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

<table>
<thead>
<tr>
<th>PDSA</th>
<th>Intervention</th>
<th>Duration</th>
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<tbody>
<tr>
<td>1</td>
<td>Order-set addition</td>
<td>3 mo</td>
</tr>
<tr>
<td>2</td>
<td>Provider education and Q&amp;A sessions</td>
<td>4 mo</td>
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<tr>
<td>3</td>
<td>Pharmacy procedures for vaccine availability</td>
<td>5 mo</td>
</tr>
<tr>
<td></td>
<td>Additional education regarding consent for immunization</td>
<td>3 mo</td>
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</tbody>
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**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