efforts to follow up with parents both for original consent and for follow up when a first dose was missed, had a significant benefit on vaccine uptake. Parental satisfaction was significantly associated with the amount, and quality of information received. When parents had questions or concerns, having a nurse practitioner assigned to the school improved completion of the vaccine series. Interestingly, having a parent led committee on HPV, and an HPV information session for parents had little impact. Resending the consent letter and a reminder letter also were not as impactful as that one on one discussion. Building a trusted relationship is when a true understanding of the issues emerged, and what resulted in improved uptake.

Additionally, this article highlights the value of collaboration between the school and the public health nurse. Education around HPV for the teachers and school officials was beneficial as the teachers play a key role in promotion of the vaccine.

What can we Do?

1. We need to stay on course, educate the patients and parents we see and consider amplifying the public health message by following up with the students in our practice or pharmacy. Has every child received all doses of their school based vaccines? Given the school closures, there are lots of people who may have been overlooked or inadvertently missed and we should be playing our role in identifying these patients and creating opportunities to help Public Health. We could be proactively calling in this age group or doing a chart review to be certain our students are up to date.
2. In our communities, we should consider offering options for teachers to have further education around HPV. How can we be proactive? Every community is different, but as primary health providers, we can certainly help increase awareness in our own offices, pharmacies, hospitals and if possible, schools or community centers. And as we see teachers as patients, let's spend the few moments to educate about HPV vaccine to those teachers who will be educating others. The role of the nurse, practitioner and pharmacist to advocate and collaborate with other providers has never been greater. This is not only a role, but also, a responsibility.⁽²⁾

Around the Globe

We feel it is appropriate to deliver a moment of homage to the women of Afghanistan. We, as a global community, have a duty to address human violations and specifically, women's rights. The Canadian Red Cross has established a fund to support Afghanistan:

<https://www.redcross.ca/how-we-help/international-programs/international-development/asia/afghanistan>

Resource of the month:
Kids Boost Immunity Resource Kit for HCPs

Back In Time

In ancient Greece, olive oil mixed with cedar oil was used as a spermicide. Women discovered early on that olive oil decreased sperm's mobility, giving the woman time after sex to wash out her husband's or customer's ejaculation.

1. N.W Whelan et al, Engaging parents and schools improves the uptake of the HPV vaccine: Examining the role of the Public Health Nurse, <http://dx.doi.org/10.1016/j.vaccine.2014.06.026>

2. Scott K. and Batty ML, HPV Vaccine Uptake among Canadian Youth and the Role of the Nurse Practitioner, J. Community Health (2016) 41:197-205* PharmD for Practicing Pharmacists | Pharmacy (ualberta.ca)



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Clinic of the Month

Huron-Perth Public Health Unit and School Based Programs

Huron Office: 77722B London Road, RR #5, Clinton, Ontario, N0M 1L0

Perth Office: 653 West Gore St., Stratford ON, N5A 1L4

Phone 1-888-221-2133

Contact by email

<https://www.hpph.ca/en/health-matters/immunization-in-schools.aspx>

THE HURON PERTH PUBLIC HEALTH UNIT HAS IMPLEMENTED A MULTI-PRONGED STRATEGY STARTING IN THE SUMMER OF 2020 TO EFFICIENTLY CATCH-UP ON THE IMMUNIZATION OF CHILDREN SECONDARY TO SCHOOL CLOSURES. These strategies have included the following:

- **The use of mass immunization clinics (MIC) to deliver catch-up vaccines to eligible students.** Panorama reports allowed the identification of students, and a temporary online booking system was used to book patients at clinics.
- **Mail outs to families, as well as social media through the school board allowed for promotion of the clinics.**
- **Clear messaging to school boards, parents and students on catch-up programs through the Huron Perth Public Health website.** This included messaging that delaying the second dose of school-based vaccines (HepB or HPV-9) does not require restarting the immunization series.
- **Partnerships with primary care providers to assist with the provision of catch-up doses of school-based vaccines.** The absence of a centralized, integrated system for viewing, recording and reporting immunizations for both primary care and public health has however been identified as a challenge.
- **Partnerships with school boards to facilitate the organization of catch-up programs in schools starting in Fall 2021.**

HPV Prevention Week

A NATIONAL WEEK IN CANADA DEDICATED TO EDUCATION AND AWARENESS IS HELD THE FIRST WEEK OF OCTOBER EVERY YEAR SINCE 2017. Supported and created by the Federation of Medical Women of Canada, our Facebook live event is Thursday, Oct 7th at noon and is designed to promote and teach about HPV, now a vaccine preventable cancer.

LEARN ABOUT EVENTS FOR HPV PREVENTION WEEK.

As members of Cancer Won't Wait, we lead the vaccine charge, recommending and advocating daily. We are excited by the many allied health professionals who are not only competent at vaccination but often committed and dedicated to prevention.

Let's meet, let's look at opportunities and let's work together to increase our numbers and eliminate HPV related cancers because as we know - Cancer Won't Wait.

Hot off the press!

"In addition to the school-based programs, in most jurisdictions, individuals who missed the full course while at school remained eligible for a certain period of time to receive publicly funded HPV vaccine. Research has shown that providing opportunities to receive missed doses in schools through catch-up programs is important in optimizing coverage"

<https://www.sciencedirect.com/science/article/pii/S0264410X2101077X?via%3Dihub>

To join the movement,
click here.

We look forward to hearing from you.

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