

# Pediatricians and nurse practitioners report using strategies to improve HPV vaccination

April 27 2019

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Pediatricians and nurse practitioners report using several strategies to improve human papillomavirus (HPV) vaccination, yet also perceive barriers, according to a national American Academy of Pediatrics (AAP) Pediatric Research in Office Settings (PROS) network study. Findings from the study will be presented during the Pediatric Academic Societies (PAS) 2019 Meeting, taking place on April 24—May 1 in Baltimore.

A safe and effective vaccine that prevents HPV-attributable cancers has been available since 2006. Despite demonstrated safety and effectiveness, coverage rates for the HPV vaccine remain suboptimal, and considerably lower than coverage for other adolescent vaccinations.

The study examined barriers to HPV vaccination and strategies used to improve HPV vaccination rates in a sample of pediatricians and [nurse practitioners](#) from 19 states who participate in the AAP's primary care practice-based research network. As part of the NIH-funded STOP HPV trial, the lead respondent from 47 practices recruited from the PROS research network completed an online, confidential survey in 2018. The survey measured office characteristics, standard office procedures for and communication about HPV vaccination, and use of evidence-based strategies such as performance feedback, prompts, reminder-recall, and standing orders. Proportions and medians were calculated for categorical and continuous variables, respectively.

All respondents reported more than one [barrier](#) to HPV vaccination. The

most commonly reported major barrier was parent refusal or delay (over 80%). Respondents reported approximately 30% (range 5%-75%) of parents of their 11 to 12-yr-old patients due for an HPV vaccine refused and 15% (range 5%-60%) hesitated without refusing. Other major barriers reported by respondents included the time required to discuss HPV vaccination with families (17% of practitioners), low proportion of adolescents coming in for well visits (13%), lack of training in providing a strong recommendation (11%), respondents sense that others may view that HPV vaccination can wait (9%), and challenges associated with administering HPV vaccine at acute or chronic care visits (7%).

The most commonly reported [strategy](#) to improve HPV vaccination rates was use of prompts when HPV vaccination is needed (89%).

Respondents also reported that their practices commonly use tools to improve communication about HPV vaccination with parents and adolescents (87%) and receive performance feedback about HPV vaccination rates (83%). Only 17% of respondents cited that their practice uses reminder-recall messages specific to the HPV vaccine.

The study concluded that respondent-perceived barriers to HPV vaccination remain. Practices are already using a wide variety of strategies to improve delivery of this [vaccine](#), yet room for improvement remains. Alexander Fiks, MD, FAAP, MSCE, the senior author on the abstract, primary care pediatrician at Children's Hospital of Philadelphia, PROS Director and associate director of the Center for Pediatric Clinical Effectiveness and researcher at PolicyLab, added: "The ongoing STOP HPV trial will test the effectiveness of distinct strategies, alone or in combination, to overcome barriers to vaccination and, if effective, may ultimately minimize the burden of HPV-related disease."

**More information:** Margaret Wright, Ph.D., one of the authors of the study, will present findings from "Pediatric Practitioners Report Using Strategies to Improve HPV Vaccination, yet Barriers Persist: Results

from the National AAP Pediatric Research in Office Settings (PROS) Network" on Monday, April 29 at 10:30 a.m. EDT.

Provided by American Pediatric Society

Citation: Pediatricians and nurse practitioners report using strategies to improve HPV vaccination (2019, April 27) retrieved 5 July 2024 from <https://medicalxpress.com/news/2019-04-pediatricians-nurse-practitioners-strategies-hpv.html>

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