

HPV Vaccination Communication in Clinical Settings

What's known

Clinician recommendations are one of the strongest predictors of HPV vaccination uptake.¹

- About 1 in 5 parents reported not receiving an HPV vaccination recommendation from 2019–2021.²
- Providers less often recommend HPV vaccination for preteens, males, and some racial/ethnic minorities.³
- Implementing a consistent and evidence-based approach to HPV vaccination recommendations is key to improving HPV vaccination uptake and reducing disparities.

Presumptive recommendations

Brief statements that assume parents or guardians are ready to vaccinate. These are more effective than open-ended discussions.

For example: *Your child is 9 years old. That means we'll give them their HPV vaccine today to protect them against six types of cancers.*⁴

Bundled recommendations

If patients are due for multiple vaccinations, recommend them at the same time.

For example: *Your child is due for vaccinations to protect against meningitis, HPV cancers, pertussis, and the flu. We'll give them those shots during today's visit.*⁴

What's new

Emerging evidence highlights how providers can best support parents or guardians who have questions and concerns about HPV vaccination. Findings suggest the following:

- Recommendations from providers should use plain and culturally sensitive language to facilitate conversations that make it easier for parents or guardians to ask questions before making an informed decision.⁵
- The use of educational tools, such as videos shown during the clinical visit, is a promising approach to increasing HPV vaccination uptake.⁶
 - A cross-sectional analysis of the US Health Information National Trends Survey 6 found that for adults (age 18 years and older) watching health-related videos on social media was associated with a greater probability of being aware of HPV and the HPV vaccine, suggesting another avenue to enhance parental education.
- Provider follow-up may be important for promoting acceptance of HPV vaccination after initial decline (secondary acceptance). In a cross-sectional US survey, parents had higher odds of secondary acceptance if they received provider follow-up after a visit (43% versus 20%).⁸
- A whole-office approach to HPV vaccination is key for continuous improvement. Invite clinical and nonclinical staff who can help in the efforts to identify patients who are due for vaccination and relay effective communication on vaccination to parents and guardians.⁹

What's next

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

- Are there more culturally sensitive communication approaches that can be leveraged in recommendation methods?
- What quality improvement methods, such as using educational materials or bundling recommendations, have increased up-to-date HPV vaccination rates?

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

References

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

Visit hpvroundtable.org to learn more.

