

**Submission Id: 4892**

**Title**

*Clinician & Patient Utilization of Expanded Age Range for the HPV Vaccine and Shared-Decision Making*

**Priority 1 (Research Category)**

Community based participatory research

**Presenters**

Maureen Boardman, APRN, ARNP, Kristen Bigelow-Talbert, CPHQ, MSHM, Troi Perkins, MS, MF, Zoe Daudier, BS

**Abstract**

Background: The Human Papillomavirus (HPV) is the most common sexually transmitted infection (STI) in the United States with nearly 43% of adults ages 18-59 years experiencing genital HPV infection. Unlike other common STI's persistent infection with HPV increases risk of cancer. Unfortunately 30,000 people in the United States are diagnosed with HPV-attributable cancers each year. The HPV vaccine was first introduced in 2006 and can prevent 90% of the cancer cases caused by HPV. While adolescent HPV vaccination rates in the U.S. have steadily risen over the last decade there were challenges in implementation. In August of 2019 the CDC published updated HPV vaccine recommendations, which included the addition of 27-45 year old adults who were unvaccinated or not fully vaccinated. The recommendation is not a routine recommendation for all 27-45 year old adults; rather it is based on risk and clinical shared decision making between clinicians and patients. Research continues to show that a clinician recommendation is among the most influential factors in determining whether a patient will receive a vaccine. Settings & Participants and Methods We surveyed patients aged 27-45 who present to two Federally Qualified Health Centers one in New Hampshire and one in Vermont who present for an annual physical exam. The patient survey was administered in the office after the annual physical exam has taken place and will include clinician seen, demographic information; whether or not the HPV vaccine was discussed/offered to them at the visit.. At the same time we surveyed primary care clinicians who are employed at FQHC's in Vermont and New Hampshire. The clinician survey assessed demographic variables, primary care profession, awareness of APIC's recommendations for the HPV vaccine in 27-45 year-olds. The clinicians comfort level in shared-decision making with 27-45 year old patients was examined using a series of Clinical Vignettes .Results/Conclusions Our plan to survey both patients and clinicians gave us a unique perspective on the perceptions of both populations on the need for HPV vaccine in 27-45 year-olds, and whether the recommendation for shared decision making is seen as a barrier or a facilitator to receiving the vaccine. Our access to clinicians in FQHC's in New Hampshire and Vermont gave us insight into factors affecting the discussion and reception of the HPV vaccine at key primary health care providers.