

Prevent Cancer with the HPV Vaccine

A Guide to Giving a Strong Recommendation

If a parent, guardian, or patient themselves is concerned about the HPV vaccination, listening is key to understanding the source of their concerns before addressing them. At the end of the conversation, health care providers should give a firm and clear recommendation for the HPV vaccine to help protect against serious diseases, including cancer, as they would with any other childhood vaccination.

The SHARE Approach

- S** **Share** reasons why the HPV vaccine is right for the patient (e.g., immunization schedule).
- H** **Highlight** positive experiences (personal or from practice) to reinforce vaccine benefits.
- A** **Address** patient questions and concerns, such as side effects, safety, and effectiveness.
- R** **Remind** patients that the HPV vaccine helps protect them from cancer later in life.
- E** **Explain** the potential financial, health, and emotional costs of contracting a vaccine-preventable disease or cancer.

Adolescents are **5x more likely** to receive the HPV vaccine with a provider recommendation.

What + **How** = **Effective**
you say you say it communication

Catching up on Missed Doses

Even if the COVID-19 pandemic disrupted the immunization schedule of patients under 26 years old, remind them it's not too late to start or complete the HPV vaccination series. **Annual wellness appointments are an opportune time to introduce the topic.**

How to Discuss HPV Vaccination Effectively

	AVOID	TRY
Approach	<ul style="list-style-type: none">Sticking to a scripted speech for all patients regardless of their backgroundMaking assumptions about a patient's values, motivations, or medical preferencesGetting defensive if you disagree	<ul style="list-style-type: none">Tailoring language for each patient, accounting for age, relevant cultural and religious considerations, etc.Asking open-ended questions to encourage dialogue
Body Language	<ul style="list-style-type: none">Crossing your armsSitting with physical barriers (e.g., desk or computer) between you	<ul style="list-style-type: none">Maintaining open posture (e.g., rest your hands on your lap)Sitting level and facing the person directlyMaking eye contact (if culturally appropriate)
Facial Expression and Tone	<ul style="list-style-type: none">Frowning, squinting, or making faces that convey a negative reactionUsing a tone that may be perceived as cold, condescending, or judgmental	<ul style="list-style-type: none">Maintaining a neutral or warm expression and a friendly toneNodding in understanding
Listening	<ul style="list-style-type: none">Filling out forms or doing other work while the patient or parent is speakingCutting the patient off mid-sentenceMoving on if the patient doesn't speak up after a brief pause	<ul style="list-style-type: none">Allowing time for the patient to share their perspectivesRepeating back your understanding of their concerns before responding to themProviding ample opportunities for questions
Word Choice	<ul style="list-style-type: none">Using medical terms without defining or explaining their meaningOverusing medical jargon	<ul style="list-style-type: none">Using plain, easy to understand languageChecking often for patient understanding; having them reflect back what has been said

Know Your Numbers: HPV Vaccine Cheat Sheet

85% of people will get a human papillomavirus (HPV) infection in their lifetime. While most HPV infections go away on their own, some may persist and cause certain anogenital and oropharyngeal (throat) cancers.



HPV causes...

90%

of cervical and anal cancers

70%

of vulvar, vaginal, and oropharyngeal cancers

60%

of penile cancers

The HPV Vaccine

The nonavalent HPV vaccine protects against 9 types of HPV, including the types (HPV 16, 18, 31, 33, 45, 52, and 58) that cause the majority of anogenital and oropharyngeal cancers.

The HPV vaccine must be taken **BEFORE** an individual is exposed (prophylactic) to the virus, so experts* encourage starting vaccination in childhood (as early as age 9) for both boys and girls to maximize effectiveness.

*The American Cancer Society, the American Academy of Pediatrics, and the National HPV Vaccination Roundtable

When to Vaccinate

Age	Recommendation	Timing
11-14 years (as early as age 9)	2-dose series	Doses provided 6-12 months apart
15-26 years; immunocompromised 9-26 years	3-dose series	Doses provided at 0, 1-2, and 6 months
27-45 years	Shared decision-making, considering age and potential history of exposure	—

Vaccination schedule recommended by the CDC Advisory Committee on Immunization Practices

13 million
new cases of HPV occur each year in the United States

48,000
new cases of HPV-associated cancers occur each year in the United States

Over a decade of safety and monitoring data for the HPV vaccine shows that it has met safety criteria, with the potential to prevent **90%** of HPV-attributable cancers.

In 2021, **77%** of adolescents received at least 1 dose of the HPV vaccine and **62%** received the full series.

Further Reading

- American Academy of Pediatrics: [Adolescent Immunization Discussion Guides](#)
- Centers for Disease Control and Prevention: [A Guide to Active Listening](#) and [Talking to Parents about HPV Vaccine](#)
- UNICEF: [Interpersonal Communication for Immunization](#)

References

- Centers for Disease Control and Prevention. Cancers Associated with Human Papillomavirus, United States—2015–2019. USCS Data Brief, no. 32; 2022.
- Chesson HW, Dunne EF, Hariri S, et al. Sex Transm Dis. 2014;41(11):660-664.
- Meites E, Kempe A, Markowitz LE. MMWR Morb Mortal Wkly Rep 2016;65:1405–1408.
- Pingali C, Yankey D, Elam-Evans LD, et al. MMWR Morb Mortal Wkly Rep 2022;71:1101–1108.
- Sexually Transmitted Infections Prevalence, Incidence, and Cost Estimates in the United States. Centers for Disease Control and Protection. <https://www.cdc.gov/std/statistics/prevalence-2020-at-a-glance.htm>. Accessed 01 Jan 2023.
- Ylitalo KR, Lee H, Mehta NK. Am J Public Health. 2013;103(1):164-169.