King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda

Board of Health

Metropolitan King County Councilmembers: Rod Dembowski, Chair;
Kathy Lambert, Vice Chair; Joe McDermott
Alternate: Jeanne Kohl-Welles

Seattle City Councilmembers: Sally Bagshaw, Vice Chair; Lorena González, Debora Juarez
Alternate: Bruce Harrell

Sound Cities Association Members: David Baker, Vice Chair; Largo Wales
Alternates: Susan Honda, Shelley Kloba

Health Professionals: Ben Danielson, MD; Bill Daniell, MD
Non-Voting: Christopher Delecki, DDS,MBA,MPH, Vice Chair

Director, Seattle-King County Department of Public Health: Patty Hayes
Staff: Maria Wood, Board Administrator (206-263-8791)

1:30 PM **Thursday, September 15, 2016** **Room 1001**

To show a PDF of the written materials for an agenda item, click on the agenda item below.

1. **Call to Order**

2. **Roll Call**

3. **Announcement of Any Alternates Serving in Place of Regular Members**

4. **Approval of Minutes of July 21, 2016** **pg 5**

5. **Public Comments**

6. **Director's Report**

Sign language and communication material in alternate formats can be arranged given sufficient notice (296-1000).
TDD Number 296-1024.
ASSISTIVE LISTENING DEVICES AVAILABLE IN THE COUNCIL CHAMBERS.

Discussion and Possible Action

7. Resolution No. 16-08 pg 9

A RESOLUTION encouraging efforts to protect individuals within King County from human papillomavirus-associated cancers and other conditions by improving human papillomavirus vaccination rates and increasing knowledge and acceptance of human papillomavirus vaccines among parents and adolescents.

Briefings

8. BOH Briefing No. 16-B15 pg 13

Human Papillomavirus (HPV) Prevention in King County

Human Papillomavirus (HPV) Prevention in King County
Libby Page, MPH, Communicable Disease, Epidemiology and Immunization Program, Public Health – Seattle & King County
David Baure, MN, RN, Communicable Disease, Epidemiology and Immunization Program, Public Health – Seattle & King County
Theresa Tamura, Group Health Foundation Executive Director, Philanthropy & Community Engagement
Claire Furtick, HPV Champion, Nathan Hale High School
Paul Tamura, HPV Champion, Nathan Hale High School

9. BOH Briefing No. 16-B16 pg 19

King County Health Profile with a Focus on Health Disparities

Jeff Duchin, MD, Health Officer, Public Health – Seattle & King County

10. Chair's Report

11. Board Member Updates

12. Administrator's Report

13. Other Business

Adjournment

If you have questions or need additional information about this agenda, please call 206-263-8791, or write to Maria Wood, Board of Health Administrator via email at maria.wood@kingcounty.gov

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Meeting Minutes

Board of Health

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Staff: Maria Wood, Board Administrator (206-263-8791)

1:30 PM **Thursday, July 21, 2016** **Room 1001**

DRAFT MINUTES

1. Call to Order

The meeting was called to order at 1:36 p.m.
The meeting recessed at 1:44 p.m.
The meeting reconvened at 1:45 p.m.

2. Roll Call

Present: 9 - Ms. Bagshaw, Mr. Baker, Dr. Daniell, Mr. Dembowski, Ms. Juarez, Ms. Lambert, Mr. McDermott, Ms. Wales and Dr. Delecki

Excused: 2 - Dr. Danielson and Ms. Gonzalez

3. Announcement of Any Alternates Serving in Place of Regular Members

Boardmember Delecki served in place of Boardmember Danielson. Boardmember Kohl-Welles was also in attendance.

4. Approval of Minutes of June 16, 2016

Boardmember Delecki moved to approve the minutes of the June 16, 2016 meeting as presented. Seeing no objection, the Chair so ordered.

5. Public Comments

The following people spoke:
Alex Tsimerman
Steven Gilbert
Emily Parzybok
Todd Schoonover
Queen Pearl

6. Director's Report

Cyndi Schaeffer, Chief of Staff, Public Health - Seattle and King County, provided a Zika update, a Salmonella update, and alerted the Board to meeting handouts from Dr. Jeff Duchin regarding gun violence.

Discussion and Possible Action

7. Resolution No. 16-07

A RESOLUTION calling for meaningful actions to address lead poisoning and support for efforts to eliminate lead poisoning in King County.

Mari Isaacson, Legal Counsel, answered questions of the Board.

A motion was made by Delecki that this Resolution be Passed as Amended. The motion carried by the following vote:

Yes: 9 - Ms. Bagshaw, Dr. Daniell, Mr. Dembowski, Ms. Juarez, Ms. Lambert, Ms. Wales and Dr. Delecki

Excused: 5 - Mr. Baker, Dr. Danielson, Ms. Gonzalez and Mr. McDermott

Briefings

8. BOH Briefing No. 16-B13

Preventing Lead Poisoning in King County

Nicole Thomsen, Environmental Public Health Planner and Steve Whittaker, PhD, Public Health Researcher, both of Environmental Health Services, Public Health - Seattle and King County, briefed the Board on preventing lead poisoning in King County.

This matter was Presented

9. BOH Briefing No. 16-B14

Gun Violence Prevention Program and Public Health Approaches to Firearm Suicide Prevention

Laura Hitchcock, JD, Program Manager, Gun Violence Prevention Program, Public Health- Seattle & King County; Chief Carol Cummings, Bothell Police Department; and Jennifer Stuber, PhD, Associate Professor, UW School of Social Work; Executive Director, Forefront: Innovations in Suicide Prevention briefed the Board on the Gun Violence Prevention Program.

This matter was Presented

10. Chair's Report

The Chair announced that the August Board of Health meeting is cancelled and that Public Health has withdrawn the fee proposal related to on-site septic system management that was discussed at the June 16, 2016 meeting.

11. Board Member Updates

There were no Board Member updates.

12. Administrator's Report

Maria Wood, Board Administrator, reported that secure medicine return plan implementation is making good progress and full implementation will occur by the end of the year. New drop boxes will be installed in law enforcement and pharmaceutical locations throughout the county.

13. Other Business

Adjournment

The meeting adjourned at 3:38 p.m.

If you have questions or need additional information about this agenda, please call 206-263-8791, or write to Maria Wood, Board of Health Administrator via email at maria.wood@kingcounty.gov

Approved this _____ day of _____.

_____

Clerk's Signature

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1200 King County Courthouse
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KING COUNTY

Signature Report

September 8, 2016

Resolution

Proposed No. 16-08.1 **Sponsors**

A RESOLUTION encouraging efforts to protect individuals within King County from human papillomavirus-associated cancers and other conditions by improving human papillomavirus vaccination rates and increasing knowledge and acceptance of human papillomavirus vaccines among parents and adolescents.

WHEREAS, according to the Centers for Disease Control and Prevention, nearly eighty million Americans, which is one in four, are currently infected with at least one type of human papillomavirus, and

WHEREAS, the Centers for Disease Control and Prevention estimates that human papillomavirus infections are responsible for an estimated thirty thousand seven hundred new cancer cases each year in the United States, and

WHEREAS, human papillomavirus is thought to be responsible for more than ninety percent of anal and cervical cancers, about seventy percent of vaginal and vulvar cancers and more than sixty percent of penile cancers, and

WHEREAS, the incidence of noncervical cancers associated with human papillomavirus is increasing, and

WHEREAS, in Washington state, the overall annual rate of all human papillomavirus-associated cancers is 11.2 per one hundred thousand persons, which

equates to an average of two hundred thirty human papillomavirus-associated cancers diagnosed in King County annually, and

WHEREAS, in King County, American Indian/Alaska Native and Hispanic women have the highest rates of cervical cancer, followed by black, Asian/Pacific Islander and white women, and

WHEREAS, human papillomavirus vaccines are recommended by the United States Advisory Committee on Immunization Practices for males and females ages eleven to twelve, with "catch-up" doses for females up to age twenty-six and for males up to age twenty-one who were not vaccinated earlier in adolescence, and

WHEREAS, the United States Advisory Committee on Immunization Practices also recommends human papillomavirus vaccination for men age twenty-two through twenty-six years who have sex with men or who are immunocompromised, and

WHEREAS, more than seven years of vaccine safety monitoring by the Centers for Disease Control and Prevention and the Food and Drug Administration provide continued evidence of the safety of human papillomavirus vaccines, and

WHEREAS, according to the Centers for Disease Control and Prevention, progress in the United States toward achievement of the Healthy People 2020 goal of eighty percent human papillomavirus vaccination coverage among thirteen- to fifteen-year-olds has stagnated, resulting in ongoing vulnerability to human papillomavirus-related morbidity and mortality, and

WHEREAS, Washington state Immunization Information System data indicate that local human papillomavirus vaccination coverage levels continue to be inadequate with only thirty-eight percent of thirteen-to-seventeen-year-old girls and twenty-six

percent of thirteen-to-seventeen-year-old boys in King County completing the three-dose human papillomavirus vaccine series, and

WHEREAS, according to the Centers for Disease Control and Prevention, missed clinical opportunities are the most important reason why the United States has not achieved high rates of human papillomavirus vaccine uptake, and

WHEREAS, parents' knowledge, attitudes and beliefs affect whether their children receive vaccines, and

WHEREAS, the Centers for Disease Control and Prevention and the President's Cancer Panel have identified improving uptake of human papillomavirus vaccines as a public health priority to reduce cancer in the United States;

NOW, THEREFORE, BE IT RESOLVED by the Board of Health of King County:

A. The Board of Health supports efforts by Public Health - Seattle & King County to establish a learning collaborative where key stakeholders will engage in quality improvement processes to better understand the barriers that contribute to suboptimal adolescent coverage of the human papillomavirus vaccine, as well as other vaccines, implement process change interventions, conduct an evaluation, disseminate best practices, work to understand disproportionality in vaccination rates across communities and specifically target communication and interventions to communities that have experienced disproportionately lower rates of vaccination;

B. The Board of Health encourages health care providers to take advantage of all appropriate clinical opportunities to strongly recommend the human papillomavirus

vaccine to adolescent patients so as to prevent human papillomavirus-related diseases in the future; and

C. The Board of Health endorses coordinated communication campaigns to educate parents about the long-term risks associated with human papillomavirus infection and to accurately convey the benefits of human papillomavirus vaccine.

BOARD OF HEALTH
KING COUNTY, WASHINGTON

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Rod Dembowski, Chair

ATTEST:

_____

Anne Noris, Clerk of the Board

Attachments: None

King County

King County Board of Health

Staff Report

Agenda item No: 8 | Date: September 15, 2016
BOH Briefing No: 16-B15 | Prepared by: Libby Charhon Page

Subject

A RESOLUTION encouraging efforts to protect individuals within King County from human papillomavirus-associated cancers and other conditions by improving human papillomavirus vaccination rates and increasing knowledge and acceptance of HPV vaccines among parents and adolescents.

Summary

- Nearly 80 million Americans (one in four) are currently infected with at least one type of HPV, a group of viruses linked to cervical cancers, as well as some vulvar, vaginal, penile, oropharyngeal, anal and rectal cancers.

- HPV infections are responsible for an estimated 30,700 new cancer cases each year in the United States and incidence rates of some non-cervical HPV-associated cancers are increasing.

- In Washington State, the overall annual rate of all HPV-associated cancers is 11.2 per 100,000 persons. In King County, this equates to an average of 230 HPV-associated cancers diagnosed annually (based on population size 2 million).

- According to the Washington State Cancer Registry, in King County, over 80% of new cervical cases are among women 25 to 44 years of age, and morbidity and mortality vary by race and ethnicity. Vaccines that offer protection against HPV infection are licensed and routinely recommended specifically for females and males. Despite the availability of safe and effective HPV vaccines, vaccination coverage levels continue to be inadequate.

- Multiple factors affect HPV vaccination compliance, including the roles of health care providers, parents and adolescents.

Background

Human papillomavirus is the most common sexually transmitted virus in the United States with over 14 million new infections each year. Studies of newly acquired HPV infection demonstrate that infection occurs soon after onset of sexual activity, and is common among adolescents and

young adults. Most HPV types do not cause clinical disease and resolve on their own, however a few dangerous strains of the virus cause almost all cervical cancers and many vaginal, anal, penile, and mouth and throat cancers. A recent study estimates that over 30,000 cancers per year are attributable to HPV among both females and males and the American Cancer Society estimates that 4,120 women will die of cervical cancer this year.

In King County, Hispanic women have the highest rates of cervical cancer, followed by black, Asian, and white women. Very few American Indian and Alaska Native women were diagnosed with invasive cervical cancer between 2007 and 2011 and rates for these groups can fluctuate considerably. Nationally, black women are more likely to die of cervical cancer than any other racial/ethnic group, followed by Hispanic, white, Asian/Pacific Islander, and American Indian/Alaska Native women.

Fortunately, many of these cancers are preventable by the HPV vaccine. The U.S. Advisory Committee on Immunization Practices (ACIP) first recommended HPV vaccine for adolescent girls in mid-2006 and added a similar recommendation for adolescent boys in 2011. This recommendation has been endorsed by the National Foundation for Infectious Disease, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Cancer Society, the American College of Obstetricians and Gynecologists, the American Dental Association, the American Pharmacists Association, the American Society of Clinical Oncology, the American Association for Cancer Research, the Society for Adolescent Health and Medicine, and many other professional societies and organizations. Vaccination is also recommended for men age 22 through 26 years who have sex with men or who are immunocompromised.

The track record for HPV vaccines is highly encouraging: A recent study comparing the rates of HPV infection in women found that in the years since the vaccine was first introduced (2009-2012), HPV prevalence has decreased by 64% among women ages 14 to 19 years. Furthermore, vaccine safety reviews have consistently demonstrated an excellent safety profile with over 79 million doses distributed in the U.S.

Despite the demonstrated benefits, safety, and efficacy of the vaccine, progress in both King County and the U.S. toward achieving the Healthy People 2020 goal of 80% HPV vaccination coverage among 13- to 15-year-old girls has stagnated, resulting in ongoing vulnerability to HPV-related morbidity and mortality. Data from the 2015 National Immunization Survey (NIS) indicate that, in Washington State, approximately 45% of teen girls and 28% of teen boys 13-17 years of age have completed the three-dose HPV vaccine series. Based on records in the Washington Immunization Information System, vaccination coverage levels among King County teens are comparable to state levels: 38% of girls and 26% of boys age 13-17 years completed the HPV vaccine series by the end of 2015.

Barriers to vaccination

Missed clinic opportunities

While there are several obstacles to achieving optimal vaccination coverage rates in the U.S., according to a recent report from the Centers for Disease Control and Prevention (CDC), missed clinical opportunities are the most important reason why the U.S. has not achieved high rates of

HPV vaccine uptake. Researchers have observed low preventive-care utilization among adolescents compared to other age groups, with notable differences in visit patterns according to age, gender and insurance status. A large survey of almost 24,000 adolescents observed an average of five missed opportunities to vaccinate occurred for each adolescent who was eligible to receive an immunization and had contact with the healthcare system.

The latest NIS found that the percentage of unvaccinated girls at age 13 years with at least one missed opportunity for HPV vaccination ranged from 9.3% for teens born in 1994 to 83.7% for teens born in 2000. In fact, if all missed opportunities for HPV vaccination had been eliminated for the girls born in 2000, vaccination coverage with ≥1 dose of HPV vaccine could have reached 91.3% by age 13 years, a 44.5% increase from the actual coverage level.

Compared with their insured counterparts, uninsured adolescents were five times as likely to lack a usual source of care, four times as likely to have unmet health needs, and twice as likely to go without a physician contact during the course of a year in an analysis of over 14,000 adolescents included in the 1995 National Health Interview Survey. Recognizing that several characteristics of service delivery affect vaccine initiation and completion, the 2013 President's Cancer Panel supports promoting and facilitating HPV vaccination in complementary venues where adolescents receive health care, including School-Based Health Centers and Urgent Care Clinics.

Strength of provider's recommendation

Health care providers play a critical role in HPV vaccine initiation and completion, and a provider's recommendation is the strongest and most consistent predictor of vaccination. Moreover, the strength of the recommendation plays a significant role in the decision to be vaccinated, with some studies indicating a four-fold greater likelihood of vaccination from a strong recommendation versus one that was not strong. Despite evidence suggesting that they are highly influential, however, health care providers often fail to recommend the vaccine according to ACIP guidelines. Surveys of health care providers suggest that providers' perceptions of parent concern and a desire to avoid uncomfortable conversations about the HPV vaccine's association with sexual activity may discourage them from routinely recommending the vaccine. Improving health care providers' self-efficacy to address hesitancy is likely to be important for improving vaccination rates.

The strong link between a health care provider's recommendation and uptake of HPV vaccine is well documented, yet a survey of health care providers in Minnesota found that 76% of providers routinely recommend HPV vaccination for 11-12 year old girls and only 46% do so for boys. Furthermore, most respondents also agreed that they prefer to offer HPV vaccine as an optional vaccine for girls (62%) or for boys (69%) ages 11-12. Targeted efforts should support providers in delivering a strong, clear, routine recommendation for HPV vaccine. Studies have shown that when a provider makes a strong and clear recommendation as part of a routine assessment of vaccine completion, compliance is 4-5 times greater.

Parental attitude

Another key factor influencing HPV vaccine coverage levels is the extent to which parents accept HPV vaccine for their children. While parents want to protect their children from the

harmful effects of HPV infection and are generally accepting of the vaccine, research also suggests that many parents need more information before vaccinating their children. Concerns about the vaccine's effect on sexual behavior, low perceived risk of HPV infection, social influences, and irregular preventive care have been identified as some of the key barriers among parents. The interaction between families and health care providers is the cornerstone of maintaining confidence in vaccination. While more research is needed to evaluate effective communication strategies to increase HPV vaccine uptake, lessons can be learned from health care providers who have successfully achieved vaccination rates more than 80%, for example, bundling HPV vaccine along with the other routinely recommended adolescent vaccines, focusing on cancer protection benefits, and emphasizing HPV vaccine safety.

The President's Cancer Panel recommends several key strategies to increase HPV vaccine uptake. The recommendations include 1) reducing missed clinical opportunities to recommend and administer HPV vaccines, 2) increasing parents' and adolescents' acceptance of HPV vaccines, and 3) maximizing access to vaccination services. Adoption of the proposed resolution would demonstrate support for these strategies.

Analysis

The CDC and the President's Cancer Panel have identified improving uptake of HPV vaccines as a public health priority to reduce cancer in the US population. Lessons learned from the introduction of other vaccines, from a large literature on vaccine uptake, and from experiences in countries with high HPV vaccine coverage demonstrate that widespread adoption of HPV vaccines will require comprehensive, targeted interventions. Moreover, we know that combined clinician and family-focused interventions are the most effective for overall HPV vaccine series completion and timeliness.

Legislators and policymakers play a critical role in ensuring there are sufficient resources to achieve the HPV vaccination goals outlined by Healthy People 2020, the President's Cancer Panel, and the National Vaccine Advisory Committee. By supporting HPV vaccination as a national and local health priority, the King County Board of Health has a unique opportunity to contribute to the prevention of avoidable cancers and other conditions in men and women residing in King County. Focus areas for which the Board of Health can encourage change include:

1. Supporting efforts by PHSKC to establish a learning collaborative where key stakeholders - such as SBHCs, representatives from the region's largest health care organizations, multi-site pediatric practices, the Washington Chapter of the American Academy of Pediatrics (WAAP) and the Washington Academy of Family Physicians (WAFP) - will engage in quality improvement processes to better understand the barriers that contribute to suboptimal adolescent vaccination (Tdap, MCV and HPV) coverage, implement process change interventions, conduct an evaluation, and disseminate best practices;

2. Encouraging health care providers to track HPV vaccine coverage in their practice settings and put systems in place to improve coverage, including taking advantage of all

appropriate opportunities (e.g. at school-based health centers and during sports physicals and acute visits) to strongly recommend HPV vaccine to adolescent patients and their parents so as to prevent HPV-related diseases in the future; and

3. Endorsing coordinated communication campaigns to educate parents about the long-term consequences associated with HPV infection and to accurately convey the benefits of human papillomavirus vaccine.

Attachments

1. Resolution No. 16-08

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Materials for Item 9 will be distributed at the meeting.