

HPV Vaccine Hesitancy

Presentation By:

Allie Staton, PharmD

ImmunizeAR

Vaccine Confidence Strategist

Email: allie@immunizear.org



Objectives

- Understand the top reasons for HPV vaccine hesitancy
- Confidently communicate with patients about HPV vaccines
- Identify strategies for increasing HPV vaccination rates at your practice site

Vaccine Hesitancy

Vaccine Hesitancy

WHO – 10 Threats to Global Health in 2019

Vaccine hesitancy – the reluctance or refusal to vaccinate despite the availability of vaccines – threatens to reverse progress made in tackling vaccine-preventable diseases. Vaccination is one of the most cost-effective ways of avoiding disease – it currently prevents 2-3 million deaths a year, and a further 1.5 million could be avoided if global coverage of vaccinations improved.

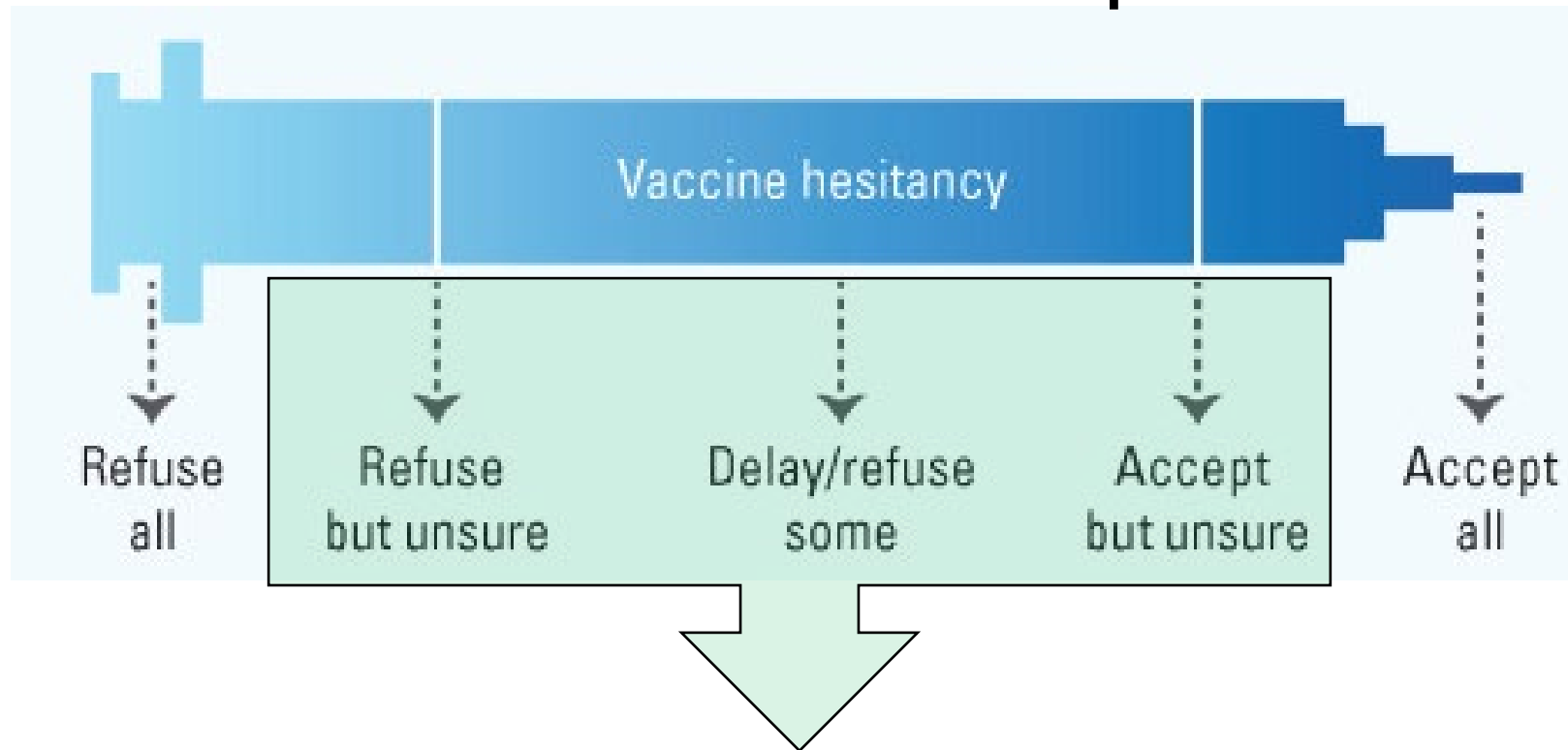
The reasons why people choose not to vaccinate are complex; a vaccines advisory group to WHO identified **complacency, inconvenience in accessing vaccines, and lack of confidence are key reasons underlying hesitancy.**

Health workers, especially those in communities, remain the most trusted advisor and influencer of vaccination decisions, and they must be supported to provide trusted, credible information on vaccines.

In 2019, WHO will ramp up work to eliminate cervical cancer worldwide by increasing coverage of the HPV vaccine, among other interventions.

Vaccine Hesitancy

Continuum of Vaccine Acceptance



Susceptible to Influenza

Vaccine Hesitancy

Why are people hesitant to receive vaccines?

Distrust in the healthcare system	Not receiving a strong recommendation from a healthcare provider
Historical issues with vaccines	Vaccines not necessary
Misinformation	Concerned about side effects
Cost	Religious beliefs

Top 7 HPV Vaccine Myths

1. HPV vaccine is not safe.
2. HPV vaccination can lead to infertility.
3. HPV vaccine is not effective at preventing cervical cancer.
4. Only females need the HPV vaccine.
5. Getting the HPV vaccine will encourage adolescents to be sexually active.
6. Ages 11 and 12 are too young to receive the HPV vaccine.
7. HPV is uncommon, so there is really no need to get the vaccine.

Confident Communication

HPV Vaccine Communication Studies

Provider communication about HPV vaccination: A systematic review

- Providers less often recommended HPV vaccine if:
 - They were uncomfortable discussing sex
 - Perceived parents as hesitant
 - Believed patients to be low risk
- Patients less often received recommendations if they were:
 - Younger
 - Male
 - From racial/ethnic minorities
- Providers often sent mixed messages by:
 - Failing to endorse the HPV vaccine strongly
 - Differentiating it from other vaccines
 - Presenting it as an "optional" vaccine that could be delayed
 - Parents preferred a direct recommendation. Parents were more likely to follow providers' advice without question when they received a strong, unambiguous recommendation.

HPV Vaccine Communication Studies

Addressing HPV vaccine myths: practical information for healthcare providers

Reasons for not vaccinating adolescents against HPV are varied, and in many cases, are rooted in commonly spread myths and misperceptions about the vaccine.

5 Key Myths:

- HPV vaccination is not effective at preventing cancer
- Pap smears are sufficient to prevent cervical cancer
- HPV vaccination is not safe
- HPV vaccination is not needed since most infections are naturally cleared by the immune system
- 11-12 years of age is too young to vaccinate

For each myth, we summarize the scientific evidence refuting the myth and provide speaking prompts for healthcare professionals to communicate about the HPV vaccination.

Motivational Interviewing

If your patient is hesitant about getting an HPV vaccine, use Motivational Interviewing techniques to discuss the vaccine with them.

Remember OARS:

- **Open-Ended Questions**
 - “What are some concerns you have about the vaccine?”
- **Affirmation**
 - “That is certainly a valid concern.”
- **Reflective Listening**
 - “So it sounds like...”
- **Summary**
 - “I’d like to make sure I haven’t missed anything...”

Motivational Interviewing

OARS

<u>O</u>pen-Ended Questions	These questions invite others to “tell their story” in their own words, without leading them in a specific direction.
<u>A</u>ffirmation	Affirmations are statements and gestures that recognize the patient’s strengths and acknowledge behaviors that lead in the direction of a positive change.
<u>R</u>eflective Listening	Reflective listening is a pathway for engaging others in relationships, building trust, and fostering motivation to change.
<u>S</u>ummary	Summarizing helps ensure that there is clear communication between the speaker and listener. It can also provide a stepping stone towards change.

What NOT to do...

- Don't "give up" on your HPV vaccine recommendation if your patient asks a question.
- Don't make HPV vaccines seem less important than other vaccines.
- Don't assume a patient is up-to-date on their vaccines if you don't have a record.
- Don't assume your patient knows anything about HPV vaccines.

Increase HPV Vaccination Rates

Vaccine Hesitancy Studies

Parental Perspectives on Immunizations: Impact of the COVID-19 Pandemic on Childhood Vaccine Hesitancy

During the pandemic, substantial misinformation about vaccines has been spread, and there have been concerns that vaccine hesitancy has increased. Simultaneously, **there has been significant emphasis on importance of vaccines by community health experts.**

During the pandemic, overall vaccine hesitancy and risk perception have increased, although vaccine confidence and intent to vaccinate remains unchanged.

Vaccine hesitancy does not necessarily translate into decreased intent to vaccinate, and parents continue to assign great importance to routine childhood vaccines and influenza vaccines.

Increasing HPV Vaccination Rates

- Make strong recommendations for HPV vaccines
- Listen to your patients about their concerns regarding vaccines
- Be prepared to answer questions about HPV and the HPV vaccine
- Stay informed about vaccine guidelines
- Emphasize the importance of staying up-to-date on all vaccines

Questions?

Thank you!

Allie Staton, PharmD
ImmunizeAR
Vaccine Confidence Strategist
Email: allie@immunizear.org



Resources

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