Human Papilloma Virus (HPV) affects approximately 20 million people in the US [1]. Roughly 7,000 males and 18,000 females acquire cancer yearly due to HPV [1]. HPV quadrivalent vaccine contains four serotypes, 6, 11, 16, 18. 90% of genital warts are caused by serotypes 6 and 11 while oropharyngeal and anogenital warts are caused by serotypes 16 and 18 [2]. In 2009 the Advisory Committee on Immunization Practices (ACIP) recommended permissively to vaccinate males with HPV vaccine. Two years later, the ACIP affirmed its recommendations for routine vaccination of all males ages 11 years – 12 years with catch up for males through the age of 26 years [3].

HPV vaccination rates for males in 2010-2011 was approximately 0.5%-0.7% for a complete three dose series and 2%-4.9% for at least one dose of the vaccine [3,4]. As of 2012, less than 50% fo eligible females were vaccinated [5]. Rate of vaccination in males was lower than in females during the first year of vaccine recommendation [4].

HPV vaccination is lower than the vaccination rates of the other vaccines administered at the same age. I think it is prudent to look into the reasons on why our adolescents, especially male adolescents are not being immunized. Several studies have been done in attempt to answer this question.

Adolescents may have received vaccines in several different provider offices and having one complete record is sometimes challenging. Getting records from the other providers and from school may delay vaccination [6]. [5] HPV vaccine is not mandated by schools and therefore the parents and adolescent may tend to postpone vaccination which can be a missed opportunity [7].

Lack of appropriate and sufficient knowledge about the vaccine can cause parents to postpone vaccine administration. One study showed as much as 39% of parents were concerned about infertility with use of HPV vaccine [8]. These parents tended not to vaccinate their boys. Other reasons voiced by parents included the young age of their sons, safety of the vaccine, and their child’s wish not to be vaccinated [9].

Other barriers to vaccination are adolescents are less likely to come into office for well visits or to seek medical care. Adolescents and adults ages 18 years- 24 years for age are less likely to have health insurance with approximately 34% having partial or no insurance [6].

A national survey of physicians, which included Pediatricians and Family Medicine Physicians, identified three areas as the greatest barrier to HPV vaccination. The most common barriers were, cost of the vaccine, parents’ belief that their sons do not need this vaccine, and the sporadic office visits commonly seen with adolescents [10]. It was also found that physicians were most likely to offer the HPV vaccine to their patients who were practicing in an urban setting and were more likely to counsel about sex as early as 11 years-12 years of age [10] Physicians were well aware of the high risk of HPV infection among their minority patients and were more likely to incorporate HPV vaccine as part of routine practice [11].

Another survey of private physicians (OB/GYN, Pediatricians, & Family Practitioners) prior to October 2011 found, among other barriers, that is not clear who should vaccinate [12]. Pediatricians were referring to GYN, GYN referring to Pediatricians while other referred to the health department [12]. Time constraints during the office visit were also voiced as a barrier to discussion of HPV vaccine [12]. Also a high cost and lack of appropriate reimbursement was also a concern [12]. If it was perceived by the physician that the patient’s insurance would not cover the vaccine and the patient would not be able to pay, vaccination was less likely to be discussed [12].

Certain steps can be taken to decrease the barriers to HPV vaccination. Offering vaccines in schools and pharmacies may increase the vaccinations rates. This is especially true if the patient has not seen their primary care doctor recently [13]. School mandated vaccination has helped achieve a very high vaccination rate in children [6]. Requiring ACIP vaccine recommendations for school admittance may help improve rates of vaccination in adolescent as well as children [6]. The IIS (Immunization Information System) can be very helpful if all providers and facilities giving vaccines participate. Making this program national would provide the upmost help in reducing missed opportunities to vaccinate [6].

Physicians should also take every opportunity to vaccinate with HPV as well as other vaccines whether the adolescent presented for well visit or another reason [14]. Physicians should also take the time to explain the vaccine and its importance. Common side effects can also be discussed. The most common side effects include local injection site reactions such as pain and swelling [15]. Other side effects but less common include systemic reaction, syncopy, and anaphylaxis [15]. A study done
using information from VAERS (vaccine adverse event reporting system) from 2010-2012 found no increase in incidence of Guillain Barre syndrome with HPV vaccine [5]. Physicians who recommended vaccination at each adolescent visit had increased rate for vaccination [16].

As Primary Care Doctors, it is our obligation to assure our patients are protected from vaccine preventable illnesses. We must spend the time to educate our families and guide them to appropriate decisions regarding their health. We must also advocate for our patients so that they may receive the appropriate healthcare coverage.

REFERENCES


Cite this article