

Parental perceptions are preventing HPV vaccination success

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A Mayo Clinic physician and two other pediatric experts say that parental perceptions pose a major barrier to acceptance of human papillomavirus (HPV) vaccination—and that many of those perceptions are wrong. Their comments are published in *Expert Review of Clinical Immunology*, in an editorial on why HPV vaccination rates remain poor.

"The greatest misperception of [parents](#) is that the HPV [vaccine](#) isn't needed," says Mayo Clinic's Robert Jacobson, M.D., pediatrician in the Mayo Clinic Children's Center and lead author of the editorial. "Not only is that wrong, it's a dangerous idea to be spreading around. Recent figures show that at least 12,000 unvaccinated women develop cervical cancer from HPV every year." Other incorrect perceptions: The HPV vaccines are not safe, and they are given to children when they are too young.

Dr. Jacobson's co-authors are James Roberts, M.D., M.P.H., Medical University of South Carolina, and Paul Darden, M.D., University of Oklahoma Health Sciences Center.

What should physicians do?

Overcoming these parental perceptions will take more than what physicians are doing now, the authors say. Traditional attempts to provide information are not enough. Clinicians must engage parents in conversations to learn what the parents' concerns are, share with the parents how the clinicians have learned what they know, summarize the

science addressing the [parental concerns](#), and passionately communicate their recommendations based on that engagement, their professional standing, and the science. Clinicians also will need to find ways to reach out to the parents of adolescents outside of the exam room because many of their patients that age rarely make visits to the office. Social media may very well play an important role in the future of HPV vaccination programs.

Currently available vaccines include Gardasil (Merck & Co.) and Cervarix (GlaxoSmithKline). The vaccines prevent cancers caused by the virus HPV. In the United States, about 21,000 individuals develop such cancers each year, including cancer of the cervix. Despite universal recommendations for use since 2006, rates in 13- to 17-year-old females in the U.S. for completing the three-dose series hovered around 35 percent for 2011 and 2012.

More than half of individuals living in the U.S. will otherwise become infected with HPV, a disease transmitted by sexual contact. Most clear the infection over a two-year period, but those who do not develop precancerous and cancerous cells leading to the 21,000 cancers a year.

The authors point out that HPV vaccines were found safe before they were licensed for production, and follow-up studies since conducted in hundreds of thousands of recipients continue to support that finding. Furthermore, the vaccines require three doses to be given over three months. While the Advisory Committee on Immunization Practices recommends the vaccines for 11- to 12-year-olds, that committee gives permission to clinicians to begin vaccinating at age 9. The vaccines give long-lasting immunity, and the younger children have a better response to the vaccine than older adolescents or young adults. Vaccinating when the adolescents are young completes the series long before exposure and takes advantage of their better immune response.

Provided by Mayo Clinic

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