LETTER TO THE EDITOR

LETTER TO THE EDITOR: HUMAN PAPILLOMAVIRUS VACCINE UPTAKE AMONG ASIAN AMERICAN WOMEN AGED 18 TO 26 YEARS: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) STUDY, 2008–2010

Kyoko Nomura, MD, MPH, DMSc; Mahbubur Rahman, MD, PhD, MPH

Key Words: Human Papillomavirus (HPV), HPV Vaccine, Vaccine Uptake, Vaccine Initiation, Vaccine Completion, Asian American Women

Dear Editor:

Vaccines against human papillomavirus (HPV) types 6, 11, 16, and 18, approved by the US Food and Drug Administration (USDA), have demonstrated high efficacy (90%–100%) in preventing infections and precancerous lesions caused by vaccine type-HPV among sexually active adolescents and young women.1 The Advisory Committee on Immunization Practices (ACIP) now recommends routine vaccination for all US girls aged 11 to 12 years and “catch-up” vaccination for girls aged 13 to 26 years who were not previously vaccinated.2 In spite of high efficacy, HPV vaccination rates have been very low among women aged 18 to 26 years in the United States (initiation: 23% completion: 13%) and even lower among minority women.3 However, very little is known about the uptake among Asian American women. Several studies, based on single year’s observation, reported lower HPV uptake among young adult Asian American women than similarly aged White women.3,4 However, some of the estimates were combined with other smaller race/ethnicities or with women of multi-racial origin.5 Also, estimates based on multi-year data have not been reported yet. Thus, we aimed to examine the HPV vaccine uptake, using the Behavioral Risk Factor Surveillance System (BRFSS) data collected during 2008–2010 on 18- to 26-year-old Asian American women.

The BRFSS is the world’s largest (>400,000 interviews/year) cross-sectional monthly telephone health survey among US adults aged ≥18 years; it has been conducted by the Centers for Disease Control (CDC) and Prevention since 1984.5 This study was limited to 2008–2010 BRFSS data among women aged 18–26 years as the adult HPV module was introduced in 2008. We used Pearson chi square test to compare the uptake rates by race/ethnicity after incorporating probability sampling weights generated by BRFSS survey design using STATA svy commands (STATA Corporation, College Station, TX).

A total of 2619 women (from among 2700) had both race/ethnicity and HPV vaccine uptake information during 2008–2010. Overall, 28.0% and 17.0% of women (weighted values) reported initiating (≥1 dose) the HPV vaccine and completing the series (3 doses), respectively. By race/ethnicity, weighted HPV vaccine initiation and completion rates were: Whites (n=1711) 30.4% and 20.9%, African Americans (n=256) 27.6% and 10.8%, Hispanics (n=464) 22.4% and 10.7%, Non-Hispanic Asian Americans (n=56) 20.2% and 9.6%, and others (n=132) 23.4% and 13.0%, respectively. Both initiation and completion rates significantly differed by race/ethnicity (P=.022 and <.001, respectively) with the highest and lowest rates observed among White women and Asian American women, respectively. As the incidence of cervical cancer among Asian American women is similar to White women,6 young adult Asian American women should also be considered as a target group to improve the HPV vaccine uptake. Despite the small sample size of Asian Americans, our study demonstrates the critical need to develop and implement interventions to improve HPV vaccine uptake targeting women of all race/ethnicities.

REFERENCES


LETTER TO THE EDITOR - Nomura and Rahman

