

Opening the lines of communication about HPV

By Michelle Speidel, MSN, RN, NEd

● When parents resist the HPV vaccine, be prepared to listen and educate.

Vaccines typically bring to mind the series of injections infants and children receive in their first years of life. However, one vaccine in particular needs more attention—the human papillomavirus (HPV) vaccine, which is recommended for initiation in early adolescence. This two-part vaccine prevents transmission of high-risk strains of HPV that may lead to cancer later in life. For this reason, timing is everything. Ideally, both injections should occur before the individual becomes sexually active. (See *HPV vaccine protocol*.)

Misinformation about the HPV vaccine and sexual activity may cause some parents to question its necessity. As a healthcare professional, you can help educate parents and your adolescent patients. In this article, you'll learn more about HPV and how to communicate with parents and patients so they understand the importance of the vaccine.

What is HPV?

HPV, which includes over 150 types of low- and high-risk strains, is the most common sexually transmitted infection affecting men and women of various ages in the United States. It's transmitted through vaginal, anal, and oral sexual contact, even if no signs or symptoms are present. Many of the low-risk strains resolve on their own without any treatment or even awareness by the affected individual. High-risk strains, however, have been linked to several types of cancer in both men and women, including cervical, oropharyngeal, vaginal, vulvar, penile, and anal.

Communication and education

When recommending the HPV vaccine to parents, be matter-of-fact. The Centers for Disease Control and Prevention (CDC) suggests saying something like, "Your child needs three vaccines today—Tdap, HPV, and meningococcal," or "Today, your child should have three vaccines. They're designed to protect him from meningitis, cancers caused by HPV, and tetanus,

diphtheria, and pertussis."

If parents resist, ask about their concerns and listen nonjudgmentally to what they have to say. Be prepared to answer questions and dispel myths that might be associated with the HPV vaccine. Most important, make sure everyone in the room—parents and patient—feel comfortable. Begin by acknowledging the topic's sensitivity, and assure everyone that you're not implying that the patient is engaging in sexual activity.

Discuss the evidence that points to the links between high-risk strains of HPV and several types of cancer. Then explain that whether a child is currently sexually active or not, vaccination provides protection from HPV when sexual activity begins, which may prevent cancer later in life. Remind parents of ways in which they've kept their children safe throughout their lives; for example, ensuring they're vaccinated against other diseases, insisting they wear bike helmets, and instructing them not to talk to strangers.

Although adolescents aren't making the decision about the HPV vaccine, they are making decisions about their own sexual practices. According to White and Warner, 16 is the average age of the first sexual intercourse for both males and females. Haydon and colleagues found that oral-genital contact begins within 1 year of initiating vaginal intercourse.

Conversations about sex can be uncomfortable under any circumstance, but especially so in the presence of one's parents. If you have some time alone with the adolescent, provide the opportunity to ask questions, and use the time to discuss safe sex practices.

Present all the information about the HPV vaccine calmly and confidently. Be honest if you've not heard of a specific concern or if you don't have an immediate answer to a question. Let parents and patients know that you'll find the answer and follow up as soon as possible.



HPV vaccine protocol

The human papillomavirus (HPV) vaccine is injected intramuscularly at two intervals. The usual age for the first injection is age 11 or 12 for both boys and girls. The second injection is given within 6 to 12 months after the first. Vaccination at this age helps to ensure the protocol begins before the initiation of sexual conduct and because the younger the individual is the more effective the immune response will be. The vaccine may be given up to age 26, although its effectiveness in reducing cancer risk will be lower. HPV vaccine isn't recommended after age 26, unless the person is simply completing the series.

You can direct parents to the HPV page on the American Cancer Society website for more information (<https://www.cancer.org/cancer/cancer-causes/infectious-agents/hpv/hpv-vaccines.html>).

Additional resources

The HPV vaccine provides protection against sexually transmitted HPV and some cancers. Through honest and direct communication with parents and adolescents about the disease and the vaccine, you can dispel myths and misconceptions that may prevent some parents from agreeing to vaccination.

The CDC offers a variety of resources to help you

discuss HPV with parents. At its website (<https://www.cdc.gov/hpv/hcp/answering-questions.html/>), you can download a tip sheet for talking with parents, a parent fact sheet, and videos illustrating conversations between parents and healthcare providers. In addition, you can direct parents to the HPV Vaccine Facts and Fears page on the American Cancer Society website (<https://www.cancer.org/cancer/cancer-causes/infectious-agents/hpv/hpv-vaccine-facts-and-fears.html>). ★

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consider the context in which the habit occurs. In Kendra's case, the cue for her behavior might be her sense of urgency about making unit decisions. Her response is that she doesn't seek input from her staff. Her reward is that she's crossed that task off her list and moved to the next one.

In response to the feedback she received from the CNO, Kendra decides to shift her style from authoritative decision-making to a shared decision-making model. Because she hasn't built a culture of joint ownership where staff feel comfortable participating, she'll need to start slowly by asking for input and showing appreciation when it's given. This will be key to the process as she changes her own behavior. Although shared decision-making takes more time, Kendra will see a reward from the staff as she shifts to a leader-coach model. New habits require extensive practice, and to be successful in this habit change, Kendra needs to believe that change is necessary.

Duhigg makes the case that changing just a few key habits can make us more disciplined and increase our willpower. The same ideas can be applied at work. The character of a work unit or an individual is a collection of thoughts, values, and habits. Work habits developed over time offer a level of comfort but may not be constructive in the complex and changing health-

care environment and may even derail us in our leadership. Only through intentional evaluation of our habits are we able to change.

Get back on track

When we're given an opportunity to change behaviors that could ultimately derail our careers, we can make transformations that change our career trajectory. This feedback is a gift and we should avoid becoming defensive. The key is to face the truth and develop a plan to change our behavior. ★

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