

Using a Multifaceted Approach to Improve HPV Vaccination Rates in Primary Care Settings

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Background

- HPV is responsible for 80% of cervical cancers¹
- Increasing research indicates HPV is responsible for most oral, throat, anal, and penile cancers
- HPV is so common, nearly all sexually active men and women will contract the virus at some point in their lives¹

Needs Assessment

- Rates of HPV vaccination in Texas are <50%, below the 80% goal for Healthy People 2020⁵
- Nueces County Vaccine Rates: 35-42%⁵
- Australia has seen a 77% decline in HPV infections since initiating school-based immunizations in 2007³

PICOT Question

Will enhanced provider training about HPV vaccination and text message reminders improve the vaccination rates in South Texas in 2020 compared to the rates in 2018 and 2019?

Synthesis of Findings

Databases: CINAHL, Cochrane

Keywords: Improving HPV Vaccination Rates, HPV Vaccination Barriers, HPV Burden

Level of Evidence: 13 Articles from Levels 1-6 were reviewed.

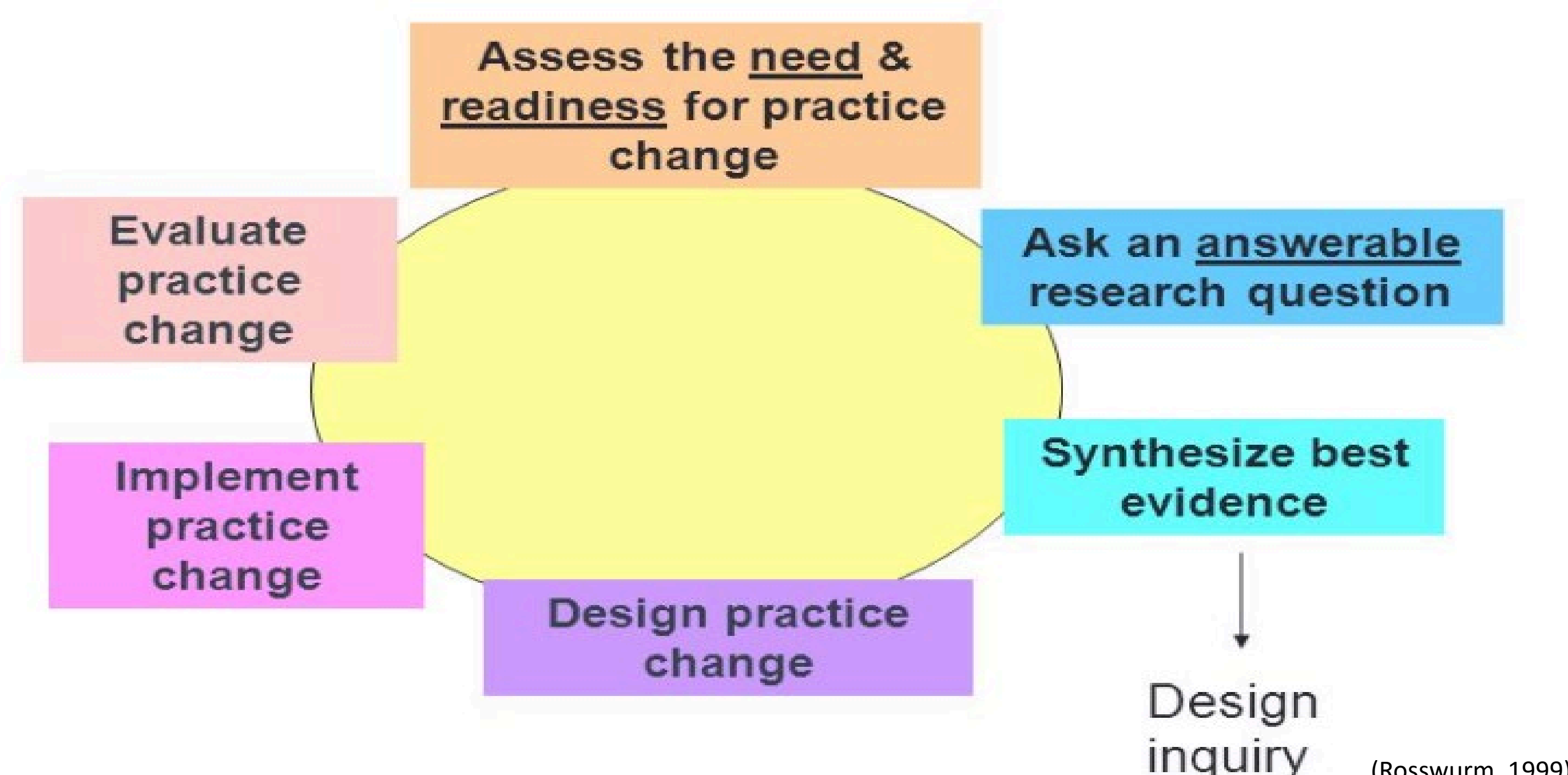
Inclusion Criteria	Exclusion Criteria
Peer-reviewed articles from 2016-2019, Articles from primary care settings	Not digitally available, Articles dated before 2016, Articles not available in English

Summary: In reviewing the literature, it appears that the current data supports strong provider recommendations and a multimodal approach to disseminating information.

EBP Guidelines²

- Routine Recommendation: Age 11 or 12 years
 - 2 Doses: 6-12m apart
- Catch up Schedule: persons through age 26yrs
 - 3 Doses: 6 month spacing between all doses
- Age 27-45: Benefit may be minimal, consider high risk adults
- The primary focus of this evidence-based project will be pediatric preventative care.

Larrabee's Theoretical Framework⁴



Implementation

- Administrative buy-in necessary to implement a change in clinic policy:
 - All providers will strongly recommend HPV series beginning at age 11
 - Engage parents regarding the HPV series beginning at 8yr well check. Revisit topic at 9 and 10yrs well check
 - Staff will receive in-service education to enhance knowledge; supplemental handouts will be provided to parents/guardians
- Implement text message reminder system for parents/guardians.

Evaluation

- Outcome: Improved vaccination rates compared to 2019 and 2018 data

References

1. HPV statistics. (2017). Retrieved from: <https://www.cdc.gov/std/hpv/stats.htm>
2. Morbidity and Mortality Weekly Report. (2019). Retrieved from <https://www.cdc.gov/mmwr/volumes/68/w.htm>
3. Walling, E. et al. (2016). Interventions to improve HPV vaccine uptake: A systematic review. *Pediatrics*, 138(1), 1-11. doi:10.1542/peds.2015-3863
4. Rosswurm, M., Larrabee, J. (1999) A model for change to evidence-based practice. *Journal of Nursing Scholarship*, 31(4). <https://www.ncbi.nlm.nih.gov/pubmed/10628096>
5. Ashrawi, D., et al. (2015) HPV Vaccine Uptake in Texas pediatric care settings. Retrieved from: <https://www.texascancer.info/pdfs/hpvenvironmentalscanreport.pdf>

Acknowledgements

- My family
- The UH CON Faculty

