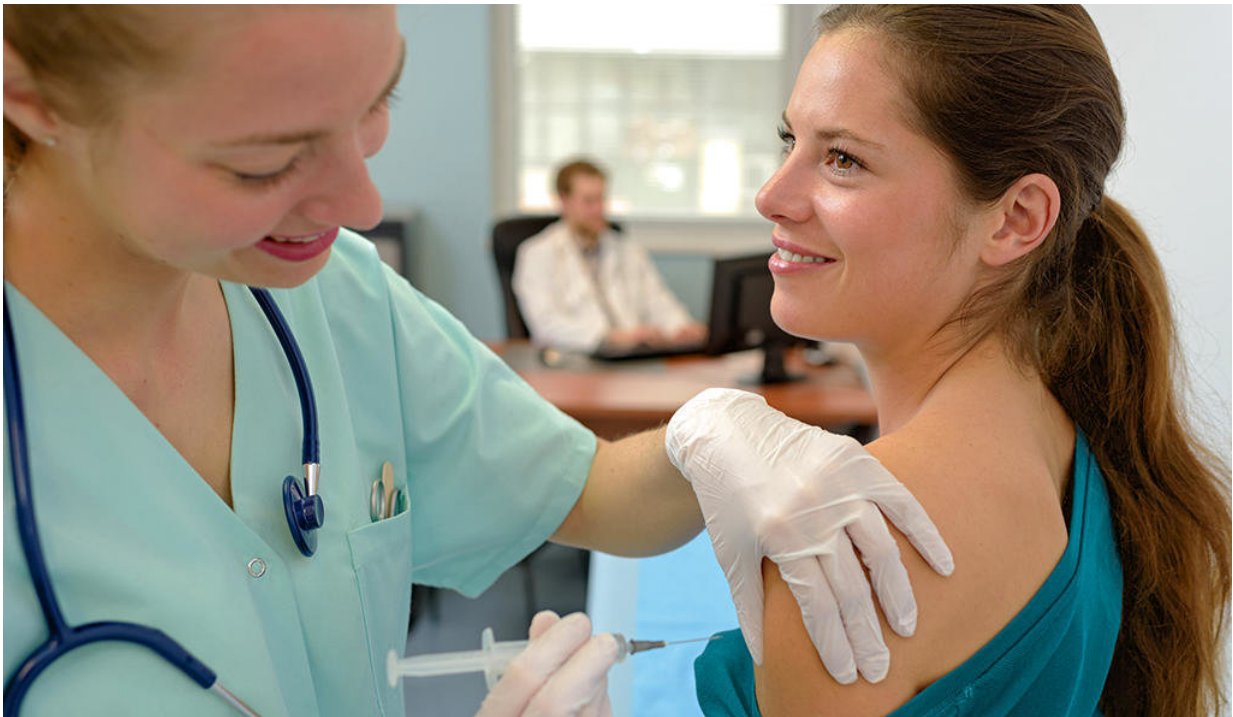


Opportunities to vaccinate young women against HPV missed at alarming rate

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Two-thirds of young women aged 18-26 who were eligible to receive Human Papilloma Virus (HPV) vaccine have missed at least one opportunity to receive the vaccine during a visit to an obstetrics and gynecology clinic, Yale researchers report.

This study also confirms previous research showing racial disparities in vaccination for HPV: Women who identify as black are 61% more likely have had a missed [opportunity](#) than women who identify as white. These findings are published in the *American Journal of Obstetrics and Gynecology*.

HPV is a well-known cause of pre-cancerous cervical lesions, which, if untreated, could develop into cervical cancer. Immunization against HPV has been shown to be safe and effective in preventing these pre-cancerous lesions. The two-dose HPV [vaccine](#) is recommended for administration to It is recommended that girls ages 11-12 receive the two-dose HPV vaccine, and that those through age 26 receive the three-dose vaccination for "catch-up."

Yet, rates of immunization for HPV remain low overall in the United States. Previous research has identified missed clinical opportunities as one of the key reasons for the low immunization rate. This study intends to further the literature on missed opportunities.

"We wanted to identify and describe in detail the missed opportunities for administering the HPV vaccine to young adult women," said senior author Sangini Sheth, M.D. "Most studies about missed opportunities for administering the HPV vaccine have focused on adolescents (13-17), but there is still an important role for providers in vaccinating young adult women (18-26) for HPV, especially when the national vaccination rates are lower than the target goals. What we found was that two-thirds of [young women](#) had had at least one missed clinical opportunity to receive HPV vaccine, with an average of 1.3 missed opportunities per person."

The researchers analyzed the medical records of non-immunized women aged 18-26 who sought care at an urban, hospital-based obstetrics and gynecology clinic over a one year period (Feb. 2013–Jan. 2014). They identified the "missed opportunity" visits as postpartum check-ups,

sexually transmitted disease screenings, or appointments for contraceptives. Of patients with at least one missed opportunity, 26.5% had received an injectable medication or other vaccine as part of their treatment.

"One trend that we observed is that for many of these 'missed opportunity' visits, the patients were meeting with a nurse only," said Sheth. "For example, patients who use the injectable contraceptive, Depo Provera, come to the office every three months for a nurse to administer the injection."

Sheth and the other researchers see this as an opportunity to revise current practices. "If we can create a clinical culture where nurses are empowered to discuss, recommend, and administer the HPV vaccine, we could potentially affect the rates of immunization for a population like the one we studied. Nurses are always allies and partners in care, especially in preventative and primary care medicine."

This study fills a hole in the literature about when, where, and with whom HPV immunization opportunities are missed, said the researchers. According to Sheth, the next step and the ultimate goal will be intervention. The research team is currently developing and testing tools—whether to enhance electronic record-keeping or shifting primary care culture—to help improve the lagging immunization rates for HPV among young [women](#). "We hope to share our data shortly," said Sheth.

More information: Carlos R. Oliveira et al. Missed Opportunities for HPV Immunization Among Young Adult Women, *American Journal of Obstetrics and Gynecology* (2017). [DOI: 10.1016/j.ajog.2017.11.602](https://doi.org/10.1016/j.ajog.2017.11.602)

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