Children's Hospital of Philadelphia PolicyLab

Gender of the Clinician, Child, and Guardian and the Association With Receipt of Routine Adolescent Vaccines

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PURPOSE: To analyze the relationship of the gender of the clinician, child, and guardian to the child's receipt of human papilloma virus (HPV) vaccine, which prevents a sexually transmitted infection, compared to tetanus, diphtheria, acellular pertussis (Tdap) and meningococcal dose 1 (MCV4) vaccines, which do not.

METHODS: We extracted electronic health record data from visits by adolescents 11–18 years of age to 27 primary care practices from 2009 to 2014. Visits with pediatricians, physician assistants, and nurse practitioners were included if they were the first at which HPV vaccine was due (n = 102,736). After stratifying by visit type (preventive/acute), generalized estimating equations with robust variance estimators accounted for clustering of visits within practices. Adjusting for all covariates, these models were used to estimate standardized proportions of “captured opportunities” (vaccine due and given) for HPV dose 1 (HPV), Tdap, and MCV4.

RESULTS: Fewer opportunities were captured at acute versus preventive visits. Although rates were low, female clinicians delivered all three vaccines at higher rates than male clinicians at acute (HPV: 2.7% vs. 1.2%, $p < .001$; Tdap: 6.4% vs. 4.1%, $p = .013$; MCV4: 6.0% vs. 3.7%, $p = .013$) but not preventive visits. Girls received HPV vaccine at higher rates than boys early in the study period, but the gap closed over time ($p < .001$). Guardian gender was not associated with vaccination.

CONCLUSIONS: Clinician gender was associated with vaccination at acute, but not preventive, visits. In the context of efforts to increase acute visit vaccination, differences between female and male clinicians' rates might reflect alternate practice styles by gender that deserve future study.

Journal:

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