

Position Statement:

Increase HPV Vaccination Uptake: An Urgent Opportunity for Cancer Prevention

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The Society of Behavioral Medicine supports national calls to increase HPV vaccination coverage among adolescents and encourages legislators, policymakers, and health care providers to take action.



The U.S. Department of Health and Human Services' Healthy People 2020 goals include increasing vaccination coverage with three doses of human papillomavirus (HPV) vaccine among females and males ages 13 to 15 years, with a target of 80% population vaccination.¹ The vaccine could substantially reduce HPV-associated cancer incidence in the United States, but coverage remains low.² The President's Cancer Panel and the National Vaccine Advisory Committee have established clear recommendations to increase vaccine coverage.³

HPV AND CANCER

- * HPV infection in the United States is widespread. The Centers for Disease Control and Prevention estimates 14 million new infections occur annually, with almost 50% occurring in women between 15 and 24 years of age.
- * Chronic HPV infection is the primary cause of cervical cancer^{4, 5}
- * HPV affects males and females through its association with oral cancer, anal cancer, and genital warts. It can also cause vulvar, vaginal, and penile cancers.⁶⁻⁹
- * Incidence of HPV-related oral cancers has rapidly increased in males since 2000.¹⁰
- * 39% of all HPV-related cancers occur in males.¹¹
- * Annually, about 26,000 new cancers in the United States are attributable to HPV.¹²
- * Yearly costs to treat HPV-related diseases in the United States are estimated at \$8 billion.¹³

HPV VACCINE AND CANCER PREVENTION

HPV vaccination is an effective primary prevention strategy to reduce infections that can lead to cancer.¹⁴ The HPV vaccines available in the United States¹⁵⁻¹⁷ currently require three doses over a 6-month period.

The U.S. Advisory Committee on Immunization Practices and the American Academy of Pediatrics recommend routine vaccination for females and males ages 11–12 years. The recommendations also permit late vaccination of females and males up to 26 and 21 years, respectively.^{18, 19}

HPV VACCINE UPTAKE

HPV vaccines are both effective and safe,^{20, 21} yet vaccination rates are low.

- * National data from 2014 indicate that, although 60% of eligible females and 42% of eligible males have received an initial dose, fewer than 40% of eligible females and fewer than 22% of eligible males have completed the three-dose series.²²
- * Nationally, the median HPV vaccination coverage rates for female adolescents among commercial and Medicaid plans in 2013 were 12% and 19%, respectively.²³

Three important factors contributing to poor vaccine uptake are amenable to change:

- * Health care providers missing opportunities to recommend and administer the vaccine,²⁴⁻²⁶ and low-quality recommendations.²⁷
- * Parental barriers, including concerns about vaccine safety and the appropriateness of a vaccine for a sexually transmitted infection.²⁸⁻³⁰
- * Limited access to HPV vaccination services.¹³

RECOMMENDATIONS FOR LEGISLATORS, POLICYMAKERS, AND HEALTH CARE PROVIDERS

HPV infection is widespread and increases the risk for cancer in both males and females. Despite effectiveness of HPV vaccination, coverage is low. Improving vaccination coverage involves both increasing the number of eligible males and females receiving the initial vaccine dose (initiation) and ensuring that the series is completed.¹³

The President's Cancer Panel established four goals to increase HPV vaccine uptake:

1. Reduce missed clinical opportunities to recommend and administer the vaccine.
2. Increase acceptance of the vaccine among parents, caregivers, and adolescents.
3. Maximize access to HPV vaccination services.
4. Promote global HPV vaccine uptake.

The National Vaccine Advisory Committee endorsed these goals and made three additional recommendations:

1. Develop evidence-based, effective, and coordinated communication strategies.
2. Strengthen the systems that support immunization.
3. Support the simplest HPV immunization schedule.

The Society of Behavioral Medicine supports the goals outlined by Healthy People 2020, the President's Cancer Panel, and the National Vaccine Advisory Committee, which suggest actions that will result in a healthier public. These actions aim to increase initiation of HPV vaccination and reduce the structural barriers to vaccination services in order to increase series completion.

Recommendations for Legislators and Policymakers

Legislators and policymakers play a critical role in ensuring there are adequate resources to achieve these HPV vaccination goals, including by:

- * Advocating for improved administration authority, insurance coverage (including Medicaid), and reimbursement rates to health care providers who make the HPV vaccine available to adolescents in a variety of settings;
- * Providing instrumental support to fund the development of school curricula on HPV vaccination that will optimize school health education opportunities and enhance the role of schools in parent and community education, vaccine administration, and other vaccination-related activities; and
- * Increasing public awareness that HPV vaccination can prevent cancer.

Recommendations for Health Care Providers/Health Care Systems

All health care providers, including primary care, hospital care, and nontraditional care providers (e.g., schools, pharmacies, and public health departments), can contribute to increasing HPV vaccination rates by:

- * Increasing the strength, quality, and consistency of HPV vaccination recommendations for all eligible patients;
- * Treating HPV vaccination as a routine preventive service like other routine vaccines;²²
- * Employing culturally appropriate communication strategies in clinical settings to educate eligible patients, parents, and guardians about the importance, effectiveness, and safety of HPV vaccination while effectively responding to common concerns and addressing hesitancy; and
- * Strengthening and coordinating the use of electronic medical records and immunization information systems to identify eligible patients for first dose initiation³¹ or series completion, and to provide access to patient immunization records across patient care providers, vaccine administrators, and state public health systems.

ENDORSEMENT

The International Society of Behavioral Medicine (ISBM), a federation of national, regionally-based, and specialized scientific societies concerned with issues relevant to behavioral medicine, jointly endorses this policy brief with the Society of Behavioral Medicine, a member society of ISBM.



— Mary Gerend, Joost Dekker, and Frank Penedo, on behalf of ISBM



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