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A Survey Study of Human Papillomavirus Vaccination Practices by Dermatologists

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The creation of the Human papillomavirus (HPV) vaccination and introduction into the scheduled vaccine series recommended by the Centers for Disease Control and Prevention represented a major public health milestone. Yet, there is limited data on the extent to which dermatologists administer the HPV vaccine despite relevance to practice.

We developed an anonymous, online survey to determine the frequency of HPV vaccination by dermatologists and characterize vaccinated patient populations. The survey was structured using the guidelines published by the Advisory Committee on Immunization Practices[1] and face validity was determined by an expert panel of three dermatologists. IRB approval was obtained prior to distributing the survey via a listserv of board-certified dermatologists. Multivariable logistic regression was performed to evaluate the association between demographic variables and likelihood of HPV vaccination.

911 board-certified dermatologists received the survey link. 127 dermatologists completed the survey (Table 1). 14/127 (11%) dermatologists reported administering the HPV vaccine in their clinic. 12/14 (86%) dermatologists administering the HPV vaccine included special populations such as men who have sex with men, women who have sex with women, and transgender patients. 7/12 (58%) of these dermatologists also reported administering the vaccine to patients living with human immunodeficiency virus. Multiple logistic regression demonstrated lesbian or gay dermatologists had 11.83 times higher odds of administering the HPV vaccine than straight dermatologists (P=0.003) and academic dermatologists had 5.7 times higher odds of administering the HPV vaccine than private practice dermatologists (P=0.013). Of 113 dermatologists who reported not administering the HPV vaccine, 58/113 (51%) reported vaccination was not in the scope of their practice, 40/113 (35%) cited administrative burden, 19/113 (17%) cited cost, and 5/113 (4%) cited a lack of data as reasons against vaccine administration (Figure 1).

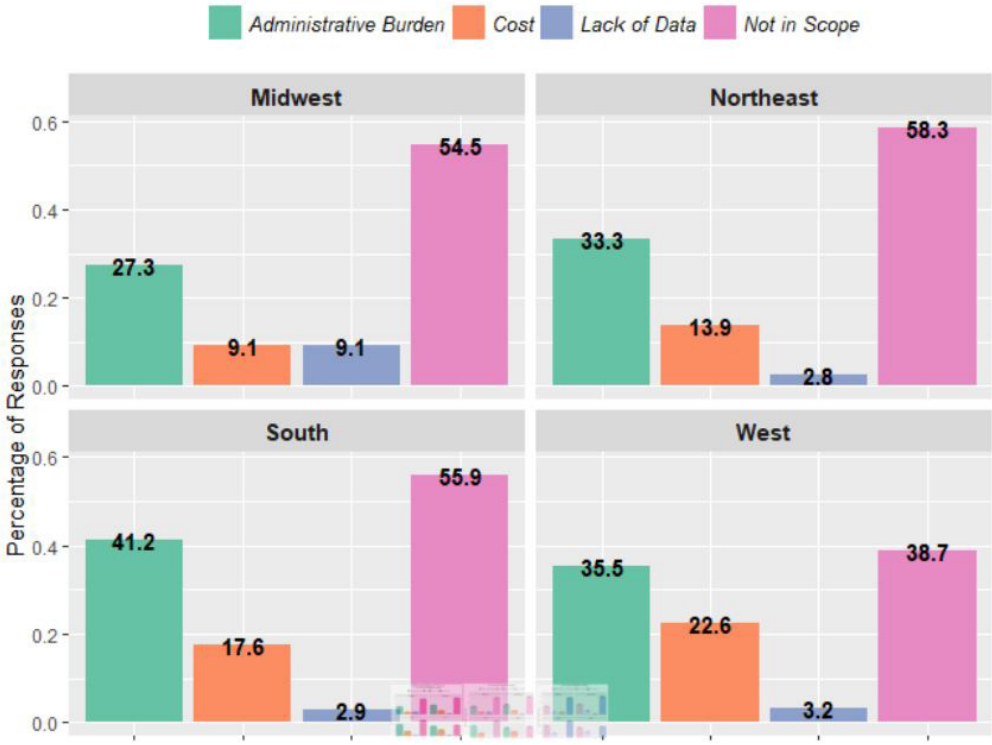
Based on our survey results we hypothesize that, in general, dermatologists administer the HPV vaccine significantly less

TABLE 1.

Survey Respondent Demographics

Demographic Variable		Count	Percentage
Gender	Male	51	40.16%
	Female	76	59.84%
Age	Mean ± SD (years)	47 ± 12.9	--
Sexual Orientationl	Decline to answer	7	5.51%
	Lesbian or gay	9	7.09%
	Straight or heterosexual	111	87.40%
Geographic Region	Midwestern	14	11.02%
	Northeast	43	33.86%
	Southern	36	28.35%
	Western	34	26.77%
Practice Setting	Academic	26	20.47%
	Both	8	6.30%
	Private	93	73.23%
Years in practice	Mean ± SD (years)	14.1 ± 11.5	--
Administer HPV vaccine?	Yes	14	11.02%
	No	113	88.98%

FIGURE 1. Barriers to administration of HPV vaccination by provider geographic region.



frequently than other providers including pediatricians.[2] However, our results suggest that dermatologists identifying in the lesbian, gay, bisexual, and transgender (LGBT) community are significantly more likely to administer the vaccine and to include special patient populations than straight providers. LGBT dermatologists may have greater awareness of HPV-related LGBT health disparities[3] given their personal connection to the community. Interestingly, the most common cited reason against HPV vaccination was "not in the scope of my practice," though it is unclear whether a large percentage of subspecialists such as Mohs surgeons or dermatopathologists were sampled. The association between provider demographic variables and likelihood of vaccination warrants further study given the importance of HPV vaccination for prevention of genital warts and cervical, anal, penile, and vaginal cancers.[4]

Limitations of our study include the small sample size and risk of response bias. Private practice dermatologists were also overrepresented in our sample. Nonetheless, we believe our data suggest the need for greater investigation of this issue and validation of our results with larger, more highly controlled studies.

DISCLOSURES

The authors have no conflicts of interest to declare

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