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Is pleased to announce

**Examining Barriers to HPV Vaccination among Individuals Age 18-35 Years**

Public and Oral Defense of the Dissertation

**Background:** Human Papillomavirus (HPV) is the most common sexually transmitted infection in the United States. Persistent infection with high-risk (oncogenic) HPV types can cause cervical, anogenital, and oropharyngeal cancer. HPV vaccination prevents HPV-associated cancers, but uptake is suboptimal, particularly in the catch-up group (18-26 years). Little is known about individual and systems-level factors associated with HPV vaccine uptake in this population overall, as well as among high-risk groups disproportionally affected by HPV-associated cancers, i.e. people living with HIV (PLWH).

**Objectives:** 1) Examine barriers to HPV vaccination among people age 18-35 years. 2) Assess barriers to provider recommendations for catch-up vaccination with a focus on those who provide care to PLWH.

**Methods:** For Aim 1, 499 unvaccinated 18-35-year-olds were recruited via Facebook and the Washington University Infectious Disease clinic to complete an online survey about HPV, barriers to vaccination, and vaccine intentions. For Aim 2, 59 providers recruited through the Infectious Disease Society of America completed an online survey about provider and clinic characteristics that impact HPV vaccine recommendation. Twelve key informant interviews further explored barriers and facilitators to provider HPV vaccine recommendation.

**Results:** Most (83.3%) reported they were unlikely to get vaccinated for HPV in the next 6 months. Two barriers were negatively associated with HPV vaccine intent – ‘I don’t think the HPV vaccine is necessary’ (aOR: 0.134, 95% CI: 0.072, 0.250) and ‘I don’t think the HPV vaccine is safe’ (aOR: 0.182, 95% CI: 0.076, 0.434). Despite all providers using an electronic health record system in their clinics, only 16.9% used it to identify HPV vaccine eligible patients. Over two-thirds (69.5%) reported they did not have any clinic-level policies or guidelines regarding HPV catch-up vaccination. Qualitative themes emphasized this lack of clinic-level procedures to maximize HPV vaccination, with providers advocating new ideas to address this lack (including increasing public awareness of HPV). HIV status and the new FDA/CDC ACIP guidelines impact provider recommendations as well.

**Implications for public health:** This study highlights the challenges to HPV vaccine uptake for individuals age 18-35 as well as to infectious disease specialists who administer preventive care for PLWH, a group at a higher risk of HPV-associated cancers. In addition to identifying individual barriers, providers identified several underutilized systems-level strategies that could inform interventions to increase HPV vaccine recommendation and uptake. Findings can inform the development of targeted interventions to increase HPV vaccine recommendation and uptake, ultimately reducing the burden of HPV-related cancers.

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