

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
AND UNIVERSITY OF ARIZONA

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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Literature review reveals barriers to HPV vaccination among U.S. teens

Human papillomavirus infection (HPV) occurs commonly with peak prevalence among young adults. Most HPV infections clear within 1 to 2 years, but persistent infection can progress to precancers or cancer. About 26,000 cancers per year are attributable to HPV.

Two HPV vaccines are available: a bivalent (HPV2) and a quadrivalent (HPV4). Routine vaccination of HPV2 or HPV4 is recommended for girls 11 to 12 years and HPV 4 is recommended for boys ages 11 to 12 years. HPV vaccination among United States adolescents has increased but remains low compared to other vaccinations.

This project reviewed the literature on barriers to HPV vaccination among U.S. adolescents to inform future efforts to increase HPV vaccine uptake and completion.

Methodology

The literature review included searching PubMed and previous review articles to identify original research articles describing barriers to HPV vaccination initiation and completion among US adolescents. Only articles reporting data col-

lected in 2009 or later were included.

Findings from 55 relevant articles were summarized by target populations: health care professionals, parents, underserved and disadvantaged populations, and males.

Outcomes of the Study

Major findings include:

- Health care professionals cited financial concerns and parental attitudes and concerns as barriers to providing HIV vaccination.
- Some health care professionals lacked adequate knowledge about HPV vaccination and expressed preference for vaccinating older vs younger adolescents and girls vs boys.
- Parents often reported needing more information before vaccinating their children.
- Other parental barriers included concerns about the vaccine's effect on sexual behavior, low perceived risk of HPV infection, social influences, irregular preventive care, beliefs that their child is too young for the vaccination, and vaccine cost.
- Some parents expressed concern about finding a medical clinic that offers the HPV vaccination.
- Some parents of sons reported not vaccinating their sons because

of perceived lack of direct benefit.

- Parents consistently cited health care professional recommendations as one of the most important factors that influence their decision to vaccinate their children.
- Some underserved and disadvantaged populations had limited knowledge about HPV and HPV vaccination as well as lacking health insurance coverage. Some distrusted the health care system

Implications for Prevention

This review described the barriers to U.S. adolescent vaccination that has been identified in the literature and that impedes vaccination of more adolescents.

Barriers faced by health care professionals and parents should be addressed to improve HPV vaccine uptake and completion among adolescents.

SOURCE:

Holman. D. M., et al. (2013). Barriers to Human Papillomavirus vaccination among US adolescents: A systematic review of the literature. *JAMA Pediatrics*, doi: 10.1001/jamapediatrics.2013.2752.

PrEP may not alter risk-taking by heterosexual couples

This study examined whether the use of pre-exposure prophylaxis (PrEP) in HIV-uninfected men and women in HIV-serodiscordant couples was associated with greater sexual risk behavior.

Data were from daily oral PrEP among HIV-uninfected partners of heterosexual HIV-discordant couples. 56,132 person-months from 3024 HIV-uninfected persons were analyzed.

The average frequency of unprotected sex in the the HIV-infected study partner was 59 per 100 perons-months before unmasking; no immediate change over time was found. No significant increase in incident sexually transmitted diseases or pregnancy was established.

The study concluded that pre-exposure prophylaxis, provided as a part of a comprehensive prevention package, might not result in substantial changes in risk-taking sexual behavior among heterosexual couples.

SOURCE: Mugwanya, K. H., et al. (2013). Sexual behavior of heterosexual men and women receiving antiretroviral pre-exposure prophylaxis for HIV prevention: A longitudinal analysis. *The Lancet Infectious Diseases*, 13, 1021-1028.

Teens in committed relationships more likely to get HIV tested

Increasing early HIV testing is a major national priority. However, little is known about HIV testing behaviors among high school age adolescents.

This study examined the association of individual, partner, and relationship factors with HIV testing from 2003 and 2006 among 980 sexually active 14-17 year olds.

Findings showed that 66 percent knew their partner had been tested for HIV. 42 percent accompanied their partner to testing and 44 percent got tested in 60 days of their partner's most recent test. 54 percent in a serious committed relationship had been tested for HIV compared to 44 percent of the group.

Of those tested, 60 percent had high HIV-related partner communication and 48 percent who had been tested reported a high degree of open communication and comfort discussing sex with their partner. Those with a high degree of partner communication concerning HIV/AIDS were 3.7 times more likely to have been tested compared to those with low communication.

SOURCE: Talib, H. J., et al. (2013). The influence of individual, partner, and relationship factors on HIV testing in adolescents. *AIDS Patient Care and STDs*, 27, 637-645.

Church attendance associated with late MSM HIV diagnosis

A study of church attendance in Alabama and HIV diagnosis found that men who have sex with men and who attended church were more likely to present with lower CD4 T-lymphocyte counts than MSM who do not attend church. Results from MSW and WSM showed no association between church attendance and late diagnosis.

SOURCE: Van Wagoner, N. J., et al. (2013). Church attendance in men who have sex with men diagnosed with HIV is associated with later presentation for HIV care. *Clinical Infectious Diseases*. doi: 10.1093/cid/cit689.

MSM account for 75% of syphilis cases

Trend data show that men who have sex with men (MSM) account for 75 percent of all primary and secondary syphilis cases. The rate per 100,000 people of syphilis in 2012 was 5.0, an increase of 11.1% since 2011. The rate increase was solely among men, primarily gay and bisexual men.

SOURCE: CDC. (2014). CDC Fact Sheet: Reported STDs in the United States. Atlanta, GA.

RAP* Time is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, University of Arizona, and University of Kentucky. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

The opinions expressed here do not necessarily represent those of the cooperating universities.

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