



HPV In Adolescents And Young Adults Review Of Strategies For Improved Vaccination And Community Health Education In India

¹Sima Patra, ²Soumya Suvra Patra

¹Vice Principal, ²Housestaff

¹Institute of Nursing

¹Brainware University, Kolkata, India

Abstract: Human papillomavirus (HPV) poses a significant health risk, particularly for adolescents and young adults. This review explores current trends in HPV vaccination, screening guidelines for HPV and educational strategies to enhance vaccine uptake and awareness, and areas to focus on in India. A comprehensive understanding of the challenges and opportunities in improving HPV-related health outcomes is paramount to reduce the disease burden.

Index Terms - Human Papilloma Virus, Adolescents, Immunizations, Cervical cancer, Community Health Education

I. INTRODUCTION

Over 70% of sexually active women and men are infected once or more in their lifetime (GLOBOCAN 2018). The peak period for acquiring HPV at the onset of sexual activity, notable risk factors being early age of sexual intercourse, multiple sexual partners and so on. Cervical cancer is the most common HPV-related disease and almost all cases of cervical cancer can be attributed to chronic HPV infection. Cervical cancer accounts for 500000 new cases annually with about 85% occurring in the developing world, including India. In 2018, an estimated 311,000 deaths were attributed to cervical cancer, accounting for 7.5% of all female cancer deaths with almost 90% these deaths occurring in the less developed regions. ^[1]

HPV is also associated with various cancers, including cervical, oropharyngeal, and anogenital cancers. Adolescents and young adults are particularly at risk, making vaccination and early screening crucial. ^[2]

An examination of current trends in HPV vaccination and rationale for screening guidelines can lead to better educational strategies to improve vaccine uptake and awareness among this demographic in India.

II. Trends in Adolescent HPV Vaccination

The introduction of HPV vaccines has significantly impacted the incidence of HPV-related diseases. According to recent studies, vaccination rates among adolescents have been increasing, but there are still significant disparities. Factors influencing vaccination rates include socio-economic status, access to healthcare, and educational outreach. Targeted interventions in schools and communities have proven effective in increasing vaccination rates. For instance, in Malaysia school-based vaccination programs were introduced in 2010 as part of its national immunization program for all girls aged 13 and above which significantly boosted population coverage to 80% in 2 years. ^[3]

However, barriers such as vaccine hesitancy, lack of awareness, and misinformation still hinder optimal vaccination rates. Efforts to address these barriers include improving healthcare provider recommendations and implementing policy changes that support mandatory vaccination in schools. Community-based initiatives and partnerships with local organizations have shown promise in reaching underserved populations and increasing vaccine uptake. ^[4]

Common strategies focused on provider-specific interventions, such as webinars, tele mentoring, and a train-the-trainer approach. Additionally, patient- and parent-specific interventions, including reminder emails, phone calls, text messages, and social events, emphasized education and knowledge empowerment. Although system-level interventions like policy changes and revised protocols were less commonly recommended, they had a more significant impact on overall outcomes. [5]

This stresses the need for outreach programs for consolidation of vaccine related knowledge from providers and integration of the HPV vaccine into the National Immunisation Schedule (NIS) as imperative tools to reduce the disease burden in India.

Screening Guidelines for HPV and Cervical Cancer

Screening for HPV and cervical cancer remains a critical component of preventive healthcare. Current guidelines recommend initiating HPV screening with Pap smears at age 21 and continuing at regular intervals. The use of HPV DNA testing has improved the detection rates of high-risk HPV strains. Combining HPV vaccination with regular screening can significantly reduce the incidence of cervical cancer. Research indicates that HPV DNA testing, as opposed to cytology alone, provides greater sensitivity and earlier detection of pre-cancerous lesions. [6]

Furthermore, advancements in screening technology, such as self-sampling kits, have the potential to increase screening rates, particularly in low-resource settings. These kits allow women to collect samples at home, reducing barriers associated with clinic visits. Studies have shown that self-sampling is as effective as clinician-collected samples and can enhance participation in screening programs. [7]

III. Education

The National Vaccine Advisory Committee in 2015 examined the challenges and proposed solutions to increase HPV vaccination rates in USA. Key barriers include public misinformation about the vaccine's safety and efficacy, inconsistent recommendations from healthcare providers, and logistical challenges like cost, access, and follow-up. Recommendations to overcome these barriers involve implementing robust public education campaigns, enhancing provider training for strong and consistent recommendations, reducing out-of-pocket costs, and promoting school-based vaccination programs. Additionally, integrating HPV vaccination into routine adolescent immunization schedules is advised. Strategies for improvement include engaging community leaders, leveraging data to identify under-vaccinated populations, and supporting legislation that mandates HPV vaccination for school entry. The article emphasizes a coordinated approach among public health officials, healthcare providers, educators, and policymakers to effectively address these barriers and improve vaccination rates. [8]

The study underscores the need for a coordinated effort among public health officials, healthcare providers, educators, and policymakers to address these barriers comprehensively.

Strategies to Improve HPV Vaccine Uptake

Improving HPV vaccine uptake requires multifaceted strategies. Educational campaigns that address misconceptions about the vaccine, emphasize its safety and efficacy, and target both parents and adolescents have proven effective. Healthcare providers play a crucial role in recommending the vaccine, and their endorsement significantly influences vaccination decisions. For example, a study by Dempsey, et al. found that a strong recommendation from a healthcare provider was the most significant factor in parents deciding to vaccinate their children.

Additionally, leveraging social media and digital platforms can extend the reach of educational campaigns. Engaging influencers and healthcare professionals to share accurate information about HPV and the benefits of vaccination can help counteract misinformation and encourage vaccine uptake. [9]

1. *Role of Educational Programs in Increasing Awareness and Vaccination Rates*

Educational programs in schools and communities are essential in increasing HPV awareness and vaccination rates. These programs should provide comprehensive information about HPV, its associated risks, and the benefits of vaccination. Peer-led interventions and incorporating HPV education into the school curriculum can lead to higher vaccination rates. For instance, a study demonstrated that educational sessions conducted by trained peers resulted in a significant increase in vaccine acceptance and completion rates among adolescents. [4]

Moreover, collaborations with community leaders and organizations can amplify the impact of educational initiatives. Tailoring messages to address cultural and social norms within specific communities ensures that the information is relevant and well-received. [4]

2. *Guidelines for Initiating and Maintaining HPV Screening in Young Adults*

Initiating HPV screening in young adults involves adherence to established guidelines, which recommend starting at age 21. Regular screening should be maintained even after vaccination, as the vaccine does not

protect against all HPV strains. Although introduction of the nonavalent vaccine has significantly increased coverage against oncogenic serotypes, access has been limited due to lack of availability. Educational initiatives should emphasize the importance of routine screening and provide accessible resources for young adults. Providing clear, age-appropriate information about the screening process and its benefits can help alleviate anxiety and encourage participation. ^[6]

Innovative approaches, such as mobile health clinics and telemedicine, can also enhance access to screening services, particularly in remote or underserved areas. These strategies can ensure that young adults receive timely and appropriate care as evidenced by a descriptive study in 2021. ^[10]

3. *Areas to focus on for India*

India faces unique challenges in HPV prevention and control, including low awareness, cultural barriers, and limited access to healthcare services. To improve HPV vaccination and screening rates, the following recommendations are proposed:

- **National Vaccination Programs:** Inclusion of the HPV vaccine into the National Immunization Schedule (NIS) and implementing nationwide HPV vaccination programs in schools can significantly increase coverage. Ensuring vaccines are available at no cost or subsidized rates will encourage uptake among economically disadvantaged populations. ^[11]

- **Public Awareness Campaigns:** Large-scale awareness campaigns utilizing mass media, social media, and community outreach can educate the public about the importance of HPV vaccination and screening. Collaborations with local influencers and healthcare professionals can help disseminate accurate information. ^[12]

- **Healthcare Provider Training:** Training healthcare providers to effectively communicate the benefits of HPV vaccination and screening is crucial. Providers should be equipped with culturally sensitive materials to address common concerns and misconceptions. ^[13]

- **Integration with Existing Health Programs:** Integrating HPV vaccination and screening with existing maternal and child health programs can leverage established infrastructure and reach a wider audience. ^[11]

- **Research and Data Collection:** Conducting research to understand barriers to vaccination and screening specific to different regions within India can inform targeted interventions. Collecting and analysing data on HPV prevalence and vaccination rates will aid in monitoring progress and making informed decisions. ^[8]

IV. Conclusion

HPV vaccination and screening are critical in preventing HPV-related diseases among adolescents and young adults. While vaccination rates are improving, continued efforts are needed to address disparities and enhance educational outreach. By implementing comprehensive educational programs and adhering to screening guidelines, we can significantly reduce the burden of HPV-related diseases.

Given the unique challenges faced in India, it is essential to develop targeted strategies that address cultural, economic, and infrastructural barriers. National vaccination programs, public awareness campaigns, healthcare provider training, and integration with existing health programs are key to improving HPV prevention and control in India.

V. ACKNOWLEDGMENT

.None

REFERENCES

1. Bray F, Ferlay J, Soerjomataram I, et al. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin*. 2018 Nov;68(6):394-424. doi: 10.3322/caac.21492. Epub 2018 Sep 12. Erratum in: *CA Cancer J Clin*. 2020 Jul;70(4):313. doi: 10.3322/caac.21609.
2. Drolet M, Bénard É, Boily MC, et al. Population-level impact and herd effects following human papillomavirus vaccination programmes: a systematic review and meta-analysis. *Lancet Infect Dis*. 2015 May;15(5):565-80. doi: 10.1016/S1473-3099(14)71073-4.
3. Muhamad, N., Buang, S., Jaafar, S, et al. Achieving high uptake of human papillomavirus vaccination in Malaysia through school-based vaccination programme. *BMC Public Health* 18, 1402 (2018). <https://doi.org/10.1186/s12889-018-6316-6>
4. Kessels SJ, Marshall HS, Watson M, et al. Factors associated with HPV vaccine uptake in teenage girls: a systematic review. *Vaccine*. 2012 May 21;30(24):3546-56. doi: 10.1016/j.vaccine.2012.03.063.

5. Khalid K, Lee KY, Mukhtar NF, et al. Recommended Interventions to Improve Human Papillomavirus Vaccination Uptake among Adolescents: A Review of Quality Improvement Methodologies. *Vaccines* (Basel). 2023 Aug 21;11(8):1390. doi: 10.3390/vaccines11081390.
6. Schiffman M, Wentzensen N, Wacholder S, et al. Human papillomavirus testing in the prevention of cervical cancer. *J Natl Cancer Inst*. 2011 Mar 2;103(5):368-83. doi: 10.1093/jnci/djq562.
7. Pretsch PK, Spees LP, Brewer NT, et al (2023). Effect of HPV self-collection kits on cervical cancer screening uptake among under-screened women from low-income US backgrounds (MBMT-3): a phase 3, open-label, randomised controlled trial. *The Lancet Public Health* 8:e411–e421
8. National Vaccine Advisory Committee. Overcoming Barriers to Low HPV Vaccine Uptake in the United States: Recommendations from the National Vaccine Advisory Committee: Approved by the National Vaccine Advisory Committee on June 9, 2015. *Public Health Rep*. 2016 Jan-Feb;131(1):17-25. doi: 10.1177/003335491613100106.
9. Choi J, Tamí-Maury I, Cuccaro P, et al. Digital Health Interventions to Improve Adolescent HPV Vaccination: A Systematic Review. *Vaccines* (Basel). 2023 Jan 22;11(2):249. doi: 10.3390/vaccines11020249.
10. LaGattuta NR, Wilson TC, Failla JA, et al. The Effectiveness of a Mobile Health Clinic Delivering Mandatory and Elective Middle School Immunizations: A Descriptive Analysis. *Cureus*. 2023 Sep 18;15(9):e45452. doi: 10.7759/cureus.45452.
11. Gallagher KE, Howard N, Kabakama S, et al. Lessons learnt from human papillomavirus (HPV) vaccination in 45 low- and middle-income countries. *PLoS One*. 2017 Jun 2;12(6):e0177773. doi: 10.1371/journal.pone.0177773.
12. LaMontagne, D.S., et al. (2011). HPV vaccine delivery strategies that achieved high coverage in low- and middle-income countries. *Bull World Health Organ*. DOI: 10.2471/BLT.11.089862.
13. Osaghae I, Darkoh C, Chido-Amajuoyi OG, et al. Association of provider HPV vaccination training with provider assessment of HPV vaccination status and recommendation of HPV vaccination. *Hum Vaccin Immunother*. 2022 Nov 30;18(6):2132755. doi: 10.1080/21645515.2022.2132755.

