**Universal HPV Podcast Script (HQ-GSL-00461)**

**From Adolescents to Adults: Conversation with the Experts on HPV Vaccination**

**Podcast Script**

KA: Hello, and welcome to the podcast “*From Adolescents to Adults: Conversation with the Experts on HPV Vaccination.*” I’m Dr. Kenneth Alexander, a pediatrician and chief of the Division of Infectious Diseases of Nemours Children’s Hospital in Florida. I am joined by Dr. Jorg Schelling, a professor of general practice and family medicine at Ludwig-Maximilians-University in Munich, Germany. Today, we’re having a conversation on how human papillomavirus, or HPV, vaccine should be considered an age and gender-agnostic vaccine for both adolescents and adults and share our experiences in recommending HPV vaccination to parents of adolescents and adult patients to help protect them against HPV-related cancers and diseases.1,2

KA: I’m glad we’ve got some time to talk today. I’ve been thinking a lot about the messaging around HPV vaccination. My colleagues and I are doing a lot of work in our pediatric practices and are looking hard at how we message around vaccination, especially HPV vaccination. We face considerable challenges related to vaccine hesitancy. There may be different reasons for it, but ultimately, our shared concern is that too many people, especially the unvaccinated, are not receiving the protection that HPV vaccine may offer.3,4

JS: I agree. I think we are definitely observing this trend here in Europe. In many successful national programs, we still see gaps in vaccination coverage where some people are still not getting vaccinated.5,6 In addition, many people may have missed out on vaccination through their respective National Immunization Programs because, at the time, their age group or gender was not included in the recommendations.7,8 You mentioned HPV. This is a particular concern for us in family practice. Because we care for people across the lifespan, I think family physicians are keenly aware that the missed opportunities for vaccination when people are young are linked to increased risks of disease when they are older.1,9

KA: So, if I hear you correctly, you have a very real concern that where we aren't successful vaccinating a child, you are left with concerns for them as an adult.

JS: Precisely! Both women and men remain at risk of new HPV acquisition throughout their lifetime.10,11 In fact, modeling predicts that causal HPV can be acquired in adulthood. Fifty percent of the women diagnosed with cervical cancer were predicted to have acquired causal high-risk HPV after 23 years of age.12 Additionally, millions of cases of genital warts are diagnosed each year in both females and males, with a high rate of reoccurrence.13,14

KA: I do have some good news. Social scientists are playing a bigger role in public health, especially in vaccine communication. With their insights, they are helping translate evidence into messaging that resonates with families and promotes vaccination.

JS: I’ve heard you talk about this before. Are you referring to presumptive announcements?

KA: Yes, indeed! Presumptive announcements work with the assumption that parents want to protect their children. Our role is to clearly articulate that HPV vaccination at a young age is one of the best ways to help provide protection against HPV-related cancers and diseases.15–18

KA: We know HPV vaccination works, but how we communicate is crucial. We often say too much about HPV, which overwhelms parents.18,19

Let’s suppose we have a parent in the clinic with a son or daughter aged 11 years for their routine annual examination. We begin by saying to the parent,
“Tommy is 11 years old now. At this age we give boys and girls a vaccine to help prevent certain HPV-related diseases and cancers. Let’s do it today.”20

JS: Sounds really simple. Why does it work?

KA: It works because we normalize the conversation, keeping it simple. We emphasize cancer prevention over the vaccine and drive action reinforcing the urgency, because a delayed vaccine often means a missed one.21,22 Approximately, three-fourths of parents, when presented with HPV vaccination in a strong, simple, and concise way, will say yes.16 How do we apply that success in adults?

JS: Great question, but before we get into recommendations, I think it’s essential to summarize why HPV vaccination might be important in adults.

There are several reasons why family physicians should have vaccination conversations with adults. Unvaccinated adults can still get the infection that can lead to certain HPV-related cancers and diseases during adulthood.23–25 In fact, more than half of people do.25,26 Individual risk is difficult to ascertain due to behavioral and individual susceptibility factors, including past and future sexual activity. Instead of predicting individual risk and targeting “high-risk” individuals, offering vaccination universally facilitates communication without judgment and stigmatization and respects peoples’ rights for informed decision-making.8,27–30

KA: I think you’re highlighting key issues, help with protection in adulthood, and true health equity. Everyone who wants a vaccine deserves one.

JS: I agree! We need to look at certain HPV-related cancer and disease prevention for adults as well, not just something we do for young people when we can pat them on the head and wish them the best.1,2

For example, I tell the patients, “HPV is more common than you think. Eight out of ten people who are sexually active will be infected with HPV in their lifetime.1,31,32 Although most people clear the virus, persistent HPV infection leads to a substantial disease burden in men and women, including cervical, vulvar, vaginal, and anal cancer, as well as cervical dysplasia and genital warts.26,33,34 Unfortunately, you did not receive an HPV vaccination as an adolescent, but it's not too late to receive one as an adult. Do we want to tackle this today?”

Always get personal, always remain empathetic, and give the patients the feeling that you are doing the same for yourself.

KA: How do you handle it if a patient has reservations or a question?

JS: As you know, nothing is more frustrating in life than feeling you’re not being heard. Therefore, the first thing to do is let people know that you understand their questions or concerns. Repeat it back to them.

When you do things like that, people gain confidence in you because they see that you are listening. Then, once you’ve shown your listening, you can go ahead and answer the question. Once you’ve answered the question, steer the conversation back to vaccinating today.

KA: I think most physicians, when they learn that HPV vaccination may help protect their adult patients, are eager to do so.31 What do you think holds some of them back?

JS: I think there are a lot of things that may hold physicians back. One of them may well be their reluctance to bring up the topic because they feel they have to be an expert on HPV and HPV vaccines. They’re afraid they’re going to get a question from their patient that they can’t answer. As physicians, we don’t always have every answer, but we can give our best recommendations based on evidence. Many doctors are, I think, afraid to bring up HPV because it’s an uncomfortable topic for people. The conversation should be shifted away from sexual activity to disease and cancer prevention.

KA: So where do you send physicians for information so they can learn and be confident in their answers?

JS: There are lots of ways. Talk to your colleagues that do this successfully. There are also online resources. One of them you may know is HPVIQ.org, which is a publicly available validated toolset35 that helps immunizers talk effectively about HPV vaccination.

Also, I think parental conversation can be easily translated to adults. For adults who have missed the opportunity to get vaccinated we as physicians can remind them that they can be vaccinated now.

KA: The situation is similar in the pediatric office. Parents don’t need a long explanation to trust vaccines, they need confidence. I think when parents are making vaccination decisions, they only want to know 3 things: Does it work? Is it safe? And what do you recommend for my child?36–40

JS: This approach applies to adults as well. And what’s our recommendation? We encourage family physicians to encourage and remind adults, especially those who have missed getting the HPV vaccine in their youth, to get vaccinated.

**References**

1. Cervical cancer. World Health Organization Web site. Accessed May 8, 2025. www.who.int/news-room/fact-sheets/detail/cervical-cancer
2. Human Papillomavirus (HPV) Vaccines. National Institute of Health Web Site. Accessed May 7, 2025. www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-vaccine-fact-sheet
3. Szilagyi PG et al. *Vaccine*. 2020;38:6027–6037.
4. Galagali PM et al. *Curr Pediatr Rep*. 2022;10:241–248.
5. Immunization coverage. World Health Organization Web site. Accessed May 7, 2025. www.who.int/news-room/fact-sheets/detail/immunization-coverage
6. Bruni L et al. *Prev Med*. 2021;144:106399.
7. Borras-Bermejo B et al. *BMJ Open*. 2022;12:e059900.
8. Schiller JT et al. Human papillomavirus vaccines. In: Plotkin’s Vaccines. 8th ed. Elsevier; 2024:484–513.
9. Oliveira CR et al. *Am J Obstet Gynecol*. 2018;218:326.e1–326.e7.
10. Muñoz N et al. *J Infect Dis*. 2004;190:2077–2087.
11. Ingles DJ et al. *Papillomavirus Res*. 2015;1:126–135.
12. Burger EA et al. *J Natl Cancer Inst*. 2020;112:955–963.
13. Patel H et al. *BMC Infect Dis*. 2013;13:39.
14. United Nations Department of Economic and Social Affairs. World population prospects 2019: highlights. Accessed December 9, 2024. https://www.un.org/en/desa/world-population-prospects-2019-highlights
15. Brewer NT et al. *Pediatrics*. 2017;139:e20161764.
16. Jacobson RM et al. *Hum Vaccin Immunother*. 2020;16:2131–2135.
17. Dempsey AF et al. *Vaccine*. 2019;37:1307–1312.
18. How Pediatricians Can Recommend HPV Vaccination to Parents and Caregivers. American Academy of Pediatrics Web Site. Accessed May 7, 2025. www.aap.org/en/patient-care/immunizations/human-papillomavirus-vaccines/how-to-recommend-hpv-vaccination/
19. Dempsey AF et al. *Acad Pediatr*. 2018;18:S23–S27.
20. Talking with Parents about HPV Vaccination. Centers for Disease Control and Prevention Web site. Accessed May 7, 2025. www.cdc.gov/hpv/hcp/vaccination-considerations/talking-with-parents.html
21. Gilkey MB et al. *Cancer Epidemiol Biomarkers Prev*. 2015;24:1673–1679.
22. Cartmell KB et al. *J Cancer Educ*. 2019;34:1014–1023.
23. Beachler DC et al. *J Infect Dis*. 2016;213:1444–1454.
24. Beachler DC et al. *Cancer Epidemiol Biomarkers Prev*. 2018;27:496–502.
25. Reasons to get vaccinated. Centers for Disease Control and Prevention Web site. Accessed May 7, 2025. www.cdc.gov/hpv/vaccines/reasons-to-get.html
26. Pink book chapter 11 Meites E et al. Human papillomavirus. In: Epidemiology and Prevention of Vaccine- Preventable Diseases (Pink Book). 14th ed. Centers for Disease Control and Prevention; 2013:165–1788. Accessed May 7, 2025. www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-11-human-papillomavirus.html
27. Bowden SJ et al. *BMC Med*. 2023;21:274.
28. McKenzie AH et al. *Hum Vaccin Immunother*. 2023;19:2214054.
29. Polonijo AN et al. *Womens Health Issues*. 2022;32:301–308.
30. Meites E et al. *MMWR Morb Mortal Wkly Rep*. 2019;68:698–702.
31. Questions and answers about human papillomavirus (HPV). Accessed June 10, 2025. World Health Organization Web site. iris.who.int/bitstream/handle/10665/
376263/WHO-EURO-2024-5631-49185-73415-eng.pdf?sequence=1
32. Clinical overview of HPV. Centers for Disease Control and Prevention Web site. Accessed May 7, 2025. www.cdc.gov/hpv/hcp/clinical-overview/index.html
33. Human papillomavirus (HPV) infection. Accessed May 7, 2025. Centers for Disease Control and Prevention Web site. www.cdc.gov/std/treatment-guidelines/hpv.htm
34. Cancers caused by HPV. Accessed May 9, 2025. Centers for Disease Control and Prevention Web site. www.cdc.gov/hpv/about/cancers-caused-by-hpv.html
35. Tools to improve HPV vaccination in primary care. HPVIQ Web site. Accessed April 18, 2025. www.hpviq.org/
36. Shah PD et al. *Am J Prev Med*. 2021;61:88–95.
37. Calo WA et al. *Vaccine*. 2018;36:7525–7529.
38. Gilkey MB. et al. *Vaccine*. 2016;34:1187–1192.
39. Gilkey MB et al. *Soc Sci Med*. 2020;266:113441.
40. HPV vaccine communication: special considerations for a unique vaccine. 2016 update. World Health Organization Web site. Accessed June 10, 2025. https://iris.who.int/bitstream/handle/10665/250279/WHO-IVB-16.02-eng.pdf?sequence=1

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