

What UK healthcare practitioners know about HPV and implications for training

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1. BACKGROUND

Human papillomavirus (HPV)

- Common, sexually transmitted infection
- High-risk HPV implicated in 5% of cancers & >95% cervical cancer
- In UK in 2012, 2659 new cases of cervical cancer, 2200 new cases of pharyngeal cancer (75% in males) attributable to HPV

HPV Vaccination in UK

- Introduced for girls in 2008: offered to 11-13 year olds with catch up programme if born on or after 1st Sept 1990
 - Good coverage (>80%, although some demographic variations)
- July 2018: JCVI recommended the programme be extended to boys, Govt approved, roll out from 2019

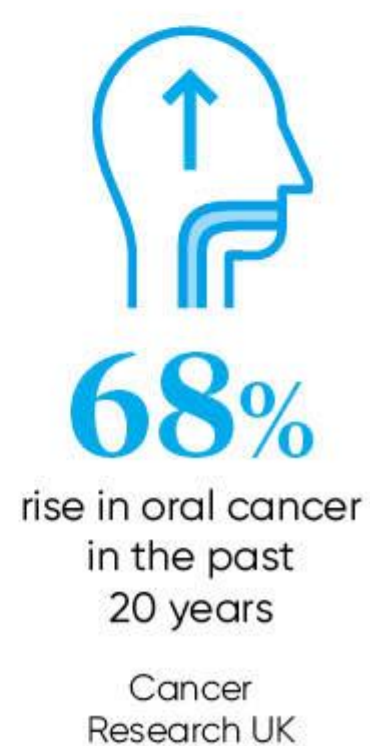
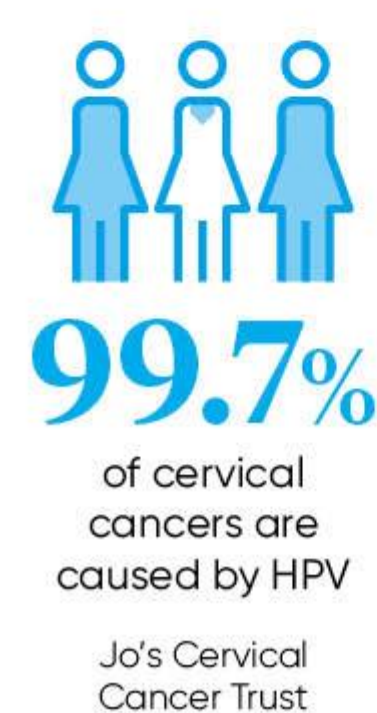
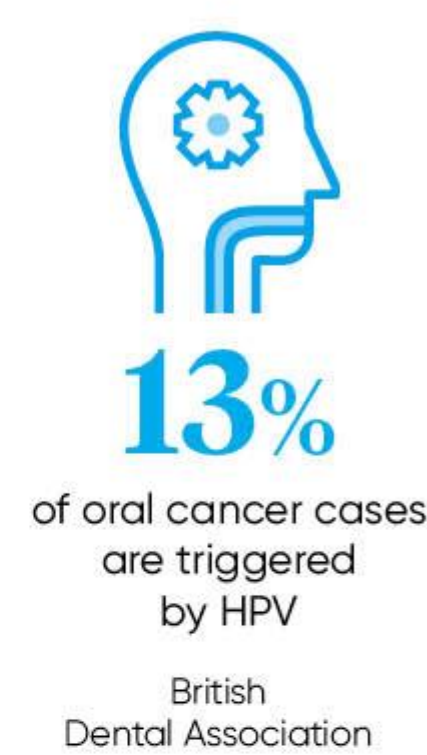
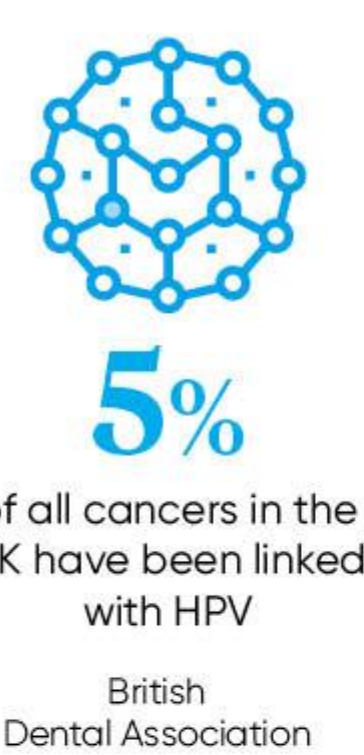
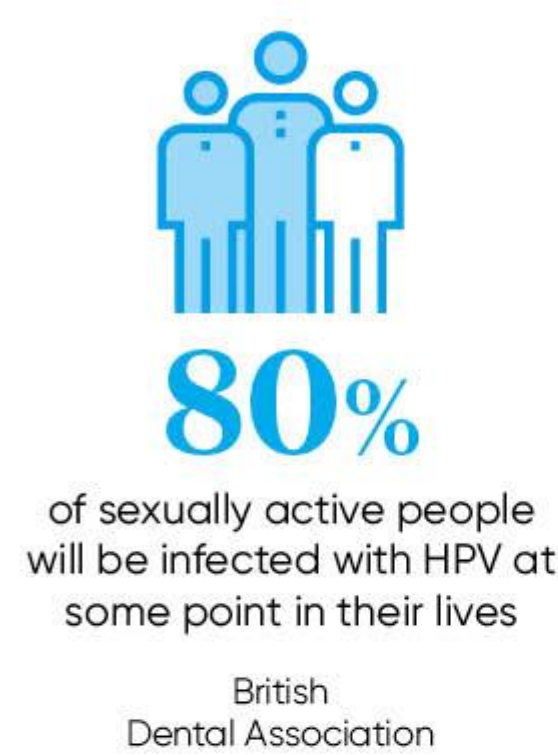
Cervical Screening in UK

- Since 1988, national screening programme: every 3 years (25-49yrs), every 5 years (50-64yrs)
- HPV testing currently used to triage borderline changes in cytology (except Scotland), also as Test of Cure (TOC) for women who have received treatment
- HPV testing to replace cytology as primary screening
- Screening uptake decreasing: March 2017, 72% of eligible women in England were adequately screened, down from 75.4% in March 2012

1.1 AIM OF CURRENT STUDY

- **To explore knowledge in healthcare practitioners (HCPs) about HPV, screening, vaccination, triage and test of cure**

PREVALENCE OF HPV



<https://www.raconteur.net/healthcare/why-hpv-vaccinations-should-be-extended-to-school-age-boys>

Participant characteristics

- N=643 (638 F, 4 M, 1 not identified)
- 80% = Nurse in GP practice
- England = 70.9%, Scotland = 21.5%
- Smear taking = 1 month – 40 yrs

General HPV Knowledge: Median: 14 out of 15 (range 5-15, 32.5% got 100%)

HPV Triage and TOC Knowledge: Median: 12 out of 14 (range 4-14, 12.8% got 100%)

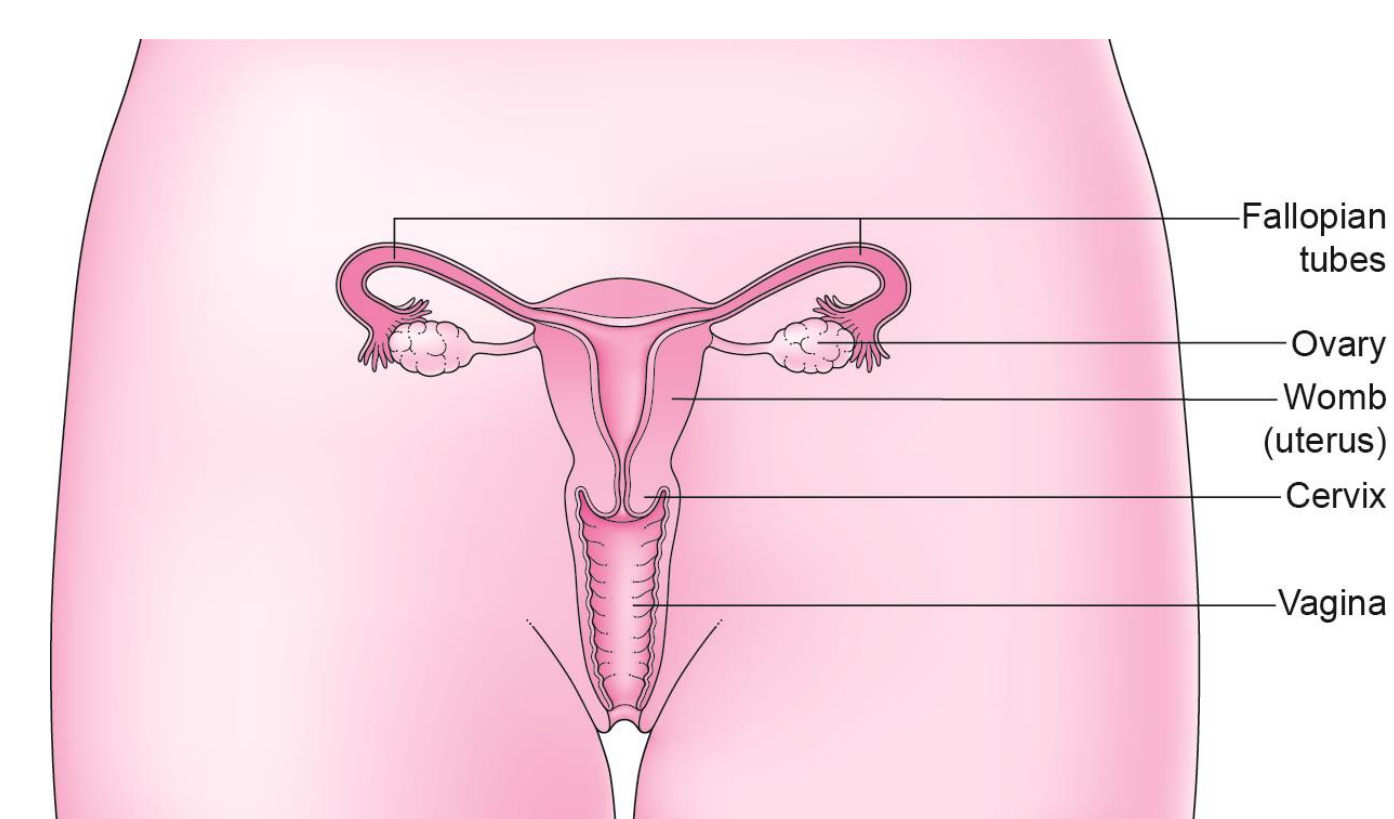
HPV Vaccine Knowledge: Median: 6 out of 7 (32.2% got 100%)

Factors influencing knowledge

- Years since training associated with Triage and TOC knowledge and Vaccine knowledge (all ps <.05)
- HCPs in colposcopy clinics greater odds of higher knowledge than nurses from GP practices across all knowledge domains (all ps <.01)
- Drs in GP and in Family Planning/GUM had higher HPV knowledge than nurses in GP (all ps <.05)

4. KNOWLEDGE GAPS

- Most sexually active people will get HPV at some point in their lives (77.1% correct)
 - HPV usually doesn't need any treatment (72.8% correct)
 - HPV can cause anal cancer (65.5% correct)
 - HPV can cause cancer of the penis (56.5% correct)
 - HPV can cause oral cancer (64.7% correct)
- When you have an HPV test, you get the results the same day (76% correct)
- Primary HPV testing is more effective than cytology first (51.9% correct)
- The HPV vaccine offers protection against genital warts (52.7% correct)



2. METHODS

- Anonymous cross-sectional survey (March - April 2018)
- Cervical screening sample takers contacted by Jo's Cervical Cancer Trust
- Survey based on Patel et al and Waller et al
 1. Demographics and level of experience
 2. HPV knowledge (general HPV knowledge, HPV triage and TOC knowledge and HPV vaccine knowledge), true/false/don't know
 3. Attitudes towards the HPV vaccine and self-perceived adequacy of HPV knowledge, 5-point Likert scales

3. RESULTS

Attitudes towards HPV vaccine

- 98.3% (N=632) strongly/agreed would recommend the HPV vaccine (1.7% undecided)
- 88.2% (N=567) strongly/agreed men/boys should be offered the vaccine (10.9% undecided, 0.7% strongly/disagreed)

Reasons for disagreeing/being unsure re male vaccine

- Lacking knowledge
- Cost effectiveness
- Herd immunity/MSM only beneficiaries
- Available through GUM

Self-perceived adequacy of HPV knowledge

- 76.2% (N=490) strongly/agreed they were adequately informed about HPV (16.2% undecided, 7.7% strongly/disagreed)
- 80.1% (N=515) strongly/agreed they could confidently answer HPV related questions asked by patients (14.2% undecided, 5.7% strongly/disagreed)
- All knowledge scores higher for those who strongly/agreed (ps <.001)

5. CONCLUSIONS

General knowledge good

Some knowledge gaps

HCPs from colposcopy scored higher than GP nurses

Only 75% felt adequately informed

A third recommended additional training (usually online)