

# For Parents, Efficacy of STI Vaccine Is Key Factor

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Parents of adolescents appear to accept the idea of vaccinating their teens against sexually transmitted infections, expressing the most concern about the efficacy of the vaccine and the severity of the infection it could prevent, rather than the mode of transmission, Gregory D. Zimet, Ph.D., and his colleagues have reported.

Some surveys have suggested that pediatricians and other adolescent health providers might be reluctant to recommend STI vaccines, perhaps because of concerns about how parents might react.

**'It will be important to understand how the age of the child or adolescent will influence parents' and health care professionals' attitudes ...'**

"The high acceptability ratings reported by most parents in this study suggest that most parents would not react negatively to the suggestion," said Dr. Zimet of Indiana University, Indianapolis (Arch. Pediatr. Adolesc. Med. 2005;159:132-7).

The researchers surveyed 278 parents of adolescents aged 12-17 years. The mean age of parents was 41 years. The mean age of children was 14 years, and 69% were female.

The survey presented nine vaccine scenarios, each of which uniquely defined four variables: mode of transmission (STI or non-STI), severity of infection (curable, chronic and incurable, usually fatal); vaccine efficacy (50%, 70%, or 90%); and availability of behavioral methods of prevention (such as condoms or hand washing).

For each scenario, parents were asked, "If this vaccine were available today and you had the time, would you let your child get vaccinated?" Parents rated acceptability on a scale of 0-100, with 100 being "I would definitely let my child get this vaccine."

The parents were recruited from urban, Midwestern adolescent medicine clinics and private practices. More than half (56%) were white, about 40% were African American, and less than 2% were Hispanic.

The least acceptable scenario, with a mean score of about 75, was a vaccine with 50% efficacy against a non-STI that could be prevented by hand washing. The most acceptable scenario, with a mean score of 88.6, was a vaccine with 90% efficacy that protected against a usually fatal non-STI that could not be prevented by hand washing.

The mean score for the six STI scenarios was slightly, but not significantly, higher than the mean score for the three non-STI scenarios. The lowest-scoring STI vaccine scenario was a vaccine that was 50% effective against a curable STI that could not be prevented with condoms (75.7). The highest-scoring STI scenario was a vaccine that was 70% effective in preventing a usually fatal STI that could be

prevented by the use of condoms (84.4).

For the majority of parents, sexual transmissibility had the least influence on acceptability ratings. Vaccine efficacy was the most influential factor in the ratings, followed by severity of infection and availability of behavioral protection. However, 31 parents (11%) indicated a relatively strong preference for an STI vaccine, and 16 parents (6%) indicated a relatively strong opposition to it.

About a quarter (27%) of the parents

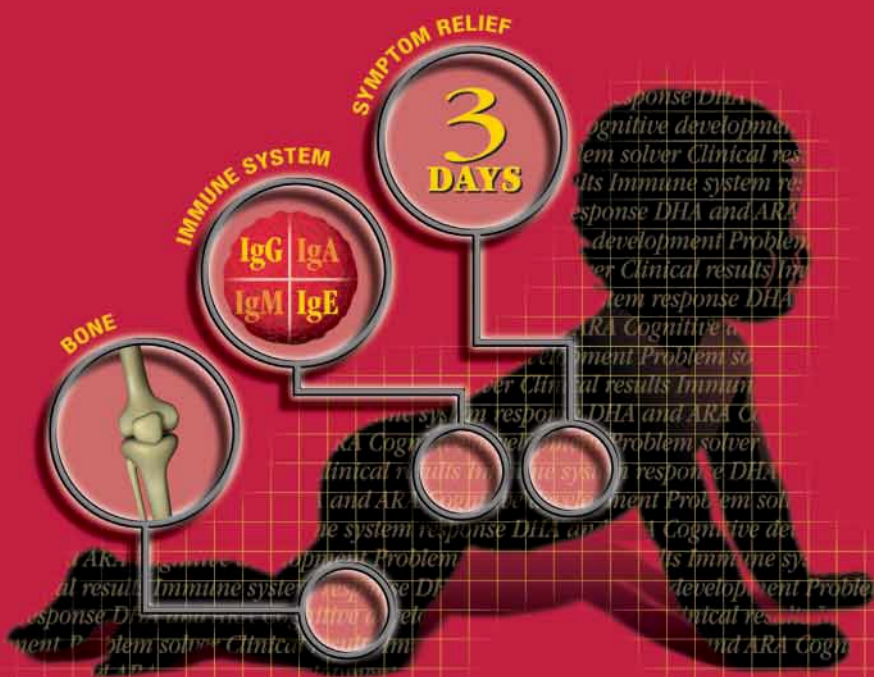
gave ratings of 100 to every vaccine. High accepters were more likely to be in the urban clinics and to have only a high school diploma. Acceptability was not related to the child's age, suggesting parents might not make these decisions based on the proximity of their child's sexual activity.

In an accompanying editorial, Susan L. Rosenthal, Ph.D., of the University of Texas, Galveston, said questions remain, not only about STI vaccine acceptability, but how to maximize its use to offer the

broadest protection. The study involved mostly white, Midwestern parents, so results can't be extrapolated to other groups. It also doesn't address provider feelings about the child's age—which will invariably affect who gets vaccinated, and when. "It will be important to understand how the age of the child or adolescent will influence parents' and health care professionals' attitudes, including assessing the acceptability of vaccinating even younger children" (Arch. Pediatr. Adolesc. Med. 2005;159:190-2). ■

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