

At-Risk Black Teenage Girls Value HPV Vaccine

BY PATRICE WENDLING

After participating in education and focus groups, poor, at-risk African American adolescent girls and their parents or caregivers had favorable opinions about the girls' receiving the human papillomavirus vaccine, study results suggest.

The study also found that these teens were most focused on the HPV vaccine as a way to reduce their risk for sexually transmitted diseases, rather than as a way to reduce their risk for cervical cancer.

"For this group, talking about this as an STD vaccine is going to be what hits home for them," said Amy Leader, Dr.P.H., who presented the results on behalf of principal investigator Dr. Ian Frank. Both researchers are with the University of Pennsylvania, Philadelphia.

The study is part of a larger project that is designed to raise awareness about HPV and cervical cancer and to increase vaccination rates in five inner-city neighborhoods in Philadelphia and in communities in northeast Pennsylvania, explained Dr. Leader, research director at the Center of Excellence in Cancer Communication Research at the university.

"This is an underserved population of girls at very high risk of HPV due to their behavior, and they have low access and awareness of the vaccine," Dr. Leader said in an interview. "These are exactly the type of girls who will benefit most from this vaccine."

Among 71 teens who were recruited from inner-city recreation centers and community nonprofit groups in Philadelphia, 40% reported having started the HPV vaccine series; 44% of those who had not yet started indicated they were "very likely" or "likely" to do so soon.

The 40% one-time vaccination rate in the study may be an overestimation, she said, because many of the girls were unsure if they had specifically received the HPV vaccine or if they had completed the series. Recent data show that only 25% of American adolescents received at least one dose of the HPV vaccine (MMWR 2008;57:1100-3).

The girls' average age was 15 years, and roughly 60% had their first sexual encounter when they were 14 years old. Overall, 94% were black, 3% were white, and 3% were identified as "other."

Regardless of vaccination status, a majority (79%) felt that getting the HPV vaccine was either a "very good" or "good" idea. One person said that starting the vaccine would be "bad," Dr. Leader reported at the American Association for Cancer Research conference on the science of cancer health disparities.

Most (93%) of the parents and caregivers were female; they reported an annual household income of \$20,000 or less (66%) and had some form of insurance coverage for their daughters (85%).

In the study, the girls were given a brief description of the vaccine prior to participating in focus groups. In general, they had a low understanding of both

HPV and the vaccine. (Gardasil was approved in June 2006 for girls and women aged 9-26 years, and is given in three shots over 6 months.)

Although many of the girls could recall Gardasil ads on television and could easily list more than a dozen STDs off the top of their head, HPV was typically not among them, she said. The girls were, however, extremely concerned about protecting themselves from STDs and the

social stigma that is associated with having an STD. A majority of girls believed that starting the vaccine would be a safe (76%) and wise (81%) decision. Parents and other caregivers also exhibited limited knowledge of HPV and the vaccine, but were largely receptive to its use.

Despite its strong advertising campaign, widespread utilization of Gardasil has been slow for a variety of reasons, including Merck & Co.'s initial call for

mandatory vaccination, involving a roughly \$375 price tag for the series; concerns about long-term efficacy and possible side effects; and the belief by some that adolescents would be more likely to engage in sexual relations if they were inoculated against the human papillomavirus, which is spread through sexual contact.

The study was funded by the Pennsylvania Department of Health. The investigators reported no conflicts of interest. ■



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^a The distribution of serotypes identified in 1996–1999 was G1, 76.1%; G2, 11%; G3, 2.6%; G4, 1.1%; G9, 4.3%; other, 5%.¹

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Reference: 1. Griffin DD, Kirkwood CD, Parashar UD, et al. Surveillance of rotavirus strains in the United States: identification of unusual strains. *J Clin Microbiol.* 2000;38(7):2784–2787.



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