



Infectious Diseases, Sexually Transmitted Infections, Vaccine/Immunization

School-based programs improved HPV vaccination rates: study

by Melissa Jenco, News Content Editor

Improving access to human papillomavirus (HPV) vaccine leads to more improvement in vaccine uptake than other interventions, according to a new study.

Such interventions often come in the form of school-based vaccination programs (VP) that reach large number of adolescents.



The Academy and CDC recommend HPV vaccine as part of routine immunization for males and females at age 11 or 12 years.

The findings were detailed in the article "Interventions to Improve HPV Vaccine Uptake: A Systematic Review" (Walling EB, et al. *Pediatrics*. June 13, 2016. <http://dx.doi.org/10.1542/peds.2015-3863>).

The Academy and Centers for Disease Control and Prevention recommend HPV vaccine (HPV) as part of routine immunization for males and females at age 11 or 12 years to protect against certain types of cancer, although it can be started as early as 9 years, according to the AAP [Red Book](#). They also recommend catch-up vaccination for females ages 13 to 26 and males 13 through 21 who have not been vaccinated or did not complete the three-dose series. Males ages 22 to 26 also should be vaccinated if they have sex with other men or are immunocompromised.

However, the U.S. lags behind other countries in HPV vaccination rates. About 40% of teen girls and 21.6% of boys in the U.S. receive all three doses, according to the study from the Washington University School of Medicine.

Researchers reviewed 51 studies relating to interventions aimed at 11- to 26-year-olds around the world. The studies detailed two informational interventions, 18 behavioral interventions and 31 environmental interventions.

The team found environmental interventions were most successful.

"Environmental interventions, particularly school-based VP, had two major advantages that contributed to their success: increased access to the HPV vaccine and ability to reach a large, diverse population, regardless of individual access to health care," according to the study.

However, such programs would need community support in order to be as successful in the U.S. as they are in other countries, authors said.



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Behavioral interventions also were successful in some cases, especially those involving reminders and targeting both patients and providers. However, the interventions' reach was more limited.

"Perceived benefit of vaccination was associated with both intent and behavior," authors said. "These results imply that future interventions should emphasize the high prevalence of HPV and the safety and efficacy of the HPVV."

Informational interventions like educational campaigns had limited reach and only improved rates while the campaigns were ongoing.

The authors noted cervical cancer deaths primarily are found in developing countries, which may explain why people in those areas are more eager to receive the HPV vaccine. They urged policies that would help improve uptake in the U.S.

"The remarkable success internationally of government-initiated HPVV programs should be used to inform and guide U.S. policy," they said. "When population-based vaccination strategies are not feasible, we support multipronged interventions that target both the provider and the patient."

Resources

- [AAP HPV Champion Toolkit](#)
- [Red Book Online chapter on HPV](#)
- [HPV implementation guidance](#)
- [HPV vaccine resources for health care professionals](#)
- [Tips for talking with parents about the HPV vaccine](#)
- [PediaLink continuing medical education courses \(free\): Adolescent Immunizations: Strongly Recommending the HPV Vaccine and Adolescent Immunizations: Office Strategies](#)
- [Information for parents about HPV](#)