Give a strong recommendation for HPV vaccine to increase uptake!

Dear Colleague:

The American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), the Centers for Disease Control and Prevention (CDC), and the Immunization Action Coalition (IAC) are asking you to urge your patients to get vaccinated against human papillomavirus (HPV).

HPV vaccine is cancer prevention. However, HPV vaccine is underutilized in our country, despite the overwhelming evidence of its safety and effectiveness. While vaccination rates continue to improve for the other adolescent vaccines, HPV vaccination rates have not. Missed opportunities data suggest that providers are not giving strong recommendations for HPV vaccine when patients are 11 or 12 years old. The healthcare provider recommendation is the single best predictor of vaccination. Recent studies show that a patient who receives a provider recommendation is 4–5 times more likely to receive the HPV vaccine.[1,2]

What you say, and how you say it, matters. A half-hearted recommendation to a patient may not only result in the patient leaving your practice unvaccinated, but may lead the patient to believe that HPV vaccine is not as important as the other adolescent vaccines. The undersigned organizations hope that this letter, which provides key facts about HPV vaccine safety and effectiveness, will lead you to recommend HPV vaccination – firmly and strongly – to your patients. Your recommendation will reflect your commitment to prevent HPV-associated cancers and disease in the United States.

HPV-associated disease[3]

- Approximately 79 million persons in the United States are infected with HPV, and approximately 14 million people in the United States will become newly infected with HPV each year.
- Each year, an estimated 26,000 cancers are attributable to HPV; about 17,000 in women and 9,000 in men.
- Cervical cancer is the most common HPV-associated cancer among women, and oropharyngeal cancers are the most common among men.

▶ *Despite these statistics, the use of HPV vaccination to prevent HPV infection is limited and immunization rates remain low.*

Prevention of HPV-associated disease by vaccination

- Two vaccines (bivalent/HPV2 and quadrivalent/HPV4) are available to protect against HPV 16 and 18, the types that cause most cervical and other anogenital cancers, as well as some oropharyngeal cancers.

- The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination of girls age 11 or 12 years with the 3-dose series of either HPV vaccine and routine vaccination of boys age 11 or 12 years with the 3-dose series of HPV4.
- Vaccination is recommended for females through age 26 years and for males through age 21 years who were not vaccinated when they were younger.

▶ *In 2012, only 33% of teenage girls ages 13–17 years had received 3 doses of HPV vaccine.[4] This was the first year in which HPV vaccination coverage rates did not increase from the prior year.*

Safety of HPV vaccine

- More than 175 million doses of HPV vaccine have been distributed worldwide and 57 million doses have been distributed in the United States.
- More than 7 years of post-licensure vaccine safety monitoring in the United States provide continued evidence of the safety of HPV4. Data on safety are also available from post-licensure monitoring in other countries for both vaccines and provide continued evidence of the safety of HPV2 and HPV4.
- Syncope can occur among adolescents who receive any vaccines, including HPV vaccine. ACIP recommends that clinicians consider observing patients for 15 minutes after vaccination.

▶ *Regardless of a safety profile that is similar to the other adolescent vaccines, parents cite safety concerns as one of the top five reasons they do not intend to vaccinate daughters against HPV.*

Efficacy of HPV vaccines

- Among women who have not been previously infected with a targeted HPV type, both vaccines have over 95% efficacy in preventing cervical precancers caused by HPV 16 or 18.
- HPV4 also demonstrated nearly 100% vaccine efficacy in preventing vulvar and vaginal precancers, and genital warts in women caused by the vaccine types.
- In males, HPV4 demonstrated 90% vaccine efficacy in preventing genital warts and 75% vaccine efficacy in preventing anal precancers caused by vaccine types.

▶ *Since the vaccine does not protect against all HPV types, it does not replace other prevention strategies, such as regular cervical cancer screening.*

What you say matters; how you say it matters even more.

Based on research conducted with parents and physicians, CDC suggests recommending the HPV vaccine series the same way you recommend the other adolescent vaccines.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents' questions helps you save time and give an effective response. CDC has created an excellent tip

sheet to assist you in answering questions parents may have about HPV vaccines. This tip sheet and many other tools on the HPV vaccine are available at www.cdc.gov/vaccines/youarethekey.

As a healthcare provider, we urge you to improve the strength and consistency of your recommendation for HPV vaccination to your patients. Your recommendation is the number one reason why someone will get the HPV vaccine and be protected from HPV-associated cancers and disease.

Signed:

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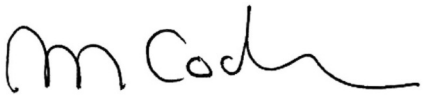

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