

Increasing the HPV Vaccination Rates: A Primary Care Initiative

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Practice Concern

- According to the CDC, about 1 in 4 people currently have the HPV virus.¹
- HPV (human papilloma virus) causes different types of cancers in men and women.¹
- Including: cervical carcinomas and squamous cell carcinomas of the vagina, vulva, penis, anus, rectum, and oropharynx.¹
- The HPV vaccine is highly efficacious in preventing several HPV-related cancers – if given prior to HPV exposure.¹
- “HPV is thought to be responsible for more than 90% of anal and cervical cancers, about 70% of vaginal and vulvar cancers, and more than 60% of penile cancers.”¹
- Worldwide, HPV is the most common sexually transmitted disease.

Needs Assessment

- National Coverage is at 49%¹
- Texas 57.8%¹
- City of Houston -73%, only city in Texas¹
- Healthy People 2020 target is 80%.⁵
- “Fewer adolescents in rural areas, compared with adolescents in urban areas, are getting the HPV and meningococcal conjugate vaccines”¹.

PICOT Question

In children 11 to 12 years of age, how do HPV vaccination completion rates differ between provider recommendation to vaccinate vs ancillary staff recommendation to vaccinate, over a 6-month period?

Literature Review

Databases: CINAHL, PubMed, Cochrane Library, and Joanna Briggs Institute

Key Words: HPV vaccine efficacy, HPV vaccination uptake, human papillomavirus vaccine efficacy, HPV vaccine randomized controlled trials, and HPV vaccination

Summary: The majority of the research shows that when the HPV vaccination is recommended by the PCP, as opposed to ancillary staff, there is an increase in vaccination rates. The research also shows a correlation between decreased cancer rates with vaccination administration.

- Evidence levels I-V
- Uptake rates and barriers
- Strategies to improve rates
- Adolescents/ adults 11-26 years
- Articles within 2013-2018

Inclusion Criteria



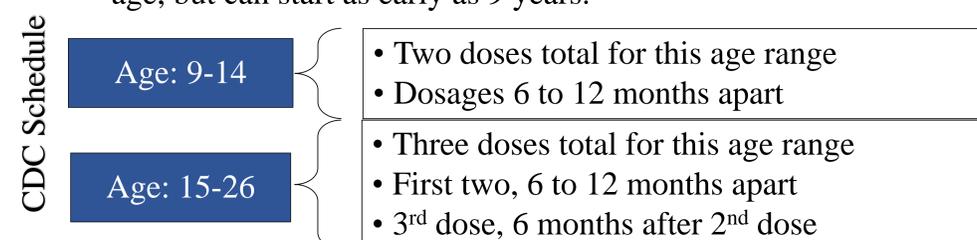
- Duplicate studies
- Adolescents/adults over 26 years
- Adolescents not in the U.S.
- Studies not done in English
- Not within 2013-2018

Exclusion Criteria

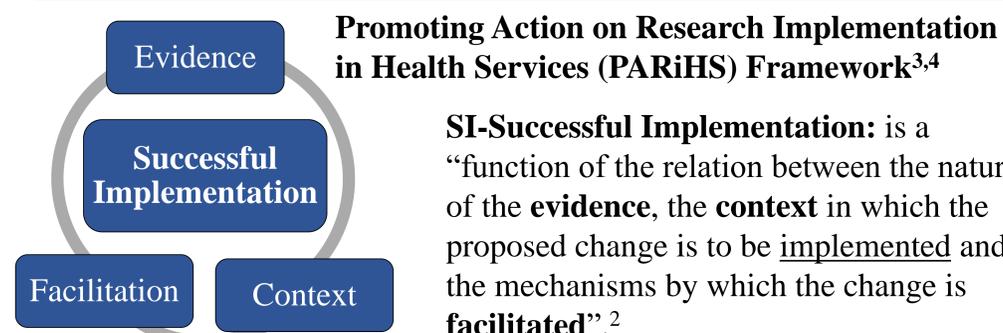


EBP Guidelines

- Current research indicates the PCP should initiate all conversations about HPV vaccinations.^{2,5}
- A presumptive recommendation and case in favor of the vaccination should be made by the PCP.^{2,5}
- CDC Recommends best practice as follows:
 - Given as routine vaccinations to males and females 11-12 years of age, but can start as early as 9 years.¹



Theoretical Framework



Implementation

E-Evidence:

- Provide 1 page fact sheet with statistics on preventable cancers.

C-Context:

- Obtain leadership support- emphasize Healthy People 2020 goals
- Obtain provider support by addressing barriers
- Obtain staff support by empowering staff to communicate effectively

F-Facilitation:

- Educate using in-service regarding HPV vaccine with open forum for employees to voice their concerns.
- Education focusing on cancer prevention.
- Review EBP guidelines: provider recommendations/presumptive recommendation.

Evaluation Plan

Successful Implementation:

- Evaluation:
 - Is there an increase in the rate of HPV vaccinations among 11-12 year old’s
 - Is there an increase in completion of 2 dose vaccine schedule?
- Comparison of chart audits before implementation versus chart audits 6-months after implementation of provider-led recommendation for HPV vaccine

References

1. CDC. *Cancers associated with human papillomavirus (HPV)*. 2016a
2. Brewer et al. *Pediatrics*, 2017, 139(1), 25
3. Kitson et al. *Quality in Health Care*, 1998, 7, 149-158.
4. Stetler et al. *Implementation Science*, 2011, 6(1), 99
5. HHS.gov. *Healthy People 2020*, 2018, Nov 9
6. Vollrath et al. *Journal of Pediatric Healthcare*, 2018, 32(2), 119–132

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