HPV Vaccination Communication in Clinical Settings

What’s Known

Provider recommendations are critical for HPV vaccine uptake, but need improvement.
• 1 out of 3 parents have not received a provider recommendation.¹
• Many providers report recommending HPV vaccine infrequently, late, or not at all.²
• Providers less often recommend HPV vaccine for preteens, males, and some racial/ethnic minorities.²

Evidence-based interventions are available to improve clinical communication. We know that training providers to use presumptive recommendations for HPV vaccination increases uptake.³,⁴

What’s New

Now that we know how to introduce HPV vaccination to parents, the next step is to understand how providers can support parents who have questions and concerns. Emerging evidence suggests that:

• Emphasizing cancer prevention and addressing knowledge gaps are effective communication strategies, while emphasizing urgency with these parents may be counterproductive.⁵
• Leveraging technology, such as educational videos viewed during the clinical visit, is a promising approach to increasing HPV vaccine uptake.⁶
• Persistence is important. Adolescents are more likely to get HPV vaccine when providers address parental hesitancy with clear support for HPV vaccination.⁷ Bringing up the topic across multiple visits may also be needed.⁸

Presumptive recommendations initiate vaccination conversations with an assumption that parents will vaccinate. For example, “Now that your son is 11, he is due for three vaccinations today to help protect from meningitis, HPV cancers, and whooping cough.”
What’s Next

In the coming years, we can expect to learn more about approaches for addressing parental HPV vaccine hesitancy and strategies for implementing evidence-based communication trainings. For example:

• What is the added benefit of pairing presumptive announcements with motivational interviewing for HPV vaccine hesitant parents?

• How can we better engage healthcare teams, including nurses, to support HPV vaccination?

• What is the potential for using technology-assisted or train-the-trainer models to implement communication training?

Additional areas for future investigation include addressing the needs of providers who may be hesitant about HPV vaccine and building providers’ confidence in responding to parental concerns.


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The HPV Vaccination Roundtable convenes, communicates with, and catalyzes member organizations to increase HPV vaccination rates and prevent HPV cancers.

Learn more at hpvroundtable.org.