

Table 3.1

Summary of Studies: Modifiable Influences on HPV Vaccine Uptake

Reference	Design/ Methods	Participants	Sample	Main Findings	Limitations
Brewer et al. (2011)	Longitudinal telephone survey	Parents of 10-18 year old daughters	North Carolina (n=650)	Correlated with initiation: not needing more information about the vaccine	Self-reported vaccination status, generalizability to other geographic areas
69 Caskey et al. (2009)	Cross-sectional survey	13-26 year old females	National probability sample (n=1,011)	Associated with initiation: health care visit, discussing vaccine with health care provider, health care providers as source of information about HPV vaccine Associated with non-initiation: cost (older females), low perceived risk (younger females)	Conducted within six months of vaccine approval
Chao et al. (2010)	Cross-sectional analysis of clinic visit data	9-26 year old females	Kaiser Permanente Southern California members (n=285,265)	Correlated with initiation: primary care office visits, having a pediatrician as a primary care provider (PCP), HPV risk factors Correlated with non-initiation: male PCP	Large sample size (increases likelihood of statistical significance), mostly insured sample, only Kaiser Permanente patients

Conroy et al. (2009)	Longitudinal telephone survey	13-26 year old females	Urban hospital-based teen health center (n=189)	Predicted vaccine initiation at six months: insurance coverage of vaccine, belief that health care provider supports vaccine	Participants from previous HPV vaccine study (may have greater interest in vaccination), short term follow up (six months)
Cook et al. (2010)	Cross-sectional analysis of Medicaid administrative data	9-20 year old females	Florida (n=718,660)	Associated with initiation: sexual activity, outpatient visits Not associated with initiation: Medicaid plan type	85% of vaccines given by pediatricians, study funded by Merck
Dempsey et al. (2009)	Cross-sectional structured telephone survey	Mothers of 11-17 year old females seen for preventive medicine visit	University based health system, Michigan (n=52)	Associated with accepting initiation: physician recommendation, high perceived HPV risk Associated with declining initiation: low perceived HPV risk, lack of HPV knowledge, safety concerns	Small sample size, preventive care visits only, participants questioned weeks after decision made
Dempsey et al. (2010)	Cross-sectional clinic visit data review	9-18 year old females	University based health system, Michigan (n=10,082)	Increased odds of initiating: public insurance Decreased odds of initiating: gynecology visit versus pediatric visit	Mostly insured population, unsure if vaccine was recommended at visit
Gerend et al. (2009)	Cross-sectional survey	Parents with a child under age 18	Pediatric clinics southeastern US (n=82)	Correlated with initiation: physician recommendation, HPV vaccine knowledge	Small sample size, no multivariate analysis

Gottlieb et al. (2009)	Cross-sectional telephone survey	Parents of 10-18 year old daughters	North Carolina (n=889)	Associated with initiation: physician recommendation Reasons for not initiating: need more information, had not heard of vaccine, not yet seen a health care provider, daughter not yet sexually active	Conducted shortly after vaccine approval (approximately 1 year), parents participating had higher education/income
Guerry et al. (2011)	Telephone survey	Parents of 11-18 year old females	Los Angeles County (n=509)	Associated with initiation: doctor recommendation Associated with non-initiation: needing more information about vaccine	Limited generalizability, low response rate, data collection within two years of approval
Jain et al. (2009)	Telephone survey	18-26 year old females	National sample (n=168)	Associated with initiation: having health insurance	Conducted within six months of vaccine approval
Licht et al. (2010)	Cross-sectional self-administered survey	18-26 year old females	University females (n=406)	Associated with initiation: HPV knowledge Not associated with initiation: risk perception	Convenience sample, single university
Mathur et al. (2010)	Cross-sectional survey	High school females	California (n=177)	Associated with initiation: information source (doctor or nurse), knowledge Not associated with initiation: number of health care visits	Small sample, non-response bias
Moore	Self-administered	18-24 year old	University	Not associated with series	Convenience sample,

et al. (2010)	questionnaire	female university students	health clinic, Kentucky (n=209)	completion: sexual activity in the past 12 months, history of a Pap smear or abnormal Pap smear, history of a sexually transmitted infection	single university
Reiter et al. (2010)	Cross-sectional telephone survey	Parents of adolescent females	North Carolina (n=617)	Correlated with initiation: preventive visit in past 12 months	Participants with landlines only
Rosenthal et al. (2011)	Cross-sectional mailed survey	9-26 year old insured females	National sample (n=530)	Associated with initiation: physician recommendation	Measured participants recall of recommendation, low response rate, insured sample
Schluterman et al. (2011)	Outpatient gynecological services claims	9-26 year old females	University of Maryland (n=8,069)	Associated with initiation: insurance coverage, public insurance	Large sample size, may increase the likelihood of statistical significance.
Small & Patel (2011)	Pre-post chart review	19-26 year old females	Reproductive health centers Michigan (n=171)	Associated with initiation: clinic availability of the vaccine, provider recommendation	Preventive care visits only, self reported measures
Zimet et al. (2010)	Mailed survey of US managed care plan	19-26 year old females	National sample (n=185)	Reasons for not initiating: monogamous relationship, newness of vaccine, information needed, side effect concerns, unsure of insurance coverage	Insured sample, only unvaccinated participants, study within two years of approval