Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/Audioabstracts/human-papillomavirus-vaccine-uptake-adolescent-boys-evidence-review/8383/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Human Papillomavirus Vaccine Uptake in Adolescent Boys: An Evidence Review

For ReachMD, this is Audio Abstracts. The following is brought to you by Prova Education.

In an article titled Human Papillomavirus Vaccine Uptake in Adolescent Boys: An Evidence Review, authors Danielle Voss and Linda Wofford reviewed the literature assessing factors that contribute to low vaccination rates and ways to enhance vaccination among the adolescent male population. Although this article refers to the quadrivalent HPV vaccine or (HPV4), since the publication of this article the nanovalent HPV, or HPV9, vaccine has replaced it on the market, in order to cover five more cancer strains than the quadrivalent vaccine. Nonetheless, the findings remain a valid Call-to Action.

As presented in this informative publication, the priority goal for Healthy People 2020 regarding HPV is to reduce the proportion of males and females with the HPV infection in the United States. More specifically, the Advisory Committee on Immunization Practices (ACIP) recommends the licensed quadrivalent HPV vaccine for routine vaccination in males, ages 11–12 years, before they become sexually active, in order to decrease HPV infection and other diseases among the population. Genital HPV is the most common clinical presentation of both low- and high-risk HPV and is linked as the cause of 90% of genital warts; 90% of cervical cancers; 50% of vulvar cancers; 65% of vaginal cancers; 35% of penile cancers; and 95% of anal cancers.

By a systematic search of all the literature using three databases and key search terminology, 341 studies were identified by the authors. Of the 341, 30 studies remained after eliminating duplicates, articles not related to males and HPV vaccination, articles not published in English, and full-text articles not published since 2009. Of these 30 articles selected for inclusion, three articles were single randomized or nonrandomized controlled trials, evidence level 2; 18 articles were observational studies including cohort, cross-sectional, and case-control, evidence level 3; five articles were case reports or case series, evidence level 4; and four articles were editorials and expert opinions, evidence level 5.
Findings from the 30 included studies revealed that many parents, adolescents, and young adults were unaware of either the implications of HPV infection or availability of HPV vaccine, implying that dissemination of HPV and HPV vaccine education for parents, young adults, and adolescents could help to promote HPV vaccine acceptance. Where HPV vaccine was accepted, such acceptance was strongly correlated with a perceived protection from HPV infection for both the adolescent male and the adolescent male's future female partners. Overcoming these deficits will likely require educational interventions to enhance parental, adolescent, and physician knowledge of HPV disease and vaccine knowledge as prelude to increasing HPV vaccine uptake in 11- to 12-year-old boys.

Notably, a physician recommendation for HPV vaccine was found to be an influential factor in promoting vaccine uptake among parents and adolescents, a key reminder to all physicians that their active participation is required. That said, since HPV vaccine recommendations for males changed from 'permissive' to 'routine,' increasing provider awareness of current ACIP recommendations for routine HPV vaccination of adolescent males, ages 11–12 years, must be accomplished. Moreover, HPV vaccine acceptance must overcome public concerns and factors related to HPV public policy implementation, as well as improved political, legal, and financial action across the United States to more clearly promote and improve adolescent vaccine uptake.

In closing, suggested methods to increase vaccine uptake among adolescent males, ages 11–12 years, included:

- Increasing provider awareness
- Emphasizing influence of provider recommendation on adolescent male HPV vaccine uptake
- Employing evidence-based educational interventions to improve parental and adolescent willingness to vaccinate
- Identifying additional barriers to adolescent male HPV vaccine acceptance, and
- Advocating for HPV vaccine policy formation

This has been a presentation of Audio Abstracts. The preceding was brought to you by Prova Education. For more information, and for reference links to this article in Worldviews on Evidence-Based Nursing, visit ReachMD.com/Audioabstracts.