

HPV Immunization Rate, Woefully Low: What is To Blame?



By Kedist Tedla — August 5, 2016



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Although the vaccine for Human Papilloma Virus (HPV) has been available for a decade, people are still warming up to it. Personally, just the word “papilloma” would make me run to the doctor for protection but, alas, I am not eligible for this vaccine. I am too old.

You see, the HPV vaccine, which offers protection against various cancers -- in men and women -- is only approved for those of age 9 to 26.¹ So people really should get it while they can. And that is why the indifference is a concern.

The History: HPV is the most common sexually-transmitted virus, it affects 80 million Americans.⁴ Most people do not know they harbor the virus because it usually does not cause symptoms. The types of HPV that are most problematic are HPV 16 and 18, which cause 70% of all cervical--and most vaginal, vulvar, and anal-- cancers². The other two, that are of significance, are HPV 6 and 11, which are responsible for 90% of genital warts.

Ten thousand women get diagnosed with cervical cancer each year and 4000 of them die from it, making HPV a virus worth paying attention to. Despite prevailing sentiment, women are not the only ones affected by HPV; men are at risk for anal, penile, and throat cancers from the virus. But there is good news: Fortunately, there are two vaccines that have been approved by the FDA-- Gardasil, which protects men and women against 9 different types of HPV; and Cervarix, which protects against the 2 strains responsible for most cervical cancers.

The Dilemma: If there is a vaccine that actually prevents cancer, why are only 33 % of females, and 7% of males, in the US immunized?⁴ Several studies have sought to find out why there is such low uptake. A recent survey, published in the *Journal of Community Health*, did just that. The researchers surveyed 1132 health care professionals in the state of Texas (782 healthcare providers, and 404 administrative personnel).

The Root Cause: The key survey findings were as follows: When the participants were asked

what they saw as the biggest reason for the low vaccination rate, 2/3 of the providers reported that parents' perception of the vaccine was to blame. The most common reasons given by parents for not vaccinating their children were: they thought either the child was too young, the vaccine was only for sexually active people, thought it would encourage promiscuity, or thought it was unsafe.

Some boys' parents felt it was the girls' responsibility to get the vaccine. Providers also reported that "exclusion of the vaccine from school requirements" contributed to a lower rate of immunization, as evidenced by higher vaccination rates for tetanus and meningococcus.³ Vaccine availability, cost, language, and lack of provider knowledge were cited by <22% of participants.

The survey results also showed that healthcare providers were part of the problem, even though 89% of the clinicians surveyed supported the vaccination. While a high percentage of providers (77%) responded that they "always" had the vaccine available in their office, 25% did not offer it every time, 2% did not offer it at all, and 33% used the word "optional" when offering it. The study found that there is a high degree of variability in the immunization practices among healthcare providers.

The Future: It seems that there is plenty of blame to go around and plenty of work to be done to improve awareness about this subject. One of the biggest misconceptions about the HPV vaccine is that it is only for sexually active individuals; when actually, it is a pre-exposure prophylaxis to a common virus that most people will eventually come in contact with. That is why pre-teens are ideal candidates for it. Through increased awareness, the trajectory of HPV related cancer can be changed.

The window to be able to prevent cancer is smaller than people realize.

References:

1. The age limitation is based on research that showed immune response was weaker in older recipients.

<http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM111263.pdf>^[2]

2. <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv-cervarix.html>^[3]

3. Vaccine Uptake in Texas Pediatric Care Settings: A Statewide Survey of Healthcare Professionals. J Community Health. 2016 Jul 29. DOI 10.1007/s10900-016-0228-0

4. <http://deainfo.nci.nih.gov/advisory/pcp/annualReports/HPV/index.htm#sthash.5Prbe29L.dpbs>^[4]

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