"A Day Late and a Dollar Short": Physicians and HPV Vaccination

Gregory D. Zimet

The results of the 2014 U.S. National Immunization Survey-Teen (NIS-Teen) indicated very modest increases in human papilloma virus (HPV) vaccination rates for 13- to 17-year-old females, with series initiation at 60%, a 3.3% increase over 2013 (1). Furthermore, among girls who initiated vaccination, the 3-dose completion rate actually dropped very slightly from 69.8% in 2013 to 69.3% in 2014. For males, initiation of HPV vaccination was 41.7%, an 8.1% increase over the 2013 rate. Among boys who initiated vaccination, the 3-dose completion rate also improved from 48.2% in 2013 to 57.8% in 2014. It is important to note that rates for the targeted ages of 11 to 12 years are even lower. Clearly, we are far from meeting the Healthy People 2020 goal of 80% 3-dose coverage for HPV vaccination (2). It is well-recognized and documented that a strong, routine health care provider (HCP) recommendation is associated with higher rates of HPV vaccination (3, 4). Conversely, parents frequently cite the lack of an HCP recommendation or a weak recommendation as among the most important reasons for nonvaccination of sons and daughters (5, 6).

The research reported by Gilkey and colleagues (7) in this issue of *Cancer Epidemiology, Biomarkers & Prevention* represents an important contribution to the growing body of information on HPV vaccination practices of primary care physicians, a topic previously addressed in reviews of the literature (6, 8) and in recent research publications (9–14). As in these other research studies, Gilkey and colleagues, via a national survey of pediatricians and family physicians, found that many of these HCPs were inconsistent in their approaches to HPV vaccination, often delayed vaccination past the recommended ages of 11 to 12 years, and generally failed to strongly recommend vaccination. A unique element of this research paper is the development of an index of overall HPV vaccination recommendation quality, an approach that may prove valuable, conceptually, in the development and implementation of interventions to improve the effectiveness of HPV vaccine recommendations. The dimensions that make up the quality index are: timeliness (HPV vaccine recommendation at 11–12 years of age); consistency (requiring vaccination of all eligible children, not using a risk-based approach); urgency (requiring same-day vaccination); and strength of endorsement (emphasizing the importance of HPV vaccinat-
(2), it will be essential to help HCPs more effectively deliver HPV vaccination, but it will also be important to develop effective interventions on multiple other levels, including vaccine policy initiatives, practice guidelines and benchmarks, social marketing and public awareness campaigns, and parent- and patient-focused interventions.

References


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