

Weaving the HPV Vaccines in Common Practice

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Dr. Lewis First, MD,MA, Editor-in-Chief, Pediatrics

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HPV has been the victim of poor public relations, despite the fact that it has been available for 10 years, and is an extremely safe and effective vaccine. So what to do? This month, Emily Walling and colleagues from Washington University present a systematic review of interventions to improve HPV vaccination rates. ([10.1542/peds.2015-3863](#)) One of their findings is that the provider herself or himself can be an important barrier to initiation of the HPV series.

We are all busy or may forget about recommending the vaccine, or it's not in our regular workflow yet it takes approximately 17 years for any medical practice to become "common practice"¹ – but, for whatever reason, WE can be a barrier. I would encourage all of you to take on HPV vaccination rates as one of your QI projects this year (MOC, anyone?). Walling's paper will give you some ideas on evidence-based strategies to improve your vaccination rates.

1.Green L, Ottoson J, García C, Hiatt R. Diffusion theory and knowledge dissemination, utilization, and integration in public health. *Annu Rev Public Health*2009;30:151-74?

Further Reading

- [Closing the Global Immunization Gap: Delivery of Lifesaving Vaccines Through Innovation and Technology](#)
- [Febrile Seizure Risk After Vaccination in Children 6 to 23 Months](#)
- [Strategies for Improving Vaccine Delivery: A Cluster-Randomized Trial](#)
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