

The collective failure of the HPV vaccine is ours

[Jason V. Terk, MD](#) | [Conditions](#) | June 11, 2016

A couple of years ago, “epic fail” was the phrase my teenage son used as I unsuccessfully attempted to beat him in a game we were playing. At the time, I thought to myself it was a harsh but accurate assessment of my performance. And I was certainly motivated to practice on my own so that the next time, things would be different.

That same phrase came to mind as I read through an October 2015 article published in *Cancer Epidemiology, Biomarkers & Prevention* titled, “Quality of Physician Communication about Human Papillomavirus Vaccine: Findings from a National Survey.” The article describes well the poor performance of the medical community (primarily pediatricians and family physicians) in providing this vaccine. Another source, the most recent National Immunization Survey-Teen 2014, reports another alarming trend: HPV vaccine series initiation and completion continues to lag far behind what it should be.

It came as no surprise to me that the *Cancer Epidemiology, Biomarkers & Prevention* article clearly showed what I have suspected for some time and what has been hinted at by previous studies. The epic failure in providing what is essentially a cancer-prevention vaccine to the recommended population of 11- and 12-year-old boys and girls lies not at the feet of the antivaccine movement or hesitant parents. Rather, the failure belongs to us.

The article describes findings from an online survey sent to 2,368 pediatricians and family physicians in 2014. Respondents self-reported their own performance on strength of endorsement (saying the vaccine is important), timeliness (recommending it at ages 11 and 12), consistency (recommending it routinely vs. using a risk-based approach), and urgency (recommending same-day vaccination).

More than one-quarter stated they did not strongly endorse the HPV vaccine, and a similar number reported they did not recommend it be given at 11 to 12 years of age. Amazingly, 59 percent stated they used a risk-based approach vs. a routine approach to recommending the HPV vaccine, and only half of the respondents recommended giving the vaccine at the current encounter when discussing the HPV vaccine. And because this is self-reported data, these results represent a best-case scenario because respondents would be unlikely to paint an unflattering picture of their own performance.

Clearly, we have a major problem with physicians struggling with their own discomfort in discussing the HPV vaccine and who erroneously believe that parents do not value it. The physicians’ lack of competency in communicating effectively overtly and covertly leads to a lack of an affirmative recommendation that is so important in any preventive intervention. The narrative must remain consistent and effective for the successes of preventive interventions to endure.

Another factor that likely contributes to pediatricians' underperformance on providing the HPV vaccine is one that we should be quite acquainted with: Pediatricians' lack of experience and familiarity with the diseases that the HPV vaccine prevents.

It is human nature to consider those things we have a direct experience with to be more important. That is why the public's acceptance of vaccines, in general, has waxed and waned as the public's experiences with the diseases they prevent have waxed and waned. So it is with the HPV vaccine: It is the first routinely recommended vaccine that is given in the pediatric patient to prevent diseases that appear later in adulthood. Since HPV-associated cervical dysplasia/cancers, genital cancers and oropharyngeal cancers are not diseases that pediatricians treat or have a professional experience with, we unconsciously feel less of an imperative to perform with the vaccine that prevents these diseases. We will not likely be witnesses to our personal failures in our patients who do not get the HPV vaccine.

In fact, we are at risk for being the generation of pediatricians and family physicians who collectively failed to protect our patients from a preventable cause of cancer. The cohort of patients that we have cared for who should have received the HPV vaccine and did not are left vulnerable to cancers that cause incredible suffering and disfigurement. Only we can fix what is wrong with us. Only we can turn around this epic failure.

Physicians and other providers of medical care to adolescents can access resources to help themselves improve their provision of the HPV vaccine to their patients. One of the best collections of resources can be found online at the [AAP's Champion Toolkit](#). This includes material from the CDC and AAP as well as some illuminating video vignettes that illustrate the do's and don'ts of communicating with families about HPV vaccination. This must become part of our mission!

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Link to Article at KevinMD: <http://www.kevinmd.com/blog/2016/06/collective-failure-hpv-vaccine.html>