

Evaluating HPV vaccination adherence amongst teenagers ages 12-18

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Purpose

The purpose of this quality improvement project is to evaluate HPV vaccination rates amongst teens ages 12-18

Specific Aims

- To evaluate whether HPV vaccination adherence is higher in males or females ages 12-18
- To evaluate HPV vaccination adherence amongst different ethnicities
- To evaluate whether comorbidities affected HPV vaccination adherence

Background

- HPV is the most common sexually transmitted infection (STI)
- HPV is a sexually transmitted infection (STI) that can cause GENITAL WARTS and forms of CANCER
- 85% of people will get an HPV infection in their lifetime
- 90% of cancers caused by HPV can be prevented with administration of HPV vaccination
- In the US, HPV vaccination is recommended for all Preteens through 26 years of age

Methods

Study Design

- Retrospective Chart Review

Setting

- Urban Primary Care Clinic
- Located in Memphis, TN

Study Duration

- October 31, 2021-October 31, 2022

Study Population

- Teenagers ages 12-18

IRB

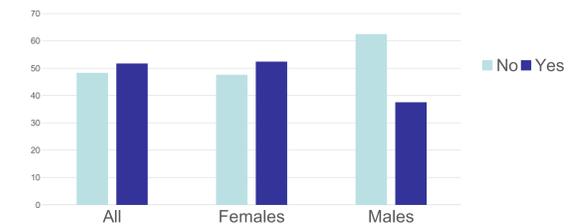
- UTHSC Institutional Review Board has deemed the project as exempt

Procedures

- 50 charts from October 31, 2021-October 31, 2022, were abstracted from a local family clinic
- Charts abstracted included the following variables: ages 12 -18, race, comorbidities, sex, and HPV vaccination status
- All personal information was de-identified during abstraction
- 29 charts were selected for review after the inclusion criteria
- Descriptive statistics were performed with Microsoft Excel

Results

HPV Vaccine Compliance



HPV vaccine compliance for all subjects

- 51.7 % compliance rate

HPV vaccine compliance in females

- 47.6 % compliant
- 52.4% noncompliant

HPV vaccine compliance in males

- 37.5 % compliant
- 62.5 % noncompliant

Implications for Practice

Evident need for increased vaccination rates among teens

- Clinicians need to implement interventions to ensure increased vaccination

Patient education regarding necessity of vaccination needs improvement

Next steps

- Determine which evidence-based education strategies are currently in place for patients and families
- Videos, posters, pamphlets
- Evaluate which methods of education best generate higher vaccination rates

References

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