

Welcome to the 3rd
OPERATION WIPE OUT
2026 Summit

MACQUEEN ALUMNI CENTER BALLROOM
UNIVERSITY OF SOUTH ALABAMA





Harnessing What We Know About HPV to Eliminate Cervical Cancer: Putting the Pieces Together for Prevention and Treatment

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PREVENTION



Disclosures

No disclosures



Objectives

What are the latest data on HPV and HPV-related cancers?

What is the latest info on cervical cancer screening?

What tools are available to increase HPV vaccination?

What role can you play in eliminating HPV-related disease?



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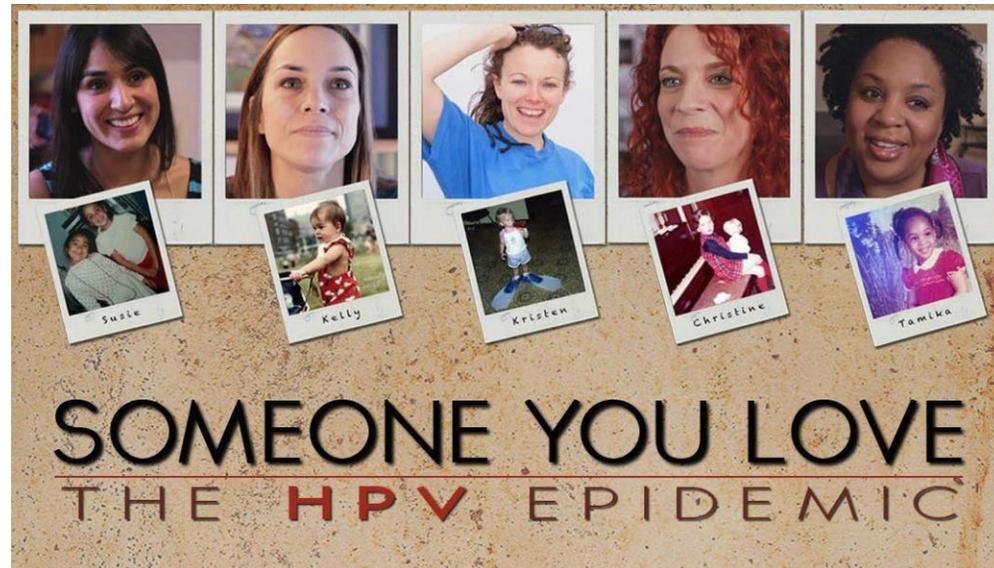
What tools are available to increase HPV vaccination?

What role can you play in eliminating HPV-related disease?



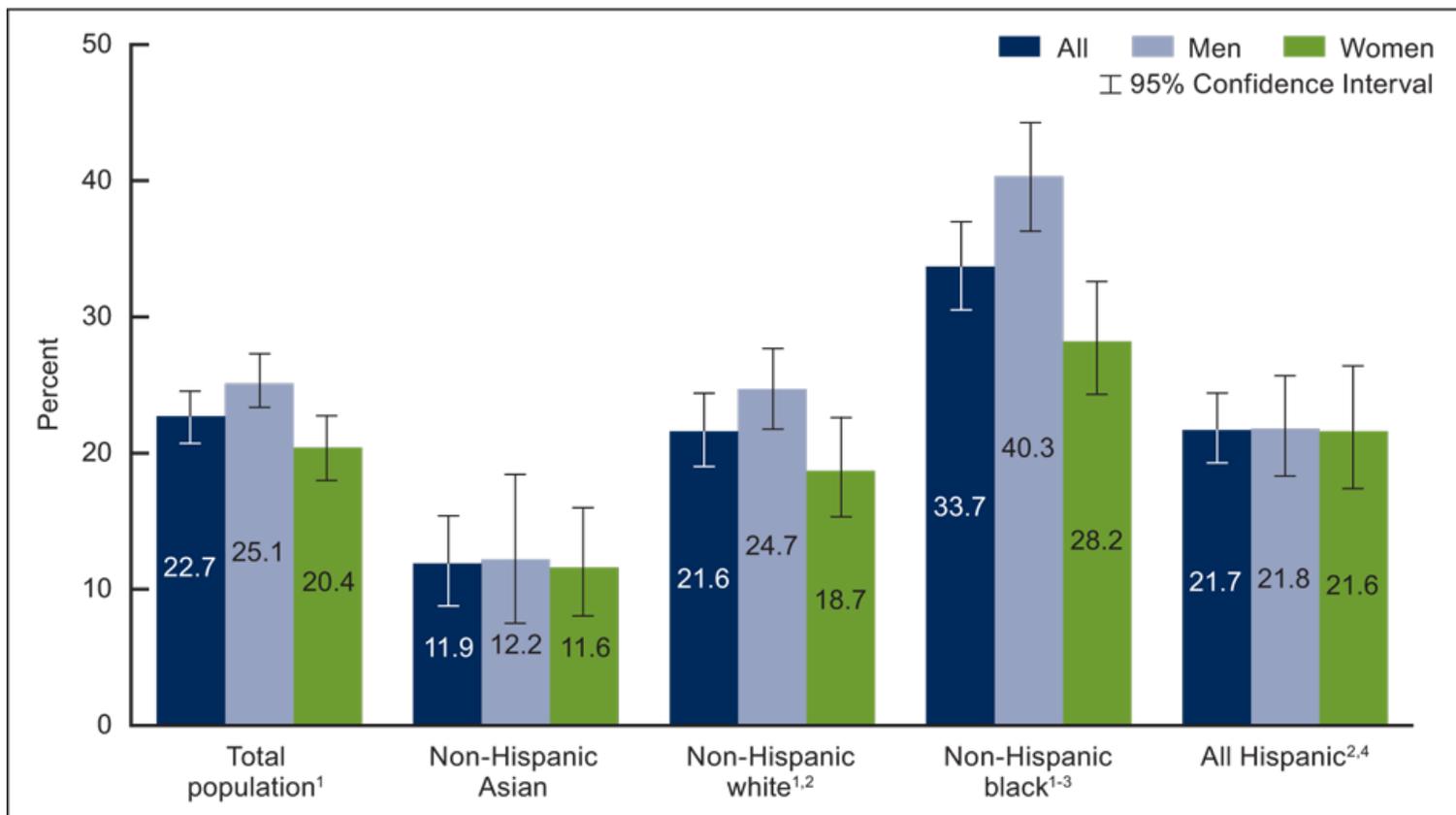
Someone you love: The HPV Epidemic

- 80 million adults currently infected with HPV
- 85% chance of infection in your lifetime
- More common than the common cold



Prevalence of High Risk HPV among adults in the US age 18-59

Figure 4. Prevalence of high-risk genital HPV among adults aged 18–59, by race and Hispanic origin and sex: United States, 2013–2014



¹Percentage for men is significantly higher than women.

²Percentage is significantly different from non-Hispanic Asian, all, men, and women.

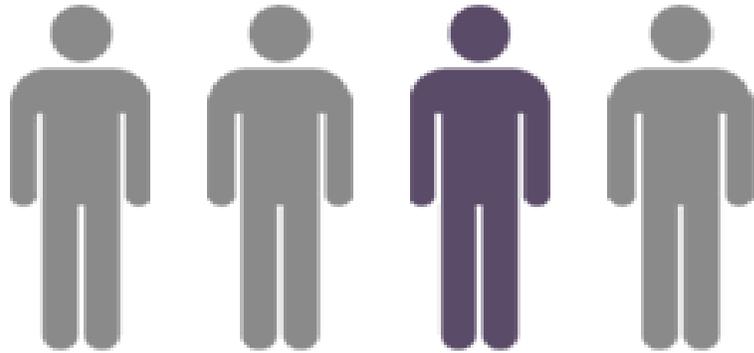
³Percentage is significantly different from non-Hispanic white, all, men, and women.

⁴Percentage is significantly different from non-Hispanic black, all, men, and women.

NOTES: HPV is human papillomavirus. High-risk genital HPV means tested positive to one or more of the 14 high-risk HPV types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, or 68) from a penile or vaginal swab sample. Penile samples were available only for 2013–2014, so all results presented were limited to that cycle. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db280_table.pdf#4.

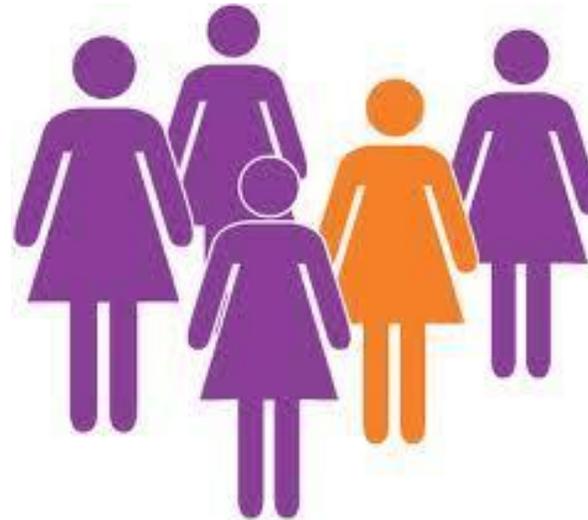
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2013–2014.

HPV Prevalence in the US



**1 in 4 men CURRENTLY
infected with cancer-
causing HPV**

**1 in 5 women
CURRENTLY infected
with cancer-causing HPV**



Every year in the U.S., 39,300 people are diagnosed with a cancer caused by HPV.



That's 1 case every 20 minutes

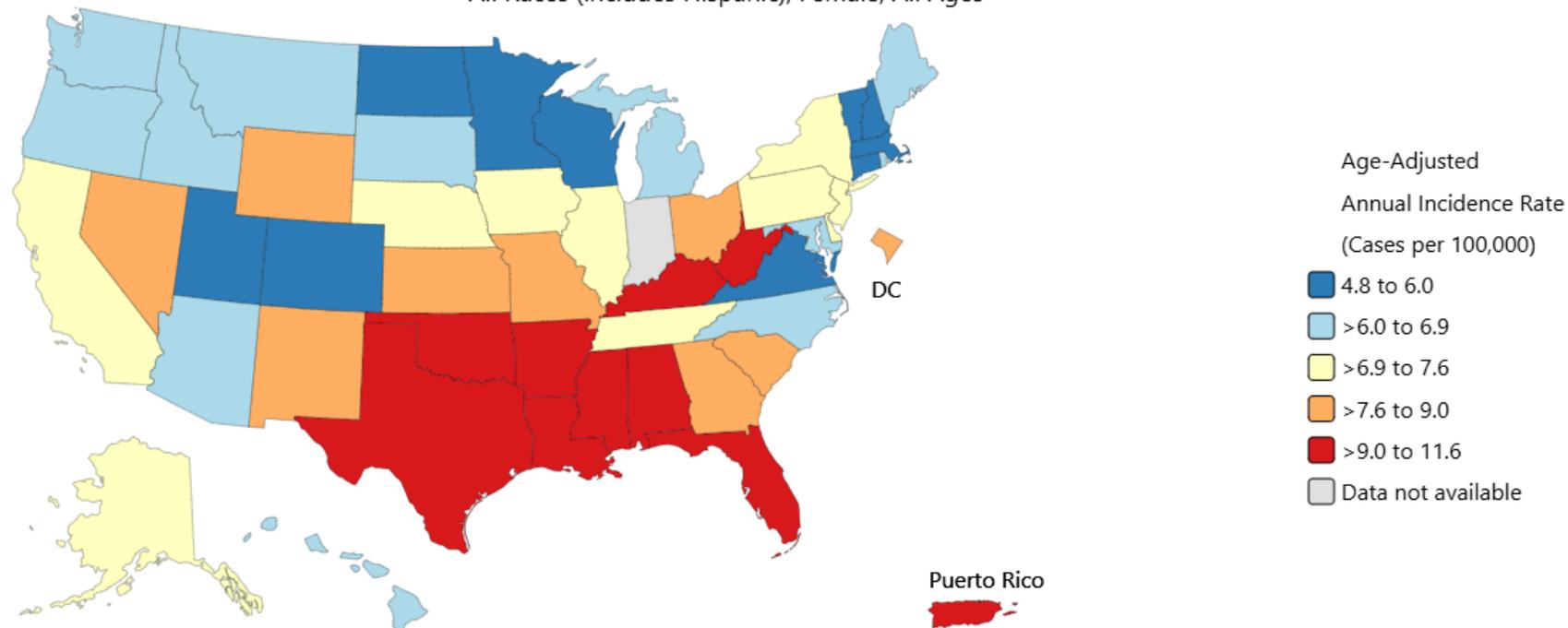
HPV-associated Cervical cancer Incidence rates by state, females, US 2017-2021

Incidence Rates by State

Cervix (All Stages^), 2017-2021

All Races (includes Hispanic), Female, All Ages

**Alabama ranks 6th in incidence
3rd in mortality**



Created by statecancerprofiles.cancer.gov on 01/09/2026 6:10 am.

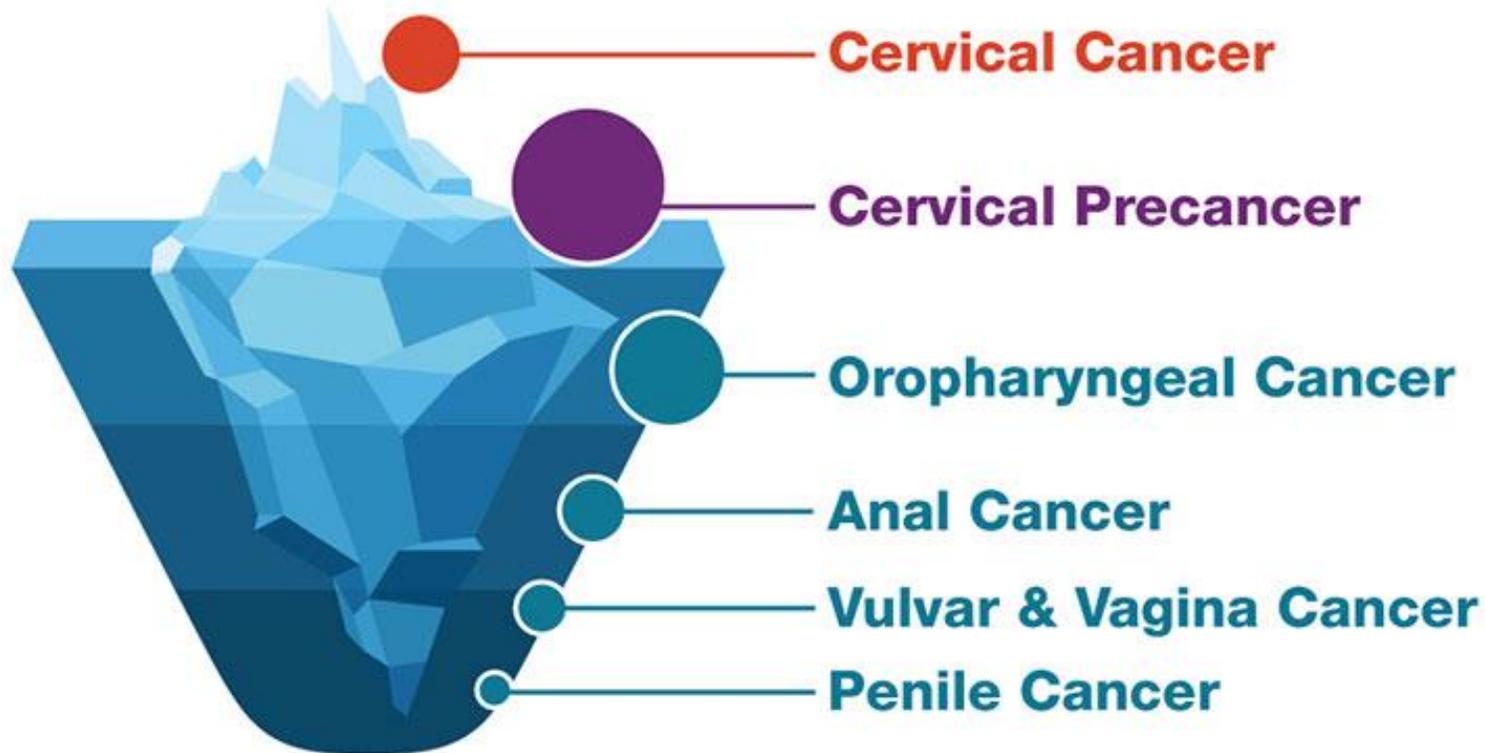
State Cancer Registries may provide more current or more local data.

- Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US Population Data File is used for SEER and NPCR incidence rates.

- Incidence data come from different sources. The Average Annual Percent Change (AAPC) is based on the APCs calculated by Joinpoint. Due to data availability issues, the time period used in the calculation of the joinpoint regression model may differ for selected counties.

Rates and trends are computed using different standards for malignancy. For more information see malignant.html.

Cervical cancer is the tip of the iceberg

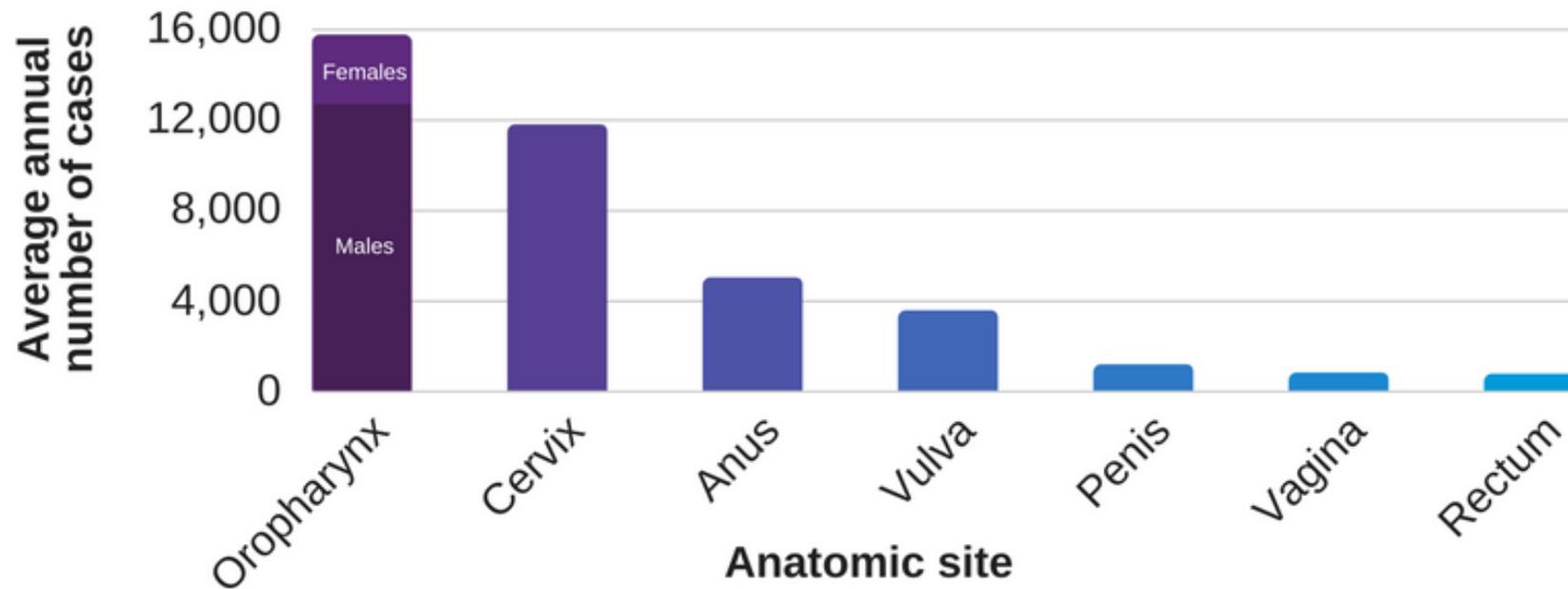


<https://www.cdc.gov/hpv/hcp/protecting-patients.html>



HPV associated cancers in men and women

Average annual number of HPV-associated cancers by anatomic site in the U.S., 2008-2012



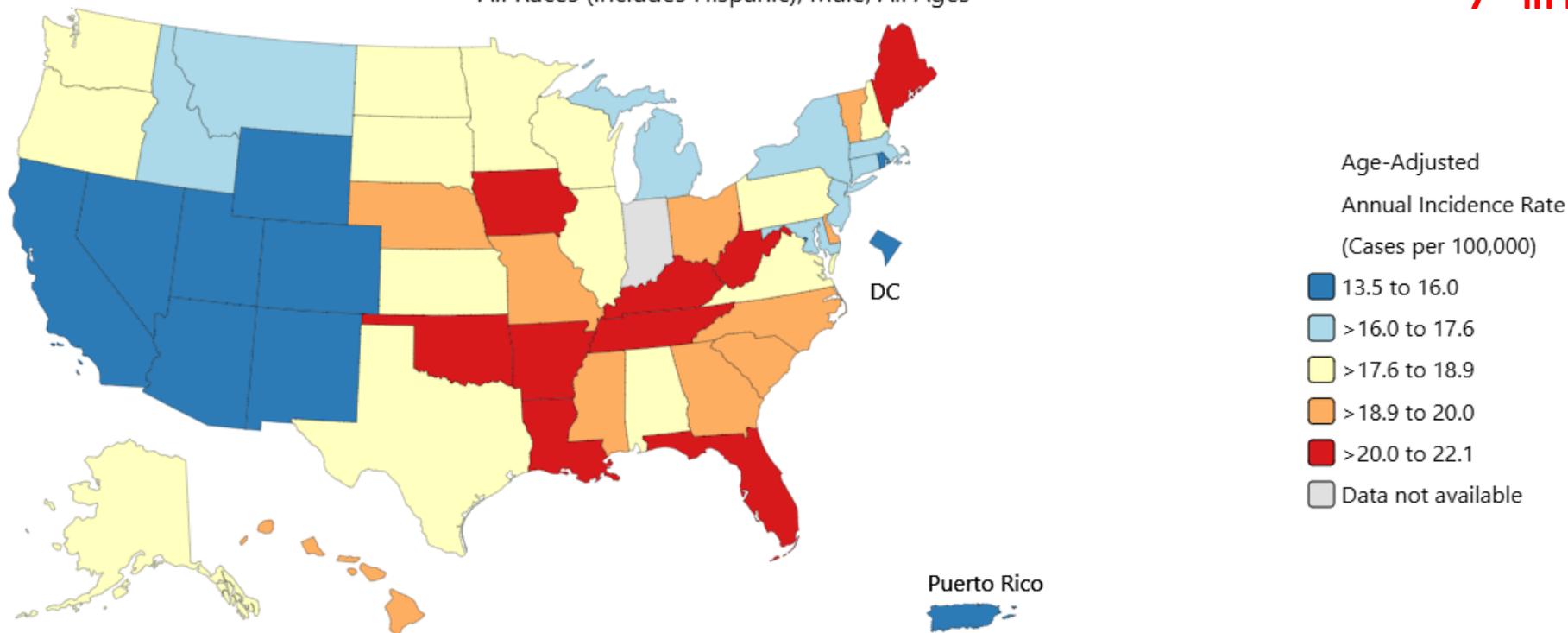
Data source: Centers for Disease Control and Prevention

HPV-associated Oral Cavity and Pharynx cancer Incidence rates by state, males, US 2017-2021

Incidence Rates by State

Oral Cavity & Pharynx (All Stages[^]), 2017-2021
All Races (includes Hispanic), Male, All Ages

**Alabama now ranks 27th! In incidence
7th in mortality**



Created by statecancerprofiles.cancer.gov on 01/09/2026 6:20 am.

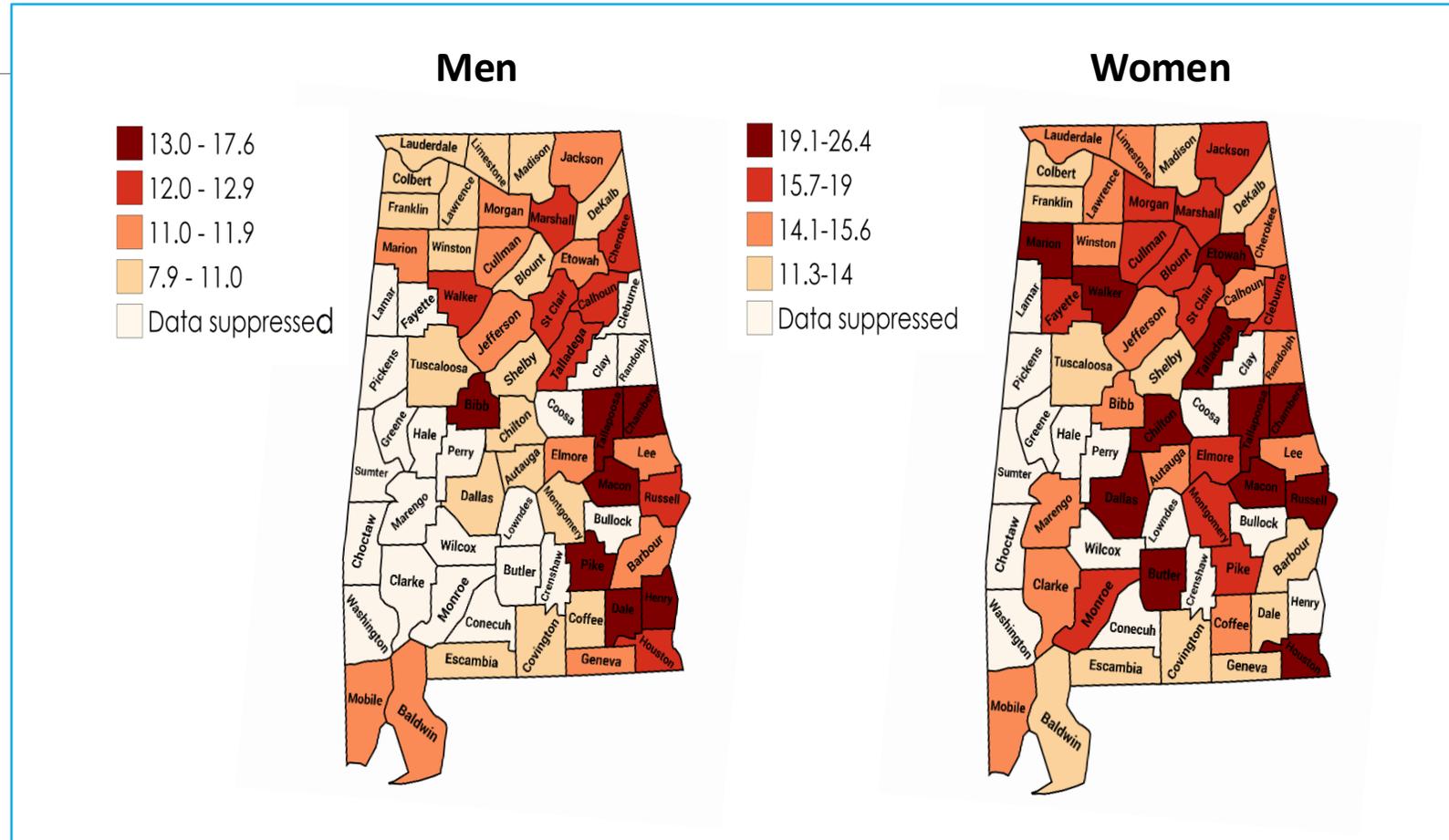
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HPV associated cancers in Alabama



HPV cancers in Alabama

HPV-associated Cancer Incidence Rates and Counts for Alabama				
by Primary Site Group, by Sex, 2012-2015				
Primary Site Group	Female		Male	
	Rate	Count	Rate	Count
Cervix	9.2	942	N/A	N/A
Vagina	0.6	75	N/A	N/A
Vulva	2.0	243	N/A	N/A
HPV-associated Oropharynx*	2.1	254	9.2	1,038
Anus	1.7	216	1.1	115
Rectum and Rectosigmoid Junction	0.4	52	0.2	24
Penis	N/A	N/A	0.9	89

Rates are per 100,000 and age-adjusted to the 2000 U.S. (19 age groups) standard.

Rates and counts are for malignant tumors only.

* Includes the following ICD-O-3 site codes: C019, C024, C028, C051, C052, C090, C091, C098, C099, C100, C101, C102, C104, C108, C109, C140, C142, and C148.

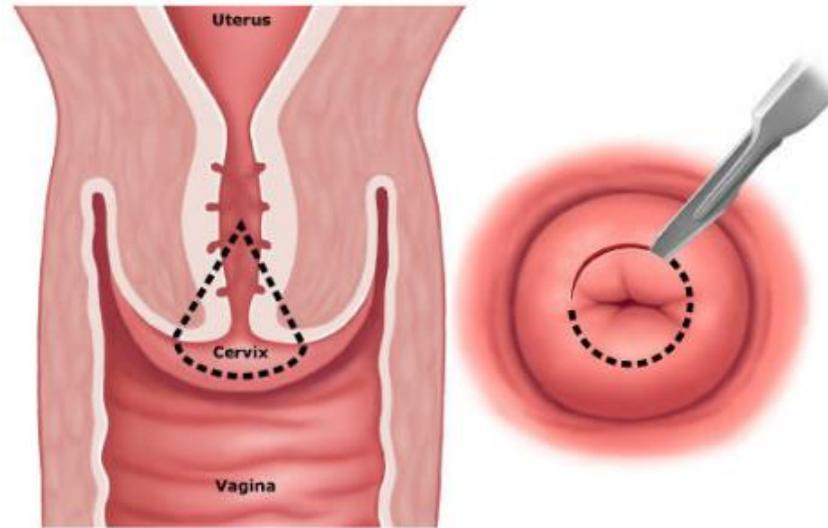
All cancer sites other than cervix were limited to squamous cell carcinomas only meaning ICD-O-3 histology codes 8050 to 8084 and 8120 to 8131.

Source: Alabama Statewide Cancer Registry, 2018.

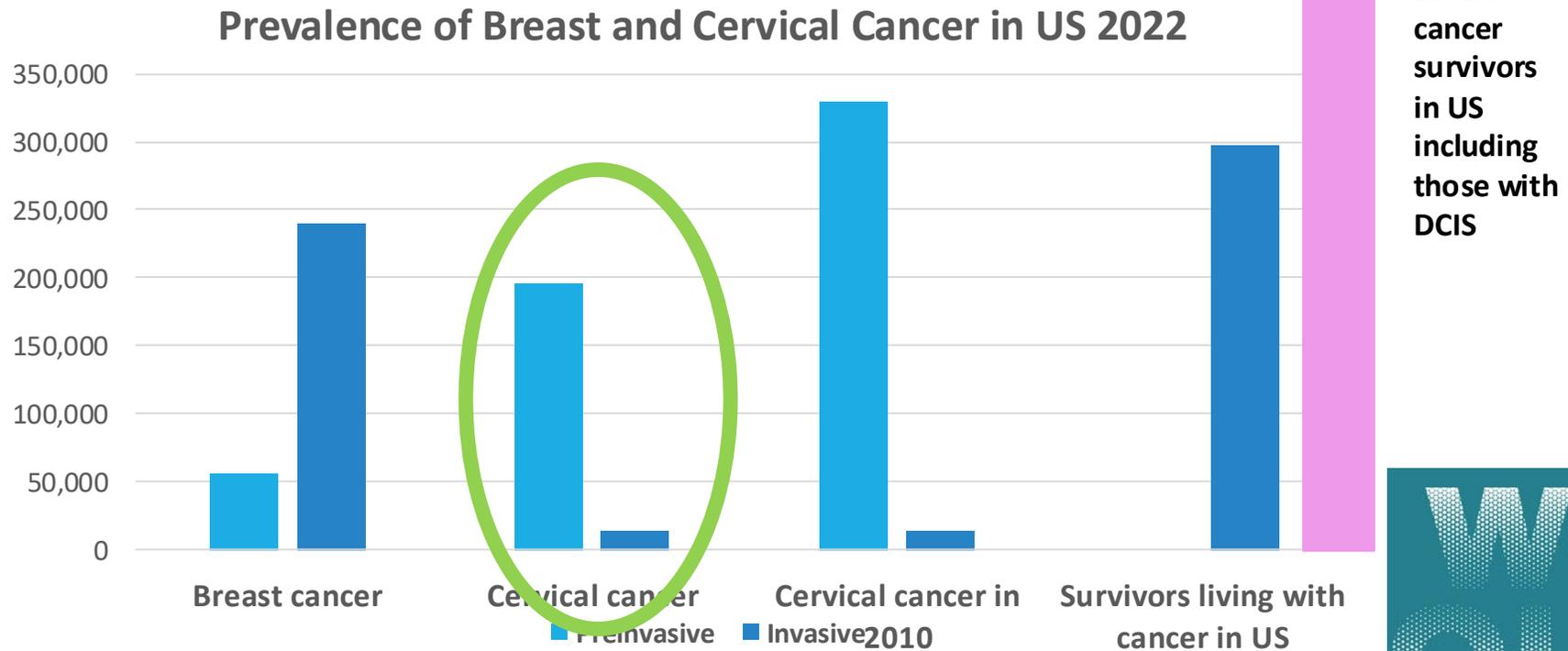
Cervical pre-cancer in U.S. females

- 1.5 million new cases of low grade cervical dysplasia
- 196,000 new cases of high grade cervical dysplasia (CIN2+)

Treatment is some type of cervical excisional procedure. This depicts a conization. Essentially a “lumpectomy” of the cervix.

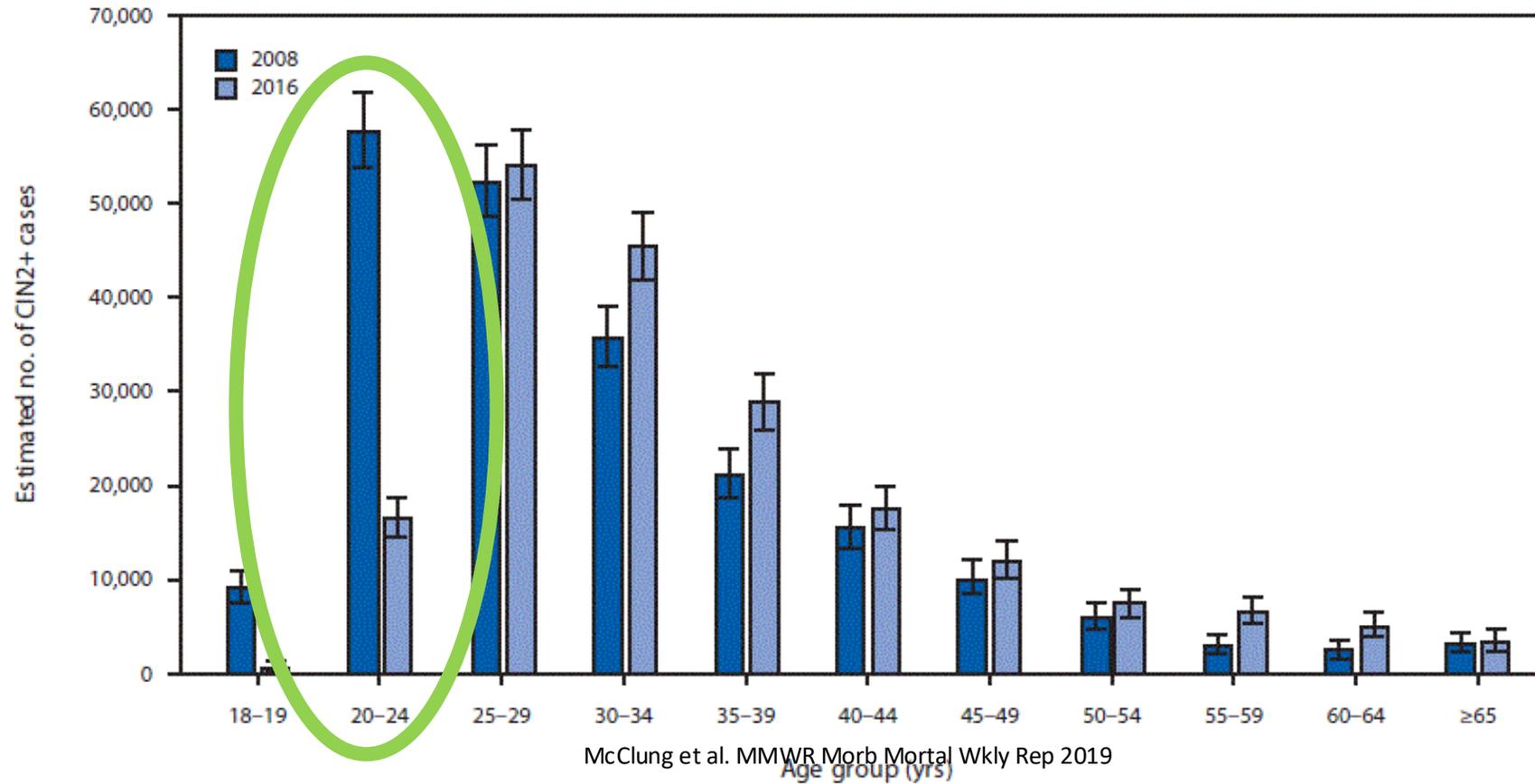


If you know someone who has had breast cancer, you know someone who has had cervical cancer.

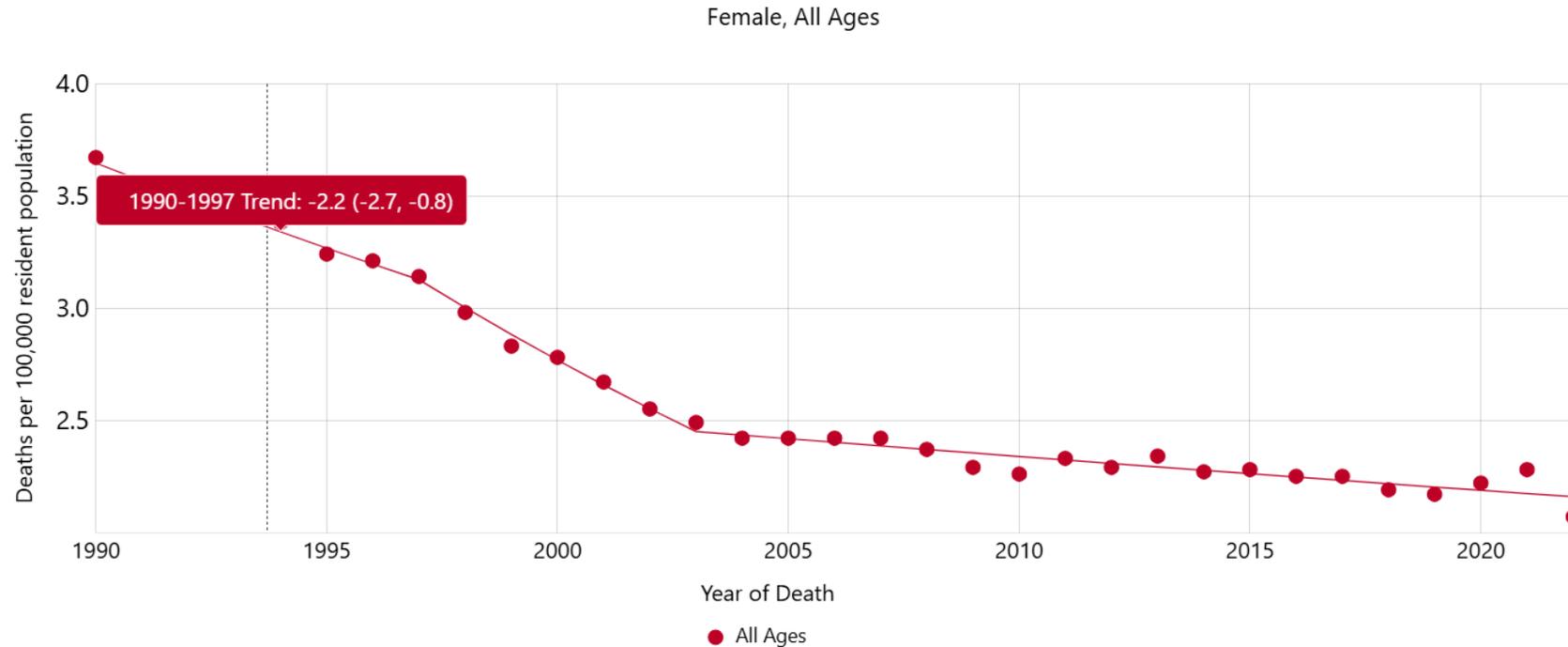


Cervix precancers:

Significant drop in vaccinated population but a long way to go



Cervical Cancer Mortality in US has not fallen significantly since 2005



Notes:
Created by statecancerprofiles.cancer.gov on 01/09/2026 5:55 am.
Regression lines calculated using the [Joinpoint Regression Program \(Version 5.1\)](#).



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What role can you play in eliminating HPV-related disease?



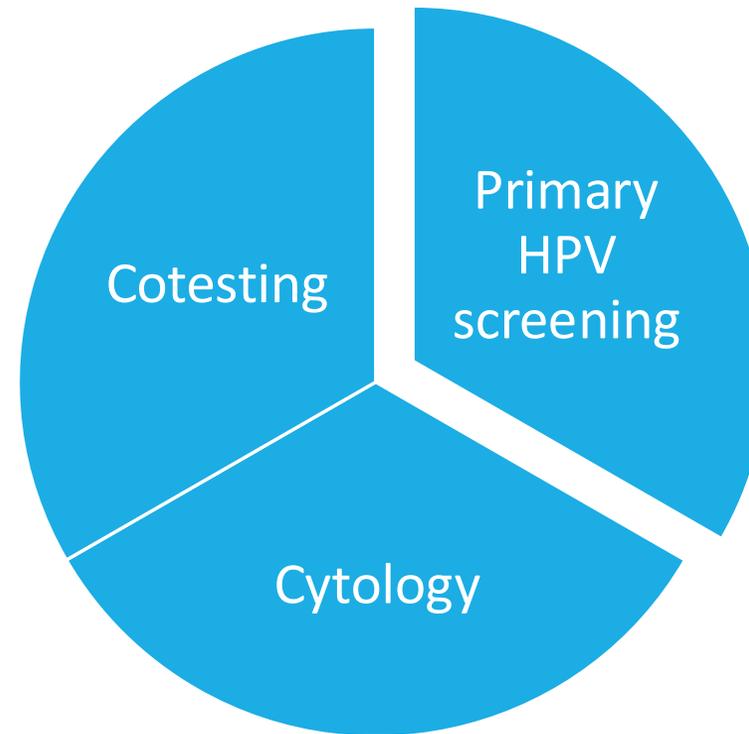
Primary HPV screening now preferred method

3 screening options available

- Primary HPV screening 5 yr
 - Now preferred method
 - Self collection or physician collected
 - Preferred in low resource and mobile settings
- Cotesting q 5 years
- Cytology alone q 3 years

Management options needed to be versatile enough to apply to any of the three options

Remember screening is different than post treatment f/u and diagnostic testing



New Cervical cancer screening guidelines

- HHS published in JAMA Jan 5, 2026
- Effective January 2027
 - Screening of average risk women ages 21-65 yo
 - 21-29 years pap test every 3 years
 - Cotesting not recommended before age 30
 - Women 30-65 yo should be screened with **primary HR HPV testing every 5 years**
 - If not available screen with cytology every 3 years
 - **Pt collected method is appropriate and SHOULD BE OFFERED**
 - **Additional testing may be required to complete the screening process**
 - Aka colpo, biopsy, extended genotyping

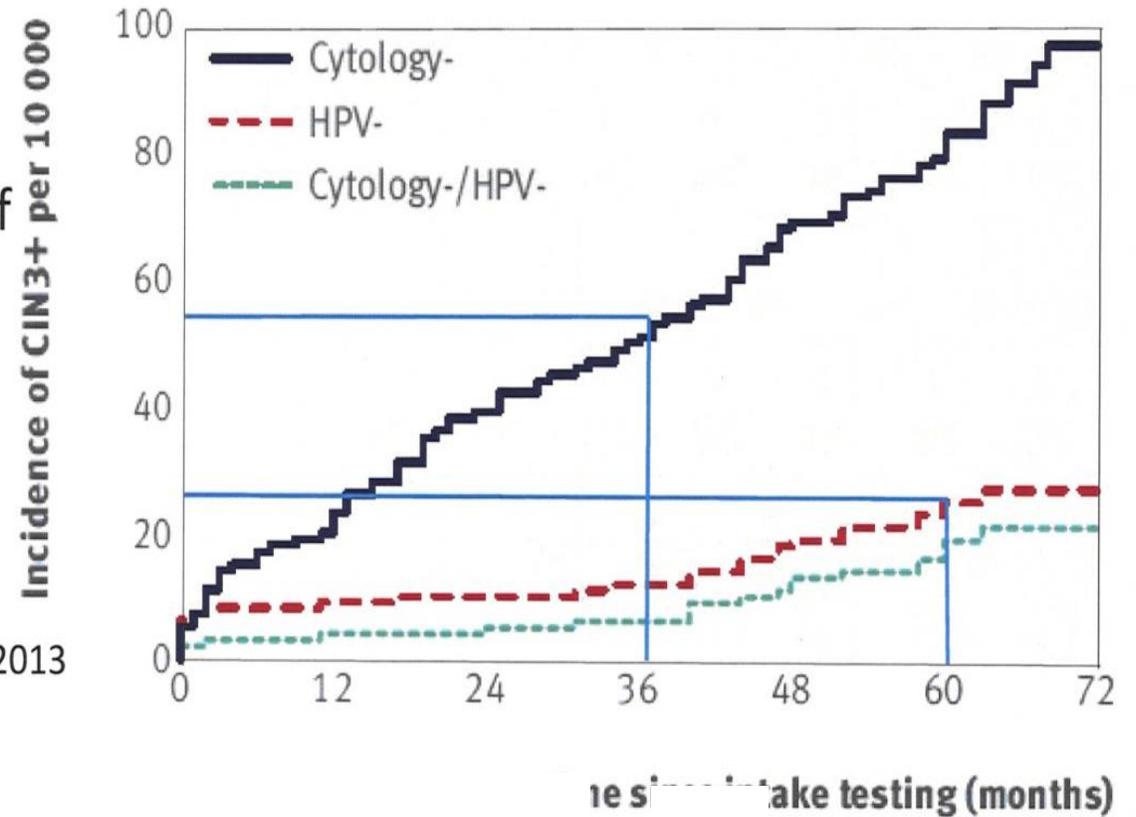


Negative cytology: the great pretender

Single best predictor of disease is an HPV test

- HPV and cytology predict risk on date of screening
- Only HPV predicted 5-year risk of CIN3 and cancer

Katki et al, *J Low Genit Tract Dis*, 2013



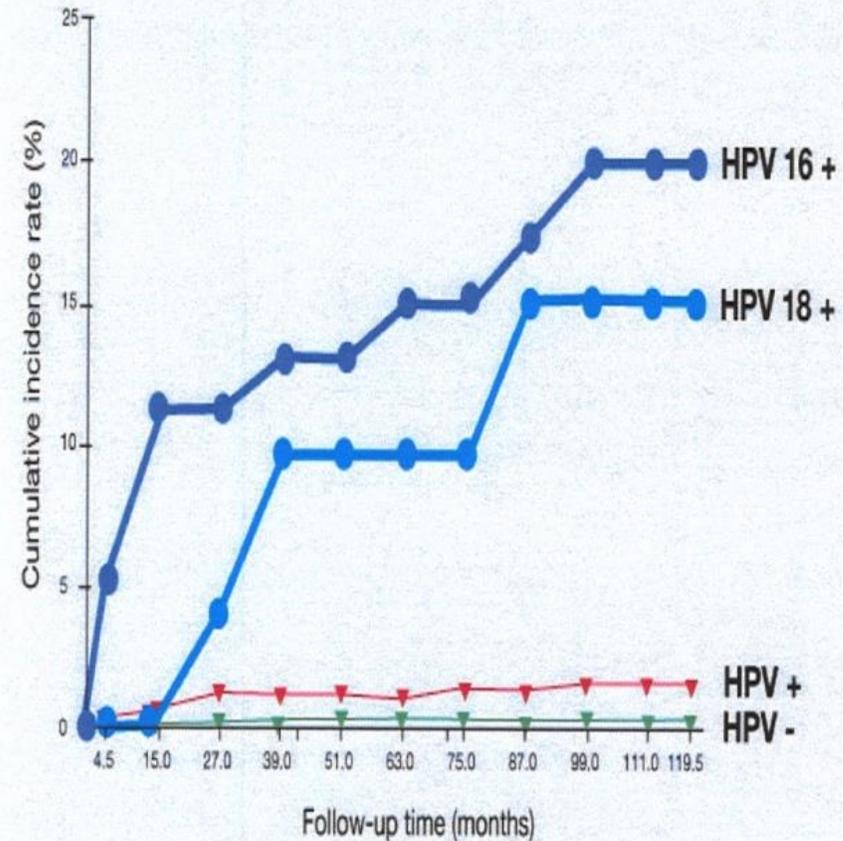
Dillner J et al. *BMJ* 2008. 377:a1754.

HPV 16/18 Testing

RISK STRATIFICATION USING HPV Types 16 and

18: Portland Study Findings.^{1,2}

- CIN3+ identified in 21% of cytology-negative, HPV 16-positive women at 10-yr. follow-up
- CIN3+ identified in 18% of cytology-negative, HPV 18-positive women at 10-yr. follow-up
- CIN3+ identified in only 1.5% of all other cytology-negative, high-risk HPV positive women at 10-yr. follow-up



Cervical Adenocarcinoma

HPV detected in 93%¹

63% of adenocarcinoma followed an initial HPV positive, cytology – negative result.²

1. Castellsaque X, et al. 2006
2. Katki HA, et al. 2011





ASCCP app: Guiding principles

- HPV based testing is the basis for risk estimation (primary hpv testing or cotesting)
- Personalized risk based management is possible with knowledge of current results and past history
- Guidelines allow updates to incorporate new test methods as they are validated and to adjust for decreasing cin3+risks as more patients who received hpv vaccination reach screening age
- Colposcopy practice must ASCCP colposcopy standards



Clinical action thresholds & Risk Strata

Perkins R Low Genit Tract Dis 2020

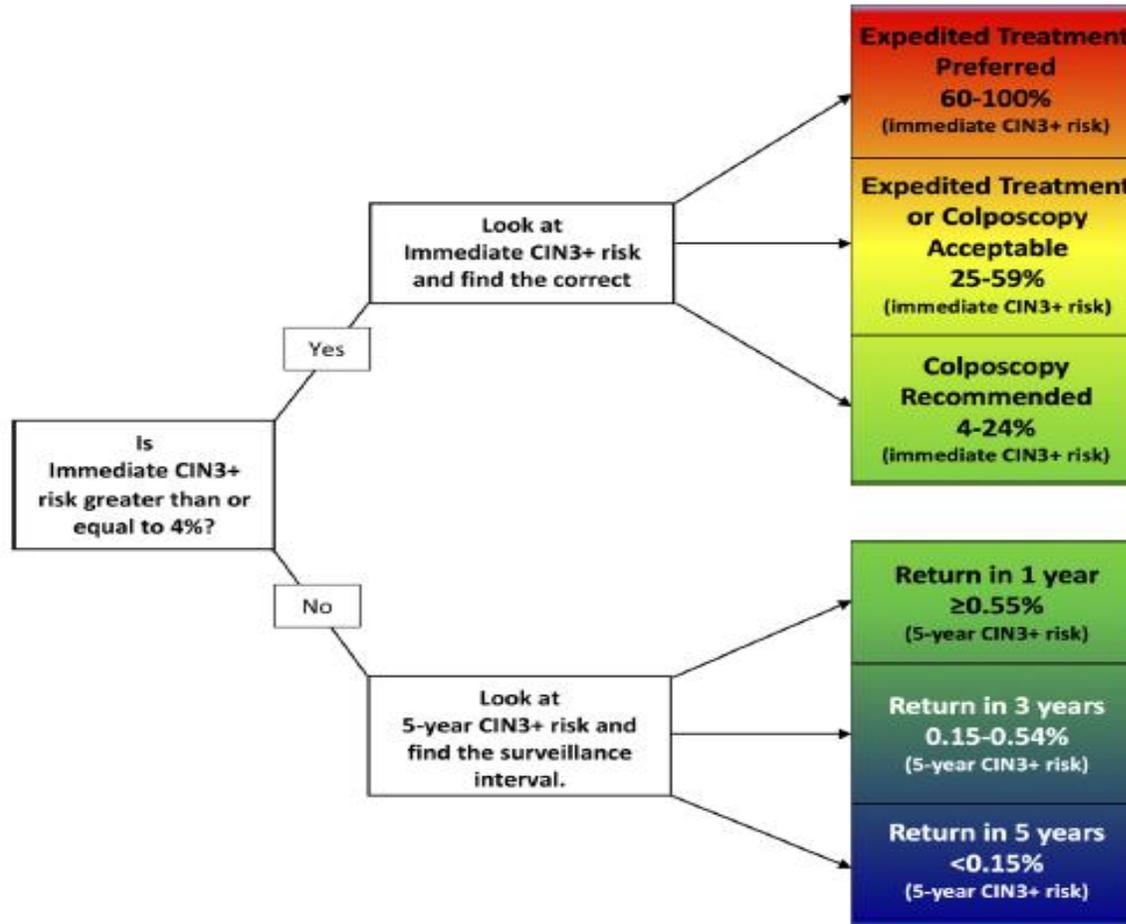


FIGURE 1. This figure demonstrates how patient risk is evaluated. For a given current results and history combination, the immediate CIN 3+ risk is examined. If this risk is 4% or greater, immediate management via colposcopy or treatment is indicated. If the immediate risk is less than 4%, the 5-year CIN 3+ risk is examined to determine whether patients should return in 1, 3, or 5 years.

Immediate risk of CIN3+

Perkins R Low Genit Tract Dis 2020

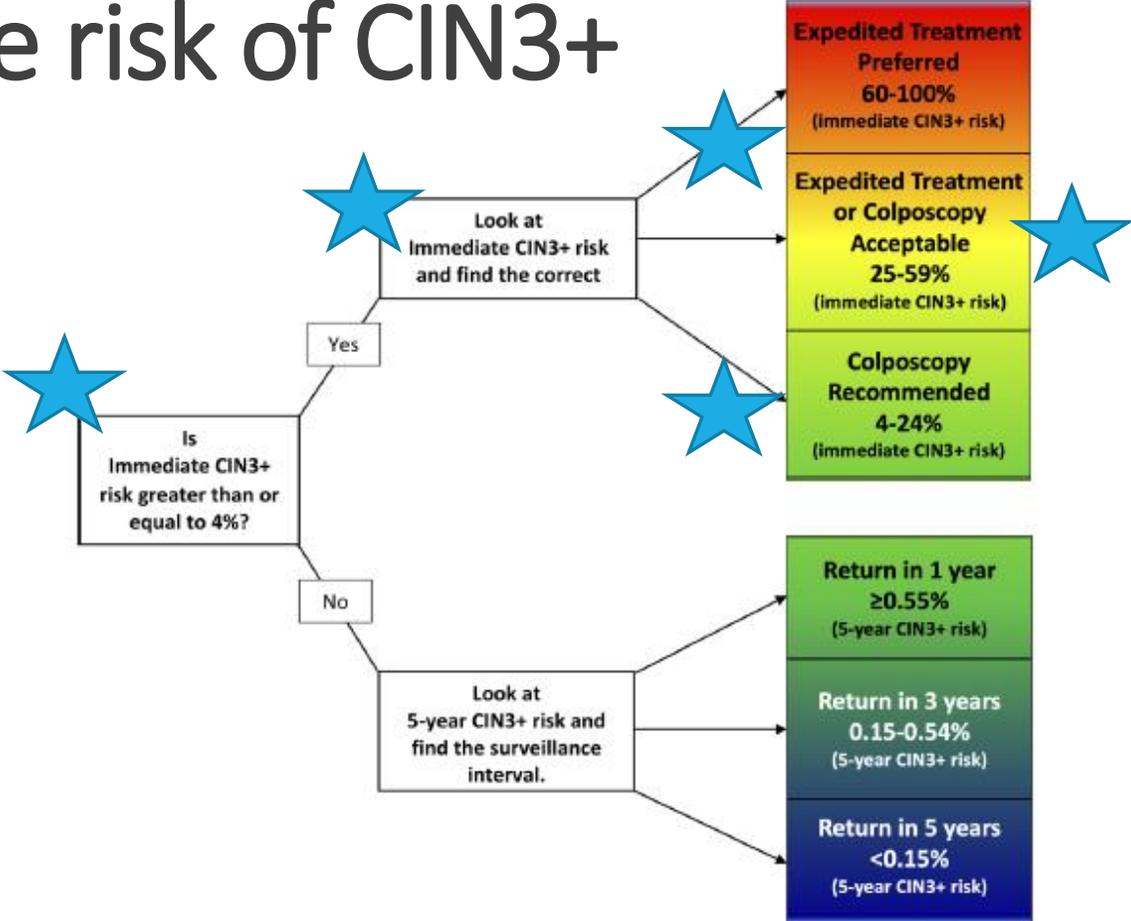


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Low 5 year risk of CIN3+

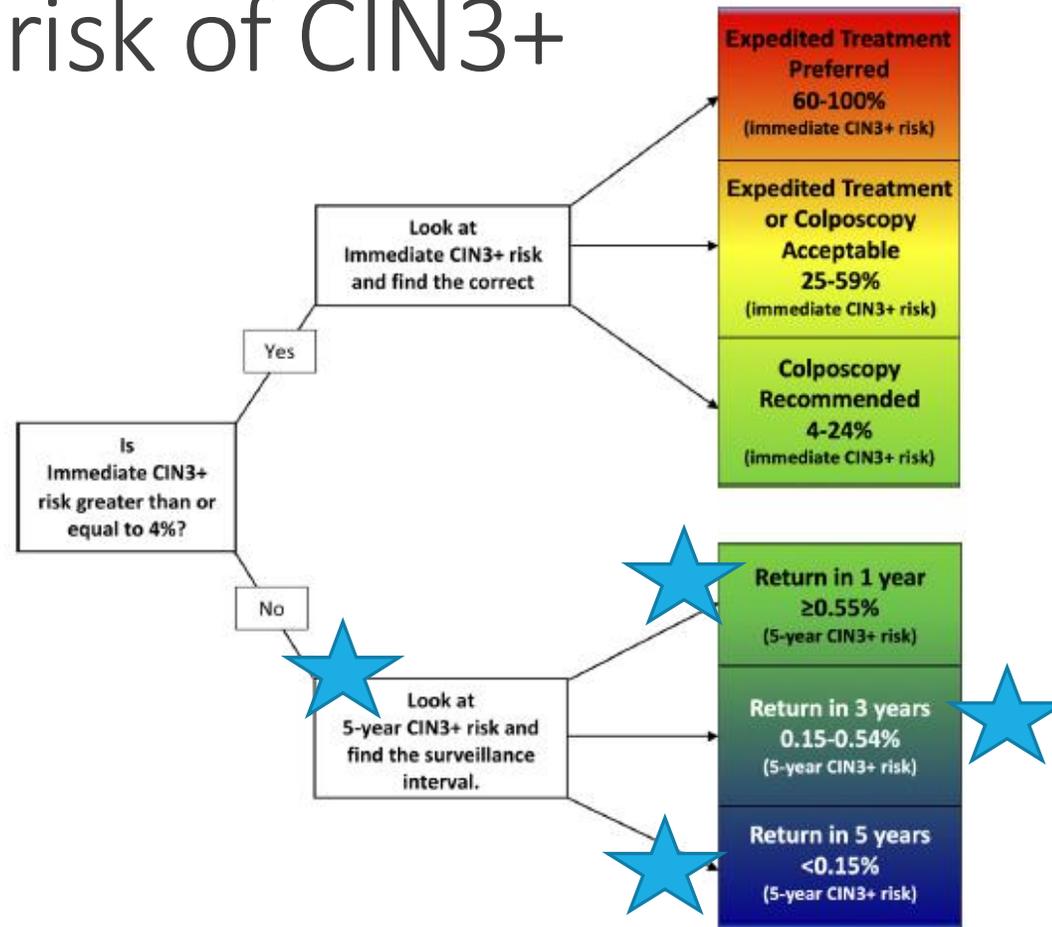


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Improve follow-up!

Counsel patients on abnormal results

Postpartum discharge paperwork → reminder to follow-up.

- Schedule appointment before discharge

GYN or surgical coordinators:

- Can keep a list of abnormal paps for colpo clinic.
- Ensure patients have appointment set up
- Navigate no shows

Recommend HPV vaccination after treatment



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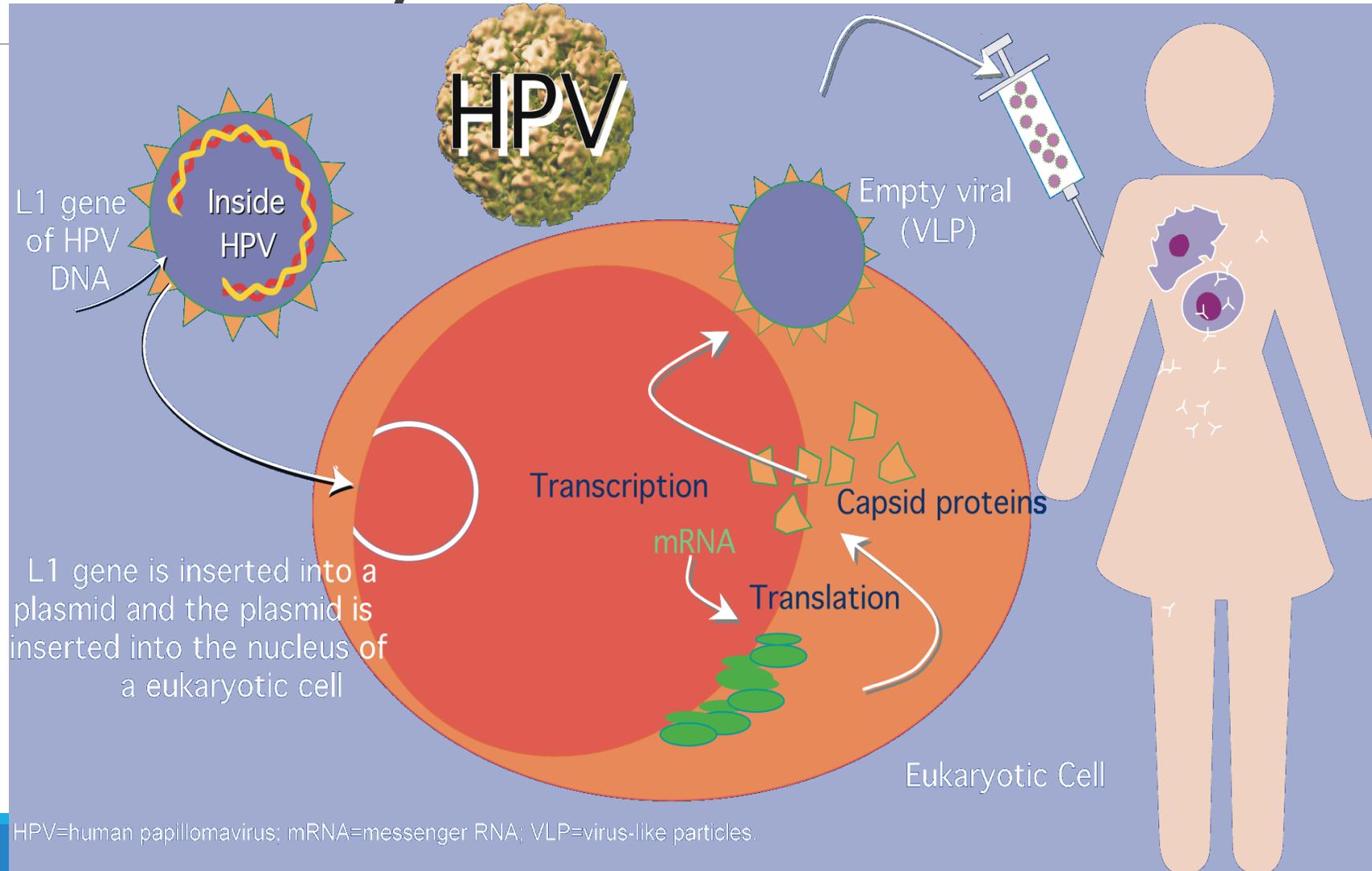
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HPV L1 Virus-Like Particle (VLP) Vaccine Synthesis



HPV Vaccines

Gardasil (HPV4)	Gardasil-9 (HPV9)	Cervarix (HPV2)
Merck & Co.	Merck & Co.	GlaxoSmithKline
Quadrivalent 6,11,16,18	Nonavalent 6,11,16,18,31,33,45,52,58	Bivalent 16,18
70% of HPV related cancers 90% Genital warts	90% HPV related cancers 90% Genital warts	70% HPV related cancers
Females, aged 11-12; can get as early as 9 and up to age 26		
Males, aged 11-12; can get as early as 9 and up to age 26	(Not licensed by FDA for males)	

HPV Vaccination at Age 11 or 12 Years

Girls & Boys can be vaccinated as early as age 9

Recent data confirmed efficacy of single dose



Plus girls and women aged 13-45 years old who haven't started or finished HPV vaccine series



Plus boys and men 13-45 years old who haven't started or finished HPV vaccine series

Single dose is noninferior to two doses

- 20,330 participants aged 12 to 16
 - Received either bivalent or nonavalent vaccine, one or two doses, randomly assigned
 - 3005 unvaccinated participants were surveyed
 - One dose of HPV vaccine was noninferior to 2 doses in preventing infection with HPV 16 or 18 from 12 to 60 months and persisting at least 6 months
- Rate of difference
 - Bivalent -0.13 infections per 100 participants (CI -0.45-0.15; $p < 0.001$)
 - Nonavalent 0.21 infections per 100 participants (CI -0.09-0.51; $p < 0.001$)
 - Effectiveness at least 97% in all four groups
 - No safety concerns identified



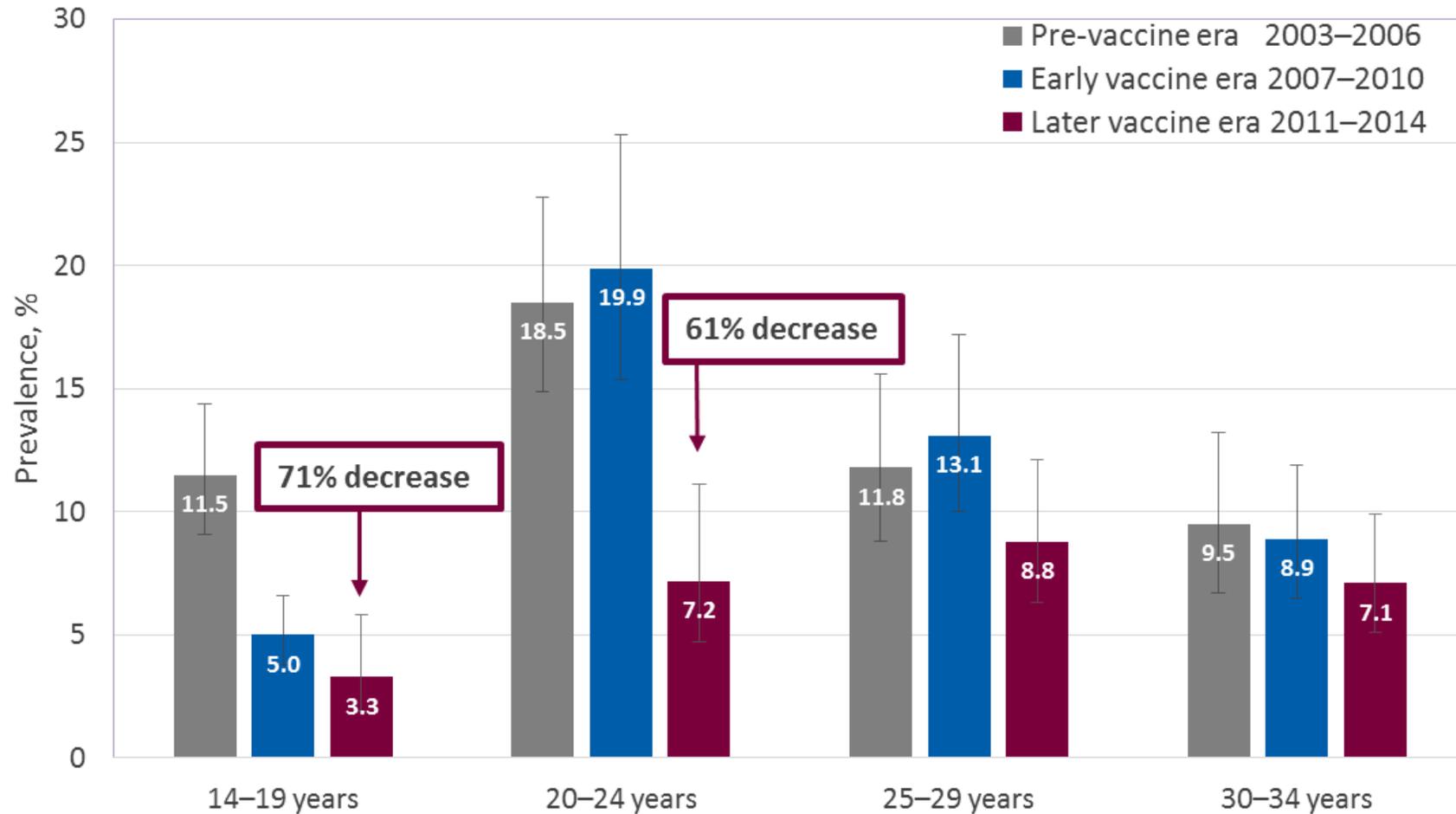
HPV Vaccination is Safe

- HPV vaccine safety studies have been very reassuring
 - 106 studies on 2.5 million people in 6 countries
 - As safe as every other vaccine
- To date, we have not observed any signal that shows that HPV vaccination causes...
- Clinicians can reassure parents who may have concerns, that HPV vaccination is safe.

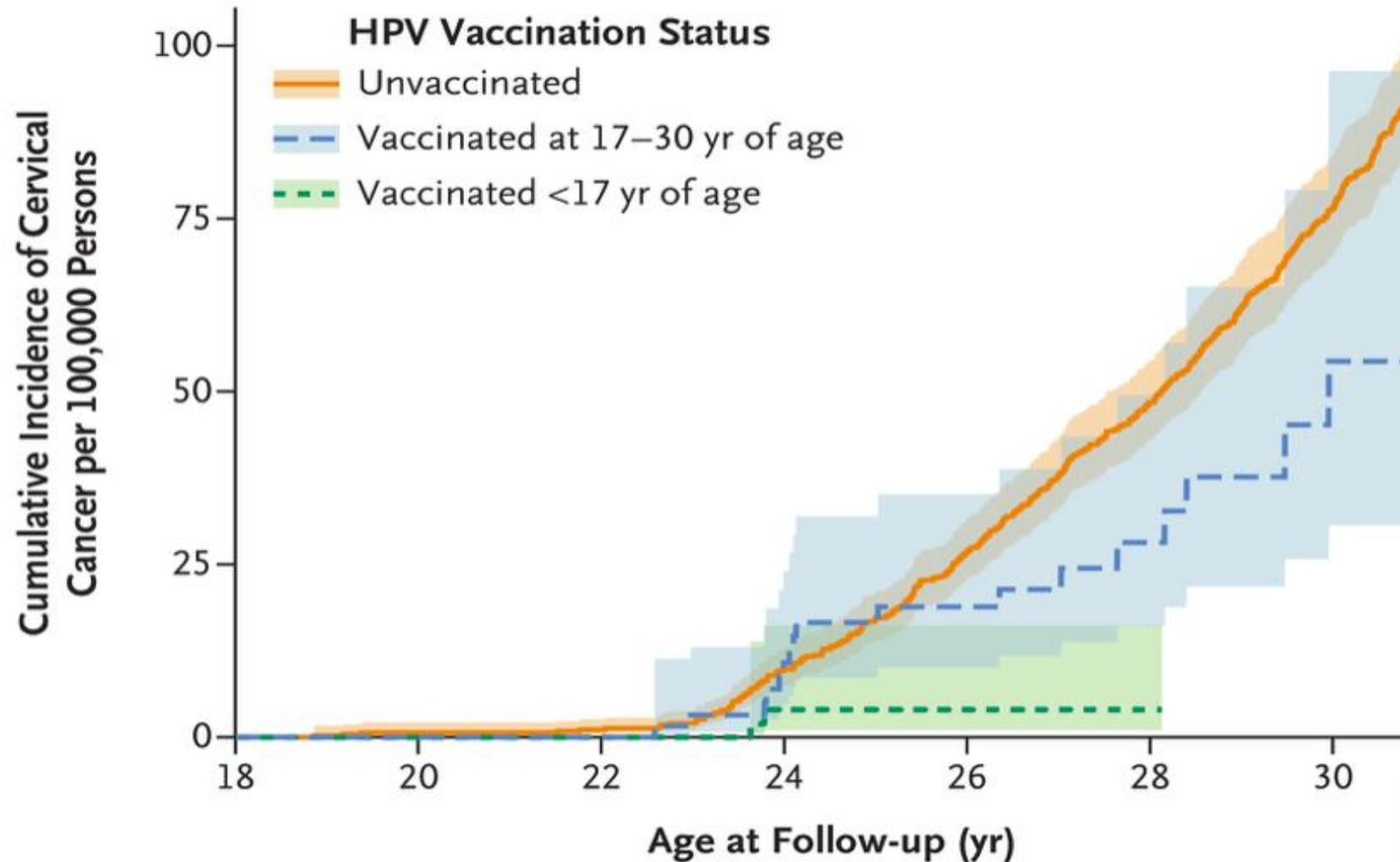


Vaccine type prevalence, NHANES

Later vaccine era compared to pre-vaccine era



Vaccine prevents cervical cancer: the earlier the better



Vaccination protects against Cancer: Sweden!

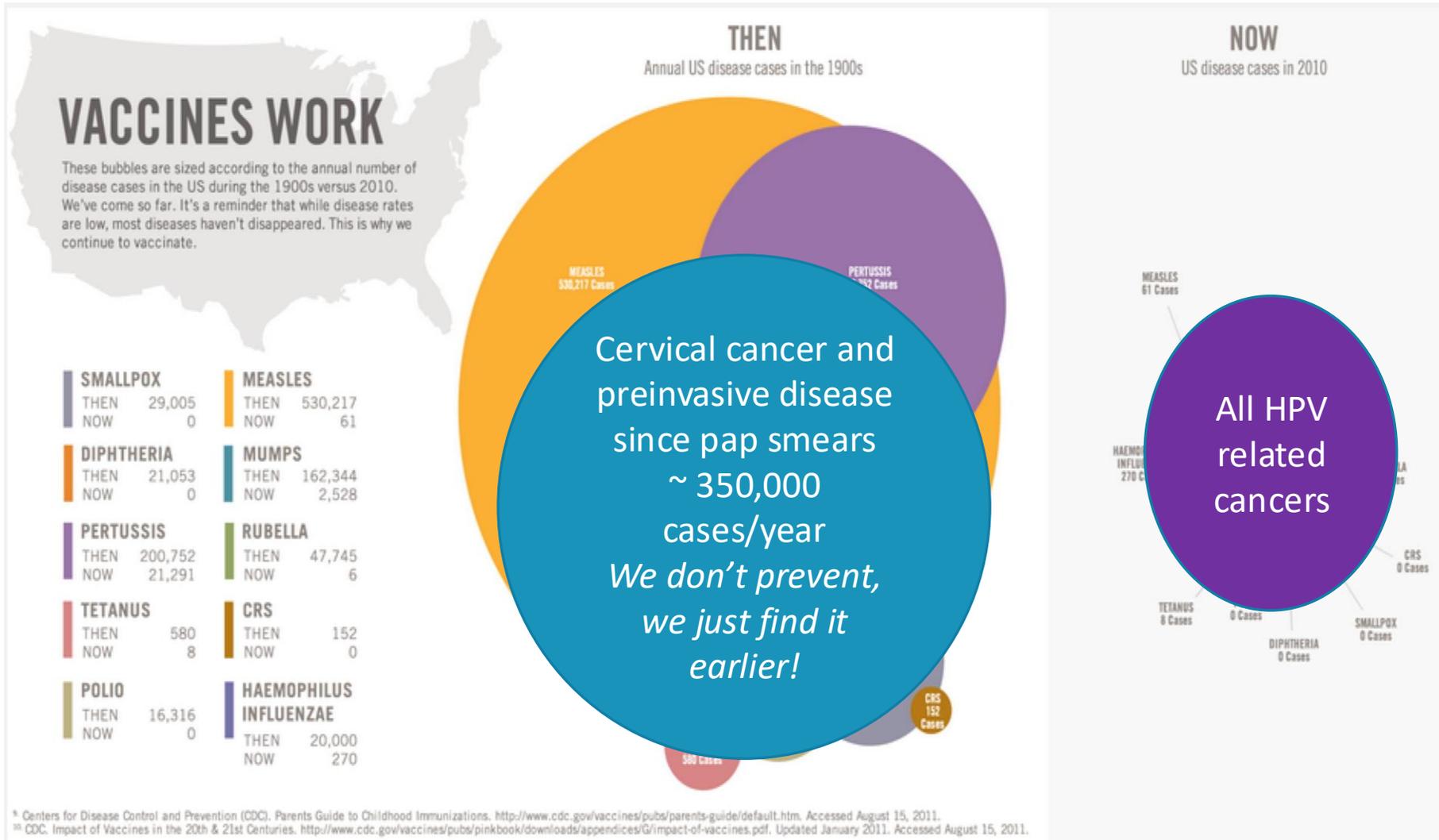
Malignancy	HPV Vaccinated Women		Non-HPV vaccinated Women	
	Person years	n	Person years	n
Cervical cancer	65,656	0	124,245	8
Vulvar cancer	65,656	0	124,245	1
Oropharyngeal cancer	65,656	0	124,245	1
Other HPV cancers	65,656	0	124,245	0
All HPV cancers	65,656	0	124,245	10
Breast cancer	65,656	2	124,245	10
Thyroid cancer	65,656	1	124,245	9
Melanoma	65,656	3	124,245	13
Non-melanoma skin cancers	65,656	2	124,245	3
Total	65,656	8	124,245	45



Population based study in Finland documented 0 HPV cancers in follow-up

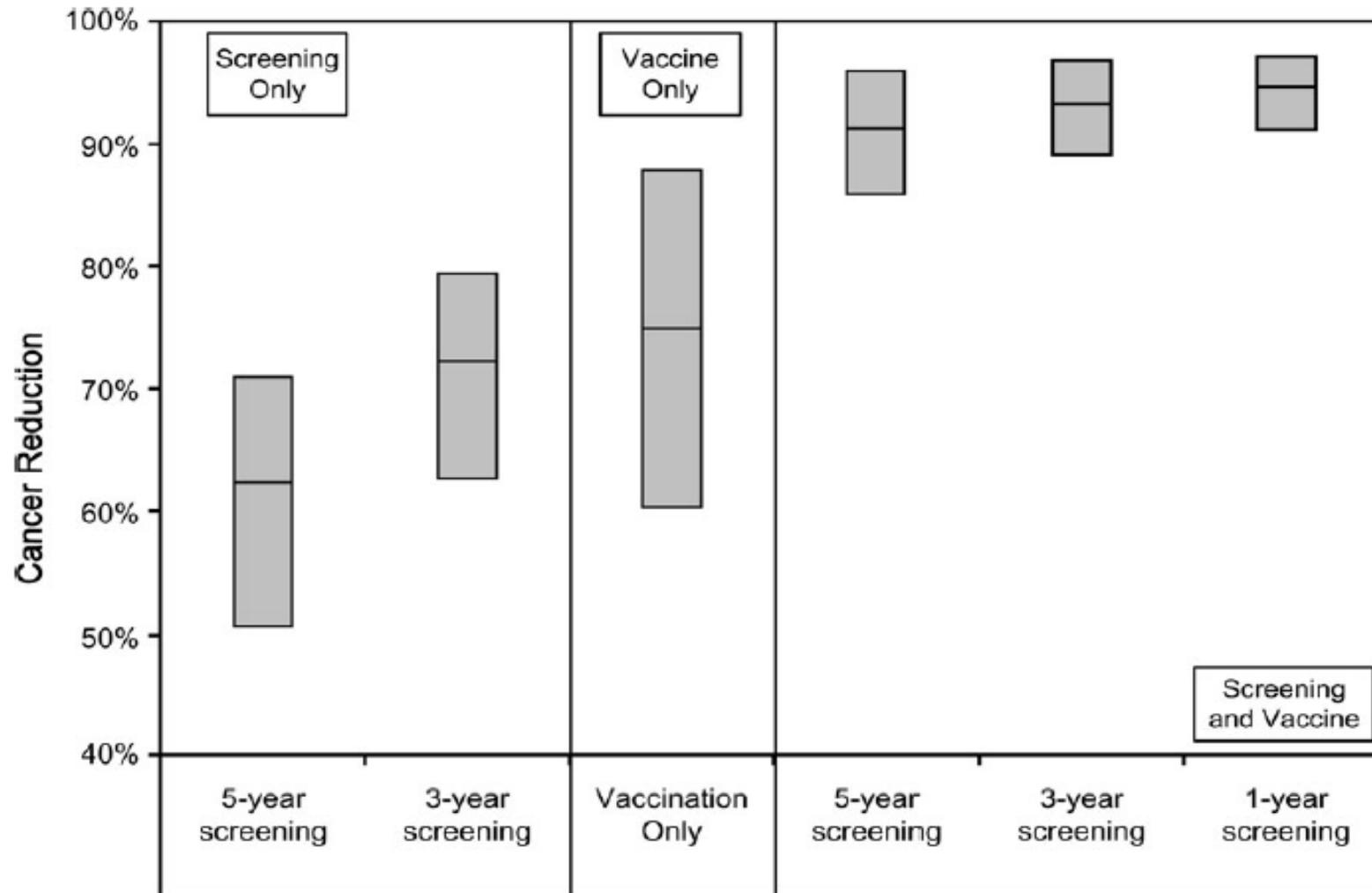
**Similar results
seen across
multiple countries
including Scotland**

End-point	HPV-vaccinated women (33 792 person years)		Non-HPV-vaccinated women (174 340 person years)	
	n	Rate (95% CI)	n	Rate (95% CI)
Cervical cancer				
HPV16	0	–	9	5.2 (2.7 to 9.9)
HPV18	0	–	2	1.1 (0.3 to 4.6)
HPV16/18	0	–	11	6.3 (3.5 to 11.4)
HPV33	0	–	2	1.1 (0.3 to 4.6)
HPV45	0	–	1	0.6 (0.1 to 4.1)
HPV52†	0	–	1†	0.6 (0.1 to 4.1)
Any HPV	0	–	14	8.0 (4.8 to 13.6)
Vaginal cancer				
HPV16	0	–	1	0.6 (0.1 to 4.1)
Vulvar cancer				
HPV52‡	0	–	1	0.6 (0.1 to 4.1)
Tongue cancer				
HPV213	0	–	1	0.6 (0.1 to 4.1)

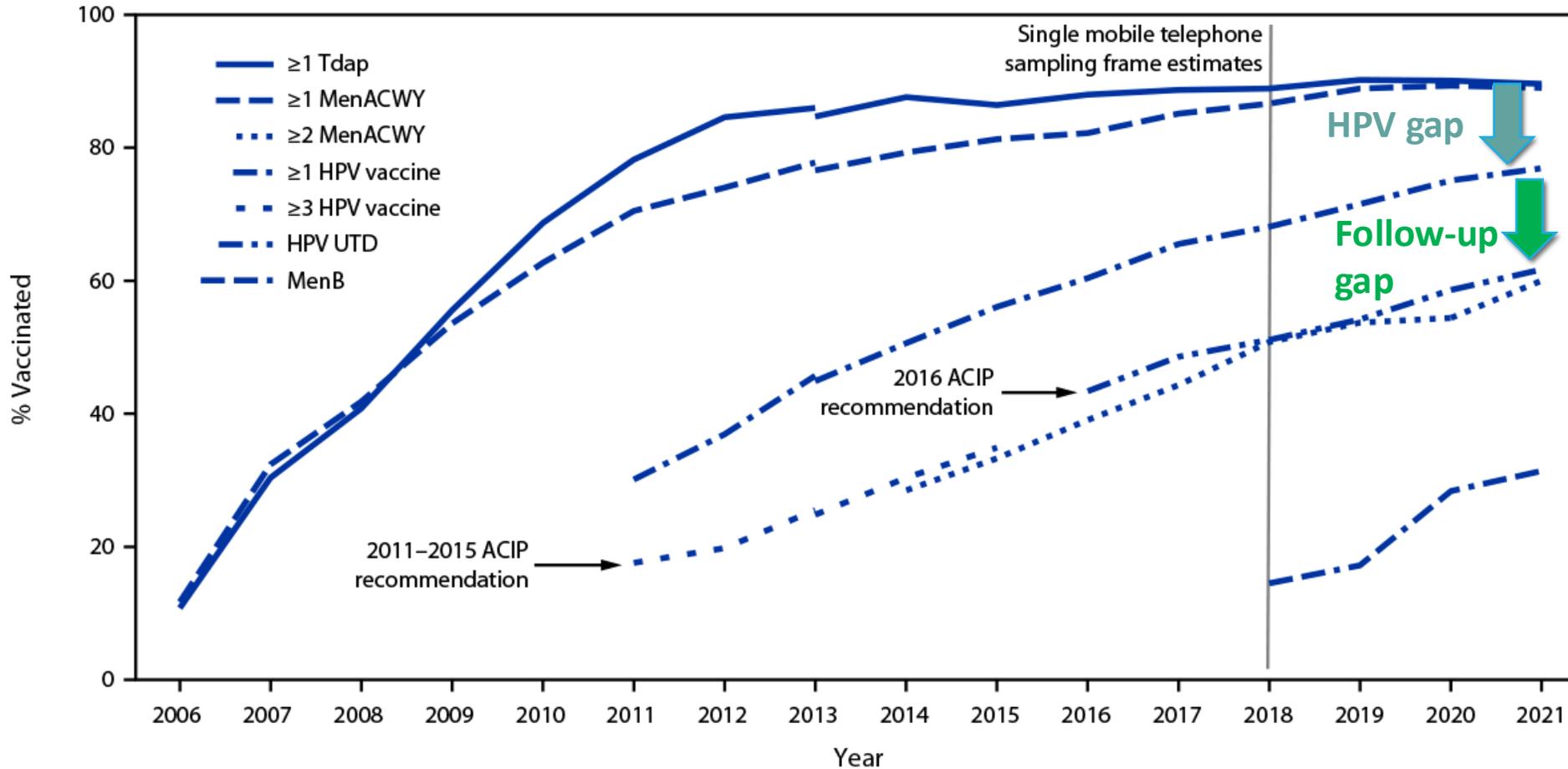


HPV vaccine is the most important childhood vaccine!

Screening interval and cancer risk reduction



Getting to > 85% vaccinated remains challenging: *But it's a lot easier with single dose*



Now this gap can go away!!
Are we ready to consider all single dose vaccinated kids UTD?



What about...

Efficacy in HPV + women¹

- 100% effective in preventing CIN 2/3 from vaccine viral types for neg women
- 94% effective in preventing vulvar/vaginal disease
- Colposcopy or post appt – 40-45% reduction in recurrence in vaccinated population, Huh et al 2010

Women aged 24-45²

- Study of 3819 women
- 67% naïve to 6,11,16,18
- Only 0.7% of women + for >1 vaccine viral types

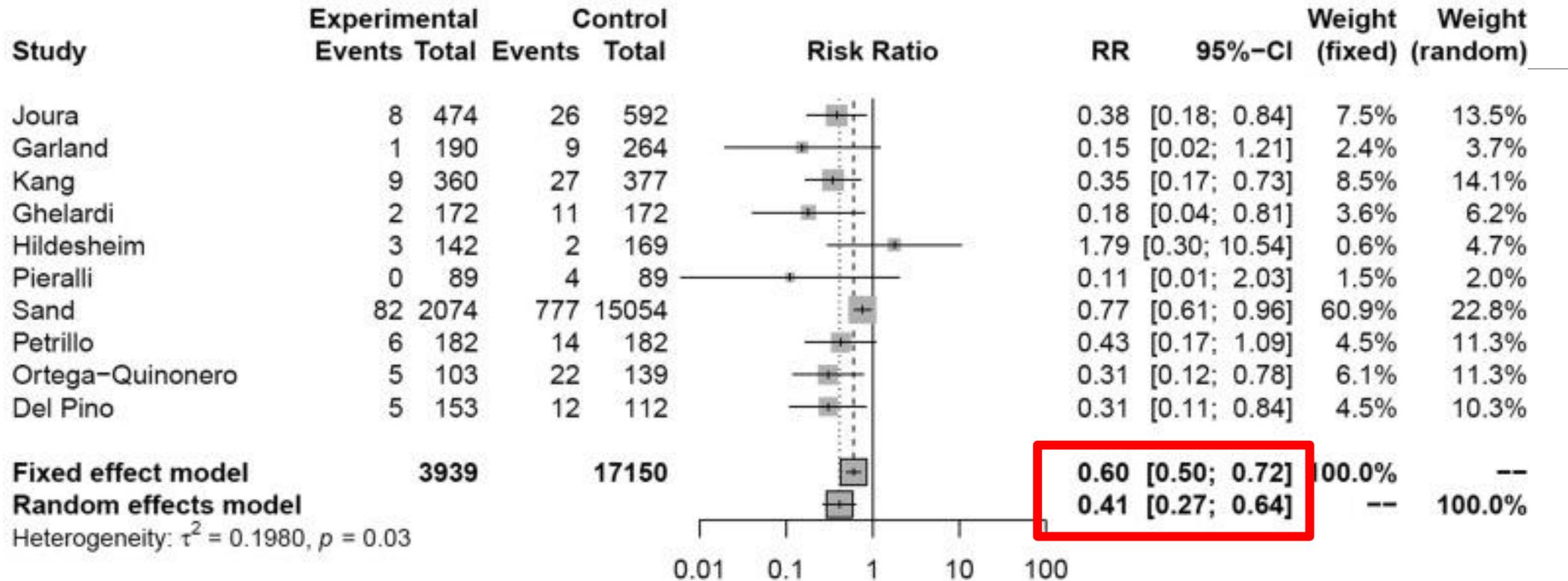
Immunocompromised individuals

- Still need multi dose series

1. FUTURE II Study Group. *J Infect Dis* 2007; 196: 1438.
2. Makhija S, FUTURE III Investigators. *Gyn Oncology* 2008, abstract.

HPV vaccination after treatment

off label use



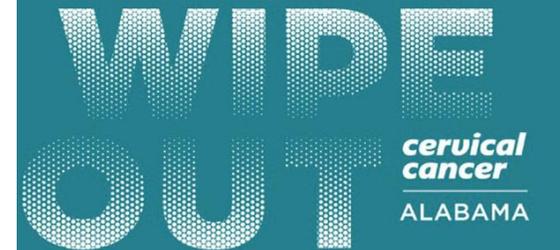
2020 meta-analysis

- All studies looking at prophylactic HPV vaccination just before or just after conization
- **Overall RR reduction 59% in favor of vaccination**

HPV vaccination is safe.

HPV vaccination works.

HPV vaccination lasts.



Global elimination

In May 2018, the WHO Director-General announced a global call for action to eliminate cervical cancer, underscoring renewed political will to make elimination a reality and calling for all stakeholders to unite behind this common goal.

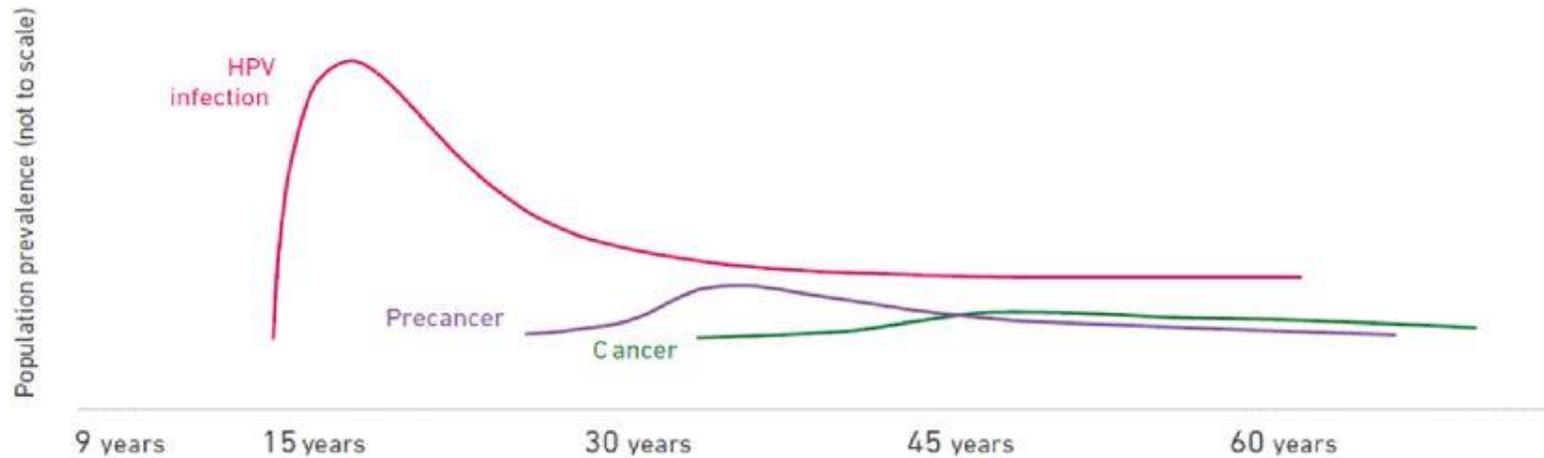
- For the first time ever, the world has committed to eliminate a cancer

In August 2020 the World Health Assembly adopted the [Global Strategy for cervical cancer elimination](#).

- Vaccinate 90% of girls with HPV vaccine by age 15
- Screen 70% of women using high performance test by age 35 and 45
- Treat 90% of women with pre-cancer and 90% with invasive cancer
- Reach and maintain an incidence rate of below 4 per 100,000 women
- Lowers cervical cancer incidence by 97% by 2120
 - 62 million deaths averted



Life Course Approach to Cervical Cancer Prevention and Control



Primary Prevention

Girls 9-14 years

- HPV vaccination

Girls and boys, as appropriate

- Health information and warnings about tobacco use
- Sexuality education tailored to age & culture
- Condom promotion/provision for those engaged in sexual activity
- Male circumcision

Secondary Prevention

Women > 30 years of age

“Screen and treat” – single visit approach

- Point-of-care rapid HPV testing for high risk HPV types
- Followed by immediate treatment
- On site treatment

Tertiary Prevention

All women as needed

Treatment of invasive cancer at any age and palliative care

- Ablative surgery
- Radiotherapy
- Chemotherapy
- *Palliative Care*

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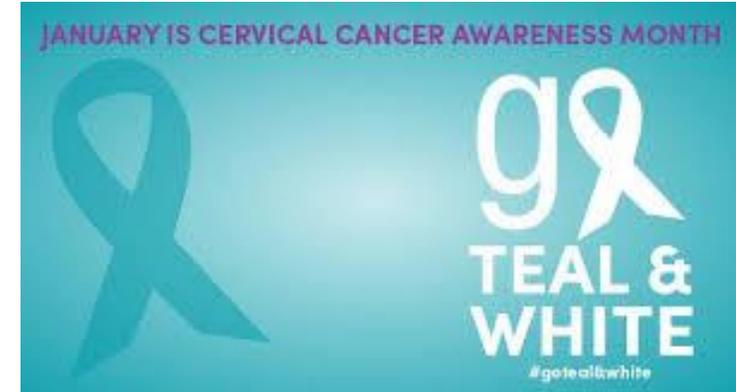
Championing the HPV Vaccine

Personally each of us can:

- Give presentations to groups of doctors, patients, parents, organizations
- Share medically factual information on social media, in social groups, one to one
- Encourage survivors to share their stories

As a group we can advocate for:

- Policy change to encourage vaccination
- Policy change to improve screening
- Policy change to improve follow-up of abnormal screens
- Coalition building through statewide meetings, cancer center networks, partnerships, etc



Conclusions

The burden of HPV-related disease is starting to decline globally but there is more to do!

Decreasing mortality from cervical cancer

- Increase HPV testing
- Improve follow-up by utilizing Breast and cervical program
- Vaccinate after treatment

Championing the HPV vaccine

- Start in your own circle of influence
- Use social media, traditional media, and small media to increase awareness and knowledge
- Build partnerships in your community
- Be a resource for others on HPV related disease and risk
- Evaluate and advocate for policy change at all levels



OPERATION WIPE OUT

Looking Back & Moving Forward

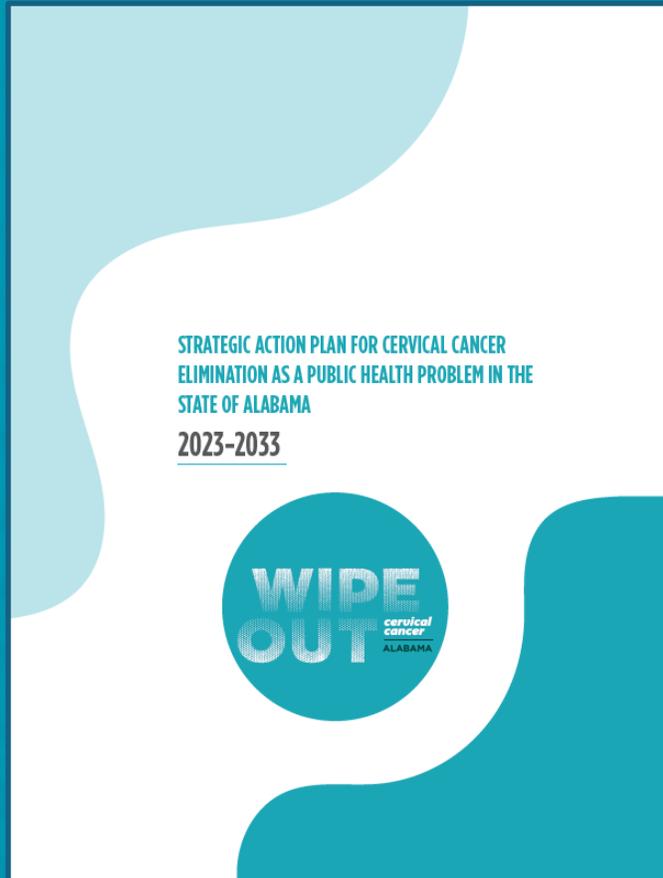


Summit Survey Results

- Learn more about OPERATION WIPE OUT
- How to get involved with the Effort?
- Lessons Learned from partners
- Networking



OPERATION WIPE OUT



- The Message
- Our Partners
- Our Successes
- Next Steps



The Message

- HPV Causes Cervical Cancer
- We can eliminate a cancer!
- 3 Pillars
- Everyone has a Role
- Call to Action: Spread the Word!



Cervical Cancer Can Be Eliminated

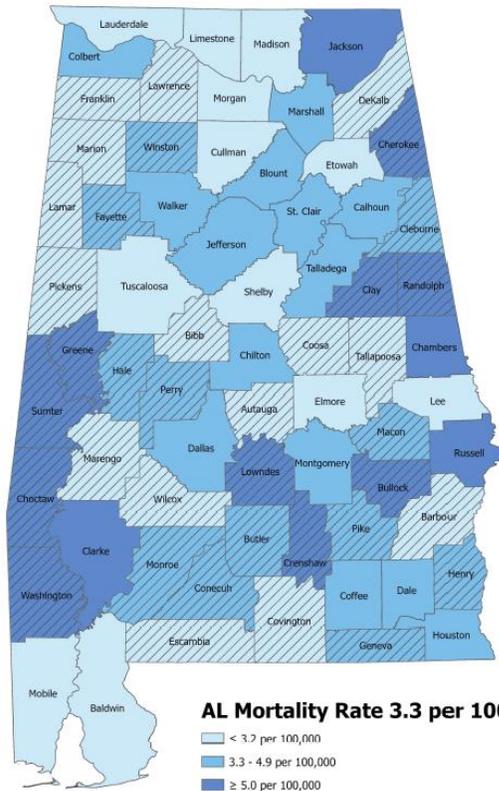
Cervical Cancer in Alabama

- Top 5 in Mortality in Nation
- Top 5 in Incidence in Nation
- Higher in Black Women
- Higher in Rural Areas
- Lowest Screening rates in FQHCs
- When diagnosed, it is often late-stage
- Lower than nation in HPV Vaccination rates

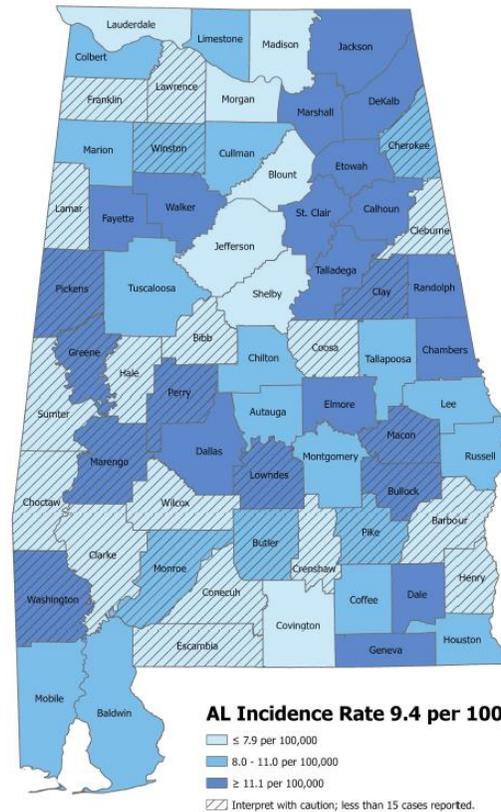


Cervical Cancer Can Be Eliminated

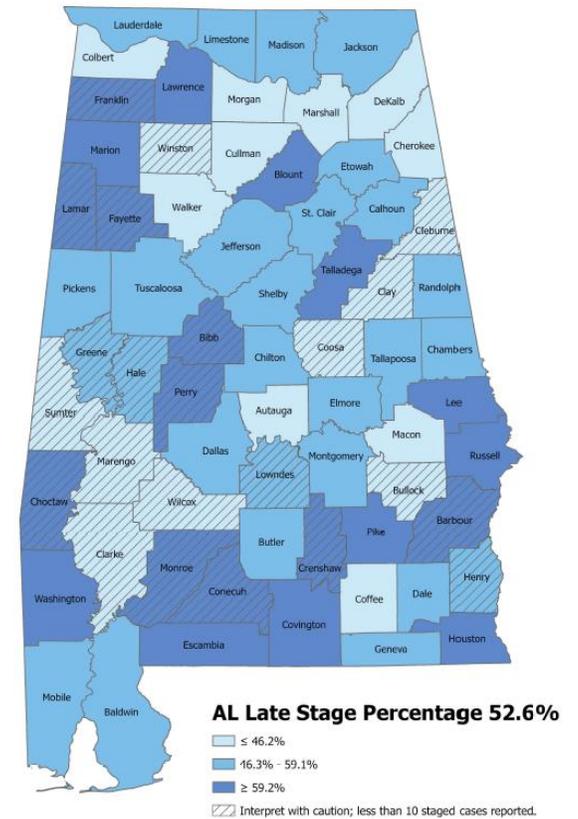
**Alabama Cervical Cancer Mortality Rates
Females Only, All Races 2014-2023**



**Alabama Cervical Cancer Incidence Rates
Females Only, All Races 2014-2023**



**Alabama Cervical Cancer Late Stage*
Percentage Females Only, All Races 2014-2023**



Us Cervical Incidence 2018-2022
All Races 7.5 per 100,000

3 Pillars of Elimination

WHAT CAN YOU DO TO ELIMINATE CERVICAL CANCER IN ALABAMA?

It takes 3 steps:

1



HPV VACCINE

Give the HPV vaccination to children and young adults aged 9-26.

2



SCREENING

Get regular HPV/Pap test to screen for cervical cancer beginning at age 21.

3

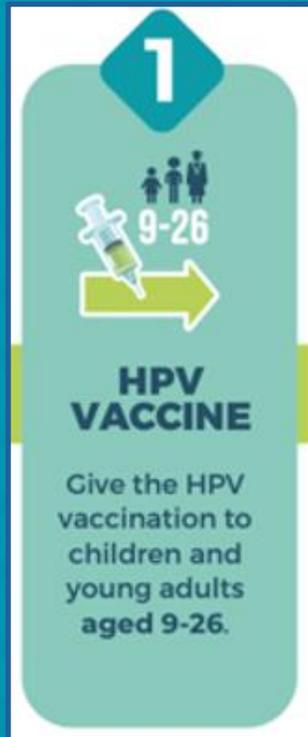


FOLLOW-UP

If your HPV/Pap test is abnormal, go back to your doctor/health care provider for a follow-up appointment.



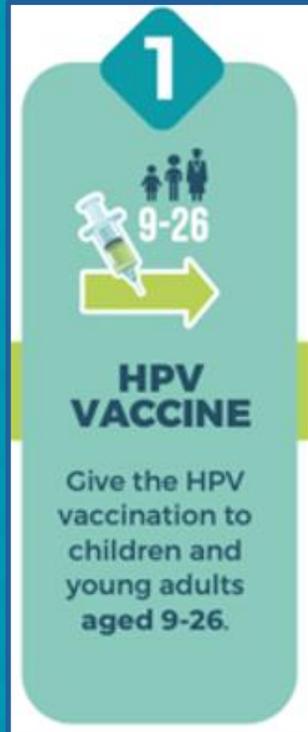
Pillar #1: HPV Vaccination



- 80 million adults currently infected with HPV
- 80% chance of infection in your lifetime
- More common than the common cold
- HPV Vaccination is safe.
Studies on 2.5 million people in 6 countries
- HPV Vaccination works.
- HPV Vaccination lasts.



Pillar #1: HPV Vaccination

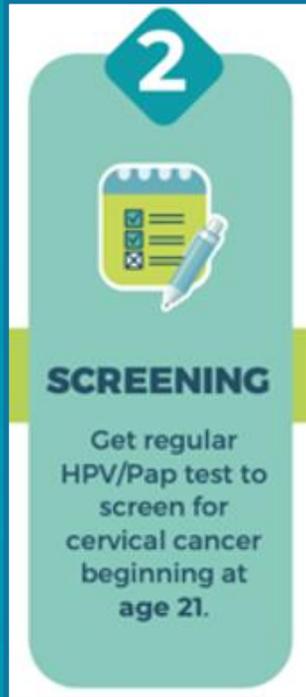


Why is our HPV vaccination rate low?

- Lack of Knowledge
- Safety Concerns
- Not Recommended



Pillar #2: Screening



What Does the Doctor Do During a Screening?

- A tiny brush is introduced through the vagina to get a sample
- The sample is examined in a laboratory to see if there is HPV, pre-cancer, or cancer cells
- If there is a finding, your doctor may recommend further follow-up



Pillar #2: Screening

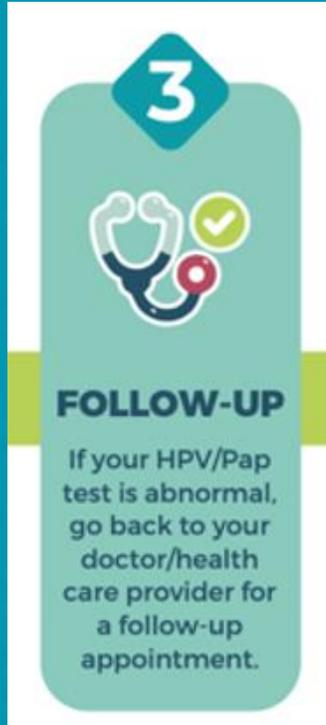


Why are women not getting screened regularly?

- Lack of Knowledge/Limited Knowledge
- Fear of results
- Lack of perceived risk
- Not knowing where to go
- Concerns about confidentiality (small towns)



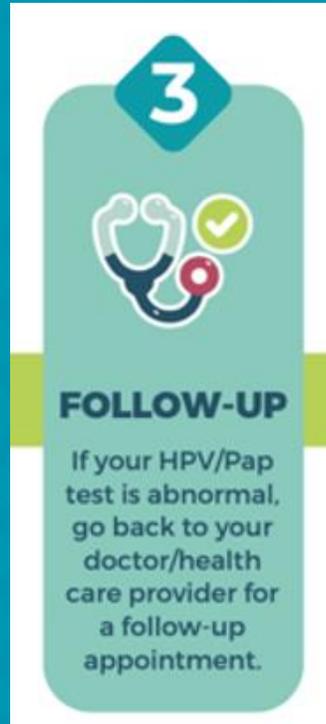
Pillar #3: Follow-Up



- Positive results do not mean you have cancer.
- Next steps may be monitoring for changes or removing a pre-cancer.
- Early stages of cancer can be treated successfully



Pillar #3: Follow-Up



Why are women not going back to doctor for follow-up?

- Only 41% go back after abnormal HPV/Pap test
- Lack of knowledge: Why Important to go back?
- Think an abnormal HPV/Pap test is a cancer diagnosis
- Believe Cancer is a death sentence



3 Pillars of Elimination

- Common Barrier: Knowledge
- Common Concern: Insurance / \$\$
 - Most Health Insurance covers all 3 Pillars
 - Program for free Vaccine for Children Under 19
 - Program for free Screening/Follow-Up (ABC)



Our Partners



Our Successes

- Increased Partners
- Increased Communication
- Encouraging adoption by Rotary International
- Assisting other States with Elimination efforts
- Southeast U.S. Call to Action to Eliminate Cervical Cancer & Toolkit
- HPV Vaccination Data
- Champion Trainings (more feet on the ground)
- Future Opportunities (Cervivor, OCRA)
- # & Types of Presentations/Audience



Newsletters & Google Group

WIPE OUT NEWSLETTER

MARCH 2025

WWW.OPERATIONWIPEOUT.ORG INFO@OPERATIONWIPEOUT.ORG

BUSY MONTH FOR OPERATION WIPE OUT

OPERATION WIPE OUT has had a busy and exciting month with activities and engagement of new counties, new partners, and activities! Some highlights include:

- ▶ Dr. Gary Pugh, Medical Officer, Family Health service, Alabama Department of Public Health share the successful experience of mobile colposcopy in Alabama as part of a national event organized by the American Cancer Society National Roundtable on Cervical Cancer. OPERATION WIPE OUT is very thankful for the dedication of Dr. Pugh and traveling nurse practitioners to make sure women get their follow-up for abnormal cervical cancer no matter where they live in Alabama.
- ▶ George Miranda, Cancer Center Director at Russel Medical Cancer Center brought together a committed group of individuals to launch OPERATION WIPE OUT in Tallapoosa and Coosa counties including the Rotary Club of Alexander City, Tallapoosa cooperative Extension Service, Chamber of Commerce, Mayor's Office, Central Alabama Community College and other partners.
- ▶ Dr. Isabel Scarinci was invited to speak at the Rotary International Assembly in Orlando to engage Rotarians all over the world in the elimination of cervical cancer.



- ▶ Nancy Wright was invited to share the OPERATION WIPE OUT efforts with the Alabama Board of Health where she got a lot of support from all involved.
- ▶ Dr. Olosunmisola Oyesiku and Nancy Wright were invited to speak with members of the Rotary Club of Selma and engage the club to get started in Dallas County.

HPV VACCINATION BILLBOARDS. LET'S START A COMPETITION!

Thanks to the partnership with the Alabama Department of Public Health Immunization Division, OPERATION WIPE OUT is very visible across Alabama through billboards to increase awareness about HPV vaccination.

Share pictures of the billboard on your story and tag @operationwipeout on Instagram or Operation WIPE OUT on Facebook by 4/30/25. The person with the most posted pictures will win a prize! DO NOT TAKE PICTURES WHILE DRIVING!



PHOTO CREDIT: KEENAN WYNN SENT THIS ONE FROM LINEVILLE, AL

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WIPE OUT NEWSLETTER

JULY 2025

WWW.OPERATIONWIPEOUT.ORG INFO@OPERATIONWIPEOUT.ORG

Partner Highlights:

ADPH brings OPERATION WIPE OUT to Alabama Black Mayors Conference

On June 19th, our partner the Alabama Department of Public Health (ADPH), represented by Linda Hayes, was invited to attend the Alabama Black Mayors Conference. At this important gathering, former Mayor Johnny Ford—Founder of the World Conference of Mayors—and Tuskegee Mayor Lawrence Haywood both signed resolutions in support of the Alabama Breast and Cervical Cancer Early Detection Program and OPERATION WIPE OUT. Their support marks a significant step in engaging local leaders in the effort to eliminate cervical cancer across Alabama.



SistersCANcervive Teams Up with OPERATION WIPE OUT for Belk Charity Fundraiser



Our partners at SistersCANcervive recently took on Belk stores across Alabama for the annual Belk Charity Fundraiser—and their efforts were a huge success! Through this initiative, they raised vital funds to support women facing cancer by helping to cover the costs of copays, gas, and meals. We're proud to have SistersCANcervive as part of the OPERATION WIPE OUT mission, working together to reduce the burden of women's cancer and bring resources directly to those who need them most.

Dr. Isabel Scarinci served as keynote speaker at the 2025 Rotary International Convention

On June 25, 2025, Dr. Isabel Scarinci, a long-time advocate and driving force behind OPERATION WIPE OUT, was honored to serve as a keynote speaker at the 2025 Rotary International Convention in Calgary. In her address, Dr. Scarinci shared the bold mission of eliminating cervical cancer in Alabama and highlighted the powerful role of community partnerships in this effort. She also expressed her deep commitment to serve alongside Rotarians in saving lives through prevention and early detection.



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WIPE OUT NEWSLETTER

OCTOBER 2025

WWW.OPERATIONWIPEOUT.ORG INFO@OPERATIONWIPEOUT.ORG

Partner Highlight:

Partner Champions OWO at Camden District AME Workshop

On August 9th, our partner, Patricia Cade made waves in the faith community, recently presenting the OPERATION WIPE OUT initiative at the Camden District AME Church Harvest Home Program's Workshop on Health. During this event, she shared how faith-based organizations and church leaders can get involved in OPERATION WIPE OUT, reaching an audience of 35 ministers, their wives, and lay congregants at Braezel AME Church in Camden, AL. Building on this momentum, she is now in the process of developing a comprehensive church toolkit to further support congregations and communities in the cervical cancer elimination mission.



Riverboat Ride in Teal Champions OWO



On September 26, 2025, our community partner SistersCanCervive hosted their inspiring Riverboat Ride in Teal aboard the Harriott II in Montgomery. Participants dressed in beautiful shades of teal to honor awareness about gynecological cancers, including cervical cancer. They hosted a vibrant celebration of hope, strength, and awareness. Leading up to the event, SistersCanCervive volunteers dedicated 24 hours to advocacy—handing out educational materials and engaging with community members across Montgomery to raise awareness about cervical cancer prevention and early detection. Their continued dedication is a powerful example of how grassroots advocacy and community engagement can make a lasting impact in the fight against women's cancers.

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Beyond Alabama

Rotary



Supporting other States

- Texas
- Louisiana
- Florida
- Tennessee
- Mississippi
- Kentucky
- New Jersey
- Oklahoma
- Oregon
- Wisconsin

Southeastern HPV Roundtable

**Southeast U.S. Call to Action
Elimination of HPV Cancers
Starting with Cervical Cancer
as a Public Health Concern**

HPV VACCINATION
ROUNDTABLE
OF THE SOUTHEAST

Virtual Launch
September 9, 2025



stjude.org/southeast-roundtable



HPV va

We have created a
detailed reports b

For example, the c
adolescents betw

HPV Vaccination Data Request							
County	Ages	Sex	Total # Population	Total # who received HPV initial 1st Dose	% who received HPV initial 1st Dose	Total # Up to Date on HPV	% Up to Date on HPV
Alabama	9	Male					
		Female					
	10	Male					
		Female					
	11	Male					
		Female					
	12	Male					
		Female					
	13	Male					
		Female					
	14	Male					
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	Female						
25	Male						
	Female						
26	Male						
	Female						

us to provide

4 among



HPV Vaccination

For our partners who wish to request data for local School Systems or your county, please email Shannon Phillips at shannon.phillips@adph.state.al.us.

If requesting school data, please provide a list of the specific school names and grade levels, so that we can ensure the correct school is used.

BOOKER T WASHINGTON MIDDLE SCHOOL					
Grade	Gender	# of Students	% Only 1 Dose HPV	% At Least 1 Dose	% UTD HPV
SIXTH GRADE	Female				
	Male				
SEVENTH GRADE	Female				
	Male				
EIGHTH GRADE	Female				
	Male				



Champion Training



A Strategic Approach to Help Partners Getting Started

The goal of **OPERATION WIPE OUT** is to eliminate cervical cancer as a major public health threat in Alabama through a comprehensive approach that includes awareness/education, HPV vaccination, screening, and follow-up/treatment. Achieving this mission requires collaboration, strategic planning, and leveraging community resources, including grassroots support, healthcare professionals, and partnerships. Everyone can play a role, and there are many opportunities for different organizations and individuals to jump in and focus on where they have capacity.

How to get started?

- 1 Identify a Champion(s)**

Why It Matters: A champion is a trusted, passionate community volunteer who engages, connects, and inspires others to support health initiatives, advocating for the cause and sustaining momentum without needing to be a healthcare professional.

Actions:

 - Identify passionate, effective leaders to unite local allies, share ideas, are able to connect with others across the state, and drive action.
 - OPERATION WIPE OUT** coordinating partners will work with them on a "Champion Briefing" to equip them with necessary information and tools they need to get started.

Tips for Engaging Community Partners in Cervical Cancer Elimination



OPERATION WIPE OUT Champions

Below are some suggestions on talking points when engaging community partners.

- 1 Start with Shared Values, Not Just the Data**

Lead with **why this effort matters** for the people they serve – not just numbers.

 - "This is about protecting our daughters, sisters, and mothers from a cancer we can prevent."

Align with their mission:

 - For **schools**: "Healthy students stay in school."
 - For **churches**: "We're called to care for our bodies and community."
 - For **clinics**: "We can reduce advanced cancer diagnoses together."
 - For **civic organizations**: "This message can be integrated in the community service you are already providing to our community."
- 2 Make the Ask Specific and Doable**

Be specific on your request. Avoid saying, "Will you help?" Instead, you can say:

 - "Would you be willing to host a screening day or share HPV vaccine info in your newsletter?"

Or

 - "Now that you know more about **OPERATION WIPE OUT**, what role would you/your organization like to play?"

Examples of specific partner asks:

 - Participate in planning **OPERATION WIPE OUT** activities in the community
 - Host a **health education session** or vaccine clinic
 - Distribute **flyers or materials**
 - Invite a speaker to a **staff meeting or church group**
 - Share a **story on social media**

Tips for Creating an Action Plan to Eliminate Cervical Cancer




ELIMINATE CERVICAL CANCER

The intent of these tips is to provide overall guidance to **OPERATION WIPE OUT** partners in developing their plan of action rather than being prescriptive. **OPERATION WIPE OUT** coordinating partners are available for guidance and support.

- 1 Start with Your "Why"**

Ground the plan in your personal motivation, your organization mission, and/or community need.

Ask:

 - "Why is cervical cancer elimination important to me and/or my organization?"
 - "How can this enhance my organization's mission?"
 - "What issue am I seeing in my community? Low screening? Low HPV vaccination? Lack of adherence to follow-up to abnormal cervical cancer screening? Lack of information?"

This helps ensure your plan is **purpose-driven** and **people-focused**.
- 2 Set a Clear, Specific Goal**

Good action plans start with a **SMART** goal:

 - Specific
 - Measurable
 - Achievable
 - Relevant
 - Time-bound

Example:

 - "Increase HPV vaccine awareness among parents of 9-12-year-olds in my church by hosting two information sessions by October."
- 3 Choose 1-2 Focus Areas**

Don't try to do everything at once. Pick what matters most to your community:

 - Education/awareness that cervical cancer can be eliminated through the three pillars

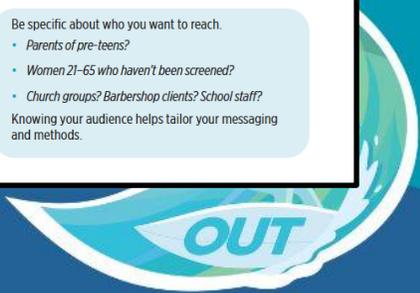
Ask:

 - "What's the **biggest barrier** in my area that I can realistically help address?"
 - "Where should we start?"
- 4 Identify Your Audience**

Be specific about who you want to reach.

 - Parents of pre-teens?
 - Women 21-65 who haven't been screened?
 - Church groups? Barbershop clients? School staff?

Knowing your audience helps tailor your messaging and methods.



Champion Training

Tips for Talking to Hesitant Parents About HPV Vaccination



OPERATION WIPE OUT Champions

Below are some suggestions on talking points when disseminating information and/or educating others.

1 Listen First Without Judgment

Start by asking:

- "What concerns do you have?" or "What have you heard about the HPV vaccine?"

Let them speak fully before jumping in. People respond better when they feel heard not lectured.

Focus on the specific concern raised by the individual and avoid bringing up other concerns.



2 Acknowledge and Empathize

Validate their concerns without endorsing misinformation or saying that the person is wrong.

- "That's a really common question — I wondered the same thing at first."
- "I can see you just want to make the best decision for your child."

This shows you're on their side, not trying to win a debate.

3 Reframe the Vaccine as Cancer Prevention, Not About Sex

Emphasize that this is a cancer vaccine.

- "The HPV vaccine is about **preventing cancer**, not about sex. It works best when given early, before someone is exposed — just like other routine childhood vaccines."

Use comparisons they know: "It's like the chickenpox or tetanus shot. We give it before there's a risk."



Tips for Talking to Women Who Are Hesitant About Screening



OPERATION WIPE OUT Champions

Below are some suggestions on talking points when disseminating information and/or educating others.

1 Start with Empathy and Trust

Acknowledge that getting screened can feel uncomfortable or scary.

- "I understand. A lot of women feel nervous or unsure. You're not alone."
- "It's okay to have questions or to feel uneasy. Let's talk through it."



2 Explain the Why in Simple, Empowering Terms

Don't lead with fear. Lead with prevention and protection.

- "Cervical cancer is one of the few cancers we can actually prevent, and screening is how we catch it early before it becomes cancer."
- "It's not just about today. It's about protecting your future, your family, and your peace of mind."

Never make someone feel ashamed for not being screened. Meet them with care and curiosity.

3 Address Common Fears and Misunderstandings

Start by asking:

- "What concerns do you have?"
Let them speak fully before jumping in. People respond better when they feel heard, not lectured. Focus on the specific concern.
- "It's painful or embarrassing."
"It's quick — usually just a few minutes. Some women feel slight pressure, but it shouldn't be painful. And the providers are trained to make you as comfortable as possible."
- "I feel fine, so I don't need it."
"Cervical cancer doesn't usually show symptoms until it's advanced. Screening is the only way to catch early changes while it is easy to prevent and/or treat."
- "I'm too old/young/longer sexually active."
"If you're 21-65, you still need screening, even if you're not currently sexually active."
- "I had a bad experience before."
"I'm so sorry that happened. There may be providers in your area who are known for being respectful and provide good care to their patients. I'd be glad to help you find one."



Tips for Talking to Women Who Are Reluctant to Attend Follow-Up After an Abnormal Screening



OPERATION WIPE OUT Champions

Below are some suggestions on talking points when disseminating information and/or educating others.

1 Start with Reassurance, Not Alarm

Hearing "abnormal" can feel scary — your tone matters.

- "An abnormal result **doesn't mean you have cancer**. It just means your doctor saw some changes that need a closer look."
- "Most abnormal results are caused by treatable changes. That's why follow-up is so important. It's how we stop cancer before it starts."



2 Acknowledge and Normalize Their Emotions

Many women feel fear, shame, or denial.

- "You're not the only one who feels nervous. That's completely normal."
- "A lot of women avoid follow-up because they're scared, but the best way to stay healthy is to take the next step."

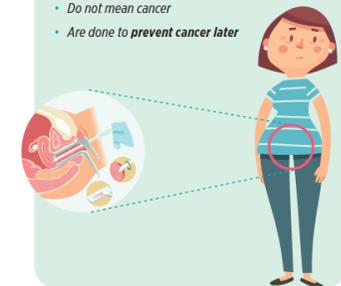
3 Explain What Follow-Up Really Means

Break down what they can expect in plain language.

- "Follow-up might be a second Pap, an HPV test, or a colposcopy, which is just a close-up look at your cervix with a special light. It's quick and usually done in the clinic."

Clarify that most follow-up tests:

- Are not surgery
- Do not mean cancer
- Are done to prevent cancer later



OUT

Our Successes



**ELIMINATING
CERVICAL
CANCER ONE
STEP AT A TIME...**
*starting in
Alabama*



OPERATION WIPE OUT aims to eliminate cervical cancer as a public health problem in Alabama by raising awareness about HPV and cervical cancer prevention and facilitating access to vaccination, screening, follow-up, and treatment through 3 simple steps...

Step 1: HPV Vaccination
Give the HPV vaccination to children and young adults aged 9-26

Step 2: Screening
Get regular HPV/Pap test to screen for cervical cancer beginning at age 21

Step 3: Follow-Up/Treatment
If your HPV/Pap test is abnormal, go back to your doctor/health care provider for a follow-up appointment

JOIN US IN IMPLEMENTING EFFORTS IN YOUR STATE TO ELIMINATE CERVICAL CANCER

Resources to help get started available at OPERATIONWIPEOUT.ORG



- Cervivor Special Commemorative Magazine Celebration 20th Anniversary
- Potential Ovarian Cancer Research Alliance (OCRA) Collaboration
 - “we’ve been deeply inspired by the extraordinary impact of Operation Wipe Out. The clarity of your “Vaccinate · Screen · Follow Up” framework, the strength of your public–academic–civic collaboration, and your focus on equity and community engagement in Alabama “
- Spreading the Word: 48 Speaking Engagements
 - Isabel: 20
 - Nancy: 19
 - Both of us: 9



Next Steps

- Everyone Has a Role
- What Can I do
 - At Home?
 - At Work?
 - In my Community?



For More Information

WEBSITE

www.operationwipeout.org

SOCIAL MEDIA

- **Facebook (@Operation WIPE OUT):**
<https://www.facebook.com/operationwipeout>
- **Instagram (@operationwipeoutal):**
[@operationwipeout_uab](https://www.instagram.com/operationwipeoutal)
- **X (@OpWipeOutAL):**
<https://x.com/OpWipeOutAL>

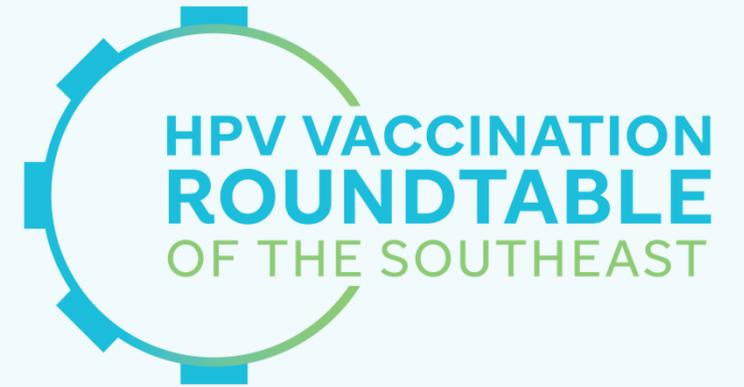


OPERATION WIPE OUT 2026 SUMMIT

MACQUEEN ALUMNI CENTER BALLROOM
UNIVERSITY OF SOUTH ALABAMA



Southeast U.S. Call to Action: Eliminating HPV Cancers Starting with Cervical Cancer



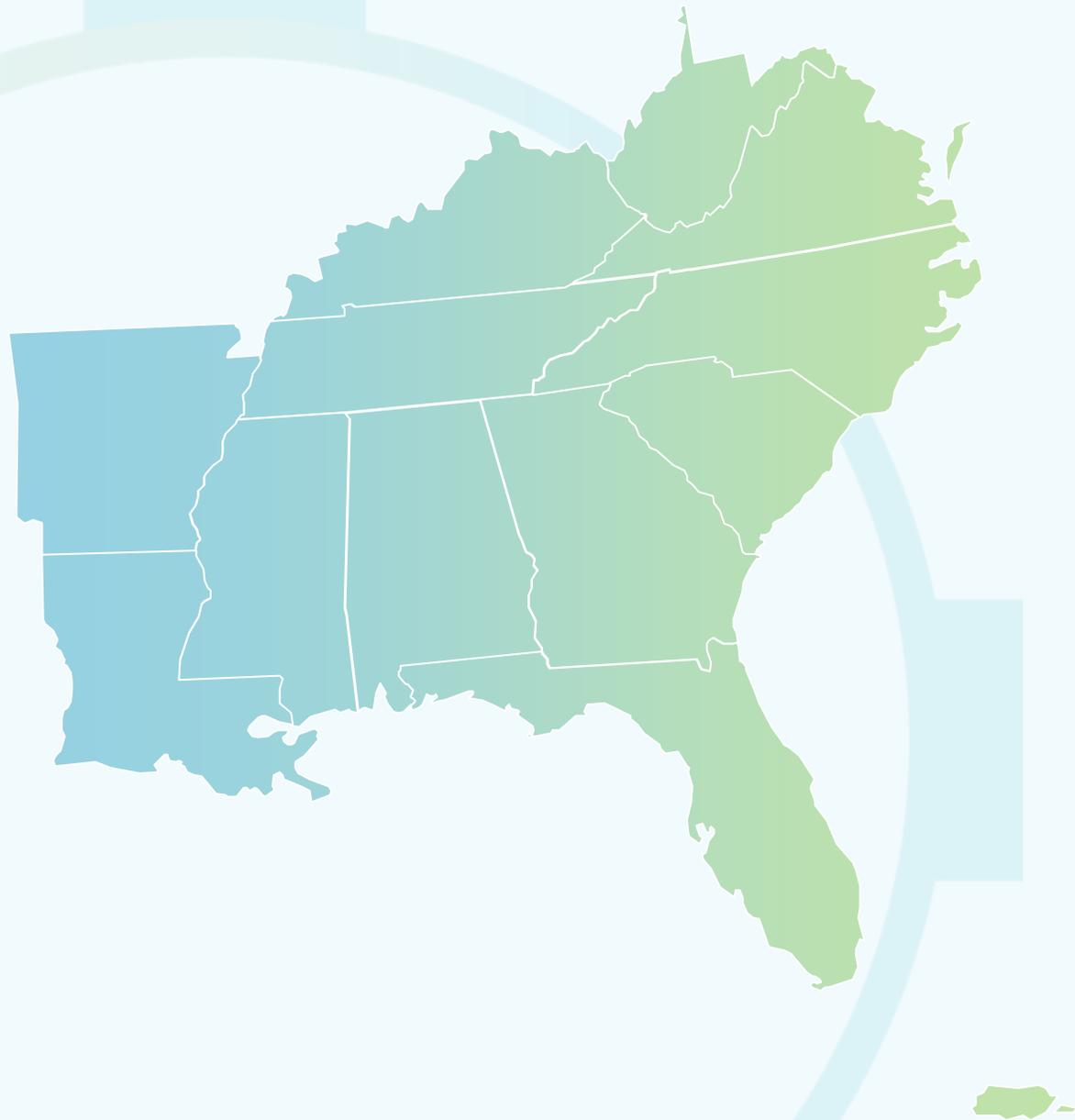
Julia Brown, MPH, St. Jude Children's Research Hospital, Co-lead HPV Vaccination Roundtable of the Southeast Elimination Priority Implementation Team

Casey Daniel, PhD, MPH, USA Health Mitchell Cancer Institute, Co-lead HPV Vaccination Roundtable of the Southeast Elimination Priority Implementation Team



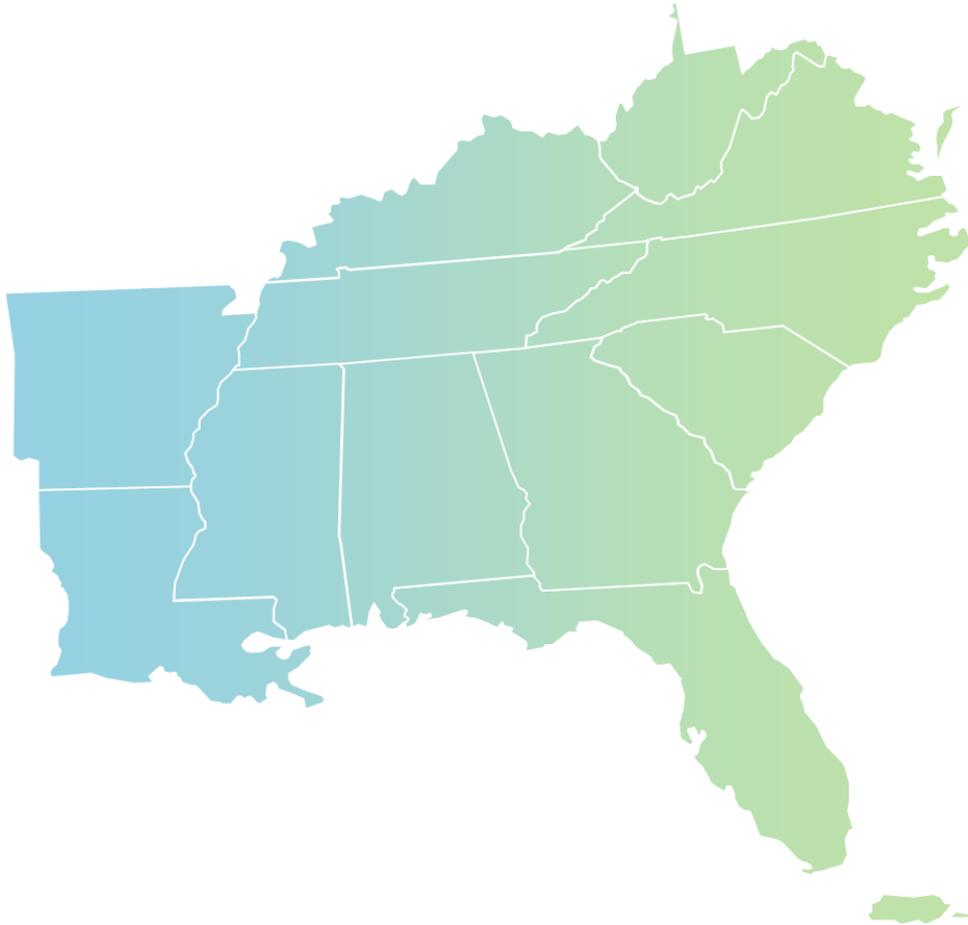
Learning Objectives

- Understand the elimination of HPV cancers starting with cervical cancer as a public health concern and priority action area of the HPV Vaccination Roundtable of the Southeast.
- Define special considerations and populations of interest for HPV cancer elimination across the Southeast.
- Discuss the Southeast U.S. Call to Action and Toolkit.



About the Southeast Roundtable

Southeast Roundtable



1. Alabama
2. Arkansas
3. District of Columbia
4. Florida
5. Georgia
6. Kentucky
7. Louisiana
8. Mississippi
9. North Carolina
10. South Carolina
11. Tennessee
12. Virginia
13. West Virginia
14. Puerto Rico

What is the Southeast Roundtable?

Vision

- The Southeast Roundtable seeks to end HPV cancers, starting with the elimination of cervical cancer as a public health problem.

Mission Statement

- The Southeast Roundtable serves as a collaborative of people representing likeminded organizations and themselves as individuals who are committed to improving HPV vaccination coverage in the region through coordinated efforts to stimulate collective action and implementation of evidence-based interventions.

Membership

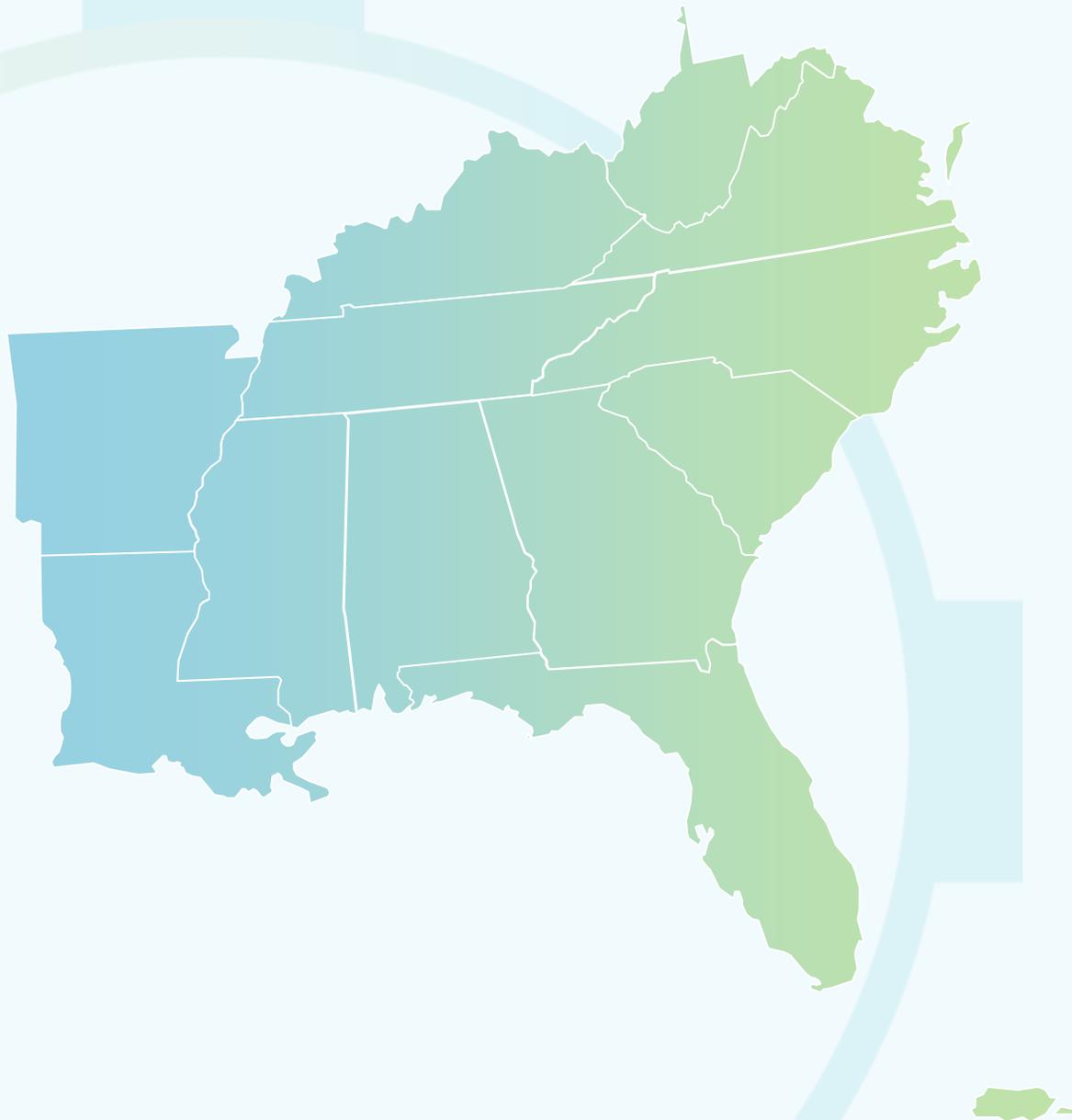
- Membership is open to all interested individuals and organizations that agree to work collectively toward the vision and mission of the Southeast Roundtable.

Forming a Roundtable



Coming together as the southeastern region, we can discuss and act on:

- Conditions surrounding HPV vaccination and HPV cancer prevention;
- HPV vaccination success stories – and how these may be leveraged and replicated in other areas of the southeast;
- Challenges facing HPV vaccination – and how we may support each other to overcome such barriers; and
- Opportunities to improve HPV vaccination coverage in each state and across the region.



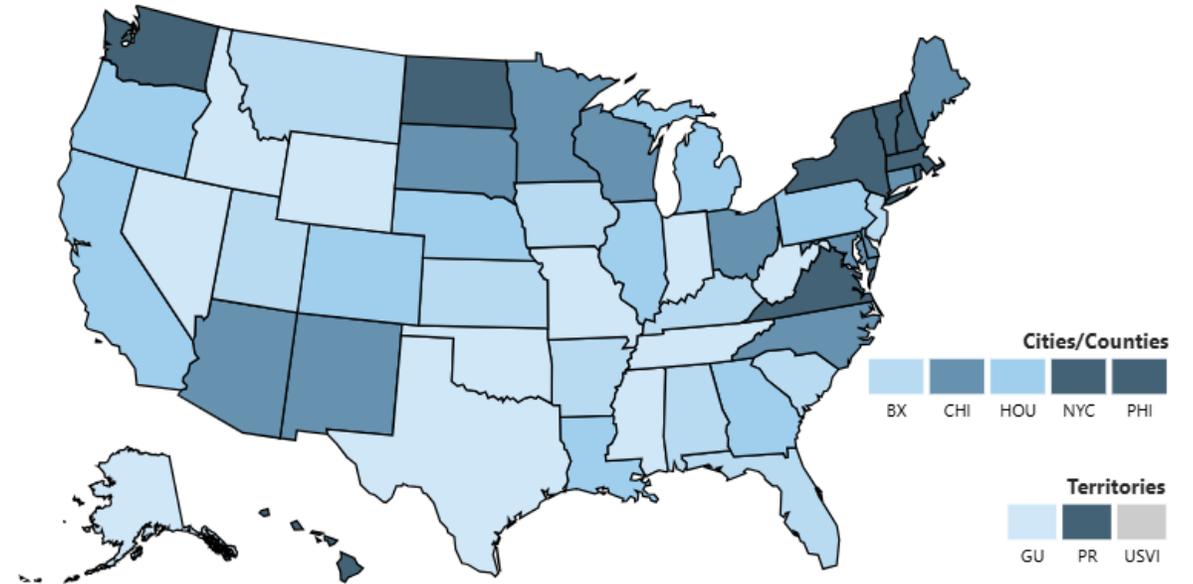
Why the Southeast?

- Low HPV vaccination coverage
- High HPV cancer rates
- High levels of vaccination hesitancy
- Lack of strong provider recommendations
- Myths and misconceptions
- Access to vaccination challenges

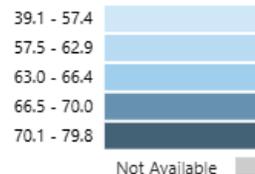
Estimated Percentage HPV Up-to-Date (UTD), NIS-Teen, 2024

Up-to-Date HPV Vaccination Coverage among Adolescents Age 13-17 Years, 2024, National Immunization Survey-Teen

Selected States	2021	2022	2023	2024
United States	61.7%	62.6%	61.4%	62.9%
Alabama	62.5%	59.2%	60.3%	60.9%
Arkansas	56.8%	55.7%	52.9%	60.3%
DC	79.4%	77.8%	72.4%	75.8%
Florida	49.0%	58.9%	64.4%	59.0%
Georgia	60.9%	61.5%	40.5%	53.4%
Kentucky	57.0%	55.0%	47.9%	61.1%
Louisiana	63.9%	67.3%	66.2%	61.1%
Mississippi	32.7%	38.5%	38.4%	39.1%
North Carolina	67.8%	54.8%	63.5%	63.5%
Puerto Rico	67.2%	70.3%	76%	76.7%
South Carolina	62.1%	54.4%	61%	59.5%
Virginia	64.9%	62.7%	62.9%	71.9%
West Virginia	56.4%	51.5%	49.8%	55.6%
Tennessee	56.5%	64.4%	55%	54.3



Legend – Coverage (%)

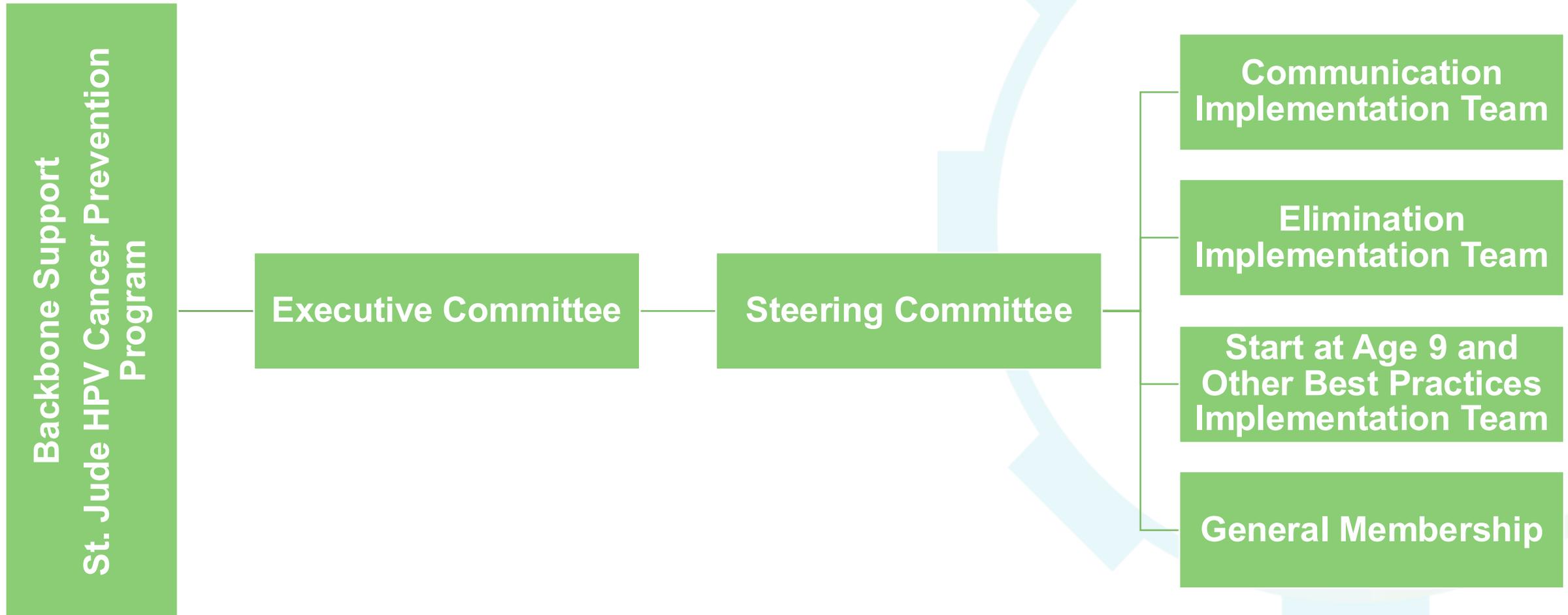


National Coverage: 62.9%
Range: 76.1% (RI) to 39.1% (MS)

City & Territory Abbreviations ?

National Center for Immunization and Respiratory Diseases. (n.d.). Vaccination Coverage among Adolescents (13 – 17 Years). TeenVaxView. Retrieved August 18, 2025, from <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html>

Structure of the Southeast Roundtable



Southeast Roundtable Executive Committee



Steering Committee Chair
*Robert Bednarczyk, PhD,
Associate Professor, Global
Health and Epidemiology,
Emory University Rollins
School of Public Health*



*Gabby Darville-Sanders, PhD,
MPH, Strategic Director, ACS
National HPV Vaccination
Roundtable*



*Jessica Davis, Senior Director,
State Partnerships, American
Cancer Society*



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- Vivian Colon-Lopez, University of Puerto Rico
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- Amy Ellis, American Cancer Society
- Jane Grey, National HPV Vaccination Roundtable, State Coalitions Task Force
- Kim Hale, American Cancer Society
- Cara McCarthy, Louisiana Cancer Prevention & Control Programs
- Madeline McNee, St. Jude Children's Research Hospital
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- Heather Mercer, Immunize Arkansas
- Hannah Nein, American Cancer Society
- Jill Pait, American Cancer Society
- Tara Pandygraft, Kentucky Department of Public Health
- Beth Poore, South Carolina Department of Health
- Yara Sanchez, University of Puerto Rico
- Dorothy Sinard, ImmunizeTN
- Sherrie Wallington, The George Washington School of Nursing, Milken Institute School of Public Health, GW Cancer Center
- Samantha Wells, St. Jude Children's Research Hospital

Southeast Roundtable Membership Form

Anyone is welcome to join the roundtable who shares our commitment to improve HPV vaccination across the Southeast

Membership will help to monitor metrics related to participation and engagement

Membership Form

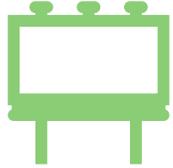


<http://stjude.org/SERTmem>



Southeast Roundtable Priority Action: Elimination

Priority Action Areas for 2025-26



Communication

Develop and implement a **communication campaign and messages** for the Southeastern region

1. **Create a campaign that will focus on HPV vaccination as cancer prevention for everyone (gender-neutral)**
2. Focus on working with rural communities through health department partnerships
3. Provide bite sized, digestible, accessible information for health care providers



Elimination

Develop and disseminate a **plan for HPV cancer elimination in the Southeast**, beginning with cervical cancer as a public health concern

1. Develop a regional plan for eliminating HPV cancers, starting with cervical cancer as a public health concern
2. Identify and unify partners in a collective voice around a plan to eliminate HPV cancers, starting with cervical cancer
3. Build a toolkit for Southeast Roundtable states and jurisdictions to develop own elimination plans

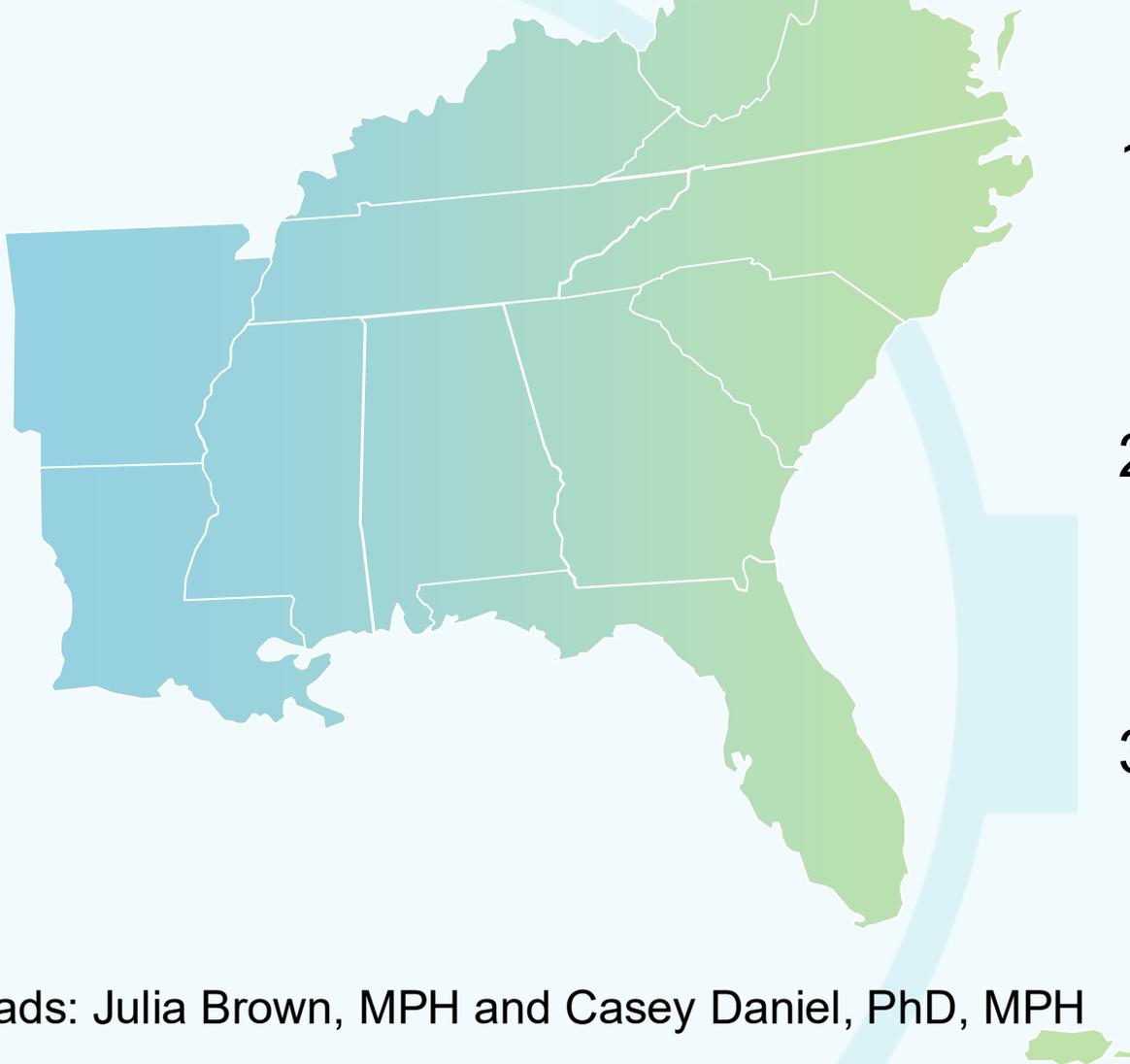
9

Start at Age 9 and Other Best Practices

Accelerate efforts to **start HPV vaccination at age 9**

1. Support the entire health care team (e.g. primary care providers, family practice physicians, caregivers) to deliver consistent HPV vaccination messaging through training (e.g., AAT, 3Cs) and building trust with patients, as well as sharing the benefits, best practices, and case studies for starting at age 9
2. Prepare medical residents to communicate HPV vaccination starting at age 9 through development of a training curriculum
3. Engage regional partners and disseminate resources to initiate activation of HPV vaccination starting at age 9

Develop and disseminate a **plan for HPV cancer elimination in the Southeast**, beginning with cervical cancer as a public health concern



1. Develop a regional plan for eliminating HPV cancers, starting with cervical cancer as a public health concern
2. Identify and unify partners in a collective voice around a plan to eliminate HPV cancers, starting with cervical cancer
3. Build a toolkit for Southeast Roundtable states and jurisdictions to develop own elimination plans

Leads: Julia Brown, MPH and Casey Daniel, PhD, MPH



Southeast U.S. Call to Action: Elimination of HPV Cancers as a Public Health Concern

Elimination Planning Across the Globe

- WHO adopted the Global strategy for cervical cancer elimination in 2020
 - 194 member countries
- Pan American Health Organization (regional framework)
- Asia-Pacific Economic Cooperation (regional framework)
- Indo-Pacific Region through the Elimination Partnership in the Indo-Pacific for Cervical Cancer
- Countries with **formalized** elimination plans:
 - Australia
 - Canada
 - China
 - England
 - Guyana
 - Indonesia
 - Ireland
 - Kenya
 - Malaysia
 - Mongolia
 - Morocco
 - Nigeria
 - Norway
 - Portugal
 - Rwanda
 - Samoa
 - Scotland
 - Sierra Leone
 - South Africa
 - Sweden
 - Tonga
- 2023 Alabama introduced first state-level plan in U.S.
- 2025 SERT launched first regional call to action

Elimination Policy in the Southeast Needs Assessment



Elimination Implementation Team Deliverables

Elimination Policy in the Southeast
Needs Assessment Report

- Will be submitted for publication in the future

Elimination Fact Sheet

- Updated to include current data and elimination plan information
- Available on the landing page

Southeast U.S. Call to Action –
One-page visualization

- Visualization of elimination strategies/measures
- Available on the landing page

Southeast U.S. Call to Action -
Executive Summary

- Available on the landing page

Southeast U.S. Call to Action: Elimination of
HPV cancers, starting with cervical cancer, as a
public health concern

- Available on the landing page

Toolkit to Support the Southeast U.S. Call to
Action: Elimination of HPV cancers, starting
with cervical cancer, as a public health concern

- Available on the landing page **BY REQUEST**

Elimination Policy in the Southeast Needs Assessment



Elimination Policy in the Southeast Needs Assessment Report

AUGUST 2025

This report was prepared by the Elimination Implementation Team of the HPV Vaccination Roundtable of the Southeast.

stjude.org/southeast-roundtable
stjude.org/southeast-elimination

EXECUTIVE SUMMARY

The Southeastern region of the United States has historically been characterized by low human papillomavirus (HPV) vaccination coverage and higher rates of HPV cancers when compared with other regions. Previous research has highlighted high HPV vaccination hesitancy, fewer health care provider recommendations, widespread HPV vaccination myths and misconceptions, and limited access to HPV vaccination. However, there are opportunities for improvement with committed partners and people seeking to address HPV vaccination coverage.

In January 2024, the [HPV Vaccination Roundtable of the Southeast](#) held its first in-person meeting. Representatives from 12 states and two jurisdictions in the Southeast—Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Puerto Rico, Tennessee, Virginia, and West Virginia—participated in discussions focused on improving HPV vaccination coverage across the Southeastern United States. The Southeast Roundtable identified three priority actions starting in 2024: communication, elimination (policy), and starting HPV vaccination at age 9.

In March 2024, the Southeast Roundtable convened an Elimination Implementation Team to execute the priority action plan focused on elimination. **The overall goal of the Elimination Implementation Team was to develop and disseminate a plan for HPV cancer elimination in the Southeast beginning with cervical cancer as a public health concern.**

Ongoing strategies to achieve the overall goal include the following:

1. Developing a regional plan for eliminating HPV cancers, starting with cervical cancer as a public health concern;
2. Identifying and unifying partners in a collective voice around a plan to eliminate HPV cancers, starting with cervical cancer; and
3. Building a toolkit for Southeast Roundtable states and jurisdictions to develop their own elimination plans

From August to December 2024, the Elimination Implementation Team of the Southeast Roundtable disseminated the informal Elimination Policy in the Southeast Needs Assessment (henceforth, the needs assessment) to explore and better understand the landscape and context of elimination planning in the Southeast. Understanding current and anticipated elimination policy activities enabled the Elimination Implementation Team to identify existing gaps and areas of opportunity. The needs assessment was conducted in three phases: 1) survey, 2) interviews, and 3) data synthesis. A corresponding fact sheet provided a brief overview of this work and summarizes key findings and regional priorities ([updated fact sheet](#)).

Respondents had differing levels of experience of working in HPV cancer prevention and of working specifically toward HPV cancer elimination. Most descriptions of HPV cancer elimination provided by respondents were related to the definitions of elimination. Many respondents specifically noted the World Health Organization's (WHO) definition of elimination as less than four new cases of cervical cancer per every 100,000 women, or more broadly, as a decrease of new cases of cervical cancer to the point at which the rates are very low or difficult to track through epidemiology. Importantly, some level of uncertainty about the terminology remained among survey respondents and interviewees. One survey respondent stated that only the terms "near elimination" or "elimination as a public health problem" should be used. An interview respondent stated that their institution does not allow them to use the term of elimination or to publicly support elimination efforts.

The survey results indicated considerable uncertainty regarding the stage of readiness of HPV cancer elimination in the states where the respondents primarily work. Most respondents described the stage of readiness of the HPV cancer elimination efforts in the state(s) where they primarily work as contemplation,

Elimination Policy in the Southeast Needs Assessment Report

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meaning that discussions about cervical cancer elimination had taken place but there were no solid plans for action at the time of the assessment. In some cases, participants from the same state(s) had conflicting responses, suggesting that local efforts had not expanded throughout the state or that there was a lack of consensus within the state(s) about the stage of readiness. Additional data suggested that although initiatives were underway in some states, there was considerable uncertainty about the timelines for additional efforts.

Most survey and interview respondents were hopeful about the possibility of elimination and thought that this was achievable through a combination of HPV vaccination and cervical cancer screening efforts with targeted community outreach. Specific recommendations from respondents included promoting practice and policy related to starting HPV vaccination at age 9, addressing disparities and expanding access to HPV vaccination and cervical cancer screening among vulnerable populations, building strong community relationships and partnerships, incorporating the voices and perspectives of cervical cancer survivors, using data to inform practices and monitor impacts, and hosting regional meetings to share data and engage new people and partners who have professional and lived experiences.

Potential barriers to achieving cervical cancer elimination were acknowledged, including vaccine hesitancy (stigma and misconceptions), limitations of the existing health care infrastructure, lack of access to preventive and treatment services, and existing and shifting vaccine policies.

The summary of the needs assessment informed the development of a regional plan to eliminate HPV cancers beginning with cervical cancer as a public health concern in the Southeast. In addition to its alignment with the [WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem](#), the regional plan models existing elimination efforts, including strategies developed by Australia, Canada, and Alabama (United States), the American Cancer Society Elimination Statement on HPV Cancers, and others, but it has been adapted to the context of the southeastern region of the United States. The collection and synthesis of relevant information have resulted in the following priorities and objectives as recommendations for the regional plan:

1. Increase the percentage of adolescents aged 13-17 years, and starting at age 9 where data are available, across the Southeast completing the HPV vaccination series to 80% by 2030.
2. Increase the percentage of people with a cervix across the Southeast who are UTD on cervical cancer screening based on the current U.S. Preventive Services Task Force (USPSTF) guidelines to 80% by 2030.
3. Increase the percentage of people with a cervix across the Southeast who receive appropriate follow-up, diagnosis, and treatment (if needed) for abnormal cervical cancer screening results to 80% by 2030.

Although priorities that emerged from the assessment were based on opportunities to develop a regional plan to eliminate HPV cancers in the Southeast, starting with cervical cancer as a public health concern, the recommendations throughout this summary are intended to guide individual Southeastern states in developing and implementing state-level plans.

This report was prepared by the Elimination Policy Implementation Team of the HPV Vaccination Roundtable of the Southeast with financial support provided by the [St. Jude HPV Cancer Prevention Program](#). For more information, please contact Julia Brown, MPH, St. Jude HPV Cancer Prevention Program and Casey L. Daniel, PhD, University of South Alabama at PreventHPV@stjude.org. Learn more about the Southeast Roundtable at stjude.org/southeast-roundtable and Southeast Roundtable Elimination at stjude.org/southeast-elimination.

Elimination Policy in the Southeast Needs Assessment Report

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Eliminating HPV Cancers, Starting with Cervical Cancer, as a Public Health Problem in the Southeastern United States **Fact Sheet**



Eliminating HPV Cancers, Starting with Cervical Cancer, as a Public Health Problem in the Southeastern United States

The HPV Vaccination Roundtable of the Southeast has prioritized the elimination of HPV cancers, starting with cervical cancer, as a public health problem as an actionable opportunity for 2024-25. To address this priority, the Southeast Roundtable convened an implementation team comprised of representatives from across the region who are tasked with developing and disseminating a regional elimination plan for the Southeast. An elimination plan is a way to garner support and catalyze action to improve HPV vaccination, cervical cancer screening, and cervical cancer treatment, aiming for the elimination of HPV cancers starting with cervical cancer.

DEFINING ELIMINATION

Elimination does not imply the complete absence of disease. Instead, it signifies the potential to significantly reduce the burden of HPV-related diseases, specifically cervical cancer, and their impact on communities. The World Health Organization (WHO) defines elimination as an incidence rate (new cases of cervical cancer) of less than 4 cases of cervical cancer per 100,000 women¹.



Elimination is not to be confused with eradication, and these terms should not be used interchangeably.

LESS THAN 4 CASES OF CERVICAL CANCER PER 100,000 WOMEN¹

For more information visit stjude.org/southeast-roundtable or email PreventHPV@stjude.org.

Eliminating HPV Cancers

CERVICAL CANCER ELIMINATION FIRST

As we are optimistic about the potential to eliminate HPV cancers, cervical cancer presents the greatest opportunity for elimination due to routine recommendations for HPV vaccination, cervical cancer screening, and cervical cancer treatment.

Cervical cancer is the most diagnosed HPV cancer among people with a cervix (predominantly identifying as women), with almost all cases attributable to HPV. In the United States, the national rate of new cases of cervical cancer is 7.1 cases per 100,000 women², higher than the WHO's definition of elimination, and with great variation by geography and among certain population groups. In combination, HPV vaccination, cervical cancer screening, and cervical cancer treatment provide us with the best opportunity to achieve elimination. Pre-cancerous changes to the cells of a cervix caused by HPV can typically be detected through routine screening then prevented and treated through ongoing follow up. Early detection, surveillance, and clinical intervention make cervical cancer highly treatable. With an early-stage diagnosis, the five-year relative survival rate for cervical cancer is 91%³.

The WHO Global Strategy to Accelerate Cervical Cancer Elimination¹, which focuses on girls and women, includes 90-70-90 targets for HPV vaccination, cervical cancer screening, and cervical cancer treatment:



90% of girls fully vaccinated with the HPV vaccine by the age of 15;



70% of women screened using a high-performance test by the age of 35, and again by the age of 45; and



90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated and 90% of women with invasive cancer managed).

In the United States, this approach may look different, as the HPV vaccination is routinely recommended for all children, both boys and girls, aged 9-26. Additionally, HPV vaccination may be recommended for some individuals aged 27-45 who were not vaccinated when younger.

ELIMINATION PLANNING

Elimination planning refers to the strategic coordination of unified efforts to reduce the burden of HPV cancers. Although eliminating HPV cancers can seem like a big task, formalizing an elimination plan with shared goals and objectives makes elimination realistic and achievable.

IN THE US, THE NATIONAL INCIDENCE RATE OF CERVICAL CANCER IS 7.1 CASES PER 100,000 WOMEN²

For more information visit stjude.org/southeast-roundtable or email PreventHPV@stjude.org.

Eliminating HPV Cancers

CURRENT CERVICAL CANCER ELIMINATION PLANNING EFFORTS

The WHO Global Strategy to Accelerate Cervical Cancer Elimination advocates for the development and alignment of cervical cancer elimination plans across numerous countries. In the United States, the national efforts are being led by the American Cancer Society (ACS) [National HPV Vaccination Roundtable](#) and the [ACS National Cervical Cancer Roundtable](#) alongside a regional plan for the Southeast. As of July 2024, Alabama stands as the sole state to have developed and implemented a comprehensive statewide cervical cancer elimination plan, known as [Operation Wipe Out](#). Meanwhile, states such as Florida have integrated cervical cancer elimination as a key objective in their state cancer plans. Numerous other states are actively exploring avenues to develop and implement similar elimination plans.

ADDITIONAL RESOURCES

[What will it take to eliminate cervical cancer in the USA?](#) by Ginsburg et al.
[Projected time to elimination of cervical cancer in the USA: a comparative modelling study](#) by Burger et al.
[The Road to Cervical Cancer Elimination](#) by Anna R. Giuliano.
[Eliminating Cervical Cancer in the Southeast Training](#)

SUPPORTING ELIMINATION PLANNING EFFORTS IN THE SOUTHEAST

There are several opportunities available to support the HPV Vaccination Roundtable of the Southeast in developing and disseminating a regional plan for HPV cancer elimination, starting with cervical cancer, for the Southeast.

For further information, please visit stjude.org/southeast-roundtable, email PreventHPV@stjude.org, or sign up [here](#) to stay informed.

REFERENCES

1. Cervical Cancer Elimination Initiative (2024). World Health Organization. <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>
2. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2024 submission data (2017-2021). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://gis.cdc.gov/Cancer/USCS/#/RiskFactory>, released in July 2024.
3. Cervical Cancer Prognosis and Survival Rates (2023). National Cancer Institute. <https://www.cancer.gov/types/cervical/survival>



07/2024

For more information visit stjude.org/southeast-roundtable or email PreventHPV@stjude.org.

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern



Southeast United States Call to Action Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern

For more information, visit stjude.org/southeast-elimination or email PreventHPV@stjude.org

Eliminating HPV Cancers

INTRODUCTION

The HPV Vaccination Roundtable of the Southeast has prioritized the elimination of human papillomavirus (HPV) cancers starting with cervical cancer as a public health concern. To address this priority, the Southeast Roundtable convened an implementation team consisting of representatives from across the region. This team was tasked with developing and disseminating an elimination plan for the Southeast region. An elimination plan is a way to garner support and catalyze action to improve HPV cancer prevention and treatment efforts, with the goal of eliminating HPV cancers starting with cervical cancer. The plan presented here describes the interests of the Southeast Roundtable and its coordinated efforts to eliminate HPV cancers starting with cervical cancer as a public health concern in the Southeast, and recommended priorities and actionable steps to achieve this goal.



Eliminating HPV Cancers

EXISTING AND EMERGING EFFORTS TO ELIMINATE HPV CANCERS STARTING WITH CERVICAL CANCER AS A PUBLIC HEALTH CONCERN IN THE SOUTHEAST

This call to action models existing elimination efforts, including strategies developed by Australia, Canada, and Alabama, the ACS Elimination Statement on HPV Cancers, and others, but it has been adapted to the context of the Southeast United States. The following section includes examples of ongoing and emerging elimination efforts globally, nationally, and at the state level.

Global Efforts

Cervical cancer elimination strategies have been announced and are being implemented globally since the WHO introduced the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem in November 2020.¹ This comprehensive strategy aims to achieve an incidence rate of fewer than four cases per 100,000 women through HPV vaccination, cervical cancer screening, and timely follow-up, diagnosis, and treatment of cervical precancer and cancer. The Southeast elimination plan aligns with the WHO strategy.

The WHO elimination strategy focuses solely on women and girls and includes 90-70-90 targets for HPV vaccination, cervical cancer screening, and cervical cancer treatment.

WHO Targets

1. 90% of girls to be fully vaccinated with the HPV vaccine by 15 years of age
2. 70% of women to be screened for cervical cancer by age 35 and again by 45 years of age, using a high-precision test, i.e., an HPV polymerase chain reaction (PCR) test
3. 90% of women identified with cervical disease receive treatment for pre-cancerous lesions or management of invasive cancer

National Efforts

In the United States, and more specifically in the Southeastern United States, the approach to cervical cancer elimination differs from the WHO global strategy, as HPV vaccination is routinely recommended for both male and female individuals aged 9-26 years. Additionally, HPV vaccination may be recommended for some individuals aged 27-45 years who were not previously vaccinated.

Eliminating HPV Cancers

GOAL 1: INCREASE THE PERCENTAGE OF ADOLESCENTS AGED 13-17 YEARS AND STARTING AT AGE 9 WHERE DATA ARE AVAILABLE, ACROSS THE SOUTHEAST COMPLETING THE HPV VACCINATION SERIES TO 80% BY 2030

The Southeastern United States region has historically been characterized by low HPV vaccination coverage and high rates of HPV cancer incidence when compared with other regions of the country and the United States overall. In 2024, the rates of HPV vaccination initiation and completion for the Southeast region were 78% and 62%, respectively.² When compared to the national rates, the Southeast region has eight of 14 states and jurisdictions that are below national rates for both initiation and completion of HPV vaccination (Table 2). Arkansas, Georgia, Kentucky, Mississippi, and West Virginia have been identified as having the lowest HPV vaccination coverage in the region, making them high-priority states for HPV vaccination efforts through elimination planning (Figure 1).

Figure 1: HPV Vaccination Coverage Up-to-Date, Southeast Region, National Immunization Survey-Teen, 2024



HPV vaccination is recommended as a routine vaccination at age 11 or 12 years and starting at age 9. The CDC ACIP also recommends vaccination for everyone through 26 years of age if they were not vaccinated previously. Some adults aged 27 through 45 years may decide to receive the HPV vaccine, based on discussion with their clinician, if they were not adequately vaccinated when they were younger.

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern

HPV Vaccination



Increase the percentage of adolescents aged 13-17 years, and starting at age 9 where data are available, across the Southeast completing the **HPV vaccination** series to 80% by 2030.

Cervical Cx Screening



Increase the percentage of people with a cervix across the Southeast who are UTD on **cervical cancer screening** based on the current U.S. Preventive Services Task Force (USPSTF) guidelines to 80% by 2030.

Follow-up, Diagnosis, Treatment



Increase the percentage of people with a cervix across the Southeast who receive appropriate **follow-up, diagnosis, and treatment** (if needed) for abnormal cervical cancer screening results to 80% by 2030.

Southeast Roundtable: Elimination Support Strategies

2030

80-80-80



Provide support for elimination planning efforts to states and jurisdictions in the Southeast region.



Develop and disseminate elimination resources to states and jurisdictions in the Southeast region.



Provide technical assistance to states and jurisdictions in the Southeast region.

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern



Increase the percentage of adolescents aged 13-17 years, and starting at age 9 where data are available, across the Southeast completing the **HPV vaccination** series to 80% by 2030.

STRATEGIC OBJECTIVES

- Promote HPV vaccination through a regional communication campaign.
- Facilitate opportunities for healthcare providers/professionals to learn more strategies recommending HPV vaccination and addressing vaccine hesitancy.
- Promote implementation of evidence-based quality improvement strategies.
- Encourage healthcare providers/professionals participation in state Immunization Information System (IIS).
- Encourage participation of healthcare providers/professionals in the Vaccines for Children (VFC) program to enhance accessibility.
- Monitor HPV vaccination data by geographic unit (state, sub-state, county, etc.) and demographics.
- Monitor anticipated changes to HPV vaccination recommendations.

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern



Increase the percentage of people with a cervix across the Southeast who are UTD on **cervical cancer screening** based on the current U.S. Preventive Services Task Force (USPSTF) guidelines to 80% by 2030.

STRATEGIC OBJECTIVES

- Promote routine HPV/Pap testing based on recommended screening guidelines.
- Train healthcare providers/professionals in quality improvement (QI) strategies to improve clinical practices of recommending and providing HPV/Pap testing to eligible people with a cervix *and* providing needed information to patients to ensure follow-up and treatment after an abnormal test.
- Promote increased access to follow-up and treatment through mobile colposcopy.
- Promote increased access to follow-up and treatment through certification of nurse practitioners as colposcopy providers.
- Monitor cervical cancer screening and incidence data by geographic unit (state, sub-state, county, etc.) and demographics.

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern



Increase the percentage of people with a cervix across the Southeast who receive appropriate **follow-up, diagnosis, and treatment** (if needed) for abnormal cervical cancer screening results to 80% by 2030.

STRATEGIC OBJECTIVES

- Increase awareness that cervical cancer can be prevented and is curable if diagnosed and treated early.
- Promote provider knowledge of the American Society for Colposcopy and Cervical Pathology (ASCCP) app to help navigate the ASCCP Risk-Based Management Consensus Guidelines and determine appropriate follow-up based on test results and family history for people with a cervix with abnormal cervical cancer screening tests.
- Monitor cervical cancer data by geographic unit (state, sub-state, county, etc.) and demographics, as available.

Toolkit to Support the Southeast U.S. Call to Action



Toolkit to Support the Southeast United States Call to Action

Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern

For more information, visit stjude.org/southeast-elimination or email PreventHPV@stjude.org.

APPLYING THE INSPIRE HUB

- » INSPIRE ACTION 1: Define problem situation with partners
- » INSPIRE ACTION 2: Launch the project



INSPIRE Strategies:

- Build buy-in (e.g., involve existing governance structures, identify champions, engage traditional and non-traditional partners)
- Develop relationships (e.g., build coalitions, develop resource-sharing agreements, obtain formal commitments, initiate community-clinical-academic partnerships)

Path to Success



PHASE I: UNDERSTAND THE SYSTEM

To Access HPV Cancer Incidence Data:

- Go to U.S. Cancer Statistics Data Visualizations Tool
- Select special analysis, cancers grouped by associated risk factors
- Select HPV as the dataset
- Select All HPV-associated Cancers as the cancer type
- Select Male and Female as the sex
- Select the most recent data year
- Use the chart on the left to obtain rates of New HPV-associated Cancers for the U.S.
- Use the map on the right to obtain rates of New HPV-associated Cancers for the assigned state
- Insert the rates per 100,000 people in the table below
- Repeat by selecting:
 - Oropharyngeal Cancer (Male, Female)
 - Cervical Cancer (Female)

Table 9. Rate of new HPV cancers [insert age group] in [insert state], [insert year of most recently available data]

	All HPV Cancers	Anal	Cervical	Oropharyngeal	Penile	Vaginal *	Vulvar
United States							
State							

APPLYING THE INSPIRE HUB

Table 1. State-level people and partners to include in elimination planning efforts

Organization	First Name	Last Name	Credentials	Title	Email Address	Alignment with Priority HPV Associated Cancers Screening, Cervical Cancer Treatment	Phase of Elimination Planning (Planning, Implementation, Monitoring/Evaluation)
Academic, Universities and Cancer Centers							
Academy of Pediatrics							
Academy of Family Practitioners							
American Cancer Society							
American College of Obstetricians and Gynecologists							
Factory Qualified Health Centers							
Health Systems							
HPV Cancer survivors							
Immigration Task Force							
National Breast and Cervical Cancer Early Detection Program							
National							

Table 12. State-level HPV vaccination measurable goal and strategic objectives

	State-Level HPV Vaccination Goal
State-Level Goal	Based on the information collected during the state-level elimination convening, along with the support strategies of the Southeast Roundtable, determine the most achievable HPV vaccination goal for the state. Goal 1:
Strategic Objectives	Based on the information collected during the state-level elimination convening, along with the support strategies of the Southeast Roundtable, determine evidence-based strategies to achieve the HPV vaccination goal for the state. Strategic Objective 1: Strategic Objective 2: Strategic Objective 3:

Table 13. State-level cervical cancer screening measurable goal and strategic objectives

	State-Level Cervical Cancer Screening Goal
State-Level Goal	Based on the information collected during the state-level elimination convening, along with the support strategies of the Southeast Roundtable, determine the most achievable cervical cancer screening goal for the state. Goal 1:
Strategic Objectives	Based on the information collected during the state-level elimination convening, along with the support strategies of the Southeast Roundtable, determine evidence-based strategies to achieve the cervical cancer screening goal for the state. Strategic Objective 1: Strategic Objective 2: Strategic Objective 3:



Evaluating Elimination Efforts Across the Southeast

Evaluation: Rationale and Purpose

- **Assess Effectiveness and Impact of the Call to Action and Toolkit**
 - Determine if Call to Action and Toolkit achieve goals and objectives
 - Measure outcomes and impacts of Call to Action and Toolkit
- **Use and Future Improvement**
 - Identify reach of the Call to Action and Toolkit and how they were used
 - Determine strengths and most utilized resources
 - Elucidate areas for improvement and future refinement
- **Framework for Action**
 - Provides regionally coordinated priorities and measurable targets.
 - Toolkit equips states with guides, templates, and technical assistance to support implementation

Evaluation: RE-AIM Framework

Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) (Glasgow et al., 1999)

Reach

Who is engaging with the plan and toolkit?

Effectiveness

Are resources improving planning and action?

Adoption

Which states/organizations are implementing/utilizing?

Implementation

Are strategies and resources being used as intended?

Maintenance

Are initiatives progressing and/or being sustained over time?

Evaluation: SERT vs. State-level

Call-to-Action and Toolkit

- Number of visits to landing page
- Number of clicks on CTA
- Number of clicks/requests for Toolkit
- Number of individuals from each state/jurisdiction engaged
- Types of organizations and individuals engaged
- Integration into state cancer plans
- Requests for assistance
- # meetings held, events/ activities, policy engagement

State-Level

(very dependent on stage in planning)

- Number of meetings held (virtual or in-person)
- Website development (and associated metrics)
- Number/types of individuals and/or organizations engaged (partners/collaborators) and retained
- Number and types of events and activities held (where, how many attendees, etc.)
- Requests for speaking engagements
- Media interviews, press releases, op-eds, etc.
- Progress of elimination plan formalization
- Surveys (as applicable)

Evaluation: Importance of State-Level Evaluation

- **Why State-Level Use Matters**

- Enables states to evaluate their own elimination plans against regional benchmarks.
- Ensures strategies reflect local contexts (burden, resources, readiness).

- **Toolkit Resources Available**

- Evaluation template resources help track state-level reach, effectiveness, and sustainability.

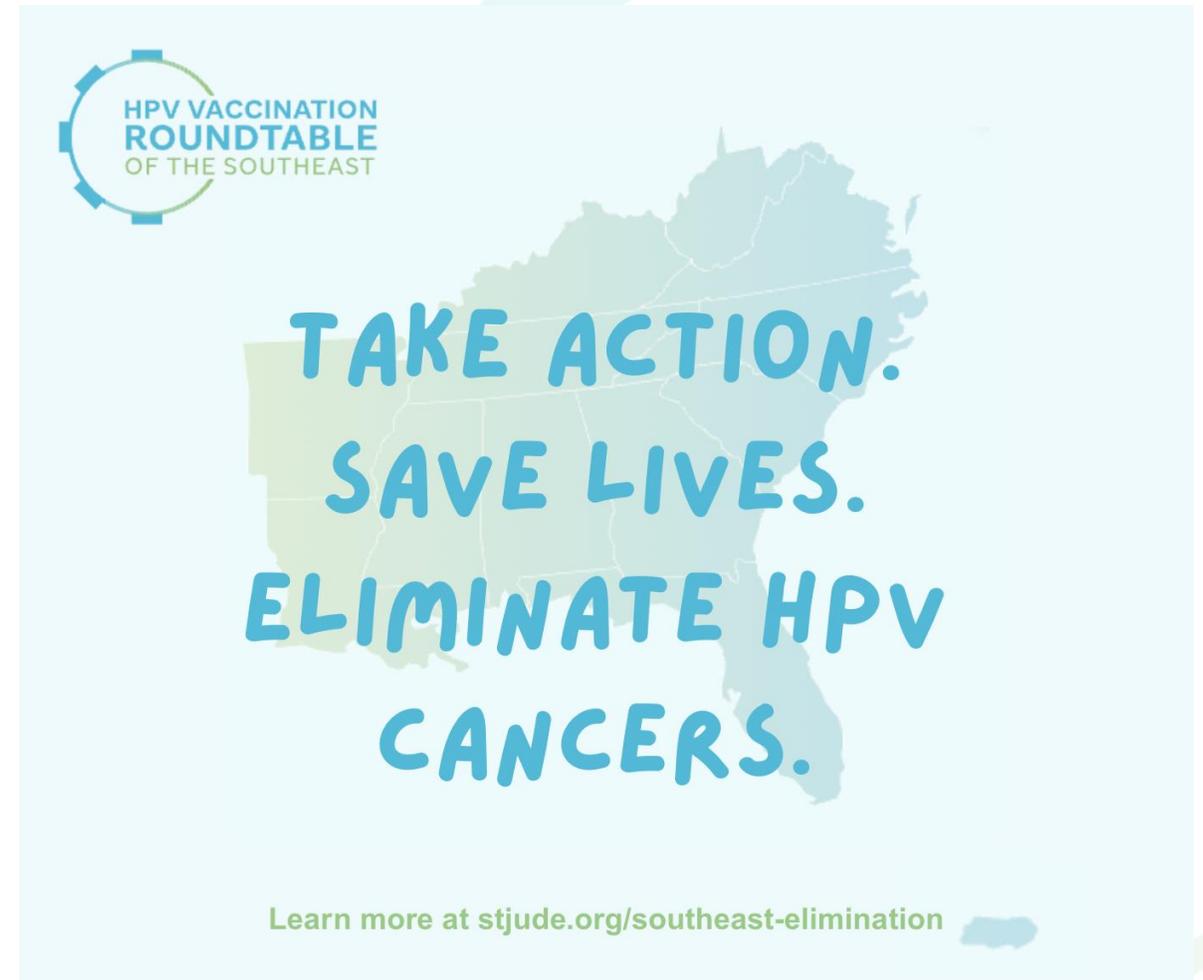
- **State engagement is essential to ensure progress toward HPV cancer elimination across the Southeast.**

Please email PreventHPV@stjude.org with any questions!

Access the elimination landing page:



stjude.org/southeast-elimination



BREAKOUT

Table # _____

Name: _____

OPERATION WIPE OUT Summit Table Worksheet



PART I - Individual

1. Pick 1 or 2 Pillars:

_____ Increase HPV Vaccination

_____ Increase Screening

_____ Increase Follow-up

_____ Awareness: Elimination of Cervical Cancer is Possible in 3 steps!

2. Each person share what **you** can do at home or work or in the community to help eliminate cervical cancer.



BREAKOUT

PART II - Group Activity

3. Share your ideas.

4. Using strengths/resources/knowledge at your table, what is one action-oriented activity or initiative that can leverage everyone's ideas?

What is the action?

Where would it take place?

Who should take the lead?

What resources are needed?

What is the next step?

5. Please share your idea at "Report Out"

6. Take a picture of your **action idea** as a reminder for next steps. We will share everyone's contact information in a follow-up email.

Leave your idea and summary on the table so we can follow up!



EVALUATION

Start the short survey by scanning the QR code or visiting:

<https://tinyurl.com/3xpz4ne5>



If you require any assistance in completing the evaluation, please raise your hand and we will come to you.

We appreciate your feedback!

