providers to take advantage of any opportunities to vaccinate, both acute and preventive care visits, to ensure adolescents receive the vaccines they need and reduce these MOs going forward.

Sources of Support: Cooperative Agreement 3 U48 DP005021-01S4 from the Centers for Disease Control and Prevention and the National Cancer Institute.

RESEARCH POSTER PRESENTATION II: HEALTH EQUITY/PRIMARY CARE

152.

FACTORS IMPACTING HPV VACCINATION RATES AMONG MINORITY ADOLESCENTS AND YOUNG ADULTS (AYA)

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Purpose: In 2018, there were 43 million Human papillomavirus (HPV) infections, majority were among adolescent and young adults (AYA). To decrease risk of HPV, individuals aged 9-26 years old should get vaccinated. However, vaccination rates have remained stagnant in the last several years. There are racial/ethnic and gender disparities in knowledge, awareness, and overall vaccine uptake. Cost of the vaccine is a barrier to vaccine uptake among uninsured AYA. The purpose of this is to examine factors impacting HPV vaccination uptake and completion rates among AYA utilizing a clinic-system located in Southeast Texas.

Methods: The setting was a nine-clinic system that, through state funds, provides free preventive primary and reproductive health services to >10,000 Medicaid, low-income, and uninsured AYA ages 13 – 24 years old annually. Services include free immunizations including the HPV vaccine. Majority (97.9%) of patients fall below the 250% Federal Poverty Level threshold and 96% belong to racial/ethnic minority groups. We retrospectively collected demographic information, immunization status, and billed services data among clinic AYAs from March 2018 to December 2020. We set statistical significance at $p < 0.05$.

Results: A total of 19,045 AYAs were seen between March 2018 and December 2020 with 2,258 HPV vaccines administered and 3,119 having completed their HPV vaccination series. There were statistically significant differences in HPV vaccine uptake between females and males (6.7% vs. 3.2%, respectively), minors and adults (6.9% vs. 3.1%, respectively), and between school-based and community-based clinic locations (7.8% vs. 2.1%, respectively). Around 49% of AYAs who received an HPV vaccine also received additional vaccines during their visit versus 51% who only got the HPV vaccine. Additionally, those who had any sexually transmitted infection screening during the visit had a lower HPV administration rate than those who did not have an STI screening (2.3% vs. 5.6%, respectively). A logistical regression model found age, income, sex, clinic location type and having additional vaccines given during the visit were significantly correlated with receiving an HPV vaccine (R2=0.28). There were statistically significant differences in series completion between females and males (17.7% vs. 12.7%, respectively), minors and adults (19.3% vs. 15.3%), and clinic location type (27.0% vs. 10.9%). A logistical regression model found age, income, sex, and clinic location type were significantly correlated with series completion (R2=0.06). However, both logistical regression models had negligible to weak correlation meaning there are additional factors impacting HPV vaccination uptake and series completion.

Conclusions: Clinic HPV completion rates were lower than state and national averages. Some barriers may be the lack of vaccine records for AYAs that access primary care elsewhere, and health seeking behavior specifically for sexual health. The findings support policies such as removing cost barriers, and creative strategies including gender-neutral and school-based sexual health messaging that includes HPV vaccine promotion as it may provide a critical time window for AYA to get vaccinated earlier. Targeting AYA who only utilize reproductive health care may be another tactic to reach unvaccinated AYA. Future studies should explore other factors such as systems-related factors impacting HPV vaccination uptake and series completion.

Sources of Support: NA.

RESEARCH POSTER PRESENTATION II: COVID/ VACCINES

153.

AYA SUBSPECIALTY PATIENT AND PARENT VIEWS ON COVID-19 VACCINATION

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Purpose: Adolescents/young adults (AYA) with hematologic and oncologic (heme-onc) conditions are important targets for vaccine outreach because they are at increased risk for complications from COVID-19. AYA patients may also need additional support, as they are transitioning from parent to independent vaccine decision-making. AYA with sickle cell disease (SCD) are of particular concern because a high proportion are African American and experience structural racism in addition to their illness. Our objective was to examine AYA and parent attitudes regarding the COVID-19 vaccine among heme-onc populations.

Methods: As part of a larger IRB-approved study, we recruited vaccine decision-makers in pediatric SCD and oncology survivor clinics, including parents of adolescents under 18 years (n=35), AYA patients 18-21 years old (n=21), and parents of AYA patients 18-21 years old (n=14). After informed consent, participants completed a demographic survey and a semi-structured interview regarding their vaccine decision-making process. Example questions included “What do you see as the benefits of the COVID-19 vaccine?” and “What are your concerns about the COVID-19 vaccine?”. Saturation was reached. Interviews were audio recorded, transcribed, and analyzed using thematic analysis. Codes were developed from the literature and early interviews. Examples included “attitudes against vaccine,” “medical mistrust,” “hesitancy,” “vaccine side effects,” and “vaccine interactions with disease process.” Fisher exact statistical tests were performed to analyze quantitative data.

Results: In SCD clinic, we recruited 31 index patients (mean age: 15.1±3.5 years; 30 African American and 1 Other or Mixed), yielding 11 AYA and 26 parent interviews. In survivor clinic, we recruited 26 index patients (mean age: 16.0±3.4 years; 20 White, 2 Hispanic or Latinx; 2 Other or Mixed, 1 African American, and 1 Asian), yielding 10 AYA and 23 parent interviews. Out of the total index patients, 8 had already received the vaccine, 13 were planning to receive it, 27