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Addressing HPV and HBV immunizations in pediatric acute sexual assault care

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Implementation of HBV and HPV Immunization for Child and Adolescent Victims of Acute Sexual Abuse/Assault

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Background

- Hepatitis B virus (HBV) and Human Papilloma Virus (HPV) are vaccine preventable sexually transmitted infections (STIs)
- Immunization is recommended at time of acute abuse/assault
- Baseline immunization rate in ED 0% for sexual assault/abuse victims

Aim Statement

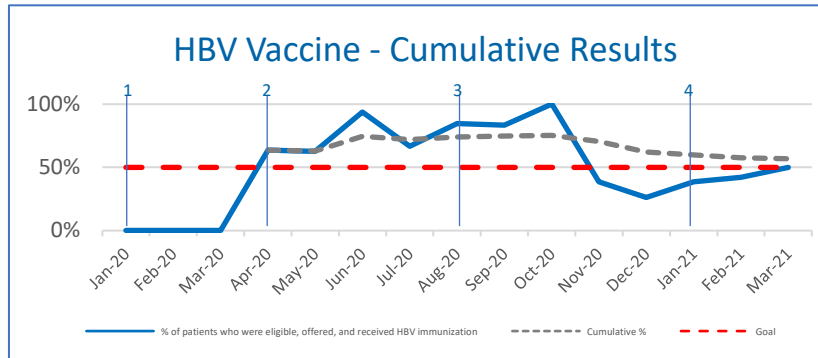
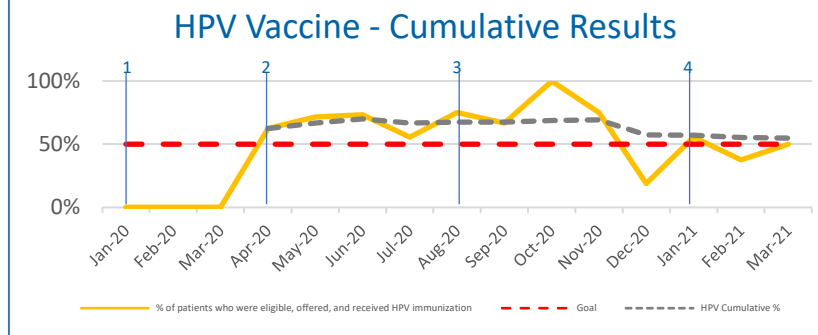
Using the quality improvement (QI) methodology, we aimed to improve the HPV and HBV vaccination rate of acute sexual abuse/assault victims seen in ED from 0% to 50% in 6 months.

Methods

- QI methods utilizing PDSA cycles
- HPV vaccine offered to all acute sexual assault/abuse patients, ≥ 9 years without evidence of immunization
- HBV vaccine offered to all acute sexual assault/abuse patients without evidence of immunization
- HPV and HBV offering and receiving rates tracked

PDSA	Intervention	Duration
1	Order-set addition	3 mo
2	Provider education and Q&A sessions	4 mo
3	Pharmacy procedures for vaccine availability	5 mo
4	Additional education regarding consent for immunization	3 mo

Results and Conclusions



- 55% of patients eligible and offered HPV vaccine were immunized
- 57% of patients eligible and offered HBV vaccine were immunized
- Education plays a key role in change
- Vaccine acceptance does occur in the ED