

*Cancer
won't
wait*

Help Prevent HPV and
Cervical Cancer Now

VACCINE HESITANCY AND HPV

DR. VIVIEN BROWN MDCM, CCFP, FCFP, NCMP / DR. CHRISTINE PALMAY, MD, CFPC

“EXTRA! EXTRA! READ ALL ABOUT IT” There has been much talk in the news, the press, and on the street about vaccine hesitancy. The public is now aware of National Advisory Committee on Immunization (NACI), Health Canada, and the Public Health Agency of Canada, all of whom may have slightly different statements about a given vaccine; whether it concerns its administration, its efficacy, or its safety. For example, Health Canada recommends a COVID vaccine for individuals 12+ (depending on which vaccine they are receiving), while NACI recommends that the AstraZeneca vaccine only be used if an individual is 30+ and provinces use the recommendations to develop a rollout plan prioritizing different age groups. For the average person, this can lead to mistrust, confusion, fear, all culminating into a lack of action as a default position in the face of dissent.

When we look at specific reasons why someone may choose to be vaccinated, we know that healthcare professional recommendation is paramount. In a survey conducted in women and men aged 18-26, those who received a recommendation from a healthcare provider were over 35 times more likely to receive ≥1 dose of the HPV vaccine, compared with participants without a recommendation.¹ In a literature review that explored HPV infection and factors associated with HPV vaccine uptake in school-aged, adolescent, and young adult females, some of the barriers to HPV vaccination included lack of provider recommendation, negative attitudes and beliefs, cost, and missed clinical opportunities.²

Since the onset of the pandemic, many preventive health measures, including HPV immunization, have decreased. As COVID-19 continues to spread globally, over 117 million children in 37 countries may miss out on receiving a life-saving measles vaccine. Measles immunization campaigns in 24 countries have already been delayed⁶. Family physician visits decreased significantly, between 28% and 50%, during the first few months.³ Furthermore, many school immunization programs have been interrupted due to COVID-19. Tragically, we have lost (but hopefully not forgotten) the 2020-2021 vaccination years for school-aged children. Even prior to COVID-19, the coverage rates for HPV vaccination have not met the NATIONAL goal of 90% - Ontario is sitting at approximately 60% coverage⁷.

While part of the issue contributing to low vaccination rates may be vaccine hesitancy, there may also be lack of opportunity, and simply lack of knowledge about the HPV vaccines. In general, the three areas that are known to impact hesitancy are complacency, convenience, and confidence

- Complacency, for some patients, **is the belief** that this disease, or HPV, does not pertain to them. Perceived risks of vaccine-preventable diseases are low, and vaccination is not deemed a necessary preventive action. This may be influenced by many factors, including other life/health responsibilities that may be seen to be more important at that point in time.
- Convenience **is measured by** access points to vaccination, willingness-to-pay, culture of immunization, and importantly, the impact of social media. Hesitancy suggests that it is too difficult to get this vaccine, that there are too many doses, or the vaccine is too costly.
- Finally, confidence **is defined as trust in** the effectiveness and safety of vaccines and the system that delivers them; including the reliability and competence of the health services and health professionals, as well as the motivations of the policy-makers who decide on the needed vaccines.⁴

When we discuss vaccines with patients, we need to keep these issues in mind, however, always respecting that the most significant factor is physician/healthcare provider recommendation.

We need to capitalize on every opportunity and every patient encounter to ensure vaccination is up to date. No matter what the visit is for, we need to remember that HPV is a sexually transmitted infection that can lead to certain preventable cancers. When talking to patients about hypertension, hyperlipidemia, and heart disease, we can discuss HPV cancer prevention. With discussion pertaining to colonoscopies or FIT testing, we can discuss HPV cancer prevention. When addressing oral contraceptive, BCP, PAP tests, and STI screening, we can discuss HPV cancer prevention. Every encounter presents an opportunity to educate about the importance of primary prevention.

Educate

yourself about HPV and HPV prevention methods and vaccines

Recommend

HPV vaccine with strength and conviction

Inform

staff so everyone is delivering the same HPV prevention messages

Communicate

vaccination benefits

Make vaccination procedures routine,

and focus on ways to reduce missed opportunities⁵

1. Gerend MA, Shepherd MA, Lustria MLA, et al. Predictors of provider recommendation for HPV vaccine among young adult men and women: Findings from a cross-sectional survey. *Sex Transm Infect* 2016;92:104-107. doi: 10.1136/sextrans-2015-052088.

2. Valentino K, Poronsky CB. Human Papillomavirus infection and vaccination. *J Pediatr Nurs* 2016;31(2):e155-e166. doi: 10.1016/j.pedn.2015.10.005.

3. Glazier RH, Green ME, Yu FC, et al. Shifts in office and virtual primary care during the early COVID-19 pandemic in Ontario, Canada. *CMAJ* 2021;93(6):E200-E210. doi: 10.1503/cmaj.202303.

4. Report of the SAGE Working Group on Vaccine Hesitancy. October 2014. http://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf.

5. HPV Vaccination—a Public Health Priority – National Foundation for Infectious Diseases (nfid.org)

6. WHO | More than 117 million children at risk of missing out on measles vaccines, as COVID-19 surges

7. Immunization Coverage Report for School Pupils in Ontario: 2018–19 School Year | Public Health Ontario

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Clinic of the Month

Kristie Jones NP, RN(EC), MN - Norfolk Family Health Team

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Visit our website at www.norfolkfht.ca

VACCINE HESITANCY IS A COMMON BARRIER THAT HEALTHCARE PROVIDERS FACE TODAY. As health care providers we encounter a continuum of opinions and behaviours ranging from those who decline all vaccines, to those who accept all recommended vaccines. In many cases, a simple question and discussion about vaccines can help move patients towards acceptance.

THE NORFOLK FAMILY HEALTH TEAM is committed to increasing vaccine coverage rates for Human Papillomavirus (HPV), both for their rostered patients, and for the larger community. The Family Health Team has instituted measures to increase discussions about the HPV vaccine with the goal of increasing vaccine uptake. The team has included a reminder to discuss HPV vaccine in the electronic medical record. In addition, templates for contraception, sexually transmitted infection, and cervical screening visits now include prompts to discuss the HPV vaccine. It has been helpful to have patient education materials readily available for those who need more information. They routinely provide Society of Obstetricians and Gynaecologists of Canada pamphlets on HPV, and refer patients to the www.hpvinfosite.ca website.

The Norfolk Family Health Team also collaborates with Public Health to increase community-wide vaccine coverage rates of school-age children, including the HPV vaccine.

Reminders

to discuss HPV
vaccination
in the electronic
medical record

Patient

education materials
readily available

Prompts

to recommend at
contraception,
PAP & STI visits

Across the Globe

Vaccine hesitancy, the reluctance or refusal to vaccinate despite available vaccines, has been identified by the World Health Organization as one of the top 10 threats to Global Health

Upcoming Global Congress May 30 - June 1,
2021 EUROGIN VIRTUAL 2021: International
Multidisciplinary HPV Virtual Congress

Organized by European Research Organisation
on Genital Infection and Neoplasia

www.eurogin.com/en/home.html

Words of Wisdom

“ Our greatest weakness lies in giving up.
The most certain way to succeed is
always to try just one more time. ”

– Thomas A. Edison

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Resource of the Month

Back in Time

The first vaccine created in a laboratory was Louis Pasteur's 1879 vaccine for chicken cholera.



VISIT [HPV INFO.CA](http://HPVINFO.CA) FOR
HELPFUL RESOURCES FOR
MEN AND WOMEN
HPVINFO.CA

Did you Know?

Ants also rely on herd immunity! If one ant in the colony is infected with a fungus, the other ants lick the infected insect to spread the infection throughout the colony, thus making the whole colony immune!

Hot off the press!

[Action Plan for the Elimination
of Cervical Cancer Canada 2020-2030](#)

Webinar info

THE BUSY INTERSECTION: VACCINE HESITANCY AND HPV

PRESENTER: Dr. Vivien Brown, MDCM, CCFP, FCFP, NCMP
MODERATOR: Dr. Christine Palmay, MD, CFPC

May 25th, 2021 at 4:00pm (PST)/
5:00pm (MST)/ 6:00pm (CST)/
7:00pm (EST)/ 8:00pm (AST)

[REGISTER](#)

QR code is a link
to register to event



May 26th, 2021 at 9:30am (PST)/
10:30am (MST)/ 11:30am (CST)/
12:30pm (EST)/ 1:30pm (AST)

[REGISTER](#)



L'HÉSITATION VACCINALE; COMPRENDRE POUR MIEUX COMMUNIQUER

CONFÉRENCIER: Mr Patrick Berthiaume, Sexologue, Fondateur
& Formateur, Les Formations Perspective Santé inc.

27 mai 12h10 à 13h

[REGISTER](#)



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