

**Increasing Human Papillomavirus (HPV) Vaccine Coverage by Strengthening Adolescent AFIX  
(Assessment, Feedback, Incentives and Information eXchange) Activities**  
**Nichole McCaffrey, MD**  
**(Sharon M. Unti, MD)**

**Background:** For upwards of over the last decade, a vaccination against certain strains of Human Papillomavirus (HPV) that are known to cause cancer including cervical and oropharyngeal has been available in the United States. Since the introduction of the vaccine, there has been a significant decline in HPV rates, and thus a fall in the overall prevalence of the cancers the vaccine protects against as well. There however continues to be marked hesitancy of families and patients to receive the vaccination.

**Objectives:** To isolate factors that lead to HPV vaccination refusal and to promote physician knowledge and resources for vaccination counseling in order to improve overall HPV vaccination rates in Chicago.

**Design/Method:** A multidisciplinary team consisting of medical professionals with pediatric backgrounds paired with pediatric clinics throughout the Chicagoland area to conduct one-on-one meetings with clinic staff throughout the duration of the study. Meetings provided, but were not limited to, the following: education on HPV vaccination and common reasons for refusal; effective vaccination counseling; and identification of resources available to each individual clinic to improve vaccination rates. Follow-up visits to track the progress of each clinic were conducted over the course of a six-month period.

**Results:** The current subgroup of data available revealed an up-to-date HPV vaccination rate for eligible patients of 59.5% at the initiation of the study. When the 2-month check-in was conducted, pooled data showed an improvement in the same rate to 69%. At the final check-in for these clinics 6 months after the initiation of the study, the same rate had increased to 72%. Many clinics in the study did not know the resources available to them in order to understand their specific vaccination rates, and identifying these resources and implementing specific quality improvement measures were subjectively reported to assist clinics in understanding and promoting vaccination for HPV.

**Conclusions:** The identification and implementation of quality improvement measures including education of physicians and patients leads to an increase in the overall HPV vaccination rate in the city of Chicago. Expanding this study to other communities may lead to improvement in the national HPV vaccination rate, ultimately driving down the prevalence of the associated cancers.