

# Interventions to Screen for STDs Can Also Be Used to Screen for HPV Vaccination

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# To the Editor:

The article "Utilizing a Community Dance to Hold STD Testing for Chlamydia and Gonorrhea in High-Risk Adolescents" by Jones et al highlights the United States Preventative Services Task Force (USPSTF) recommendation to screen for sexually transmitted infections by utilizing community resources geared toward adolescents.<sup>1</sup> The article specifically mentioned screening for sexually transmitted infections such as gonorrhea and chlamydia. While these are important, an opportunity exists to expand these types of interventions to human papilloma virus (HPV) vaccination screening. The United States Food and Drug Administration (FDA) approved adding the prevention of head and neck cancers caused by the HPV as an indication for administering the nonavalent HPV vaccine.<sup>3</sup> This information is vital as it stresses the importance of vaccination against HPV in the care of the adolescent patient. In addition, it is crucial to highlight the growing concern of HPV-related head and neck cancers as the incidence is increasing, particularly among males.<sup>2</sup> This article has identified another place where we can possibly administer an HPV vaccine in a social, nonthreatening way. It can also increase awareness of HPV infection and its sequela.

Currently, evidence suggests that by 2030 HPV-associated oropharyngeal squamous cell cancers (OPSCC) will be the prevalent form of head and neck cancer.<sup>2</sup> This is concerning as it is a vaccine-preventable disease. While the USPSTF has concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for oral cancer in asymptomatic adults,<sup>4</sup> family physicians can and should screen for HPV vaccination. HPV vaccination coverage as of 2020 is only 68%, and completion rates for eligible people is only 51% in the United States.<sup>5</sup> As primary care clinicians, we still need to reach one half of the population to prevent OPSCC, and we have an effective tool to do it.

Dentists and dental hygienists are trained to perform oral exams and screen for OPSCC. Primary care clinicians and dental professionals can and should work together to ensure that HPV vaccination is offered at dental care sites, providing an additional venue to expand the acceptance of HPV vaccination. While many patients may know that HPV causes genital warts and penile and cervical cancers, cancers of the mouth associated with HPV infection are not always connected in the patient's mind to HPV.

Family physicians should consider utilizing community resources and events meant for adolescents to screen for STIs and screen for HPV vaccination as a form of prevention. This screening for vaccination as well as collaboration with dental professionals can help prevent OPSCC.

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