Increasing human papillomavirus (HPV) vaccination rate among adolescent and young adult males in a primary care setting

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**BACKGROUND**

- Nationally, 8.3% of males ages 13-17 received the first dose of the HPV vaccine in 2011
- Studies have found lower levels of knowledge and awareness about HPV and the vaccine among males and their parents, as compared to females and their parents
- Providers are less likely to recommend a health care service (i.e. a vaccine) if they believe that the patient’s understanding is low, given the multiple competing demands of the brief clinical encounter
- Studies have shown that when adolescent females and their parents are briefly educated about the HPV vaccine, intentions to vaccinate, from both the perspective of the provider and the patient, greatly improve.

**STUDY PURPOSE**

- To increase HPV vaccination rates among adolescent males through the use of an informational aid designed to increase knowledge and favorable attitudes about HPV vaccination
- Evaluate the educational aid for feasibility of use in a primary care setting, interest among patients for participating, and increases in intentions to vaccinate among patients and providers

**STUDY ELIGIBILITY**

- 11-26 year old males (and accompanying parents of males, if applicable)
- No history of HPV vaccination, as reported in the EMR
- Had a scheduled appointment at Jefferson Family Medicine Associates

**METHODS**

- Eligible participants were contacted the day prior to their appointment or approached immediately prior to seeing their doctor, and were informed of the study
- Informed consent obtained for those who agreed to participate
- Informational aid was presented to participants with the option to review it together or alone
- Post-education survey to measure:
  - Intentions to talk to their physician about HPV and the vaccine
  - Intent to receive the vaccine
  - Likelihood of receiving the vaccine at the visit
  - Identification of knowledge disseminated about HPV and the vaccine
  - All participants were debriefed about incorrect answers and given opportunity to ask more questions
- Medical chart audits were performed the following day to determine vaccination occurrence

**RESULTS**

- n=30 (24 males and 6 parents completed the survey)
- 70% African American
- 70% (n=21) had heard of HPV
- 67% (n=20) had heard of the HPV vaccine
- Thoughts and feelings about the vaccine varied:
  - 64% provided a specific reason why the vaccine was important, such as:
    - “After receiving more education about HPV, I believe it is more important to get the vaccine”
  - “I believe it is important because there are no risks and it will only serve to protect myself and others”
- 23% provided a specific reason why the vaccine was not important:
  - “I am not sexually active, nor have I ever been, and I plan on waiting until marriage”
- 13% did not provide a response
  - Two-thirds of participants felt comfortable speaking to their physicians about the vaccine on the day of their visit and over half thought it would be important to get the HPV vaccine that day.
  - 37% of patients were vaccinated; those who indicated it was important to be vaccinated were more likely to start the vaccine series

**CONCLUSIONS**

- Short intervention is feasible in a primary care setting
- Males see lack of sexual activity as a reason not to vaccinate, more education needed in this area
- Areas for future work/follow-up:
  - Expanding investigation of HPV vaccination rates among adolescent males in other primary care settings to better determine applicability
  - Assess the retention of males who initiated their vaccine and proportion who complete the series

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**INFORMATIONAL AID**

- Eligible via Chart Audit n=108
- Pre-visit:
  - No call back (n=5)
  - Cognitive Dysfunction (n=3)
  - Late/Seen Quickly (n=14)
  - Study Staff Not Available (n=16)
- During Visit Time:
  - Declined (n=8)
  - No show/rescheduled (n=29)
  - Late or Seen Quickly (n=14)
- Consented n=30
- Vaccinated n=11

**RECRUITMENT**

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