Lessons Learned from HPV Vaccine Study Among Young Adult Women and Men

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Racial and ethnic differences in HPV knowledge, attitudes, and vaccination rates among low-income African-American, Haitian, Latina and Caucasian young adult women and Men
Purpose

- To examine facilitators and barriers to HPV vaccine uptake in African-American, Haitian, Latina, and White women and men ages 18-22 and

- To determine vaccination completion rates among participants over 5 years.
Design

• Using semi-structured interviews and medical record review, we assessed HPV knowledge and attitudes towards HPV vaccination among young women and young adult men.

• We then determined their subsequent HPV vaccination initiation and completion rates.

• We used constructs from the Health Belief Model and methods based in grounded theory and content analysis to identify attitudes towards HPV vaccination cues to initiate vaccination, and perception of HPV vaccine.
Results: Young Women Study

- We enrolled 132 African-American, Haitian, Latina, and White women aged 18-22 years who visited an urban academic medical center and two affiliated community health centers between the years 2007 and 2012.

- Of 132 participants, 116 (90%) stated that they were somewhat or very likely to accept HPV vaccination if offered by their physician, but only 51% initiated the vaccination over the next 5 years.

- Haitian women had the lowest mean knowledge scores out of 8 (3.1HI, 4.5 AA, 4.8Latino and 6.1 Whites; p=0.0002) and were the least likely to report having heard of HPV infection (72%) compared with White (100%), African-American (87%) and Latina (85%) women (p=0.05).

- Despite low knowledge, all women reported high levels of trust (90%) in physicians and were willing to vaccinate if recommended by their physicians.
HPV Vaccination Intent and Receipt – Young Women

- The majority of patients (90%) stated that they were “somewhat” or “very likely” to accept the HPV vaccine if recommended by their physician.

- Yet, only 51% of participants who expressed intent to vaccinate received the first dose HPV vaccination following the interview.

- Knowledge about HPV infection and vaccination and intent to vaccinate were the only predictive factors in the receipt of HPV vaccination.
Perceived Barriers: Concerns about HPV vaccine – Young Women

- Despite recognizing the benefits of HPV vaccination, participants also revealed perceived barriers to vaccination.

- **Those barriers included:**
  - fear of endorsement of sexual behavior,
  - a false sense of security
  - fear of infection of HPV from vaccination/counter-effect of the vaccine
  - limited knowledge or need for more information, needle phobia
  - cost of vaccine
  - low perceived risk due to sexual inactivity
Results: Young Men Study

- 89 men participated (35% African-American 29% Haitian, 20% Hispanic, and 16% White).
- Knowledge surveys revealed limited knowledge about HPV and HPV vaccine.
- However, over 90% of young men intended to accept HPV vaccination if offered by their physicians.
- Actual vaccination rates as determined by medical record review were low (23%).
- Young men with fewer than two lifetime sexual partners, and those who had previously declined a vaccine had lower intent to vaccinate.
Perceived Barriers to HPV Vaccination – Young Men

• Participants from all ethnic groups perceived benefits to HPV vaccination, but differed in their perceptions of barriers to vaccination

• Perceived barriers to HPV vaccination
  • Potential barriers to vaccination were categorized into side effects, inadequate knowledge, low perceived risk, and vaccine costs.
  • Their responses reflected a misunderstanding of HPV as affecting promiscuous individuals only.
    • One Haitian man said, “I tried to figure out how it’s caused...I don’t think I should have anything if I’m only having sex with nobody else but my one—my girlfriend.”
    • One Caucasian male declined the vaccination because he practiced safe sex: “I typically wear condoms...”
Lessons Learned

- The low-income, minority, and immigrant young adult women and men in this study demonstrate limited knowledge about HPV infection and HPV vaccine.

- Despite low knowledge, they reported:
  - High levels of trust in physicians,
  - High intent to vaccinate and
  - Willingness to vaccinate if recommended by their physicians.
Lessons Learned

- However, only half of participating women and nearly a quarter of young men subsequently received the vaccine, suggesting missed vaccination opportunities during clinic visits.

- Young men and women reported low-perceived risk to HPV infection due to sexual inactivity and/or fewer lifetime sexual partners.
  - This finding underscores the need for culturally/ethnically competent educational messages with a focus on the importance of vaccinating all men and women regardless of sexual history.
HPV Vaccination Comparison - Young Men

- 2012 National Immunization Survey-Teens (NIS-Teen), BMC Clinic, Study.
- 2012 HPV National Boys 13-17
- 2012 HPV National Boys 13-17
- 2012 HPV National Boys 13-17
- 2012 Young men 19-26
- 2012 Young men 2013
- 2012 HPV BMC Young men 2012
- 2012 HPV BMC Study young men 2012
- 2012 HPV BMC Study young men 18-22
- 2012 HPV BMC Study young men -Black
- 2012 HPV BMC Study young men -Hispanic
- 2012 HPV BMC Study young men -White

HPV Vaccination Comparison - Young Men

- 1 HPV National Boys 13-17;
- 3 HPV National Boys 13-17;
- 1 HPV National Young men 19-26;
- 1 HPV BMC clinic Young men 2013;
- 1 HPV BMC Study young men 2012;
- 1 HPV BMC Study young men 18-22;
- 1 HPV BMC Study young men -Black;
- 1 HPV BMC Study young men -Hispanic;
- 1 HPV BMC Study young men -White;
HPV Vaccination Comparison - Young Women

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1 HPV National Girls 13-17 2012</td>
<td>53.8</td>
</tr>
<tr>
<td>3 HPV National Girls 13-17 2012</td>
<td>33.4</td>
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<td>1 HPV National Young women 19-26 2012</td>
<td>34.5</td>
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<tr>
<td>1 HPV BMC clinic young women 19-26 2012</td>
<td>84</td>
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<td>1 HPV BMC HPV STUDY Young women 18-22 2012</td>
<td>51</td>
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<tr>
<td>1 HPV BMC HPV study young Black</td>
<td>31</td>
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<td>BMC HPV study young women - Hispanic</td>
<td>71</td>
</tr>
<tr>
<td>BMC HPV study young women White</td>
<td>67</td>
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</tbody>
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2012 National Immunization Survey-Teens (NIS-Teen), BMC Clinic, Study.
Conclusion

- HPV vaccination rates among young adult women and men have the potential to be high if the vaccine is routinely recommended by providers and offered at all clinic visits to avoid missed vaccination opportunities during clinic visits.

- Empowering physicians to provide culturally competent education and strong recommendations for HPV vaccination to all their patients could raise vaccination rates and reduce cervical cancer disparities in women and other HPV-related infections and cancers in men and women in the future.
Recommendations to Improve HPV Vaccination Rates

- Strong provider recommendation

- Risk-based education aimed at increasing knowledge of HPV infection and vaccination, utilizing every clinical opportunity

- The effectiveness of targeted, culturally-specific messaging about HPV needs to be evaluated to determine if such approaches will increase HPV vaccine uptake.

- Physicians should be encouraged to establish HPV vaccination as normative.

- Have standard protocol for assuring injection and follow-up to improve initiation and completion rates and reduce HPV-related infection and cancers, reducing specifically cervical cancer disparities among Blacks, Latina and Caucasian women.

“Your child needs 3 vaccines today – HPV, Tdap and meningococcal.”
Goals Based on Formative Research

WE WANT PARENTS/YOUNG ADULTS TO:

– Realize HPV vaccine is CANCER PREVENTION
– Understand HPV vaccine is best at 11 or 12 years old-FOR PARENT
– Understand HPV vaccine still necessary for catch up and even if in monogamous relationship-old-FOR YOUNG ADULTS
– Recognize importance of getting all 3 shots

WE WANT HEALTHCARE PROFESSIONALS TO:

– Be familiar with all of the indications for HPV vaccine
– Make strong recommendations for receiving vaccine at 11 or 12 AND if older than 12 to catch up until 26
– Be aware of, and interested in, systems that can improve practice vaccination rates
New Healthcare Professional Resource

- One-sided “at a glance” style factsheet
- Also available as web content
- Developed from message testing with moms and audience research with doctors and clinicians
- Each “statement” is coupled with finding from formative research

www.cdc.gov/vaccines/hpv-tipsheet
CDC “You Are the Key” Website

CDC: http://www.cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html
MCAAP Quick Link: http://mcaap.org/immunization-hpv/
Thưu Chủng Ngứa Ung Thư Có Tự Cung - Những Điều Cha Mẹ Có Con Tuổi Về Thành Niên Cần Biết
Mỗi năm tại Hoa Kỳ, khoảng 12,000 phụ nữ bị bệnh ung thư cổ tử cung và gần 4,000 phụ nữ thiệt mạng vì nó. Ung thư cổ tử cung do một loại virus thông thường được gọi là human papillomavirus, hay “HPV” gây ra.
Vi-rút human papillomavirus (HPV) là gì?

Thưu chủng ngứa này có hiệu quả không?
Thưu chủng ngứa này rất có hiệu quả. Sự bảo vệ có thể được tính bằng những thông tin nguy cơ sê hiện chưa biết được các nhân tố tăng nguy cơ đặc biệt là ở phụ nữ có các nhân tố tăng nguy cơ.

Thưu chủng ngứa này có an toàn không?
Thưu chủng ngứa này đã được cấp giấy phép là an toàn. Thưu chủng ngứa này đã được nghiên cứu ở hàng ngàn nhóm phụ nữ và phụ nữ ở Hoa Kỳ và tổ chức thế giới. Phân ứng phụ thuộc thông thường là không gây ra phản ứng phụ hoặc không gây ra các nhân tố tăng nguy cơ đặc biệt.

Tới có được giúp đỡ về phi lý chủng ngứa không?
Để để các gia đình có bảo vệ sức khỏe, phụ nữ cần phải biết được những thông tin về bệnh ung thư cổ tử cung. Phân ứng phụ cùng có thể gây ra tổ chức tế bào và HPV. Lý do tại sao tại sao lợi ích cho việc sử dụng thuốc phòng ngừa và điều trị nguy cơ bị các bệnh nguy cơ đặc biệt.

Có cần chủng ngứa cho các bé tai không?
Các bệnh nhân của ngứa được thúc đẩy nên tìm hiểu về việc sử dụng thuốc phòng ngừa và điều trị nguy cơ bị các bệnh nguy cơ đặc biệt.

http://www.cdc.gov/vaccines/who/teens/products/print-materials.html?tab=3#TabbedPanels1