

HPV Vaccination Practices: A National Survey of Physicians 18 Months Post- Licensure



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Disclosures



The authors have no relevant financial relationships with any commercial interests to disclose

No reference will be made to the use of medications in manners not licensed by the Food and Drug Administration

Study Objectives



To assess, in a nationally representative sample of family medicine physicians (FM) and pediatricians (Peds):

- Knowledge, attitudes, current practices regarding HPV vaccination
- Perceived barriers to HPV vaccination
- Factors associated with strongly recommending HPV vaccine to 11-12 year old female patients

Methods



- Conducted in existing sentinel physician network
 - Recruited from random samples of AAP and AAFP
 - Quota sampling done to ensure networks similar to overall AAP and AAFP memberships
- Network participants generally similar to physicians randomly sampled from AMA
 - Demographic characteristics
 - Practice attributes
 - Range of vaccine-related attitudes
- Survey period: January – March 2008

Results: Survey Response



- 80% response rate overall
 - FM: 79% (331 of 419)
 - Peds: 81% (349 of 431)
- Respondents not significantly different from non-respondents (with respect to gender, graduation year, urban/rural location, practice type)
- For FM, respondents less likely from South, more likely from West

Respondents' Knowledge about HPV



Statements (<i>Correct response</i>)	% Correct, FM	% Correct, Peds
Most genital HPV infections symptomatic (<i>False</i>)	86	85
Almost all cervical cancers caused by HPV (<i>True</i>)	95	85
Genital warts caused by same HPV types as cervical cancer (<i>False</i>)	58	43

Knowledge about HPV Vaccination



Statements (<i>Correct response</i>)	% Correct, FM	% Correct, Peds
Sexually active women should be tested for HPV before starting HPV vaccination (<i>False</i>)	85	91
Women diagnosed with HPV should not be given HPV vaccine (<i>False</i>)	81	77
Pregnancy test should be performed prior to giving HPV vaccine (<i>False</i>)	69	86

Attitudes about HPV Vaccination



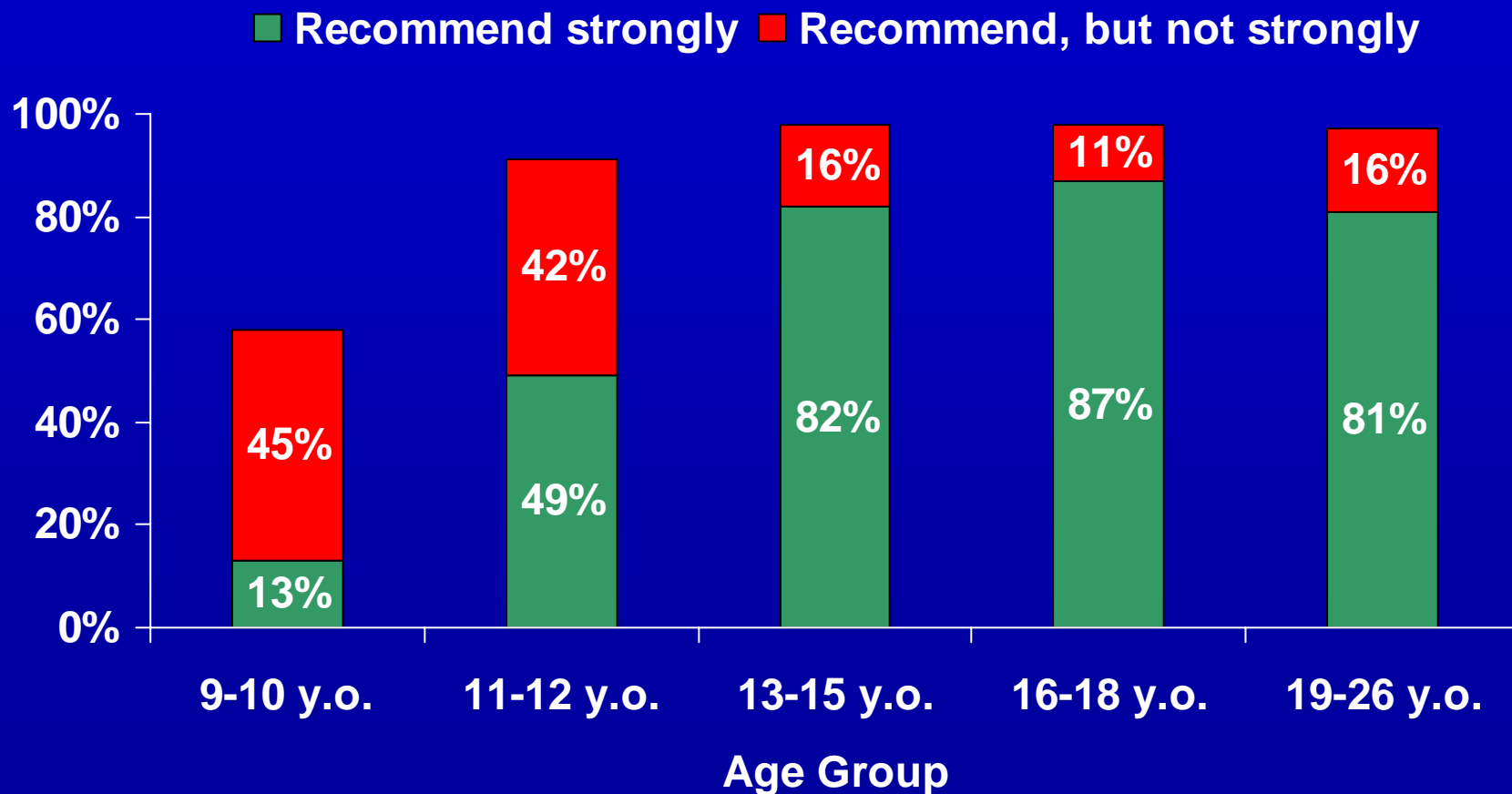
	% Strongly/ Somewhat Agree	
	FM	Peds
Necessary to discuss sexuality prior to recommending HPV vaccine	54	42
<i>Parents</i> concerned that vaccination against STI may encourage earlier or riskier sexual behavior	49	42
<i>Physician</i> concerned that vaccination against STI may encourage earlier or riskier sexual behavior	6	4

HPV Vaccination Practices



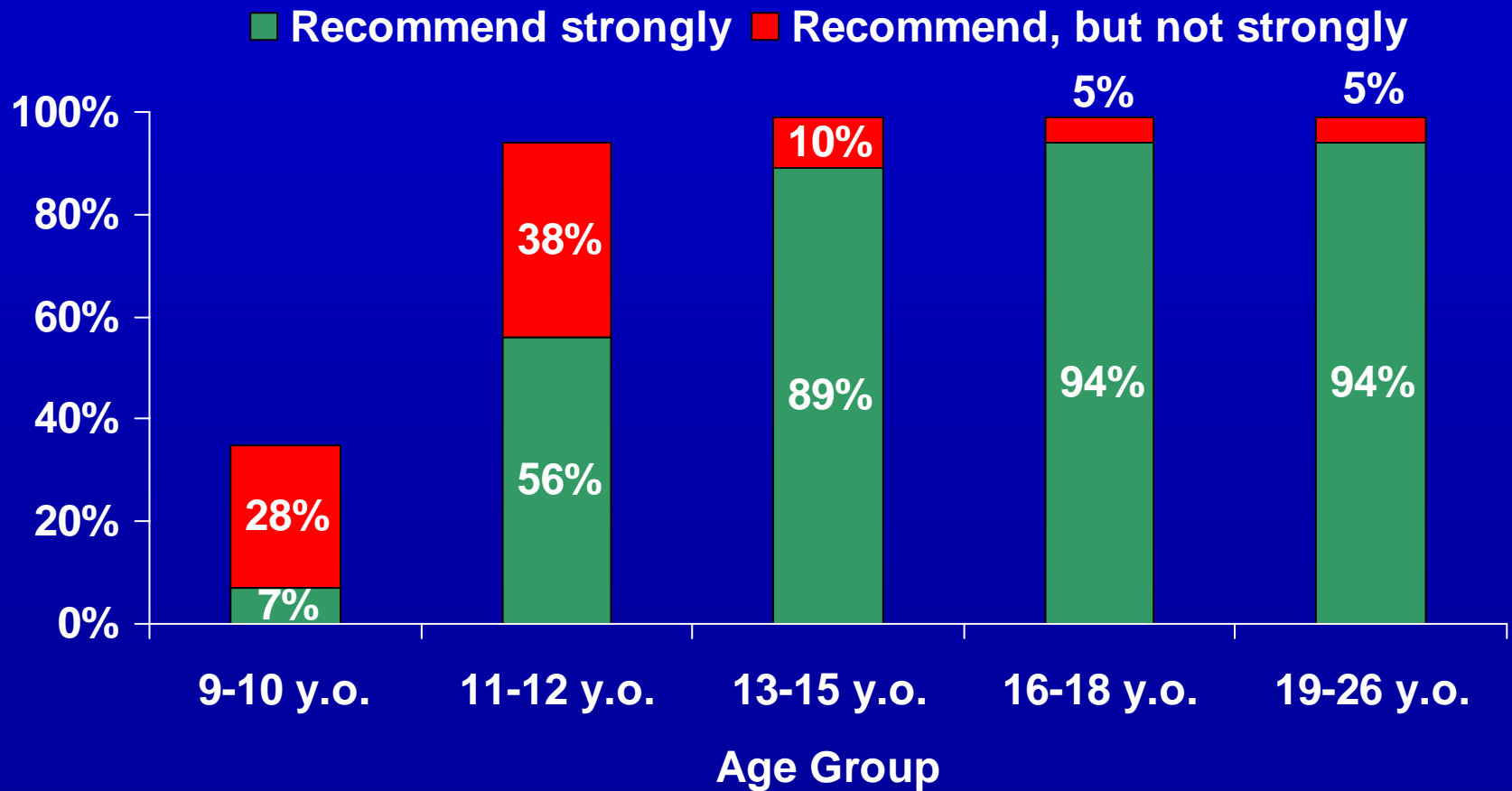
- Currently administering HPV vaccine to female patients in practice:
 - 88% of FM
 - 98% of Peds
- Difference statistically significant ($p < 0.001$)

FM: Percentage Recommending HPV Vaccine to Female Patients, by Age Group



Note: Recommendations are among providers seeing patients in this age group

Peds: Percentage Recommending HPV Vaccine to Female Patients, by Age Group



Note: Recommendations are among providers seeing patients in this age group

Perceptions about HPV Vaccine Safety



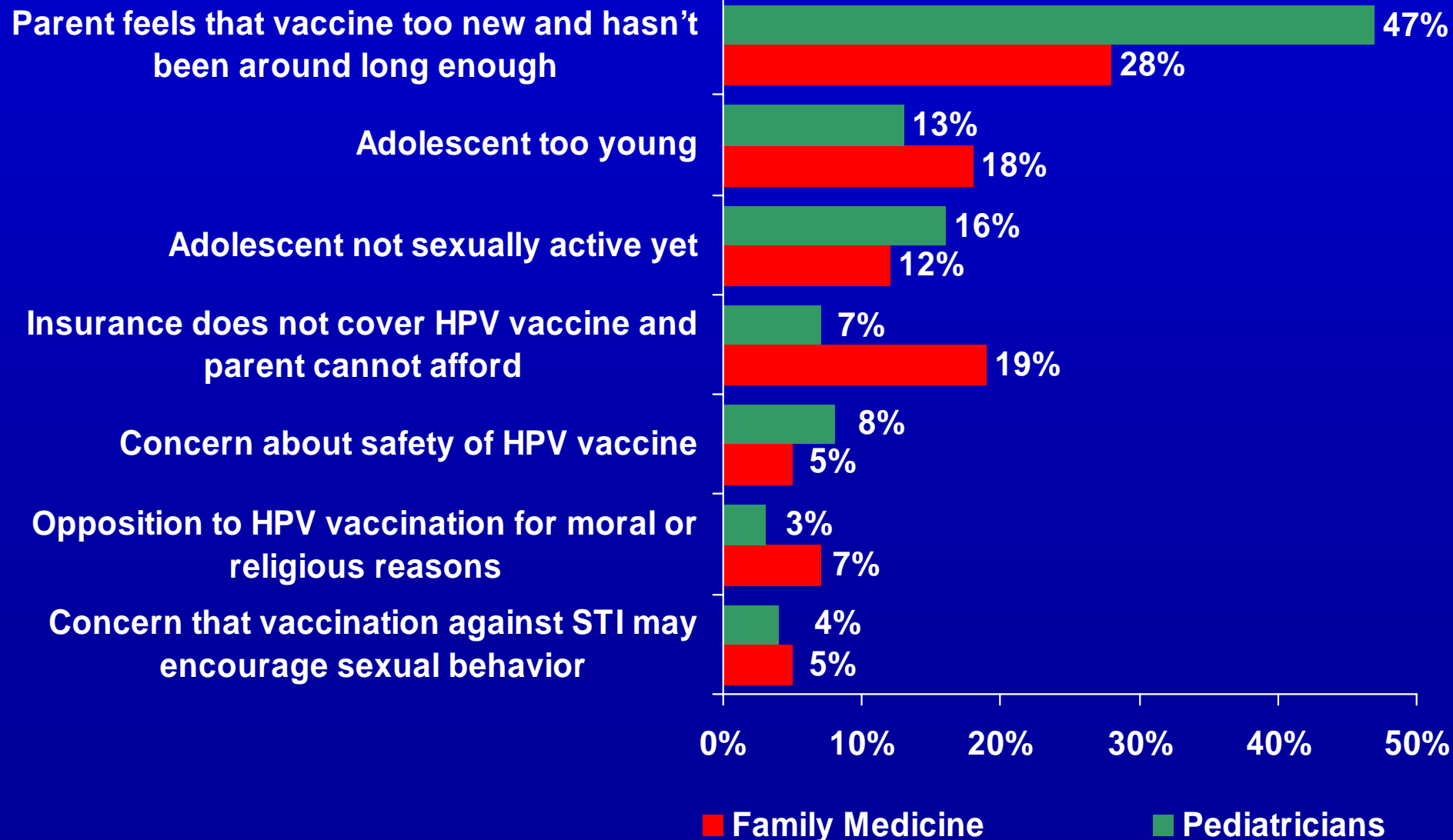
	% Strongly/ Somewhat Agree	
	FM	Peds
Concerned that syncope more likely after HPV than other vaccines	13	33
Concerned that Guillain-Barré syndrome may occur after HPV vaccination	9	8

Refusal and Deferral of HPV Vaccination

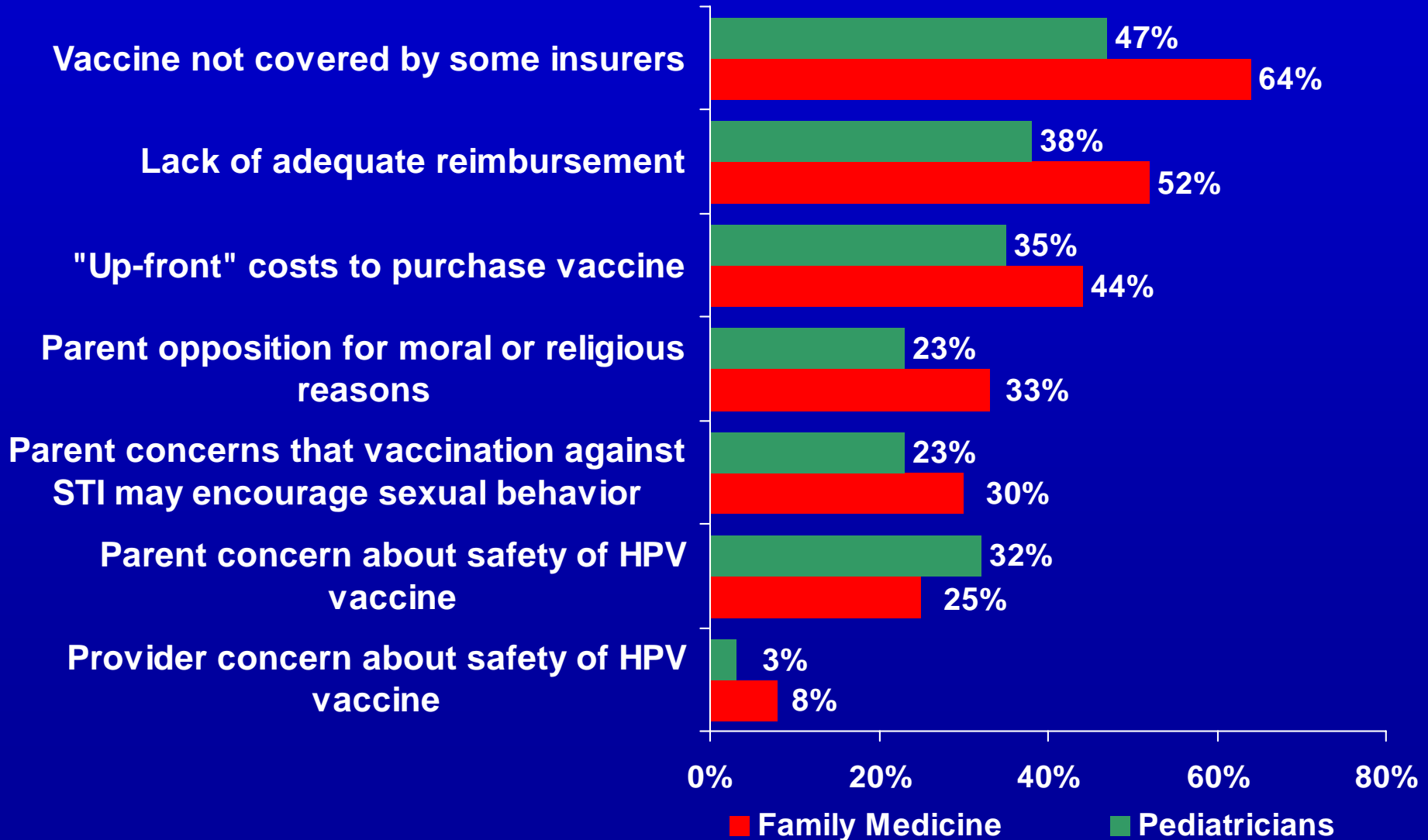


- More reported parent/patient deferral than refusal of HPV vaccine among FM and Peds
- More reported refusal at 11-12 y. than 13-15 y.
- Reporting that at least 25% of parents of 11-12 year olds refused HPV vaccine when offered
 - 29% of FM
 - 18% of Peds

Most Common Reported Reasons for Vaccine Refusal/Deferral



Factors Reported as Definitely/Somewhat a Barrier to HPV Vaccination



Factors Associated with Not Strongly Recommending HPV Vaccine to 11-12 y.o. Female Patients



	Adjusted ORs (95% CIs)
Considering it necessary to discuss sexuality prior to recommending HPV vaccine	1.6 (1.1-2.4)
Reporting that parents of 11-12 y.o. have been more likely to refuse than parents of 16-18 y.o.	4.0 (2.5-6.4)
Believing that the time it takes to discuss HPV vaccination is definitely/somewhat a barrier	1.9 (1.1-3.4)
25% or more of respondent's patients have public health insurance	0.4 (0.3-0.6)

Multivariate model, controlling for specialty and region of country

Limitations



- Respondents may have differed from non-respondents (but high survey response rate)
- Sentinel physicians may differ from physicians overall (prior work suggests not)
- Survey results represent reported practice; actual practice not observed
- Results may not be generalizable to all settings

Summary of Findings



- Knowledge
 - Most FM and Peds aware of several key aspects of HPV epidemiology
 - Some knowledge gaps regarding HPV vaccination
- Vaccination practices
 - High adoption overall: 88% of FM, 98% of Peds administering HPV vaccine in practice
 - More physicians strongly recommended HPV vaccine to patients 13 years and older vs. 11-12 years

Summary, continued



- Reported parent refusal
 - Vaccine “too new”
 - Adolescent too young/not sexually active
 - Insurance not covering
- Perceived barriers to HPV vaccination
 - For both specialties, top 3 barriers were financial
 - Parent opposition a moderate barrier
- Responses about vaccine safety
 - Parent vaccine refusals not explicitly safety-related
 - Moderate provider concern about syncope, esp. Peds

Implications-Financial



- Potential consequences of financial barriers
 - Does this reflect more underinsured patients?
 - Increased referrals public health clinics
- Financial concerns more prevalent in FM
 - How much do financial considerations factor in when FM physicians decide not to offer HPV vaccine at all?
 - Further studies of vaccine cost and reimbursement issues in FM

Implications-Missed Opportunities



- Risk for missed HPV vaccination opportunities
 - Physicians not strongly recommending at 11-12 y.
 - Parents deferring at 11-12 y.
 - Knowledge gaps
- Will missed opportunities stay “missed?”
- Interventions to reduce missed HPV vaccination opportunities

Vaccine Policy Collaborative Initiative



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