

Understanding Barriers to HPV Vaccines in Adolescent Patients





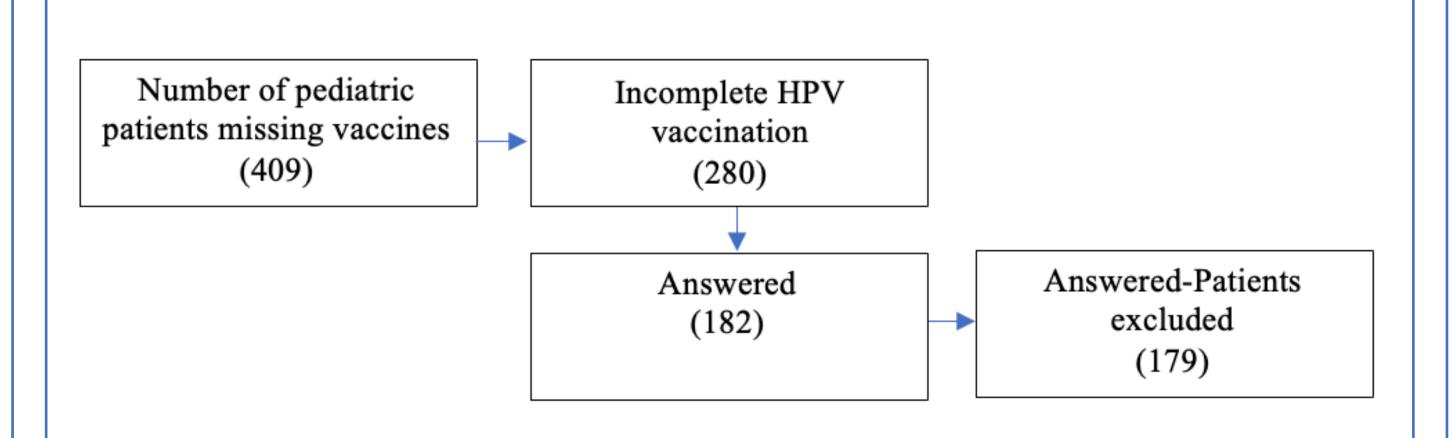
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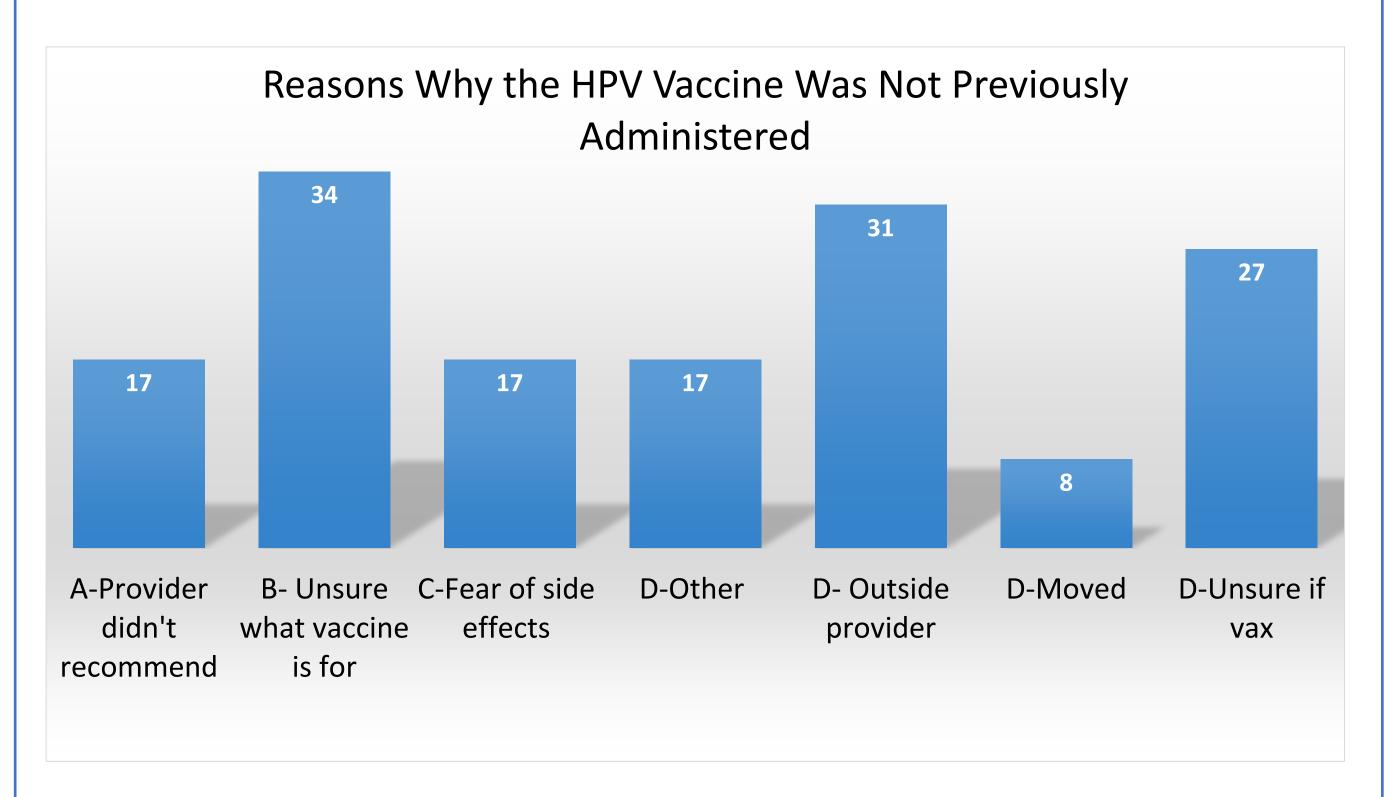
Introduction

- Based on the 2017 U.S. birth cohort, it was estimated that childhood vaccines prevented 31,000 deaths with a net societal cost-savings of \$55.1 billion.
- The reduction in mortality due to vaccines is profound, especially that of Human Papillomavirus (HPV) vaccines.
- The HPV vaccine is one of the key elements in the prevention of HPV-associated cancers; however, with the advent of vaccine hesitancy, progress in this regard has slowed.
- CDC data has shown HPV vaccination coverage has been lower than that of most other routine adolescent vaccines.

Method

- Our patient registry was used to determine patients age 11-18 eligible for the HPV vaccine who were not fully vaccinated.
- Parents/guardians were called and first offered more information on the vaccine.
- Parent/guardians were then surveyed examining why they did not previously vaccinate their children.
- They were also given the option for vaccination whether or not they opted to receive more information about the vaccine.





Results

- Chi-square analysis demonstrated statistically significant relationship between sex and whether or not providers recommended the vaccine. Providers were less likely to offer the vaccine to males.
- Most common answer was B (Unsure what the vaccine is for).
- When parents/guardians answered A (The provider did not recommend), 88% requested that their child be scheduled to receive the HPV vaccine.

Conclusion

- Providers should be confident in offering the HPV vaccine and be cognizant of inherent biases.
- Efforts to address parental safety concerns about the HPV vaccine should be undertaken.
- Routine vaccination starting at age 9 may improve HPV vaccination rates.

References

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