The New York State Department of Health contracted with SUNY Upstate Medical University to implement an intervention to increase human papillomavirus (HPV) vaccination in pediatric and family medicine practices. The cancer prevention intervention included:

- an academic detailing session on the importance of HPV vaccination to reduce HPV-related cancers and strategies for delivering a strong HPV recommendation;
- education of all office staff to increase practice-wide vaccine confidence;
- distribution of booklets highlighting strategies to reduce lifetime risks of developing cancer, including HPV vaccination.

Potential Reach
31,408 patients aged 11-18

What is the burden of HPV-related cancers in NYS?
HPV causes most cervical cancers and several other cancers such as mouth, tongue, penis, and throat. Over 2,500 New Yorkers are diagnosed with an HPV-related cancer each year.1 Although the HPV vaccine can prevent HPV and HPV-related cancers, only 57.0% of NYS adolescents aged 13 to 17 years have completed HPV vaccination according to guidelines.2

What is academic detailing?
Academic detailing is evidence-based, peer-to-peer educational outreach conducted at healthcare settings to improve clinical practice and physician adherence to best practice guidelines.3

How was the intervention delivered?
A trained clinician enrolled eight pediatric practices and three family medicine practices across eight counties in upstate and western New York, serving 31,408 adolescent patients aged 11-18 years. The trained clinician delivered academic detailing to staff in each practice. Practices received a supply of an educational brochure on cancer prevention and HPV vaccination rates were monitored.
Did HPV vaccine initiation and completion rates improve?

To assess the impact of the intervention, practice-specific HPV vaccination rates were determined immediately before the practice-wide education session and again 12 months later using NYS’ Immunization Information System. Aggregate data showed statistically higher HPV vaccine series initiation rates among 11-12 and 13-18 year-old adolescents, and higher HPV vaccine completion rates among 13-18 year-old adolescents when compared to baseline. Aggregate data presented by gender showed HPV vaccine initiation and completion rates were consistently higher among females in both age cohorts.

---

**What was learned?**

- Multicomponent interventions that engage providers, patients, and families, including in-office patient education and the use of information sheets, have been found to be **effective strategies to improve HPV vaccine acceptance.**
- Gender disparities in HPV vaccine coverage highlight the **need for cancer prevention awareness programs** to be directed toward both males and females.
- Focus future interventions to increase adolescent HPV vaccine uptake on **improving provider vaccine confidence** to encourage more routine delivery of strong provider vaccine recommendations.

---