2015

Increasing Awareness of the HPV Vaccine

Jonathan M. Hernandez
UVM COM

Follow this and additional works at: https://scholarworks.uvm.edu/fmclerk

Part of the Medical Education Commons, and the Primary Care Commons

Recommended Citation
https://scholarworks.uvm.edu/fmclerk/104

This Book is brought to you for free and open access by the College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Block Clerkship, Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
INCREASING PUBLIC AWARENESS & KNOWLEDGE OF THE HPV VACCINE

Thomas Chittenden Health Center (TCHC)
Jonathan Hernandez
November 2015
Project mentors: Dr. Pam Dawson, Dr. Dan Donnelly
More preteens and teens could be receiving the HPV vaccine
  - Guidelines recommend ages 9 – 26

At TCHC, there were largely 2 camps of unvaccinated children I saw:
  - Those whose parents held personal beliefs about the vaccines or the immune system
  - Those who had not yet been educated on HPV or the vaccine

Most patients I saw in their 20s had started the vaccine

The majority of preteens and teens I saw had not received the HPV vaccine

It may be too late to wait until patients can decide for themselves

The parents that are lacking education should be identified and receive it

It may be impossible to change some patient’s personal beliefs
COST & BURDEN IN U.S.

- Cost of HPV infection for both men and women [1]
  - Estimated lifetime total cost ages 15–24 y.o. = $2.9 billion
  - Treatment of anogenital warts in all age groups in year 2000 = $167.4 million
  - Only HIV is more expensive in terms of STI

- Cost of annual cervical screening and treatment for HPV-related disease [2]
  - Estimated avg. $26,415 per 1000 women
  - Ages 20 – 29 avg. $51,863 per 1000 women due to higher prevalence
  - Estimated $3.4 billion annually
  - 90% of cost attributed to strategies for prevention
    - Treatment of precancerous lesions
    - Routine paps and guideline recommendations
  - 10% of cost due to treatment of cancer
COMMUNITY PERSPECTIVE

- **MA, 18F, patient at TCHC**
  - Currently 8 months pregnant and unvaccinated against HPV
  - Did not get vaccine because she is afraid of needles
  - Was not aware that HPV could cause cancer or how common it is
  - Willing to receive vaccine after receiving educational information
  - May already be too late for MA given she is already sexually active

- **IW, 16F, patient at TCHC**
  - Currently unvaccinated
  - Mother does not want vaccine because she believes “body can fight the infection”
    - Interestingly she requested a flu vaccine
  - IW stated “I’m not of legal age to be sexually active”
  - When counseled alone and provided educational information, Ivy changed her mind
  - We still need to convince Ivy’s mother
INTERVENTION

- Target under-educated population with patient handout
  - Under-educated = does not know about complications of HPV infection
- Educate all patients ages 9 – 26 and their parents
- Specifically address in lay terms 3 main areas:
  - Define what HPV is
  - Describe what HPV can cause
  - Explain why the HPV vaccine is recommended for children
- Provide additional sources of information
The most common reason for declining vaccine after receiving educational information was due to a parent’s personal beliefs.

Among unvaccinated patients who were unaware of HPV complications, most were willing to receive vaccine after receiving educational information.

Most preteens and teens were willing to receive vaccine when counseled alone, but they always deferred to the parent’s decision.

Parent’s personal beliefs against vaccines were wide ranging:

- “lack of safety data”
- “body can fight the infection”
- “not sexually active yet”
EFFECTIVENESS & LIMITATIONS

- The intervention was effective in the population of patients that had not been informed of the potential complications of HPV infection.
- The intervention was not effective when a parent declined due to personal beliefs against the vaccine.
- The results were limited by a small sample size:
  - TCHC is not primarily a pediatric clinic.
  - The length of the intervention thus far has only been 5 weeks.
- The intervention is also challenged by the fact that decision making capacity is deferred to parents in most of the target patients.
RECOMMENDATIONS

- Really focus on targeting parents with education when children reach the age of 9, which is current recommended guideline
  - Most persuasive point = increased efficacy when given at younger age
- The intervention is effective in the right population
  - Identify those who have not received educational information
  - Assume everyone is under-educated until they are vaccinated
- It may be impossible to change some patient’s personal beliefs
  - Provide these patients with educational information and support their decision
- Unfortunately some patients are at risk due to their parent’s decisions
  - Counsel these patients alone at every visit and provide educational information
  - Given time patients whose parents decline may request on their own
REFERENCES


4. Uptodate searches: Recommendations for the use of human papillomavirus vaccines, Epidemiology of HPV infection