WHAT UK HEALTHCARE PRACTITIONERS KNOW ABOUT HPV AND IMPLICATIONS FOR TRAINING

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Background – UK context

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 (in 2019 in England, 2019-20 in Scotland)

Screening uptake decreasing: March 2018, 71.4% of eligible women in England were adequately screened, down from 75.4% in March 2012

Need for well-informed HCPs

Many women get information about cervical smears, colposcopy and HPV from health care providers (Pitts & Clarke, 2002).

HPV primary screening:

- Testing positive for HPV associated with negative social and psychological consequences (McCaffery et al 2006)
- No need to attend screening when HPV primary test as not relevant (Patel et al 2018)
- Long term engagement may be compromised (once test –ve in long term reln, no need to test again, Patel et al 2018)

Current training:

- Smear takers refresher training every 3 years
- New online training since 2017 (compulsory in England)
- Refresher training face to face in Scotland
- Overview of the programme, causes of cervical cancer and the role of HPV, and best practice around taking a sample, duty of care and safeguarding.

Method

HCPs contacted via Jo's Cervical Cancer Trust

- N=726 started the survey, N=649 completed it (completion rate 89.4%)
- Data for N=643 analysed

Anonymous cross-sectional survey (March 2018 - April 2018)

- Demographics & level of experience
- HPV knowledge (general HPV knowledge, HPV triage and TOC knowledge and HPV vaccine knowledge), true/false/don't know
- Attitudes towards the HPV vaccine and self-perceived adequacy of HPV knowledge, 5-point Likert scales

Adapted from previous surveys (Patel et al, 2016, Waller et al 2013) with additional questions: primary screening and triage processes, implications of HPV for men

Participants

99.2% were female

80.7% were nurses in GP practices

70.9% were from England, 21.5% from Scotland

Only N=5 had never taken a smear

Years experience of smear taking: 1 month-40 years (mean 12.24 years)

92.4% had received cervical sample taker update training

- Of the English respondents, 38.8% had completed the new NHSCSP eLearning module

Results - overview

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%)

<u>Factors influencing knowledge (univariate and multivariate regression)</u>

- Years since training associated with Triage and TOC knowledge and Vaccine knowledge (all ps <.05) (more recent training – higher knowledge)
- 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)

HPV vaccine and self-perceived adequacy

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)

Knowledge gaps

General

- 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)

Male/gender neutral sequelae

- 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)
- The HPV vaccine offers protection against genital warts (52.7% correct)

Process

- 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)

Conclusions

- General knowledge good
- Some knowledge gaps
- A third recommended additional training (usually online)

- **Additional training is needed to ensure HCPs are equipped to deal with the changing landscape of HPV screening and vaccination in the UK.**

Thanks for listening!