

HPV and the Projected Health Policy

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Background

- Preventive care and health education promote health and disease prevention.
- HPV is a virus passed from one person to another during skin-to-skin sexual contact, including vaginal, oral, and anal sex. There are many types of HPV, but the types most frequently implicated in genital warts and cervical cancer are types 6, 11, 16, and 18. Types 16 and 18 are most frequently the cause of cervical cancer. Genital warts caused by types 6 and 11 plague men and women alike¹.
- It is not an epidemic infectious disease among school-aged children as the routes of exposure include skin-to-skin and sexual contact^{2, 3} HPV infected person with no signs or symptoms of HPV infection can pass the virus to their partners .

Background

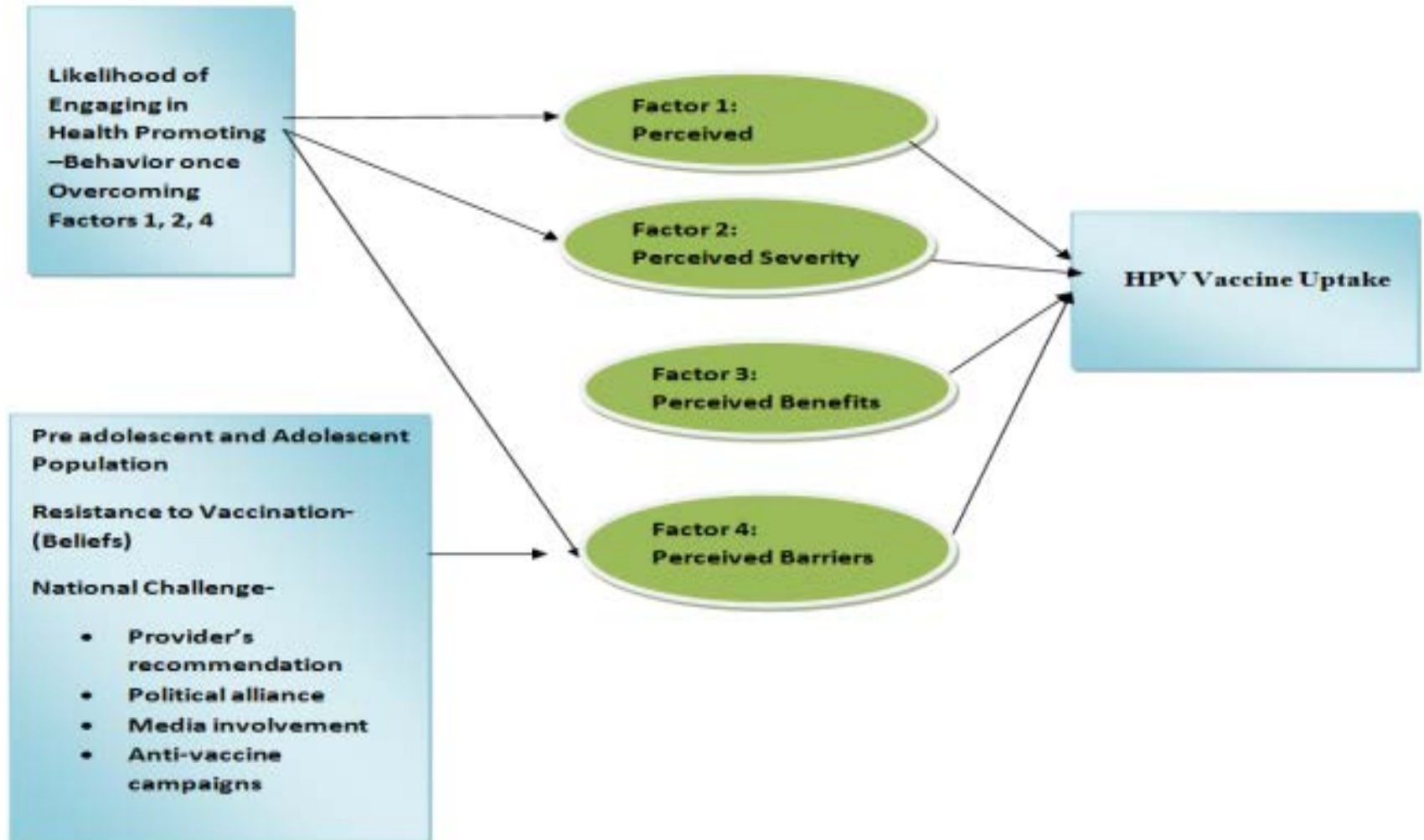
- A person can get HPV even if years have passed since he or she had sexual contact with an infected person. Nearly three-fourth of new infections occurs in 15-24 year age group.
- HPV vaccine is therefore recommended for adolescents aged 9-26 years and targeted for 11-12 year old girls and boys to be most effective.
- HPV vaccination only protects against HPV types to which the individual has never been exposed. Thus, it is more effective if administered before sexual debut and when the individual is likely to be HPV-negative.^{4, 5}

Objective

The purpose of this study is to use a Parental Human Papillomavirus Vaccine Survey (PHPVS) framed on theoretical constructs of health belief model (HBM) to assess demographically diverse sample of parents of pre adolescent and adolescent ages 9-17 years regarding their knowledge, attitudes, and intent to vaccinate against HPV.

Conceptual Model

Health Belief Model



Methods

- Pediatric Care Garland, TX and the Stonebriar Pediatrics, Frisco TX consented to participate.
- A Parental Human Papillomavirus Vaccine Survey (PHPVS) framed on theoretical constructs of the health belief model (HBM) was used for this study.
- The PHPVS contained 28 items to describe beliefs and attitudes about vaccinations in general, parental decision making, and the acceptability of vaccinating their child for HPV.

Methods

- Data was analyzed in Microsoft access version 2007. Score comparisons were assessed for perceived vulnerability, severity, benefits and barriers to HPV vaccine.
- This study was approved by the University of Illinois at Chicago Institutional Review Board (IRB) before any data collection commenced.

Results

- A total of 100 parents/caregivers of young adolescents (9-17 years) were recruited for the study from two locations (Frisco and Garland) of a pediatric private practice in Dallas Texas.
- Inverse relationship was observed between the level of education (Table 1) and acceptance (Table 2) of HPV vaccine across two diverse populations.

Results

•Frisco: Education Level (67.3%) = Resistance to HPV Vaccine [slightly higher scores on perceived severity (53.3%) and lower scores on perceived vulnerability(46.3%), benefits(48.6%) and barriers (48.1%)subscale].

•Garland: Education Level (7.8%) = Acceptance to HPV Vaccine [lower scores on perceived severity(46.7%) and slightly higher scores on perceived vulnerability(53.7%), benefits(51.4%) and barriers(51.9%) subscale].

Results

Table # 1 Education Level across Two Populations: Frisco = High SES and Garland = Low SES

Education Level	Frisco	Garland
College Graduate	67.3%	7.8%
High School	10.2%	47.1%
Some College	14.3%	17.6%
Unknown	4.1%	15.7%
Vocational School/College	4.1%	11.8%

Results

Table #2 PHPVS-Responses Across two Populations: Frisco= High SES and Garland =Low SES

❖ PHPVS-Responses	❖ Frisco	❖ Garland
❖ Perceived Vulnerability	❖ 46.3%	❖ 53.7%
❖ Perceived Severity	❖ 53.3%	❖ 46.7%
❖ Perceived Benefit	❖ 48.6%	❖ 51.4%
❖ Perceived Barriers	❖ 48.1%	❖ 51.9%

Discussion

- Acceptance to HPV vaccination is a public health concern where everyone is at stake, all are vulnerable. HPV vaccine is a cancer deterrent and determinant. Lack of vaccine awareness / not vaccinating against HPV is a leading cause of HPV-related cancer diagnosis.

Discussion

- Low HPV immunization coverage level is a public health issue. Despite increased reimbursement and no co-pay under ACA and Vaccine for children (VFC) program there seems to be gaps in sustainable immunization efforts. Strong provider recommendation (clinical practice policy) of HPV vaccine is the single best and influential predictor in a parent's decision to vaccinate a child against HPV.

Discussion

• Lack of education across race/ethnicity, gender, and cultural, social, political and religious beliefs is a bridle to HPV vaccine awareness and acceptance. State policies and exemption clauses granted for medical, personal, religious, or philosophical reasons prove to be a hindrance when a parent does not want to vaccinate his/her in the absence of a clear present danger.

Discussion

- Health literacy in general is constrained. Inadequate sources for communicating health information to individuals, communities, and the public further limits the ability for enhancing knowledge about HPV and HPV vaccine.
- Public officials and policy-makers need to have a targeted and an incremental approach as they strive to enhance the overall quality and delivery of HPV-related cancer prevention services. Healthy People 2020 propose to reduce the number of females with HPV infection and increase routine coverage levels for adolescents including 2 doses of HPV vaccine for both boys and girls 9 through 14 years, and 3-dose schedule for individuals 15 through 26 years of age.⁸

Conclusion

- Education
- Implementation
- Strategic Planning

Conclusion

Education

- There is a universal need for education (HPV prevalence, prevention, and protection) at appropriate levels with messages that are culturally tailored to address specific population.

Conclusion

Implementation

- Strategic recommendations to support implementation of HPV vaccination catch-up programs should be reinforced. Policy-makers need to have a targeted and an incremental approach as they strive to enhance the overall quality and delivery of HPV-related cancer prevention services.

Conclusion

Strategic Planning

- Given the burden of cervical cancer there is a need to focus on the socio-ecological model to influence: policies and legislation at the institutional level, cultural and social norms at the community level, social support and social networks at the interpersonal level, and personal knowledge, attitudes and behaviors at the individual level.

References

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