

Editor-in-chief's message



Dear Colleagues,

August is National Immunization Awareness Month. As nurse practitioners providing primary care for female adolescents and adults, we have a public health responsibility to educate our patients (and, when applicable, their parents) about the importance of vaccinations and to make the recommended vaccinations easily accessible. In honor of National Immunization Awareness Month, let us review our current vaccination practices and consider whether we might be able to do an even better job.

Although all vaccinations are important, I would like to focus on the HPV vaccine in particular because we have so much room for improvement in reaching *all* females and males who can benefit from receiving this cancer-preventing and potentially life-saving vaccine. Eight years ago, the Advisory Committee on Immunization Practices (ACIP) began recommending routine HPV vaccination of girls at age 11 or 12. Leading health and professional organizations have called for universal vaccination for pre-teen girls. Despite this recommendation, the CDC reported that in 2012, only 33.4% of 11- and 12-year-old girls received all three doses of the series. In 2011, ACIP began recommending HPV vaccination for boys aged 11 or 12. The CDC reported that in 2012, only 7% of boys this age received three doses of the vaccine.¹

Whether or not you see pre-teens in your clinical practice, you likely see teens and you certainly see pre-teens' and teenagers' mothers and aunts and maybe even their grandmothers. We can all improve HPV vaccination rates by focusing on three major areas:

- Educate parents, adolescents, and young adult women and men about the effectiveness of the vaccine in preventing HPV infection and cervical cancer as well as other genital, anal, and oropharyngeal cancers. Emphasize what we know about the vaccine's safety. Lack of knowledge about HPV and the vaccine and unfounded fears about HPV vaccine safety are among the top reasons that parents are not getting this vaccination for their children.

- Increase the consistency and strength of the recommendations we make regarding HPV vaccination. Another top reason reported by parents for not getting the vaccination for their children is that their healthcare provider simply did not recommend it.
- Reduce missed vaccination opportunities by using every healthcare visit, whether routine or for an acute problem, to assess immunization status and provide recommended vaccines when indicated.

The following strategies have demonstrated success in improving rates for *all* types of vaccinations and can be easily implemented in most practice settings:

- Standing orders
- Computerized record or chart reminders
- Patient reminders via mail, email, or phone
- Patient education: see pages 50-51 for a patient education handout on HPV
- Personal health records
- Expansion of access in healthcare settings
- Performance feedback

You can learn more about each of these strategies and how they might fit into your clinical practice at the CDC's **WhatWorks** website.

If we all get involved in this effort to increase vaccination awareness, we can make a big difference. Each year in the United States, approximately 26,200 new cancers attributable to HPV are identified.¹ I know that, in my lifetime, I would like to see these vaccine-preventable cancers become a thing of the past.

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Reference

1. Centers for Disease Control and Prevention. Human papillomavirus vaccination coverage among adolescent girls, 2007-2012, and postlicensure vaccine safety monitoring, 2006-2013 – United States. *MMWR Morb Mortality Wkly Rep.* 2013;62(29):591-595. www.cdc.gov/mmwr/preview/mmwrhtml/mm6229a4.htm