

Doctor Advice Key in HPV Vaccine Initiation

BY DOUG BRUNK

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DENVER – Provider recommendation is strongly associated with initiation of the human papillomavirus vaccine in teenage females, results from a national survey demonstrated.

“It’s important for providers to take the time to counsel and recommend the HPV vaccine and communicate the benefits and the risks of the vaccination, as well as the risk of getting HPV disease as teenagers,” Dr. Christina G. Dorell

More than half of white females (60%) completed the vaccination series, compared with 46% of blacks and 40% of Hispanics. Other factors independently associated with completing the vaccination series were having a mother aged 45 or older, being knowledgeable about HPV disease, and not receiving all vaccines at public facilities.

The main reported reasons parents do not intend for their daughters to receive

the HPV vaccination in the next 12 months were lack of knowledge (19%), considering it not needed or not necessary (19%), the fact that their daughters were not sexually active (18%), and that they did not receive a provider recommendation (13%).

Dr. Dorell acknowledged certain limitations of the study, including the fact that the telephone portion of the survey was using land line phones only, thus

contributing to a noncoverage bias of wireless-only households. It’s also possible that some of the provider data or vaccination histories may be incomplete, she said. However, she pointed out that one of the main strengths of the NIS-Teen “is that it is the only nationally representative survey that reports vaccination coverage estimates from provider-reported data, which is the gold standard for measuring vaccination coverage.” ■

VITALS

Major Finding: The probability of HPV vaccination occurring is 2.6 times higher for adolescents who receive a provider recommendation than it is for adolescents who do not receive a provider recommendation.

Data Source: Results from 18,228 females aged 13-17 years who participated in the National Immunization Survey-Teen 2008-2009.

Disclosures: Dr. Dorell said that she had no relevant financial disclosures.


said in an interview during a poster session at the meeting.

Dr. Dorell of the immunization services division at the Centers for Disease Control and Prevention, Atlanta, presented findings from the 2008-2009 National Immunization Survey-Teen (NIS-Teen), which was analyzed to determine human papillomavirus (HPV) vaccination coverage among females aged 13-17 years. The NIS-Teen is composed of two parts: a random-digit-dialed telephone survey of parents or guardians of adolescents aged 13-17 years, and a mailed survey to all vaccination providers identified by the parent and for which consent was granted.


The researchers evaluated associations of select socioeconomic characteristics, intention to vaccinate, and HPV status. They used multivariable logistic regression to examine associations while controlling for other factors, including state of residence.

Of the 18,288 females surveyed, 41% received at least one HPV dose. Of those, 53% completed the three-dose series.

The probability of HPV vaccination occurring is 2.6 times higher for adolescents who receive a provider recommendation than for adolescents who do not receive a provider recommendation. Other factors independently associated with HPV vaccine initiation were older age, having a preventive visit at age 11 or 12 years, being eligible for state Children’s Health Insurance Program (CHIP) or Vaccines for Children (VFC) program, having a mother younger than age 34 years, having a mother who never married, and not receiving all vaccines at public facilities.



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