

## First Visit Need Not Include Pelvic

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13-15 years for a number of years, but the new committee opinion provides details on what topics should be included in the visit and coding suggestions for payment of the visit.

The initial visit does not need to include an internal pelvic exam and may not even include a physical exam, Dr. Laufer said. An "age-appropriate pelvic examination" can be performed if problems are identified during the medical history such as abnormal menstrual bleeding or pelvic pain, according to the committee opinion. In cases where a speculum or bimanual exam is needed, physicians should first give the patient a full explanation of the exam and obtain consent.

The initial visit is generally more of an "information session," Dr. Laufer said. For example, the visit is a chance for teens to get a better understanding of normal development and menstruation. It also is an opportunity to talk about issues that may need early intervention such as weight and body image, blood pressure problems, mental health problems, and physical and sexual abuse.

This initial visit also allows an ob.gyn. to discuss family history with teens. For example, the ob.gyn. can provide information about the impact of a family history of polycystic ovarian syndrome, endometriosis, or familial gynecologic malignancies, Dr. Laufer said.

"With accurate information, we can work to make sure that gynecologic myths and medical inaccuracies are not perpetuated in locker rooms and on school buses," he said.

The widespread acceptance of this routine health visit will give teens a way to get answers to questions that they may be too embarrassed to bring up with parents, friends, or a primary care physician, Dr. Laufer said.

But the initial visit to the ob.gyn. is not meant to replace the role of the primary care physician. It is meant to be a complement to that care, said Dr. Laufer.

But how this care is provided will be physician dependent, he said. In many cases, the primary care physician and the ob.gyn. each would be handling somewhat different aspects of preventive health.

However, some gynecologists are taking on the full role of preventative health care and vaccination, and some pediatricians are more active in counseling on reproductive issues.

While the initial reproductive health visit is focused on building a relationship with the teen and the physician, it's also important to involve the parents, said Dr. Lesley Breech of the division of adolescent medicine at Cincinnati Children's Hospital Medical Center. Dr. Breech is the new chair of ACOG's Committee on Adolescent Health Care.

Dr. Breech advised that during the initial visit, ob.gyns. should greet the parent and teen together and discuss what will happen during the visit and confidentiality issues; clinical and counseling portions of the visit then can occur once the parent has excused herself, she said. ■

## Declines With Age

HPV from page 1

ings of the HPV sentinel surveillance project. The prevalence of HR-HPV in 14- to 19-year-olds is 33%. The project is the first multisite surveillance to measure HR-HPV prevalence among U.S. women.

Researchers assessed 8,426 females aged 14-65 years old. Participants had a routine Pap smear between January 2003 and December 2005 in one of six cities: Baltimore, Boston, Denver, Los Angeles, New Orleans, or Seattle. Medical records were later abstracted for results.

Although nearly 60% of participants fell into the two youngest age groups (14- to 19-year-olds and 20- to 29-year-olds), "a strength of the ongoing HPV sentinel surveillance is inclusion of older age groups," said Ms. Suhr. "Older women were more likely to be enrolled through a primary care clinic, whereas younger women were more likely to be enrolled through a family planning or STD clinic.

"There was a steady decline in prevalence as age increased, from more than 30% in 14- to 19-year-olds down to under 10% in 50- to 65-year-olds," Ms. Suhr said. This higher prevalence among younger females supports other studies that suggest HPV infection is acquired shortly

after initiation of sexual activity. Ms. Suhr is affiliated with the CDC's division of STD prevention and with Business Computer Applications Inc. in Atlanta.

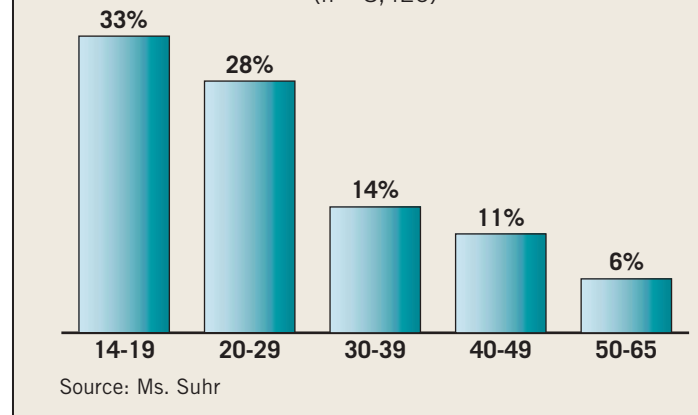
HPV is the most common sexually transmitted infection, with a prevalence estimated at 20 million cases in the United States. Approximately 5.5 million incident infections occur each year. The HPV family is large, with more than 100 viral types, including more than 40 that cause genital infections. Most new infections are asymptomatic and clear naturally.

Licensure of the quadrivalent vaccine Gardasil (Merck & Co.) is imminent, according to multiple experts at the meeting. The vaccine targets high-risk oncogenic virus types 16 and 18, implicated in 70% of cervical cancers, as well as low-risk, nononcogenic types 6 and 11, which cause 90% of genital warts. Licensure of an investigational HPV bivalent vaccine, Cervarix (GlaxoSmithKline), is expected as early as the end of 2006.

"In the U.S., it appears we will be able to reduce abnormal Pap smears with the vaccines," Dr. Diane M. Harper said. "We know the vaccines are safe [and] immunogenic

### Prevalence of High-Risk HPV, by Age

(n = 8,426)



and can prevent HPV infections—incident and persistent—and prevent genital warts." Dr. Harper is director of the Gynecologic Cancer Prevention Research Group at the Norris Cotton Cancer Center in Lebanon, N.H.

Potential limitations of the study include its clinic-based population and use of noncentralized laboratories for testing of cervical fluid samples. ■

## Information Does Not Affect Parents' Views on HPV Vaccine

BY KATE JOHNSON  
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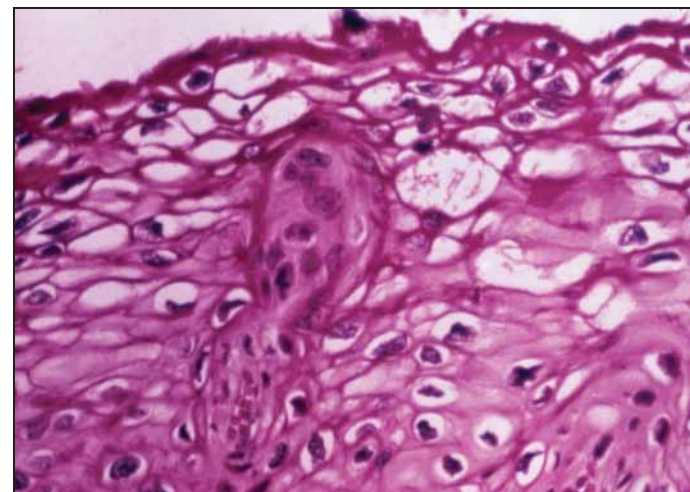
Parents' beliefs, rather than knowledge, are what drive their acceptance of human papillomavirus vaccines for their children, according to a new study.

Therefore, simply educating them about human papillomavirus (HPV) "may not be sufficient to influence their attitudes toward HPV vaccination, as attitudes may be driven by other, non-information-based preferences," wrote Dr. Amanda F. Dempsey of the University of Washington, Seattle, and her colleagues (Pediatrics 2006;117:1486-93).

Their cross-sectional survey of 1,600 parents of 8- to 12-year-old children included a randomized intervention for half of them, which consisted of an HPV information sheet. The researchers hypothesized that those parents who received the information sheet would demonstrate increased HPV knowledge compared with controls, and therefore more openness toward vaccinating their children. However, among the 840 participants who completed the study, al-

though those participants who received the information sheet (429) had higher scores compared with the controls (411) on the HPV knowledge assessment tool (5.57 vs. 4.17), there was no significant difference between the groups with respect to parental vaccine acceptability scores.

Instead, the most significant predictor of parental HPV vaccine acceptance was be-



A light micrograph shows a section of cervix with HPV-infected cells but no apparent cancerous changes.

lie in the vaccines' benefits to society and to their children, noted the authors. In addition, five other predictors were peer group influence, physician recommendation, the perception that their children were susceptible to sexually transmitted infections and/or HPV, having had personal or close experience with genital warts, and answering questions about a female child.

"If policy-makers adopt a universal HPV vaccination policy (male and female), then addressing the benefits to male vaccination specifically may be necessary for these vaccines to be widely used," they wrote.

Results of the study have "important implications for medical providers and public health practitioners when

communicating with parents about HPV vaccines in the future," noted the authors. "Focusing discussions on the benefits that are associated with giving HPV vaccines to children or on addressing general concerns that parents may have about the discomforts and/or dangers that are associated with vaccines may be useful strategies for promoting these vaccines," they suggested.

Prophylactic HPV vaccines are expected to be licensed by 2007 or earlier, with preadolescent children aged 8-12 years as a proposed target population.

Therefore, parental acceptance of HPV vaccination is critical, explained the authors.

Parents' perceived barriers to vaccine acceptability included the belief that their children experienced significant discomfort or danger when receiving immunizations.

"Future HPV vaccination campaigns should attempt to stress the benefits of HPV vaccination for children and address the fears of parents about dangers or discomfort associated with vaccines," the researchers concluded. ■