If There Were a Vaccine Against Cancer…

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By now we have likely all heard, despite an excellent efficacy and safety record, that the human papillomavirus (HPV) vaccine might be the most underutilized vaccine in the US. While vaccination rates continue to improve for the other adolescent vaccines, HPV rates have remained mostly flat.[1] National estimates for administration of the first dose of HPV vaccine compared with those for other adolescent vaccines are over 20 percentage points lower. There are several reasons for this, including parental perception of low risk of infection, concerns for vaccine safety, effect on sexual behavior, vaccine cost, and irregular preventive care.[2] So where do we go from here?

As it turns out, what we say, and how we say it, matters. Recent evidence points to the lack of a clear, strong recommendation for HPV vaccine for adolescents at age 11 or 12 years as one reason for its failure to launch.[3,4] Public health shares the blame for such reticence. The vaccine was recommended by the Advisory Committee on Immunization Practices (ACIP) nearly ten years ago for females, and five years ago for males. It is time that the Department of Public Health pursues legislation to make the vaccination mandatory for adolescents starting in the seventh grade. A proposal to require the HPV vaccine has been included with the Department's legislative package for the upcoming session. We must work together to ensure that Connecticut's children do not grow up to become victims of preventable cancers.

I need your help. I ask that you, our partners in protecting the public's health, give a clear, concise recommendation for HPV vaccine. The healthcare provider recommendation is the single best predictor of vaccination. Recent studies show that a patient who receives a provider recommendation is four to five times more likely to receive the HPV vaccine.[3,4] In addition, research shows that simply changing the words used to introduce HPV vaccine makes a tremendous difference in vaccine acceptance. The following are a few suggestions from the National HPV Roundtable to start the vaccine discussion with all 11- and 12-year-olds and their parents:

> *"Now that your child is 11, he/she is due for three vaccines. These will help protect him/her from meningitis, HPV cancers, and pertussis. We'll give those shots at the end of the visit."*
>
> *"Your preteen needs three vaccines today to protect against meningitis, HPV cancers, and pertussis."*

By confidently stating the child is due for three vaccines, and by putting the HPV vaccine in the middle of the recommendation (instead of at the end as an afterthought), parents perceive that it's a normal, recommended vaccine rather than a controversial or optional one. Research has shown that this approach significantly increases the likelihood of vaccination.[3,4] The Centers for Disease Control and Prevention's (CDC) *Tips and Time-savers for Talking with Parents about HPV Vaccine* is a resource that offers language you can use to address parental concerns (and is available in English and Spanish).

Thankfully, we are also getting some reinforcement with this effort. The ACIP and the CDC now recommend only two doses of HPV vaccine for adolescents who begin the vaccination series before age 15.

HPV vaccine recommendations for target age groups remain the same as before. Routine HPV vac-

cination is recommended at age 11 or 12 years. The vaccination series can be started at age nine years. Vaccination is recommended through age 26 for females and through age 21 for males not vaccinated previously. Males aged 22 through 26 years may be vaccinated; vaccination is recommended through age 26 years for males in some special populations and those with immunocompromised conditions.

According to CDC, providers should:

- Schedule patients starting the vaccination series before age 15 to receive their second dose of HPV vaccine six to 12 months after receiving the first dose.
- Continue to provide teens and young adults who start the series at ages 15 through 26 years three doses of HPV vaccine.

While it might take some time to incorporate the new dosing recommendation into practice, a two-dose series means it will be easier to protect preteens from HPV-related disease and cancers. To take advantage of the two-dose schedule, providers should review a patient's vaccination history carefully. If a patient has already received the first dose of HPV vaccine before age 15 and received a second dose of vaccine at least five months later, the patient is considered adequately vaccinated and does not need a third dose. Frequently asked questions about the new two-dose schedule can be found on the DPH web site.

So now, I close with a challenge. Have we done everything we can do to avert these preventable cancers, or can we do more? I believe we can and should do more so we don't fail our children and grandchildren. Now that there is a vaccine against some types of cancers, are we debating if our children should get vaccinated? Are we imposing our own views and beliefs on our patients?

REFERENCES

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Recommended number of doses and dosing schedule for HPV vaccine

Recommended number of doses	*Recommended dosing schedule*	*Population*
2	0, 6 – 12 months	Persons initiating vaccination at ages nine through 14 years, except immunocompromised persons
3	0, 1 – 2 months, 6 months	Persons initiating vaccination at ages 15 through 26 years, and immunocompromised persons initiating vaccination at ages nine through 26 years