

Understanding Non-Vaccination for HPV

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With special thanks to Greg Zimet, PhD



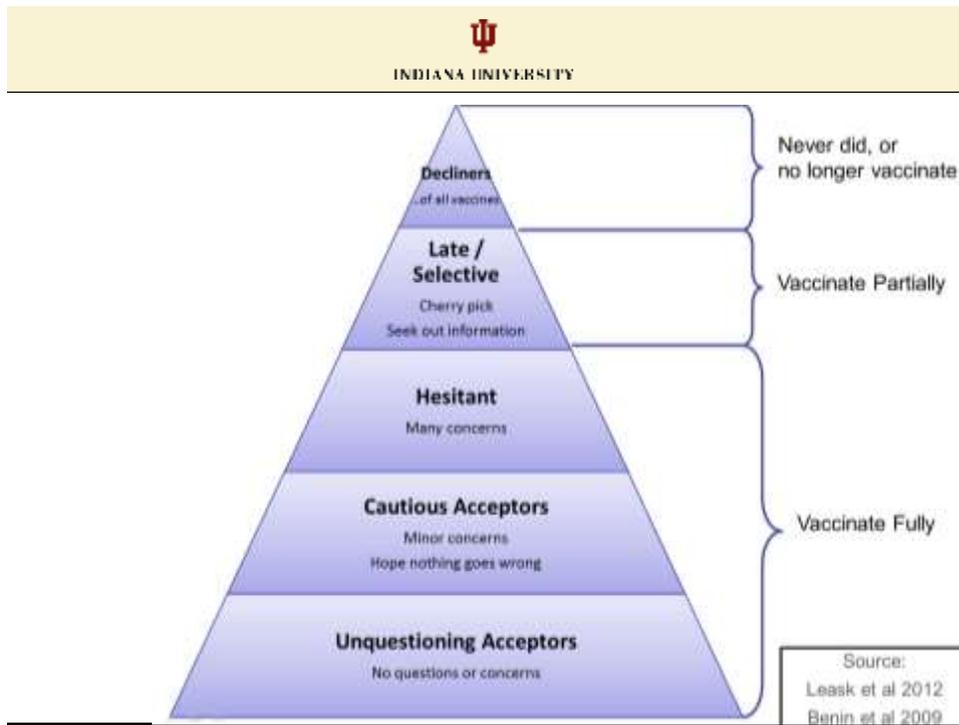
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<http://kristeneve.org/home/>

Head and neck cancers

Genital Warts

***Someone You Love - The HPV
Epidemic***



Parents of girls*:

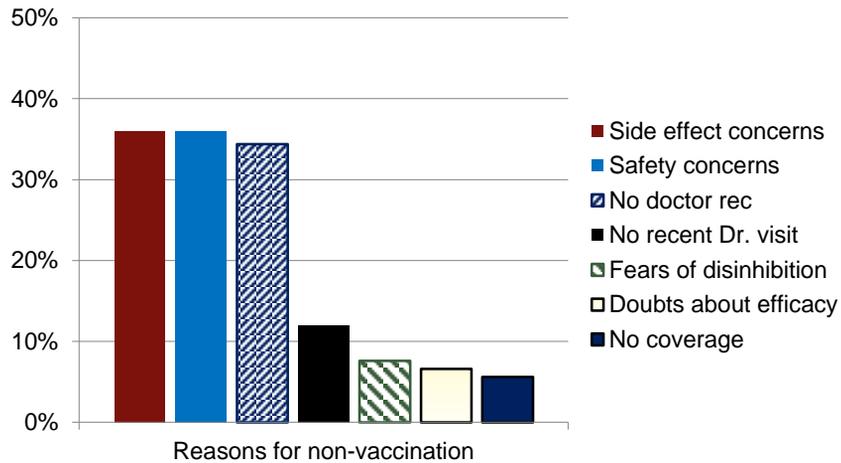
- 501 mothers of 14-17 year old girls surveyed in 2010
- U.S. national sample
 - 50% reported non-vaccination of daughter
- These parents were asked to indicate reasons for non-vaccination

*Kester et al. *Mat Child Health Journal* 2013



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Parental reasons for non-vaccination of daughters*



*Kester et al. *Mat Child Health Journal* 2013



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Parents of boys*:

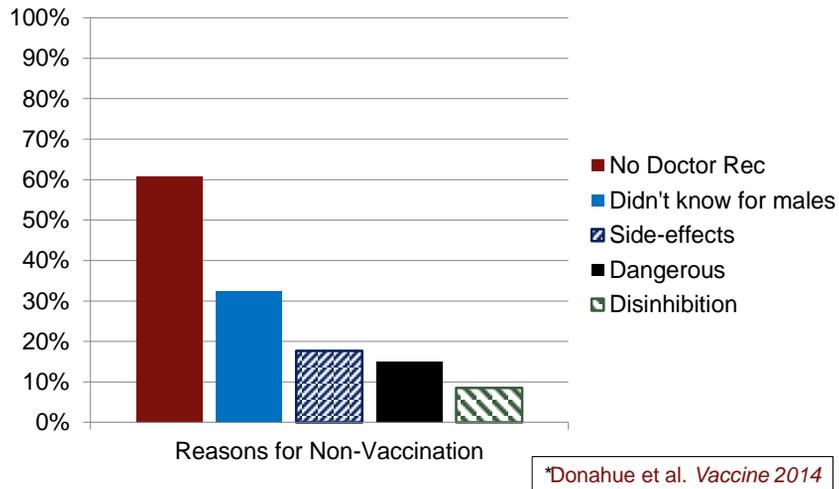
- 779 parents of 11-17 year old boys surveyed in 2012
- U.S. national sample
 - 71% (n=555) reported non-vaccination of son
- These parents were asked to indicate reasons for non-vaccination

*Donahue et al. *Vaccine* 2014



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Parental reasons for non-vaccination of sons*



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Not recommended by provider

- This is a real problem
- HCPs generally support HPV vaccination
- But also report barriers*
 - Cost of stocking vaccine
 - Concerns about reimbursement
 - Questions about safety
 - Lack of knowledge about HPV & vaccine

*Malo et al. *Mat Child Health Journal* 2013



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Not recommended by provider

- Non-recommendation has been a particular problem with male vaccination*
- More comfort with vaccinating older vs. younger adolescents**
 - Suggests tendency to put off HPV vaccine until after the recommended ages of 11-12

*Post et al. *Fam Med* 2013.

**Weiss et al. *J Adolesc Health* 2010;
Vadaparampil et al. *Vaccine*. 2013.



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Not recommended by provider

- Multiple studies show that adolescents/parents who received a recommendation for HPV vaccine had a much, much greater odds of getting vaccinated*

*Ylitalo et al. *Am J Public Health* 2013.

Donahue et al. *Prev Med Reports* 2015.



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Providers Report of Communication Practices

On-line survey with Peds & FP

Developed measure of recommendation
quality (high/low)

- Strength of endorsement
- Timeliness (by 11-12)
- Consistency (routine vs. not risk-based)
- Urgency (same day vs. delay)

Gilkey et al. 2015. *Canc Epi Bio & Prev* 24:1673



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What do doctors report doing?

- 27% do not strongly recommend
 - 59% use risk-based approach
 - 51% recommend same-day vaccine
 - Quality lower if MD uncomfortable or anticipates parental hesitancy
 - Quality higher with presumptive approach vs. info provision or soliciting questions
-



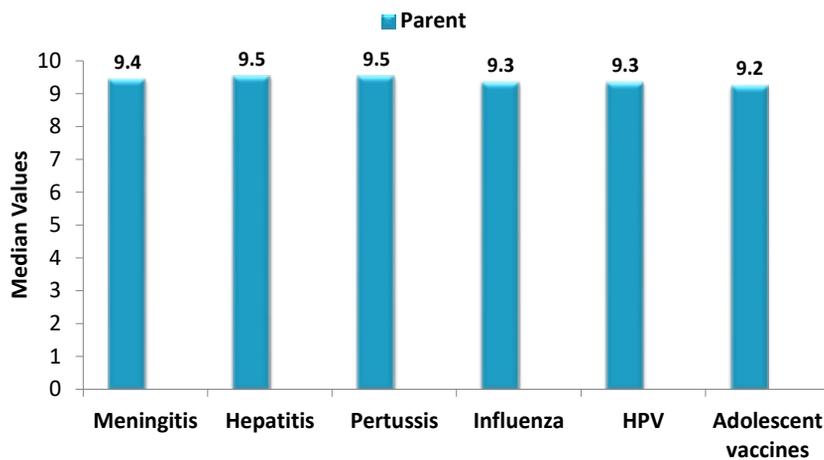
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Self-fulfilling prophecy?

- Doctors often seem to anticipate parental hesitancy/refusal
 - Current communication behaviors seem to ensure that parent will not feel comfortable with same day vaccination
- Anticipation of hesitancy may stem from doctor's ambivalence about on-time vaccination

HPV VACCINE
IS CANCER PREVENTION

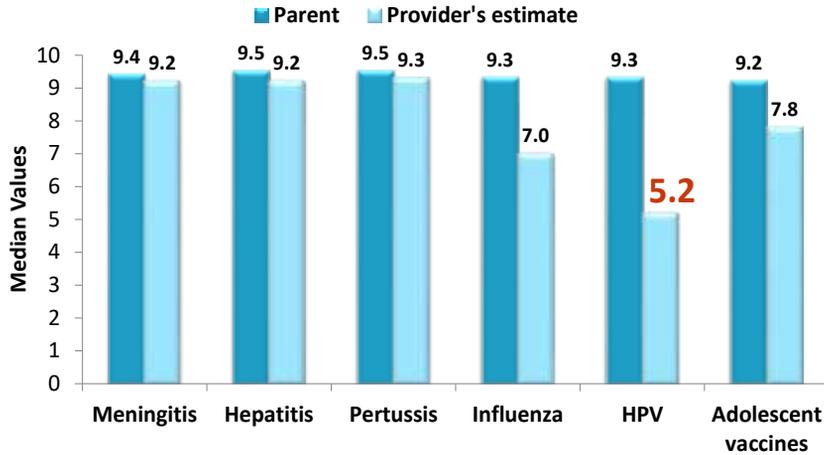
[How Parents Feel]



Adapted from Healy et al. Vaccine. 2014;32:579-584.

HPV VACCINE
IS CANCER PREVENTION

[How Providers Think Parents Feel]



Adapted from Healy et al. Vaccine. 2014;32:579-584.



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Talking with Parents:

Start simple

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Make it routine!

- There are 3-4 recommended “adolescent platform” vaccines:
 - Tdap
 - HPV
 - Meningococcal
 - Influenza
 - Don’t separate HPV from the others!
-

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Put HPV in the middle

- HPV is typically mentioned last
 - Instead, say, “Tdap, HPV vaccine, and Meningococcal vaccine”
 - This approach will help to prevent provider hesitation before mentioning HPV
-



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Recommend, don't just offer

"I recommend 3 vaccines for this visit:

*Tdap to prevent pertussis,
the first dose of HPV vaccine, which prevents
cancers,
and meningococcal vaccine to prevent
meningitis*

*I strongly recommend all three.
What questions do you have?"*



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Two additional points:

- Make the same routine recommendation for both boys and girls, starting at ages 11-12 years ... or before
 - After administration make sure to emphasize importance of return for 2nd and 3rd doses
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Talking with Parents:

**For hesitant parents and those
who want more information**

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Be prepared to answer questions about

- Safety
 - Reasons for vaccination at 11-12
 - Effectiveness
 - Why boys need the cervical cancer vaccine
-



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Expression of anti-HPV vaccine sentiments or hesitancy...

- Can provoke frustration and anger in provider, which can lead to:
 - Rigid refusal to be “manipulated”
 - Overcompensating: “giving in” to patient’s demands
 - Avoidance of the patient or the vaccine
 - Awkwardness around recommendation



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SARAH

- Startegies
- And
- Resources
- to Assist
- Hesitant parents about vaccination

- <http://www.ncirs.edu.au/research/social-research/sarah-project>

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Hesitant vs Decliners

- Hesitant parents
 - Have concerns
 - Ask questions
 - Declining parents
 - Never did or no longer vaccinate at all
 - Made their decision and are less likely to change
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The following dialogues were adapted from:

Dubovsky & Weissberg, "Clinical Psychiatry in Primary Care" (1986) & Ed Marcuse (<http://ocw.uci.edu/courses/course.aspx?id=60>)

Also see:

www2.aap.org/cisp/pediatricians/riskcommunicationvideos.html



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An Unsuccessful Approach

- HCP: Your daughter is due for some vaccines today. There's Tdap and meningococcal vaccines, and we also can give the HPV vaccine.
 - Pt: That sounds like a lot. I'm not sure I'm comfortable with that many vaccines at one time.
 - HCP: You have nothing to worry about. We know it's safe.
 - Pt: Well, I've heard that too many vaccines at once can overwhelm her immune system. I've seen research on the internet about this. Also, I've heard that HPV vaccine is too new and may not be safe.
 - HCP: You can't trust those websites. Good scientific research shows that vaccines are safe.
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An Unsuccessful Approach

- Pt: I still feel uncomfortable about these vaccines, especially HPV. I know my daughter is not having sex. We have raised her right.
 - HCP: Well, but how would you feel if your daughter ended up getting cervical cancer?
 - Pt: I don't think that's the same thing.
 - HCP: Your daughter just needs these vaccines today.
 - Pt: She's my daughter. I'll make that decision.
-



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A More Successful Approach

- HCP: Your daughter is due for some vaccines today. She'll be getting a total of three shots: Tdap, HPV, and meningococcal vaccines.
 - Pt: That sounds like a lot. I'm not sure I'm comfortable with that many vaccines at one time.
 - HCP: What concerns do you have?
 - Pt: Well, I've heard that too many vaccines at once can overwhelm her immune system. I've seen research on the internet about this. Also, I've heard that HPV vaccine is too new and may not be safe.
-



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A More Successful Approach

- HCP: I understand that you want to do what is best for your child; so do I.
Many parents feel bombarded with conflicting information and do not know whom to believe.
 - Pt: From what I've seen on TV, I'm not sure I can trust the ingredients in vaccines. Science isn't always right.
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A More Successful Approach

- HCP: I recognize that science does not provide answers to all the questions that concern you, but science is the best tool we have to get reliable answers to important questions.

Let's take some time to talk about your questions about vaccine ingredients. Then, if you would like, I can give you some trustworthy information sources about vaccines.



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Parents want to talk to their HCPs:

- HCP is most used source of information about immunization and most trusted source
- But, parents report problems with*:
 - content of discussions
 - communication/interaction

*Gellin et al. *Pediatrics* 2000;
Gust et al. *Pediatrics* 2008;
Davis et al. *Pediatrics* 2001



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Summary

- Majority of parents do not require intensive intervention around HPV vaccination
 - For HPV vaccine-hesitant parents, it is important to develop a decision-making partnership
 - Being an informed decision-maker is important to many parents
 - Reflects shift from paternalistic model to shared model of decision-making
 - Helps empower parents to make informed decision
 - No matter what, it's important to know the facts about HPV vaccination
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Recommendations to HCPs

- Put HPV in the middle
 - HPV is typically mentioned last
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Recommendations to HCPs

Recommend for same day visit, don't just offer:

"I recommend 3 vaccines today: Tdap to prevent pertussis,

the first dose of HPV vaccine, which prevents cancers,

and meningococcal vaccine to prevent meningitis. I strongly recommend all three. What questions do you have?"



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With Questioning/Hesitant Parents

- Don't assume questions and hesitancy mean vaccine refusal
- Use motivational interviewing strategies
 - Elicitation of underlying concerns, without judging or trivializing
 - Asking permission to discuss & share information
 - Adopting a long view of parent/patient engagement